

## MEETING REPORT

### ORLANDO AIA HEALTHCARE COMMITTEE

DATE OF MEETING: 12 November 2004

DATE OF ISSUE: 16 November 2004

PRESENT:

Karen D. Jones/AIA Orlando  
Walt Stellpflug/HuntonBrady  
J. Greg Braithwaite/HuntonBrady  
Paul Macheske/HuntonBrady  
Robert Yohe/RLF  
Eric Antalek/HKS  
Wayne Baker/HKS  
Carl Beers/HKS  
John P. Lowe/RLF  
Steve M. Langston/RLF  
Larry J. Trobough/ Technology Research & Consulting,  
Inc.  
Marcia Z. Musico/TLC  
Michael Sheerin/TLC

LOCATION: Amherst Building (downstairs)/Conference Room (Koger Center)

PURPOSE: Kickoff Meeting

ATTACHMENTS: None

#### Introductions

Discussion about what we think an AIA Healthcare Committee should do and be:

- a. Provide a voice for Architects, Engineers and Consultants who are involved in healthcare facilities design.
- b. Support research and add to the body of evidence-based design knowledge.
- c. Share knowledge and be a collaborative group.
- d. Understand issues and further develop the knowledge base.
- e. Raise the quality of design in healthcare facilities.
- f. Establish educational issues that need to be addressed.
- g. Serve as a resource for interpretation of the Florida guidelines.
- h. Discuss how changes in the healthcare system (both national and local) affect the work that Architects, Engineers and Consultants do

- i. Provide the community at large a better understanding of who the Architects involved in healthcare are, and what we do. Get the community involved (e.g. bring in speakers from various healthcare groups, such as breast cancer survivors).
- j. Provide a forum where the future of healthcare architecture can be discussed.

Discussion about possible program topics and events:

- a. Issues related to technological advances in medicine that architects should know about.
- b. Invite CEO's of local hospitals to let the architects know what challenges they see and face.
- c. How homeland security is being brought into hospitals.
- d. Invite head nurses to talk about their perspectives and needs.
- e. Bring in vendors of cutting edge technology to understand what they offer and how that will affect healthcare design.
- f. Category 5 rated buildings.
- g. ACHA certification.
- h. LEED certification for healthcare.
- i. Invite end users to a panel discussion where they can share their issues and concerns. This might work if there is a good agenda.
- j. Why is it so difficult to design award winning healthcare projects?
- k. Project tours (because it is very difficult for individuals to get in on their own)
- l. What is good healthcare design?

Discussion about funding sources:

- a. Are the firms represented by members of the committee willing to support this effort through contributions? How much? Shouldn't we develop a clear understanding of what the committee will do before we start talking about funding? Yes.
- b. Vendors could be asked to sponsor the various meetings, lectures, events, etc.

Other points of discussion:

- a. It is important to bring knowledge to the table, i.e., "raise the bar", so that there will be fewer questions about "milking" the budget when we try to create higher quality patient care environments.
- b. Will there be issues related to firms not wanting to share information?
- c. Should presentation be recorded and burned to CD or DVD?
- d. Is there a need to have meetings in different parts of the state because some of the end users will not be willing to travel to Orlando? This might need to be brought to the attention of AIA Florida. Also, other chapters could possibly sponsor meetings in their area.
- e. The AIA Orlando chapter does have it on schedule for a meeting dedicated to healthcare.
- f. Should we try to have a presence at the state convention?

- g. There is evidence in the marketplace that exceeding the basic design is important to some organizations, but not if they are going to pay more for the highest quality of work.

What are the next steps?

- a. Elect a chair.
- b. AIA programs committee needs to be advised of any new programs.
- c. Set realistic goals, such as quarterly presentations rather than monthly.
- d. Determine the program schedule. It was suggested that there could be one lecture as a public forum; one as a lecture with a national impact; one as a vendor presentation; one as a tour.
- e. Next meeting: 1/14/05 @ TLC.
- f. Provide suggestions for vendor who could present at the 1/14/05 meeting by next Wednesday, 11/17/04.
- g. Review mission statement.

#### **END OF MEETING**

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This report is assumed to be a true and accurate account of this meeting, unless written notification to the contrary is received within ten (10) working days of the date of issue of this report.

Respectfully Submitted,

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