Welcome!

Increasing your HCAHPS Scores Through Design Masters Studio Series

Tuesday, September 13, 2016

2:00 pm – 3:00 pm ET 1:00 pm – 2:00 pm CT 12:00 am – 1:00 pm MT 11:00 am - 12:00 pm PT

Moderator

John Kreidich McCarthy Building Companies

Presenters

Joan Suchomel Eckenhoff Saunders Architects

Deborah Hayes The Christ Hospital Health Network



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Academy of Architecture for Health (AAH) On-line Professional Development

The Academy's multi-channel on-line approach provides emerging professionals, journeymen, and master professionals with convenient and economical opportunities to develop their chosen area of interest.

Masters Studio Series sessions are tailored to provide healthcare design professionals with sufficient exposure to jump-start interest in wanting to learn more.



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Course Objectives

- 1. Learn what an HCAHPS survey is and its importance to the welfare and survival of healthcare providers
- 2. Recognize how the questions in the survey relate to the physical environment, and how they support patient safety
- 3. Discover concepts that suggest design solutions for addressing HCAHPS
- 4. See examples of design solutions that address the HCAHPS questions, and how they can support patient health.



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All attendees will be eligible to receive: 1 AIA LU/HSW (AIA continuing education)

In order to receive credit, each attendee must complete the webinar survey/report form at the conclusion of the presentation.

Follow the link provided:

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To Post Questions or Comments:

Submit a question to the moderator via the chat box.

Content-related questions will be answered during the Q&A portion as time allows.

Tech support questions will be answered by AIA staff promptly.





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Increasing your HCAHPS Scores Through Design

Presented by:



Joan L. Suchomel, AIA, ACHA, EDAC Principal Eckenhoff Saunders Architects



Deborah Hayes, RN MS MSN-NI NEA-BC

Vice President, Chief Operating Officer

The Christ Hospital Health Network



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About The Christ Hospital

For 126 years, The Christ Hospital, Cincinnati, OH, has been a leader in medical excellence. Today, it is a vast network of physicians and staff, working in more than 100 locations, to make superior medicine convenient and accessible for the communities it serves.



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About the Architect

Skidmore, Owings & Merrill, Chicago office Joan Suchomel, lead medical planner while at SOM



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What is important?



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Defining Patient Experience

The sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care.

The Beryl Institute www.theberylinstitute.org



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Healthcare in America

COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*

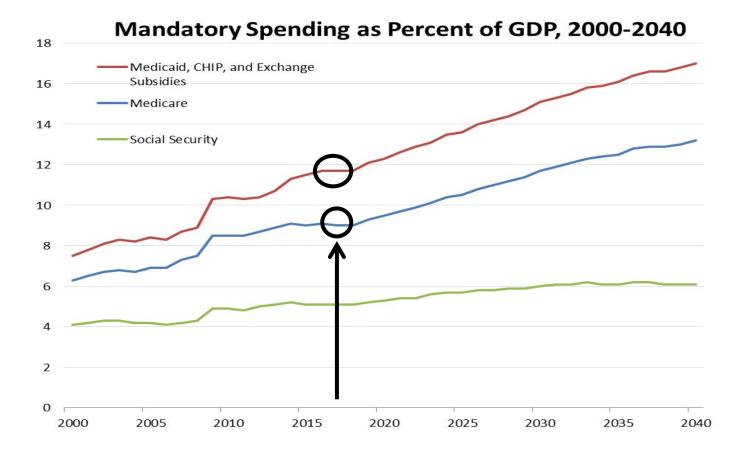
3 (Paris: OECD, Nov. 2013).



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US Spending on Health Care as a % of the Gross Domestic Product (GDP)



Source: CBO Long-Term Budget Outlook, 2012. Note: projection for 2012-2040 is from CBO's "alternative fiscal scenario"



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The Word of the Moment in Healthcare Is "Unsustainable"

- The size of the federal budget deficit is unsustainable
- The annual increase in the Medicare budget is unsustainable
- The percentage of healthcare spending to GDP is unsustainable

- State Medicaid programs are unsustainable
- The continued transfer of costs to employers and consumers is unsustainable



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The Value Equation for Patients

Value = (Quality + Service)/Cost



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Fee for Service vs. Fee for Value

"Value-based purchasing," where cost and quality are each integral parts of the equation

Now widely seen as a replacement for traditional fee-for-service reimbursement.

The challenge is getting from the-way-thingshave-always-been to the-way-things-will-be without tumbling into a fiscal chasm because of the-way-things-are-now.





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Hospital Value Based Purchasing Program

- Authorized by the Affordable Care Act, which added Section 1886(o) to the Social Security Act
- Quality incentive program built on the Hospital Inpatient Quality Reporting (IQR) measure reporting infrastructure

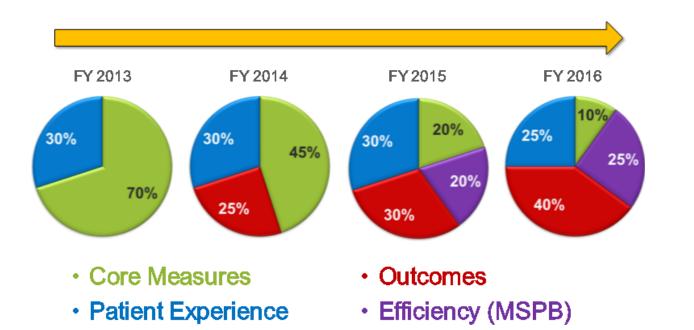
- Promoting higher quality care for Medicare beneficiaries
- Pays for care that rewards better value, patient outcomes, and innovations, instead of just volume of services



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Value Based Purchasing



Patient Experience of Care Dimensions

- 1. Nurse communication
- 2. Doctor Communication
- 3. Hospital Staff Responsiveness
- 4. Pain Management
- 5. Communication about Medicine
- 6. Hospital Cleanliness and Quietness
- 7. Information About Discharge
- 8. Overall Hospital Rating



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What is the HCAHPS Survey?



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The HCAHPS Survey

Г	1]		speak at home?
I		R EXPERIENCES IN THIS HOSPITAL	During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the	ABOUT YOU here are only a few remaining items eft. 6. During this hospital stay, were you	² □ Spanish ³ □ Chinese ⁴ □ Russian
HCA	HPS Survey	need help from nurses or other hospital staff in getting to the	hospital?	admitted to this hospital through the Emergency Room?	⁵ ☐ Vietnamese ⁶ ☐ Some other language (please
 You should only fill out this survey if named in the cover letter. Do not fill Answer <u>all</u> the questions by checking You are sometimes told to skip over 	some questions in this survey. When this happens t tells you what question to answer next, like this:	bathroom or in using a bedpan? 1 Yes 2 No → If No, Go to Question 12 How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? 1 Never 2 Sometimes 3 U Usually	1 Yes 2 No During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? 1 Yes 2 No >VERALL RATING OF HOSPITAL	 1 Yes 2 No 7. In general, how would you rate your overall health? 1 Excellent 2 Very good 3 Good 4 Fair ⁶ Poor 	print):
you returned your survey so we do	survey. This number is used to let us know if on't have to send you reminders. y are part of a national initiative to measure the quality	⁴ ⊡ Always During this hospital stay, did you need medicine for pain?	ase answer the following questions out your stay at the hospital named the cover letter. Do not include any er hospital stays in your answers.	 In general, how would you rate your overall <u>mental or emotional</u> health? ¹ Excellent 	(YOU ev in the postage-paid envelope.
Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers. YOUR CARE FROM NURSES 1. During this hospital stay, how often did nurses treat you with courtesy and respect? Never 2 Sometimes 3 Usually 4 Always 2. During this hospital stay, how often did nurses <u>listen carefully to you</u> ? Never 2 Sometimes	3. During this hospital stay, how often did nurses explain things in a way you could understand? 1 Never 2 Sometimes 3 Usually 4 Always 4 Always During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? Sometimes J Sometimes Usually 4 Always Usually 1 Never 2 Sometimes J Usually 1 Always During this hospital stay, after you pressed the call button	 1 Yes 2 No → If No, Go to Question 15 During this hospital stay, how offen was your pain well controlled? 1 Never 2 Sometimes 3 Usually 1 Always During this hospital staff do everything they could to help you with your pain? 1 Never 2 Sometimes 3 Usually 4 Always 	Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay? ⁰ 0 Worst hospital possible ¹ 1 ² 2 ³ 3 ⁴ 4 ⁵ 5 ⁶ 6 ⁷ 7 ⁸ 8 ⁶ 9 ¹⁰ 10 Best hospital possible	 Very good Good Good Fair Poor What is the highest grade or level of school that you have completed? 1 8th grade or less Some high school, but did not graduate High school graduate or GED Some college or 2-year degree 4-year college graduate More than 4-year college degree 	EVERY IN THE POSTAGE-PAIL ENVELOPE. ELF-ADMINISTERING HOSPITAL] ENDOR OR SELF-ADMINISTERING ITAL] +CAHPS survey and are works of the U.S. in the public domain and therefore are NOT + Transitions Measure® questions (Questions rogram® (www.caretransitions.org).
³ □ Usually ⁴ □ Always			3	March 2013	
		March 2013			

Hospital Consumer Assessment of Healthcare Providers and Systems



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2. What language do you mainly

HCAHPS Questions Your Care from Nurses

- During this hospital stay, how often did nurses treat you with courtesy and respect?
- 2. During this hospital stay, how often did nurses listen carefully to you?

- 3. During this hospital stay, how often did nurses explain things in a way you could understand?
- 4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?



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HCAHPS Questions Your Care from Doctors

- 5. During this hospital stay, how often did doctors treat you with courtesy and respect?
- 6. During this hospital stay, how often did doctors listen carefully to you?
- 7. During this hospital stay, how often did doctors explain things in a way you could understand?





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HCAHPS Questions The Hospital Environment

- 8. During this hospital stay, how often were your room and bathroom kept clean?
- 9. During this hospital stay, how often was the area around your room quiet at night?

- 10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
- 11.How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?



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HCAHPS Questions The Hospital Environment

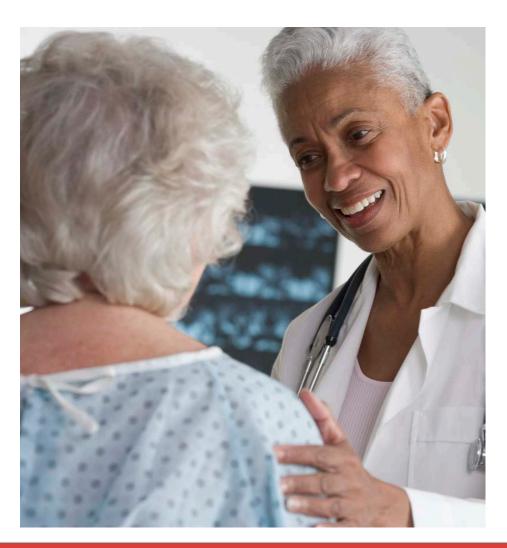
12.During this hospital stay, did you need medicine for pain?

- 13.During this hospital stay, how often was your pain well controlled?
- 14.During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?



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HCAHPS Questions The Hospital Environment

15.During this hospital stay, were you given any medicine that you had not taken before?

16.Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? 17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?



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HCAHPS Questions When You Left the Hospital

- 18.After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
- 19.During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?



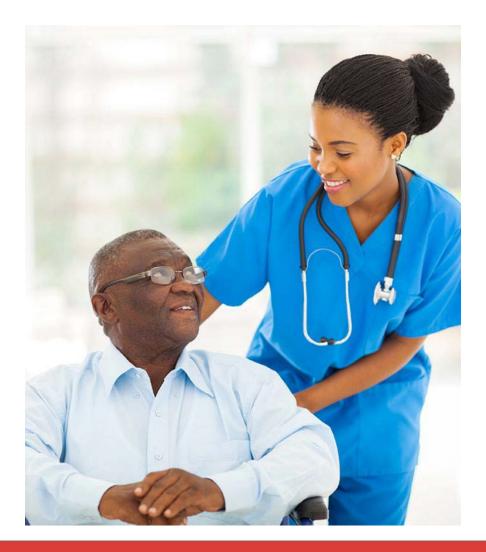
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HCAHPS Questions Overall Rating of the Hospital

21.Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

22.Would you recommend this hospital to your friends and family?





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HCAHPS Questions

Understanding Your Care When You Left the Hospital

23.During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

24.When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.



THE AMERICAN INSTITUTE OF ARCHITECTS Academy of Architecture for Health 25. When I left the hospital,I clearly understood the purpose for taking each of my medications.

Questions 26-32 Section about you

How can the physical design of the environment help boost HCAHPS scores?

Hospitals that are safe, aesthetically pleasing and comfortable are likely to be rated high by patients, potentially influencing hospital choice, market share, and bottom-line results.

Architects, facility planners, and designers have a responsibility to understand the impact that the hospital environment can have on patients, families, and caregivers. We can respond through designing spaces that can improve outcomes.



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Guiding Principles – The Christ Hospital Master Plan

Experience and Access 01

Provides an exceptional patient/family/visitor experience Provides an extraordinary environment for physicians to practice within

Promotes a healing environment

Creates ease of access, parking, wayfinding and circulation

02 Efficiency

Accelerates expansion of strategic services

(Musculoskeletal as first priority)

Maximizes equipment, space, function and eliminates duplication

Integrates with existing facilities, maximizing operational effectiveness

Flexibility 03

Creates options for future growth and change Enhances safety and quality of multi-disciplinary care and services Creates synergies between patient care, education and research Develops a long term, coordinated real estate strategy

04 Innovation

Integrates inpatient and outpatient planning and design Incorporates technology and state-of-the-art facilities

Brand

Strengthens image and brand

Preserves and builds upon the unique character of the campus Demonstrates strong commitment to sustainability Strengthens the Mt. Auburn neighborhood and other neighborhoods where our facilities are located Provides for a repeatable interior and exterior brand image

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The Christ Hospital Master Plan Joint and Spine Center





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Concepts that suggest design solutions for addressing HCAHPS



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During this hospital stay:

1. How often did nurses treat you with courtesy and respect?

5. How often did doctors treat you with courtesy and respect?

Note: Numbering corresponds to the HCAHPS survey questions



Patient unit floor plan

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During this hospital stay:

Concepts For Supporting Patient Dignity

- Decentralized caregiving relationship to patient
- Single patient rooms for privacy
- Off-stage staff areas



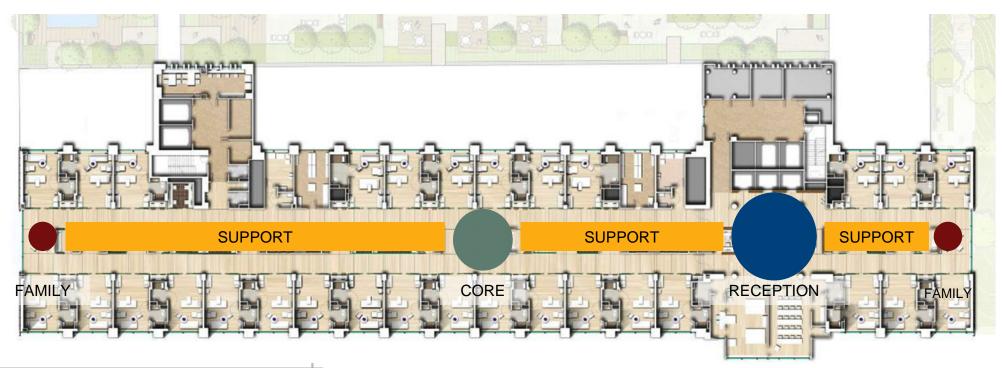


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THE AMERICA Patient unit floor plan OF ARCHITECTS Academy of Architecture

During this hospital stay:

4. After you pressed the call button, how often did you get help as soon as you wanted it?



Patient unit floor plan



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Concepts For Staff Responsiveness

- Decentralized nursing: Nurses are closer to patients
- Narrow, porous core plan: Enables nurse movement





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Concepts For Staff Responsiveness

- Support spaces distributed for quick access
- Caregiver supplies at point of use



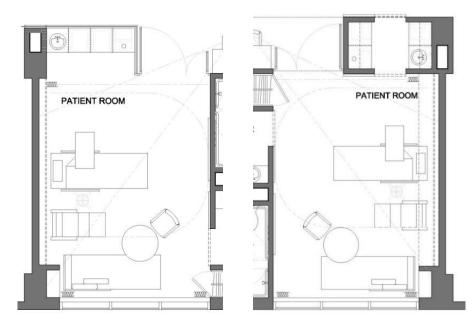


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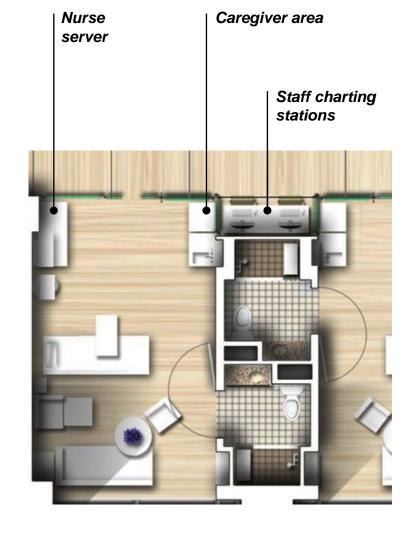
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Concepts For Engaging Patients

- Decentralized nursing: Nurses are closer to patients
- Caregiver supplies at point of use



Early nurse server schemes



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- 2. How often did nurses listen carefully to you?
- 4. After you pressed the call button, how often did you get help as soon as you wanted it?





Caregiver area



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- Concepts For Increasing Bedside Presence
 - Caregiver Processes
 - –Patient Precautions Monitor
 - -Caregiver Zone
 - -Nurse Server
 - -Medication Process
 - -Teaching Patient & Family





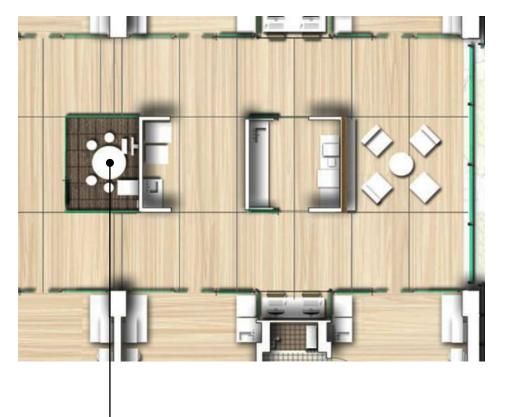
THE AMERICAN INSTITUTE OF ARCHITECTS Academy of Architecture for Health Nurse Server, Corridor Side

- 1. How often did nurses listen carefully to you?
- 2. How often did nurses explain things in a way you could understand?
- 6. How often did doctors listen carefully to you?
- 7. How often did doctors explain things in a way you could understand?



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Staff huddle room

Concepts For Effective Caregiving

- Adequate caregiver space and supplies at bedside
- Huddle rooms for team communication
- Specific computer orientation within the patient room
- Dedicated family/ caregiver zones

Charting station at headwall



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Before giving you any new medicine:

- 16.How often did hospital staff tell you what the medicine was for?
- 17.How often did hospital staff describe possible side effects in a way you could understand?





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Before giving you any new medicine:

Concepts For Engaging The Patient and Family

- Caregiver Processes Nurse Server, Medication Process
- Patient Precautions Monitor, Personal Protective Equipment (PPE)





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THE AMERICAN INSTITUTE OF ARCHITECTS Academy of Architecture Patient precautions monitor

12.During this hospital stay, did you need medicine for pain?13.During this hospital stay, how often was your pain well controlled?14.During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?





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Concepts For Pain Relief

- Building siting and mechanical room stacking
- Large windows: access to daylight, views to nature
- Calming environment



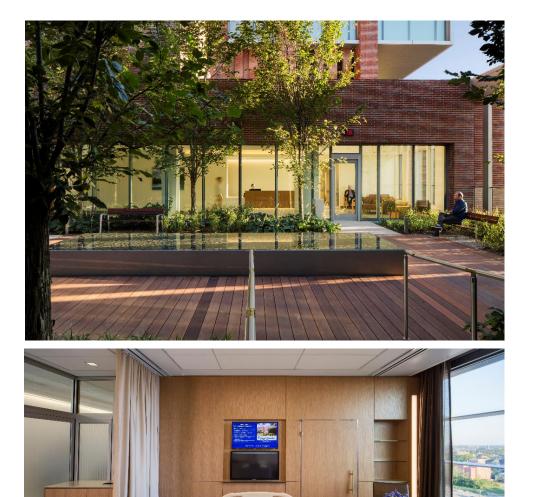


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Concepts For Reducing Patient Stress

- Design patient's view of ceiling and footwall
- Patient control of environment
- Places for patient cards, family photos and flowers
- Outdoor access



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9. During this hospital stay, how often was the area around your room quiet at night?



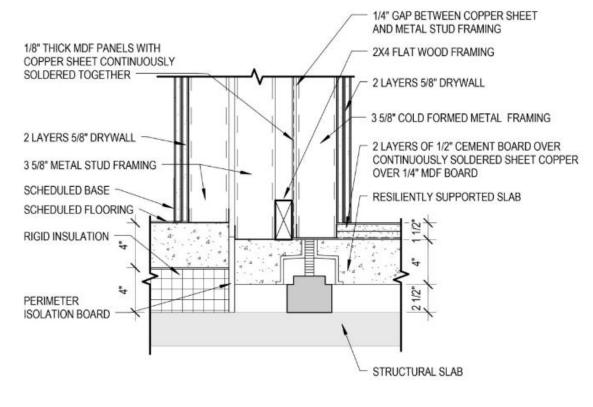


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Concepts For a Quiet Environment

- Acoustics within room, between rooms, between rooms and corridors, between floors
- Extra layer of gypsum board at headwalls
- Resilient clips in bathroom walls



Floor construction diagram: Resiliently supported slab



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Concepts For a Quiet Environment

- Dimmed corridor lighting at night
- Heavy privacy drape, patient controlled
- No central nurse station
- Remote family waiting
- Strategic location of patient room doors to reduce sound reflection





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10.Did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?





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Concepts For Easing Personal Care

- Larger Patient Bathroom
- Wide and/or or double doors
- Commode chair and bedpan storage
- Lifts in bariatric bathrooms





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8. During this hospital stay, how often were your room and bathroom kept clean?





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Concepts For Hygiene: Patient Bathroom

- Deinstitutionalized appearance
- Tile with matt finish does not show water marking
- Grout colors darker in floor
- Integral sink bowls
- Thoughtful storage reduces visual clutter
- Keeping shower water contained
- Occupancy sensors (hands free)





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Concepts For Hygiene: Patient Room

- Deinstitutionalizing
 appearance
- Storage place for every item
- Trash bins concealed





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23.Staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.





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Concepts For Engaging Family In Caregiving

- Family gathering spaces
- Family accommodation in the patient room





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Concepts For Supporting The Patient

- Family gathering and support spaces
- Easy access to staff / information







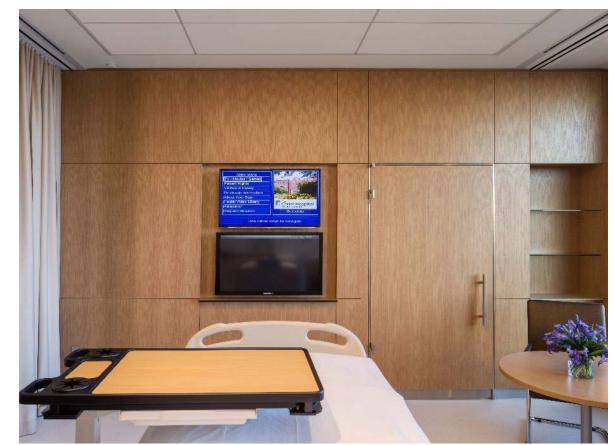
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THE AMERICA Parting Waiting TE OF ARCHITECTS Academy of Architecture Patient Unit Reception / Unit Coordinator

When I left the hospital:

24.When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

25.When I left the hospital, I clearly understood the purpose for taking each of my medications



Patient room with patient information / clinical monitor and patient education / entertainment system



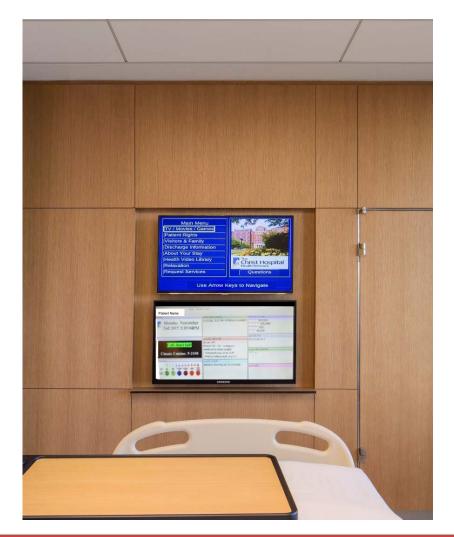
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When I left the hospital:

Concepts For Reducing Readmissions

- Patient education /entertainment monitor
- Patient information monitor
- Patient control of information
- Access medical records
- Sign up for My Chart

Patient room with patient information / clinical monitor and patient education / entertainment system





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Overall Rating of Hospital:

21.Using any number from 0 to 10, where 0 is the worst hospital and 10 is the best hospital, what number would you use to rate this hospital during your stay?

22.Would you recommend this hospital to your friends and family?



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Overall Rating of Hospital:

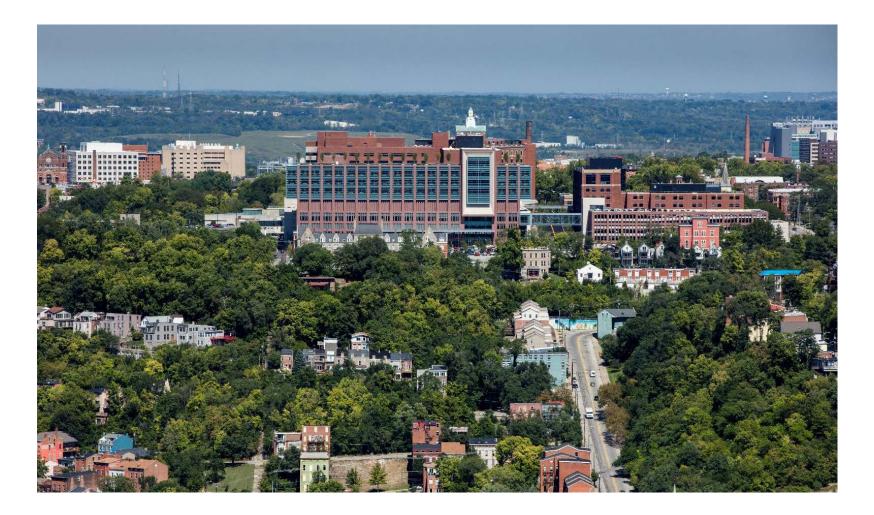
How sensitive were they to my needs?





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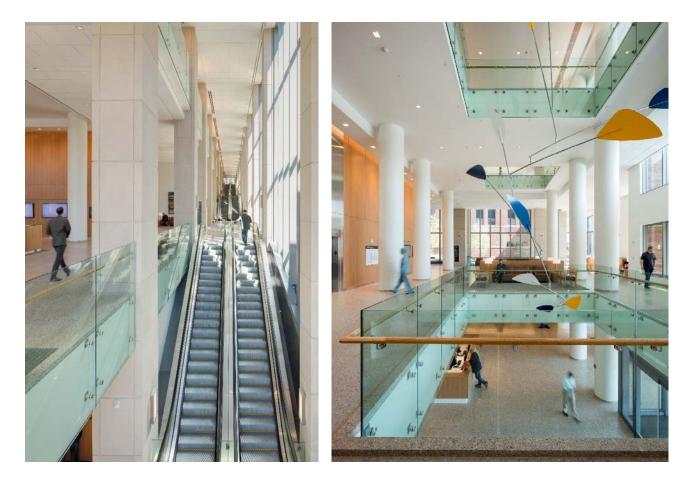
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2016 AIA/AAH Healthcare Design Awards

Category B: Built, More than \$25 million in construction cost

Jury comments

This is a graceful project that is thoughtfully composed and placed in its context. The framed living room on patient floors mark the entrance and provide a distinct identity to the building. The high glass transoms on the patient unit corridor walls allow light to penetrate deep into the core of the building. The jury was impressed with the well thought-out roof top garden that provides a place of respite for its occupants.





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Key Learnings, Process Improvements and Takeaways

- 1.Engage physicians and staff TOGETHER in design
- 2. Involve patients and families
- 3.It's not just about the obvious HCAHPS questions
- 4. Technology provides new opportunities
- 5.Most Important: The value proposition for the patient



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Deborah Hayes 513.585.0557 <u>deborah.hayes@thechristhospital.com</u>

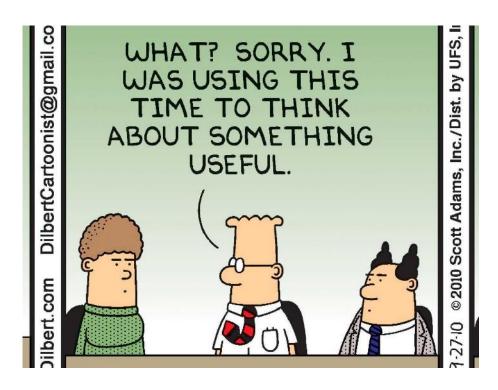
Joan Suchomel 312.235.5115 jsuchomel@esadesign.com



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Last Chance for Questions and Comments on:





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Thank you for joining us today!

This concludes the AIA/CES Course **#AAH1602.** The webinar survey/report form URL is listed in the chat box *and* will be included in the follow-up email sent to you in the next hour. Earn 1 AIA LU/HSW.

Survey Link: http://bit.ly/2ch4pcw

All attendees must report credit individually by completing the webinar survey/report form within the next 3 business days. Credit will automatically appear on your transcript within 2 weeks. Tablet and smartphone users must copy down the above survey link.

Please direct any further questions to knowledgecommunities@aia.org.



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AIA Academy of Architecture for Health

The AAH mission is to improve both the quality of healthcare design and the design of healthy communities by developing, documenting and disseminating knowledge; educating design practitioners and other related constituencies; advancing the practice of architecture; and affiliating and advocating with others that share these priorities.

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Congratulations to the 2016 AIA/AAH Healthcare Design Award recipients!

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Join us for more upcoming webinars*

Date	Series	Торіс
10/11	Masters Studio Series	Lighting for Improved Environment of Care
11/08	Masters Studio Series	Dublin Hospital – Post-occupancy Evaluation 7 years later
12/13	Case Study Series	2015 AAH Design award winner and Case Study archive pilot:
		UCLA Surgery and Cancer Center
1/10	HC 101 series	Patient Safety Fundamentals for HC Architects – Part 2

*Dates and topics are subject to change

Visit <u>www.aia.org/aah</u> for more information and to register.



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