



**GUIDELINES AND PROCEDURES FOR SUBMITTING COMMENTS
to the
REPRESENTATIVE HEARING ON
THE IMPACT OF FACILITY-BASED REQUIREMENTS ON THE DELIVERY OF
PERSON-CENTERED CARE**

I. Introduction

The healthcare environment is changing and facilities need to keep pace—particularly with the growth in a senior population in need of care. The design, construction and operation of these facilities must respond to these needs and provide the environment necessary for effective delivery of quality, person-centered care.¹

Facilities should help facilitate provision of care, not detract from the ability to provide quality, cost effective healthcare. However, differing requirements on the design, construction and operations of facilities distract from the ability of the facility to provide care and place undue monetary expense on providers—money that could be better applied towards the provision of patient services. As healthcare costs continue to rise, the facility should not be placing undue burden on providers.

In recognition of the impact that the varying requirements on design, construction and operations of facilities has on all aspects of the building industry, the National Institute of Building Sciences (Institute) will conduct a representative hearing on the impact of facility-based requirements on the delivery of person-centered care on August 31, 2017. The hearing will provide an opportunity for representatives from the planning, design, construction, operations, ownership, finance, insurance, regulatory, and other segments of the U.S. building industry and healthcare providers and consumers to speak about the challenges they face and offer potential solutions. The Institute is particularly interested in receiving testimony from organizations that have moved beyond traditional approaches to address concerns related to providing person-centered care. Case studies, best practices and data on the benefits of such approaches are encouraged.

The hearing will be open to anyone interested in attending. Both written and oral testimony will be accepted from all interested parties.

The testimony will inform the development of a strategic vision to help the industry overcome the challenges posed by business as usual. The vision and accompanying principles and practices are

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¹ According to the Mayer-Rothschild Foundation, “Person-Centered Care” is anchored in values and beliefs that return the locus of control to elders and those who work closest with them to support their quality of life. It is delivered in a built environment that is designed to be supportive, healing, and non-institutional.

intended to provide the industry, as a whole, and individual participants with a path forward to advance person-centered care. Results also will inform activities within the Institute, including discussions during the Institute's Annual Conference, Building Innovation 2018; development of the 2017 Consultative Council's *Moving Forward* Report; and activities of the various Institute councils and committees.

The Institute strives to be a respected source of unbiased information for the building community. Given its Congressional mandate to serve as an authoritative national source to make findings and advise both the public and private sectors of the economy with respect to the use of building science and technology, the Institute is the ideal organization to lead a national conversation on these challenges before the building and healthcare industries.

II. Representative Hearing Procedures

The Institute has scheduled a representative hearing for August 31, 2017, beginning at 9:00 am EDT at its Headquarters, located at 1090 Vermont Ave., N.W., Suite 700, Washington, DC 20005. Presiding over the hearing will be Institute President Henry L. Green, Hon. AIA. At the hearing, interested parties are invited to provide up to 10 minutes of testimony. While actual content of such testimony is up to the individual, each participant is encouraged to address the issues identified in Section III. In addition to oral testimony, participants are encouraged to provide written testimony as identified in Section IV(b).

Organizers will group participants into sessions based on the building community sectors they represent, and determine the actual times of sessions by the number of received requests to present. Initial sectors identified are listed below, but others may be added based on input received:

- Government (Policy/Regulatory/Voluntary)
- Building Owners/Facility Managers/Commissioning
- Architects/Engineers
- Insurance & Finance
- Codes & Standards/Rating Systems
- Researchers, Academics
- Healthcare Providers and Consumers
- Other

To provide oral testimony, interested parties should send a notice of intent to speak to Holly Velez via e-mail (hvelez@nibs.org) by August 24, 2017, at 5:00 p.m. EDT. Such a notice shall include the following:

- Name of person testifying
- Contact information
- Organization representing (if applicable)
- Preferred sector session

Once the deadline closes, requesters will be notified of the time for their particular session. The entire representative hearing will be open to interested parties.

III. Topics of Interest

While the actual content of written and oral testimony is up to the participant, the Institute requests that participants focus on providing solutions-focused testimony that addresses the issues below. Participants are encouraged to provide case studies and best practices, along with supporting data on how they address facilities that foster patient-centered care.

- How do you/your organization currently collect and evaluate relevant project data? Given your areas of interest and expertise, what project-related data is most critical?
- What challenges have you experienced related to regulations and patient-centered care? How have you overcome such challenges?
- Provide recommendations on how the Institute and the building community should proceed in identifying, collecting, funding, compiling and disseminating information and data to advance patient-centered care in the sector.
- How are tools, technologies, processes and practices, such as building information modeling (BIM), commissioning, off-site construction methods, integrated design processes, contracting models and performance-based contracting, impacting creation and operation of facilities that foster patient-centered care?

IV. Testimony Requirements

In addition to or in lieu of giving oral testimony, speakers and others are encouraged to provide written comments to the Institute. While such comments are preferred to be received in advance of the hearing, the record will remain open for 15 days following the hearing. The record closes at 5:00 p.m. EDT on September 15, 2017. All testimony will be made public and; therefore, shall not contain information considered confidential. By providing testimony (either oral or written), the participant grants the Institute an unlimited, permanent, nonexclusive license, under which the Institute may film, record, transcribe or quote from the materials, create derivative works and publish in any format. The Institute will not be required to pay royalties or make any payment.

a. Oral Testimony

Participants testifying at the hearing will be allowed to use PowerPoint slides, which will then become part of the hearing record. (Presenters also are encouraged to provide written testimony to support any PowerPoint slides.) Such presentations should be submitted to Holly Velez (hvelez@nibs.org) by August 24, 2017, at 5:00 p.m. EDT. The presentation should be clearly labeled with the name of the presenter in the title. The hearing itself is subject to audio or video recording. (Participants are encouraged to give testimony in person. Call-in service will be available (listen-only during presentations and testimony.)

b. Written Testimony

All interested parties are encouraged to provide written testimony to the Institute. While such testimony is preferred to be received in advance of the hearing, the record will remain open for 15 days following the hearing. The record closes at 5:00 p.m. EDT on September 15, 2017. All written testimony shall be submitted to Holly Velez (hvelez@nibs.org) and include:

- Name of person providing testimony
- Complete contact information
- Organization representing (if applicable)
- Most appropriate sector

V. Presiding Representative Bio

Henry L. Green, Hon. AIA: The National Institute of Building Sciences appointed Henry L. Green, Hon. AIA as President and CEO in August 2008. Prior to this appointment, Henry served as Executive Director of the Bureau of Construction Codes in the Michigan Department of Labor for more than 19 years. Henry was a founding member of the International Code Council Board of Directors, completing a term as President in 2006. He served as a member of the National Institute of Building Sciences Board of Directors for 8 years, completing a term as Chairman in 2003. Henry was a member of the Building Officials and Code Administrators International (BOCA) Board of Directors for 10 years, holding the position of President in 1997. Henry was named “1990 Man of the Year” by the Automatic Fire Alarm Association (AFFA), and received the “Distinguished Service to Government” Award from the Building Industry Association of Southeastern Michigan in 1998. He received the Walker S. Lee Award in recognition of outstanding service to BOCA in 1999. In 2005, Henry was recognized by the United States House of Representatives for his work as “...a tireless advocate for building safety and enforcement of codes,” and was named an Honorary Architect by the American Institute of Architects in 2008. In 2010, Henry was honored by the High-Performance Buildings Congressional Caucus Coalition with the Leadership Towards High-Performance Award in recognition of his personal and organizational leadership toward widespread realization of high-performance buildings. In 2013, Henry received the International Code Council’s Bobby J. Fowler Award, which is presented to an individual whose contributions to the building safety industry advance the Code Council’s goals to achieve a safer built environment.

VI. About Hearing Sponsors

Mayer-Rothschild Foundation: The Mayer-Rothschild Foundation was created in 2016 to honor the passion and dedication of Robert N. Mayer, PhD and his work with the Hulda B. & Maurice L. Rothschild Foundation. It is a private national philanthropy with primary interest in improving the quality of life for elders in long-term care communities. The Mayer-Rothschild Foundation is the only national philanthropy exclusively committed to person-centered long-term care in the United States. The Mayer-Rothschild Foundation is presently working with providers, consultants and national

organizations to rethink the culture, built-environment, and process of developing long term care communities.

National Institute of Building Sciences (Convener): The National Institute of Building Sciences was authorized by the U.S. Congress in the Housing and Community Development Act of 1974, Public Law 93-383. In establishing the Institute, Congress recognized the need for an organization that could serve as an interface between government and the private sector. The Institute's public interest mission is to serve the Nation by supporting advances in building science and technology to improve the built environment.

Through the Institute, Congress established a public/private partnership to enable findings on technical, building-related matters to be used effectively to improve government, commerce and industry.

The Institute is a non-profit, non-governmental organization bringing together representatives of government, the professions, industry, labor and consumer interests to focus on the identification and resolution of problems and potential problems that hamper the construction of safe, affordable structures for housing, commerce and industry throughout the United States. The Institute provides an authoritative source of advice for both the private and public sector of the economy with respect to the use of building science and technology. Congress recognized that the lack of such an authoritative voice was a burden on all those who plan, design, procure, construct, use, operate, maintain and retire physical facilities, and that this burden frequently resulted from failure to take full advantage of new useful technology that could improve our living environment. See www.nibs.org.

Academy for Healthcare Infrastructure (AHI): The Academy, a Council of the National Institute of Building Sciences, serves as a collaborative network, bringing groups of leading professionals together to explore large, comprehensive ideas. Interdisciplinary Research Teams consisting of small groups are organized around highly focused missions to address specific problems. These Academy Teams will work on a number of specific goals, such as: identifying current best practices in a variety of categories; envisioning the future of the healthcare infrastructure industry in a variety of categories; engaging appropriate industry leaders to develop new approaches for solving critical problems; and determining how best to efficiently disseminate the findings of the AHI Teams to the industry, as well as publishing critical industry performance metrics.

VII. Contacts

For information on the data collection initiative and the representative hearing, contact Stephanie Stubbs, National Institute of Building Sciences, 1090 Vermont Ave., N.W., Suite 700, Washington, DC 20005, 202-289-7800 x139, sstubbs@nibs.org.