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**HOT TOPICS DEBUT**



From the Continued Competence Committee, the first in a regular installment providing insight into current industry issues that are shaping Healthcare Design. Welcome to the inaugural ACHA “Hot Topics” Newsletter. This newsletter was created by the ACHA’s Continuing Competency Committee (CCC) to help the certificants stay current with the latest trends and newest ideas in healthcare planning and design. As healthcare architects, we are involved in a very dynamic industry, where change, discovery, research and learning is pushing each of us to do more informed and responsive work each day. This newsletter is intended to highlight a relevant topic, as well as a few resources (e.g.: articles, presentations, conferences, and research) that can support continuous learning around that topic.

*Continued on page 8*

# President's Message



Clyde "Ted" Moore  
AIA, ACHA

I hope this message finds you all in a good place and in good health. It is a great honor and responsibility to be President of the Board of Regents. My role is to make sure that we achieve the goals of our strategic plan, maintain our daily operations, and hold the highest ethical and legal standards in certifying and re-certifying Architects in the specialty of healthcare design.

I take this responsibility very seriously and welcome all feedback that could help me to better deliver on that promise. Here are a couple of highlights of what the Board is working on now. The College will be celebrating its 25th anniversary in late 2024. Our strategic plan has matured and evolved considerably over the past 25 years, and it is under a continuous improvement plan. As the one and only AIA recognized specialty in Architecture, we are the highest standard in the field of healthcare design and planning recognized anywhere. We will continue to focus on getting that message out to potential candidates, healthcare clients, and the entire health and healthcare industry.

Certification requires licensure in any U.S. state, or in any country that is recognized by NCARB with a reciprocity agreement. As NCARB continues to expand internationally, this will provide opportunities for more international growth in certification. Currently, NCARB has reciprocity agreements with Canada, Mexico, New Zealand, and Australia. On April 25th, 2023, NCARB will have a reciprocity agreement with the United Kingdom which is exciting. We have had task forces looking into our growth into international markets which can have language, units of measurement, and cultural barriers. It is still evolving, and we will continue to focus on more this year and in coming years.

We will continue to promote, support, and incentivize giving back to the industry. Later this year, we hope to announce something new and important that involves even more "giving back" to the industry. Keep an eye out for this one. That's all for now.

## ACHA at ACHE

Steve Templet and Angela Mazzi presented '*Staff ROI: Top 10 design ideas you should incorporate into your next facility project to attract and retain key team members*' at the ACHE Congress in Chicago in March. It was a great opportunity to get in front of healthcare administrators and managers to discuss the role that architecture plays in supporting their strategies to combat burnout. This was a prominent topic at this year's Congress, and a perfect chance for ACHA weigh in on the issue.

The presentation addressed the pernicious "I'm Fine" culture that persists in healthcare and leads to extraction of staff resources without providing regenerative opportunities. We connected the dots for this group on how the built environment plays contributes to staff wellbeing which in turn impacts ROI. It's time to treat staff as the precious resource they are and build in accommodations that support their work and ACHA was able to be a strong advocate for this issue.



# ASHE PDC 'returns to normal' as largest participants since 2019 attend

ACHA and other industry leaders contributed to the most-attended conference since the start of the Pandemic to energize the Phoenix Convention Center.



For the first time since the start of the pandemic over 4 years ago, a full conference of attendees from the AEC world re-convened in Arizona to absorb trends and progress in Healthcare Planning, Design, and Construction. Themes for this year centered Evolving the business of HC delivery, Policy and Regulatory compliance, Sustainable Development and Environmental impact, and Managing Risk with Resiliency. The College was well represented in both speakers (see inset for list) and attendees, along with a booth presence at the daily Exhibition Hall. Some key takeaways and items of note via the editor's observations:

**The ASHE PDC Summit (PDC) is in part sponsored by the AIA Academy of Architecture for Health and the American College of Healthcare Architects.**

## Keynotes:

The **kickoff** session featured inspirational and aspirational discussion from Chrissa Pagitasas, a strategic advisor with Pagitasas Advisors. Relying on her past experience as the first Vice President of ESG at Fannie Mae, Chrissa launched the enterprise's ESG (Environmental, Social, Governmental) Strategy to integrate ESG principles into the core strategy Fannie Mae. She shared challenges and rewards on establishing the first sustainable Green Commercial MBS in the U.S. and launching and leading the Green Financing Business at Fannie Mae, which became the largest issuer of Green Bonds globally. Getting to success in that position required patience and perseverance, and ultimately the reliance on the BHAG approach – establishing Big, Hairy, Audacious Goals. Citing examples of her experiences at Fannie Mae, and through some audience participation, she emphasized some key components of the tools required for this approach. Current state of Healthcare demands thought leaders who can champion and push through the noise, particularly when applying a sustainable lens. Applying the Tinker, Persevere, Scale guidelines and the reliance of those around you was essential to being able push forward innovation. It can't be done alone and without the support of those around you including team members and friends, while at the same time seeking critique and engaging competitors.



# ASHE PDC- continued

The **closing** keynote delivered by Nicholas Webb, a Health Care Futurist and Innovation expert, provided some much-needed brevity yet direct perspective on the chaotic future of the industry. Outlining that as health care has transitioned from “symmetrical innovation,” through “disruptive innovation,” to its current state of “chaotic innovation”, there are opportunities for leaders and innovators to leverage the insights of rapidly evolving trends to drive growth while impacting delivery quality. Buoyed by the fact that the WHO suggested the world will be short 130 million providers by 2030, there is a need to focus on not holding on to the way things used to be. The winners will be the ones who embrace and promote hyper-consumerism, enterprise innovation, and the human experience. Realizing that the commercial industry provides constant examples of disruption (Dutch Bros. coffee vs Starbucks) and how the embracement of fulfilling needs of the consumer, innovation driven by insights can help re-make the healthcare industry. The least painful, least friction, and most value wins. Physical spaces must be beyond function, and happy, realizing the patient now has the data and their ability to be portable with it to seek their best outcomes. He challenged the industry with four action items: Implement a CX strategy, format a HX strategy (attraction and retention of critical talent), establish an Enterprise Innovation strategy, and formulate an Anticipatory Technology Strategy.

**Take-aways and highlights of some attended break-out sessions (it is recommended to access the entire conference slide decks through ASHE for more details):**

## **Delivery, Procurement and Construction:**

- Integrated project delivery challenges and innovations were featured in a ‘Prototyping 2.0’ presentation featuring a new site for Bon Secours Mercy Health (Mercy Kings Mills Hospital) just outside of Cincinnati. Starting by on-boarding the entire team early in SD and utilizing a unique on-site prefabrication plant that built every component of the project, savings were recognized in time and money. The process benefited the Design Phase by reducing floor to floor heights due to early identification of the modular corridor mechanical racks. Construction gains were a reduction of transportation time and expenditures. Ultimately the original construction budget and time (even during COVID) were met, despite the original aggressive targets. It was determined that because this delivery method hit the ‘why’ of the original goals it would be used as table stakes to guide future project implementation.
- Hospital supply chain challenges were the focus of a General Session. Although the current issues are creating difficulties across the delivery spectrum, it was argued that the system isn’t broken but is performing as designed. Just-in-time / lean manufacturing processes were exposed in the Pandemic due to differing demands. Raw materials have been affected by war, natural weather events, and various geopolitical, technology, and cybersecurity concerns. All these pressures will affect not only the healthcare delivery system but the A/E/C industry as well. Current back orders for medical supplies are at record levels, but new innovations like AI can assist. Potential areas of focus and mitigation included addressing warehouse space, realizing efficiencies in the system, and getting hospital employees to participate in the solution. Public/private partnerships will also play a key role.
- In a session on Value Added Preconstruction, a California program to focus on validating existing conditions for required seismic retrofits was used to showcase efficiencies gained by establishing standardization. Creating a process that works, and that can be transferable to other applications, was essential to project success. Specific tools included standardized schedules with clear milestones and handoffs, creating standard templates (including using PlanGrid for in-field efficiencies), achieving end-user buy-off during design, and transparent estimating. This standardization process realized savings in cost and schedule (20% for each) and had a direct effect on the construction outcome.

# ASHE PDC - continued

## Regulatory Challenges:

- A refresher of regulatory challenges was given in 'What does my Accreditation Organization want to Know?' Using the CMS as a guide, the update course focused on the myriad processes and guidance required for proper and efficient approvals. Most of the physical regulations reviewed by the most used AO's (i.e., Joint Commission) revolve around the CMS adoption of the 2012 Life Safety Code, and there is little flexibility. Although conditions vary from state to state and within the facility itself, modifications even to a newer code interpretation are difficult. A/E's are advised to recommend the Hospital address code differences, minding that the most restrictive requirements usually govern. ICRA, Emergency Management, and proper staff training issues are also of import to ensure proper approvals. Keeping your AO apprised of any planned or new construction is also paramount, as work in addition or revision of approved programs may trigger unscheduled reviews.



- In 'ADA Compliance – Who Own's Design and Construction Risk?', scenarios of legal challenges helped drive home the issue of compliance as being a 'gray' issue. Title II and III of the ADA require healthcare providers to provide fair and equal access to facilities and services to those with disabilities as well as to make 'reasonable' modifications to provide accommodations. Paying attention to the details is required, along with the ability to think like that person when making decisions on where and when to apply physical design solutions. It was advised that the A/E take a cautious approach to complying with Owner requests that may be subjected to interpretations of non-ADA compliance. There is no 'ADA police', and ultimately the resolution resides in the legal system, but there are watchdog and even individuals who actively search for opportunities to bring potential issues to light. It is typically not easy to resolve major issues, and most are settled out of court, but from the perspective of liability to the design team, an application of 'standard of care' is where most issues will be judged. Overall, this is a complex issue that requires ALL parties to address the project risk (Designers, Owners, Contractors).

# ASHE PDC - continued

## Creativity in Design Solutions:

- Unique delivery methods for approaching large, complex projects were discussed in ‘Progressive Design Build – UC Davis Health’. Facing the prospects of completing the largest UC Hospital (\$3.7B Target value for just under 1 Mil SF), the need for alternative approaches was implemented from the outset. Teaming from the beginning with Contractors, Design Team, and Owner led to the ‘progressive’ design-build approach, whereby the Contractor was selected first, followed by the Design Team. Project fit was a determinant as well as the ability to participate in collaborative decision making. Lean delivery methods were incorporated along with transparency to promote the best value for the dollars spent. Akin to building the airplane while flying, the process was not devoid of challenges such as starting during the Pandemic and State legislation changes or restrictions. A three-phase contract was used as a living document to accommodate allowable costs and flexibility. Team charters and establishing a framework to control issues and formulate success metrics helped guide the process through some inevitable tough decisions, such as a need to almost double the program without substantial increases in cost or time. Decisions were always pushed to the lowest level with clinical champions through the interactive process (virtual at first, then in a more traditional big-room). The SWARM process (needing to ‘pull the cord’ if a product is deficient) helped guide critical forward thinking alongside Choosing By Advantages. Current delivery is expected to remain 2030, and the decisions made originally through this team approach are meeting expectations and allowing those dates and budget to be met.

### **Perspectives from an ACHA Speaker:**

Some additional conference insights from an active College participant (Chase Miller, AIA, ACHA, EDAC, LSSYB), who spoke on ‘Impact on Staff Communication and Teamwork in Med-Surg Unit Design at Indiana University Health’).

The presentation “Impact on Staff Communication and Teamwork in Med-Surg Unit Design at Indiana University Health” was one of the few PDC presentations that focused on research and evidence-based design. We presented specific technical research methodology and findings, which support the current body of knowledge on care team station design. While the research was not exhaustive, the particular project we utilized provided an opportunity to focus the research, given the ability to control some of the variables between an existing patient floor and a vertically expanded patient floor with the same footprint. This new vertical expanded floor utilized a different core configuration and care team station design allowing the research team to study specific differences while keeping many of the other facility and operational constraints the same. Some of the attributes of the care team area that were studied and presented include types and duration of communication, noise levels, and walking distances throughout different times of the day.

Below are additional ACHA Certificants who spoke at ASHE PDC this year:

**Tim Spence**, ACHA Exam Prep Seminar & Leveraging Discrete Event Simulation to Evaluate Clinic Design Outcomes

**Camilla Moretti**, How ProMedica Toledo Hospital Found the Value of Research and the Cost of Cutting Cost

**Brian Briscoe**, Parkland Health Redefines Change-Ready Clinics of the Future

**Mickey LeRoy**, Prototyping 2.0: On-Site Prefabrication Minimizes Risk, Speeds Delivery

**Chase Miller**, Impact on Staff Communication and Teamwork in Med-Surg Unit Design at Indiana University Health

**Sara Heppe**, Integrated PDC Team Creates Children's Behavioral Health Hospital

**Kenyon Worrell**, How Duke Health Generated Power Through Collaboration

**Lisa Charrin**, AIA/AAH Forum: Medical Equipment and Technology Integration Forum

**Akshay Sangolli**, AIA/AAH Forum: Healthcare Owners Roundtable: Pressing Issues in 2023

**Theresa Harris**, AIA/AAH Forum: Codes & Standards Forum

**Jeff O'Neill**, AIA/AAH Forum: Codes & Standards Forum

**Eugene Damaso**, AIA/AAH PDC Student Challenge 2023 – Winner Presentation

# Save the Date: Summer Leadership Summit

## July 21-23, 2023

The current healthcare crisis remains in peril due to caregiver shortages and medical facilities consistently being overwhelmed as they attempt to provide universal high-quality patient care. As a result, patients search for other means to meet their medical needs. Institutions compete with one another, causing insurance rates to increase and countless hospital closures, especially in rural communities. How can our industry revamp the playbook to ensure better healthcare outcomes?

The Summer Leadership Summit (SLS) is co-organized by the AIA Academy of Architecture for Health and the American College of Healthcare Architects.

Thanks to our sponsors: McCarthy Building Companies, Inc., The American Society for Healthcare Engineering (ASHE), Introba, Synergy Med Global Design Solutions, LLC, and Modular Services Company.



Location: The Westin Michigan Avenue, Chicago, IL

Register here: <https://healtharchitects.org/event/summer-leadership-summit-2023/>

### Calendar of Upcoming Events

- July 21- 23 - Summer Leadership Summit (SLS), Chicago
- August 7 – August 9 ASHE Annual Conference & Technical Exhibition, San Antonio
- Sept. 19-21 - Healthcare Facilities Symposium and Expo, Charlotte
- Sept. 28, 4 PM ET - ACHA Town Hall
- Nov. 4-7 - Healthcare Design Conference and Expo '23, New Orleans
  - Nov. 6, 12:00-1:30 PM CST, ACHA Annual Meeting and Certificiant Holder Luncheon (at HCD '23)



# Shifts in Sites of Care

(continued from Page 1)

## Brought to you by the ACHA Continued Competence Committee

After reviewing the literature and consulting with industry experts, several subjects were identified as potential “hot topics” for this year. Based on conversations with industry leaders and discussion within the CCC, the “hot topic” for 2023 was identified as: “Shifts in Sites of Care.” This subject addresses how the recent three years have accelerated work-place and work-life change across regions and industries. Healthcare has been no exception. Many of our country’s care practices have deep roots and traditions in proactive patient care. Although practice refinement, improvement, and change has been a constant in the US Healthcare system, providers and insurers need to be comfortable with change before it can be truly embraced. Evolving patient and caregiver protection protocols, the adoption of new care technologies, updated practices, and responses to utilization of available labor, have all resulted in shifts in approaches to care. These shifts have had an impact on facility requirements and utilization, and much of this transformation is still in development.

This Spring’s “Hot Topics” Newsletter strives to help us better understand the impact of the site of care shifts accelerated by the events of the last three years. We are seeking and gaining access to care in new, non-traditional ways and in a blend of traditional and non-traditional locations.

The first of 5 installments on this Hot Topic will focus on 'Overall Trends'. Look for future issues of the Quarterly and our website for further details. This will also be discussed as part of the Fall Town Hall, September 28<sup>th</sup>.

The following articles, videos and resources have a focus on this “hot topic.”

**See the ACHA Website for more details.**

### **Overall Trends- big drivers that are the root of change and driving new sites of care:**

Capolongo, S., Gola, M., Brambilla, A., Morganti, A., Mosca, E. I., & Barach, P. (2020). COVID-19 and healthcare facilities: a decalogue of design strategies for resilient hospitals. *Acta Bio Medica: Atenei Parmensis*, 91(9-S), 50. doi: 10.23750/abm.v91i9-S.10117

Committee for a Responsible Federal Budget. (2021, February 23). Equalizing Medicare payments regardless of site-of-care. <https://www.crfb.org/papers/equalizing-medicare-payments-regardless-site-care>

Kumar, P. & Parthasarathy, R. (2020, September 18). Walking out of the hospital: The continued rise of ambulatory care and how to take advantage of it. McKinsey & Company. <https://www.mckinsey.com/industries/healthcare/our-insights/walking-out-of-the-hospital-the-continued-rise-of-ambulatory-care-and-how-to-take-advantage-of-it>

Mehrotra, A., Chernew, M. E., Linetsky, D., Hatch, H., Cutler, D. M., & Schneider, E. C. (2020, August 13). The impact of the COVID-19 pandemic on outpatient visits: Changing patterns of care in the newest COVID-19 hotspots. *The Commonwealth Fund*. <https://www.commonwealthfund.org/publications/2020/aug/impact-covid-19-pandemic-outpatient-visits-changing-patterns-care-newest>

MATTER. (2021, August 17). Healthcare 2040: Changing Care Delivery Models - Part 1: Setting the Stage [Video]. YouTube. <https://www.youtube.com/watch?v=oFUloZxzAik>

Sharma, P. & Ruple, M. (2020, January 21). Alternate sites of care: The changing face of healthcare delivery. *BioPharma Dive*. <https://www.biopharmadive.com/spons/alternate-sites-of-care-the-changing-face-of-healthcare-delivery/570511/>



# Public Proposal Period for 2026 FGI *Guidelines* Closes Soon

Attention users of the Facility Guidelines Institute's (FGI) *Guidelines for Design and Construction* documents: the time to propose revisions to the 2022 *Guidelines* documents is here!

The proposal period for the 2026 FGI *Guidelines* revision cycle began Wednesday, February 1, 2023, and ends Friday, June 30, 2023. The proposal period is your one and only opportunity to recommend changes to the 2022 *Guidelines*.

During the proposal period, FGI encourages all users of the *Guidelines* documents to suggest where *Guidelines* language could be improved for clarity, outdated requirements should be removed, or new types of facilities should be added. Proposals should support clinical practices, infection prevention measures, and minimum design requirements for additional and evolving care spaces to advance safe and effective patient and resident health care.

The FGI proposal site will be accessible at <https://www.fgiguideines.net>. The proposal period is open to all users of the *Guidelines* documents, and all submitted proposals will be available for public review. Interested parties may submit opinions supporting or opposing proposals until the end of the proposal period.

Once the proposal period has closed, proposals and opinions will be reviewed and voted on by the 2026 Health *Guidelines* Revision Committee (HGRC). Proposals approved by the HGRC will be incorporated into the draft 2026 *Guidelines* for hospitals; outpatient facilities; and residential health, care, and support facilities, to be released for public review and comment next summer.

## Masters Series Resumes- available on ACHA YouTube Channel

The latest video in the Masters Series has been uploaded to the College's YouTube channel.

Our Masters Series provides a deep dive into current topics affecting the healthcare design and provider industry. The most recent topic in the 2.0 series of videos is "Behavioral Health Trends and Facility Responses," and was moderated by Angela Mazzi, FAIA, FACHA, EDAC, and Daniel Perschbacher, AIA, ACHA. Featured speakers are Frank Pitts, FAIA, FACHA, OAA, Mardelle Shepley, FAIA, FACHA, Hilary Bales, AIA, ACHA, and EDAC.

Also available are previous videos in the 2.0 Series. Topics include - Shifting to Comprehensive Care'; Healthcare's response to Health'; and Pediatric Trends and Legends'.

All videos (and others including other topics such as exam prep, the VA Task Force, and Legacy Project awards) are available on-demand at our YouTube page-

<https://www.youtube.com/playlist?list=PLF3352ITJr-o9l9EUphByRUHVdb7E7ZhD>

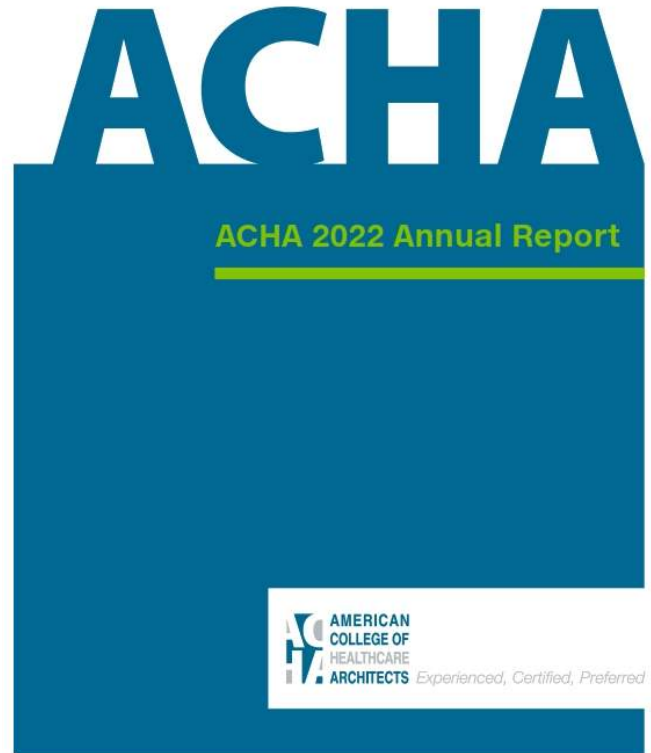
# Annual Report brings you up to speed

Want to know at a glance what the College has been up to in the last year? Access the Annual Report via our Internet portal. Not only can you hear from the past President on their take of the status and health of ACHA, but you can read about last year's finances, reports and objectives from all our various committees, become more familiar with the last class of Fellows, access a list of new certificants in 2022, and see the list of current Board Members.

Access the current and past Annual Reports through the internet page - Resources tab.

Or visit the hyperlink below -

<https://healtharchitects.org/resources/annual-report/>



## 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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