

ROYAL COLLEGE OF PHYSICIANS LONDON | 11-13 JUNE 2018

EUROPEAN HEALTHCARE DESIGN

RESEARCH • POLICY • PRACTICE

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ARCHITECTS FOR HEALTH

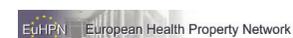
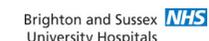
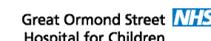


CALL FOR PAPERS

UTOPIA OR DYSTOPIA?
VISIONING THE FUTURE OF HEALTH

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Partners



UTOPIA OR DYSTOPIA?

VISIONING FOR THE FUTURE OF HEALTH

As societies undergo economic, political and social shifts against rapid technological change and disturbance to our natural environment, health systems need radical rethinking. How will our choices define healthcare for future generations?

The future is accelerating ever faster towards us. Fictional predictions of the past 50 years – such as driverless cars and interactive robots – are now here. Advances in healthcare technologies are hastening, from remote or algorithmic diagnosis, to the application of AI, nanotechnology and personalised medicine. The means with which we can diagnose, cure or manage diseases and chronic conditions are growing every year.

Health systems have changed at a slower pace. Some 'new models' of care are now emerging, with an emphasis on population-based models that work across the continuum of primary, community, mental health and acute care. But the profound social, political and economic implications associated with refining complex systems present challenges that often put a brake on progress.

Providing an interdisciplinary forum for policy advisors, researchers and practitioners from around the globe, the 4th European Healthcare Design 2018 (EHD2018) Congress & Exhibition will be held on 11–13 June, 2018 at the Royal College of Physicians in London, UK. Organised by Architects for Health and SALUS Global Knowledge Exchange, the Congress adopts a whole-system approach to redesigning European health systems and services, through the exchange of knowledge, research and international best practice on the relationship between health system and service design, technology and the built environment.

Transforming healthcare's system architecture to improve performance, quality, access and outcomes is often challenged by the legacy of its built and technological infrastructure, and the failures of more innovative commercial design thinking to deliver on its promise.

Great progress has been made in designing buildings and places that are more humane and compassionate, to re-assure, uplift and bring pleasure to patients and staff. But more innovation is needed in the way we think about the building typologies and settings for health and care, and their integration with technology now and in the future. The architecture of healthcare was set free from its functional, industrial form 20 years ago and, globally, there are wonderful examples of buildings that are beautiful and have redefined the healthcare

they accommodate. But we're still uncertain about the nature these adapted buildings should take. The new definition of healthcare architecture is yet to be understood by the health professions or the public. Indeed, do we need recognisable building types anymore? Do health buildings have public responsibilities?

Most public buildings – healthcare included – benefit as much from applied and embodied art as they do from traditional artworks. As art and technology fuse in the virtual and physical world, how can we exploit these opportunities in healthcare design to improve the experience and outcomes for patients, families, and staff?

The architecture of healthcare must also contribute to sustainable development. The scale of larger hospital projects provides opportunities for creating 'healthy' mixed-use communities on 'green' campus sites. There is also an increasing need for an architectural response to the consequences of climate change. Healthcare providers must also show leadership in minimising and preparing for the impact of environmental disasters on the health of their communities. We must continue to promote whole-life values over the emphasis on short term capital investment and adopt a systems based ecological approach to energy, materials use and an informed application of technology.

With a more health-conscious, hard-wired digital generation reaching adulthood, young people today are developing different attitudes to personal health and organised healthcare than previous generations. The difficult choices being made now around the design, funding and development of our healthcare buildings, technology and system architecture will define whether healthcare provision is a utopia or dystopia for future generations.

We're delighted to invite you to participate and contribute to the exchange of knowledge needed to transform our healthcare systems, by submitting abstracts by 8 December, 2017.



JOHN COOPER
Past Chair
Architects for Health



MARC SANSOM
Director
SALUS Global Knowledge
Exchange

Organised by:



CALL FOR PAPERS

European Healthcare Design 2018 (EHD 2018) is the fourth global forum for the exchange of knowledge on the relationship between research and health policy and practice within the field of healthcare design.

Congress attendees will develop their knowledge of the political, social and economic context, emerging practice, skills and core competencies in designing and commissioning health services, technology and infrastructure, project management, and the evidence base for healthcare design and quality improvement. We are delighted to invite you to submit abstracts on the following core themes.

Plenary theme

Utopia or dystopia? Visioning the future of health

Congress streams

Integrated and accountable care: advancing quality, safety and value

- Designing across organisational and service boundaries

The convergence of medicine and architecture: new modes of practice

- Multi-disciplinary approaches to transforming services and environments

Science, technology and innovation: the age of the algorithm

- How digital health technologies will transform care pathways

Commercial design: Investing in transformation

- Aligning health infrastructure investment to emerging clinical models

Art, design and technology: enhancing the human experience

- Psychological, intellectual and physical responses to healthcare spaces

Sustainable development: Designing to meet the triple bottom line

- Aligning sustainable clinical practice to 'green' infrastructure

Authors are invited to submit abstracts of 400 words in English for any of the following: a) themed paper; b) poster; c) workshop; d) colloquium.

The abstract should clearly state the background, purpose, methods, results and conclusions/implications. Presentations in all four formats can be focused on any of research, practice or theory. For more detailed Abstract Guidelines, visit www.europeanhealthcaredesign.eu.

Each presentation will be delivered to an interdisciplinary audience, and each stream carefully curated to encourage an informed dialogue. Papers addressing more than one of the congress themes will be given preference. All abstracts will be subject to a rigorous blind peer-review process by the EHD 2018 Programme Committee. A carefully selected number will be chosen for oral presentation with a wider number presented as posters.

Proposals must be submitted using the abstract proposal form, available at www.europeanhealthcaredesign.eu and MUST include the following details:

- a) presentation type (themed paper, poster, workshop or colloquium);
- b) knowledge focus (research, practice or theory);
- c) congress theme (plenary or stream)
- d) title;
- e) author(s);
- f) organisational affiliation; and
- g) three keywords.

The abstracts of the papers and posters chosen for presentation will be published in the Final Programme. Please note: the author(s) and/or co-author(s) are required to register and pay the registration fee to participate in the congress. The official language of EHD 2018 is English.

Full edited versions of the papers and videos may be published on the SALUS Global Knowledge Exchange at www.salus.global following the congress. No paper will be published without the author's consent.

More information on the conference venue, hotel accommodation and registration fee is available at www.europeanhealthcaredesign.eu.

All abstracts and enquiries should be submitted by e-mail to the EHD 2018 Secretariat no later than **8 December, 2017** at the following address:

EHD 2018 Secretariat

E-mail: info@europeanhealthcaredesign.eu

Tel: + 44 (0)1277 634176 • Fax: + 44 (0)1277 634041

Who should submit a paper and attend?

The European Healthcare Design Congress & Exhibition is now in its fourth year and attracts the world's leading interdisciplinary policymakers, researchers and practitioners in the field of healthcare design. The congress will be of interest to:

- Physicians
- Healthcare executive
- Estates/capital development
- Nursing professionals
- Commissioners
- Health scientists
- Service designers
- Clinical managers
- Architects and designers
- Engineers and developers
- Health planners
- Occupational therapists
- Psychologists
- Economists

PROVISIONAL TIMETABLE

16 October 2017

Announcement of Call for Papers

15 November 2017

Announcement of Call for Entries for EHD Awards 2018

8 December 2017

Deadline for EHD 2018 Congress abstracts

8 February 2018

Launch of the Preliminary Programme

22 February 2018

Deadline for EHD 2018 Awards submissions

12 April 2018

Deadline for early bird/speaker registration, and paper manuscripts

Monday 11 June 2018

09.00–18.00: EHD 2018 Congress & Exhibition

18.00–20.30 Welcome drinks reception

Tuesday 12 June 2018

09.00–18.00: EHD 2018 Congress, Exhibition and Awards

18.00–22.00: Garden Party

Wednesday 13 June 2018

09.00–17.00: Study visits to UK health facilities (to be advised)

Cover credits (clockwise from top):

Biripi Clinic, Purfleet, Australia, designed by Kaunitz Yeung Architecture; Eastwood Health & Care Centre, Scotland, designed by Hoskins Architects; Vårdcentralen Nötårman, Bergsjön, Sweden, designed by Wingårdh Arkitektkontor; Haunersches Children's Hospital at Grosshadern Campus, Germany; designed by Nickl & Partner Architekten AG

THE PROGRAMME COMMITTEE



Dan Wellings MSc Public Health, senior fellow – policy, King's Fund, UK

Dan has expertise in patient and staff experience and public perceptions of UK and international health systems. Dan was previously head of insight and feedback at NHS England and research director at Ipsos MORI. He has a Masters in public health from the London School of Hygiene and Tropical Medicine.



Charlotte Ruben, partner, White Arkitekter, Sweden

Charlotte began her career as an urban designer but has since specialised in healthcare design. Social commitment, wisdom and beauty are all drivers in her approach. As one of the lead architects behind the New Karolinska University Hospital her team have attracted international acclaim and recognition for innovation.



Prof Noemi Bitterman PhD, Academic Director, Masters of Industrial Design (MID), Technion, Israel.

Prof Noemi Bitterman is the founder and chair of master in Industrial Design with focus on medical and social design at the Technion, Israel. Her academic background includes PhD in Medical Sciences and M.Sc in Industrial Design, including Post Doctoral fellowship at the University of Pennsylvania, USA.



John Cooper, BA, Dip Arch Cantab ARB RIBA, director, John Cooper Architecture (JCA), UK

John has been a principal in practice for 33 years. Having co-founded Avanti Architects in 1981, he set up JCA in 2009, and the practice has since designed hospitals in the UK, Ireland, South Africa, Iceland and Australia. He was chair of Architects for Health from 2009 to 2014.



John Cole CBE, honorary professor, Queen's University Belfast, UK

John is honorary professor at the School of Planning, Architecture and Civil Engineering, Queen's University Belfast. Also a procurement champion for RIBA, he was previously deputy secretary at the Department of Health, Social Services and Public Safety in Northern Ireland.



Peter Fröst, PhD, professor in healthcare architecture, Sweden

An architect with 30 years' experience, Peter created the Centre for Healthcare Architecture at Chalmers University of Technology in Sweden, in 2010. He teaches at masters level and tutors PhD students. His research focuses on evidence-based co-design approaches in healthcare architecture.



Neil Halpern MD, chief of critical care medicine, Memorial Sloan Kettering Cancer Center, USA

A professor of medicine and anesthesiology at Weill Cornell Medical College, Neil is also a member of the editorial board of Critical Care Medicine and CHEST. His specialties include ICU design innovation, advanced ICU informatics, and point-of-care testing.



Sasha Karakusevic, NHS Horizons, UK

Having started his career in maxillofacial surgery, Sasha has been involved in system design for more than 25 years. Having spent many years in Torbay and South Devon developing integrated care, he is now working with NHS Horizons to support large-scale transformation in the health sector. He is interested in using design as a tool for organisational development and transformation.



Sylvia Wyatt, MA AHSM, advisor, AgeUK IW, UK

Sylvia is an advisor to AgeUK Isle of Wight and is a governor of University Hospital Southampton NHS FT, having previously set up and run the NHS Confederation's Future Health Care Network. She also worked for the Scottish Government, on shifting health and care towards early intervention and prevention.



Bas Molenaar, emeritus professor, Technical University Eindhoven, Netherlands

Emeritus professor Bas Molenaar has taught Healthcare Architecture at Technical University Eindhoven for the past seven years. With his practice, EGM architects, he designed the OLVG in Amsterdam and the Tony Moleapaza Children's Hospital in Arequipa, Peru.



Diana Anderson MD, M.Arch, Doctitect, Canada

Diana is a board-certified healthcare architect with the American College of Healthcare Architects (ACHA) and a board-certified physician through the American Board of Internal Medicine (ABIM). Diana combines educational and professional experience in medicine and architecture. She is co-founder of Clinicians for Design.



Marte Lauvsnes, project and development hospital planning manager, Sykehusbygg, Norway

A trained intensive-care nurse, Marte is project and development hospital planning manager for Sykehusbygg, the Norwegian Hospital Construction Agency. Previously, she was hospital planner and research manager for the hospital planner group in SINTEF Health Research.



Ganesh Suntharalingam MB BChir Medicine, Honorary Secretary, Intensive Care Society

Ganesh is an intensive care consultant with a specialist interest in leadership, service design and development. He is honorary secretary and forthcoming president-elect of the Intensive Care Society. Within his NHS trust he has been a design champion and design quality chair for a new-build PFI.

Organising Committee

Marc Sansom, managing director, SALUS Global Knowledge Exchange, UK

Christopher Shaw, chair, Architects for Health, UK

Jonathan Erskine, director, European Health Property Network, UK

Nicola Howard, commercial director, SALUS Global Knowledge Exchange, UK

Claudia Bloom, executive board, Architects for Health, UK

Jim Chapman, Manchester School of Architecture, UK

Stephanie Williamson, deputy director of development, Great Ormond Street Hospital for Children NHS Foundation Trust, UK

Jane Willis, director, Willis Newson, UK

For further enquiries on the event programme, sponsorship or exhibition opportunities, contact:

SALUS Global Knowledge Exchange E: info@europeanhealthcaredesign.eu • T: +44 (0)1277 634176

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