Summer Leadership Summit
July 26-28, 2019

REGISTER TODAY

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.

There is no single definition of “success” or one way to measure it. One size does not fit all when it comes to evaluating outcomes in American hospitals and clinics — some of the most complex project types healthcare design professionals and owners ever address.


Click here to register.
Click here for the hard copy form to print and pay by check.
Check the ACHA website for Summit updates.

Registration is nearly full, therefore we strongly recommend immediate registration to ensure your spot. The registration deadline is July 1.

We hope that you will be in attendance to hear about groundbreaking ideas discussed at the 2019 Summit!
Exam Prep Webinar

The Exam Prep Seminar is now available digitally on YouTube. If you know of colleagues who are interested in pursuing ACHA certification, they can attend one of our live seminars (the next one will be in Chicago on July 27) or they can access the webinar at their own convenience. Special thanks to our “guides” Dr. Molly Scanlon and Antonio Amadeo for lending their voices and expertise to this initiative.

7th Annual AAH Foundation Networking Reception Event
Chicago Architecture Center
“City of Icons”
Friday, July 26, 2019
6:30 p.m. – 9:30 p.m.

The AAH Foundation is planning its 7th Annual Networking Reception in conjunction with the AAH/ACHA 2019 Summer Leadership Summit. This year the reception will be held at the Chicago Architecture Center. Enjoy night views of Chicago along with food, drinks, a live band, great camaraderie and live auction items. Registration fee is $100. All proceeds will be used to support architectural healthcare research efforts. Register when you sign up for the SLS.

THANK YOU TO OUR SPONSOR:

Photo credit: Tom Harris, Courtesy of CAC
President’s Message

INCREASING VISIBILITY VALUE OF CERTIFICATION

I am very excited to share with you the great news that was recently shared at the ASHE PDC in Phoenix. ACHA has been recognized by The American Society of Healthcare Engineers (ASHE) as the certification body for architects as medical planners. This is a wonderful recognition and provides a unique platform for our certificants to be recognized as architects being Board Certified to lead medical planning activities with our clients, especially those who are ASHE and for AHA members. This has been in the works for several years and has involved many people from both the ACHA and ASHE. This is in addition to the American Institute of Architects (AIA) recognition of the ACHA as the only architectural specialty certification program at this time. All of this is increasing the visibility and consequently the value of ACHA certification.

The Pillars of Healthcare Architecture (ACHA, AIA-AAH, FGI and AAH Foundation) continue to align services with an ongoing commitment to take advantage of opportunities as they are identified. As the upcoming Summer Leadership Summit in Chicago approaches, we will experience the impact of all four organizations at the conference. This allows us to amplify the strengths and activities of each organization and provide value to our certificants and added visibility for the College.

We are preparing to celebrate our 20th Anniversary this year and honor our formation as well as the individuals with the passion and foresight to create a certification program unlike any other. We have become the gold standard for architects to become Board Certified as medical planners. In order to continue to grow and improve the College’s value into the future, the Board of Regents met recently for a strategic planning session to create a “Vision for the ACHA in 2040.” Many great ideas were discussed, and opportunities identified. This will develop a roadmap for the next twenty years, again to meet the ever-changing needs of the healthcare industry and provide the tools for our certificants to remain thought leaders in medical planning and provide valuable services to our clients. Demographic shifts in our certificant pool coupled with an ongoing challenge of identifying what constitutes “Best Practice” in our industry are being carefully considered. Our Jobs Analysis Task Force and our Exam Committee are preparing to update the content outline for the exam as well as updating the exam questions themselves. A survey regarding exam content is being developed to get feedback from our certificants, candidates and potential certificants as well as others. If you receive a survey, please take a few minutes to thoughtfully provide your input so we can continue to keep the exam relevant to our actual practice as well as the ever-changing role of architects in the healthcare field.

As you can see, the College remains very busy with our committees humming along on a multitude of tasks. We continue to seek opportunities to gain exposure and visibility for the ACHA while adding value to our certification process and our certificants. The bottom line is remaining relevant to our mission and values in the next twenty years and beyond!

All the Best!

John W. Rogers, FAIA, FACHA
President, American College of Healthcare Architects, 2019

IMPORTANT DEADLINES:
The 2020 PDC Summit Call for abstracts will open on June 1, 2019 and close on June 30, 2019.
The 2020 ASHE Annual Conference Call for abstracts will open on September 1, 2019 and close on September 30, 2019.
Mental health has been an issue for thousands of years. The first building known to care for health, including mental health, was the Pergamum Asklepion of Bergama built between the years 131-210 AD. Buildings constructed specifically for mental health were built in the years 1284 and 1813 as well as noted facilities in 2010.

Today the number of people with mental health needs, including depression and anxiety, is increasing significantly. In the past year, 44.7 million U.S. adults experienced mental illness, of which 35 million received mental health services; notably, a quarter of all mental illness cases in the U.S. (10.4 million adults) were considered serious mental conditions. Furthermore, when considering age 12 and older, 21 million people in the U.S. needed substance abuse treatment, but only 3.8 million received this needed care.

Mental and behavioral health (properly defined as “MBH”) facilities are among the last health specializations to be addressed systematically by design and research communities. Recent publications have drawn attention to the issues associated with providing therapeutic and supportive environments. There is a need to understand the most pressing design issues related to mental and behavioral health facilities, and to discover future trends in psychiatric facilities.

This PDC Master Series presentation included the status of mental health, the history of mental health facilities, and the most recent research related to the design of MBH facilities. The focus of the presentation was a study undertaken to identify design features that critically impact staff and patients, with the intent to develop a tool to evaluate MBH facilities.

The following summary highlights some of the key findings and results; the most critical factors in mental and behavioral health facility design are:

1. **Deinstitutionalization** – “homelike” is a critical aspect of the MBH setting; the essence of “home” is feeling welcome and secure;
2. **Orderly and Organized** – the complexity of activities in a psychiatric facility is a concern;
3. **Well-maintained Environment** – high quality environments convey a sense of respect for patients;
4. **Damage-Resistant and Attractive Furniture** – these furnishings are critical, but at the same time durable, non-institutional, and reasonably priced items are difficult to find;
5. **Access to Nature** – visual access to nature is critical; and was noted as the “next great frontier”;
6. **Maximum Daylight** – extensive daylight is critical and electrical lighting is an inadequate substitute;
7. **Staff Safety and Security** – promoting staff safety is a priority and can be improved;
8. **Staff Respite** – although there is no consensus as to the exact nature and location of staff respite amenities, it is an important issue;
9. **Low Density Bedrooms** – private and/or semiprivate rooms are preferred; private bedroom/bathrooms are linked to patient diagnosis and acuity; at the same time private rooms are recognized as increasing construction costs and inhibiting supervision; notably, additional research is needed;
10. **Patient-Staff Interaction/Observation** – private areas for staff-patient interaction is essential as well as a need for spaces that facilitate a variety of social activities for patients;
11. **Mix of Seating** – a mix of seating arrangements is important;
12. **Autonomy and Spontaneity** – the importance of space conducive to autonomous and spontaneous behavior is commonly acknowledged as important;
13. **Nurse Station Configuration** – design is of great interest, with the debate between open and closed stations focusing on balancing the needs for patient supervision and staff safety;
14. **Indoor/Outdoor Therapy** – the importance of outdoor and indoor therapeutic spaces was confirmed;
15. **Suicide Resistance** – suicide-resistant equipment is critical but requires further exploration.
ACHA Board Certification Recognized by the American Society for Health Care Engineering

PHOENIX, AZ (March 18, 2019) – The American College of Healthcare Architects (ACHA) Board Certification has been recognized by the American Society for Health Care Engineering (ASHE) of the American Hospital Association (AHA) as the recommended certification for healthcare designers and architects. This announcement, made at the ASHE 2019 PDC Summit, signals a partnership between ACHA and ASHE to promote hiring qualified teams with the specialized knowledge needed for healthcare facility design.

ACHA and ASHE provide certification and resources for individuals involved in the design, construction, management, and operation of healthcare facilities. The ACHA Board Certification is the certification for architects who specialize in healthcare design and want to showcase their advanced competency in the field.

“ASHE’s recognition of the ACHA Board Certification shows the need our industry has for certified architects who understand the complexities of healthcare facilities,” said ACHA President John Rogers, FAIA, FACHA. “We are proud to offer a certification that signals to hiring companies that these certified individuals are capable of meeting the demands of such unique projects.”

The ACHA Board Certification is the only certification offered outside of the ASHE’s own offerings to be recommended. Along with ACHA Board Certification for architects, ASHE also recommends the Certified Healthcare Constructor (CHC) for facility managers, Certified Healthcare Facility Manager (CHFM) for contractors, and Certified Health Care Physical Environment Worker for laborers.

To learn more about ACHA Board Certification and qualifications, visit [www.healtharchitects.org](http://www.healtharchitects.org).

For more information about ASHE’s recommended certifications, visit [www.ashe.org/certifications](http://www.ashe.org/certifications).
What’s happening in the healthcare world outside of your part? Here’s a glimpse from others working in the trenches every day just like you.

The Certification Committee, a group made up of eight college members representing the four corners of our country and all the space between coming from firms large and small reviewed the portfolios submitted in 2018. We received a total of 42 portfolios which were just as diverse as the committee members.

The review focused on four key areas: Market Trends, Innovations, Highlights, and Observations. The committee took note of the quantity of similar or like information repeated throughout different portfolios, what stood out, and what was unique and surprising.

HEALTHCARE MARKET TRENDS
The focus of the healthcare market has been centered on community-based care with an emphasis on outpatient services. Nothing new here; however, there are emerging areas of care that may lead to more specialization of our field. The biggest focus has been on emergency departments; both free standing and in-patient expansion with the former dominating the latter. There were several outpatient facilities designed for primary care. These were medical office buildings just short of hospital status only lacking patient rooms.

Other areas of interest were on the type of medical services offered with a focus on surgeries (in-patient and out), women’s health, pediatric, behavioral health, and specialty care creating Centers of Excellence. Consumerism is leading a lot of design efforts as well establishing “curb appeal,” branding, and uniformity of facilities for the same system throughout a region.

INNOVATIONS
Design concepts from other fields are becoming more prevalent such as Grab-n-Go supply rooms. Even the gaming industry is influencing the medical care through virtual reality and simulation rooms. The latter has resulted in reducing staff stress by creating an environment to practice complex surgical procedures before doing it. Speaking of, operating rooms are becoming more complex. Hybrid ORs are finding their way into ambulatory surgery centers. Interventional radiology suites are being designed for clinical, teaching, and broadcasting capabilities. This applies even to institutions outside of academia but have relationships with them.

HIGHLIGHTS
More designs are addressing the intangible to improve engagement between patients and staff such as better eye contact between care giver and patient. Team-based care is a factor in clinical layouts and streamline flow of patients is another focus through an alignment of services resulting in renovation of existing facilities.

OBSERVATIONS
The committee saw where construction delivery methods are changing to improve the speed to market and sometimes leads the design efforts. P3 relationships were dominate as well as Design/Build, and tilt-up wall construction. Modular furniture systems played a key role. There were no pre-fab concepts displayed, but rather an emphasis on standardization of rooms and modules. For new construction when design came down to best practice versus cost of construction, cost was emphasized.

Another observation by the committee was a change in planning ratios. More Med-Surg beds are serving a dual function as ICU beds leading to 33% of beds being ICU beds for some facilities.

There was a regional trend identified resulting from national politics. Healthcare facilities in states that refused to accept Medicare expansion found more co-located hospital / skilled nursing facilities.

This analysis is based upon a limited number of projects submitted from across the country by candidates applying for ACHA Board Certification. It is a observational summary of that information.
ACHA Certificant Spotlight:
Noelia Bitar, AIA, ACHA, EDAC, LEED GA

How did you first get started in healthcare architecture?
I had just graduated from a Canadian university and was looking for my first job. A few of my classmates were working for an American firm with an office in Canada that specialized in healthcare architecture, so I interviewed for the job and got it! My first project was a heart and vascular institute tower addition to an existing facility in New England. This new building gave me the opportunity to travel for work to the US, be part of the process related to a fast-track project and get involved directly with the client through user group meetings for the first time, which was a very exciting experience.

What motivates and excites you about healthcare architecture, planning and design?
Like many architects, I have always wanted to experience projects in different places with distinct cultures. That desire led me to travel the world and work in many countries, including the US, France, China, Lebanon, Egypt and back in Canada. These experiences have allowed me to develop a passion for healthcare architecture, planning and design as it has a direct impact on an individual’s well-being, both physically and mentally. My approach in designing and planning healthcare projects always starts with dialogue and discovery, with the goal of reaching a design solution that is innovative, functional and inspiring.

Which of healthcare’s megatrends will have the greatest impact on your practice? Why?
As new technologies continue to be a critical component of how care is delivered, at NBBJ we believe that we must create environments that emphasize human connection, whether in person (in a physical space) or virtually (through telehealth). The use of robotics and AI will continue to expand into many healthcare practices but the human contact with caregivers and providers will be essential for the healing process of every patient. Care is increasingly getting more complex in many sub-specialties, requiring a multi-disciplinary approach and shifting from a linear pattern that is often identified as either inpatient or outpatient to a transition of care that integrates it more continuously, blurring the lines between the two and making it more seamless.

Also, our clients continue to focus on spaces not just for their patients and their families but also for their staff, through an ecosystem that includes supportive care services that are easily accessible and affect wellness and healing for everyone.
Congratulations!

ACHA Recognizes Fellow, Kirk Hamilton

D. Kirk Hamilton, PhD, FAIA, FACHA, ACCM, EDAC, Beale Professor in the Department of Architecture and College of Architecture at Texas A&M University was elevated to Fellowship in the American College of Critical Care Medicine at a San Diego ceremony in February, only the second architect to be so honored. Hamilton is one of ACHA’s founders and its first President.

On behalf of the College, congratulations on being elevated to Fellow of the ACCM. It is truly a great recognition of your leadership and impact in the ACCM. We are proud to have certificants of the ACHA being recognized for their value to our profession.

Congratulations Kirk, from your friends and colleagues at ACHA!

ACHA Recognizes AIA Fellows

On Feb. 22, AIA announced its annual class of Fellows. Of this year’s class of 115 newly minted AIA Fellows, two ACHA certificants were elevated.

Congratulations Bob and Louis, from your friends and colleagues at ACHA!
The ACHA is a 501(c)(3) not-for-profit organization.

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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Calendar of Events

JULY 26-28, 2019
Summer Leadership Summit
Chicago, IL

NOVEMBER 2-5, 2019
Healthcare Design Expo+Conference
New Orleans, LA

Mentor Opportunities

Be a Mentor
Use Your Expertise to Guide a Potential Certificant
Contact the ACHA Executive Office at 913-222-8653 or email the College at ACHA-Info@kellencompany.com