Patient Centered Behavioral Health Design Competition Call for Submissions

Dates:
2015 Patient Centered Behavioral Health Design Competition
June 1, 2015 through July 31, 2015

Presented at the 2015 Healthcare Design Conference
November 14-17, 2015
Gaylord Resort & Convention Center, Washington, D.C.

2015 Patient-Centered Behavioral Health Project:
According to leading researchers in the field of health environment design, the evidence that exists on the subject of behavioral health environments is currently not sufficient to influence the design of such spaces (Shepley, Design Research and Behavioral Health Facilities, 2013). This year, the Institute’s goal is to raise awareness of the needs of patients in mental health facilities. We invite design teams to submit their ideas (in the form of built or schematic designs for this area). The Patient Centered Behavioral Health Environment is one in which patients receiving treatment for mental disorders are allowed to retain their personal dignity, comfort and control of as many aspects of their environment as possible, while limiting opportunities for patients to harm themselves or others. This environment should be welcoming, relaxing, comforting and help the patients to be open to the treatment that will be provided to them.

We will build a model of a behavioral health space to be on exhibit in 2016; and we would like to see your ideas! Submit your design for a chance to win a full conference registration for the 2015 Healthcare Design Conference and present your project as a conference speaker.

Eligibility:
The Patient Centered Behavioral Health Design Competition is open to licensed and unlicensed design professionals and others with an interest in healthcare design. Eligible participants include architects, interior designers, planners, healthcare professionals, patients, researchers and/or students. Multidisciplinary teams are encouraged, but not required.

Award:
The top two scoring teams (selected by our jury) will each receive one free full registration to attend the 2015 Healthcare Design Conference in Washington, DC where they will present their design submissions. The team with the third highest score will be invited to join the presentation, but, in lieu of a free conference pass, this team would be offered the discounted speaker’s rate for one team member. The presenting teams will each have an opportunity to walk the audience through their design solutions in virtual reality space during our educational session. Conference attendees will vote for their favorite projects. The winning project will be built in 2016.
Submit your Design Solution in 4 Simple Steps:

**Step 1:** Review 2015 Patient Centered Behavioral Health Design Competition Call for Submissions and the necessary reference materials. A full list of reference materials may be found under “Competition Requirements, Step 1” at [http://www.ifpcd.org/competition](http://www.ifpcd.org/competition)


**Step 2:** Determine the appropriate category for entry.

- Category A: New Design Solution – New ideas that respond directly to this Call for Submissions
- Category B: Commissioned Project – Built or un-built commissioned projects with patient-centric attributes as described in this Call for Submissions

For either category, you may submit an adult or pediatric acute inpatient behavioral healthcare patient bedroom, complete with adjacent bathroom including shower

OR

a Nurse Station design that appears to be less “institutional,” encouraging easy exchanges between staff and patients, while also providing a secure space for staff (with provisions to prevent attacks or unwanted entry to the staff area).

**Step 3:** Prepare your submission package. All entries must be presented as blind submissions (no identifying information on the project team). Unless otherwise noted, drawings shall be ¼” scale, formatted on six 8 ½” x 11” pages as a pdf file. Emailed submissions should be size 4 MB or smaller. Larger files should be submitted by mail (see below). Submissions should be organized in the following format.

- **Page 1.** Form A: Submission cover sheet (page 7 of the Call for Submissions)
- **Page 2.** Partial floor plan (1/8” scale) showing the patient bedroom and surrounding areas
- **Page 3.** Full color finished floor plan showing flooring pattern patient room and/or nurse’s station
- **Page 4.** Minimum of 2 Elevations (Photographs are acceptable for Category B)
- **Page 5.** 2 full color 3D drawings of the interior space (Photographs are acceptable for Category B)
- **Page 6.** Completed Form B: Product selections (page 8 of the Call for Submissions)

**Step 4:** Complete online registration and submit the entry fee of $299.00. Submissions must be transmitted via email to the address provided when you register for the competition. Register online at [http://events.constantcontact.com/register/event?llr=bpjdpeeab&oeidk=a07eb399sen88751f6c](http://events.constantcontact.com/register/event?llr=bpjdpeeab&oeidk=a07eb399sen88751f6c).

OR

Mail your submission by completing the registration form (page 9 of the Call for Submissions) and sending a hard copy of the form and a CD or USB drive containing a 6-page pdf file of your submission (all documents listed in Step 3) to:

Institute for Patient-Centered Design, Inc.
P.O. Box 856
Summerville, SC 29484

A check for the entry fee of $299.00 payable to “Institute for Patient-Centered Design” must accompany your submission. Mailed submissions must be postmarked July 31, 2015 and received no later than August 3, 2015. Upon receipt of your submission, you will receive an email confirmation.
Participants may submit a patient room or nurse station. Both spaces may be included as one submission, as long as they are part of the same project. Otherwise, submissions from multiple projects must be registered separately. Behavioral health spaces are different from typical inpatient hospital rooms. For more information, please see [http://bhfcllc.com/how-are-psych-units-different/](http://bhfcllc.com/how-are-psych-units-different/).

The following are examples of the spaces to be shown in the ¼” scale floor plans. The drawings shown below are simply examples. Participants are not restricted to the room drawing style or layout shown, and are encouraged to submit strategic design solutions that address the need to safely accommodate and monitor patients, with sensitivity to the unique needs of behavioral health patients. Participants have the option to include an ADA bathroom or not; however, a bathroom is encouraged for patient bedroom submissions.

Please organize the following room components:

**Patient Room**
- Bed
- Wardrobe
- Desk/Chair (optional)
- Nightstand (optional)
- Bench (optional)
- Lounge chair (optional)

**Patient Bathroom**
- Shower
- Toilet
- Sink

Examples drawings shown on this page are courtesy of Orcutt|Winslow.
The following products will be provided by our sponsors.

08 10 00 - Doors and Frames
08 50 00 - Windows
08 80 00 - Glazing
09 60 00 - Flooring
09 90 00 - Paintings and Coatings
10 28 00 - Toilet, Bath, and Laundry Accessories
11 70 00 - Healthcare Equipment
12 10 00 - Art
12 20 00 - Window Treatments
12 35 70 - Countertops
12 56 70 – Behavioral Healthcare Furniture
22 43 00 - Behavioral Healthcare Plumbing Fixtures
26 50 00 - Lighting
27 51 19 - Sound Masking Systems
28 00 00 - Electrical Safety & Security

Please visit http://www.ifpcd.org/competition-products for instructions on making product selections for your design solution.

CORDLESS WINDOW SHADES

FLOORING

CASEWORK & FURNITURE

LIGHTING

SOUND MASKING SYSTEMS

Institute for Patient-Centered Design, Inc. is a nonprofit organization. Our mission is to contribute to the quality of healthcare delivery through patient-centered design advocacy, education and research. Please support our work by participating in this design competition.

The Institute would like to acknowledge the following project partners for their contributions to the 2015 Patient-Centered Behavioral Health model, which will be inspired by your design submissions!
The judging process consists of a two phase process.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 1</td>
<td>Call for Submissions</td>
</tr>
<tr>
<td>July 31</td>
<td>Submission Deadline, 11:45 pm EDT</td>
</tr>
<tr>
<td>August 3-7</td>
<td>Phase 1: Submissions are evaluated for compliance with competition guidelines, and construction feasibility; and a shortlist of submissions is prepared for the jury.</td>
</tr>
<tr>
<td>August 10-21</td>
<td>Phase 2: Jurors score submissions based on pre-defined scoring criteria developed by the Institute.</td>
</tr>
<tr>
<td>On or before August 28</td>
<td>Scores from all jurors are received and tabulated by the Institute, and the top three submission teams are announced.</td>
</tr>
<tr>
<td>November 15, 16 or 17, 2015</td>
<td>Virtual reality models of the top three submissions model will be unveiled during the Fifth Annual Patient-Centered Design Reception, held on opening night of the 2015 Healthcare Design Conference. The top three teams will present their projects live during a session at the conference. Each conference participant will have an opportunity to cast a vote for their favorite submission.</td>
</tr>
</tbody>
</table>

Judging criteria

A. The Institute has identified ten principles of patient-centered design.
   1. Respect privacy.
   2. Facilitate communication, collaboration and trust.
   3. Accommodate patient and family participation (where appropriate in behavioral health settings).
   4. Empower patients.
   5. Promote safety and security.
   6. Provide accessible accommodations.
   7. Create comfortable environments.
   8. Support healing.
   9. Support staff’s goals.
   10. Identify design opportunities that respond to unmet needs.

B. The Center for Health Design (CHD) defines Evidence-Based Design (EBD) as “the process of basing decisions about the built environment on credible research to achieve the best possible outcomes.”

The following eight steps provided by the CHD:
   Define evidence-based goals and objectives.
   Find sources for relevant evidence.
   Critically interpret relevant evidence.
   Create and innovate evidence-based design concepts.
   Develop a hypothesis.
   Collect baseline performance measures.
   Monitor implementation of design and construction.
   Measure post-occupancy performance results.

(source: [http://www.healthdesign.org/edac/about](http://www.healthdesign.org/edac/about))

Submissions will be evaluated based on the innovation and thoughtfulness used to incorporate the above principles and steps into the design solution.
1. Entries that do not comply with the program requirements, guidelines and rules of this competition will not progress to phase 2 of the judging process. This determination will be made at the sole discretion of Institute for Patient-Centered Design, Inc. (the Institute). The decisions of the Institute’s judging team and volunteer jurors are final and binding on all submissions. Institute for Patient-Centered Design is not obligated to conduct discussion or correspondence with any parties relating to the judging process.

2. As a condition of entry, registered teams submitting designs (hereinafter referred to as "Participants"), agree that any materials contained in the submissions may be reproduced and/or reused by the Institute and its partners, Inc. for the purposes of promoting, announcing, or providing updates regarding The Patient-Centered Behavioral Health project. Participants agree that the Institute may display submissions in print or electronically in relation to this design competition, the Patient-Centered Design Database, and the overall Patient Experience Simulation Lab which may be integrated into future work of the Institute.

3. Participants hereby grant the Institute and its partners a non-exclusive license to reproduce the work submitted in any and all media at the Institute’s discretion. Participants understand that full or partial submissions may be published at the Institute’s discretion, and that acceptance of this work does not guarantee publication by the Institute.

4. A shortlist of competition results will be released for the purpose of notifying the top two or three finalists of awards in advance of the 2015 Healthcare Design Conference. At the discretion of the Institute, any additional information regarding the results of this competition will be retained for publication until after voting has occurred and the winning projects have been announced at the 2015 Healthcare Design Conference, held November 14-17, 2015.

5. Entries must be submitted by email or postmarked for regular mail no later than July 31, 2015. Entries submitted by mail are encouraged to have delivery tracking and guarantees. The Institute is not responsible for considering any entries received by postal mail after August 3, 2015.

6. No refunds will be made for entry fees. All events will be held in association with the Healthcare Design Conference (HCD). If HCD is cancelled for any reason, or if the Institute’s participation in HCD is cancelled, the Institute will select alternate awards of equal value for the top winning submissions, and publish the results of this competition in Patient-Centered Design Online™. Participants understand that Emerald Expositions is the sole and exclusive owner of HCD and all HCD materials, and grant the Institute and/or Emerald the right to use any information provided in their registration or submission packets in printed and electronic communications and in promotional materials.

7. Participants agree that if they are invited to present this project, they will submit one 30”x40” board representing their design solution to be displayed during the conference, as well as the electronic files for their 3D models (Revit, Sketchup, 3ds Max files). These boards/files will be used to display the top scoring projects at the Design Competition Presentation.

8. Participants agree that if their project is selected as the winning project, they will provide construction documents for the model, which may be built in 2016.

9. **Category A:** New Design Solution: Participants agree that the entries submitted are their own and that all participants involved in the submission are listed for acknowledgement. Participants attest that the design solutions submitted are original works developed for this project, and submissions have not been previously published.

**Category B:** Built & Un-built Commissioned Projects: Participants attest that projects submitted may be shared with the Institute for the purposes of this project as stated in this Call for Submissions (including publication); and that all previous publications are listed for acknowledgement. Participants have the permission of the owners and designers of this project to enter said project into this competition, and have listed all parties to be acknowledged, including but not limited to the design team, owners, photographers and artists whose work has been submitted.

**Categories A & B:** Participants attest that their submissions do not include text or images that violate or infringe upon copyright laws or the property rights of others. The Institute is indemnified against any costs, loss, or expense resulting from the falsification of submissions received by Participants.
2015 Patient Centered Behavioral Health Design Competition
Form A: Submission Cover Sheet

All eligible submissions are blind. Please exclude any information that would identify individuals, organizations, or firms on your team. For the purposes of the blind review process, please develop a team name that will be used to identify your project. The team name should include at least two words and one number. (Examples: “Three Architects 3”)

Team Name: ____________________________

☐ Category A: New Design Solution
☐ Category B: Built or Un-built Commissioned Project

Room/Bay net area (sq. ft.)_________________

☐ Option 1: Patient Room
☐ Option 2: Nurse Station

Project Narrative: Please describe the features of this design that facilitate patient centered care.

Process: Please describe the strategies used to identify and address the needs of families in the development of this design solution. Category B, if a family user group or advisory committee participated in the design process, please indicate. Identify the Principles of Patient-Centered Design followed (see page 5 of this document).

EBD: Please describe the steps of the Evidence Based Design process used to inform the project.

Display: Top 3 teams may be asked to submit one 30”x40” board and a complete virtual model (Revit, 3ds Max or Sketch Up) representing their design solutions to be displayed during the conference. If requested, please agree to the following:

- I will ship the board to be delivered by 11/13/15 to a Washington, DC location to be determined. ☐ Yes
- I will share our CAD and 3D model files by 9/1/15, to be used to prepare the virtual reality presentation. ☐ Yes
- I will present my project in a conference session (date/time TBD) at the 2015 Healthcare Design Conference. ☐ Yes
- If my submission wins, I will provide construction documents for the model to be built. ☐ Yes

Submission checklist:
☐ Page 1. Form A: Submission cover sheet, This form should be page 1 of your submission package.
☐ Page 2. Partial floor plan
☐ Page 3. Full color finished floor plan showing floor pattern
☐ Page 4. Min. of 2 Elevations (showing the headwall + one other wall/partition), Photos are allowed for Category B
☐ Page 5. 2 full color, 3D drawings depicting the interior architecture of the patient room, Photos are allowed for Category B
☐ Page 6. Form B: Product selections (page 8 of The 2015 Patient Centered Behavioral Health Environment Call for Submissions)
The following product vendors have made a commitment to support the 2015 Patient Centered Behavioral Health Design Competition by donating funds and products for the development of the behavioral health space mock-up. They currently offer products that you may wish to consider for your design submission. If you are not able to find the product specifications that you seek within their product line, please contact the representative named for each company. This representative will work with you to make provisions for your project needs. If the representative is not able to accommodate your design needs, you will be allowed to suggest a different brand.

<table>
<thead>
<tr>
<th>Category</th>
<th>Vendor</th>
<th>Product Name</th>
<th>Finish Selection</th>
<th>Color Selection</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Window Treatments</td>
<td>Contact: Laura Silva, <a href="mailto:lsilva@webbshade.com">lsilva@webbshade.com</a>, 800-262-9322 ext. 13</td>
<td>WEBB</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flooring</td>
<td>Contact: Melissa Quick, <a href="mailto:mquick@flexcofloors.com">mquick@flexcofloors.com</a>, 800-862-7539</td>
<td>FLEXCO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture/Casework</td>
<td>Contact: Jessica Sanders, <a href="mailto:jsanders@ofsbrands.com">jsanders@ofsbrands.com</a>, 336-822-8134</td>
<td>carolina</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lighting:</td>
<td>Lauren Roberts, <a href="mailto:lroberts@visalighting.com">lroberts@visalighting.com</a>, (201) 245-5500</td>
<td>VISA LIGHTING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sound Masking System</td>
<td>Contact: Nik Moeller, <a href="mailto:nmoeller@logison.com">nmoeller@logison.com</a>, 866-LOGISON (564-4766)</td>
<td>LogiSon</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please see [http://www.ifpcd.org/competition-products](http://www.ifpcd.org/competition-products) for instructions to designers.
2015 Patient Centered Behavioral Health Environment Registration Form

This form is for submissions by postal mail only. To register online, please visit
http://events.constantcontact.com/register/event?llr=bpjdpeeab&oeidk=a07eb399sen88751f6c.

Team representative (person completing this form):

First Name: __________________________________________
Last Name: __________________________________________
Email Address: _______________________________________
Phone: ______________________________________________

Design Team:

Company or School (if applicable): _________________________
Mailing Address: ______________________________________
Phone: ______________________________________________
Website: _____________________________________________

Please list the exact text to be included in the design credit for this submission. This should include the names and
credentials of all team members, design firms, client owner, artists and photographers, etc.

Please list the exact text to be included in the design credit for this submission. This should include the names and
credentials of all team members, design firms, client owner, artists and photographers, etc.

Team Leader: The team leader of the winning project will receive one free registration for the 2015 Healthcare Design
Conference. Please enter his/her contact information below.

First Name: __________________________________________
Last Name: __________________________________________
Email Address: _______________________________________
Phone: ______________________________________________

For the purposes of the blind review process, please develop a team name that will be used to identify your project. The team
name should include at least two words and one number. (Example: “Three Architects 3”)

Team Name: __________________________________________

PAYMENT: Full payment of your registration fee must be remitted with your registration form.

☐ Payment by check: Please send this registration form, a CD containing a pdf of your submission, along with your check
for $299.00 payable to: Institute for Patient-Centered Design, Inc.
P.O. Box 856
Summerville, SC 29484

No refunds will be made for entry fees. If you prefer to pay by credit card, please complete this form online at
http://events.constantcontact.com/register/event?llr=bpjdpeeab&oeidk=a07eb399sen88751f6c.

I accept the rules of entry outlined in 2015 Behavioral Health Design Competition Call for Submissions and I am authorized
to submit this project on behalf of the project team.

Signature ___________________________ Date ___________________
James M. Hunt, AIA; Co-author “Guidelines for the Built Environment of Behavioral Health Facilities”

Mr. Hunt is a registered Architect and graduate of Kansas State University (Bachelor of Architecture) with over forty-five years of experience in all phases of the construction industry. He is the former Director of Facilities Management for the Menninger Clinic (a world renowned private mental health facility), where he served for twenty years.

He has worked with behavioral health facilities in over thirty states and British Columbia, Canada on design and remodeling of this type of facility. He is the co-author of the “Guidelines for the Built Environment of Behavioral Health Facilities,” published by the Facility Guidelines Institute (FGI). The National Association of Psychiatric Health Systems (NAPHS) presented James Hunt their Quality Achievement Award in 2013 in recognition of ten years of work revising and updating this document, which was published on their website from 2003 through 2014.

Mr. Hunt currently owns and operates Behavioral Health Facility Consulting and is a principal in Behavioral Healthcare Architecture Group which has offices in Topeka, KS and New York, NY.

Dr. Mardelle McCuskey Shepley, B.A., M.Arch., M.A., D.Arch.

Mardelle Shepley is a professor in the Department of Design and Environmental Analysis and associate director of the Healthy Futures Institute at Cornell University. Previously she served a professor and director of the TAMU Center for Health Systems & Design. Mardelle is a fellow in the American Institute of Architects and the American College of Healthcare Architects. She is LEED and EDAC certified. Dr. Shepley has authored/co-authored five books, including Healthcare Environments for Children and their Families (1998), A Practitioner’s Guide to Evidence-based Design (2008), Design for Critical Care (2009), Health Facility Evaluation for Design Practitioners (2010) and Design for Pediatric and Neonatal Critical Care (2014). To enhance the link between research and practice, Dr. Shepley has worked in professional practice, full-time and part-time, for 25 years. She is founder of ART+Science, design research consultants.

Patient & Family Participation

The 2015 Patient Centered Behavioral Health Design Competition Jury also includes patient/family representation, with experience navigating the behavioral health system. For privacy reasons, biographical information and photographs have been omitted.
Sheila Andrews, Licensed Nurse

Sheila Andrews is a healthcare IT consulting professional who began her healthcare career more than thirty years ago when she worked as a nurse in the Emergency Department. Sheila enjoys creativity, art, design and walking around in the beauty of the Pacific Northwest.

Sheila volunteers at the Olympia Free Medical Clinic in Washington state. The Olympia Free Clinic operates several clinics focused on primary care, women’s health, physical therapy/chiropractic, and massage. The clinic has added the Mental Health Access Program to our array of services which helps to support a holistic approach to providing quality health care to vulnerable community members experiencing anxiety and depression. Sheila performs nurse triage, often in conjunction with a psychologist, and enjoys supporting others with dignity, caring and kindness.

Heidi Wurtz, RN, BSN

Heidi Wurtz has 15 years of behavioral health experience, including roles as Head Nurse of Psychiatric Research at the Dallas VA Medical Center and Clinical Director of Psychiatry at Zale Lipshy University Hospital in Dallas. She has additional years of healthcare IT consulting, and currently is an independent consultant for firms needing assistance with methodology and tools design, business strategy and process improvement. Heidi is a principal at Heidi Wurtz & Associates and CEO of Seacoast Massage & Wellness.

Carrie Mull, BSN, RN-BC (not pictured)

As a nurse manager and board certified in mental health and geriatric nursing, Carrie's focus has been on caring for patients with mental illness and for staff that provides care to patients with mental illness. Carrie's background in discharge coordination and nursing management allows her to accurately assess barriers that both patients and caregivers face when attempting to advocate for a grossly underserved population. Carrie has served on the Board of Directors for a community mental health agency and has worked in several different roles on an integrated psychiatric and medical inpatient unit. She is currently working on her doctorate degree in nursing practice. She has presented at several conferences about ways to improve access and sustain positive outcomes for patients with mental illness. She has recently completed a psychiatric medical unit design project and presented at the Health Care Design conference.