



## Abstract Submission Guidelines & Checklist

**Deadline: November 1, 2021 at 11:59 p.m. CT**  
**NO Extensions. NO Exceptions.**

The International Summit & Exhibition on Health Facility Planning, Design & Construction (PDC Summit) brings together design and construction decision-makers and stakeholders along with facility senior leadership to plan for the future of health care and highlights the real-life collaboration that's required to create and maintain safe healing environments. Consider the rapid pace of change in health care: technological advancements, community health, regulatory compliance and financial pressures. Only by working together, identifying common goals, and sharing best practices can we prepare ourselves and our organizations for success now and in the years to come.

The 35th PDC Summit is collaboratively developed by thought leaders from the following supporting organizations:

- American Society for Health Care Engineering (ASHE) of the American Hospital Association (AHA)
- American Institute of Architects (AIA) Academy of Architecture for Health (AIA/AAH)
- American College of Healthcare Architects (ACHA)
- Association for Professionals in Infection Control and Epidemiology (APIC)
- Facility Guidelines Institute (FGI)
- International Association for Healthcare Security and Safety (IAHSS)
- Nursing Institute for Healthcare Design (NIHD)

## Supporting Organizations



Academy of  
Architecture for Health  
an AIA Knowledge Community



## 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:

- 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),
    - **Users** of the space (e.g., nurses, doctors or patients)
    - Those **early in their careers**
- Present **diverse** opinions.
- Motivate the pursuit of **excellence**.
- Share **critical and leading-edge information** to help attendees stay ahead of health care changes, including **data-driven** examples and **real-life** lessons learned.
- 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.

Abstracts should be **thought-provoking** and demonstrate **forward thinking** in the health care field as well as **bring value** to attendees, their organizations and their communities. Please include at least two of the following concepts:

- Owner perspectives.
  - Performance improvement/Operational excellence.
  - Applicability for rural and small hospital scalability.
  - Human connection/Human experience.
  - Strategic leadership.
  - Technological advances.
  - Security/Cybersecurity.
  - Resiliency.
  - **Long-term effects from the pandemic, including but not limited to:**
    - Alternate care sites
    - Financial implications
    - Behavioral health
    - Compliance
    - Emergency preparedness
    - Surge and adaptability planning
    - Mechanical and electrical design
    - Telehealth
    - Recovery

## 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.

### 1. Clinical Perspectives in Design & Construction

**Collaboration with clinical staff is essential for a successful project. It is preferred to have at least one speaker have an M.D., Ph.D. or nursing certification and experience with recent projects. Examples of session topics may include, but are not limited to:**

- Inpatient/Outpatient settings.
- Anesthesia and OR suite.
- Imaging suites.
- Oncology.
- Model of Care.
- Using technology to improve the patient experience.
- Spaces that support clinical training.
  - Behavioral health.
  - Sterile processing.
  - Emergency care.
  - Supply chain.
  - Future of delivery of care.
  - Improving the human experience.

### 2. Future of Collaborative PDC Methodologies

**Looking for forward-thinking delivery methods that will impact the construction industry in 5-10 years. At least one speaker should be an owner. Examples of session topics may include, but are not limited to:**

- 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.
- Commissioning for operational excellence.
- Bridging the gap/eliminating barriers to collaboration (contractor, designer, owner).
- Preconstruction challenges (case study).
- Renovation of existing spaces while maintaining business continuity.
- Project delivery methods.
- LEAN.
- Security and emergency response.
- Creative capital planning and project funding.

### 3. 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. Examples of session topics may include, but are not limited to:**

- Shifting care outside the hospital acute care space/campus.
- Slowing the pace of rural hospital closure.
- Care innovations.

- 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 (e.g., promoting economic opportunity, education, etc.).
- Socioeconomic determinants of population health.
- Palliative care.
- Comparing academic medicine and community hospital.
- Surge capacity.
- A variety of reimbursement types (e.g., quick clinics, elderly housing, rehabilitation facilities, small hospitals, freestanding emergency departments, etc.).

#### 4. Resiliency & Safety

**Patient, visitor and staff safety along with business continuity should be addressed. Examples of session topics may include, but are not limited to:**

- Mitigating risks during design and construction.
  - Integrating hazard vulnerability analysis (HVA).
  - Facility and user risk assessments.
  - Facility resiliency.
- Cybersecurity.
- Violence prevention and safety.
- Patient and staff safety.
- Infection prevention.
- Safe delivery of care.
- Integrating security in the design stage
- Designing and building for post-occupancy emergency planning.
- Environmental, social and governance (ESG).
- Value of a certified health care environment team.

#### 5. Regulation & Compliance

**Abstracts should provide resources and tools to help attendees with compliance. Examples of session topics may include, but are not limited to:**

- Compliance in the planning process.
- CMS Conditions of Participation (COPs).
- 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.
- IAHS Design Guidelines.

- Certificate of need.

## 6. Miscellaneous – New Ideas for Health Care Planning, Design & Construction

The selection committee is always looking for innovations and unique ideas; please submit your session ideas that may not fit into one of the other topic groups here.

### Submission Guidelines

- Abstracts must be submitted via the online system by **November 1, 2021 at 11:59 p.m. CT.**
- Please notify anyone you list as a co-speaker about their involvement in this submission!
- Submissions are for an in-person presentation. Virtual options are not guaranteed.
- Selected abstract submitters will be notified by or shortly after **December 20, 2021.**
- 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 understand that this my presentation is for an in-person event and that virtual options are not guaranteed. If I cannot attend, in-person, I understand the session may be cancelled.
- I will not present my presentation content 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.
- This information is provided by ASHE as a service to its members.
  - The information provided may not apply to a viewer's specific situation and is not a substitute for application of the viewer's own independent judgment or the advice of a competent professional. ASHE does not make any guarantee or warranty as to the accuracy or completeness of any information provided. ASHE and the authors disclaim liability for personal injury, property damage, or other damages of any kind, whether special, indirect, consequential, or compensatory, that may result directly or indirectly from use of or reliance on information from sessions at this conference.
- The conference reserves the right to cancel a session and rescind speaker benefits if these terms and deadlines are NOT met.

## Future Speaker Deadlines\*:

- December 20, 2021 Notifications on abstract submission status will be sent by this date.
- January 15, 2022 Main & Co Speakers - Complete Speaker Agreement & Verify profile information (photo and bio)  
Main Speakers - Submit AV & room requests
- January 31, 2022 Main Speaker will send a Draft PPT presentation via email to their assigned Presentation Advisors for review.
- February 15, 2022 Presentation Advisors will set up a call with or send an e-mail to Main Speaker to discuss suggestions and feedback no later than this date.
- March 1, 2022 Main 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 20-23, 2022 2022 PDC Summit in New Orleans, LA

\*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.



Complete your submission online using the [Abstract Submission Center](#).

Submissions are due no later than **November 1, 2021 at 11:59 p.m. CT**.  
No extensions. No exceptions.

## Session Title

- Course titles should describe the session content so listings on continuing education transcripts communicate the subject matter to state licensing boards and other regulators.

*Provide a session title that is limited to **eight words or fewer**.*

## Topic Area

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 your session may cover multiple topics, please **choose the one that fits best**:

Select one main topic area:

- Clinical Perspectives in Design & Construction**
- Future of Collaborative PDC Methodologies**
- Site of Care**
- Resiliency & Safety**
- Regulation & Compliance**
- Miscellaneous – New Ideas for Health Care PDC**

## Session Focus Level

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**:

- 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

Please select the format that best reflects your session plan. **All sessions will be 60 minutes long.**

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

## Abstract Content Summary

- Describe your topic in detail** for the selection committee to review.

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.

*Limit length to between 400 and 600 words.*

## Session Description

- 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.

*Limit length to 150 words.*

## Learning Outcomes

- Four learning outcomes are required** as an outline of what attendees will be able to do better 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
- ABC
- ACHA
- AIA/AAH
- APIC
- NIHD
- IAHSS
- FGI
- 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.

- 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.*