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ACHA

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Highlights from the 2018 Summer Leadership Summit

The Summer Leadership Summit has been described as a collegial think tank, thought provoking, and Harvard level presentations shared among the industry's leading healthcare architects. This year was no exception, and we hope you will enjoy some of the photos from the Summit on our new multimedia page found [here](#).



NEWSLETTER CO-EDITORS

Bill Sabatini, FAIA, FACHA

Matthew Kennedy, AIA, ACHA

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Highlights from the 2018 Summer Leadership Summit

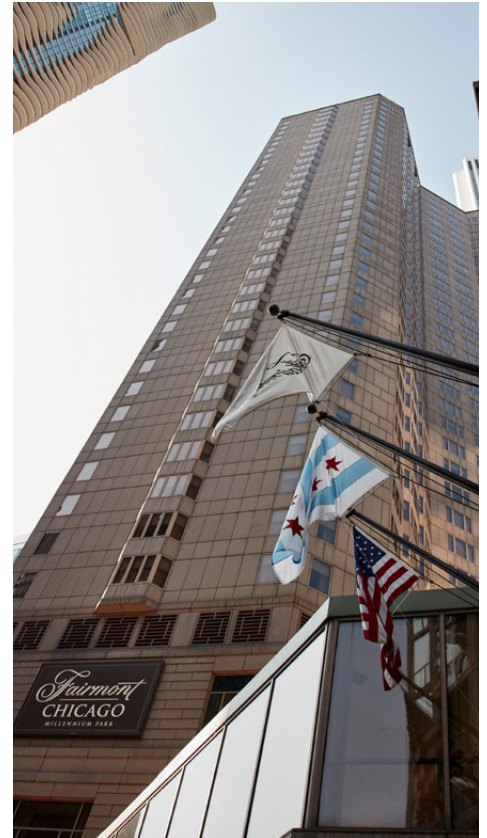
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ACHA Luncheon at the SLS

The College continued its recently introduced tradition of lunch with ACHA certificants and candidates at the Summer Leadership Summit. The luncheon was sponsored by Stryker, and Brett Estabrook and Kirk Newman were present to visit with attendees.

With a passion in product development and design, Jessica Traver was the luncheon speaker. A Purdue University graduate with a major in mechanical engineering, Jessica won a position in 2015 in the Texas Medical Center Biodesign Innovation Fellowship, where she and her teammates spent months in TMC hospitals identifying opportunities for innovation in healthcare. As CEO and Co-Founder of IntuiTap Medical, she is currently leading a team to develop a device that helps physicians more accurately and efficiently perform spinal punctures. On the esteemed Forbes 30 Under 30 list, Jessica delivered a talk on “A Path to Innovation: The importance of Observation and Failure in the Innovation Process.”

Jessica emphasized the need of knowing and understanding your customer as key tenant of design. She reviewed three basic steps in the innovation process: most importantly, first, identify problems through observation, second, create prototypes, and finally, implement through commercialization. She pointed out the most important attributes of a successful process: observe to identify useful or not useful solutions, watch for inconveniences (for instance unnecessary steps), identify gaps in current solutions, observe in a variety of settings, thoroughly document your observations, and finally to “kill” bad ideas early and quickly. And her final point, since innovation is the result of an iterative learning process, failure is a necessary part of it.



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Highlights from the 2018 Summer Leadership Summit

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Bringing AI to the Point-of-Care: Getting Personal

Dr. Paul Tang, Vice President, Chief Health Transformation Officer at IBM Watson, discussed the importance of artificial intelligence for measuring success and making better decisions in patient care. He noted the fact that technology is advancing at such a rapid rate, that ancient times is considered 10 years ago. For example, 10 years ago there were no electronic health records, and now their prevalence is 98%. Foraging was explained as part a broken medical records inefficiency of the past were physicians used to spend 38% of their time searching through charts and paper records. As interesting examples of the impact of technology and connectivity, he noted increased physician burnout and decline in gum sales at cash registers, as most people are constantly bombarded by data via smart phones. In addition, he stressed that to succeed we must learn on a continuous basis, specifically at the point of care. He concluded that the current challenge is understanding human needs, then we can build a machine that can help in clinical decision making avoiding common biases and errors. Other key issues are the role of data in making better decision and the balance of maintaining privacy vs. doing the public good by sharing health information. Lastly, he stated a starkly fact that loneliness kills more people than smoking.

Innovations in Community Investment

Michele Flanagan, Vice President of National Delivery System Planning and Design, Kaiser Permanente challenged the audience with the following questions: What are the rules and tools for capital planning success? How do we know if the proposed investment will be a good investment? Kaiser Permanente has approximately 120 business cases per year to review for projects that are more than \$5M and more than \$10M in California.

The facility business case process is complex and unequal, looking at such things as drive time, capacity analysis, building conditions, capital costs and return on investment (ROI). The process includes a Business Case Checklist and metrics.

Metrics categories include planning, design cost and financial. An example is Facility Room Utilization – exam room visits per exam room, scheduled encounters per provider, etc.

Also included is the Regional Planning Process. Each region develops a Strategic Plan. A Service Delivery Plan is a comprehensive view of the current and future delivery system. The Capital Plan comprises a list of future facilities projects and the associated capital investment and timing of cash flows for each. Facility Business Cases are written to provided justification for capital spend on specific projects. The primary care exam room is approximately 1,800 visits per year, and a specialty care exam room 1,500 visits per year. MOBs are running about \$900-1,000/sf on average total cost.

In conclusion, the message was to synthesize and integrate all perspectives.

And what is the CEO asking? Are we building for the future?

Can Design Influence Success on Healthcare Service Delivery

Before lunch sessions, particularly on weekends, can be fraught with spells of indifference. However, the session by Navigant's Persefield and Brown of 'Can Design Influence Success on Healthcare Service Delivery' proved to be anything but. Citing several case studies of recent projects varying in size and complexity, they argued that indeed, given the proper goal setting by those in charge at the very beginning, design and expertise can indeed have measurable effects on client success metrics of schedule, budget, patient satisfaction, and clinical outcomes. Specifics of the design items that could have an impact were noted, along with their tangible outcomes such as actual costs savings per year, efficiency of caregiver steps, increase in market share (due in part to consciousness of branding), and reduction of patient falls. Overwhelmingly, it was observed by Navigant that thoughtful design and consistent decision making would definitely make a difference in measurable outcomes, and should be embraced by the design community. Taking it a step further, they also suggested that there was 'no logical reason' why any patient room should be different from another in any part of the country, and that the input of clinical user groups should be severely reduced (until mid-DD at the earliest), with a reliance on the expertise of designers with proper experience to provide proven best practice solutions. The latter observation was met with some controversy during the Q+A session, resulting in a lively debate over the best use of care providers who ultimately 'help us (those in the design community) learn.'

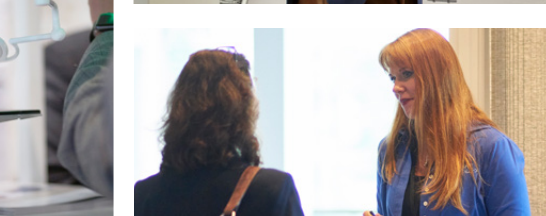
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Highlights from the 2018 Summer Leadership Summit

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Clinical Considerations for Designers of Medical Spaces

Greg Jolissaint, MD, MS, CPE, FAAPL, the Vice President for Military and Veterans Health at Trinity Health, a faith-based health care system with 94 member hospitals located in 22 states, delivered a talk titled “Clinical Considerations for Designers of Medical Spaces.” Beginning with a recommendation to include patients, the “future owners” in the design process, he delivered a long list of considerations in healthcare facility design. Considerations include: Joint Commission, OSHA, and National Patient Safety goals as basic requirements, patient and staff experience and satisfaction, team based work spaces for better communication and coordination, wayfinding, building materials to minimize infection, efficient flow of material and people, conveniently located storage, information technology and telecommunications, patient lifts, isolation rooms, space for quiet rooms, counseling, and family waiting, and emergency management. Dr. Jolissaint defined clinical success with another list that included: design that supports the mission, vision and culture of the health organization, models that focus on population health, ergonomically maximized spaces and furniture, infection control, healing environments that optimize outcomes, technology enhanced patient education, electronic medical records, single patient isolation spaces, teaching space, sterile processing location and capacity, break and exercise staff areas, skilled nursing “connected” to the hospital, and flexible space to accommodate change in practices and processes.



President's Message



Bill Hercules

About this time of year, students across the U.S. will return to school, and will invariably have to write about their favorite parts of their summer vacation. Our profession of healthcare architecture doesn't take a vacation per se, but it does host a family reunion of sorts – the Summer Leadership Summit. Speaker content is expressly outside of our profession but is still relevant to the broader

healthcare space. At this event, we were able to announce the results of some significant initiatives this year affecting the value of our healthcare architectural profession.

The ACHA as a vital yet distinct component in the family of other organizations supporting the practice of healthcare architecture. The AIA's Academy of Architecture for Health is the root organization, out of which came the American College of Healthcare Architects, the Academy of Architecture for Health Foundation, and the Facilities Guidelines Institute. These four organizations have, in recent years, deepened their mutual respect for each organization's charters and purposes and had agreed to cooperate and support one another. The presidents of each organization have identified this coordination effort as the Pillars of Healthcare Architecture. As we explained at the SLS meeting, the main purpose of the AAH is about education and networking; the ACHA is about board-certification; the AAHF is about underwriting research; and the FGI is about standards development. Each organization supports the whole profession of healthcare architecture, yet each remains a distinct entity.

Speaking of presidents, last year we announced John Rogers, FAIA, FACHA as our 2019 President, and we are looking forward to his leadership next year. This year we were happy to announce Vince Avallone, AIA, ACHA as our 2020 President. Both John and Vince will preside over the College as the College celebrates its 20th Anniversary! In late 1999, a handful of very passionate and highly accomplished healthcare architects demonstrated their

courage and temerity by forming, incorporating, and inaugurating the ACHA on January 1, 2000, at the dawn of the third millennium. We will be celebrating the College throughout 2019 and into 2020. As the college continues to cycle its leadership, we are happy to announce two new Regents beginning next year: Sheila Cahnman, FAIA, FACHA of Chicago and Sharon Woodworth, FAIA, ACHA of San Francisco.

In 2018, we opened a door to ACHA certification outside of North America. In our preliminary assessment we found that architects in some countries are very interested in having the American credential, yet architects in other countries are interested in developing their own. While simply extending our American certification process abroad may seem simple, language, terminology, clinical practice standards, architectural licensure parity, etc. all complicate the process. We've assembled a posse of international practice veterans to continue this exploration and make recommendations to the Board of Regents in the coming months, and we hope to see results as soon as next year!

Because communicating the value of board certification is critical, we launched two testimonial videos which articulate the value of board certification in healthcare architecture to two key and unique audiences: firms and clients, and ambitious individual healthcare architects. These videos are available now on the [ACHA YouTube channel](#), and we invite you to use them as a tool with your clients, your firm's leaders, and with your architectural teams to demonstrate that this distinction does matter. Their publication is part of a broader communications strategy designed to elevate the visibility of the ACHA, as it exists to bridge the needs of practitioners in their graduated career development and to provide firms with those that have independently distinguished themselves as leaders in our profession.

A stylized, hand-drawn signature of the name "Bill" in blue ink.

William J. Hercules, FAIA, FACHA
President, American College of Healthcare Architects, 2018

ACHA Certificant Spotlight: Matthew Kennedy, ACHA, EDAC

How did you first get started in healthcare architecture?

I started in a round-about way. I was completing my master's in architecture at the University of Michigan when I needed a better job to support my new wife and our first child. I took a part-time CAD position with a consulting firm that did healthcare planning. I was literally the person back at the office doing all the drawings since I was the only one there knowledgeable in CAD. We did a lot of facility inventory work and there was no better way to start than to review plans and drawings of hospitals designed by many of the leading architectural firms at that time. That was back in the early 1990's and I have never done anything but healthcare architecture since.

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

What motivates me now, which also motivated me when I started, is that I can make a difference in the lives of others through the work that I do. I may not be a doctor or nurse standing at the patient bedside, but I certainly can be the one to make sure that the doctor or nurse has the necessary resources required to deliver high-quality care within an appropriate environment that supports the qualitative needs of the patient and family. I like to think about it as setting the "stage" for doctors and nurses to do the work they do best, so patients and families can receive the best care from them.

Which of healthcare's megatrends will have the greatest impact on your practice? Why?

The changes (and attempted changes) to the way we finance healthcare now and, in the future, will have the single-greatest impact on the work that I do. We have many historical models of financing systems that readily show what works and what doesn't work so well in the delivery of quality healthcare. The hospitals we build and the facilities we create will always be the end-result of such financial systems. Even with the best of financial systems, healthcare design is, and may always be, design in the wake of scarcity. Meaning, design that needs to be efficient in layout, so staffing can also be efficient, design that is economical in the use of materials, so facility upkeep and maintenance budgets can likewise be economical, and design that expresses and supports well-being and positive change so more can be achieved with less. That will be the test of truly successful healthcare design, and the driver of a successful healthcare design practice.

Matthew Kennedy is a Senior Medical Planner and Vice President at HKS, Inc. in Detroit.



Matthew Kennedy,
ACHA, EDAC

Join Us at the ACHA Annual Luncheon

Join us to celebrate ACHA's 2018 accomplishments and award winners on Sunday, November 11, 2018 at the Healthcare Design Expo & Conference in Phoenix, AZ. 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. We will also take time to celebrate our newly certified colleagues.

Make plans now to join your ACHA colleagues for this memorable luncheon on Sunday, November 11, 2018 from 11:30 am-1:30 pm.



Rippe Associates Sponsors Exam Prep Seminar in Chicago

For the third 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

OCTOBER 8-10, 2018

Healthcare Facilities Symposium & Expo
Austin, TX

NOVEMBER 10-13, 2018

Healthcare Design Expo+Conference
Phoenix, AZ



Mentor Opportunities

BE A MENTOR

Use Your Expertise to Guide
a Potential Certificant

Contact the ACHA Executive Office at
913-222-8653 or
ACHA-Info@kellenccompany.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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