Call for Abstract Presentations

The ASHE Annual Conference and Technical Exhibition is the trusted national conference and trade show for health care facility management and engineering professionals. Join the roster of prestigious presenters for our 54th ASHE Annual Conference by submitting an abstract by September 30, 2016 (no deadline extensions, no exceptions).

WHAT WE WANT
- Technical, in-depth sessions that bring value to attendees
- Takeaways and tools for attendees to use after they return to their organizations
- Sessions that are worth the price of registration
- Hospital owner representatives on panels

ABSTRACT GUIDELINES
To assist the ASHE Annual Conference planning committee, please make sure your abstract specifically identifies the content you will be presenting and avoid overly general topics. Most people learn best through active learning—engaging the attendees in the learning process is recommended. One example of an effective teaching format for engaging attendees is active learning labs, in which attendees have the opportunity to participate in hands-on learning. In addition to the session description, you will need to provide four learning outcomes for the session. These outcomes identify what the attendee will be able to accomplish after they complete the session.

In addition, speakers are required to provide attendees with a robust takeaway tool(s) so they can better implement next steps within the organization they serve. Speakers must include a short write-up of their takeaway tool or takeaway tool concept within their presentation abstract. Samples of desired takeaway tool(s) include:
- Benchmarking worksheets (consider Excel formats)
- Case studies
- Checklists
- Forms/templates
- Sample reports
- Lessons learned (for those experiencing a situation and for those who can prepare ahead)
- Policies and procedures
- Operational plans
- Assessment forms

CONFERENCE AUDIENCE
The majority (63 percent) of conference attendees are employed by health care facilities with responsibilities for facility management; plant engineering; planning, design, and construction; and safety management. Other professions that attend include architects (10 percent), contractors (15 percent), and manufacturers or consultants (12 percent).

Please keep in mind that more than 80 percent of attendees have six or more years of experience in the health care facility management industry, and 95 percent are at the manager/supervisor level or above.

CONFERENCE CONTENT
The 2017 conference will focus on preparing health care facility managers and engineers with the information and tools they need to thrive as they take on more responsibilities and deal with the challenges of the health care field.

Please identify a session level. Our attendees often rate sessions poorly if they feel the content is not on the level of advancement they expect. Please think about your session and the content level presented.

- **Beginner**: Entry level professionals with familiarity in health care facility management issues who may have been in the industry five years or less. Beginners may be recently assigned new responsibilities and have a desire to understand current issues. Please note that beginning-level sessions are NOT overviews or generic information. They should still be technical and in-depth, but should be targeted at those with five years or less experience.
- **Intermediate**: Professionals with intermediate experience and knowledge of the field who want to keep current while learning new ways to excel in their organizations.
- **Advanced**: Leaders who have extensive experience in the field and want to move into positions of increased responsibility.

The session level you identify determines which resources you need to provide along with your presentation. These resources are required with all sessions and will become ASHE material with an ASHE copyright*:

- **Beginner**: All sessions must include a toolkit or takeaway of some kind.
- **Intermediate**: All sessions must include a toolkit/takeaway and a white paper on your topic.
- **Advanced**: All sessions must include a toolkit/takeaway, a white paper, and a case study or performance metrics.

*If these requirements and deadlines are NOT met, speaker benefits will be rescinded and the session may be cancelled.

Please also identify which curriculum track your presentation falls under. Sessions in the tracks should be a combination of updates, case studies, and lessons learned and should encourage dialogue and discussion among participants. In addition, the session should provide tangible deliverables that will bring value to the attendee’s organization. Sessions may also be grouped together as “companion sessions,” in which case one session would provide an overview of a topic and a deeper dive would follow.

Compliance Tactics Track
Sessions in this track provide information on the changing requirements of health care codes and standards. In addition, this track gives insight into the future of health care regulations. Topics should focus on updates on:

- National Fire Protection Association (NFPA) codes & reference codes
- American Society of Heating and Air-Conditioning Engineers (ASHRAE) standards
- International Code Council (ICC) codes: Influences of the International Building and Fire Codes on building operations and maintenance
- Fundamentals of Joint Commission compliance (including Environment of Care)
- Authorities having jurisdiction—how to find out which to comply with
- Cost-effective methods to meet the standards; methods and examples of how to use the standards as management tools
- Compliance guidance for repurposing or moving acute care to different facilities
- Importance of getting involved and advocating for streamlined codes and standards
- FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities (as it relates to nursing and infection prevention)
- Alternate maintenance strategies to reduce costs
- New requirements for emergency preparedness from the Centers for Medicare & Medicaid Services (CMS)
- Duties and responsibilities of safety officer, performance metrics
- How prepare for compliance surveys
- Referenced codes
- Accreditation strategies
- Accreditation of retail & outpatient facilities
- Humidity regulations and compliance
- Relocatable power taps
- Managing life safety deficiencies in the new regulatory environment
- USP 797 to USP 800 (HVAC and pharmacy compliance)
- Security needs, special locking arrangements

**Operational Efficiency Track**

Sessions in this track provide insight into practices that will increase the efficiency and effectiveness of a facility while reducing waste. Topics should focus on:

- Benchmarking
  - Tools for interpreting benchmark data
  - Metrics that matter (and those that don’t matter)
  - How to come up with relevant metrics
  - Understanding the 3rd party benchmark (why/how is your facility different)
  - How to measure cost per square foot
  - Building your dashboard - benchmarking basics:
    - Effective charts
    - Understanding the financials
    - Managing by metrics
- Practical examples, how-to sessions, and case studies on topics such as:
  - Retrocommissioning and sustainability
  - Reducing cost through targeted HVAC system operations
- Waste stream management
- Lean processes in FM
• Changing maintenance strategies, alternative & preventative maintenance
• Staff training for building performance
• Energy conservation
• Sustainability and green technologies
• Safety and security
• Budgeting
• Customer service
• Applying new CMS requirements for emergency management
• Lean process
• Real estate, leasing & property management
• Managing off-campus facilities

**PDC for the Facility Manager Track**

Sessions in this track focus on the role of the health care facility manager in the planning, design, and construction process. Please note that most PDC for the Facility Manager topics should focus on the beginner and intermediate levels. Topics should focus on:

• Commissioning for sustained efficient operations and excellence in patient outcomes
• Bridging the gap between construction and facility management
• Managing warranty periods
• Modular construction
• Post-occupancy evaluations
• Implementing lessons learned
• Project management, integrated Lean project delivery, outcomes from a facility managers perspective
• Infection prevention
• Facility Guidelines Institute (FGI) *Guidelines*
  • 2018 proposals
  • Safety risk assessments
• Integrate technology into the design and construction process
  • Communication with the design team
  • Communication infrastructure
• ICRA/ILSM
• Case studies and best practices to integrate construction packages (like BIM) into a facility package (CMMS)
• Technology advances that will change the design of health care facilities
• Training staff when transitioning systems after construction projects
• Navigating lease construction
• Retail clinics
• Master planning tools, space planning techniques, acronyms, means & methods,
• Establishing facility standards & best practices for your facility
  • Architectural standards
  • Mechanical, electrical, plumbing standards
• Construction prefabrication efficiencies means & methods to reduce defects & improve critical path (modular construction)
• A year later: how to do a post-construction occupancy evaluation
• Infection prevention
ICRA, ILSM – ensuring effectiveness and determining whether it made a difference

Barrier management

The Business of Facility Management Track
This track provides attendees with the tools and resources needed to grow and advance within their organizations while meeting personal career goals. Topics should include:

- Marketability of facility management to the health care C-suite
- Developing business acumen:
  - Business plans for the C-suite
  - Optimizing budget
  - “Soft skills,” including communication skills, presentation skills, collaboration skills, and professional demeanor
- Attracting and retaining millennials to the workplace
- Succession planning for facility management
  - High-level human resources planning
  - Establishing & supporting an intern
- Strategies on educating your staff
  - BAS, ICRA, ILSM, Benchmarking
- Understanding utility rate structures to manage costs
- Tying the organizations’ physical environment to the mission
- The impact of mergers and acquisitions
- Finding optimal staffing levels to support the bottom line
- Technology
  - How do we implement technology; how does it enhance business?
  - How to effectively communicate with multiple generations at work; how do different generations use technology in the workplace?
- Financial management
- What are the right benchmarks?
- Repurposing facilities
- Real estate and property assessment
- Adapting to a department that has been downsizing
- Measuring staff productivity
- Facility managers role for improving hospital’s bottom line
- Cost savings through airflow setbacks and retrocomissioning
- Commissioning case studies
- Articulating the role of the organization’s physical assets in carrying out the organizations mission
- How to reenergize and run an effective EOC Committee

Patient Experience Track
In light of the changing health care environment, health care facility managers are taking on more responsibility regarding the patient experience. This track covers pressing issues facility teams must address to ensure that health care facility environments support safe and effective patient care. Topics should include:

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPs) and patient satisfaction
  - Financial impact of scores
• The role of the physical environment on patient satisfaction
• Managing HVAC systems relating to patient outcomes
• Case studies and tactics for improving patient satisfaction
• Infection prevention and surfaces (copper, silver, paint, fabrics) – what works and what doesn’t?
• Air quality and epidemiology
  o Studies & data
• Patient safety
• Behavioral health and the facility environment
• Bariatric needs and facilities
• Neonatal intensive care units and sound/lighting/vibrations/operations

SELECTION PROCESS AND TIMELINE
• Submit your session ideas by Friday, September 30, 2016.
• You will receive a confirmation of your submission.
• All complete submission will be reviewed by a team of volunteers and staff.
• You will be notified by November 20th on the status of your submission.

SESSION SPEAKER EXPECTATIONS
• All selected speakers must abide by ASHE deadlines along with their speaker agreement.
• All PowerPoint presentations MUST be uploaded to the Speaker Center on the ASHE Annual Conference PowerPoint template no later than June 1st for review and upload to the mobile app.
• Presentations may not include sales pitches. Experience has shown that presentations with sales-like components consistently receive the lowest ratings. Product & service providers may choose to pair up with a healthcare owner representative to encourage attendance at their session.
• Please note that we will allow up to 4 speakers per session.
• Please be sure to leave ample time (5-10 minutes) for Q&A at the end of your session.
• We take our session evaluations very seriously. We ask participants to rate the education sessions and presenters on a 1-5 scale. The goal is for all presenters to receive a 3.5 or higher out of 5.0.

SESSION SPEAKER BENEFITS
• If selected, each session’s main speaker will receive complimentary full conference registration
• Each co-speaker will receive a discounted registration of $320.
  o Discount codes will be provided in the ASHE Annual Conference Speaker Center to obtain these special rates.
  o Full conference registration does not include Sunday preconference programs or the special event on Tuesday evening.
Information needed to complete the online submission of abstracts:

The following information includes all of the details you will need for submitting your presentation abstract via ASHE’s online Conference Abstract Submission and Speaker Resource Center.

All abstracts must be submitted online and no later than September 30, 2016. Abstracts submitted after September 30, 2016 will not be accepted. No exceptions will be granted.

NOTES:
- You may create and submit multiple presentations.
- Please note than when you log in to submit your abstract, you will automatically be listed as the Main Speaker. If you are submitting on behalf of the Main Speaker, please be sure to use the Main Speaker’s e-mail address & login.

Session Title
- Please limit your session title to 15 words or fewer.
- Do not capitalize all letters. Use title capitalization.
- Course titles should accurately describe the course content, so listings on continuing education transcripts communicate the subject matter to state licensing boards and other regulators.

Topic/Track (Select one.)
- Compliance Tactics
- Operational Efficiency
- PDC for the Facility Manager
- The Business of Facility Management
- Patient Experience

Session Format (Please select the format that best reflects your presentation.)
- Lecture
- Panel discussion
- Debate
- Workshop
- Roundtable discussion
- Case study
- Active learning lab

Abstract Content
- Abstracts should be between 400 and 600 words.
- Describe your topic for review by the presentation selection committee.
- Explain, for example, how the problem/issue was identified; the approach used to address the problem or issue; the challenges and barriers faced; the method/analysis that was used; the conclusion or outcomes achieved; and recommendation(s) related to the topic.

Session Description
- Include a concise (50–75 word) description of your session to appear in the 2017 ASHE Annual Conference brochure and on-site program.
- This description should accurately reflect the content of your session and summarize what prospective attendees can expect to learn.

Learning Outcomes
• Please provide four (4) observable, measurable learning outcomes for this session as an outline of what attendees will learn or be able to do after attending your session.
• Each outcome must start with a measurable action verb (e.g., assess, state, list, describe, identify, explain, etc.). Do not use verbs such as learn or understand.
• Outcomes should be succinct and concrete to avoid misinterpretation.
• All four (4) outcomes must be submitted for your submission to be considered.
• All four (4) outcomes are needed for your abstract to be approved by the AIA Continuing Education program.

**Audience (Select all that apply.)**
- Owners
- Contractors
- Facility managers
- Architects
- Engineers
- Other _____________

**Course Level (Select one.)**
- **Beginner**: Entry level professionals with familiarity in health care facility management issues who may have been in the industry five years or less. Beginners may be recently assigned new responsibilities and have a desire to understand current issues.
- **Intermediate**: Professionals with intermediate experience and knowledge of the field who want to keep current while learning new ways to excel in their organizations.
- **Advanced**: Leaders who have extensive experience in the field and want to move into positions of increased responsibility.

_I understand that the following items are required for the Course Level I select:_
- **Beginner**: All sessions must include a toolkit or takeaway of some kind.
- **Intermediate**: All sessions must include a toolkit/takeaway and a white paper on your topic
- **Advanced**: All sessions must include a toolkit/takeaway, a white paper, and a case study or performance metrics.

**Co-Speakers**
*Please be sure that you have notified all of your potential co-speakers of their involvement of this abstract before adding their name.*

• Please add the following for ALL participating speakers for your submitted session abstract:
  - Name
  - Credentials
  - Company
  - E-mail address

• Names omitted here will NOT be printed in the conference brochure, author index, or final on-site program.