Abstracts Submission Guidelines & Checklist

Deadline: July 31, 2020 at 11:59 p.m. CT
(NO EXTENSIONS, NO EXCEPTIONS)

The International Summit & Exhibition on Health Facility Planning, Design & Construction (PDC Summit) is the premiere event for health care and hospital facility senior leadership. No other conference brings health care planning, design and construction decision-makers together like the PDC Summit.

The PDC Summit was developed by the American Society for Health Care Engineering (ASHE), the American Hospital Association and supporting organizations including the AIA Academy of Architecture for Health (AIA/AAH), American College of Healthcare Architects (ACHA) and the Nursing Institute for Healthcare Design (NIHD).

Due to the cancellation of the 2020 Summit and the recent pandemic, the 2021 Summit will focus on two main topic areas: general planning, design and construction issues, and pandemic-related issues.

### PDC Summit Topics

- Clinical Perspectives in Design & Construction
- Future of Delivery
- Collaborative PDC Methodologies
- Improving the Human Experience
- Site of Care
- Solutions for Mitigating Risks
- Regulation and Compliance

### Pandemic Symposium Topics

- Alternate Care Sites
- Financial Implications
- Behavioral Health
- Compliance
- Emergency Preparedness
- Surge and Adaptability Planning
- Mechanical & Electrical Design
- Telehealth
- Recovery

- Data-Driven Roundtable Discussion
- Case Study
- Lessons Learned

Case Study
Debate
Panel Discussion
Roundtable Discussion
Workshop
Tips for Selection

Each year, nearly 300 abstracts are submitted for consideration with fewer than 50 spots for sessions available. The abstract selection committee is looking for abstracts that include specific concepts throughout, regardless of topic or track, and will give preference to abstracts that:

- Are **thought-provoking** sessions demonstrating **forward thinking** for the health care field and **bring value** to attendees, their organizations and their communities.
- Provide concrete **takeaways** for ALL sessions: checklists, tools or other resources for attendees to apply on the job.
- Include **multidisciplinary teams**.
  - **Panels** that include hospital owner representatives.
  - **Teams** that include:
    - **designers** (e.g., architect or engineer),
    - **builders** (e.g., contractor or subcontractor),
    - **operators** (e.g., facility managers, owners),
    - and **users** (e.g., nurses, doctors or patients) of the space.
- Present **diverse** opinions.
- Motivate the pursuit of **excellence**.
- Share **critical and leading-edge information** to help attendees stay ahead of health care changes.
- Bridge the gap between **where we are today and the envisioned future** — showing attendees how we can work together to provide value to our organizations for years to come.

Session Focus Levels

The PDC Summit planners have identified session focus levels that address a session’s learning and teaching level. Please be sure that your submission clearly ties to one of these focus levels to help ensure that attendee needs and expectations are met:

- **Technical** = In-depth information, step-by-step “how-to” presentations and technical information you need today.
- **Strategic** = Forward-looking, strategic discussions of the future. These can be considered “master’s level” sessions.

Topic Areas

The planners have identified topics within each main topic area to support the purpose of this conference. Be sure that your session description includes a clear tie to one of these topics to give your session the best chance for selection. Although not necessary, your session may cover multiple topics.

PDC Summit Topics

The concept of the PDC Summit is to bring together those involved in designing, building and operating the health care physical environment to identify common goals and plan for the future of health care. Consider the rapid pace of change in health care — including technological advancements, an increasing focus on community health, and regulatory and financial pressures. Only by working together and sharing best practices can we prepare ourselves and our organizations for success in the future.

**NOTE**: the sessions below should not be focused on pandemic-related issues, however it is understood that discussions of the pandemic may be unavoidable. As a general rule, if the majority of the content is related to the pandemic, it should be submitted under the Pandemic Symposium Topics. Sessions submitted under the PDC Summit Topics that the review committee identifies as pandemic centric may not be selected.
1. **Clinical Perspectives in Design & Construction**
   At least one speaker should have a M.D., Ph.D. or nursing certification and experience with recent projects. The abstract team is specifically looking for sessions that address these topics:
   - Outpatient settings
   - Anesthesia
   - OR suite
   - Imaging suites
   - Oncology
     - Treatments and technologies
   - Patient Floors
   - Decentralization and centralization
   - Outpatient setting
   - Using technology to improve the patient experience
     - Intraoperative technologies
   - Clinical training
     - Simulation labs
   - Behavioral health
   - Sterile processing

2. **Future of Delivery**
   - Adaptability for the future
   - Construction-based technologies (trends, use and yield/benefit)
   - Best practices, trends and challenges of construction
   - Implementation of prefabrication (modular design and construction)
   - Leveraging technology in a post-COVID-19 world
     - BIM
     - Internet of things (IoT)
     - Planning and collaboration

3. **Collaborative PDC Methodologies**
   At least one speaker should be an owner. The abstract team is specifically looking for sessions that address these topics:
   - Commissioning for operational excellence
   - Bridging the gap/eliminating barriers to collaboration – contractor, designer, owner
     - Incorporating trade partners
     - Incorporating clinicians into PDC
     - Understanding from the owner’s project requirements
     - Updating RFPs, drawings, how to communicate needs/wants to one another
   - Preconstruction challenges (case study)
   - Renovation of existing spaces – maintaining business continuity
   - Project delivery methods
   - LEAN
   - Integrating security in the design stage
     - Operational
     - Business continuity
   - Creative capital planning and project funding

4. **Improving the Human Experience**
   Abstracts should address issues patients, visitors and staff face in the health care environment, such as:
   - Economic tie to patient experience, metric, ROI
   - How does the human experience influence the team doing the work
5. **Site of Care**
The health care environment is ever changing and as reimbursement models change, so changes the most efficient approach to delivery of care in the appropriate setting. The abstract team is specifically looking for sessions that address these topics:
- Shifting care outside the hospital acute care space/campus
- Slowing the pace of rural hospital closure
- Care innovations
  - Personalized medicines
  - Genomics, stem cells
- How to design a safer care setting – behavioral health spaces
- Emergency department and urgent health issues
- Community health innovation districts
- Neighborhood hospitals
- Influencing population health through nontraditional engagement (promoting economic opportunity, education, etc.)
- Socioeconomic determinants of population health
- Palliative care
- Academic medicine vs. community hospital
- Surge capacity
- A variety of reimbursement types: quick clinics, elderly housing, rehabilitation facilities, small hospitals, freestanding emergency departments, etc.

6. **Solutions for Mitigating Risks**
Patient, visitor and staff safety along with business continuity should be addressed. The abstract team is specifically looking for sessions that address these topics:
- Mitigating risks during construction
  - Integrating hazard vulnerability analysis (HVA)
  - Safety risk assessments
- Facility resiliency
  - Disaster recovery
  - Business continuity
- Cybersecurity
- Violence prevention and safety
- Staff safety
- Infection prevention
- Safe delivery of care
- Patient safety
- Integrating security in the design stage
  - Operational security
  - Business continuity
  - Elopement
  - Violence
7. **Regulation and Compliance**

Abstracts should provide resources and tools to help attendees with compliance. The abstract team is specifically looking for sessions that address these topics:

- CMS Conditions of Participation
- Accrediting organizations (The Joint Commission, HFAP, DNV-GL, etc.)
- NFPA codes and standards
- ASHRAE standards
- Emergency preparedness
- Security regulations
- Compounding regulations (USP <797> and <800>)
- Cost impacts of regulation
- ICC Building Code
- FGI *Guidelines*
  - *Guidelines for Design and Construction of Hospitals*
  - *Guidelines for Design and Construction of Outpatient Facilities*
  - *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities*
- AORN Construction Guidelines
- IAHSS Design Guidelines
- Certificate of need

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**Pandemic Symposium Topics**

The Pandemic Symposium will focus on sessions based on data-driven issues (speakers and attendees to arrive to session with data), case studies and lessons learned. The sessions should generally consist of panels of thought leaders or audience participation to generate consensus on approaches taken and future response.

Speakers should have first-hand experience in responding to the pandemic and clear lessons learned. Speakers may also present options and have audience discussions to develop consensus on approaches used and future response to surge situations.

1. **Alternate Care Sites**

Abstracts should include lessons learned for different types of alternate care sites (e.g., modular, hotel, convention centers, arenas, small sites and abandoned hospital space) with actual patient cases and identify the types of patients treated in the space. The abstract team is specifically looking for sessions that address these topics:

- Alternate care layout
  - Patient space layout
  - Facility layout
    - Type of patient spaces provided
    - Construction of space
    - Constraints or other factors that influenced space
    - Support spaces provided
Clinical layout and usage – including support areas provided

- MEP considerations
  - Pressure requirements
  - Filtration
- Innovative solutions
- Clinical operation and feedback
- Compliance with codes and standards
- Assumptions and requirements
- Conversion timeline
- Recommendations for future facilities

2. Financial implications
   - Unforeseen financial impacts and costs associated with the physical environment while providing patient care during the pandemic

3. Behavioral Health
   - Physical environment issues encountered during the pandemic while caring for behavioral health patients

4. Compliance
   - Compliance-related issues while maintaining surge capacity or alternate care sites

5. Emergency Preparedness
   - Revising emergency preparedness drills to accommodate lessons learned during the pandemic
   - Alternative to on-demand supply methodology
   - Materials studies on new materials due to virus spread
   - Supply chain, particularly storage for PPE and equipment to accommodate a surge

6. Surge and Adaptability Planning
   - Methods for accommodating surge capacity during the pandemic within the hospital, its facilities or on campus

7. Mechanical & Electrical Design
   - Design strategies used during the pandemic to provide adequate utilities such as power, room pressure, medical gas, etc.
   - Recommendations for design changes to better accommodate surge capacity
   - Safeguards that were in place for surge that weren’t used or as effective as planned

8. Telehealth
   - Design strategies used during the pandemic to provide adequate telehealth services
   - Design considerations for expanding telehealth services after the pandemic
   - Lessons learned from rapid expansion of telehealth services

9. Recovery
   - Effective strategies used for recovery and to continue normal operations
   - Recommendations for recovery activities and actions
   - Lessons learned from case studies of recovery activities
   - Future of delivery of care
     - Design changes that should be implemented to accommodate future surge situations
Submission Guidelines

- Submissions must be done online; the submission website will open soon.
- Please notify anyone you list as a co-speaker about their involvement in this submission!
- All sessions must be submitted using the online system by **June 31, 2020 at 11:59 p.m. CT.**
- Selected abstract submitters will be notified by or shortly after **October 30, 2020.**
- You may create and submit multiple submissions.

**ASHE Speaker Benefits and Terms**
If your abstract submission is selected to become a conference session:

- Main speakers will receive a complimentary registration.
- Co-speakers will receive a discounted registration.
- All speakers will be responsible for their own travel, lodging and incidental expenses.

You will also be required to agree to the following speaker terms:

- I will use the Speaker Center, and follow all schedules and deadlines as requested.
- I will not present my conference presentation at any other conference, seminar or elsewhere prior to the conference or within 90 days after without the written permission from the conference.
- I consent to the conference recording, editing and reproducing in any form (including but not limited to audio, video, print, computer or other technology) my written and oral presentation and remarks and using (including by selling) the same without any compensation to me.
- I understand that no individual or entity other than the conference may electronically record or copy any portion of this program for any purpose without prior written consent from the conference.
- I confirm that my presentation will not discuss specific companies and products, thereby avoiding being perceived as a sales pitch.
- The conference reserves the right to cancel a session and rescind speaker benefits if these terms and deadlines are NOT met.

**Speaker Deadlines**:  
November 15, 2020  Complete Speaker Agreement  
Submit AV & room requests  
Verify profile information (photo and bio)  

December 7, 2020  Speaker will email a draft PPT presentation to their assigned Presentation Advisors for review.  

January 15, 2021  Presentation Advisors will have a call with or send feedback to speakers no later than this date.  

January 31, 2021  Speaker will email an updated PPT to their assigned Presentation Advisors for final review.  

February 15, 2021  Presentation Advisors will provide final approval/feedback no later than this date.  

March 1, 2021  Speaker will upload final* PPT, using the PDC branded template, to the Speaker Center. Speakers must bring their FINAL PPT on a USB drive, they will NOT be preloaded to the computers on-site.  

March 28-31, 2021  2021 PDC Summit in Tampa, FL  

*Deadline dates are subject to change and will be finalized in the notification email.
Abstract Submission Checklist
Use this checklist to help you prepare for your online submission.

The submission website will open soon.
Submissions must be done online; emailed or mailed abstracts will not be accepted.

Submission are due no later than July 31, 2020 at 11:59 p.m. CT.
(NO EXTENSIONS, NO EXCEPTIONS)

Session Title
☐ Provide a session title that is limited to eight words or fewer.
  • Course titles should describe the session content so listings on continuing education transcripts communicate the subject matter to state licensing boards and other regulators.

Main Topic Area & Submission Topic Selection

Select one (1) main topic area: □ PDC Summit □ Pandemic Symposium

Select ALL topics that apply to your submission:

leftrightarrow However, you must stay within the main topic area select the left.

☐ Clinical Perspectives in Design & Construction
☐ Future of Delivery
☐ Collaborative PDC Methodologies
☐ Improving the Human Experience
☐ Site of Care
☐ Solutions for Mitigating Risks
☐ Regulation and Compliance

☐ Alternate Care Sites
☐ Financial Implications
☐ Behavioral Health
☐ Compliance
☐ Mechanical & Electrical Design
☐ Telehealth
☐ Recovery
☐ Surge and Adaptability Planning
Session Focus Level *(Select one)*
Our attendees often rate sessions poorly if the content does not match the focus level or align well with the session format as expected. Please think about your session and choose the one that fits best: *(Select one)*

- **Technical** = In-depth information, step-by-step “how to” presentations, and technical information you need today.
- **Strategic** = Forward-looking, strategic discussions of the future. These can be considered “master’s level” sessions.

Session Format *(Select one)*
All sessions will be 60 minutes long. *(Please select the format that best reflects your session plan.)*

- Case study
- Debate
- Panel discussion
- Roundtable discussion
- Workshop
- Lecture

Abstract Content Summary *(Limit length to 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 *(Limit length to 150 words)*

- Include a concise description of your session that will appear in the PDC Summit brochure and on-site program. Write this description to accurately reflect the content and summarize why prospective attendees should invest their time attending the session.

Learning Outcomes

- Provide four learning outcomes as an outline of what attendees will be better able to do after attending your session.
  - Start each outcome with a measurable action verb (e.g., assess, state, list, describe, identify, explain, etc.) Do not use verbs such as learn or understand.
  - Create outcomes that are succinct and concrete to avoid misinterpretation. Outcomes should be different from the benefits specified in the abstract.
  - Many attendees of the PDC summit seek AIA learning units. It is advisable to write outcome statements that consider AIA Health, Safety and Welfare unit criteria.

This session will enable attendees to:

- **Outcome Statement 1:**
- **Outcome Statement 2:**
- **Outcome Statement 3:**
- **Outcome Statement 4:**
Additional Information

☑ Does your proposed session include one or more owners? (Y/N)

☑ Describe your plan to organize and deliver the session. What will the attendee do during your session?

☑ Explain the takeaway you will provide to attendees (e.g., white paper, tool, checklist, benchmarking worksheet, sample policies/procedures, etc.).

☑ Our selection committee values different points of view; how will your session reflect the diversity of perspective (professional and/or personal diversity)?

Audience (Select all that apply)

☑ Health care administrators
☑ Facility directors/managers
☑ Contractors
☑ Architects
☑ Design engineers
☑ Other __________

My primary member affiliation is with this organization: (Select one)

☑ ASHE/AHA
☑ ACHA
☑ AIA/AAH
☑ NIHD
☑ AGC
☑ IAHSS
☑ FGI
☑ AAHID
☑ ASHRAE
☑ ACHE
☑ HIMSS
☑ Other __________

Speakers and Co-speakers

*Please notify any individual you are identifying as a co-speaker about their involvement in this submission before adding their name. They will also be receiving a confirmation email regarding this submission.*

☑ Add the following for ALL participating speakers for your submission:
  • Name
  • Credentials
  • Company
  • Email address
  • Speaker experience
  • Speaker bio (75 word maximum)

☑ Have you (or any co-presenter) presented on this topic previously?
  • If so, where and in front of what audience?
  • Optional: Share a reference from a colleague on your speaking abilities.