

## **Evidence-Based Design Touchstone Awards Application Information**

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## 1. About The Evidence-Based Design (EBD) Touchstone Awards

### ***Description***

Since 2009, The Center for Health Design has awarded individuals with the EDAC (Evidence-Based Design Accreditation and Certification) credential, who demonstrate base knowledge about the evidence-based design process when they pass the EDAC examination. Now with over 3000 certified individuals, The Center is recognizing design projects and products that were created utilizing an evidence-based design process.

The Evidence-Based Design Touchstone Awards are the next step in the application of the evidence-based design process. The EBD Touchstone Award recognizes the use of the evidence-based design process in the pursuit of increasing value, improving outcomes, and engaging stakeholders. Awards are given to projects and products that show exemplary achievement across three touchstones of the EBD process: Collaboration, Evaluation, and Sharing.

The award supports and illustrates the value of broad stakeholder engagement, recognizes individuals and teams that find and review evidence to inform their design decisions, evaluate their results, conduct evaluation and research to add to the body of knowledge, and share these results. In addition, the application form can serve as a documentation tool to capture the use of the EBD process during the different phases of design and construction; a template where teams can track key information, progress, and achievements along the way – then submit for an award during design or when the project is completed. Applicants can submit an application for a conceptual project or product, or for a project that is not yet completed, recognizing that the award level will be based upon the criteria and level of achievement.

The Center for Health Design's primary goal is to recognize and reward the application and advancement of the evidence-based design process. While other approaches (e.g. Lean) can be complementary to the EBD process, recipients of this award must provide examples that illustrate how the EBD process was integrated with these other processes to be considered for an EBD Touchstone Award.

### Application Recommendations

- It is highly recommended that the person leading the application process is/was a member of the project team. This individual should be able to provide in-depth details and specific examples about the application of the EBD process. Ideally, the application will be completed in the spirit of the award: collaboratively by all members from participating organizations/representative groups.

- Please note that the jurors will score the application based upon the answers provided and cannot make assumptions about what may have been done. It is important to read the criteria and questions carefully to determine what information is being requested.
- Please note that scoring will reflect the quality of writing and clarity of responses. Careful proofing is recommended. Marketing language, jargon, and general statements are discouraged, and if used, must include specific examples.

### ***Award Criteria & Recognition***

Using a detailed evaluation matrix created by The Center for Health Design submissions will be judged based upon their success in achieving criteria in the following three categories:

*Collaborate:* Submissions must demonstrate interdisciplinary team and stakeholder education, engagement and development.

*Evaluate:* Submissions must demonstrate the extent to which evidence was found, evaluated, and applied to develop and link design strategies to outcomes and how the project/product measured and evaluated the results and outcomes.

*Share:* Submissions must demonstrate how the EBD process was applied and how the knowledge gained was documented and disseminated and how lessons learned were shared and could have potential application for future projects.

There are three award levels: Silver, Gold, and Platinum. The level will be determined based upon successful achievement of the criteria within each category (Collaborate, Evaluate, and Share). Applicants will only be awarded the Gold or Platinum Level if they have also met the majority of the criteria in the preceding levels (See Figure A). A Platinum Award demonstrates the highest achievement and application of the EBD process. Projects that are solely conceptual, or are not yet built, will also be considered for an award. These projects will qualify for the Silver or Gold level. Projects must be built in order for them to be considered for a Platinum award.

**Figure A. Levels of Recognition**



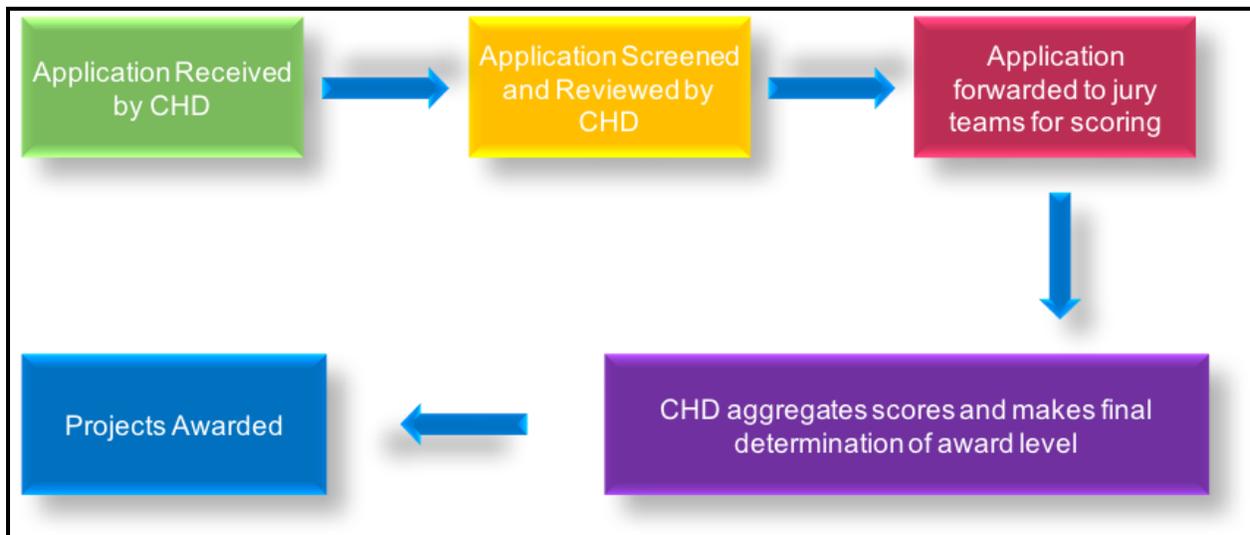
Minimum Eligibility Criteria

In order to meet minimum eligibility criteria, your application must *clearly* demonstrate at least partial achievement on all Silver criteria. Partial achievement does not guarantee a Silver award only that your application will be passed on for official review by the jurors.

## Review and Scoring

Awards are given based on how well the submission meets criteria to achieve one of the levels of recognition. Applicants are not compared to one another; only against award criteria. The Center will automatically receive a copy of each completed application. The application will be screened and reviewed by The Center to ensure all the questions have been completed and basic eligibility criteria has been met. Applications that pass this evaluation will then be forwarded to a jury team for scoring. The Center will then aggregate the jury scores to determine the applicant's level of award recognition (see Figure B).

**Figure B. Review Process**



## ***Application and Fee***

This survey is composed of eight sections for a total of 52 questions.

First section: Applicant Profile (5 questions)

Second section: Project Information (11 questions)

Third section: High Resolution Project Images (4 questions)

Fourth section: Request for Photo Use Permission (1 question)

Fifth section: Collaborate (6 questions)

Sixth section: Evaluate (13 questions)

Seventh section: Share (4 questions)

Eighth section: Project Images (8 questions) (Optional)

**Your application must be completed in one sitting.** (If you exit the application without completing it, your responses will **NOT** be saved.) Your application is complete after you select "DONE" on the final page.

We recommend drafting all of your responses and collecting the appropriate materials prior to beginning the application. You will receive the application link after you submit your application fee (\$1,199) on The Center's website. To do this, please click [here](#). Add the application fee to your cart and complete your purchase. You will receive an automated email that contains your order number and the application link (see Figure C). Please save the order number; you will need to enter it in the application to show proof of payment.

### Figure C. Application Payment and Order Number

Keep note of your order number; it will be requested in your application.

Thank you for your purchase of the EBD Touchstone Awards application fee.

Please note your order number \*13381\* and enter that number in the appropriate field within the application form.

To get started on your application, click here:  
[https://www.surveymonkey.com/r/EBD\\_Touchstone](https://www.surveymonkey.com/r/EBD_Touchstone) [1]

To download the Application Guide, click here:  
<https://www.healthdesign.org/certification-outreach/awards-recognition/evidence-based-design-touchstone-awards-presented-center> [2]

Any questions about your payment or the application may be directed to The Center for Health Design at [925-521-9404](tel:925-521-9404) or [admin@healthdesign.org](mailto:admin@healthdesign.org).

Regards,  
The Center For Health Design



Welcome to the EBD Touchstone Awards Application

**Thank you for your interest in the EBD Touchstone Awards. Before beginning your application, please review the information below.**

This survey is composed of several sections for a total of 52 questions.

**Application Components**

First section: Applicant Profile (5 questions)

Second section: Project Information (11 questions)

Third section: High resolution photos (4 questions)

Fourth section: Collaborate (6 questions)

Fifth section: Evaluate (13 questions)

Sixth section: Share (4 questions)

Seventh section: Project Images (8 questions) Optional

Eighth section: Request for Photo Use Permission (1 question)

**Your application must be completed in one sitting.** (If you exit the application without completing it, your responses will **NOT** be saved.) Your application is complete after you select "DONE" on the final page.

To be fully prepared, download the Applicant Information packet from The Center for Health Design's website [here](#). In this packet you will find the full application as well as the criteria that will be used by jurors to evaluate your answers. We recommend drafting all of your responses and collecting the appropriate materials prior to beginning the application.

## Applicant Profile

The person submitting this application and responsible for answering any follow-up questions should provide his/her information below. It is highly recommended that the person leading the application process should be a member of the project team so they can provide in-depth detail and examples that demonstrate how the evidence-based design (EBD) process was applied and used. Ideally, this application will be completed collaboratively by members from each organization/firm/representative group.

Please note that the jurors will score the application based upon the answers provided and cannot make assumptions about what may have been done. It is important to read the criteria and questions carefully to determine what information is being requested. Marketing language, jargon, and general statements are discouraged, but if used, must include clear definitions and specific examples.

**\* 1. Full Name**

**\* 2. Company Name**

**\* 3. Your Email Address**

**\* 4. Your Phone Number**

**\* 5. Prior to starting this application, you must complete payment for the award application. Please enter the payment order number below (found in your email receipt).**

Project Information

**\* 1. Project/Product Name**

**2. Project Location (if applicable)**

City

State

Country

**\* 3. Zip Code**

**\* 4. Primary Architecture/Design Firm/Vendor/Product Manufacturer Contact**

Full Name

Email Address

Phone Number

**5. Primary Healthcare/Long-Term Care Contact (if applicable)**

Full Name

Email Address

Phone Number

**6. Project Website (if applicable)**

**\* 7. Public Relation Contacts**

At Architecture/Design

Firm or Vendor/Product

Manufacturer

At Project

Location/Organization

**\* 8. if you are chosen to receive an award please provide a brief project/product description and purpose that can be used for promotional purposes. (100 word limit)**

**\* 9. Project Type**

**\* 10. Populations Served**

**\* 11. If you are chosen to receive an award, please provide the name of the project and the name of the firm that should be engraved on the award.**

Project Name

Firm Name

## High Resolution Project Images

If your project is selected to receive a Touchstone Award it will be included in the award video and other marketing material. These photos will not be given to the jury for award evaluation. Please upload four images that can be used for this purpose. Each file size is limited to 16MB. Only PDF, JPG, JPEG file types will be accepted.

### 1. Please upload 1 of 4 high resolution photo here

<input type="button" value="Choose File"/>	<input type="button" value="Choose File"/>	No file chosen
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### 2. Please upload 2 of 4 high resolution photo here

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### 3. Please upload 3 of 4 high resolution photo here

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### 4. Please upload 4 of 4 high resolution photo here

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### A Note About the Application Questions

For all of the application questions, applicants must provide specific examples that illustrate how each criteria was achieved. Generalized statements (e.g., “Project teams were engaged in EBD education” or “The team reviewed literature”) will not be sufficient for jury review. Jurors will not make assumptions or conjecture based on a firm’s or organization’s reputation, or prior knowledge of team members. Scoring is based solely upon information provided in your responses. Additionally, if teams utilized alternate approaches (e.g., Lean), applicants must describe clearly and specifically how the approach aligned with or was integrated with key steps of the EBD process.

**The jurors will only be given Sections 4 - 7 to base their scores on. Additionally, entries must be blinded; do not name any firms or organizations in your answers.**



## 2022 Touchstone Awards: Application

### COLLABORATE CATEGORY

Before completing the application, please download the application information packet to view the full list of scoring criteria before answering the questions. Note that any words or phrases in **blue** can be found in the glossary of the application information packet.

A project using an **EBD process** should create an **interdisciplinary project team** (A group of experts from multiple disciplines both within and outside of the healthcare system. This **core group** will envision, champion, organize, create, innovate, manage, monitor, and implement the EBD process for the project.) and ensure the involvement of key **stakeholders** (People who have a vested interest in the success or failure of the project. The success of the EBD process is to get their buy-in and input throughout the process to ensure that their needs and perspectives are considered.) throughout the project.

**\* 1. Describe WHEN your interdisciplinary project team was formed and HOW the team was educated about the EBD process throughout the lifecycle of the project (from the project's inception, design, construction, occupancy and post occupancy). Provide examples that illustrate what education was offered and how the team members were engaged on an ongoing basis. Also, if applicable, describe how EBD was integrated with the traditional design process or other approaches (e.g., Lean). (300 word limit)**

**\* 2. In addition to the core interdisciplinary team, what other stakeholders were involved in the project? Describe how these stakeholders were educated about the EBD process throughout the lifecycle of the project (from the project's inception, design, construction, occupancy and post occupancy). Provide examples that illustrate what education was offered and how the stakeholders were engaged on an ongoing basis. (300 word limit)**

**\* 3. Please upload and complete the Interdisciplinary Team & Roles and Stakeholders Chart. (Prior to upload, save the Excel document as a PDF)**

Choose File

Choose File

No file chosen

**\* 4. What was the vision for the project/product? Describe how the vision was developed, who was involved and when and how they were involved? (200 word limit)**

**\* 5. List the evidence-based design goals and objectives for the project. (*Step 1: Define evidence-based design goals and objectives*) (200 word limit)**

**\* 6. How did the project team use the vision and evidence-based design goals and objectives as guideposts throughout the lifecycle of the project? (300 word limit)**

## EVALUATE CATEGORY

The EBD process differs from the typical design process: Evidence is used to inform design decisions, and design strategies are evaluated and linked to measurable **outcomes**.

**\* 1. What were your **research questions**? (Developing a research question is an important step prior to searching for relevant evidence. A good research focus will make finding information easier and help the team to understand and organize the information.) (200 word limit)**

**\* 2. Where did you search for relevant evidence (e.g., online databases, Knowledge Repository, etc.)? (Step 2: Find sources for relevant evidence) (300 word limit)**

**\* 3. List some of the key sources (literature, key experts, webinars, conference presentations, pilot studies, etc.) that influenced the project (author name, title, publication source). (200 word limit)**

**\* 4. How did you document the sources and summarize the findings? (200 word limit)**

**\* 5. Describe how the team conducted a **critical evaluation** of the evidence. Discuss how your team determined **relevance**, **credibility**, **validity**, and **generalizability** of the evidence. (Step 3: Critically interpret relevant evidence) (300 word limit)**

**\* 6. Explain how your team used the credible and relevant evidence and its interpretation to inform, create, and innovate *design concepts* and strategies. (300 word limit)**

**\* 7. List some of the *design concepts* and strategies developed for this project. Provide specific examples that illustrate the link between the *design concepts* and strategies and the desired project goals and outcomes. (Step 4: Create and innovate evidence-based design concepts) (200 word limit)**

**\* 8. What were your *hypotheses*? (A hypotheses is an assumption made in order to draw out and test its logical empirical conclusions. Hypotheses are predictions logically derived from theoretical reasoning and can be tested through empirical research.) (Step 5: Develop a hypothesis) (200 word limit)**

**\* 9. List the specific *metrics* or types of data used to inform/evaluate this project/product. How was data collected? (Step 6: Collect baseline performance measures) (300 word limit)**

**\* 10. What was done to conduct an evaluation of the project/product to examine the outcomes? If a post-occupancy evaluation or research study was not done, please explain why. (Step 8: Measure post-occupancy performance results) (300 word limit)**

**\* 11. If a post-occupancy evaluation or design research was conducted, describe and summarize the research plan. (A research plan outlines all the details of a study. This plan will outline the research topic(s), the hypotheses, methodology and research design, metrics, data collection and analysis, budget and timeline.) If a research plan was not done, please indicate that it was not done. (Step 8: Measure post-occupancy performance results) (400 word limit)**

**\* 12. What were your preliminary and/or final findings and conclusions for your post-occupancy evaluation or design research? Be specific, sharing expected and unexpected or surprising findings, especially those which may change the direction of design decisions or refuted the hypothesis. If an evaluation was not conducted, please indicate that it was not done. (400 word limit)**

**13. Describe the business case that was used to document the return on investment for one design strategy/intervention. What was the design strategy and its intended outcome? What was the anticipated return on investment for this design strategy? Provide a clear and concise example. The example must include information that illustrates the first costs, the projected savings and the time to achieve the projected return on investment. (Optional) (300 word limit)**

**SHARE CATEGORY**

A project using an **EBD process** should share findings to advance the knowledge and accessibility of credible evidence for future projects to move the entire industry forward.

**\* 1. Describe how the EBD process and results were systematically documented and shared internally within the project team and externally outside of the project team during the design and delivery of the project. Provide the titles and dates of any presentations given within the design/vendor organization or the healthcare/long-term care organization. (300 word limit)**

**\* 2. Were the project/product results shared externally beyond the immediate firms/organizations? Provide the titles and dates of any blogs, white papers, webinars, magazine articles, conference presentations. (300 word limit)**

**\* 3. Describe how the project team demonstrated commitment to the legacy of the project. How were lessons learned shared and documented to inform future projects? Examples illustrate how lessons learned and outcomes were tracked and documented, e.g., database or other systematic capture of information through research reports, research repositories, etc. (300 word limit)**

**\* 4. Did the team share the application of the EBD process and the project/product results by publishing research reports, and/or articles in peer-reviewed publications? Provide citations. (300 word limit)**

**PROJECT IMAGES: OPTIONAL**

Below you have the option to upload up to eight images that illustrate how the project meets the criteria for Collaborate, Evaluate, and Share. Each upload should be referenced in responses in the application. Please use the name of the file when making references. **Please only upload one chart or image per upload. We will not accept multi page documents and/or PowerPoints. Uploads must be blinded and not include any identifying information.** Each file size is limited to 16MB. Only PDF, JPG, JPEG file types will be accepted.

**1. Attach a diagram, annotated diagram, sketch, concept model, photograph, or other graphic to illustrate the criteria for Collaborate, Evaluate, and Share. Include a descriptive name for the file.**

No file  
chosen

**2. Attach a second diagram, annotated diagram, sketch, concept model, photograph, or other graphic to illustrate the criteria for Collaborate, Evaluate, and Share. Include a descriptive name for the file.**

No file  
chosen

**3. Attach a third diagram, annotated diagram, sketch, concept model, photograph, or other graphic to illustrate the criteria for Collaborate, Evaluate, and Share. Include a descriptive name for the file.**

No file  
chosen

**4. Attach a fourth diagram, annotated diagram, sketch, concept model, photograph, or other graphic to illustrate the criteria for Collaborate, Evaluate, and Share. Include a descriptive name for the file.**

No file  
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**5. Attach a fifth diagram, annotated diagram, sketch, concept model, photograph, or other graphic to illustrate the criteria for Collaborate, Evaluate, and Share. Include a descriptive name for the file.**

Choose File

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No file  
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**6. Attach a sixth diagram, annotated diagram, sketch, concept model, photograph, or other graphic to illustrate the criteria for Collaborate, Evaluate, and Share. Include a descriptive name for the file.**

Choose File

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No file  
chosen

**7. Attach a seventh diagram, annotated diagram, sketch, concept model, photograph, or other graphic to illustrate the criteria for Collaborate, Evaluate, and Share. Include a descriptive name for the file.**

Choose File

Choose File

No file  
chosen

**8. Attach a eighth diagram, annotated diagram, sketch, concept model, photograph, or other graphic to illustrate the criteria for Collaborate, Evaluate, and Share. Include a descriptive name for the file.**

Choose File

Choose File

No file  
chosen

Photo Release Form

**1. Please upload the completed version of the Photo Release Form. (Only complete and upload if you included images in your application. The form can be found [here](#)).**

Choose File

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Thank you!

Thank you for participating. You will receive an email within a day confirming your application was received. You will be notified in August 2022 if your project received an Evidence-Based Design Touchstone Award.

Please contact 925-521-9404 or [jglaser@healthdesign.org](mailto:jglaser@healthdesign.org) with any questions.

#### 4. Jury

An expert review panel consisting of key industry stakeholders — Academics, Architects, Designers, Healthcare Executives, Planners, Facility Executives, Patient and Family Advisors, Researchers — has been engaged by The Center, who will manage the process and ensure blind entry judging. If any juror has participated in any of the submitted projects, he or she will not participate in judging for that project. In all cases, basic project information will be blinded from all jurors.

##### Jury Members

##### Teri Bennett, RN, CID, CHID, IIDA, EDAC, NIHD

Currently working in partnership with professional organizations, manufacturers, associations and advocacy groups to actively improve the quality of design in the built healthcare environment. Recently as senior interior designer in Johns Hopkins Health System, Facilities Architecture + Planning, I worked closely with internal facilities and clinical staff, project management teams, architectural consultants, on design and construction projects. My role included upholding Hopkins brand identity by thoughtful selection and specification of finishes and furnishings, maintaining comprehensive standard databases for products that could thrive in the rigorous healthcare environment, engaging in interdisciplinary collaboration with proven ability to multitask with understanding of interpersonal, political and archival factors. I had multiple opportunities to conduct real-world field tests to maximize performance-based selections of finish materials and furnishings. Concurrently worked as a registered nurse in intensive care and leadership positions, which proved invaluable in collaborating with our clinical staff to improve the Hopkins clinical environment.

##### Jeri Brittin, PhD, Assoc. AIA, Allied ASID, EDAC

Director of Research, HDR

Dr. Jeri Brittin leads an award-winning, transdisciplinary team of researchers whose mandate is, very simply, to make the world better for people through design. Before joining HDR, Jeri trained as a public health research scientist in the realm of social and behavioral health promotion, following on a design and business background of senior-level strategic and client service roles. Jeri believes that evidence-informed and resilient planning and design, as it defines and shapes our places and spaces, can and should be leveraged to achieve outcomes that matter to individuals, organizations, families, and communities. Jeri and her team work collaboratively with partners and clients to design and conduct rigorous and actionable studies across multiple sectors including healthcare, education, workplace, transportation and community design. The team is well-versed in research design, advanced statistical methods, qualitative and ethnographic research, as well as perspectives and approaches from systems science. Jeri conceives and conducts many types of research such as consumer studies, needs and readiness assessments, evaluations of the impacts of designed interventions on

human outcomes, and evidence synthesis on wide-ranging topics relevant to her clients' goals. Jeri also routinely applies research-derived knowledge to visioning and strategic planning recommendations. Outside of work, Jeri serves on the AIA Design and Health Leadership Group, the Fitwel Advisory, and The Wellbeing Partners Board of Directors, among others. She also enjoys serving periodically as an evidence-based design coach for The Center for Health Design.

Margaret Calkins, PhD, EDAC, FGSA

Board Chair, IDEAS Institute

Dr. Calkins is nationally recognized as a creative, dynamic leader, trainer and researcher in the field of environments for elders. She is Board Chair of IDEAS Institute, an independent research institute dedicated to exploring the therapeutic potential of the environment--social and organizational as well as physical--particularly as it relates to frail and impaired older adults. She is a highly sought after speaker for conferences in the US and abroad. She has published extensively and received over \$6m in grant funding from the National Institutes of Health and foundations to develop training resources and explore the impact of the environment on people with dementia. She has served on numerous board, both local and national, including the Pioneer Network, and the Cleveland Chapter of the Alzheimer's Association and has partnered with The Green House® Replication Project and Planetree.

Barbara Dellinger, MA, AAHID, IIDA, CID, EDAC, NCIDQ

Director of Design and Research, Adventist Healthcare

Barbara Dellinger is Director of Design and Research at Adventist Healthcare (AHC), in a multi-hospital system, located in Rockville, MD. In this new and important position at AHC, Barbara oversees matters related to interior design with regard to space planning, finishes, furniture, art, wayfinding and signage and lighting, using evidence-based design research and best practices as the guiding tool. Prior to joining AHC, she spent 10 years at HDR Architects in Alexandria, VA as Director in Healthcare Interior Design, East Coast. She led the implementation of the DOD's World Class/Evidence-based Design checklist on several large military projects, including the Ft. Belvoir Community Hospital in Northern VA and Walter Reed National Military Medical Center in Bethesda, MD. She is on the Center's EDAC Advisory Board, and the Research Coalition. She recently participated in the development of a monograph/white paper for ASHE entitled "HCAHPS Scores, the Patient Experience and the Affordable Care Act from the Facility Perspective."

Byron Edwards, AIA, ACHA, EDAC, LEED AP

Professor of Practice, Clemson University

Byron Edwards is a Professor of Practice in Clemson University's Architecture + Health Graduate Studies Studio. A 1980 alumni of the A+H program, he has over 35 years of experience in Healthcare Facilities planning and design. He is Owner/Principal of BE THREE LLC, an Architectural Design and Consulting Firm where he continues to practice healthcare programming, planning, and design. Byron is a current and founding committee member of the AIA/AHA South Atlantic Regional Healthcare Chautauqua, and a founding member and current Chair of the American Institute of Architect's Academy of Architecture for Health's Research Initiatives Committee. He is also a current member of the Research Coalition and the Advisory Subcommittee for the Knowledge Repository Key Point Summaries.

Kara Freihoefer, PhD, EDAC

Research Specialist, HGA Architects

Kara Freihoefer is a design researcher at HGA Architects and Engineers specializing in evidenced-based design, user experience, and human interaction with the built environment. Her experience as a practicing interior designer combined with her graduate education focus on design research provides a unique and diverse background linking design + research. Kara is part of the Research Collaborative team at HGA where she helps spearhead healthcare research initiatives. Kara has received her PhD degree in design research from the University of Minnesota.

Christina Grimes, AIA, LEED AP BD+C, EDAC

Senior Associate, Senior Project Healthcare Planner, Ballinger

Christina Grimes has been working in the healthcare design field since 2006, and brings to each project a passion for improving the environment for patients by building on her EDAC accreditation, and searching to deliver empathetically designed spaces. She was named a winner of the 2017 HDC 10, an annual awards program organized by Healthcare Design magazine honoring contributions to the healthcare industry. She received the "Team MVP" Award for her contribution to the firm's work for Reading Health System.

Covering pediatrics, emergency medicine, procedural spaces, in-patient units, and many ambulatory care specialties, Christina has led projects across the spectrum of the healthcare industry. Each project has been grounded in an evidence-based approach to build consensus and places for clinicians to do their best work as she skillfully leads user groups and design teams in order to translate research, user requests, best practice, and impeccable design into spaces for health.

Christina strives to improve not only the projects produced from her office, but also to produce evidence to further the design of healthcare environments. She speaks at international conferences, serves as an adjunct faculty member at Drexel University, Antoinette Westphal College of Media Arts and Design, Graduate Department of Architecture and Interiors, and contributes to the knowledge base through articles such as the 2015 and 2017 issues of the AIA Academy of Architecture for Health (AAH).

D. Kirk Hamilton, PhD, FAIA, FACHA, EDAC

Professor of Architecture and Associate Director, Center for Health Systems & Design at Texas A&M University

D. Kirk Hamilton is a professor of architecture and associate director of the Center for Health Systems & Design at Texas A&M University. The focus of his academic research is the relationship of evidence-based health facility design to measurable organizational performance. Dr. Hamilton is a board-certified healthcare architect and a founding principal emeritus of WHR Architects, with 30 years of active practice. He is a past president of the American College of Healthcare Architects and the AIA Academy of Architecture for Health. He served on the board of The Center for Health Design and is co-editor of the interdisciplinary, peer-reviewed *Health Environments Research & Design Journal* (HERD).

Pamela Jones, RN, MSN, MS, FACHE, EDAC

Clinical Liaison, Page

With more than 30 years of experience in clinical and administrative healthcare roles, Page Clinical Liaison Pamela Jones understands design and healthcare. Trained as a nurse, she brings expertise in planning, design and construction of healthcare facilities—from acute care, long-term acute care, rehabilitation and trauma to clinics dedicated to wellness programs—as well as a fundamental understanding of supportive, efficient and safe patient care to all of her projects. Pamela is a great translator for design thinking and has managed engagements for master facility campus planning and programming.

Anjali Joseph, Ph.D., EDAC

Associate Professor and Endowed Chair, Architecture + Health Design and Research, Clemson University

As the Spartanburg Regional Health System Endowed Chair in Architecture + Health Design and Director of the Center for Health Facilities Design and Testing at Clemson University, Dr. Anjali Joseph is focused on using simulation and prototyping methods to research and test effectiveness of promising design solutions that may impact patient safety in high stress healthcare environments. She has focused her research on multidisciplinary approaches to improving patient safety in healthcare through the development of tools and built environment solutions. She is currently leading a multidisciplinary AHRQ funded project to develop a learning lab focused on improving

patient safety in the operating room. She led the research activities at The Center for Health Design before joining Clemson. Here, she served as principal investigator on several grants from different organizations such as Robert Wood Johnson Foundation, the Agency for Healthcare Research and Quality, U.S. Green Building Council and the Kresge Foundation. Anjali's work has been published in many academic journals and magazines. She frequently peer reviews articles for journals.

#### John Kouletsis, AIA, EDAC

Healthcare Facilities Planning and Design

John Kouletsis, a prominent healthcare planning and design expert, was, prior to his retirement, the Vice President, Planning and Design, National Facilities Services at Kaiser Permanente. For 24 years John served as Kaiser Permanente's "chief architect" and managed a staff of 30 healthcare planners, designers, operations experts, and clinicians. John was responsible for assuring that all Kaiser Permanente hospitals and medical offices across the country were built and maintained with a consistent level of quality, innovation and affordability. In collaboration with hundreds of frontline health care professionals, planners, architects, and others, John created guidelines that established Kaiser Permanente as one of the earliest and foremost proponents of both evidence-based design and safety-by-design.

#### Helen Lanes

Principal and Interior Design Director for Waldon Studio Architects

Principal and Interior Design Director for Waldon Studio Architects, with over 25 years of experience exclusively in healthcare design in the Mid-Atlantic region. Her vast healthcare experience includes 6 yrs as the Interior Design Manager for Inova Health System focusing on branding, developing and implementing design standards and design oversight for all of Inova's Operating Units. For the complex building types and user groups she regularly seeks out best strategies for maximizing patient, visitor and staff experience integrating evidence-based design principles into design.

Helen has authored several articles on design process and has spoken on design strategies for supporting the Patient Experience as well as the aging population. She is deeply committed to improving the quality experience of the physical infrastructure of healthcare organizations.

#### Greg Mare, AIA, EDAC

Vice President, Director of Healthcare Design, AECOM

As Director of AECOM's national healthcare practice for the Americas, Greg Mare oversees a multi-disciplined staff that collaborates and challenges each other to rethink every detail of every project, to optimize outcomes. Greg has four decades of

experience as an innovator and expert in healthcare planning and design. He is an industry leader in patient experience development, evidence-based design process and health/wellness environments. He is also a well-known and highly respected public speaker on healthcare design issues including patient quality/safety, operational efficiency, standardization/flexibility and pediatric environments. Greg is a member of The Center for Health Design's EDAC Advisory Council and has been named one of 'Twenty Who Are Making a Difference', published in Healthcare Design Magazine.

Upali Nanda, PhD, Assoc. AIA, EDAC

Associate Principal and Director of Research, HKS Inc.

Dr. Upali Nanda is the Associate Principal and Director of Research at HKS Inc., a global architectural firm. Her research ranging from visual art and neuro-architecture, to safety, efficiency and hard ROI studies, has resulted in numerous publications and presentations, including peer reviewed journals such as Environment and Behavior,

Journal of Emergency Medicine, Health Environments Research and Design Journal, and Intelligent Buildings Design Journal. Her research has also been featured in articles in the WSJ, and Harvard Business Journal. Her work focuses on human perception, health and wellbeing; and the measurable impact, and immeasurable value, of design for humans and organizations. Her doctoral work on "Sensthetics" has been published as a book available on Amazon. In 2015 she was recognized as the top 10 most influential people in Healthcare Design for research, by the Healthcare Design Magazine.

Jo McWilliams, EDAC

Regional Healthcare Consultant, Steelcase Health

As a Steelcase Health representative Jo understands the importance of the built environment to an organizations' goals. She is passionate about User Centered and Evidence Based design. Jo has EDAC certification and is active in introducing the EBD process and conducting EDAC study sessions.

She partners with organizations, designers and architects to share research and solutions that support their efforts to attain organizational objectives. Steelcase aspires, to help organizations create spaces that can improve engagement, enhance wellbeing and foster innovation. She attended Colorado State University and resides in Denver, CO with her husband and daughters.

Kati Peditto, PhD, EDAC, WELL AP

Environmental Psychologist and Researcher, HDR

Kati Peditto, PhD, EDAC is an environmental psychologist and researcher at HDR. She received her PhD in Human Behavior and Design from Cornell University and completed postdoctoral training in the Dept. of Design and Environmental Analysis. Her research focuses on providing equitable health environments for adolescents and young adults, ranging from pediatric cancer facilities to college health centers. She is the recipient of the 2018 New Investigator Award from The Center for Health Design, and a 2018 AIA-AAH Tuttle Fellow in Health Facility Planning and Design.

Fernanda Pires, EDAC, Green Belt Certified for Facilities Design

Senior Healthcare Planner, Ballinger

Fernanda Pires is a healthcare planner with over 25 years of experience in healthcare design who is EDAC and Green Belt Lean Certified for Facility Design.

As a Senior Healthcare Planner, Fernanda's passion lies in listening to and learning from her clients' experiences to create innovative and beautiful spaces which facilitate process and flow in response to each unique client's culture. Fernanda believes Evidence-Based Design, Research and Lean complement each other in identifying challenges in current processes and providing clear and easy-to-use tools to address them. Used together, these strategies promote staff engagement resulting in the buy-in necessary in healthcare facilities design. Lean allows staff to fully understand the delivery process and have ownership of the changes necessary to improve it.

What excites Fernanda most about Evidence-Based Design is the knowledge that research is not to be used as a prescription, but as a catalyst for innovation that meets each client's vision while providing tools to measure results and inform new, innovative solutions. Improved patient and staff satisfaction and outcomes are a natural result. Fernanda believes in projects where team members each have a voice and work in a collaborative manner. In her role, she is challenged to look at the project from a high level to the small details, bridging the gap between consultants, designers and contractors while always focusing on the client's vision. She also believes in having fun in the process.

Xiaobo Quan, PhD, EDAC

Researcher and Designer - Health and Healthcare Environments

Dr. Xiaobo Quan is a researcher and designer specialized in health and healthcare environments, with more than twenty-five years of experience in both academia and industry. Dr. Quan leads multidisciplinary collaborative efforts in using rigorous empirical research methods to examine the impact of the built environment on human behaviors and health outcomes, evaluating design innovations, and creating tools and other resources for applying research-based knowledge in design optimization. He engages with healthcare providers, design firms, and other organizations in the continuous improvement of health environment through design and evaluation and in the education

of current and future practitioners. He presents at national and international venues and has published in peer-reviewed journals about healthcare design.

Dr. Quan is former director of the Center for Health Research & Design at the Sam Fox School of Design and Visual Arts, Washington University in St. Louis. Previously, Dr. Quan was a senior researcher at the Center for Health Design and Karlsberger Companies in Columbus, OH. He is also an experienced architect with years of professional design work. He holds a doctoral degree in architecture and a Certificate in Health Systems & Design from Texas A&M University. He earned a master's degree and a bachelor's degree in architecture from Southeast University in Nanjing, China. He worked as an architect at East China Architectural Design & Research Institute and Shanghai Xian Dai Architectural Design Group in Shanghai, China.

Avein Saaty-Tafoya, EDAC

Principal, AST Consulting

Avein Saaty-Tafoya, the 2014 Changemaker Award recipient, is an inspirational leader with 32 years of healthcare experience providing leadership and advocating for healthcare equity in primary care, hospitals, health plans, public and community health. As an artist and humanitarian, her mission is to improve the health of the underserved through patient experience and by addressing the social determinants of health.

While President & CEO of Adelante Healthcare for over 13 years, a Federally Qualified Community Health Center in the Greater Phoenix area, she completed several Pebble ambulatory projects including the first LEED Platinum community health center in the nation in Mesa, AZ in 2012. She became EDAC certified and co-chaired the Center for Health Design's Research Coalition and now serves on the Center's Board of Directors. With her consultancy, she is actively working with health systems to advance the impact of evidence-based design and the patient experience across the country.

Alberto Salvatore, AIA, NCARB, EDAC

Associate Principal, Harley Ellis Devereaux

Alberto Salvatore is an Associate Principal at Harley Ellis Devereaux. He has 40 years of experience in all phases of healthcare design. He has successfully led teams nationally and internationally on health care projects large and small. His participation on the Healthcare Guidelines Review Committee for the Facilities Guidelines Institute led to the incorporation of his definition of the Environment of Care in the 2006 guidelines. Alberto was a key participant in defining the base knowledge for Evidence Based Design. He participated in the development of the original EDAC Examination, and continues to participate in its continuous improvement. He sits on the EDAC Advisory Council and Environmental Standards Council for The Center for Health Design.

Kristine K.S. White, RN, BSN, MBA  
Co-Founder, Aefina Partners LLC

Kristine White, MBA, RN is the Co-founder of Aefina Partners, an organization committed to healthcare transformation through thriving partnerships among healthcare leaders, physicians, team members, patients, and families. She is faculty at the Institute for Healthcare Improvement; and has served on the designation committee for Planetree, multiple community boards and quality/safety board committees.

Her roots are clinical, from the bedside to community based care; a variety of progressive leadership roles, to a system executive in a large, rapidly growing health system that includes 13 hospitals and a large hospital network, a large and rapidly expanding medical group and a large insurer. Within that system, she had both operational and strategic responsibilities. She lead large-scale system transformation in consumer engagement strategies and as well as in innovation, serving as president of the innovation subsidiary.

In her work, Kris understands that a cross-continuum focus is a must, acknowledging and developing new leadership competencies are required, and ensuring that true impact is measured. Human centered co-design thinking underlies every aspect of her work with a constant check of “what matters and why does it matter”. Kris’ approach recognizes and respects strengths, the contributions and successes of the past, is committed to creating healthy environments for all, while effectively aligning organizations and teams towards a comprehensive plan for the future. She excels in setting a vision, engaging and coaching leaders, physicians and staff at all levels within complex systems and achieving significant outcomes.

Terri Zborowsky, Ph.D., EDAC  
Research Specialist, HGA

Terri Zborowsky, PhD, EDAC, is an Evidence-based Design Researcher at HGA, where she focuses on the intersection of user experience and human interaction within healthcare environments. She began her career as a registered nurse before completing a PhD in Interior Design. Zborowsky combines her first-hand experience of patient and caregiver needs with architectural concepts to develop exceptional spaces. She frequently presents her design and research studies at academic medical and healthcare conferences, and has been published in HERD and other leading industry design journals. She has a Doctor of Philosophy in Interior Design from the University of Minnesota.

Frank Zilm, D.Arch., FAIA, FACHA

Chester Dean Director of the KU Institute for Health + Wellness Design, University of Kansas School of Architecture, Design, and Planning

Frank Zilm brings over thirty years of experience in the planning and programming of healthcare facilities throughout the United States, unique analytical skills, and research experience to address contemporary health care needs. His experience includes working within hospital administrations, with major architectural firms, and for the past twenty years as a planning consulting. His graduate education focused on health facilities planning and design, with a doctoral dissertation at the University of Michigan on "The Effectiveness of Computer Modeling in the Planning of Medical Centers." Frank has completed master planning, programming, and design studies for major medical center including M.D. Anderson, The Cleveland Clinic, The University of Cincinnati, Children's Hospitals and Clinic, University Medical Center at Princeton, and community hospitals throughout the US.

## **5. Application Resubmission**

If an application does not receive an award, the applicant has up to 12 months from the original submission date to provide additional responses to the questions and can resubmit the application for the following year's award.

## **6. Award Announcements**

Projects/products that are awarded an EBD Touchstone Award will be recognized at the annual Healthcare Design Expo & Conference.

## **7. Timeline**

### **2022 Timeline**

#### **February 2022**

Application Opens

#### **May 2, 2022**

Application Closes: Submissions received by this date will be reviewed by jurors.

#### **June 6, 2022**

The Center completes vetting for all applications. Approved applications will be forwarded to the jury for review.

#### **June 24, 2022**

Jurors review applications and request clarifying questions of applicants

#### **July 5, 2022**

Responses to clarifying questions sent to jurors for final scoring.

#### **July 22, 2022**

Jurors complete their review for all applications.

#### **August 5, 2022**

The Center completes aggregation of jury scores and makes final award determination.

#### **August 15, 2022**

Applicants are informed of the final results.

#### **October 8-11, 2022**

Recipients will be celebrated at the 2022 Healthcare Design Expo & Conference.

## 8. Frequently Asked Questions

*What is the cost to submit an application for the award?*

\$1,199

*Can I submit multiple projects for one submission application payment?*

No, each project submitted requires its own submission application payment.

*When is the upcoming deadline for submission?*

May 2, 2022.

*Can I save the application submission and come back to make modifications?*

Survey Monkey (the application host site) does not allow you to save an application. It is recommended that you prepare your answers in advance of starting the application.

*Is there a limit to how far back a project was built to submit for an award?*

No, as long as a project was built using the evidence-based design process we welcome its submission.

*We want to submit a project for either the Silver or the Gold award. Can we resubmit again in the future to obtain the Platinum award?*

Yes, we encourage you to submit the same project in future years to demonstrate the highest Award achievement.

*Who gets the award, the project team or the healthcare organization?*

It is the project itself that is given the EBD Touchstone Award. We will ask a representative from the project team to accept this award.

## 9. Glossary of Terms

### *Business Case*

To make an informed decision, the business case evaluates facilities costs (first, multi-year, lifecycle), business costs and revenue (operational improvements and cost savings, endowments, market share changes), and payback period.

### *Credibility (of Evidence)*

The believable and convincing study of a subject or topic to discover new information and understanding through reliable and defensible sources.

### *Critical Evaluation*

In order to critically evaluate the evidence, the following information should be considered:

- Date: What is the publication date of the piece of evidence being evaluated? Is the timing relevant to the project?
- Location: Where was the study conducted? Does the location of the study affect the application of outcomes to the project at hand?
- Scope of work: Are the methodologies and findings sound? Was the method performed appropriate for the hypothesis of the work?
- Source: Where is the evidence coming from? Is the author or publisher a reliable source? Has he or she been cited elsewhere? Has the work been peer-reviewed? If the information is from a publishing house, is it still in business? Does the publishing house have a reliable reputation? Is contact information readily available and verifiable?
- Internet address: What is the origin of the site? Are the domain names and country codes recognizable?

### *Design Concepts*

Design concepts are developed after the team has developed design guidelines. Design concepts should be suited to the project's needs and be distilled from the relevant evidence.

### *Development (of team members and stakeholders)*

Development is learning through a variety of formats including formal coursework, design sessions or meetings, training, conferences, and informal learning opportunities situated in practice. Development has been described as an intensive and collaborative form of education.

### *Engagement*

It is important to be clear about who is engaged, when they are engaged, and what they are doing for how long throughout the lifecycle of the project.

### *Evidence-Based Design*

The process of basing decisions about the built environment on credible research to achieve the best possible outcomes.

### *Evidence-Based Design Process Steps*

1. Define evidence-based goals and objectives
2. Find sources for relevant evidence
3. Critically interpret relevant evidence

4. Create and innovate evidence-based design concepts
5. Develop a hypothesis
6. Collect baseline performance measures
7. Monitor implementation of design and construction
8. Measure post-occupancy performance results

### *Generalizability*

Also referred to as external validity and is the degree to which conclusions in the study would hold for other persons in other places and at other times.

### *Hypothesis*

An assumption made in order to draw out and test its logical or empirical conclusions.

### *Interdisciplinary Project Team*

A group of experts from multiple disciplines both within and outside of the healthcare system. This core group will envision, champion, organize, create, innovate, manage, monitor, and implement the EBD process for the project.

### *Literature Review*

A comprehensive survey of available information related to a particular line of research.

### *Metrics*

Types of data collected. This data may already exist (these are measurements routinely collected for quality control purposes, including healthcare-associated infection rates, patient/resident and staff satisfaction, patient length of stay, etc.), it may be new (measurements not routinely collected), it may include environmental measurements, and/or be qualitative data.

### *Outcomes*

Health-related outcomes include patient outcomes (e.g., clinical outcomes such as mortality, morbidity, and infection rates), patient and caregiver satisfaction, quality of life, and financial outcomes (e.g., cost-effectiveness).

### *Peer-Reviewed Publication*

A scholarly periodical that requires each article submitted for publication be reviewed by an independent panel of experts.

### *Relevance*

The relevance of evidence to a project is based on a variety of factors, including the research date, location, scope of work, and source. (See *critical evaluation* above.)

### *Research Plan*

A plan which outlines all the details of a study. This plan will outline the research topic(s), the hypotheses, methodology and research design, metrics, data collection and analysis, budget and timeline. The plan systematically organizes thoughts and ideas and outlines activities before time, money, and efforts are invested.

### *Research Question*

Developing a research question is an important step prior to searching for relevant evidence. A good research focus will make finding information easier and help the team to understand and organize the information.

### *Return on Investment (ROI)*

The return ratio that compares the net benefit of a project versus its total cost.

### *Stakeholders*

People who have a vested interest in the success or failure of the project. The success of the EBD process is to get their buy-in and input throughout the process to ensure that their needs and perspectives are considered.

### *Validity*

The extent to which a measurement tool measures what it is supposed to measure.

## **10. References**

The Center for Health Design (2015). *An introduction to evidence-based design: Exploring healthcare and design* (3rd ed.). Concord, CA: The Center for Health Design.

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