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ACHA



QUARTERLY SPRING 2017

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ACHA is pleased to announce the 2017 Legacy Project Award winner: Bronson Methodist Hospital, Kalamazoo, Michigan



Completed in 2000, the replacement facility for Bronson Methodist Hospital is a model for best practice and transformative facility design. The “New Bronson” was one of the Center for Health Design’s inaugural Pebble Projects, striving to create a ripple effect in the healthcare community by documenting the results of evidence-based design and “patient-centered” care. Sixteen years after it was built, the replacement hospital continues to set the standard for exemplary healthcare design and the pursuit of quality in healthcare delivery. This project was nominated by Jennifer Aliber, AIA, FACHA, on behalf of Shepley Bulfinch.

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NEWSLETTER CO-EDITORS

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

Healthcare Staff at HDR Move Toward ACHA Certification

By Angela Mazzi, AIA, ACHA



HDR's healthcare division has created an incentive plan to encourage ACHA certification by its senior staff. Early adopters will have the cost of their test and renewal fees covered by the firm. The program was spearheaded by Jim Atkinson, who obtained his certification in 2016. Jim started with a select group of Principal and Senior level health planners and approached them with the case for becoming

certified. The program has been met with a positive response such as: "I have been meaning to do it; I just have never made the time and having to pay for another annual credential isn't a priority." We recently had a chance to get additional information from Jim about the program:

Why does HDR want to increase the number of board certified healthcare architects and planners?

"HDR has been consistently ranked as a national and global leader in Health Design and as such we have a number of highly trained planners and designers that have specialized skills and proven expertise in the field of healthcare architecture. Due to our belief in improving the human condition through healthcare architecture and having high standards in employee continuing education as well as a desire to continuously add to the body of knowledge and knowledge sharing, we felt it was time to significantly increase the number of board certified healthcare architects. Credentialing from the American College of Healthcare Architects gives our clients confidence that they are getting independently verified healthcare architects with superior skill, experience and know how."

What are they doing to support and encourage staff pursuing ACHA board certification?

"At HDR we have a variety of internal continuing educational opportunities for our employee owners and advanced credentialing is always encouraged. To help promote ACHA board certification, Hank Adams, the Global Director of Health has agreed to set aside resources to help offset the cost of the application, testing and annual fees for our

professionals who specialize in healthcare design and planning. This year we expect over a dozen candidates to go through the credentialing process and even more the following year."

Will certification provide an advantage for HDR's healthcare clients?

"We believe that board certification of healthcare architects benefits not just HDR's clients but the industry as a whole. This is an exciting time to be at the forefront of creating environments that promote health and wellbeing. The "Healing Power of Place" has long been a challenged component of the healing process and arguably one of the most important. I believe it is our obligation to the profession to elevate design and planning and contribute to the collective body of knowledge that links the physical environment to health. We can now deliberately use good design and planning to alleviate stress and ultimately improve patient outcomes. I cannot think of something nobler than improving the human condition."

The American College of Healthcare Architecture (ACHA) was founded in 1999 with the goal of recognizing the true expertise it takes to design healthcare facilities and provide independent, third party certification of that expertise. The vision of the founders was that all architects who specialized in healthcare design would become certified. There has been an upward trend in new certificants in recent years with nearly a 7% increase from 2015 to 2016.

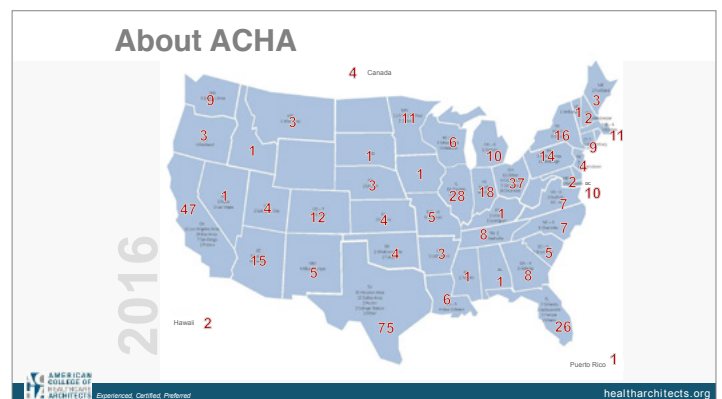


Figure 1: Distribution of ACHA Certificants throughout North America

President's Message



Ray Pentecost

The subject of exam preparation materials is regularly discussed at meetings of the ACHA Board of Regents, routinely lamented by frustrated exam-takers, and rigorously debated by certificants who, armed with the best of intentions want desperately to believe that if the right two or three people just work at it hard

enough something wonderful and helpful could emerge. In December last year I traveled as the ACHA President-Elect to Kansas City, in part for a general orientation to the ACHA management company, and in part to meet with representatives of the professionals who develop and administer the exam for the ACHA.

I was prepared to lend my voice of support to those who for years have vigorously complained about the lack of a definitive text with which a candidate for certification could prepare for the ACHA test. As a university professor, both now and at various times during my career, I was struggling to understand this “gap” in preparatory materials for individuals who wanted to study for a challenging exam.

I was not prepared for what happened next. Experts in testing methods, steeped in the traditions of statistical and probabilistic academic notions, met with me and then-President Mark Nichols to explain in layman's terms the particulars of a very sophisticated examination rubric. The experience was profoundly educational, and the takeaways from the visit were transformative.

My first takeaway was that syllabus testing was different from certification testing. Syllabus testing is commonly found in a school setting, where the content for the class is declared, made available, massaged interactively with students in a variety of learning experiences, and ultimately reviewed on some kind of test or paper. Certification testing, in contrast, is an attempt to evaluate an individual's experience and understanding, broadly, over an entire industry. It represents mastery not of the narrowly defined content for a class, but of the integrated,

multi-disciplinary, and far-reaching dimensions of a career domain. Wide-ranging personal experiences, though difficult to prescriptively cite for test preparation purposes, can be as important as material that might be found in a book.

My second takeaway was that the grading system for the ACHA certification exam is, in itself, complex and rigorous. Some have wondered why it is impossible to declare the passing grade for the exam before it is taken. The answer is that the exam itself is evaluated after it is administered to make sure that the questions are fair. A question that nobody gets right may be evaluated as a good question that everyone happened to miss, or maybe that it overreached the testing bounds, or perhaps it was poorly worded and unclear. The number of correct answers for a passing score will vary based on the post-examination evaluation of the exam itself by the testing experts.

My third takeaway was that the Regents may not fully appreciate the robust nature of the ACHA testing mechanism. Accordingly, the ACHA Board of Regents is considering changing the By-Laws from a Regent “may sit on the exam committee for the first year” to a Regent “must sit on the exam committee for the year prior to joining the Board.”

While I was very impressed with the expertise and professionalism of our testing advisors in Kansas City, I was deeply struck with a new appreciation for the level of commitment and personal investment that the exam committee makes in the ACHA exam process. Staffed by hard-working certificants who care about the College and the high standard of excellence it represents to healthcare and to architecture, the exam committee does a tremendous job maintaining and improving one of the most important elements of board certification. We all owe them a major “thank you” for a demanding job exceedingly well done.

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

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

Save the Date: Summer Leadership Summit July 20-23, 2017

Every year, the top healthcare architects gather in Chicago in order to shape the profession of healthcare architecture at an event called the Summer Leadership Summit. The purpose of the SLS is not to consider how we may simply be better practitioners, but how we can frame our thinking about the future of the healthcare landscape, and our roles as designers in shaping it. This is a higher-order conference than others, and the presentations are purposefully orchestrated with thought leaders from outside of our profession to inform what we should consider inside our profession.

Planning for the 2017 Summer Leadership Summit is well underway. The overarching theme will consider the past, the present, and the future – spanning 60 years. Some of us were practicing 30 years ago, and certainly understand the realities of that day. But we were also anticipating different future. Mark Twain is attributed to saying that history doesn't repeat itself, but it often rhymes. Lessons of the past are helpful in shaping our future. We may not have accurately predicted our present state of healthcare, yet we are all helping our clients sort through it. But how might we think about the far future?

This “future window” may consume most of the careers of conference participants and will certainly affect the durability of the ideas and architecture being produced. In fact, in 30 years, many of us may only be consumers of healthcare services, and may no longer be practicing. How will today's ideas and choices shape a very different future? Since the advice we give our clients often commits them to directions with implications spanning multiple decades, such a long horizon is quite reasonable.

Thought and research leaders from variety of knowledge domains related to healthcare will take us through time to illuminate how much healthcare's priorities and assumptions have changed, as many of them have personally worked through these decades of evolution.

We will also be experimenting with a different learning format. In the past, we have had didactic lectures or panel discussions augmented by graphic materials. While that format remains effective in some contexts, we will also

SUMMER LEADERSHIP SUMMIT 2017 *EVOLUTION* **REVOLUTION**



have interactive team discussions designed to postulate the implications of certain topics, and then report to the larger group. You may recall we ended the 2016 SLS with this latter format.

We anticipate your active participation with 200 of your top-tier peers as we consider the generational past, present, and far future that will shape our profession. We'll see you in Chicago!

Bill

William J. Hercules, FAIA, FACHA
American College of Healthcare Architects
President-Elect

ACHA Certificant Spotlight: Shane Williams, AIA, ACHA

How did you first get involved with health-care architecture?

Healthcare became a significant focus for me with our second child. Our son was diagnosed with Congenital CMV around the 20th week of pregnancy – which started a series of visits with a variety of physician specialists. As a typical architect, I began studying the spaces we were occupying, the routine of the appointment and the frustration of the process. Following the process with our son, I chose to focus completely on healthcare and am now a Principal with Array that is a 100% healthcare focus firm.

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

I'm constantly motivated by the dedication and service that our clients deliver. Healthcare is constantly seeking improvement and every project is a challenge to create a better experience for patients, family and caregivers.

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

Several of our clients are focused on community oriented projects geared toward a health and wellness function. However, there is still a balance with continued high acuity care. We see many clients focused on inpatient growth goals in addition to outpatient community goals. As more of the technology oriented startup companies disrupt the traditional healthcare delivery, I believe we will be looking at even more community related services – timeshare “exam” spaces where a simple conversation with a physician or nurse practitioner is more likely than a true physical exam. Retail convenience to complete the “exam,” pharmacy and fitness routine in the timeline dictated by the consumer.



Shane Williams,
Array Architects,
Dallas, TX

ACHA Certification Cycle – 2017

Do you know of an emerging (or seasoned) professional who is considering ACHA certification?

The application and portfolio are due on or before April 1 for the 2017 testing cycle.

For more information, please visit our **website**.



ACHA White Paper: A Patient Handling and Movement Needs Assessment Toolkit

By James Harrell, FAIA, FACHA and Regan Henry, PhD, AIA

Abstract: The FGI Guidelines, 2014 edition, stipulates that the governing body of the health care facility provide a Patient Handling and Movement Needs Assessment (PHAMA) to the design team on facility improvement projects. A PHAMA is intended to evaluate the movement and handling of patients in order to assess safety risk - for patients and staff - and identify best practices. This is an integral part of the pre-design functional and space programming process. It should be updated as new information becomes available during throughout project design, construction, and commissioning. PHAMA recommendations and revisions are intended to inform the design about patient handling and movement (PHAM) equipment and associated accessories to be used in specific locations. Such advice includes information about any spatial, structural, utility or design considerations related to installation, use, and servicing of such equipment.

Many healthcare providers have adopted policies and procedures for safe patient handling and mobility, but it is unclear how many design projects are implemented using a PHAMA. There are a number of states in which the preparation and use of a PHAMA occurs rarely, or not at all. In this White Paper we will elaborate upon the FGI's recommendations by discussing specific factors to be addressed in a PHAMA and draft sample PHAMAs for a variety of spaces and high risk patient populations. It is our aim that this White Paper be used as a tool for hospital administrators and designers as they draft PHAMAs for their respective projects.

The full white paper can be found here.

ACHA wishes to express deep appreciation to the Education subcommittee who tirelessly reviews, edits and formats the ACHA white papers. For the past two years this has been led by Mardelle M. Shepley, FAIA, FACHA with support from Angela Mazzi, AIA, ACHA, and Mark Patterson, AIA, ACHA. If you would like to become involved with this subcommittee, please contact us at **ACHA-Info@kellencompany.com**.

A Patient Handling and Movement Needs Assessment Toolkit

James W Harrell, FAIA, FACHA, EDAC, LEED AP
Senior Medical Planner
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PDT Architects LLC

2017 Legacy Project Award winner: Bronson Methodist Hospital, Kalamazoo, Michigan *continued from page 1*

Prior to the construction of the replacement hospital, Bronson had struggled with an increased demand for services but had grown haphazardly, resulting in a disorganized configuration with multiple entries, poor adjacencies, and limitations for the development of key diagnostic and treatment departments. The city of Kalamazoo was also facing economic disruption as a number of large, long-standing community employers relocated or went out of business. It was decided to build the replacement hospital on a 14-acre site adjoining the current location, representing Bronson's commitment to the downtown Kalamazoo community.

The following design traits were some of the major factors that made Bronson such an influential healthcare facility: the

“Horizontal Hospital” concept, private patient rooms, “one-stop-shopping” model and the healing powers of nature, daylight and art.

Since its inception in 2013, the Legacy Project Award represents the highest honor that the ACHA can bestow upon a project- a testament to its lasting impact on how healthcare facilities are designed. This award recognizes healthcare architecture that has and continues to demonstrate superior planning and excellence in design performance over an extended period of time, and remains of enduring significance. For more information on the 2017 Legacy Project Award winner and the finalist, please see the 2017 Legacy Project Award Program on the ACHA website [at this link](#).

Calendar of Events

Mentor Opportunities

MAY 22-24, 2017

Patient Experience:
Empathy + Innovation Summit
Cleveland, OH

JULY 20-23, 2017

Summer Leadership Summit
Chicago, IL

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

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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