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ACHA



QUARTERLY SUMMER 2017

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President's Message

Years ago when I was teaching architecture students in The Health Environments Institute at the University of Houston about healthcare facilities and the vagaries of the healthcare marketplace, I would bring to my class a guest lecturer on ethics: Stanley J. Reiser, MD, PhD. Stan became a perennial guest in my classroom. Not only was he a brilliant scholar, but one of the most entertaining individuals I have ever known. His wit, piercing insights, and provocative Socratic repartee combined to position him in any conversation (or classroom) as the center of attention, whose pause even to take a deep breath before continuing left everyone momentarily concerned that the magic might be nearing an end.



Ray Pentecost

And he made my students really think.

Stan made ethics relevant to architecture students in a way that never failed to grab my attention, no matter how many times I watched him do it. First, he would challenge each student to give a definition of being ethical as a professional, and one by one they would each give a description of ethical behavior. Eventually, after an appropriate amount of discussion, he would reframe the question with a story line.

"Why," he would ask, "would you go into a small room, disrobe, disclose personal health and behavioral secrets that nobody else knows to someone you might see only once each year, and then allow that person to touch you in places nobody else is allowed to touch? After that experience, why would you ask advice on how to protect your most valuable asset and discuss when you might come back and do the whole routine again?"

Stan wanted the students to recognize the role of ethics in the annual encounter between a patient and a physician. Ultimately he explained that ethical behavior of the physician was what allowed the patient to be so trusting of another human being in an otherwise vulnerable situation. More specifically, he went on to say that as a result of the physician's ethical behavior:

The patient behaves that way because he/ she trusts the physician to act in his/ her best interest.

NEWSLETTER CO-EDITORS

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

How simple. How elegantly simple, and yet so profound. My students were always visibly touched by the clarity of the message, and even I, 30 years hence, have not ceased to consider the implications of ethical behavior for professionals of all kinds.

Can we in the College be any different?

At the PDC conference in March, 2017 we heard Jamie Orlikoff revisit his message from earlier PDC events when he reminded us of the “tipping point” phenomenon in world economies. He has, with exceptional clarity, powerful scholarship, and the passion of an evangelist, proclaimed the reality that the United States economy is moving dangerously close to its own tipping point. That is the point when one segment in the economy, measured as a percentage of the Gross Domestic Product, becomes so large that it throws the entire economy out of balance – with potentially disastrous consequences. The healthcare market segment is continuing to grow as a percentage of the GDP, with no indication that the growth is easing, to a level ominously close to the predicted tipping point for the United States economy.

Only this year he went one step further. He explained that one of the markers of the imminence of this phenomenon was the erosion of the middle class in our population. His example of an indication that this was beginning to happen was the inability of the producers of a good no longer being able to afford that good – in his example, the producers of healthcare.

Dan Mangan¹ wrote for CNBC that in the United States health deductibles for 2016 rose 12% in one year to \$1478. And Chris Lange² wrote for wallst.com that nearly 60% of Americans do not have \$1,000 for a surprise emergency room visit. It seems that the

payment for care has now exceeded the ability of the producers to pay for it.

According to Jamie Orlikoff, this suggests that the American middle class is eroding. And so the tipping begins.

The challenge that must ultimately come before us for consideration is balancing the priorities of our business with the greater good for the country. We certificant have a seat at the table where healthcare costs continue to rise. We have a voice in the conversation that debates alternate paths forward in healthcare and invites cost-reducing creativity with unrivaled urgency. What will we say? Will anyone in a future generation accuse us of rearranging the chairs on the deck of a sinking ship, while ignoring the potentially ship-saving interventions that might have averted disaster?

We must be driven, above all other personal, professional and societal motivations, to be ethical and behave in a way that tells others they can trust us to act in their best interest – not just for their health system, or for the healthcare market sector, but for the United States economy as a whole.



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

¹ Dan Mangan, Workers' health insurance premiums rise modestly, but deductibles jump a lot more, CNBC, Sep. 14, 2016.

² Chris Lange, Most Americans Can't Afford Common Unexpected Expenses, 24/7wallst.com, Jan. 12, 2017

ACHA Certificant Spotlight: Neal Corbett, AIA, ACHA

How did you first get involved with healthcare architecture?

My first exposure was with a large firm in Dallas prior to my ARE. Coming off large commercial buildings, I liked the intimacy and challenge of a more complicated building type. The fact that it was specialized and seemed constantly evolving really resonated with my quest for new challenges.

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

One of the earliest memories as a young architect was being able to travel back to a project completed more than a year later. To see the staff and users recognize me with smiles and thanks for making their jobs so much better, is really all I need. Knowing that what little I can do to share my expertise in a larger setting that helps so many people is extremely enriching.

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

Notwithstanding the likelihood of the ACA being modified in the near future, the direction to population-based, ownership of health outcomes and its effect on different solutions for physical space. Flexibility has always been critical, but the creativeness to think about re-purposing for non-traditional uses we cannot foresee with certainty is really driving a new philosophy in planning and design. Our ability to translate solutions economically based on real-time EBD results worldwide can be a difference maker.



Neal Corbett
HDR Architecture
Atlanta, GA

ACHA White Paper: Post-Occupancy Evaluation: Observations on Patient Satisfaction and Staff Operations

By Debbie Phillips, AIA, ACHA and Lou Meilink, AIA, ACHA

Ballinger recently conducted a Post Occupancy Evaluation (POE) of Penn Medicine Chester County Hospital's (PMCCH) new Lasko Tower. Although the primary goal of the study was to gather insights for internal education and future projects, it also offered an opportunity to compare patient satisfaction and operational performance between Lasko Tower (built 2013-14) and an existing unit, the West Building (built - 1962, renovated - 1998). The methodology of the POE included staff and patient surveys, staff interviews, and onsite observation.

There were several similarities between the two units including private patient rooms and similar acoustical features. However, significant differences at the new Lasko Tower included larger unit size and decentralized care stations between every 2 patient rooms. Because of the similarities between the two units, there was a more direct comparison between HCAHPS scores (noise & cleanliness), and rates of HAIs. The POE analysis reviewed multiple items:

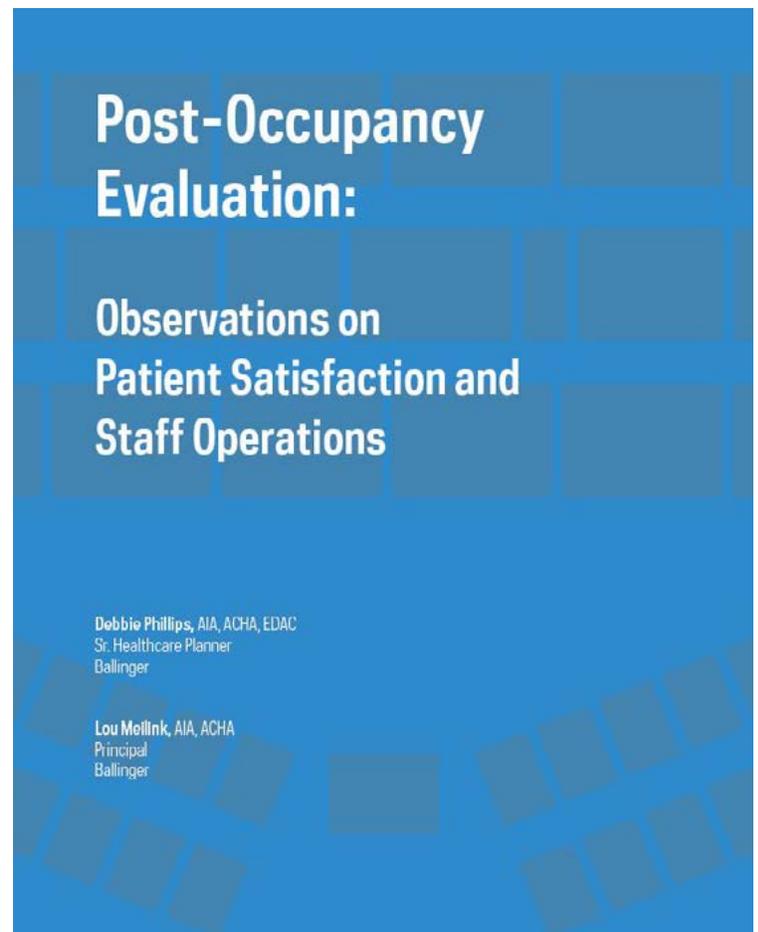
- Patient satisfaction with the patient rooms and other family amenities,
- Staff operations relative to charting and patient care, and
- Housekeeping operations relative to material selection and ongoing maintenance.

The study assigned a cost/benefit metric to key design considerations including private rooms, decentralized care stations, intangible amenities, and family amenities. The findings included:

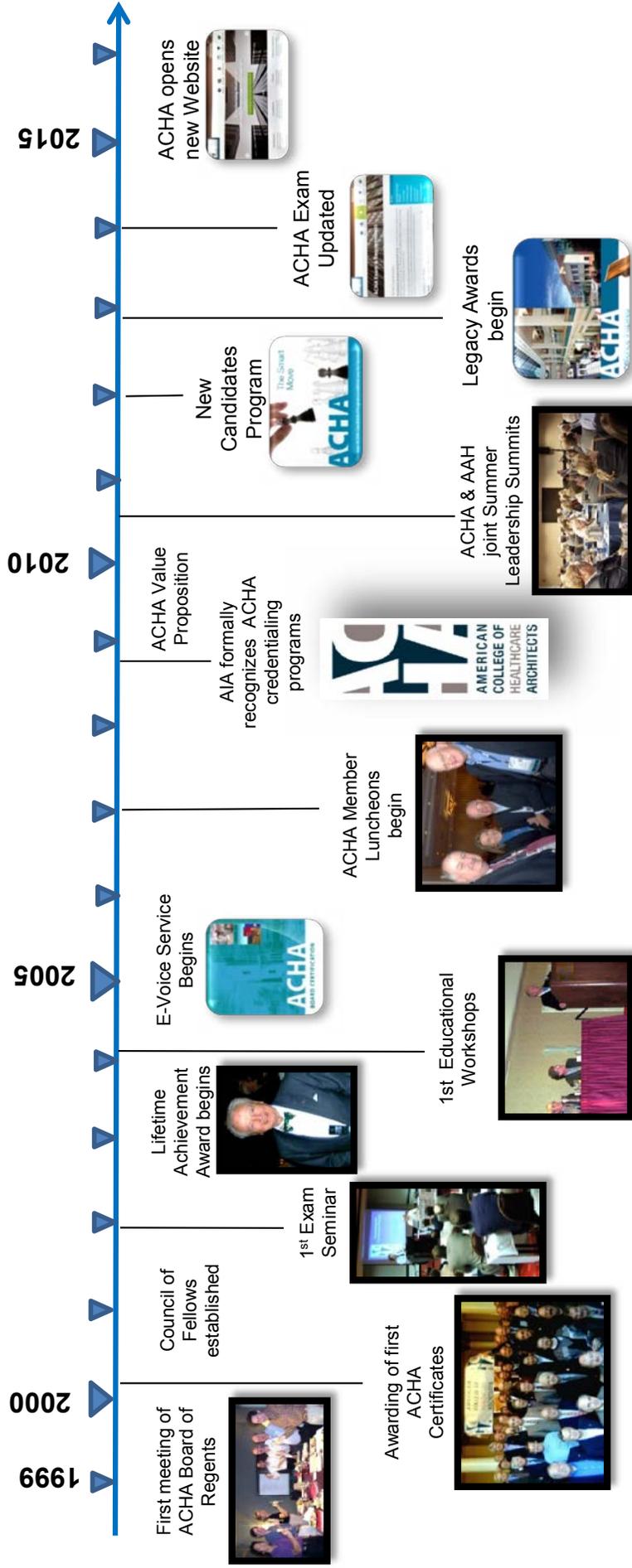
- Patients felt that the decentralized nurse stations improved their sense of being cared for - the highest impact for the least cost.
- Staff felt they had higher productivity on the new unit – even after initial concerns about size and layout of the unit.
- The highest satisfier for patients in the new unit was the patient room size and bathroom.

Since the move from West Building to Lasko Tower, the hospital has seen significant improvements in HCAHPS and staff satisfaction. The results from this POE are also being used to help inform the design and furniture/equipment selection of PMCCH's next bed tower.

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



ACHA Timeline: 18 Years Serving Healthcare Architecture



Register Now: Summer Leadership Summit July 21-23, 2017

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

Travel through time as industry, thought and research leaders highlight how healthcare priorities and assumptions have changed since the mid 1980's and going forward. See a snapshot of top goals from the past and then take an in-depth look at their sector priorities today to help us predict long terms goals that will shape healthcare for decades to come. The Summer Leadership Summit (SLS) is a two-day conference presented by the American College of Healthcare Architects (ACHA) and the AIA Academy of Architecture for Health (AAH).

This year's SLS event will be held at the Radisson Blu Aqua, Chicago, IL. Visit the ACHA website for more details and registration [at this link](#).

SLS Speakers include:

Akram Boutros, MD, FACHE, President and CEO, MetroHealth System, Cleveland

Doug Erickson, FASHE, CHFPM, HFDP, CHC, CEO of Facility Guidelines Institute

Bryan Langlands, AIA, ACHA, Senior Healthcare Planner and Designer, NBBJ

Ellen Taylor, PhD, AIA, MBA, EDAC, Vice President for Research, Center for Health Design

David Sine, Chief Risk Officer, Veterans Health Administration's Office of Quality, Safety and Value

Hospital Tours

Two tours will be offered this year:

- Tour A: Lake Forest Hospital Inpatient Area
- Tour B: Lake Forest Hospital Outpatient Area

ACHA Summer Luncheon

The College will be hosting a luncheon on Friday, July 21 from 11:30am-1:00pm exclusively for its certificate holders and candidates. Advance registration is required through the [SLS website](#). David Sine will be speaking on "The Morals of Architecture: Past, Present and Future." Mr. Sine is the Chief Risk Officer, Office of Quality, Safety and Value at the Veterans Health Administration.

Exam Prep Seminar at the SLS

Friday, July 21, 2017 at 9:00 am
Radisson Blu Aqua Hotel, Chicago

Do you have a colleague interested in ACHA certification? This free course will provide useful information on how to submit a portfolio and prepare for the ACHA exam. Participants earn 1 AIA learning unit.

Register for the Exam Prep Seminar on the ACHA website [at this link](#).

Academy of Architecture for Health Foundation Fundraiser

Join your colleagues on Friday, July 21, 2017 for the 5th Annual AAHF fundraiser! The Foundation fundraiser will be held from 6:30-9:30pm at the Rookery, 209 S LaSalle St., Chicago.

More information about the fundraiser can be found at [this link](#).



JULY 21-23, 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
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The ACHA is a 501(c)(3) not-for-profit organization.

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- » 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

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