

ROYAL COLLEGE OF PHYSICIANS LONDON | 10-12 JUNE 2024

EUROPEAN HEALTHCARE DESIGN

RESEARCH • POLICY • PRACTICE

CALL FOR PAPERS

NATURAL INTELLIGENCE:
CREATING SELF-LEARNING HEALTH SYSTEMS

DEADLINE FOR PAPERS: 1 DECEMBER 2023

www.europeanhealthcaredesign.eu | info@europeanhealthcaredesign.eu

@EHDCongress #EHD2024

Organised by

SALUS
GLOBAL KNOWLEDGE EXCHANGE

AfH

Partners

Alder Hey Children's NHS Foundation Trust

Guy's and St Thomas' NHS Foundation Trust
essentia

Great Ormond Street Hospital for Children NHS Foundation Trust

Moorfields Eye Hospital NHS Foundation Trust

NHS

Oriel
Creating the centre for advancing eye health

Imperial College Healthcare NHS Trust

GIG Cymru NHS Wales
Ymddiriedolaeth GIG Prifysgol Ffeindre Velindre University NHS Trust

CHALMERS UNIVERSITY OF TECHNOLOGY
CVA Centre for Healthcare Architecture

AHDC
AUSTRALIAN HEALTH DESIGN COUNCIL

European Health Property Network

THE HELEN HAMLYN CENTRE FOR DESIGN

SYKEHUSBYGG

HEALTHCARE PLANNING ACADEMY

HEALTHCARE DESIGN LEADERSHIP

NATURAL INTELLIGENCE: CREATING SELF-LEARNING HEALTH SYSTEMS

Faced with the challenges of implementing climate-smart healthcare systems, delivering new service and asset models that strengthen resilience, and creating humanistic environments that promote wellbeing, how do we create self-learning health systems?

The most successful organisations also tend to be the best at learning. They are able to build collective intelligence, continuously refresh it, and make it readily accessible. Ideally, every action adds to existing pools of knowledge and skills, and learning becomes embedded in ways of thinking and doing. Conversely, we know that institutional amnesia is wasteful and costly, leading to unnecessary re-invention and repetition of past mistakes.

Celebrating a decade at the vanguard of professional development and bridging the gap between research, policy and practice, the 10th European Healthcare Design Congress will once again welcome the healthcare design community to gather, share insights and learn from one another: learning from practice, from history, from experiments, from accidents, from success, and perhaps, most importantly, from failure.

At a time when everyone is talking about the need for system change, yet few are able to articulate the path to realising it, our proposition is that when real learning is embedded, systems naturally change for the better. Therefore, we invite stories of learning in healthcare, with examples of all scale and type, in ways of doing things organisationally, physically, clinically, and socially – seen through the lens of healthcare design.

Interconnectedness and artificial intelligence

As we approach the start of this century's second quarter, two factors compel an increased focus on learning. Firstly, we're now acutely aware of the interconnectedness of things. We now think of human beings as composed of billions of organisms, the health of which, or sometimes the lingering presence of which, is critical to general health. Intelligence, learning and communication are at the heart of understanding this interconnectedness.

The second factor is the rapidly evolving story of artificial intelligence. AI has been on the edge of debate in healthcare design for many years; for example, through its connection with enabling personalised medicine. Now, AI has embedded itself into our collective consciousness in a new way, with greater focus on both the risks and opportunities it presents for improving health outcomes.

One thing is certain – AI will not succumb to amnesia. But in healthcare, as well as more widely, can we deploy natural intelligence to be as good at learning and remembering? Indeed, do we need to rapidly develop better NI to deal with AI? Not to mention other areas in which learning is urgently needed to address colossal challenges – from delivering climate-smart healthcare systems and net-zero carbon strategies, to delivering new service models that promote quality improvement and

strengthen health system resilience, to creating humanistic environments that promote wellbeing and accelerate recovery while supporting patient identity and dignity.

These thoughts can apply to most, if not all, of the challenges facing health systems and healthcare design. Some progressive healthcare systems are engaging in the meticulous collection and deployment of data to address specific health challenges through better design – a clear example at the micro scale. Meanwhile, at the larger scale, wide adoption of digital technology is throwing up examples of innovative capture of user behaviour to inform patient experience and journeys.

One of the most established methods of learning in the built environment is post-occupancy evaluations (PoEs) – the systematic evaluation of a building's performance after it has been occupied. However, while there is general agreement about the value of PoEs, the healthcare industry has been sluggish in adopting them as the norm. Should they become a more regular part of our arsenal in creating self-learning health systems?

The current focus on modern methods of construction highlights many aspects of learning. If buildings are assembled comprising large numbers of repeatable parts, it's essential to optimise each component. Yet the construction industry does not follow the prototype-based model that has distinguished manufacturing – a model geared to learning from failure. In the case of health systems, the balance of investment between primary and acute care, and the preferred pathways to and through them, remain curiously indeterminate, with stakeholders seemingly unable to draw and implement valuable lessons.

A springboard to inspire

As always, we're inviting a wide interpretation of the theme: examples of how lessons from previous projects have been used to inform and improve healthcare designs in a replicable way; how organisational systems can ensure accumulated knowledge is not lost but made more accessible; how safe space is created so that fear of failure does not inhibit experiment and innovation; how cross-disciplinary and multidisciplinary working and learning increase capability; and how human judgment and intuition interface with AI.

The plenary theme should not be seen as a restraint on submissions. Rather, it should be seen as a springboard to inspire contributions, or simply be an ingredient within a paper that focuses on other relevant healthcare design topics. At the core, we aim to provide deeper thought to how we can learn better to collectively build the intelligence we need to face the challenges encapsulated in past themes of the Congress, and which continue to resonate with the healthcare design community today.



SUNAND PRASAD OBE PPRIBA
EHD Programme Director
Architects for Health



MARC SANSOM MBA
Director
SALUS Global Knowledge Exchange

CALL FOR PAPERS

The 10th European Healthcare Design 2024 Congress (EHD 2024) is dedicated to the global exchange of knowledge on the relationship between research, practice and policy in the design and planning of health systems, services, technology, workforce and infrastructure. The Congress is scheduled to be held 'in person' at the Royal College of Physicians on 10-12 June, and streamed online on SALUS TV to enable virtual participation.

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

Congress streams

- **Population health:** Redesigning health systems and partnering to integrate care and foster healthy communities
- **Health planning and investment:** New service and asset models that promote quality improvement and strengthen health system resilience
- **The intersection of clinical medicine and design:** Optimising environments and spaces to support clinical service planning strategies
- **Science, technology & digital transformation:** System-level adoption of digital health, AI, personalised medicine, and smart hospital innovations
- **Climate-smart healthcare:** Applying circular economy principles and net-zero carbon strategies to services, infrastructure, and supply chains
- **Art & architecture:** Humanistic environments that promote wellbeing, identity and dignity, support recovery, and empower patients
- **Tertiary care:** Planning specialist services and infrastructure, including mental health services, cancer care, women and children, and rehabilitation

Authors are invited to submit abstracts of 400 words in English for any of the following: a) themed paper; b) poster; c) workshop. The abstract should clearly state the background, purpose, methods, results and conclusions/implications. Presentations in all three formats can be focused on any of research, practice or theory. For more detailed abstract guidelines, visit www.europeanhealthcaredesign.eu.

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 2024 Programme Committee. A carefully selected number will be chosen for oral presentation with a wider number presented in poster format accompanied by a pre-recorded video talk.

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 or workshop); b) knowledge focus (research, practice or theory); c) congress theme (choice of three out of seven streams in order of preference); d) title; e) author(s); f) organisational affiliation; and g) three keywords.

The abstracts of the papers chosen for presentation will be published online. Videos of the talks and written papers, and digital versions of the posters with the accompanying pre-recorded video talk will be published online at www.salus.global. Presenters are expected to gain consent for video reproduction and digital dissemination of any material they present. Please note: the author(s) and/or co-author(s) are required to register and pay the registration fee to participate and present the paper at the Congress. Speakers will be expected to present 'in person'. Remote presentations will be possible if speakers are unable to attend in person due to medical or personal circumstances. The official language of EHD 2024 is English.

More information on the conference venue, hotel accommodation and registration fee will be available at www.europeanhealthcaredesign.eu in January 2024.

All abstracts should be submitted at: www.europeanhealthcaredesign.eu. All enquiries should be sent by e-mail to the EHD 2024 Secretariat at: **E: info@europeanhealthcaredesign.eu Tel: + 44 (0)1277 634176**

Who should submit a paper and attend?

The European Healthcare Design Congress, Awards & Exhibition attracts the world's leading interdisciplinary thinkers, researchers and practitioners in the field including:

- Physicians
- Healthcare executives
- 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

26 September 2023

Announcement of Call for Papers

November 2023

Announcement of Call for Entries for EHD 2024 Awards

1 December 2023

Deadline for EHD 2024 Congress abstracts

February 2024

Launch of the Preliminary Programme
Deadline for EHD 2024 Awards submissions

April 2024

Deadline for speaker and Early Bird registration

May 2024

EHD 2024 Live Virtual Awards Judging
Deadline for full paper manuscripts

Monday 10 June 2024

09.00–18.00: EHD 2024 Congress & Exhibition
18.00–20.00 Welcome drinks reception

Tuesday 11 June 2024

09.00–18.00: EHD 2024 Congress, Exhibition and Awards
18.00–22.00: Garden Party

Wednesday 12 June 2024

09.00–19.00: Study visits to UK health facilities (to be advised)

Cover credits (clockwise from top left): Clock View Hospital, UK, designed by Medical Architecture; Campbelltown Hospital Redevelopment, Australia, designed by Billard Leece Partnership; Cleveland Clinic London, UK, designed by PLP Architecture with HKS, built by Sir Robert McAlpine; Radboudumc Main Building, Netherlands, designed by EGM architects

Second page credits: (bottom left) The Pears Building, Institute of Immunity and Transplantation, UK, designed by Hopkins Architects, (top right) Sabanera Health Dorado, Puerto Rico, designed by Prisa Group, V Architecture, & Perkins&Will Team

THE PROGRAMME COMMITTEE

ROYAL COLLEGE OF PHYSICIANS LONDON 10-12 JUNE 2024
**EUROPEAN
HEALTHCARE DESIGN**
RESEARCH • POLICY • PRACTICE



Sunand Prasad OBE PPRIBA

Chair, UK Green Building Council;
Principal, Perkins&Will, UK



Tom Best MBE, MD

Clinical director / intensivist,
King's College Hospital, UK



Noemi Bitterman PhD

Academic director, Masters of Industrial
Design (MID), Technion, Israel



Tina Nolan BArch, MBA

Managing director, director of healthcare strategy
+ planning, Lexica; Health Planning Academy, UK



John Cole CBE

Honorary professor,
Queen's University Belfast, UK



Göran Lindahl PhD

Associate professor, head of division building
design, Chalmers University, Sweden



Christine Chadwick

Consultant advisor,
Archus, Canada



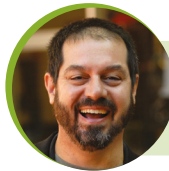
Sasha Karakusevic BDS, MBA

Project director, NHS Horizons;
senior fellow, Nuffield Trust, UK



Nirit Pilosof PhD

Head of research in innovation and
transformation, Sheba Medical Centre;
Faculty Member, Tel Aviv University, Israel



David Allison FAIA, FACHA

Alumni distinguished professor; director of
architecture + health, Clemson University, USA



Harry van Goor MD, PhD

Professor of surgical education,
Radboudumc, Netherlands



Marte Lauvsnes

Manager, Advisory and Planning Department,
Sykehusbygg, Norway



Cemal Sozener MD, EDAC

Associate professor, University of Michigan
Medical Center, USA



Duane Passman FIHEEM, MIHSCM

Director,
Percipio Consulting, UK



Davide Ruzzon

Architect, director,
TA Office



Karin Imoberdorf Dipl Arch, MPH

Architect,
LEAD Consultants, Switzerland



Ganesh Suntharalingam MB BChir

Intensivist, London North West University
Healthcare NHS Trust, UK



Rhonda Kerr PhD

Director, Guidelines and Economists
Network International (GENI), Australia



Cristiana Caira MArch

Partner and board director,
White Arkitekter, Sweden

Organising Committee

Stephanie Williamson, Co-chair, Architects for Health

Jaime Bishop, Co-chair, Architects for Health

Richard Darch, Health Planning Academy

Jonathan Erskine, Director, European Health Property Network

Kate Copeland, Chair, Australian Health Design Council

Jim Chapman, Emeritus professor, Manchester School of Architecture

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

E: info@europeanhealthcaredesign.eu · T: +44 (0)1277 634176