



Evidence-Based Design

Touchstone Awards

Application Information

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 when they demonstrate a base of knowledge about the evidence-based design process by passing the EDAC examination. With over 2,300 certified individuals, The Center is now recognizing design projects that were created utilizing an evidence-based design process.

This award is the next step in the EBD progression. EBD Touchstone Awards recognize the use of an evidence-based design process in the pursuit of increasing value, improving outcomes, and engagement of stakeholders. Awards are given to projects that show exemplary achievement across three touchstones of the EBD process: Collaboration, Evaluation, and Sharing. In November of 2017, awards were given to seven projects.

The awards support and illustrate the value of broad stakeholder engagement, recognize individuals and teams for their review of evidence linked to their design decisions, encourage the evaluation of results and research to answer a question, and promote sharing of these results. In addition, the criteria and application form serve as a documentation tool for the EBD process; a template that can be used by teams to track key information, progress, and achievements along the way - submitting for an award when complete.

The Center for Health Design's primary goal is to reward and recognize projects for the application and advancement of the evidence-based design process. While other approaches to design (e.g. Lean) can be complementary to the EBD process, recipients of this award must demonstrate a clear use of the EBD process and specifically demonstrate key aspects of the project unique to EBD.

Application Recommendations

- Applicants must demonstrate a clear use of the EBD process recognition and specifically demonstrate key aspects of the project unique to EBD.
- 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 regarding specific examples of EBD intent, use, and outcomes. Ideally, the application will be completed in the spirit of the award: collaboratively by all members from all 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 question 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, but if used, must include specific examples.
- The word “healthcare” will be referenced many times throughout this guide. Healthcare is intended to encompass long-term care, residential care, ambulatory care, or any other space where care is delivered.

Award Criteria & Recognition

Using a detailed evaluation matrix created by The Center and based on more than two decades of work and collaboration across the health design community, submissions will be judged based upon their success in achieving identified 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 research was found, evaluated, and applied to link design to outcomes and measurement of results.

Share: Submissions must demonstrate how the EBD process was applied and how the knowledge gained was disseminated, captured, and has the potential for application to future projects.

Awards are given in three levels: Silver, Gold, and Platinum, based upon successful achievement of the majority of 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). For this reason, a Platinum Award demonstrates the highest EBD process achievement that also contributes knowledge to the industry and future projects.

Projects that are solely conceptual, and 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

Detailed List of Criteria

Each category of the EBD Touchstone Awards (Collaborate, Evaluate, and Share) is connected to specific criteria (see Figure B).

Figure B. Criteria

Platinum (highest) 	<i>Silver and Gold plus:</i> <ul style="list-style-type: none"> Exemplary participation from patients, staff, and other user group representatives throughout the entire process. Exhibit contributions and commitment from all project teams and stakeholders throughout project lifecycle and in future projects. 	<i>Silver and Gold plus:</i> <ul style="list-style-type: none"> Using your business case, evaluate the ROI for EBD strategies Conduct a research study by measuring outcomes of value using valid and reliable methods and tools In-depth analysis of prioritized outcome data to inform future design decisions (i.e. rigorous evaluation) 	<i>Silver and Gold plus:</i> <ul style="list-style-type: none"> Publish in a peer-reviewed journal Demonstrate systematic capture of lessons learned and research results (i.e. project legacy) Demonstrate application of lessons learned and research findings in future projects
Gold 	<i>Silver plus:</i> <ul style="list-style-type: none"> Demonstrate contributions from the interdisciplinary team during inception and all phases of the project. Demonstrate participation from stakeholders and other user-group representatives (e.g. patients, families, staff, and others) during inception and design phases. 	<i>Silver plus:</i> <ul style="list-style-type: none"> Complete preliminary research plan. Implement research plan. 	<i>Silver plus:</i> <ul style="list-style-type: none"> Present the project team's application of an EBD process, goals, and expected outcomes in a formal presentation or publication
Silver (lowest) 	<ul style="list-style-type: none"> Engage an interdisciplinary project team. Intentional engagement of stakeholders. Engage project teams and stakeholders in EBD education and development. Commit to apply the evidence-based design process. Develop vision, goals, and objectives for the project. 	<ul style="list-style-type: none"> Develop and document a business case. Create research question(s). Search for sources of relevant evidence. Review and critically interpret evidence sources. Document EBD concepts and strategies. Create research hypothesis(es). Determine metrics to be collected. Initial evaluation of baseline data. 	<ul style="list-style-type: none"> Communicate understanding, value, and use of EBD process during the design and delivery of a project Small-scale presentation of the EBD process, vision, goals, and expected outcomes of the project Share the EBD process through an informal publication
	Collaborate (Engagement, Development, Participation)	Evaluate (Research, Hypothesis, Analyze, Understand)	Share (Disseminate, Apply)

Additionally, each criteria is associated with specific questions found on the application. These are the questions jurors will review to determine if your project meets the associated criteria.

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.

Scoring Rubric

Below you will find criteria for Collaborate, Evaluate, and Share. Each criteria is associated with specific statements that teams must demonstrate in the application in order for jurors to score the criteria as fully achieved. Note that each criteria is associated with one or more of the application questions. Please review this rubric and be sure your application responses support each criteria.

EBD Touchstone Award Rubric

Note that any words or phrases in *blue* can be found in the glossary.

COLLABORATE

Criteria	Level of Achievement Applicant must show specific examples that illustrate each criteria – general statements are not sufficient.		Related Application Questions	Score
Engage interdisciplinary project team. At the initial conception of the project, a core interdisciplinary project team should be created early in the planning process. The team should be comprised of individuals who can provide information related to the vision, goals, and objectives – and provide valuable insights. Depending on the project, they can include but are not limited to: members from construction management, facilities, senior administrators, medical directors, clinical planners, clinicians, support staff, and patient/resident and family groups.	s i l v e r	Responses demonstrate that an interdisciplinary project team was engaged in the process.	25, 26, 27	<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	g o l d	Responses demonstrate that an interdisciplinary project team was engaged during inception and design phases of the project. Team should include members from all levels of the organization, including executive leadership and include examples of expert and user engagement. Construction manager should be involved in planning phases.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	p l a t i n u m	Responses demonstrate that an interdisciplinary project team was engaged throughout the project. Team included members from all levels of the organization, including executive leadership and includes examples of a high level of expert and user engagement. Indication that construction manager was involved in planning phases.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
Demonstrate intentional engagement of stakeholders in EBD process. Involving stakeholders in the EBD process can help ensure that design strategies align with the project's vision, goals, and objectives and all stakeholder needs and	s i l v e r	Responses demonstrate that stakeholders were intentionally engaged in the EBD process.	26, 28	<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	g o l d	Responses include examples of participation from stakeholders and other user-group representatives (e.g. patients/residents, families, staff, and others) during inception and design phases.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved

<p>perspectives are considered. Depending on the project, they can include but are not limited to: board of trustees and leadership, researchers and designers, vendors/supplies, patients/residents, caregivers/family/visitors, staff, community partners, community organizations, and donors. Applicants must clearly demonstrate stakeholder engagement in the EBD process.</p>	<p>p l a t i n u m</p>	<p>Responses include examples of participation from stakeholders and other user-group representatives (e.g. patients/residents, families, staff, and others) throughout the entire process. Examples at this level include participation of end-users in research planning, focus groups, mock-ups, decision-making, testing, and dissemination.</p>		<p><input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved</p>
<p>Demonstrate EBD education and development of the interdisciplinary project team and stakeholders. As part of the EBD process, it is essential that the interdisciplinary project team and stakeholders understand the purpose and value of EBD. Roles and responsibilities must be clearly articulated from the outset of the project, with clear distinction as to how this may differ from their previous experience in a typical design process. EBD resources and opportunities for engaged discussion about using and applying evidence can help support this education process and ensure a collaborative approach to continued learning.</p>	<p>s i l v e r</p>	<p>Responses include examples of how the interdisciplinary project team and stakeholders were engaged in EBD education and development (i.e. how members became knowledgeable about EBD in terms of purpose, value, and how EBD was integrated with the traditional design process and other approaches, such as Lean).</p>	<p>26, 27, 28, 29</p>	<p><input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved</p>
	<p>g o l d</p>	<p>Responses include examples of how the interdisciplinary project team and stakeholders were engaged in EBD education and development during inception and design phases.</p>		<p><input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved</p>
	<p>p l a t i n u m</p>	<p>Responses include examples of how the interdisciplinary project team and stakeholders were engaged in EBD education and development throughout the entire process and lifecycle of the project.</p>		<p><input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved</p>
<p>Demonstrate commitment to the EBD process. Develop vision, goals, and objectives to align design strategies with measurable outcomes. All</p>	<p>s i l v e r</p>	<p>Responses demonstrate specific contributions and commitment from interdisciplinary project team members. Applicant demonstrates how the vision, goals, and objectives were determined, who created them, and how these were considered in terms of measurable outcomes.</p>	<p>29, 30, 31, 32</p>	<p><input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved</p>

<p>interdisciplinary project team members and stakeholders participate in the creation of a vision that articulates the intention, direction, goals and objectives for the project. Additionally, the vision specifies commitment to using an EBD process and should include desired outcomes that guide the team throughout the project. The visioning process should identify and recognize the challenges and trends the organization is addressing and articulate the project goals in terms of measurable projected and desired outcomes.</p>	g o l d	Responses demonstrate specific contributions and commitment from all interdisciplinary project team members and stakeholders throughout project lifecycle. Applicant demonstrates how vision, goals, and objectives were determined, and how these were tied to measurable outcomes.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	p l a t i n u m	Responses demonstrate specific contributions and commitment from all interdisciplinary project team members and stakeholders throughout project lifecycle <i>and in future projects</i> . Applicant demonstrates how vision, goals, and objectives were determined, and how these informed evaluation of measurable outcomes. Includes examples of buy-in (investment, contributions) from multiple stakeholders in EBD process. Includes examples of commitment to preservation and monitoring of implementation of EBD vision, creating contingency plans for project team member turnover, even at a leadership level. Demonstrates formal acknowledgement from all teams of their stake in the outcomes through investment of time, money, effort, and reputation. Evidence of commitment in the "legacy" of the EBD project (e.g. lessons learned are documented and systematically applied to existing project to inform future projects).		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved

EVALUATE

<p>Define the goals and objective(s). The process of EBD begins with identifying key overall goals and objectives. It is the role of the interdisciplinary project team to determine how these goals will be achieved</p>	s i l v e r	Responses list goals and objectives that show a clear link between design and measurable outcomes.	33	<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	g o l d	Responses list goals and objectives that show a clear link between design and measurable outcomes.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved

through design strategies.	p l a t i n u m	Responses list goals and objectives that show a clear link between design and measurable outcomes.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
Document the research question(s). Research questions ask how design strategies relate directly to measurable outcomes . Developing research question(s) amid design and healthcare/long-term care challenges (or trends) is an important step prior to searching for relevant evidence and critically interpreting evidence. Jan Stichler states (2008b), "The process of evidence-based design begins with asking the right questions about design features and their relationship to specific outcomes...to narrow the focus of inquiry." (pg. 47)	s i l v e r	Responses list research questions and demonstrate that research questions are developed early in the planning process and are formulated based on challenges, goals and objectives. Research questions are used to inform search for relevant evidence.	34	<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	g o l d	Responses list research questions and demonstrate that research questions are developed early in the planning process and are formulated based on challenges, goals and objectives. Research questions are used to inform search for relevant evidence.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	p l a t i n u m	Responses list research questions and demonstrate that research questions are developed early in the planning process and are formulated based on challenges, goals and objectives. Research questions are used to inform search for relevant evidence.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
Describe the search for sources of relevant evidence. A review of literature and other forms of relevant evidence is an integral step prior to the formation of design conceptualization and hypothesis formation. A literature review requires knowledge about how to use online databases as well as an understanding about creating searches, organizing information, evaluation of evidence, citing sources, and distilling the information into a meaningful information repository. There are a variety of	s i l v e r	Responses demonstrate a search for relevant sources of evidence from a variety of sources.	35, 36	<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	g o l d	Responses demonstrate a search for relevant sources of evidence from a variety of sources. Search is used iteratively to inform research question(s), hypothesis, and evaluation plan.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	p l a t i n u m	Responses demonstrate an in-depth systematic search for relevant sources of evidence from a variety of sources. Search is used iteratively to inform research question(s), hypothesis, and research plan. Application response summarizes key components of search methodology and findings.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved

evidence source types (i.e. peer-reviewed research publications, expert opinion, conference proceedings, observation and site analysis, historical data).				
Describe the review and critical interpretation of evidence sources that were used. Critical evaluation is used to inform design strategies based on goals and objectives. The relevance , credibility , validity and generalizability of evidence is based on a variety of factors: date, location, scope of work, source, rigor, etc.	s i l v e r	Responses demonstrate a critical evaluation of the evidence. Examples show how evidence was interpreted to inform specific design strategies based on goals and objectives.	37, 38	<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	g o l d	Responses demonstrate a critical evaluation of the evidence, including consideration of relevance and credibility. Includes examples that illustrate how evidence was used to inform specific design strategies based on goals and objectives.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	p l a t i n u m	Responses demonstrate a critical evaluation of the evidence, including consideration of relevance and credibility. Includes examples that illustrate how evidence was used strategically to identify gaps in current knowledge. Demonstrates how evidence was interpreted to inform specific design strategies, based on goals and objectives, and link to measurable outcomes.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
Describe EBD concepts and strategies and link them to the desired goals and outcomes. After the team critically evaluates the available evidence, they can begin to create and innovate design concepts . These concepts and design strategies can be distilled from the available evidence related to outcomes of interest.	s i l v e r	Responses illustrate design concepts and strategies developed using evidence. Concepts show a link between design and desired goals and outcomes.	38, 39	<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	g o l d	Responses illustrate design concepts and strategies developed using evidence. Concepts show a link between design and desired goals and outcomes.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	p l a t i n u m	Responses illustrate design concepts and strategies developed using evidence. Concepts show a link between design and desired goals and outcomes.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
Document the research hypothesis(es). Hypotheses should be developed by refining	s i l v	Hypotheses include a predicted relationship between the design decision(s)/strategy(ies) and desired outcome(s). Hypotheses based on critical evaluation of evidence.	40	<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved

the research topic or subtopics.	e r			
	g o l d	Hypotheses include a predicted relationship between the design decision(s)/strategy(ies) and desired outcome(s). Hypotheses based on critical evaluation of evidence.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	p l a t i n u m	Hypotheses include a predicted relationship between the design decision(s)/strategy(ies) and desired outcome(s). Hypotheses based on critical evaluation of evidence.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
Document the metrics collected. Interdisciplinary project teams must determine what metrics are necessary to evaluate the impact of design strategies. Many EBD processes benefit from using existing metrics, that is, data routinely collected by healthcare/long-term care organizations for quality and safety purposes, and/or as required for reimbursement (e.g., patient/resident satisfaction, patient/resident length of stay, fall rates, infection rates, etc.). Methods may include, but are not limited to: case studies, post occupancy evaluation, comparing before and after data or side-by-side comparison studies of similar completed projects.	s i l v e r	Responses demonstrate consideration and identification of available metrics related to the vision, goals, and hypotheses.	42, 43	<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	g o l d	Responses demonstrate identification and collection of metrics to evaluate design decisions and hypotheses. Teams use existing data collection methods discovered during critical evaluation of existing evidence, or develop new methods to collect necessary data to support their research plan.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	p l a t i n u m	Responses demonstrate identification and collection of metrics using multiple research methods to evaluate design decisions and hypotheses. Includes examples of triangulation. Teams use reliable and valid data collection methods (either discovered during critical evaluation of existing evidence, or creation of new tools if needed).		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
Describe evaluation of data. Data can help organizations understand and document how their current outcomes compare to industry data, and identify areas	s i l v e r	Responses indicate that baseline data was collected and measurable impacts on intended outcomes were considered. Vision and goals were used to determine appropriate metrics.	44	<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	g o	Responses indicate that baseline data was collected and used to inform design strategies. Applications		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved

where improvement is needed.	l d	demonstrate that interdisciplinary project team used vision, goals, and hypotheses to inform collection and evaluation of impact on intended outcomes. Data used to evaluate at least one intended outcome (e.g. case study, just-in-time study). Responses include findings related to the vision, goals, and objectives.		
	p l a t i n u m	Responses indicate completion of research study (e.g. research comparing pre-and-post data, side-by-side project comparison, R.O.I. research, or similar completed projects). Applicants demonstrate how research was used to inform and evaluate design solutions. Responses include empirical findings related to the vision, goals, and objectives.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
Describe the main elements of the business case for design strategies. The primary goal is to demonstrate how facility investments can contribute to improvements in quality, patient/resident and staff satisfaction and safety, and the environment. Investment metrics typically include financial outcomes , but may also include clinical, patient/resident, or operational outcomes.	s i l v e r	Responses include main elements of the business case to describe the anticipated return on investment for evidence-based design decisions and strategies.	41	<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	g o l d	Responses include main elements of the business case to describe the anticipated return on investment for evidence-based design decisions and strategies. Examples may include summaries that illustrate the first costs of specific investments and the projected return on investment for a specific design strategies or products.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	p l a t i n u m	Responses include main elements of the business case to describe the return on investment findings for evidence-based design decisions and strategies. Demonstrates how specific facility investments contributed to measured outcomes such as improvements in quality, patient/resident and staff satisfaction and safety, the environment, and the bottom line.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved

SHARE

Describe how the EBD process and results were documented. There are multiple ways to share lessons learned and findings from the	s i l v e r	Responses demonstrate how the EBD process and results were documented during the design and delivery of the project and made available to others to preserve lessons learned.	45, 46	<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
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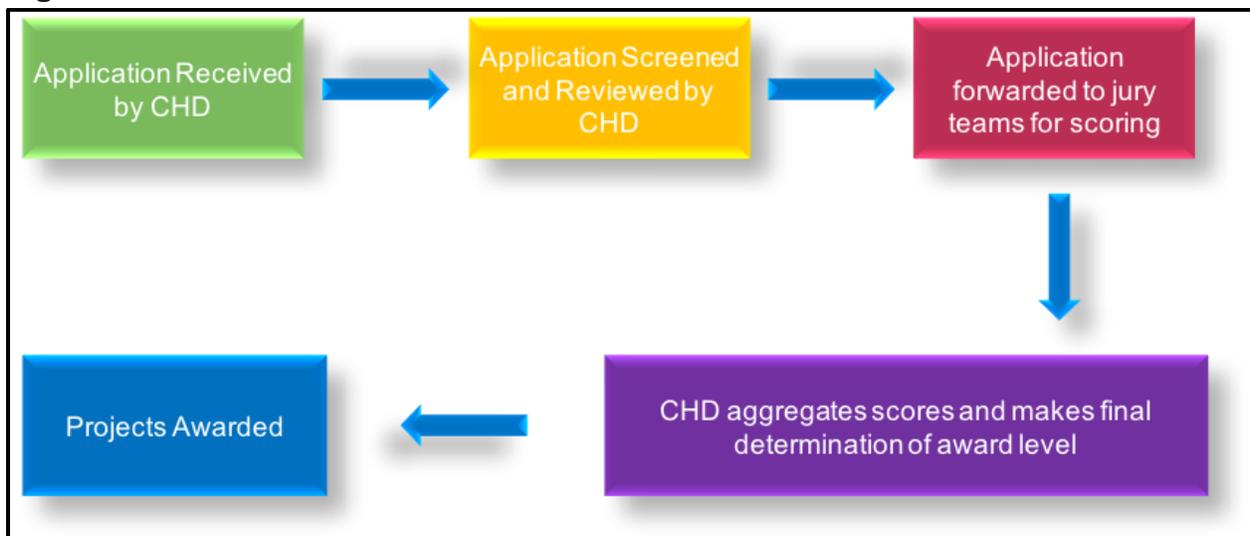
<p>project's EBD process. The benefits to the users, the team, the organization and the field/industry are worth the effort of the interdisciplinary project team. The reported results can be used by healthcare/long-term care organizations to optimize building performance by making targeted adjustments to the existing facilities, and sometimes, operations.</p>	g o l d	Responses demonstrate how the EBD process and results were systematically documented and shared. Examples illustrate how lessons learned and outcomes were tracked and can be used to inform future EBD processes and similar projects. May include use of a database or other systematic capture of information.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	p l a t i n u m	Responses demonstrate how the EBD process and results were systematically documented and shared. Examples illustrate how lessons learned and outcomes were tracked and used to inform future EBD processes and similar projects - through research reports or other means of dissemination. May include use of a database or other systematic capture of information. The legacy of a successful EBD project is evident in subsequent projects and studies.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
<p>Describe how the EBD process and results were presented and communicated. The EBD process is enhanced when its value is shared beyond the interdisciplinary project team and stakeholders: even among colleagues who are not directly involved, as well as the community and industry as a whole.</p>	s i l v e r	Responses demonstrate that the EBD process and results were shared internally beyond the immediate project team (e.g., through presentations within the design firm or the healthcare/long-term care organization). Applications include examples that show how the EBD process and results were communicated to increase awareness of the potential value.	45, 46	<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	g o l d	Responses demonstrate that the EBD process and results were shared beyond the immediate firm/organization (e.g. through blogs, marketing materials, white papers, webinars, magazine articles, conferences). Applications include examples that show how dissemination conveyed the challenges, value, outcomes, and lessons learned from the EBD process.		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved
	p l a t i n u m	Responses demonstrate that the EBD process and results were shared with the wider industry (e.g., through research reports, conferences, peer-reviewed publications). Applications include examples that show how the EBD process and results were presented formally to increase awareness of the potential value and expand the knowledge base. While		<input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Achieved

		team members, stakeholders, and leadership may change, the project legacy develops a life of its own - evident in measurable outcomes across the organization, the community, and the industry for years to come.		
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Review and Scoring

Awards are determined based on how well the project 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 establish the applicant's level of award recognition (see Figure C).

Figure C. Review Process



Application and Fee

This survey is composed of six sections for a total of 47 questions.

- First section: Applicant Profile (5 questions)
- Second section: Project Information (10 questions)
- Third section: Project Images (8 questions) *Optional*
- Fourth section: Collaborate (8 questions)
- Fifth section: Evaluate (12 questions)
- Sixth section: Share (3 questions)
- Final: 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.

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 (\$1,265) 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 D). Please save the order number; you will need to enter it in the application to show proof of payment.

Figure D. 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 [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.

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 47 questions.

Application Components

First section: Applicant Profile (5 questions)

Second section: Project Information (10 questions)

Third section: Project Images (8 questions) *Optional*

Fourth section: Collaborate (8 questions)

Fifth section: Evaluate (12 questions)

Sixth section: Share (3 questions)

Final: 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 is/was a member of the project team and 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 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

*** 6. Project Name**

*** 7. Project Location**

City

State

Country

*** 8. Zip Code**

*** 9. Primary Architecture/Design Contact**

Full Name

Email Address

Phone Number

*** 10. Primary Healthcare/Long-Term Care Contact**

Full Name

Email Address

Phone Number

*** 11. Project Website (If available. Otherwise, type "n/a")**

*** 12. Public Relation Contacts**

At Architecture/Design

Firm

At Healthcare

Organization

*** 13. Brief Project Description and Purpose (to be used for Promotional Purposes)**

*** 14. Project Type**

*** 15. Populations Served**

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 subsequent responses in the application. Please use the name of the file when making references. Each file size is limited to 16MB. Only PDF, JPG, JPEG file types will be accepted.

16. 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.

Choose File

No file chosen

17. 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.

Choose File

No file chosen

18. 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.

Choose File

No file chosen

19. 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.

Choose File

No file chosen

20. 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

No file chosen

21. 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

No file chosen

22. 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

No file chosen

23. 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

No file chosen



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 used EBD 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 on information provided in your responses. Additionally, if teams utilized alternate approaches (e.g. Lean), applicants must describe clearly and specifically how the approach aligns with or was integrated with key aspects of the **EBD process**.

COLLABORATE CATEGORY

A project using an **EBD process** should create an **interdisciplinary project team** and ensure the involvement of key **stakeholders** throughout the project.

It is imperative that you download the application information packet to view the full list of scoring criteria before answering the following questions. Note that any words or phrases in **blue** can be found in the glossary of the application information packet.

- * 24. Describe how and when your **interdisciplinary project team** was created. (200 word limit)

- * 25. Describe how your **interdisciplinary project team** was engaged, educated and developed in the **EBD process** throughout the lifecycle of the project (from the project's inception, through design phases as well as through construction and occupancy). Provide examples that illustrate how team members were educated about the evidence-based design process (examples should be clear if the education provided was basic or advanced and if it was provided on an ongoing basis). Please be sure to describe how EBD was integrated with the traditional design process or other approaches (e.g. Lean). (300 word limit)

- * 26. Please upload the completed Interdisciplinary Team & Roles Chart. (Prior to upload, save the excel document as a PDF)

Choose File

No file chosen

- * 27. Who were the other **stakeholders**? Please upload the completed Stakeholders Chart. (Prior to upload, save the excel document as a PDF)

Choose File

No file chosen

*** 28. Describe how your stakeholders were engaged, educated, and developed in the EBD process throughout the lifecycle of the project (from the project's inception, through design phases as well as through construction and occupancy). Provide examples that illustrate how stakeholders became educated about the evidence-based design process (examples should be clear if the education provided was basic or advanced and if it was provided on an ongoing basis. (300 word limit)**

*** 29. What was the vision for the project? (100 word limit)**

*** 30. Describe how the vision was developed for this project. Who was involved and when were they involved? How did the vision reflect the project goals and objectives? How was the vision tied to measurable outcomes? (300 word limit)**

*** 31. How did the project team adhere to the evidence-based design goals and objectives throughout the lifecycle of the project? Provide examples of how the project team demonstrated commitment to the legacy of the project. How were lessons learned documented to inform future projects? (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**.

It is imperative that you download the application information packet to view the full list of scoring criteria before answering the following questions. Note that any words or phrases in **blue** can be found in the glossary of the application information packet.

- * 32. What were the specific evidence-based design goals and objectives that link the design to the desired **outcomes**? (200 word limit)

- * 33. What were your **research questions** and how were they derived? (200 word limit)

- * 34. Describe your search for relevant evidence. Where did your team look (e.g. online databases?) What search terms were used? (100 word limit)

- * 35. List the key sources (literature, key experts, webinars, conference presentations, pilot studies, etc.) that influenced the project (author name, title, publication source). How did you document the sources and summarize the findings? (300 word limit)

- * 36. Describe how the team conducted a **critical evaluation** of the evidence. Discuss how your team determined **relevance**, **credibility**, **validity**, and **generalizability** of the evidence. (300 word limit)

* 37. Describe how existing evidence informed **design concepts** and strategies. (300 word limit)

* 38. What were some of the key **design concepts** and strategies developed for this project? Show specific examples that link **design concepts** and strategies to the project's goals and objectives. (200 word limit)

* 39. What were your **hypotheses** and how were they derived? (200 word limit)

* 40. Describe the specific **metrics** used to inform/evaluate this project. How was data collected and analyzed? (300 word limit)

* 41. Describe and summarize the **research plan**. This should include research topics, selected hypotheses, methodology, data collection, and analysis. (300 word limit)

* 42. If no research was conducted, please describe what you would do to evaluate your **hypothesis(es)** including specific measurable **outcomes**. If research was conducted, what type of research? Describe your preliminary or final findings and conclusions. Be specific, sharing expected and unexpected or surprising findings, especially those which changed the direction of design strategies or refuted the **hypothesis**. (300 word limit)

* 43. Illustrate the **business case** that was used to support the cost for at least one specific design strategy. Document the specific 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 and the time to achieve the projected return. If the design strategy changed, what were your corresponding updates to the **business case**? If your project is complete, describe how the **business case** was evaluated and updated and any **return on investment** documented. (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.

It is imperative that you download the application information packet to view the full list of scoring criteria before answering the following questions. Note that any words or phrases in **blue** can be found in the glossary of the application information packet.

- * 44. Describe how the **EBD process** and results were systematically documented during the design and delivery of the project and made available to others to preserve lessons learned. Examples illustrate how lessons learned and **outcomes** were tracked and can be used to inform future **EBD processes** and similar projects. May include use of a database or other systematic capture of information - through research reports, research tools, or other means of carrying lessons learned through multiple projects. May include use of a database or other systematic capture of information. (500 word limit)

- * 45. Describe how the **EBD process** and results were presented and communicated internally, beyond the immediate project team. Provide the titles and dates of any presentations given within the design firm or the healthcare/long-term care organization. (300 word limit)

46. Were the results shared beyond the immediate firm/organization? Provide the titles and dates of any blogs, white papers, webinars, magazine articles, conference presentations. Did the team share the **EBD process** and results through research reports, and **peer-reviewed publications**. Provide citations. (300 word limit)

Photo Release Form

47. 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

No file chosen



Evidence-Based Design Touchstone Awards: Application
9/2018 - 5/2019

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 2019 if your project received an Evidence-Based Design Touchstone Award.

Please contact 925-521-9404 or admin@healthdesign.org with any questions.

3. Instructions for Specific Questions

You should refer to the explanations found under each criteria in the “Detailed List of Criteria” for guidance to answer most of the questions in the application. Below are a few additional instructions and information to help you complete specific questions.

Question #13: Brief Project Description and Purpose

Please tell us a little bit about the project and its purpose in 900 characters or less. This content will be used in the future for promotional purposes if the project is selected to receive an award.

Question #14: Project Type

Please tell us the type of project you are submitting: Inpatient, Ambulatory, Long-term Care, or Other.

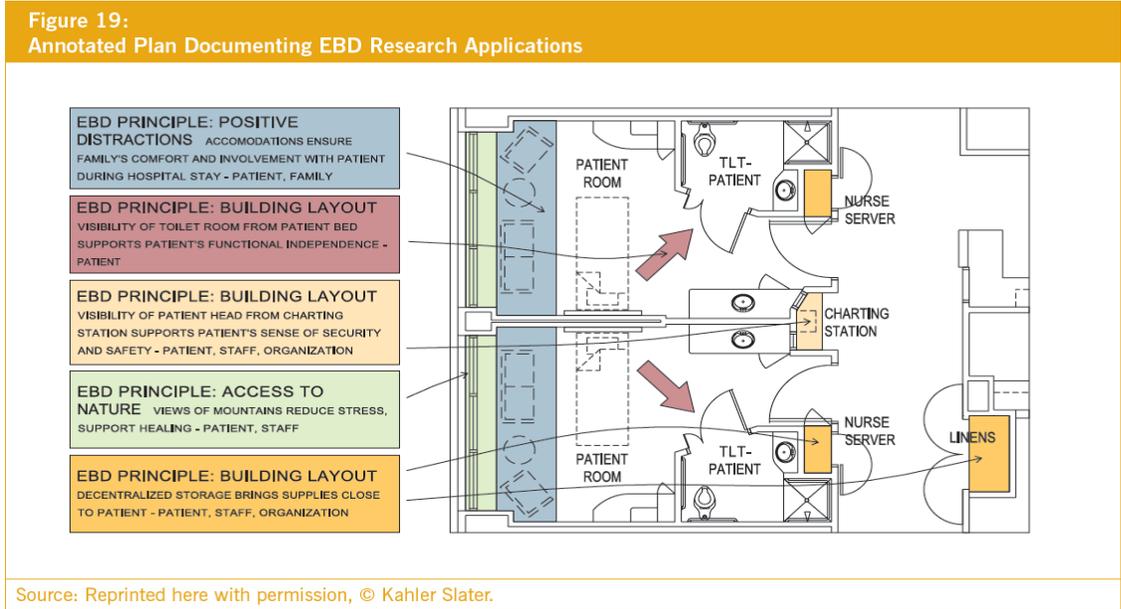
Questions #15: Populations Served

Please tell us which populations are served by this project. Some examples may include: Pediatrics, elders, etc.

Questions #16 - 23: Project Images

You will have the option to upload up to eight images that illustrate the ways in which the project meets criteria for Collaborate, Evaluate, and Share. Each upload should be referenced in subsequent responses in the application. Please use the name of the file when making references. You may upload a diagram, annotated diagram (see Figure E), sketch, concept model, photograph (see Figure F), or another graphic. Please note that each file size is limited to 16MB. The file types must be one of the following: PDF, JPG, or JPEG.

Figure E: Annotated Diagram



EDAC Study Guide 3 (3rd edition), Chapter 3, p. 80

Figure F: Example of Collaboration Photograph



Source: Design Process for HROB, Akron Children's Hospital, HKS (2013)

Question #26: Interdisciplinary Team & Roles Chart

We would like to understand who participated in the project’s interdisciplinary team. Please complete the excel file titled “Interdisciplinary Team & Roles Chart” (see Figure G). You can download this file from the EBD Touchstone Awards page on The Center’s website [here](#).

Figure G: Interdisciplinary Team & Roles Chart

INTERDISCIPLINARY TEAM AND ROLES/CONTRIBUTIONS

This is the core group who remains together through the life of the project. (For example, owners, architects, users, designers, researchers, patients/residents, families, etc).

Title/Organizational Role*	How was this person engaged in the EBD process? Provide specific examples that describe how and when the person was engaged in the EBD Process.	Describe this person's contributions. Please be as specific as possible.	During which design phases did this person contribute? (Mark with an "X")			Is this person EBD certified? Yes or No (See Note Below)
			Program	Design	Construction	

Question #27: Stakeholders Chart

In addition to the interdisciplinary team members included in Questions #27, please complete the “Stakeholders Chart” (see Figure H) to tell us about others involved in the project. You can download this file from the EBD Touchstone Awards page on The Center’s website [here](#).

Figure H: Stakeholders Chart

STAKEHOLDER CONTRIBUTIONS

Roles and Number Involved (e.g. 1 owner)	How was this person/group engaged and developed?	Describe this person's/group's contributions.	During which design phases did this person contribute? (Mark with an "X")			Is anyone in this group EBD certified? (See Note Below)
			Program	Design	Construction	

Note: Answers to all questions are required except for questions #16-23.

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

Addie Abushousheh, PhD, Assoc. AIA, EDAC

Gerontologist, Researcher, and Consultant, Organizational & Environmental Development

Addie Abushousheh is a gerontologist, researcher, and consultant for organizational and environmental development in long-term care. She explores cultural and bio-psycho-social perspectives, organizational structures and processes, physical environments, workforce models, and regulatory and financial frameworks in relation to decision making, resource management, and quality improvement. With combined expertise in architecture, organizational development, aging and applied research, Addie is uniquely positioned to advance comprehensive and translational agendas related to quality assessment and performance improvement within the continuum of care. In addition to consultation and research, Addie publishes and presents regularly and serves in a review and advisory capacity to industry organizations.

Meredith Banasiak, M.Arch., EDAC, Assoc. AIA

Design Researcher, Boulder Associates Architects

Meredith cultivates multi-disciplinary research, knowledge sharing, and application to inform designs which optimize health, performance and access. Her experience in research, practice and pedagogy supports the transformational shift in design towards an evidence-based, person-centered culture. As design researcher for Boulder Associates Architects, she cultivates research partnerships with healthcare organizations, explores innovative methods for conducting research, and gathers and translates evidence with designers. Having been a faculty member in architecture and environmental design programs for more than ten years, Meredith brings experience in academic research and integrating EBD into curricula. She is an advisory board member for the Academy of Neuroscience for Architecture (ANFA), and has published in education, psychology, medicine and architectural research journals and books.

Maggie Calkins, PhD, EDAC

Executive Director, The Mayer-Rothschild Foundation

Dr. Margaret Calkins is Executive Director of The Mayer-Rothschild Foundation, the only national philanthropy exclusively committed to person-centered long-term care in the US. She is also Board Chair, IDEAS Institute and former Elliot Professor in Health Care Design, Kent State University, College of Architecture and Environmental Design. She has spent many years exploring the therapeutic potential of the environment--social and organizational as well as physical--particularly as it relates to older adults in need of support. She has conducted literature reviews and studies surrounding the environmental correlates of patient falls, a condition that has long been associated with an aging population.

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.

Sheila Elijah-Barnwell, PhD, AIA, NCARB, EDAC, LEED AP

Director of Healthcare, Altus Architectural Studios

Sheila is a 24-year veteran of the healthcare design field, with extensive experience as a project designer, medical planner, project manager, and researcher. As the Director of Healthcare at Altus Architectural Studios, she leads the firm's healthcare program, developing and nurturing relationships with clients and project teams while leading initiatives to improve the planning and design process. Prior to joining Altus, Sheila initiated and led the research program at HDR for 6 years focusing on the impacts of the built environment on human behavioral and health outcomes while building standardized tools for use in existing facility assessment and post occupancy evaluation. She is an active contributor to the healthcare design industry through peer-reviewed articles, white papers, presentations, and serving on the Editorial Review Board for HERD Journal. Sheila has also facilitated and taught graduate-level research design studios and seminars with a focus on Health and Healthcare at the University of Nebraska-Lincoln, College of Architecture since 2008.

Ella Franklin, RN, CRC, EDAC

Director of Nursing, National Center for Human Factors in Healthcare

Ella Franklin, a recognized clinical expert in the prevention and reduction of HAIs in the built environment, is the Director of Nursing for the National Center for Human Factors in Healthcare where she spearheads the Center's health environments research and design efforts. Her research expertise is in the application of design and technology-based solutions to enhance patient and staff safety, optimal healing, and efficient system performance. Serving previously as the Managing Director of MedStar's ER *One* Center for Building Sciences, she managed the 20-bed "all risks ready" unit at MedStar Washington Hospital Center. The 20-bed unit, referred to as "The Bridge to ER *One*", designed and built through a series of federal grants, expanded a pre-existing, 30-bed emergency department and created a state-of-the-art, scalable emergency facility responsive to 21st century threats. Using advanced building materials, innovative workflow flexibility, customized isolation and decontamination capabilities, and state-of-the-art communication and information technologies, the Bridge to ER *One* serves as a prototype for all-threat-ready emergency design.

Ms. Franklin holds a Master's of Science degree in Healthcare Quality & Safety from The George Washington University and a Bachelors of Science degree in Nursing from Georgetown University. She received clinical research training from the National Institute of Nursing Research (NINR) and advanced training in hospital epidemiology from the Centers for Disease Control and Prevention and the Society for Healthcare Epidemiology of America. Ms. Franklin is a contributing member to The Center for Health Design's Pebble Network, where she earned her certification in Evidence-Based Design Accreditation and Certification (EDAC).

Kara Freihofer, PhD, EDAC

Research Specialist, HGA Architects

Kara Freihofer 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).

Mark Haney, FACHE, EDAC

Senior Vice President Real Estate, Facilities, and Development, Wellstar Health System
President, WellStar Paulding Hospital

Over his 38 years with WellStar, Mark has held several Senior Executive positions from Hospital President to Corporate Executive. As a senior executive, Mark has had oversight responsibilities for two hospital turnarounds; and oversight for \$900 million worth of strategic capital project implementation. Mark is a member of the Center for Health Design, and led WellStar Paulding Hospital Replacement Hospital Project as a Pebble Project member and as an inaugural member of the Joint Commission Resources/Herman Miller Safe Health Design Pilot. Mark has a Masters of Health Administration, Master of Business Administration, and a Bachelor's of Science in Respiratory Therapy from Georgia State University, Atlanta, Georgia. Mark is a Past-President of the Georgia Association of Healthcare Executives and has served as a member on several ACHE Regents' Advisory Councils.

Martha Hayward

Lead/Patient and Public Engagement, IHI

Martha Donovan Hayward joined the Institute for Healthcare Improvement (IHI) in March 2011 as the Lead for Public and Patient Engagement. The focus of her work at IHI is to bring patients and families into the design of all work at IHI to accelerate improvement of health care delivery. A cancer survivor herself, she is a founding board member of the nonprofit Women's Health Exchange and served on the Patient and Family Advisory Council of Dana-Farber Cancer Institute in Boston. Prior to joining the healthcare world Martha enjoyed a 20 year career communications, marketing and fundraising in the areas of health, politics, and education. In her role at IHI, she speaks and teaches programs including Patient Safety Officer Training, Executive Development, Strategic Partners and Patient Experience Seminars. Martha has offered keynote addresses on the subjects of Patient and Family Centered Care, Patient Engagement, and End of Life Care to local, regional and national audiences.

Barbara Huelet, AAHID, FASID, EDAC, IIDA

Interior Design Principal, Huelet Davis Healing Design

Barbara J. Huelat is one of the field's preeminent experts and prominent speakers on healthcare design and technology. Her life's work has been to prove that design can impact human outcomes. Ms. Huelat has been engaged in creating healing environments with more than 300 healthcare organizations. She is a founding board member of The Center for Health Design, National President of American Academy of Healthcare Interior Designers and author of two nationally acclaimed books: Healing Environments: What's the Proof and Healing Environments for the Mind, Body and Spirit. Barbara regularly participates in healthcare design research with prominent researchers and organizations. She has introduced trends in healthcare design including: best practices, business case values, life cycle costing, appropriate materials/furnishings, bacterial mitigation practices, and patient-centered approaches using Evidence-Based Design. Barbara's many successful projects, plus recognition by patients, families, and healthcare professionals verify her credentials as not only a woman of clarity and vision, but one who translates personal beliefs in healing principles into spaces which impact our bodies, minds and spirits.

Walter Jones, Jr., AIA, LEED, EDAC

Senior Vice President, Campus Transformation, MetroHealth System

Walter Jones joined the Metrohealth System in October 2014 where he provides the strategic vision, leadership, management and operation of the departments of Facilities

Management, Construction Management, Space Utilization, and Real Estate. He also leads the department of Campus Transformation that is specifically responsible for the development of MetroHealth's estimated \$1.2 billion, three-million-square-foot healthcare campus transformation. He is a frequent speaker about healthcare design subjects of evidence-based design, project management, sustainability, and technology for philanthropic, civic and professional audiences. He has received numerous awards for planning, design and development and was named the 2012 Owner of the Year from the Dallas Society of Marketing Professional Services, and as a 2012 Minority Business Leader from the Dallas Business Journal.

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.

Julie Kent, EDAC

Director, Facility Planning & Integration, Trinity Health

Julie Kent is the Director, Facility Planning & Integration at Trinity Health, a catholic health system with over 60 hospitals and 80 senior living communities in 22 states. Her passion is the alignment of operations and space, with a focus on creating high performance healing environments. Julie has been involved with the EDAC program from the very beginning and currently serves on the EDAC Advisory Council.

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.

Gina Livingston Smith, IIDA, EDAC, LEED AP

Senior Interior Designer, NBBJ

Gina Livingston-Smith, IIDA, EDAC, LEED AP has specialized in the design of interior healthcare environments for 16 years; honing her personal design philosophy, human-centered design + relevant evidence + lean workflows, to drive meaningful user experiences. A Senior Interior Designer at NBBJ in Columbus, Ohio, Gina is a dedicated advocate for and student of the field of evidence-based design. She believes that beauty lies in the attention to detail that creates a unique and valuable experience for every individual.

Maria Lopez

Principal, Maria Lopez Interiors LLC

Maria is a principal level interior designer who has specialized on senior living environments for over 29 years. She is qualified by education, experience and post graduate credentialing. She focuses on quality of life for residents through the continuum of care. Maria works in all care environments delivering creative solutions within project guidelines. She is involved from site selection through post occupancy evaluation. She is also one of 50 Founders of The American Academy of Healthcare Interior Designers (AAHID). Maria has been on the Board of Directors for the AAHID since 2012. Maria joined CASHE (Chesapeake Area Society of Healthcare Engineering) in 2014.

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.

Fernanda Pires, EDAC, Green Belt Certified for Facilities Design

Senior Healthcare Planner, Array Architects

Fernanda Pires joined Array Architects in 2015. She is a healthcare planner with over 20 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.

Xiaobo Quan

Director of the Center for Health Research & Design, Washington University

Dr. Xiaobo Quan is professor of practice and the director of the Center for Health Research & Design (CHRD) at Washington University in St. Louis. With more than twenty years' experience in research and practice, Dr. Quan leads multidisciplinary collaborative efforts in using rigorous methods to examine the built environment's impact on human behaviors and health outcomes, evaluating design innovations, and creating tools and resources for applying research-based knowledge in design practice. He publishes and presents widely at national and international levels. Prior to joining the center, Dr. Quan was a senior researcher at the Center for Health Design in Concord, California. He is also an experienced architect with extensive professional work in the U.S. and China. He holds a doctoral degree in architecture from Texas A&M University and two professional degrees in architecture from Southeast University in China.

Alberto Salvatore, AIA, NCARB, EDAC

Associate Principal + Healthcare Practice Leader, Perkins + Will, Boston

Alberto Salvatore is an Associate Principal and Healthcare Practice Leader at Perkins + Will, Boston. He has over 30 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. He continues to be involved in the development of the 2018 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.

Rana Zadeh, M.Arch., PhD, Associate AIA, LEED AP, EDAC
Assistant Professor and Co-Director of the Health Design Innovations Lab in the Department of Design & Environmental Analysis, Cornell University

Dr. Zadeh’s interest includes healthcare design, evidence-based design and the translation and application of scientifically tested research about design innovation into real-life policy and practice to achieve the best possible health, safety, quality, and efficiency outcomes via systems approach. Dr. Zadeh’s team is currently working on several projects. One primary focus is the development of non-pharmacological system solutions to improve quality of life and manage symptoms for patients with advanced and chronic illnesses, particularly in end-of-life, geriatric, and acute care settings. Other projects include the development of novel technological, environmental, and educational

interventions to improve sleep and circadian rhythms for bedbound patients; the economic evaluation of improvements in care environments; and research into how workplace design can improve alertness, productivity, efficiency, and patient satisfaction.

Zadeh's team is the recipient of the Innovation Incubator and the Novel Technology Awards from the Clinical and Translational Science Center and Weill Cornell Medical College. Zadeh has also received the Center for Health Design's 2012-13 New Investigator Award for high-quality research in the field of evidence-based healthcare facility design and the 2013 Architectural Research Centers Consortium King Medal for innovation, integrity, and scholarship in environmental design research.

Terri Zborowsky, PhD, EDAC

Design Researcher, GHA Architects and Engineers

Terri Zborowsky was a nurse in Canada prior to getting her BID (University of Manitoba), MSc and PhD in Interior Design from the University of Minnesota. She is a member of the Nursing Institute for Health Care Design (NIHD) and teacher specialist in the Healthcare Design & Innovation Certificate at the University of Minnesota. She is currently a Design Researcher at HGA Architects and Engineers. She has published book chapters, peer reviewed articles and has a list of both national and international presentations all dealing with the impact the built environment has on users of healthcare facilities.

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. Applications Requiring Clarification

In the event that additional information or clarification is needed to advance an award application, applicants have up to 12 months from original submission to provide adequate responses to the requests.

6. Award Announcements

Those who are awarded an EBD Touchstone Award will be recognized at the Healthcare Design Expo & Conference each November.

7. Timelines

2019 Timeline

September 5, 2018

Application Form Opens

May 20, 2019

Application Form Closes: Submissions received by this date will be reviewed by jurors. Applicants who would like to be considered for an award that will be given at the 2019 Healthcare Design Expo & Conference should apply by this date.

June 14, 2019

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

July 2, 2019

Jurors complete their review for all applications.

August 2, 2019

The Center completes aggregate of jury scores.

August 6, 2019

Applicants will be informed of the final results.

November 2019

Recipients will be celebrated at the 2019 Healthcare Design Expo & Conference.

8. Frequently Asked Questions

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

\$1,265

Can I submit multiple projects for one submission application payment?

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

Are there discounts for The Center's Affiliate Members?

Yes, Affiliate+ organizations receive a 15% discount, Affiliate Members will receive a 10% discount. Be sure you are logged when you purchase the application fee to receive your appropriate discount.

When is the upcoming deadline for submission?

May 20, 2019.

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 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.

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.

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.

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.

The Center for Health Design (2014). *Building the evidence base: Understanding research in healthcare design* (3rd ed.). Concord, CA: The Center for Health Design.

The Center for Health Design (2014). *Integrating evidence-based design: Practicing the healthcare design process* (3rd ed.). Concord, CA: The Center for Health Design.