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**NEWSLETTER CO-EDITORS**

Don McKahan, AIA, FACHA  
Bill Sabatini, FAIA, FACHA

Summer Leadership Summit,  
Chicago July 20-23, 2017



David Sine

**ACHA Luncheon: The Morals of Architecture: Past, Present and Future**

The Summer Leadership Summit's ACHA luncheon featured a presentation by David Sine, ethicist and Chief Risk Officer for the Veterans Health Administration's Office of Quality, Safety and Value. Dr. Sine gave an interesting overview on ethics, and the quality of patient care. His presentation focused on the ethics of accessibility and creating a single standard of care for all patients. Dr. Sine discussed the history of behavioral care facilities, describing the architectural evolution of mental health hospitals. He also talked about the evolution of patient centeredness, organizational ethics, ethical consumerism and drivers

in biomedical ethics from the past, present and future. Stryker Corporation provided educational funds to help support this year's luncheon.



Carrie Shaw

**Learning from the Patient's Perspective**

Carrie Shaw, founder of Embodied Labs, gave a fascinating presentation and visual display, on the use of Virtual Reality technologies in medical education. Ms. Shaw allowed the audience to see and experience a patient's perceptual disabilities in the real world. The new VR technology allows health-care providers to step into

their patients' world, to create improved care plans. The presentation demonstrated examples of VR and



Carrie Shaw and her VR headset

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# Summer Leadership Summit, Chicago continued from page 1

## Learning from the Patient's Perspective continued from page 1

augmented reality training scenarios. Embodied Labs VR technologies will eventually include training environments for geriatric, pediatric, vision-related and clinical settings of all types. Many attendees got to test the VR technologies at a small simulation center, which Carrie Shaw brought to the conference.



### Healthcare in 2060

Akram Boutros, MD, FACHE, is CEO of MetroHealth System in Cleveland. His presentation, *Goodbye Hospital Admissions, Hello "Doc Can You Grow Me a New Liver?"* started with a time travelling video tour.

Dr. Boutros shared his view of healthcare in 2060, when 99.7% of healthcare is delivered outside of the hospital. The hospital is still the setting for the most critical life changing advancements, such as the i-Knife and 3D hearts being created. All body organs except for the brain can be recreated. Genomic medicine becomes state of the art. Emergency care and complicated childbirth still rely on the hospital to provide lifesaving procedures.

But, medicine won't be just about medicine anymore. It's moving from a reactive state to one that is more proactive. Social factors are allowing the public to become more aware of and take charge of their own care. Through current technology, virtual care is becoming reality. Spirituality's role will focus healthcare more on the patient than the caregiver. Training doctors will evolve, with Dr. Boutros suggesting that the first two years of medical school should be eliminated.

The cost of preventative healthcare is 1/100 of the cost of treatment. Moving to this model moves care into the home. Inpatient care will disappear first and ambulatory care will follow years later. Dr. Boutros challenged architects to find new purposes for the hospital facilities we are creating today.



# President's Message



Ray Pentecost

In a characteristic display of honesty and candor, the Board of Regents recently discussed the importance of the various ways our firms reflect to the market our commitment to the priority of board certification in healthcare architecture. The Board discovered that, unfortunately, our firms do not consistently telegraph a clear message of the value of being

a board certified healthcare architect. Bear in mind that all members of the Board of Regents are board certified, and work in the healthcare specialty within their firms.

The revelation came to light after the Board tried to answer some of the following questions with a “yes” or “no” response. Do you, or does your firm:

1. Assign a board certified architect to every healthcare project you undertake?
2. Attempt to hire only board certified architects for your healthcare team?
3. Promote differentially within the firm the architects with ACHA board certification versus the non-certified?
4. Give non-certified individuals practicing in healthcare architecture a window of time to become board certified, after which they experience consequences, including loss of employment, withholding of bonuses, or something else?
5. Reward employees who have satisfied the rigorous certification requirements and achieved board certification, such as with higher compensation, opportunities for advancement, or greater project responsibilities?
6. Use board certified architects as mentors to younger health architects in your firm who are not certified and have expressed a desire to learn about and specialize in healthcare architecture?
7. Advocate that employees become board certified, including possibly providing support in the preparation of their portfolio for the certification review, training and coaching in preparation for the certification exam, and covering the costs of the examination process?

8. Market the board certification of your architects so that clients and joint venture candidates will know that some of your employees have this important credential?
9. Provide support to board certified employees for the maintenance of their credential, including the extra continuing education requirements relative to non-certified AIA members?
10. Insist that a board certified architect handle project inquiries/reviews with the authority having jurisdiction for a project?

Failure to answer “yes” to any of the above does not necessarily indicate that you (or your firm) do not support board certification in healthcare architecture because, in some limited instances, there may be good answers to a “no” response to the questions. However, in the minds of clients and others to whom we market our expertise, failure to act consistently on board certification could raise doubts about the depth of our convictions on the value of certification. If we are not supporting the credential consistently in our practices, then we invite questions about its value and about our willingness to make it a centerpiece of our credentialing.

For our clients, does consistency matter on whether we include a board certified architect when we assemble our teams for them? For firms considering a joint venture with our firms and looking for marketability in credentials, does consistently having board certified specialists on our project teams matter? For our employees either pursuing or sustaining board certification, do employee policies on material support for certification impact employee loyalty? For employment candidates to be hired into the healthcare practice, does a firm’s support of this important credential matter to the recruiting process? In each of these scenarios, the answer arguably is, or should be, “yes.”

How, for instance, do you tell a client that a board certified healthcare architect is not required for their job? Is it not important enough to justify including one? Is the complex healthcare organization and marketplace, into which even the simplest of projects must fit and function, not sufficient cause to include a credentialed professional on every project? How do you explain not having enough credentialed individuals to go around for every healthcare job in the firm? How do you persuade the client not to think their project was assigned the “B” team because their project team does not have a board certified architect?

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# Join us at the ACHA Fall Luncheon!



Jake Poore,  
President, ILS

Join us to celebrate ACHA's 2017 accomplishments and award winners on Sunday, November 12, 2017 at the Healthcare Design Expo & Conference in Orlando, FL. The luncheon is complimentary and exclusive to ACHA certificants and candidates. Please RSVP through the HCD registration system.

The annual luncheon will feature the presentation of the ACHA Lifetime Achievement Award and the announcement of the new ACHA Fellows. Following the award ceremony, there will be a special presentation by Jake Poore, President and Chief Experience Officer of Integrated Loyalty Systems (ILS): "Creating Exceptional Patient Experiences through Planning, Design and Construction."

Make plans now to join your ACHA colleagues for this thought-provoking speaker and memorable luncheon on Sunday, November 12, 2017 from 12:00 pm-1:30 pm.

## ACHA Certificant Spotlight: Nancy Doyle, AIA, ACHA

### How did you first get involved with healthcare architecture?

I did a little non-healthcare work my first year, but I've been dedicated to healthcare architecture for the past 29 years. When I started at Ellerbe Becket in Washington, DC, my first project was a replacement hospital, working under Jan Tasker, an incredible medical planner. Jan had a passion for creating beautiful and efficient space for patients, families and healthcare workers. I was hooked by his enthusiasm. I can't imagine getting the same personal satisfaction from any other building type.

### What motivates and excites you about healthcare architecture, planning and design?

I love that my job evolves and changes almost daily. The type of patients, scope of service and delivery of care vary by client and project. We are challenged daily to come up with creative and innovative ideas that meet the various needs of often diverse occupants of our buildings. I hope with every project that I can have a positive impact on a patient's well-being during their care and support the staff providing the care.

### Which of healthcare's "megatrends" will have the greatest impact on your practice, and why?

Technology is the trend that interests me the most and will probably have the biggest effect on how I plan healthcare facilities in the future. I'm excited about how we reach out to communities and connect resources to those who need them most. There is so much potential for our buildings to interact in new ways with the people who use them every day.

Nancy is Associate Vice President, Sr. Medical Planner at HGA Architects and Engineers in Minneapolis. She also serves on the College's Exam Committee.



Nancy Doyle,  
AIA, ACHA

# LPA Session at ACHE Congress

By Angela Mazzi, AIA, ACHA

At a session at the 2017 American College of Healthcare Executives (ACHE) annual Congress, ACHA presented “Innovation that Evolves Care: The American College of Healthcare Architects Legacy Project Award,” a panel discussion featuring this year’s winner, Bronson Methodist Hospital. Angela Mazzi, ACHA, moderated the panel consisting of Jennifer Aliber, FACHA, of Shepley Bulfinch, who was the medical planner on the project, Michael Way of Bronson Methodist, and Carolyn Rhee, FACHE, who was part of the jury.

The discussion was aimed at helping healthcare executives understand how the project was groundbreaking in its day, and unpack a visionary decision-making process, including the necessary change management efforts with staff, that has stood the test of time. It also emphasized the importance of Ms. Aliber’s role as a certified healthcare architect in helping to facilitate and bring to life Bronson’s idea to have a patient centered operational model. “Much of this is a logical extension of thinking about the patient and community. An informed patient and family can make better decisions about their care. While home computers became popular in the 1980’s, the internet was another decade or so later. So patients and families needed a way to become informed about their diagnosis and engage. Other later programs were really extensions of engagement. When you think about a patient focused engagement, these other endeavors are just a logical extension of that premise.”



Bronson Methodist Hospital



Legacy Project Award Panel at ACHE Congress

Michael Way discussed not only the initial design concept of reaching out into the community, but also how that decision became a building block for campus expansion projects including a partnership with the local Kalamazoo Valley Community College to develop a healthy living program and associated with their ongoing public health initiative. The initial design featured outpatient services that were clustered for patient convenience, a parking garage that aligned floors with the building to allow direct access to services on each level. As one of the first Pebble Projects at the Center for Health Design, the project helped contribute to evidence based design, with its private patient rooms and garden spaces. Ms. Rhee concurred adding, “I was impressed with a program they call *Health Answers* which is online access to disease and recovery information to aid the healing process and involved the whole family in a patient’s recovery. It is located in the public atrium and is staffed. Also, the jury was impressed with the culinary school, farmer’s market, and food processing facility on campus to emphasize healthy eating.”

The project truly illustrates how a hospital can be a bigger place than an individual building. It is a public amenity in downtown Kalamazoo, a gathering spot for lunch and a place to walk around and feel safe. The decision to build the new hospital downtown made the hospital a catalyst to the revival of the inner city, proving that a focus on the patient as part of a larger cycle in the public health continuum is nothing less than a reinvestment in community.

# ACHA White Paper: The Project Afterwards: Using Post-Occupancy Evaluations to Improve Healthcare Environments

By Kirsten Waltz, AIA, ACHA; Sean M. Gouvin and Michael Forth, LEED AP

In recent decades, Post-Occupancy Evaluations (POEs) have been embraced by the design industry, but they are far from widespread or standardized today. These systematic tools allow administrators and architects to assess whether a project's performance meets its objectives by examining how occupants and users experience a space once it is operable on a daily basis.

While most projects could benefit from a POE, they have not become ubiquitous due to the expense and resources necessary. In this paper, we offer a case study that demonstrates how POEs can be utilized not only in retrospect but also to inform a project's entire lifespan.

We discuss an investigative POE conducted on a unique multi-phase project at Baystate Medical Center in Springfield, Massachusetts. Survey questionnaires and focus group evaluations were conducted on Phase 1 of a completed hospital wing in order to inform the planning, design, and execution of a second wing that was originally intended to replicate the first. We reflect on key design principles that were challenged and then revised as a result of these POE findings.

This case study demonstrates the importance of POE studies on health-care projects, where the culture of an organization's day-to-day workflow patterns cannot always be predicted until a space has been occupied for some time. With the objectives of a POE in mind, we were also able to create a culture of constant improvement throughout the entire lifespan of the project, using target-value design strategies guided by an Integrated Project Delivery (IPD) method. As a result of this collaborative team effort, we completed the project three months under schedule and \$1 million under budget.

Read the full white paper on the ACHA website at [this link](#).



## President's Message *continued from page 3*

Consider the recent action of HDR Architects, which established an internal goal for the firm of having all of its healthcare project leadership become board certified. This is clearly intended to send a strong message that board certification for their healthcare portfolio is a matter of high priority.

As the Board of Regents contemplated the healthcare architecture landscape, and looked at the inconsistencies in their individual practices, it was sobering to realize that in many circumstances the inconsistencies of certificants had become some of the biggest impediments to the more widespread acceptance of and advocacy for the credential.

Some individuals reading this are no doubt thinking that this is advocacy in the extreme, and that no client, joint venture partner, or employee candidate has ever analyzed the board certification employee, situation this thoroughly. Perhaps. But can we say with absolute certainty that our inconsistent behaviors as certificants haven't raised some hint of doubt among those we are most eager to convince that board certification matters?

A handwritten signature in black ink, appearing to read 'A. Ray Pentecost III'.

A. Ray Pentecost III, DrPH, FAIA, FACHA  
President, American College of Healthcare Architects, 2017

# Rippe Associates Sponsors Exam Prep Seminar in Chicago

For the second year, Rippe Associates has sponsored the ACHA's Exam Prep Seminar held in Chicago in conjunction with the Summer Leadership Summit. Thank you to Rippe for underwriting this important educational event.



## Calendar of Events

## Mentor Opportunities

### SEPTEMBER 18-20, 2017

Healthcare Facilities Symposium and Expo  
Reception for ACHA on 9/19  
Austin, TX

### OCTOBER 15-18, 2017

AHCA Design & Construction Seminar  
Lake Buena Vista, FL

### NOVEMBER 11-14, 2017

Healthcare Design Expo & Conference  
Orlando, FL



### INTERESTED IN MENTORING AND MAKING A DIFFERENCE?

Contact the ACHA Executive Office at  
913-222-8653 or [ACHA-Info@kellencompany.com](mailto:ACHA-Info@kellencompany.com)

### THE ACHA VISION

- » Transforming healthcare through better built environments

### THE ACHA MISSION

- » To distinguish healthcare architects through certification, experience, and rigorous standards

### THE ACHA EXISTS

- » To enhance the performance of the practice of healthcare architecture through its certification, continuing education and other programs

### THE ACHA PROVIDES CERTIFICANTS

- » The distinguishing credentials of a specialized healthcare architect to clients, prospective clients and other architects as well as advanced continuing education

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