



## 2023 PDC Summit Call for Abstracts

Submit Online no later than June 30, 2022 at 11:59 p.m. CT

The International Summit & Exhibition on Health Facility Planning, Design & Construction (PDC Summit) is the world's largest event that connects health care business and clinical leaders with designers, construction decision-makers, policy professionals as well as other aligned stakeholders to plan together for the rapidly changing future of health care by highlighting the real-world collaboration that's required to create and maintain safe healing environments.

The 36th PDC Summit is developed collaboratively by thought leaders from the following supporting organizations:

- American College of Healthcare Architects (ACHA)
- American Institute of Architects (AIA) Academy of Architecture for Health (AIA/AAH)
- American Society for Health Care Engineering (ASHE) of the American Hospital Association (AHA)
- 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 & Guidelines

We hope these tips and guidelines from the planning committee will help you prepare for developing your abstract submission.

## Focusing Your Abstract

Each year, more than 500 individuals submit nearly 300 abstracts for consideration for fewer than 50 available session spots at the PDC Summit. Therefore, the summit's abstract selection committee prizes abstracts that works to include key attributes such as:

### Stakeholder-Focused

- Demonstrates collaboration across stakeholder groups **to provide value to their organizations and communities** for years to come.
- Presented by **multidisciplinary teams** that include:
  - **Designers** (e.g., Architect, Engineer, Interior Designer, Product Designer)
  - **Builders** (e.g., Contractor, Subcontractor)
  - **Operators** (e.g., Hospital/Health System Owners, Chief Executive Officers, Chief Financial Officers, Facility Managers)
  - **Clinicians** (e.g., Nurses, Nurse Practitioners, Pharmacists Doctors)
  - **Patients/Consumers** (Patients, Caregivers, Advocates)
- Presents **diverse opinions**.
- Are relevant to a wide range of health care organizations and profit statuses - **large systems and small facilities**.
- Highlights the impact on the **Hospital/Health System Owner**.
- Includes the **Clinical Experience/Care Delivery** perspective.
- Considers the **Patient Experience/Patient Outcomes** perspective.

### Outcome-Focused

- Promotes **forward thinking** ideas to **bridge the gap** between **where we are today** and what will be impacting health care design and construction **in the next ten years**.
- Provides concrete **takeaways**: checklists, tools or other resources for attendees to apply on the job.
- Shares **critical and leading-edge information** to help attendees stay ahead of health care changes, born from **research-based, data-driven** examples and **real-world** lessons learned.
- Explores the **financial impact/implications** of the solution offered.
- Describes the how the solution offered fits into **market forces driving the business of health care**.
- Considers the **sustainability and scalability** of the solutions offered.
- Integrates the solution offered into hospital/health system **strategic leadership processes**.
- Documents the role of **current and emerging design methodologies** in the development of the solution.
- Considers how **technological advances** integrates into the solution offered.
- Explores the **security/cybersecurity implications** of the solution offered.

## Topic Areas

The planning committee is seeking abstracts that focus on one of the following themes and sub-themes impacting the present and future of healthcare design and construction. Be sure that your session abstract demonstrates a clear tie to one of these themes to give your session the best chance for selection. Although not necessary, your session may intersect across multiple topics. Submit your abstract under the theme that you think best speaks to its main focus.

**1. The Evolving Business of Health Care Delivery: Its Impact on Health Care Planning, Design & Construction** The way patients consume health care is evolving. The experience of delivering care is changing for clinicians of all types. How will hospital/health system owners adapt to those changing market factors, and how will those changing business needs impact the design and construction of healing environments?

Abstracts in this category should provide best practices, resources and tools to help attendees with respond to market factors driving the business of health care delivery. Examples of session topics may include, but are not limited to:

- Changing care models and the spaces they require
- Integrating the clinical voice into design decision-making
- Incorporating clinical training spaces into healing environments
- Workforce Development/Management
- Justice, Equity, Diversity & Inclusion
- Becoming an Employer of Choice
- The Silver Tsunami and a retiring workforce
- Leveraging technology in a post-COVID-19 world.
- Commissioning for operational excellence.
- Bridging the gap/eliminating barriers to collaboration (contractor, designer, owner).
- 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).
- Preconstruction challenges (case study).
- Renovation of existing spaces while maintaining business continuity.
- Project delivery methods.
- Creative capital planning and project funding
- Community health innovation district
- Influencing population health through nontraditional engagement (e.g., promoting economic opportunity, education, etc.)
- Socioeconomic determinants of population health.
- Comparing academic medicine and community hospital
- Designing for multiple business/reimbursement models (e.g., quick clinics, elderly housing, rehabilitation facilities, small hospitals, freestanding emergency departments, etc.).

**2. Policy Decisions and Regulatory Compliance: How Best for Health Care Planning, Design & Construction to Respond?** Health care delivery is highly prescribed by policy choices made at the federal, state, local, and even the organizational level. How organizations take action to comply

with these regulatory decisions has material impact on the planning, design and construction of care facilities.

Abstracts in this category should provide best practices, resources and tools to help attendees with respond to policy & regulatory 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

### **3. Health Care Planning, Design and Construction for Sustainability, Environmental Impact**

Evolutionary and acute environmental changes effect the choices that organizations as well as individuals make in response. Due to scale and timeline factors, Hospital/health system owners have to foresee the impact a changing environment will have on care delivery at their facilities a decade from now as they work to plan, design and construct sustainable healing environments today.

Abstracts in this category should provide best practices, resources and tools to help attendees focus on sustainability and environmentally-driven decisions. Examples of session topics may include, but are not limited to:

- Defining and documenting sustainability's return on investment
- Exploring how other highly-regulated industries handle sustainability & conservation
- Describing the current sustainability legislative outlook
- Energy Management
- Way stream Management
- Water Usage
- Lessons Learned from Health Care Organizations That Have Made Sustainability Work
- Impact of Climate Change on Health/Patient Outcomes
- Role of Health Equity in Sustainability
- Environmental, social and governance (ESG).
- Value of a certified health care environment team.

- Mail-Order Construction: Leveraging Pre-fabricated Hospital Components
- The Coming Age of 3D-Printed Hospitals

**4. Managing Risk with Resiliency in Health Care Planning, Design & Construction** Responding to a global pandemic while continuing to delivery regular care to their patient populations has illustrated to health care organizations around the world the importance of effectively integrating resiliency practices into their risk management practices. How best can hospital/health system owners integrate resilience practices into their facility planning, design & construction activities?

Abstracts in this category should provide best practices, resources and tools to help attendees focus on resiliency and risk management. Examples of session topics may include, but are not limited to:

- How to design a safer care setting (behavioral health spaces)
- Adaptability of Supply Chain
- Planning for the next pandemic
- Planning and training for documentation adaptability/resiliency
- Designing for surge capacity
- Mitigating risks during design and construction
  - Integrating hazard vulnerability analysis (HVA)
  - Facility and user risk assessments
  - Facility resiliency
- Designing Technology & Cybersecurity in from the beginning
- 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.
- Security and emergency response.

### Submission Guidelines

- Abstracts must be submitted via the online system by **June 30, 2022 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 **September 30, 2022.**
- You may create and submit multiple submissions.

# Abstract Submission Checklist

Please utilize this checklist to help ensure you have everything set for your online submission.

## Submission Title

*Limit to 8 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.

## Abstract Content

*Limit length to between 400 and 600 words*

- **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.

## 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

**4 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

## Session Format

Please select from the format that best reflects your presentation plan.

Please keep in mind that all sessions, are **60 minutes including Q&A** (except as noted below).

- Case study
- Debate
- Lecture
- Panel discussion
- Roundtable discussion
- Workshop
- New Voices Spotlight - (**30 minute presentation**, with up to 2 young professional speakers (under age 40), no more than 15 slides & at least 1 takeaway)

## Focusing Your Abstract

Check all that apply

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### Stakeholder Focus

- Demonstrates collaboration across stakeholder groups **to provide value to their organizations and communities** for years to come.
- Presented by a multidisciplinary team that include:
  - Designers** (e.g., Architect, Engineer, Interior Designer, Product Designer)
  - Builders** (e.g., Contractor, Subcontractor)
  - Operators** (e.g., Hospital/Health System Owners, Chief Executive Officers, Chief Financial Officers, Facility Managers)
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### Outcome Focus

- Promotes forward thinking ideas to bridge the gap between **where we are today** and what will be impacting health care design and construction **in the next ten years**.
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## Topic Area Alignment

Select one main 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**:

**The Evolving Business of Health Care Delivery: Its Impact on Health Care Planning, Design & Construction**

The way patients consume health care is evolving. The experience of delivering care is changing for clinicians of all types. How will hospital/health system owners adapt to those changing market factors, and how will those changing business needs impact the design and construction of healing environments?

**Policy Decisions and Regulatory Compliance: How Best for Health Care Planning, Design & Construction to Respond?**

Health care delivery is highly prescribed by policy choices made at the federal, state, local, and even the organizational level. How organizations take action to comply with these regulatory decisions has material impact on the planning, design and construction of care facilities.

**Health Care Planning, Design and Construction for Sustainability, Environmental Impact**

Evolutionary and acute environmental changes effect the choices that organizations as well as individuals make in response. Due to scale and timeline factors, Hospital/health system owners have to foresee the impact a changing environment will have on care delivery at their facilities a decade from now as they work to plan, design and construct sustainable healing environments today.

**Managing Risk with Resiliency in Health Care Planning, Design & Construction**

Responding to a global pandemic while continuing to delivery regular care to their patient populations has illustrated to health care organizations around the world the importance of effectively integrating resiliency practices into their risk management practices. How best can hospital/health system owners integrate resilience practices into their facility planning, design & construction activities?

## 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 \_\_\_\_\_

## Primary Member Affiliation

Select the one organization you are primarily representing with this submission.

- ABC
- ACHA
- ACE
- AIA/AAH
- AORN
- APIC
- ASHE/AHA
- FGI
- IAHS
- NIHD
- Other \_\_\_\_\_

## Speakers and Co-Speakers Details

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
  - Mailing address
  - 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.*

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# Main Speakers & Co-Speakers

If your abstract submission is selected to become a conference session below are speaker terms and deadlines:

## Speaker 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.**

## Considerations and Terms of Agreement

1. I agree to participate in the conference and will follow all schedules and deadlines as requested
2. I understand that as a speaker benefit, ASHE will provide a complimentary registration to the main speaker and partial registration to all co-speakers for this event. All speakers will be responsible for their own travel, lodging and incidental expenses.
3. Registration codes were issued during confirmation e-mail. If you need the code again, please see the registration section of the Speaker Center or e-mail Senada Hidic at [shidic@aha.org](mailto:shidic@aha.org).
4. I agree to not present my presentation at any other conference or seminar prior to the 2022 ASHE Annual Conference, or within 90 days post 2022 ASHE Annual Conference, without the written permission of ASHE.
5. I consent to ASHE's 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.
6. I understand that no individual or entity other than ASHE may electronically record or copy any portion of this program for any purpose without prior written consent from ASHE.
7. I understand that I am responsible for obtaining all necessary permissions or licenses from any individuals or organizations whose material is included or used within the presentation. Online pictures and videos are not necessarily copyright free.
8. I agree to use the conference branded PowerPoint template in 16:9 ratio format and understand that this template is available in the Speaker Center, or by reaching out to Senada Hidic at [shidic@aha.org](mailto:shidic@aha.org)
9. Speaker agrees to conform and abide by any and all AHA policies and procedures in relation to participating in an AHA event.
10. AHA shall not be responsible for delays, damage, loss, increased costs, or other unfavorable conditions arising by virtue of a cause or causes not within the control of AHA. Causes not within the control of AHA shall include, but are not limited to: fire, casualty, flood, epidemic, earthquake, explosion, accident, blockage, embargo, inclement weather, governmental restraints, act of a public enemy, riot or civil disturbance, impairment or lack of adequate transportation, inability to secure sufficient labor, curtailment of transportation, technical or other personnel, labor union disputes, loss of lease or other termination by the host, municipal, state or federal laws, or other acts of God (each, a "Force Majeure"). AHA may cancel, shorten, delay or otherwise alter or change the event or events under this Agreement due to a Force Majeure. If it does so, Speaker understands and agrees that all losses and damages which it may suffer as a consequence thereof are its responsibility and not that of AHA or AHA's directors, officers, employees, agents or subcontractors.

## Conduct

1. ASHE wishes to ensure an appropriate and harmonious environment for its employees and members. ASHE seeks to avoid offending any employee or member by references or language at

ASHE's meetings or functions. ASHE, therefore, requires Speaker and all other persons employed by Speaker, who interact with ASHE employees and members to abide by the following guidelines:

2. I agree to comply with the conference Terms of Service & Code of Conduct, and to ensure all other persons employed by Speaker who interact with ASHE employees or conference attendees abide by these terms as well as conduct themselves, in a professional manner in every regard.
3. ASHE does not endorse speakers. I agree to refrain from stating or implying an endorsement by AHA and from requesting an endorsement from attendees at the Event.
4. I confirm that my presentation will not discuss specific companies and products, thereby avoiding being perceived as a sales pitch.

### Cancellation

1. I understand that ASHE reserves the right to cancel a session and rescind speaker benefits if these terms and deadlines are NOT met.
2. ASHE may cancel its obligations under this Agreement without liability due to any cause beyond ASHE's control including, but not limited to, acts of God, natural disaster, civil disorders, labor disputes, war, terrorism, infectious disease, curtailment of transportation, unavailability of facilities, illness (based on World Health Organization recommendations), government regulations or any other cause beyond the ASHE's reasonable control which the ASHE determines makes it commercially impracticable, inadvisable, impossible, or illegal to fulfill this Agreement.
3. If cancellation occurs by speaker(s) for any reason between signing of this agreement and prior to presentation date, speaker(s) agree to notify an ASHE employee as soon as possible. In that instant, speaker(s) lose their speaker benefits for the conference.
4. Speaker and AHA agree that the foregoing represents a fair and equitable measurement of the total damages for which each shall be responsible to the other for cancellation.
5. To accept this agreement, please click on "I accept." The agreement will automatically save to your records.
6. If you have any questions/concerns about this agreement, please click "I accept" to move forward, and then e-mail Senada Hidic at [shidic@aha.org](mailto:shidic@aha.org) so we can document your concerns properly.

### Future Speaker Deadlines\*

September 30	Notifications on abstract submission status will be sent by this date.
November 1	Complete Speaker Agreement (Main & Co-speakers) Verify profile information, photo and bio (Main & Co-speakers) Submit AV & room requests (Main Speakers)
December 1	Main Speaker will send a Draft PPT presentation via email to their assigned Presentation Advisors (PA) for review. <i>PA's will reach out by November 15.</i>
January 15	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.
January 31	Main Speaker will e-mail an updated PPT to PA for final review
March 1	Main Speaker will upload final PPT, using the conference branded template, to the Speaker Center. <b>Speakers must bring their FINAL PPT on a USB drive, they will NOT be preloaded to the computers on-site.</b>

**March 12-15, 2023**      **2023 PDC Summit in Phoenix, AZ**

\*Deadline dates are subject to change and will be finalized in the notification email.

## Questions?

Please contact:

Melissa Binotti Heim  
ASHE Program & Conference Manager  
[mheim@aha.org](mailto:mheim@aha.org)

or

Senada Hidic  
ASHE Education Operations Specialist  
[shidic@aha.org](mailto:shidic@aha.org)