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ACHA



QUARTERLY SPRING 2019

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Summer Leadership Summit

Save the Date

July 26-28, 2019

How are the tangential industries around the Healthcare design industry planning for the future of healthcare and where does the patients’ ‘perspective’ impact that future?

The healthcare design industry continues to wrestle with the definition of its future. There have been numerous and seeming unending scenarios of how to best care for and provide the appropriate environment of healthcare delivery. The patient room of the future, the ‘no fall’ toilet, the micro-hospital, the minute clinic, the self-diagnosing app on your phone... all try to improve the affordability of healthcare delivery and the patient environment and provide service to mitigate the need for high-level inpatient care in a ‘hospital.’ The government has also implemented a massive tide change in the reimbursement methodology from ‘fee for service’ to ‘pay for performance’ model.

But, where is the patient in this evolution? Their world has rapidly changed as well in the last decade. How do healthcare providers, systems and the government plan for a patient’s experience and total wellbeing? What are providers and governmental agencies doing to plan and implement for better affordability, access, population health, preventive medicine, managing chronic diseases, curing terminal illness, translational research and end of life care. The smart phone, instantaneous internet access to medical information/data both real and ‘WebMD’. This impacts their mindset of where and how they give care receive healthcare.

One plan does not fit all when it comes to implementing quality and affordable HealthCare in American hospitals and clinics—some of the most complex project types healthcare design professionals and owners ever address. Every year, top healthcare architects gather in Chicago in order to learn and shape the profession of healthcare architecture at the event called the ‘Summer Leadership Summit.’

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NEWSLETTER EDITOR

Matthew Kennedy, AIA, ACHA

President's Message

THE VALUE OF COMMITTEES:

I am pleased to share with you the value our committees provide to the ACHA. I have always believed that committees are where the work of an organization takes place. They involve any number of certificants and are literally where the "rubber meets the road." All committees depend on clear strategic goals and how the committee's work supports or impacts those goals. Also, the more dedicated and involved certificants are members of a committee, the lighter the load is on individuals as well as the whole committee. As I stated in my last message, one of my goals for the College this year is to make sure we have clear strategic goals and charters for each of our committees, each with their own goals for 2019. Our human resources are by far our most valued asset and harnessing the commitment and passion of our certificants is key to creating value from participating in our committees. It also provides leadership training for our certificants to take on more responsibility and leadership in the College and the profession.

I was privileged to attend a recent Exam Committee's meeting to review the exam questions and create or alter them in a way to improve the relevance and accuracy of the exam itself. I must say I learned a lot in the process. The questions are very carefully crafted and then based on the actual results from candidates taking the test; a question may be flagged due to response variations or it may appear too easy. These will trigger a review of the question and possible adjustment or deletion in order to preserve the rigor of the credentialing process and provide professionally sound and legally defensible certification. I will say I was struck by the articulate wordsmithing done by everyone around the table until it was just right. This led me to believe that this process has evolved into an art form that truly benefits the College. The type of question

falls into one of three cognitive levels of recall, application or analysis and is applied to all the categories in the Exam Detailed Content Outline. The challenge is to vary the questions in order to evaluate knowledge around hospitals, outpatient care facilities and behavioral / mental healthcare.

Since the Exam Detailed Content Outline is used to generate the questions and provide study guidance for candidates, it must remain relevant to the healthcare industry. Currently, the Jobs Analysis Task Force, convened every five years, is reviewing and updating the Content Outline. This is so very important since it guides the activities of the Exam Committee over the next five years. Again, I was able to sit in on the task force as the Exam Detailed Content Outline was reviewed and redeveloped in order to keep up with the ever-changing healthcare planning process.

This is all part of the exam process and is key to our certification process and is actually who we are and what we do. This is a great example of the value our committees add to the College and provide opportunity for our certificants to be involved in committees and task forces that help shape the future of the College itself. I challenge each of you to determine your passion and energy, then pick a committee and step up to make a difference in the ACHA. See the committee listing and corresponding chair names on page 6.



John Rogers

Summer Leadership Summit *continued from page 1*

Base line assumptions:

- Speakers are to be 'Harvard post graduate level' education
- Speakers are not Architects talking to Architects
- Speakers are to open a window into their world and their patient's true experience

Join us for the Summer Leadership Summit on July 26-28, 2019 at the Fairmont Hotel - Millennium Park in Chicago. The Architecture + Health Educators Summit will take place on July 25, 2019.

Check the [ACHA website](#) for more Summit details and watch your email for registration opening mid-March.

ACHA Certificant Spotlight: Sharon Szalai, AIA, ACHA, NCARB

How did you first get involved in healthcare architecture?

My first project was a dental clinic and ironically now my firm is writing the Dental Design Guidelines for the Veteran's Administration. I was attracted to Healthcare Design understanding the important role that an architect plays in society and how design can impact the patient, families and the staff of a facility. Serving the community through good design is a big driver of my creativity.

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

My inspiration comes from my clients... their goals are my goals. My 'aha' moments for design are inspired from listening to the users. I believe my part in telling my client's story reaches beyond the built environment. Healthcare architecture is challenging, creative and always evolving. I am never bored or unmotivated.

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

There are many new tools empowering consumers with more information and control over their healthcare decisions; physicians have more options for where and how they treat their patients, both are examples of trends affecting the current healthcare model. We help our clients understand the various dynamics of Healthcare Design, and assist them strategically. Our projects are more than the reality but also visionary with respect to future state.



Sharon Szalai,
AIA, ACHA, NCARB

ACHA Executive Director Transition

The College has been incredibly fortunate to have **Dana VanMeerhaeghe** as its Executive Director for the past eight years. Dana has resigned from the Kellen Company and has transitioned her responsibilities to a new Executive Director, Kathrine Hughey. Please join me in thanking Dana for her dedication to and leadership of the College. She has become a friend and respected colleague to many of us. We wish her well.



Dana
VanMeerhaeghe

Please help me welcome **Katherine Hughey** as the new ACHA Executive Director. Katherine is an experienced Executive Director and has been with Kellen for four years. Watch for her at the ACHA exhibit booth during the PDC in March and the Summer Leadership Summit in July!



Katherine Hughey

Job Analysis: *Defined*

The purpose of the job analysis (JA), also known as a practice analysis, is to identify the tasks and knowledge that are important for competent performance by ACHA board-certified healthcare architects. A JA study is conducted to answer the essential questions: What are the important **job tasks** related to competent practice and what **knowledge and skills** are essential for competent performance?

The job analysis findings serve as the basis of the ACHA Certification Exam and inform the ACHA about content areas acceptable for continuing education.

A benchmark for any profession is the ability to routinely monitor its own practice through an ongoing process of self-regulation. Paramount to this process is the establishment of a credentialing program that enables the profession to safeguard consumers by stating who is competent to practice. The establishment of a valid job analysis is essential to the integrity of a credentialing program and its associated exam program. The job analysis translates practice into a usable format for test development. The JA delineates the important tasks and knowledge deemed necessary for competent practice. A well-conducted job analysis helps insure that a certification exam is job related and thus has content validity. The process directly links the content of the certification exam to field-identified important job tasks (Oltman & Rosenfield, 1997). Therefore, the job analysis process is an essential component in establishing the content validity of a credentialing exam (Standards for Educational and Psychological Testing, 1999).

ACHA's last job analysis was conducted in 2014, and it gathered a cadre of ACHA board-certified architects from around the country to serve on the 2019 JA Task Force. These certificants met for two days in Dallas to review the current detailed content outline and provide preliminary feedback on a survey that will be distributed to all certificants in the near future.

Many thanks to the following for serving in this capacity, and to their firms who allowed them time away from the office to engage in this critical process under the leadership of PSI psychometrician Kelly Zhao:

- Ann Adams, Davis Partnership Architects, Denver, CO
- Vince Avallone, SmithGroup, San Francisco, CA
- William Ayars, Perspectus Architecture, LLC, Cleveland, OH
- Tracy Bond, HDR, Washington, DC
- Sheila Cahnman, JumpGarden Consulting, LLC, Wilmette, IL
- Tammy Felker, ZGF Architects, LLP, Seattle, WA
- Ron Gover, Dallas, TX
- James Kukla, Kukla Partners, LLC, Jupiter, FL
- William Persefield, Medica Development, Richardson, TX
- Deb Smith, Flad Architects, Tampa, FL



2019 Jobs Analysis Task Force



2019 Exam Committee at work in Dallas

ACHA White Paper: Healthcare Strategy Development and Planning in a Dynamic Environment: Successfully Obtaining Planning, Design, and Construction Business While In The Midst of Change

By Tom Testerman, ACHA, EDAC, NCARB, Kelly Kramer, FAAMA and Andrew Collignon, JD, AIA, GGP

The healthcare landscape is evolving through mergers, acquisitions, and tenuous federal legislation. The Patient Protection and Affordable Care Act (PPACA) was signed into law by the US Congress in 2010. The status of this law is changing as key components are being modified to reduce federal budget obligations. Without a back-up plan to the PPACA, these actions will continue to confuse consumers, frighten the underserved, and financially distress providers. The Certificate of Need (CON) laws and the Critical Access Hospital (CAH) programs in tandem with the Federally Qualified Health Clinics (FQHC) remain in flux without strategic vision, budgetary compliance, and continuity of effort. Cuts in reimbursement, insurance premiums, and the elimination of programs supporting underserved populations continue. The greatest impact occurs in the chronic disease, senior care, mentally ill, substance abuse, and emergency care arenas. Herein resides the future opportunities for healthcare planners and architects. Methods to improve the delivery processes and growth in demand continue with the roll out of free standing emergency departments (FSED), urgent care centers, and satellite micro hospitals (all these are efforts by developers and providers to improve access, reduce cost and gain market share). Reductions in hospital stays and recidivism continue to aid in cost reductions. This paper explores four key sectors of these market dynamics:

1. Mergers and Acquisitions
2. Realistic Needs Assessment
3. Emerging Models of Care
4. Consumer Expectations

Traditional planning will be redefined in light of these factors and the need for collaboration between industry experts working in partnership with the client to change processes, adjust operations, and A/E design solutions. We are witnessing how this disruption can be harnessed and directed toward improving the delivery of care while reducing fear, risk aversion, and “analysis paralysis” from numerous perspectives. Without vision with action, we lose our ability to change these external forces. To be effective, a methodology for owner-driven collaboration is required. The architecture of the future will be informed primarily by defining the strategies of service integration, population health, partnerships, and action-oriented service. This new service model will embrace a mutually beneficial philosophy of vision plus asset and operational planning. Capital dollars will be measured over time to demonstrate the optimum ROI and added value to the consumer. The recommendations will need to be feasible, flexible, sustainable, and transformable.

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

Healthcare Strategy Development and Planning in a Dynamic Environment: Successfully Obtaining Planning, Design, and Construction Business While In The Midst of Change

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Easter Healthcare Consulting (Ehc)

Calendar of Events

Mentor Opportunities

MARCH 17-20, 2019

PDC Summit
Phoenix, AZ

JULY 26-28, 2019

Summer Leadership Summit
Chicago, IL



INTERESTED IN GETTING MORE ENGAGED WITH THE COLLEGE?

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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