

# The CARITAS Project Generative Space Awards 2016

Perkins Eastman Black / IBI Group Architects in joint venture  
Photo: Ben Rahn / A-Frame



# Women's College Hospital



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- *Creating innovative health system solutions to keep complicated medical patients out of the hospital*
- *Providing evidence to show that these innovations work*
- *Sharing these models across the country*

## 1.0 Introduction

### 1.1 Project Overview

It began with storytelling, listening and wonderment about what might be -1000 women from varied walks of life committed time and energy toward creating a new paradigm for Women's College Hospital, the largest pre-eminent academic ambulatory care centre and research institute in Canada - dedicated to improving the health and lives of women and their families. Going beyond current trends in how ambulatory care is delivered, listening carefully to responses from a research study involving 1000 women, we made it our combined mission to cultivate an environment that instills hope, trust and belief.

Translational platforms, particularly those including research, education and clinical practices create opportunities for timely and strategic transfers of knowledge and are supported in the physical design. Results are measured through surveys and metrics toward performance effectiveness. New models in ambulatory care practice reinforce and generate unparalleled caring and empowerment. Transferable outcomes are built upon collaboration, nurturing and personal investment in women's health.

Stakeholder contributions have been unmistakable in the development of an ongoing community art project – a cultural experience destined for each level of the hospital. An interpretive tapestry is the first installed art piece, landing of a 'social' transparent stair. In the atrium and other public spaces, preferences for nature and organic flourishes reign, and the light-filled pavilion, complete with a community table, welcomes you. We truly sense a halo-effect emanating from the architecture – where a vivid cantilevered fuchsia box has become a beacon - a gift to all.

This is a story about a hospital with the unique mandate to keep patients out of hospital and further to share their innovations across the country.

## BY THE NUMBERS | EXPECTATIONS FOR A WOMEN'S HOSPITAL

**86%** *feel it is important to act as a central hub for women's health*

**83%** *feel it is important to provide specialization in women's health*

**83%** *feel it is important to make women's health a research priority*

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## BY THE NUMBERS | WOMEN WANT INTEGRATED CARE

**94%** *feel it is important to treat the whole person and not just the symptoms*

**89%** *agree that while they want the healthcare system to treat their problem, they also want it to provide solutions to improve their overall health*

**69%** *expressed an interest in preventive health services to help them achieve the highest quality of life and/or health goals, such as nutrition, stress management or weight management. (this measure has seen a significant increase in importance since 2010)*

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## 1.2 About Women's College Hospital

The identity of Women's College Hospital has been shaped by a history steeped with accomplishments, struggles and innovations reflecting healthcare, medical research and education. And it all began over one hundred years ago in a little Victorian house – a place where women created an environment where they could practice medicine. They eventually expanded to a large inpatient hospital, in the downtown core of Toronto and the very site our redevelopment project for a replacement facility now stands. Today, iconic three-dimensional letters spelling WOMEN'S mark the heart of the former hospital where Women's remained until after phase one (2013) was complete. In a special designation, the site alone, without imposing any consideration for the outdated building, has been deemed heritage - a nod to Women's commitment to healthcare and to historic reflections on women's progress globally. Years ago the major raison d'être was to create a place for women to practice medicine while providing the best healthcare for women; today that mandate has radically expanded and the academic ambulatory care hospital is dedicated to ground breaking advances in women's health.

Pushing beyond current trends in ambulatory care, Women's have incorporated strategic changes in their clinical environments. Integrated care models contribute to new ways to manage care as they work with patients toward a deeper quality of life. Women's is intent on continuing partnerships toward this end, as they are perfectly positioned to develop and evaluate innovative models of care that keep people out of hospital – resulting in scalable models for hospital, community and primary care integration that can be applied in other areas of the province, and indeed the country.

A further intent is to help to reduce emergency room use and resulting admissions and readmissions within the system as a whole. In an effort to reach women who are under-served and fearful of hospitals, their community outreach has spawned the new Institute for Health System Solutions and Virtual Care. Women's treats patients while considering the 'whole person' – mind, body and soul! A research study of over 1000 women provided insights into what women wanted in their hospital and their healthcare.

*One of the women in the research study proclaimed-  
“I have a story, please listen to it”.*

# Women's College Hospital Fact Sheet

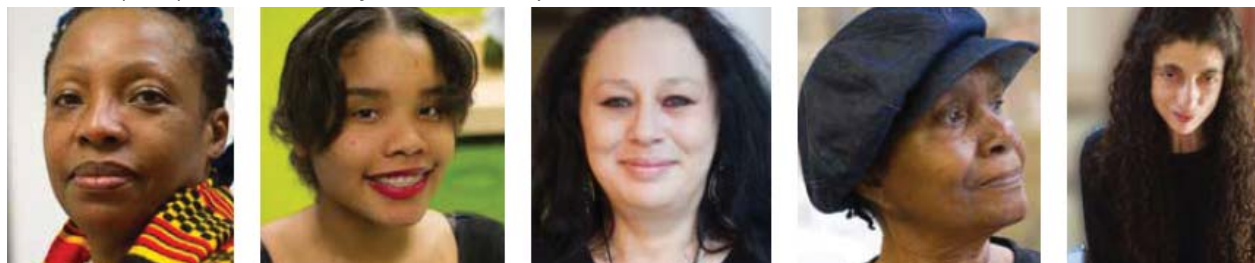
## Highlights

- *Canada's leading independent, academic, ambulatory care hospital with a primary focus on the health of women*
- *Started on June 13, 1883 by Dr. Emily Stowe—a suffragist and the first Canadian woman licensed to practice medicine in Canada*
- *Delivers healthcare system solutions through research, innovation and education*
- *The first fully ambulatory teaching hospital in Toronto, fully affiliated with the University of Toronto*
- *Currently has an operating budget of \$105 million*
- *800 staff with 546 physicians and 300 nurses and allied health professionals*
- *100 researchers and scientists*
- *\$7 million in total research funding*

## Ambulatory Care: Outpatient Healthcare with Better Results

- *Women's College Hospital is a hospital designed to keep people out of hospital*
- *268,813 ambulatory care visits annually (2013), but increased to 300,000 after completion of phase 1 in 2015.*
- *Ambulatory care includes surgeries, treatments and diagnostic procedures that do not require overnight hospitalization*
- *Ambulatory care means greater operational-effectiveness, fewer risks such as infections, and consistent higher patient satisfaction*
- *Women's College Hospital's model of ambulatory care focuses on preventing and managing complex and chronic conditions and diseases throughout all life stages, so people live healthier, more independent lives*
- *Programs and clinics focus on innovative models of care which also aim to improve access and equity for women and marginalized and under-served populations*
- *Offers healthcare services that minimize disruptions in patients' lives, reduce the chance of infection, and allow for rapid recovery at home while fully supported by a healthcare team*

Women who participated in the 'Voices of 1000 Women' Study





## Expertise in Chronic Disease Management

- *The Centre for Ambulatory Care Education (CACE) Complex Care Clinic treats complex cases requiring more in-depth care*
- *Patients suffering from chronic illnesses like heart disease, arthritis and depression are followed by a team of professionals with expertise in chronic disease management*
- *Medications and prescriptions are monitored by pharmacists who supervise and review treatments as needed*

## Ambulatory Surgery

- *Same day surgery reduces the risk of hospital borne infection, promotes higher patient satisfaction levels, improves pain management and enables the best treatment outcomes, particularly lowering the risk of contracting respiratory infections*
- *Low incidences of infection are particularly beneficial to immune-compromised patients*
- *Patients requiring more extensive post-operative care such as blood transfusions or intravenous antibiotics are best handled on a same-day basis*
- *Efficient and cost-effective way to provide high-quality healthcare to a large volume of patients*

## Research and Education

- *Women's College Hospital is a teaching hospital, fully affiliated with the University of Toronto, and supports research in women's health*
- *Women's College Hospital is the first of its kind to combine ambulatory care and surgery with teaching and research*
- *600 trainees with 31,004 trainee days annually*
- *Women's College Research Institute, a multidisciplinary research institute co-located in Women's College Hospital, is one of the few hospital-based institutes worldwide to focus on women's health*
- *Medical residents are trained in collaborative ambulatory care, chronic disease management and delivery of innovative healthcare solutions*
- *Patients suffering from chronic illnesses like heart disease, arthritis and depression are followed by a team of professionals with expertise in chronic disease management*
- *Medications and prescriptions are monitored by pharmacists who supervise and review treatments as needed*



Women who participated in the 'Voices of 1000 Women' Study



*Women who participated in the 'Voices of 1000 Women' Study*

*importantly  
we listened to their  
stories*

### 1.3 Listening to the Voices of Women

In 2010, Women's College Hospital asked 1000 women from across Canada about their preferences in wants and needs for their hospital and their healthcare providers. They told us what works and what doesn't work when it comes to hospitals, to care and to services. They shared their stories and experiences, their fears and challenges and their vision for a hospital they can call their own. Then Women's College Hospital (WCH) and the Women's College Partnership (DBFM) consortium designed and built a new state-of-the-art hospital incorporating the feedback and ideas of these women.

In the original study we learned that women want an approach to care that focuses on all aspects of their lives and enables them to be the drivers of their own health. Women wanted the option of being treated at home rather than being in hospital. We learned that they desire a healthcare facility that inspires health, healing and community. Above all, we learned that women want to be treated with dignity and respect. The design consultant team worked with Women's teams to integrate responses in the physical environment which met these needs.

Now, more than five years after the original report, Women's College Hospital has conducted a follow-up study and set out to learn what has changed and how women's needs are being met today. Once again Women's asked over 1,000 women about their experiences and what they want from hospitals, healthcare programs and the care they receive. Again, incorporating various methodologies, including quantitative surveys, online forums and face-to-face discussion groups, they listened to women from diverse cultural and socio-economic backgrounds and various life circumstances speak about their current healthcare experiences and invited them to share their thoughts on how the healthcare system can be improved and how women can be better served.

## Study Methodology and Engagement

The findings collected from **'Voices of 1000 Women, Part I'** (Leger Canada and Strategic Navigator) in a Qualitative Research study in 2010, was a timely and important resource for the design team toward the onset of the detailed design process for the replacement hospital. Research objectives which were paramount to women and which contributed to design collaboration included:

- Connections between women and their health;
- Past experiences in the healthcare system;
- Hopes, dreams and fears of the system;
- Unique needs of diverse women;
- Inspirational ideas for an improved ambulatory experience.

To engage in this process, the design team 'dug deep' into the report's findings along with independent research into the challenges of women in general. We applied past personal and professional experiences and related project expertise to the project. Although the responses from the 'Voices' did not actually dictate physical determinants for the design, the women offered clear insights into preferences which we built upon. Having a collective of women in leadership positions aligned from within the hospital and the design team, having a female Minister of Health in early stages of the procurement process, having a woman Premier of the province, and having so many women respond to the call for input, fostered further understandings and commitment in an arena where male misunderstandings have survived. And in the interests of ensuring diversity, inclusion and parity, and knowing that collective intelligence scores are greater in an environment of diverse minds, men and women stayed the course to design and build Women's College Hospital.

In a separate trajectory, the design team became familiar with all available information – understanding quickly that inherited documents such as hospital programs written years prior did not in fact meet current visions of the organization. Further, specifications, also part of earlier compliance work on the project as a basis for the Infrastructure Ontario P3 competition for design teams, did not entirely reflect what Women's needed, and in

particular what 1000 women were hoping for. We contracted for 50 user group meetings and invested in over 170 official user group sessions and extra workshops, meetings and special presentations. Partnering days committed everyone to a project charter. Together new ideas were generated toward new thinking, and together we pushed forward for new paradigms in women's health.

In 2015, Women's conducted **'A thousand Voices for Women's Health, A Pioneering Study, Part II'** (Leger Canada, Quantitative Component and Strategic Navigator, Qualitative Component and Report) after occupancy of phase one of the new facility which included many of the clinical, surgical, diagnostic and ambulatory patient areas. This report, completed in June 2016, was based upon an iterative methodology. Women responded favourably in almost every aspect. Current findings will help us with ongoing post-occupancy reviews as Women's are empowered to continuously examine how their facility measures up as a sustainable, systemic healing environment. An internal section of this report, called 'Responding to 1000 Voices' is an overview of how Women's College Hospital has been addressing many of the issues raised by the various communities of women and girls it serves – solutions are evident in the current design, particularly in clinical planning and social spaces (examples are indicated in the sections that follow). Various social media channels are activated for feedback and input. And staff engagement studies were also conducted internally by Women's College Hospital when the new facility opened (measuring 5% higher than the norm established by competing facilities). In the spirit of generative design, further cultural and art projects, as well as environmental and operational 'editing' processes are already underway in a continuous response to over 1000 women!

*An architecture for women from all walks of life*



*“Through this community engagement project and the publication of this report, Women’s College Hospital can ensure that the voices of women are heard and their courageous stories are told. Our hope is that by disseminating our learning across Canada and sharing these rich insights with our health system partners and community stakeholders, we can all work together to close the gaps in our health system so we can continue to improve our health services and deliver on the healthcare promises we are all committed to.”*

*Marilyn Emery,  
President and CEO, Women’s College Hospital*



## Quantitative Survey

Women's conducted the quantitative study among 1,260 Ontario women and girls over the age of 12, to examine their points of view on how healthcare was being delivered in Canada and also, importantly, to identify who is falling through the gaps. This quantitative survey was fielded in the summer of 2015 by Leger Canada.

Guided by learning from the quantitative study, they then designed and conducted qualitative forums and face-to face discussion. This qualitative research, conducted by Strategic Navigator, was shaped by the driving principle that they needed to invite women to share their stories in environments where they would feel comfortable and safe to share their personal experiences and the challenges they encounter. To this end Women's were engaged in two qualitative phases:



## Qualitative Online Forums

In December 2015 they hosted online forums over three days and among 19 communities of women. Each woman chose to participate in the group to which she felt the strongest sense of belonging. The diverse groups are outlined in the report.

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Teen girls aged 16-17</li> <li>• Women 18-64</li> <li>• Senior women</li> <li>• Women who are caregivers</li> <li>• Women with disabilities</li> <li>• Women with mental health issues</li> <li>• LGBTQ women</li> <li>• Caucasian women</li> </ul> | <ul style="list-style-type: none"> <li>• Women born in Canada</li> <li>• Newcomers to Canada who have lived here more than five years</li> <li>• Newcomers to Canada who arrived within the past five years</li> <li>• Women who live in rural communities</li> </ul> | <ul style="list-style-type: none"> <li>• Black/African Canadian women</li> <li>• Women of East Asian descent</li> <li>• Women of European descent</li> <li>• Women of South Asian descent</li> <li>• Women with lower household incomes</li> <li>• Women with higher household incomes</li> </ul> |
|--|---|---|

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## Qualitative Face-to-Face Discussion Groups

In January 2016, several communities were identified where, according to the quantitative study, women were falling through the gaps with respect to healthcare. Eight face-to-face discussion groups with women from these communities were hosted. These discussion groups were held in the community in venues familiar to the women who participated and hosted by women from their communities. It is here that true depth of understanding of the health gaps and the barriers some women face accessing the healthcare they need was developed. It is also where engagement began in hope-filled conversations about how health services can be improved. The eight discussion groups are listed in the report.

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>• Teen girls aged 16-17</li> <li>• Newcomers to Canada</li> <li>• Indigenous women</li> </ul> | <ul style="list-style-type: none"> <li>• LGBTQ women</li> <li>• Women with Low income and/or education</li> <li>• Senior women with chronic illness</li> </ul> | <ul style="list-style-type: none"> <li>• Women with physical disabilities</li> <li>• Women who are caregivers</li> </ul> |
|--|--|--|





## 1.4 The Caritas New Paradigm

Relationships between patient and care giver in the healthcare system were once predicated upon a patient 'receiving' care with little or no sense of involvement in their respective treatment plans. Meeting with a multi-disciplinary team to discuss your health on all levels (mind, body and soul) was unheard of. This is sometimes a remaining challenge for patients in under-served groups (percentage metrics in the 'Voices' reports offers some indications of patient challenges in the system). Similar hierarchical one-way relationships survive today in learning facilities, court systems, workplace institutions and others.

There is progress toward establishing transparency and collaboration. Mastering the pioneering ideas clearly set out in the Caritas Project offers us guide posts to enable each of our projects to contribute to 'places to flourish' - mediating these challenges. We understand that 'flourishing' is attainable at the personal and individual, and at the organizational and community levels. And in some way we aspire to a greater far reaching significance – a pebble effect.

Hence, in a hospital, interaction by staff, patients and others aligned with the facility can cultivate performance effectiveness beyond traditional organizational patterns – understanding that a 'flourishing' place must be socially sustainable and open to improvements over time. The Caritas "New Paradigm: A Place to Flourish" diagram initiates clarity of purpose toward a shared understanding of these ideas. This diagram represents at least 15 'arrows' or relationships to stimulate our thinking toward achieving 'generative space'. As physical design fulfills functional requirements, a generative process will exalt social and/or physical spaces toward improvements in health, healthcare and quality of life for every participant.

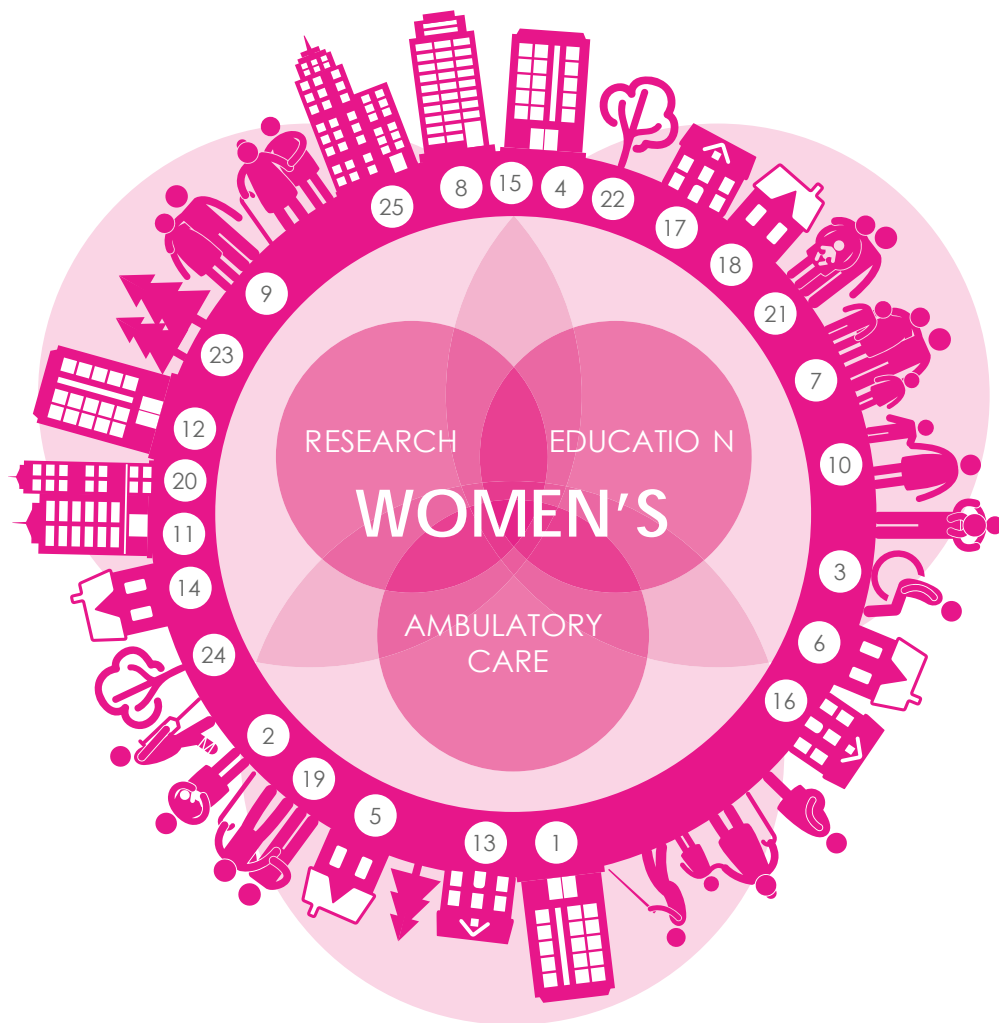
We then abstracted the Caritas' principles into a 'bespoke' diagram for Women's. Just as in the Caritas diagram, we centred the organization theoretically in the centre – by diagramming three circles representing their existing translational platform - the 'hub' for knowledge exchange, where research, learning and practice, can excel. The community then takes an enveloping position as it surrounds the organization.

Relationships thrive between places in the community overarching back to the hospital – assumed in an organic sense. Perhaps the wheel is three-dimensional? With the hospital as the catalyst in our scenario, we then offer mini-stories, avatars from many dimensions to explain typical 'arrow' relationships within the organization. These avatars live or work somewhere on the 'wheel' in the community. Connections are growing, for example by the increase in patient numbers, visitors over lunch hour and staff retention and attraction.

Many of these relationships, such as the commitment to the tapestry project by volunteers, patients and staff did not happen in the old facility. Chantilly Lace, another 'intervention' in the auditorium is an enhancement in the architectural design but not something that would have been easily heralded between most organizations and designer without shared commitments and ultimate trust in what was transpiring. Another example is the introduction of a refugee clinic to accommodate recent immigration numbers resulting in an urgent community need for women and their families. This commitment accomplished by the hospital within an existing clinical 'neighbourhood' – confirms that flexibility in the planning of the clinics prevailed and no consultant input was required. This 'arrow' (#7) refers to a father who came to Women's with his family.

There are untold 'arrows'. Going forward, examples of avatars could be examined wherever an individual might 'touch' the organization, including each inter-relationship that is being cultivated during a visit or work period in the hospital. This experiential exercise based upon actual people, places, systems and activities could be translated descriptively and examined for improvements. A collective examination of these scenarios from arrival to departure, involving staff, patient, family or others begins to reveal as time goes on how each person perceives, uses and understands the facility.

We wonder if further examination might establish our Women's diagram as a repeatable but differentiated microcosm linking to other 'wheels' and places of interest in the city, the world. The exponential connections would then multiply even further. It would be of utmost importance to continually reinforce improvements over time within the 'wheel' with new commitments represented by 'arrows' linking further out to other 'wheels' – an expanded scale of generativity.



**Patient**

1. **Monica** came to the Sexual Assault Emergency Service for specialized care for victims of sexual assault and domestic abuse. She was discreetly ushered in through a separate entrance/exit and seen within 10 minutes. An appointment was made in the Women Recovering from Abuse Program (WRAP) for the following morning.

2. **Carrie** attended an online Gyne Gals support group that brings gynecological cancer survivors together.

3. **Frieda** takes 8 pills a day to manage her multiple chronic conditions – today she attends the Complex Care Clinic which is helping her improve her quality of life.

4. **Miriam** has an appointment with a rapid-access program team that works like a one-stop shop for thyroid patients, then she meets her Primary Care physician – meanwhile her daughter is cared for in Stella’s Playroom.

5. **Renata** had her surgical incision checked in the comfort of her own home through the Women’s smart phone loaded with a patient focused technology app.

Patient	Family	Staff	Community	Visitors
1   Monica	6   Martha	11   Andrea	16   Mary	21   Alan / Kathy
2   Carrie	7   Kwan	12   Gillian	17   Sonia	22   Jennifer
3   Frieda	8   Robert	13   Geraldine / Josie	18   Retail	23   Students
4   Mariam	9   Andrew	14   Karen	19   Shoppers	24   Artists
5   Renata	10   Anna	15   Melissa	20   The 'PINK'	25   Elyse

## Family

6. **Martha** came to Women's with her daughter Rose and waited in the atrium living space, enjoying a cup of tea, while Rose met with her psychiatrist and participated in an art therapy program
7. **Kwan**, a Refugee, came to the Crossroads Clinic for treatment for his diabetes where he learned he could access other services for his whole family
8. **Robert** walked the Labyrinth, had lunch in the window café and read his book until his wife was discharged from surgery.
9. **Andrew** attended a nutrition class with his friend, who has type-2 diabetes.
10. **Anna** came to Women's with her granddaughter who waited for 15 minutes in the medical imaging waiting room, when she began several procedures, scheduled together for efficiency.

## STAFF

11. **Andrea**, Scientist, at WCRI is taking a closer look at why Eric needed emergency care.
12. **Gillian**, Physician, called the internist on call at Women's to discuss management advice for Karla, diagnosed with heart failure.
13. **Geraldine and Josie**, Nurse Practitioners, had a quick lunch in the café and joined a Mindfulness training group in the Labyrinth
14. **Karen**, from the Foundation, toured Ed throughout the facility, then met in the 'Pink' to discuss his ongoing donor philanthropy
15. **Melissa**, Volunteer Coordinator, consolidated the fabric samples that had been collected from patients, family and staff over the past months for the community tapestry project. She intended to participate in the actual making of the art piece off-site, proudly looking forward to its installation in the hospital.

## Community

16. **Mary**, Physician, in partnership with Cancer Care Ontario, works with the Women's outreach program to bring screening to under-served women. Today they are utilizing a mobile bus to access homeless women who have as yet not been able to come to the hospital for follow up care.
17. **Sonia**, a noted children's cookbook writer, holds a demonstration and book signing at the Community table during a lengthened lunch period for those interested in how to prepare nutritional school lunches and snacks! An interested group pulls up for the conversations.
18. **Retail fabric stores and vendors** contribute and offer discounts on fabrics to augment individual donations of fabrics toward the seven large tapestry panels – it is hung today on the second level landing just visible from the atrium.
19. **Shoppers Drug Mart** spearheads the special 'run' which begins and ends at Women's with proceeds going toward their Mental Health program. Over 1000 women and their families, friends and the community at large are all ready, taking time to warm up to the music in the forecourt of the hospital.
20. **The 'PINK'** is booked solid – it has become more than a 'break-out' space into a destination of choice for the academic community located close by – translational knowledge has taken on extraordinary proportions. Scheduling recognizes regular groups from University of Toronto and neighbouring acute care hospitals, community groups and students. Today leaders in the LGBTQ community have a meeting.

## Visitor

21. **Alan and Kathy** arrived in the underground parking garage and met Marian from the Foundation, in the Atrium. Together they toured the facility, with particular interest in the Conference Centre before pledging a large donation for research and education.
22. **Jennifer**, a plant specialist, came to Women's with her team for their scheduled weekly tree services – installed throughout the atrium and waiting room spaces.
23. **Students** arrive for a tour of CACE, the Centre for Ambulatory Care and Education, where they are scheduled to participate in a simulation exercise.
24. **Artists**, intent on entering a competition for commissions to provide art for some of the 165 generic exam rooms throughout the facility, meet in the auditorium to receive the brief.
25. **Elyse**, an international expert in medical technology, meets in the Inter-Professional Visitors Room prior to a panel debate in the auditorium on Electronic Health Records and their impact on patient/care team relationships and operational efficiencies.



Discussions were always an interaction toward a holistic end. And then, as 'Action Research' explains, and as Women's 'share' their innovations country-wide, we recognize that our design team must similarly commit to sharing our collective findings, our design precedents and our own revelatory solutions industry-wide – with special consideration to healthcare and design communities.

## 1.4 Action Research

With respect to their mandates and translational platform, Women's had been working in a generative sense for a long time. By creating innovative health system solutions to keep complicated medical patients out of the hospital, then providing ongoing evidence to show how these innovations work, culminating in consistent sharing of these scalable, ever changing models across the country, they inherently understand the significance and the values which affect the health and well-being of the 'whole person'.

Considering that 'Generative Space' requires the cultivation of physical and/or social spaces based upon mutual and reciprocal interaction and systemic and sustainable improvements, Women's intent to literally create a new hospital to sustain and systemically enhance their efforts initiated a complex, wholehearted thrust to create 'places to flourish'. Specifically, they realized that practicing in an outdated inpatient facility, without appropriate spaces to fulfill functional requirements, could not improve the health, healthcare and/or quality of life for participants, therefore curtailing their optimum ability to succeed.

Historical inpatient configurations failed to fulfill operational-effectiveness toward experienced trends in planning to support ambulatory practice, let alone a practice which was aligned with teaching and research. Further, the research institute was isolated in an off-site location. Neither did they have education facilities for contemporary teaching environments which required a simulation room, 'Green Room', computer labs and a student 24/7 environment.

Importantly, Women's wanted to explore how architecture and design could respond to the study engaging over 1000 women, be conducive to new models of care and ensure generative spaces which could have a profound effect on each person who comes into its realm. Hence, hospital and design team collaborated toward decisions aligned with healthcare requirements and innovations.

- *Sometimes, design ideas followed and/or reflected technical requirements in facility or medical planning, such as the revisited planning and design for the Breast Imaging Suite to incorporate same day screening capabilities inevitably lessening the anxiety of waiting;*
- *at other junctures physical design concepts led and promoted decisions with new ideas for social interaction or spatial attributes, such as creating a new revenue opportunity by amalgamating conferencing functions with a distinct address and bespoke environment; or creating custom 'community' table and destination;*
- *and in other situations client, stakeholder and design team initiatives folded into collaborative new thinking, such as the organization of the arrival sequence at the elevator and lobby on each clinical level to provide multiple generic and approachable registration stations.*

2

## 2.0 Creating The Parti

This redevelopment project, including consortium team competition stages, began over seven years ago – a design-build-finance-maintain procurement (DBFM) filled with redundant processes and constraints but due its special significance, has been the project of a lifetime for those invested in its trajectory.

Project specific output specifications (PSOS) put demands on the project while the inherent medical planning requirements were based upon programming which had been completed many years previous. Hence, in a teaming effort not normally assumed in a prescribed P3 (Public Private Partnership) process, dialogue from expanded and enhanced user group sessions and workshops re-imagined possibilities. And in a most generative sense, we had the opportunity as a design team to respond to the unprecedented research, Part I and II, entitled the 'Voices of a 1000 Women'. Committing to the sensibilities understood from these reports encouraged us toward extraordinary engagement and immersion as advocates in the development of a design befitting the aspirations of so many women.

### Letting the light in

The original compliance or test scheme offered a square donut with a 6 storey high central skylight – in our minds it represented an introverted stance. And if this design had been adopted it might have been the first time that women had ever built their own glass ceiling! We began anew.

We analyzed the footprint, site constraints and made some exhaustive realizations about the budget and disposition of program elements. Not only did a tall atrium capped with glass give the wrong message, it forced circuitous planning, segregated departmental areas and confusing way finding. Further, daylight was not easily captured into each floor plate and it was 'sustainably' inefficient and expensive to build. This would have been a losing competition bid. Delving into constraints can bring forth innovation and create a concept that could be developed generatively and aligned with the vision of the hospital client. Otherwise the project would have little life to sustain an investment of this magnitude during

*Letting the light in - starting with the big architectural 'parti'*

*Create places to flourish – to achieve an understanding and expectation of wellness from the very approach to the site, in spite of a constrained P3 process.*

such a long competitive process. We needed rethinking in terms of the urban design, the architecture and the medical planning, and indeed the social impacts of the facility.

Occupying a dominant position at the pinnacle of the Discovery District in Toronto, it was important for the architecture to achieve an understanding and expectation of wellness from the very approach to the site. Getting the parti right would be an investment which proved to impact every scale of the design.

And so we went 'extroverted'. By creating a parti or good bones at the outset which allowed light into every level while it flooded a new pavilion by clerestories and ribbon skylights, we established opportunities to generate 'places that flourish' throughout the facility. We carved out the south-west corner and incorporated the extracted space vertically by raising the building to 9 and 10 storeys in an 'L' shaped tower - a show of open arms in a gesture to the neighbourhood. The tower houses clinical, surgery and diagnostic levels, along with administrative, research, education and foundation departments.

Importantly the tower now embraced this lower form, a light-filled pavilion – clean and simple with one addition - a functional element on the second level Conference Centre was glazed in the strongest pink. Eventually this fuchsia cube will be overflowing with mature trees; eleven Hawthorns are growing wildly right now. It is a physical and symbolic statement of conviction, and an unmistakable marker – and considering the travails of women in reaching this juncture, not a glass ceiling in sight!

A revised master plan confirmed future-proofing of the building with further vertical expansion capabilities on the tower, leaving the lower elements intact to preserve both the gesture to the community and an exposure which was open and transparent to let in light. Similarly, the parkette on the south-west corner of the site will be maintained in a future phase.

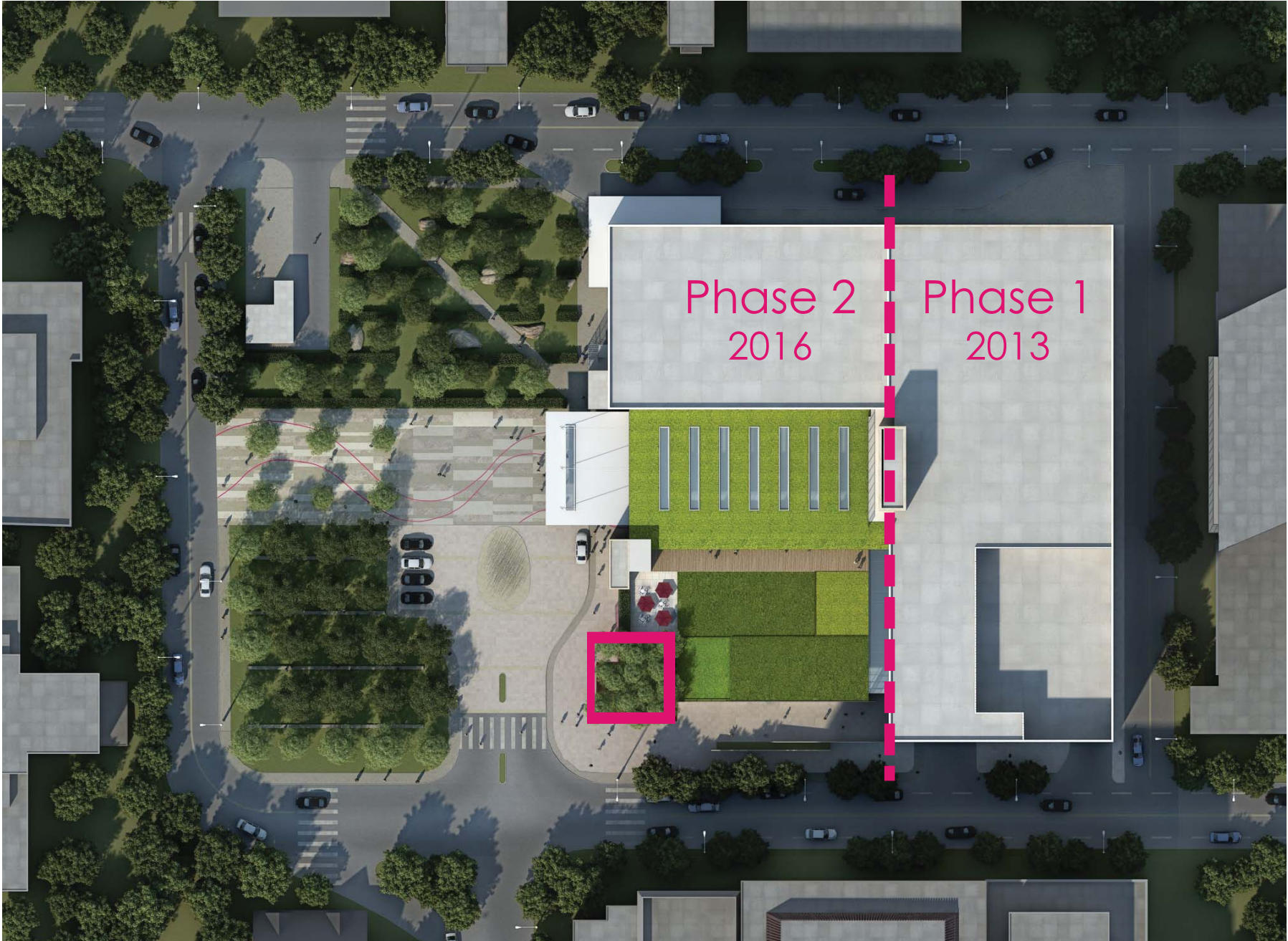
Clinical levels were planned with designated major circulation routes along the south and west glass on each level – accompanied by open waiting rooms. In contrast to planning dictums, this ignored double-sided corridors in favour of orientation and light and it worked well in for both interior design

and medical planning. Front and back of house zones were created for clinical organization, while generic exam rooms and other patient spaces were zoned along the north and east facades. Neighbourhood pods were clearly identified and share opportunities for clinical spaces pending the flows of the day. Surgery was positioned immediately below the upper penthouse mechanical level such that large redundant ducting required for operating theatres and other specialized spaces could be directed into the surgical services suite. This left the floor levels below less encumbered by oversized duct shafts in favour of more flexible open spaces for clinical planning and future change.

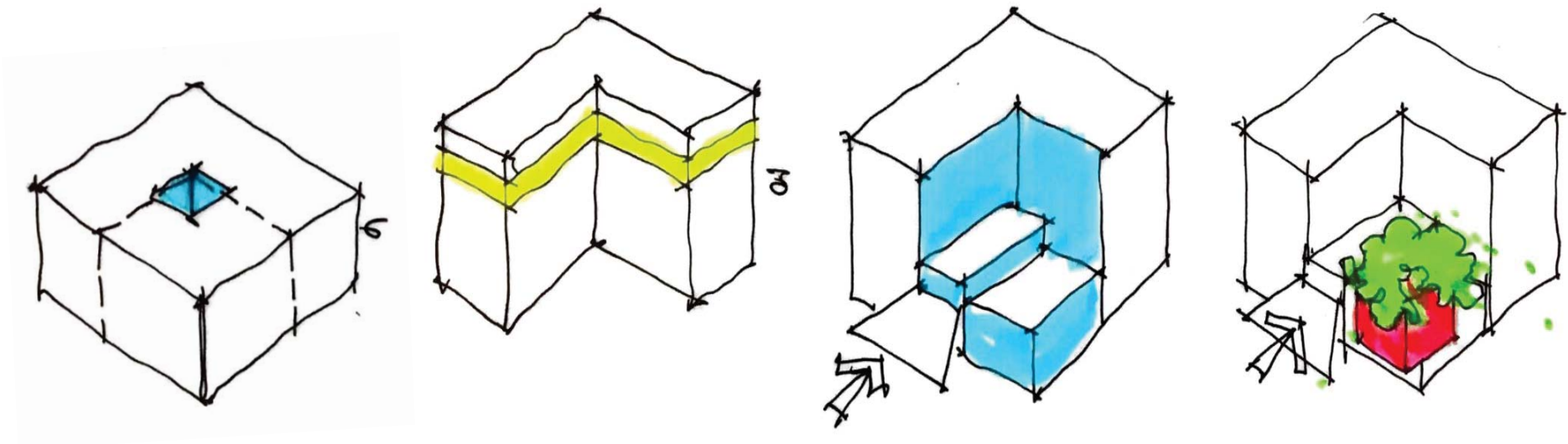
This P3 project, Construction Cost \$300 Million / Project Cost \$460 Million, includes 355 underground parking spaces, including electrical charging stations and accessible parking. The project is on track for LEED Silver.

*Site Plan indicating construction phases and site concept*





*The urban design, landscape and architecture commit to a generative project as they reinforce the transparency and inclusiveness of the physical design and by translation the organization, hence attracting inter-relationships from all five of the Caritas 'arrows'.*



- *From 'introverted' to 'extroverted' Parti*
- *Letting the light in - open arms to the community*
- *Surgery under mechanical penthouse to shorten large shaft runs*

- *Circulation on the inside of the 'elbow'*
- *Light-filled pavilion - a welcome box*
- *Cantilevered functional element glazed in the strongest PINK*



- Patient / Consumer
- Family / Companion
- Staff
- Community
- Visitor

3

**Create places to flourish** - reflecting the preferences outlined in the research study “Voices of 1000 Women”

**Providing evidence** – through research to substantiate intuitive directions.

## 3.0 Creating Welcome

One thousand women understood that the new hospital was not a physical aspiration alone; they were most interested in a place that makes them feel welcomed and included - a place which inspires health, healing and community. They sought a place where every person who walks through the doors is treated with dignity and respect. They asked for *“The Great Mother’s home”*.

In response, the heart of the pavilion became a sanctuary inspired by these ‘1000 women’. The sense of softness in simple unfolding curves forms a contrast to the stone clad simplicity of the background tower and reflects daylight from overhead ‘ribbons’ and clerestories deep into the space.

Women asked us to create a place that is welcoming and bright – focused on wellness, not illness. Upon arrival in the pavilion volunteers welcome patients and way finding is intuitive - you can see the elevators from the front door. A ‘cultural carpet’ leads you from outside right up to the main elevators, created from a pattern of stone and stone coloured porcelain, embellished with coloured terrazzo ribbons. The larger atrium is filled with natural light and curved walls, creating an atmosphere that is calm, comfortable and uplifting. There are different seating arrangements including a ‘living room’ with wing chairs that allow quiet contemplation and groupings of seats that enable families and friends to engage in private conversation.

A transparent staircase begins in the main atrium and connects to clinical floors to address women’s concerns about safety and anxiety about being in enclosed elevators. Children have their own table surrounding a tall bubble tube – and a big white community table is becoming a known destination – a place to meet. A food zone has various offerings appealing to different cultures and communities – and has been attracting the surrounding community for lunch. Within the pavilion there is a spiritual room with a labyrinth with a high wall imprinted with exploded images of Virginia Creeper.

One revealing observation is the difference between adult temperament during meditative walking of this labyrinth and the reactions from a group of children who were led to experience it in a private session. In utmost seriousness they carefully followed the pathway but eventually dissolved

*Throughout the facility, empowering images and culturally significant art confirm sensitivities for diversity and inclusion - a hallmark of the organization. In an effort to welcome women from all walks of life the design seeks to deinstitutionalize and in fact change the perception of 'hospital' in favour of welcoming environments which foster feminine preferences.*



into laughter as they collectively reacted to sudden hairpin turns and unexpected pattern switches required to reach the flower in the centre! The return journey created similar reactions even though they were 'mindful' of the purpose. We wondered if this was indeed the perfect response from young children ranging in ages between 5 and 8 years who while they accepted the contemplative rationale of walking the labyrinth, were not only being in the present but instinctively felt free to exhibit honest emotions.

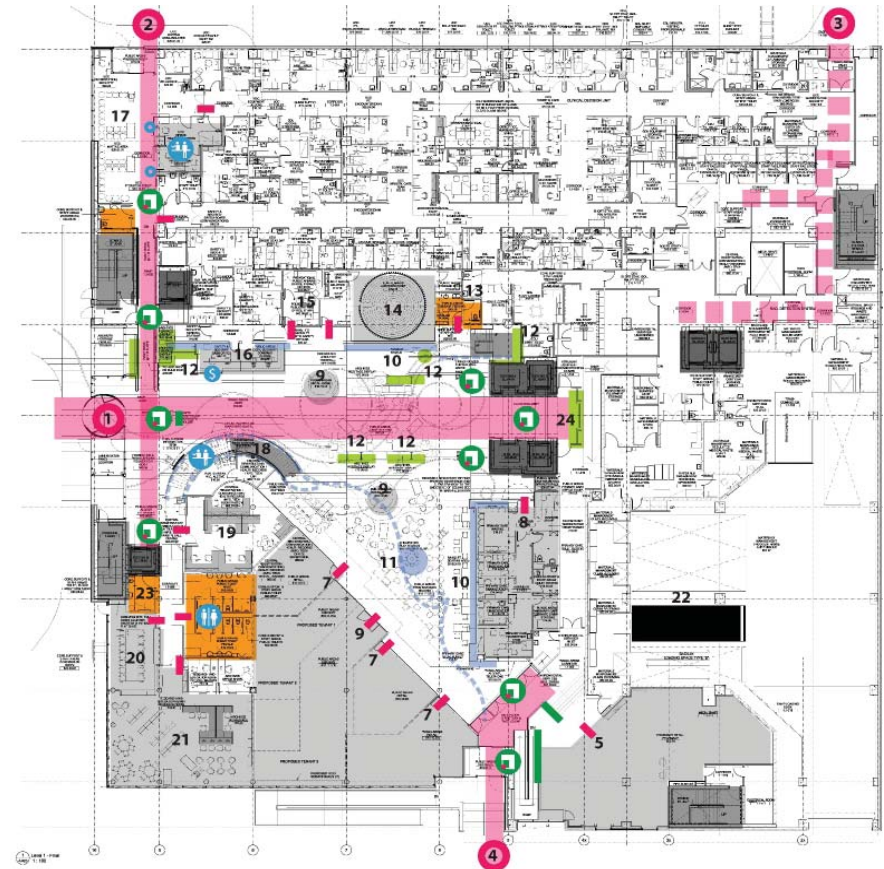
## The Great Woman's Home

The design supports the creation of 'The Great Woman's home' in many respects – research has confirmed what we have intuitively assumed for ages that nature, light, comfort in choices, the sensitive use of colour and even curving forms bring a sense of welcome and sanctuary if combined in an inspiring design. Elements are combined toward a decidedly non-institutional space - thriving 15 foot fishtail palms, curving forms, pervasive daylight, visual and organizational clarity, and seating choices. And as a framework for positive interaction an information desk with friendly volunteers greets you as you enter. A gesture was incorporated near this information desk – as a symbol of the Wise Woman or Gaia that so many women referenced. Quite simply, reinforcing our respect and understanding of warmth, of mother earth and groundedness, we incorporated a large fragment, from the Canadian Pre-Cambrian shield, one of the oldest formations of rock in the world - Gaia is in the building.

## Dialogue Tools

To create and encourage collaboration and understanding in design concepts, the design team engaged in REVIT perspectives, sketches and full blown renderings along with interpretative story boards which relate colour and material schemes to both nature and fashion, always considering the preferences of the client groups. And annotated wayfinding plans promoted key destinations on each level with features such as locations for art and culture, all to create opportunities for heartfelt discussion, inclusion and welcome. But various iterations of studio fabricated physical models captured the most engagement and became a prime tool to

explain concepts particularly in the atrium and conference levels. The folding planes could then be experienced long before construction. The potential for creating curving balconies instead of closed spaces, revealed how transparency and light could prevail - all to captivate and reinforce preferences.



## Main Level Wayfinding Plan

- *Visible path to elevators*
- *Destination queues*
- *Spacial clarity*
- *Choice of seating*

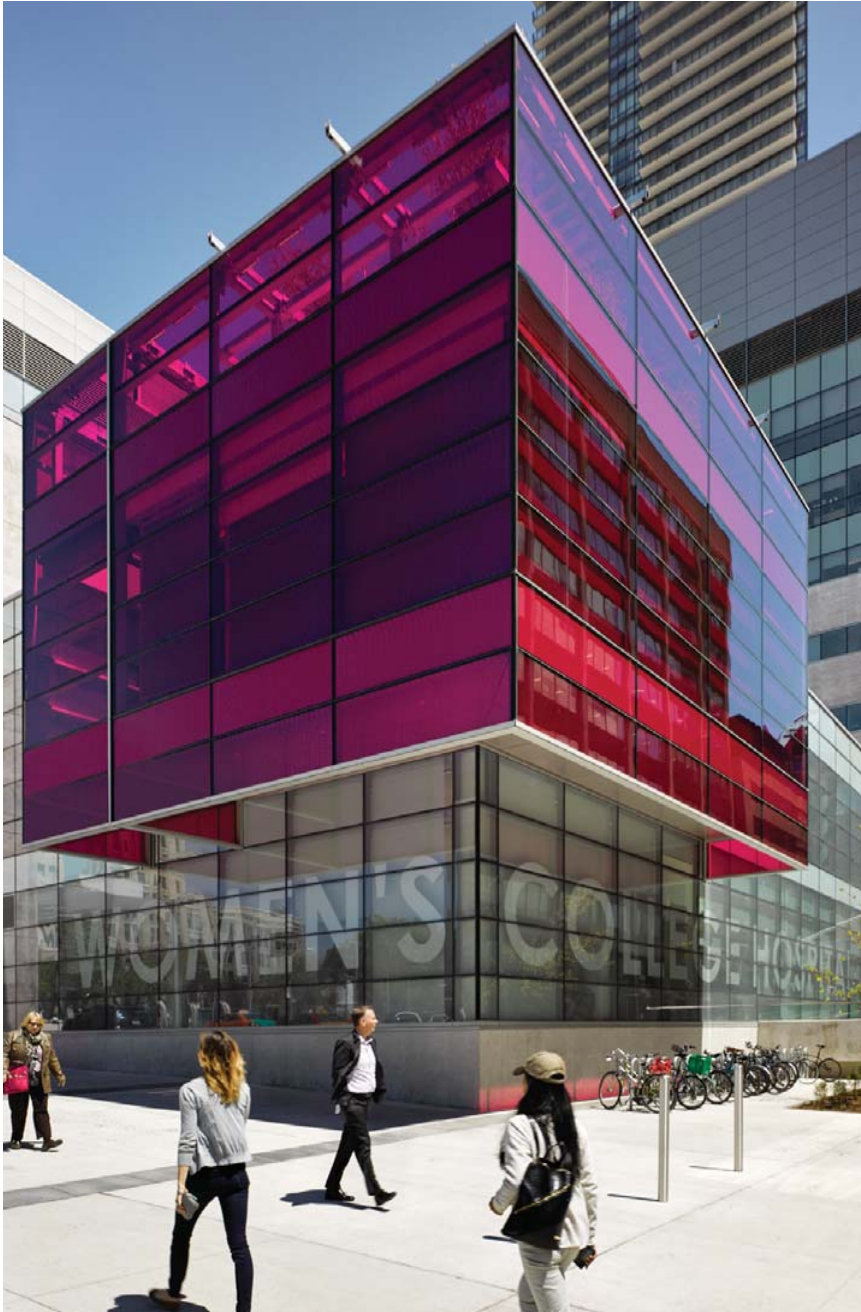
*We incorporated various high tech and low tech tools to foster dialogue and understanding with stakeholders - including storyboards annotated wayfinding, plans and drawings and physical as well as REVIT models.*





- *A community table has become a popular meeting place*
- *Kids table – a delight for adults as well!*
- *Mindfulness in the labyrinth*



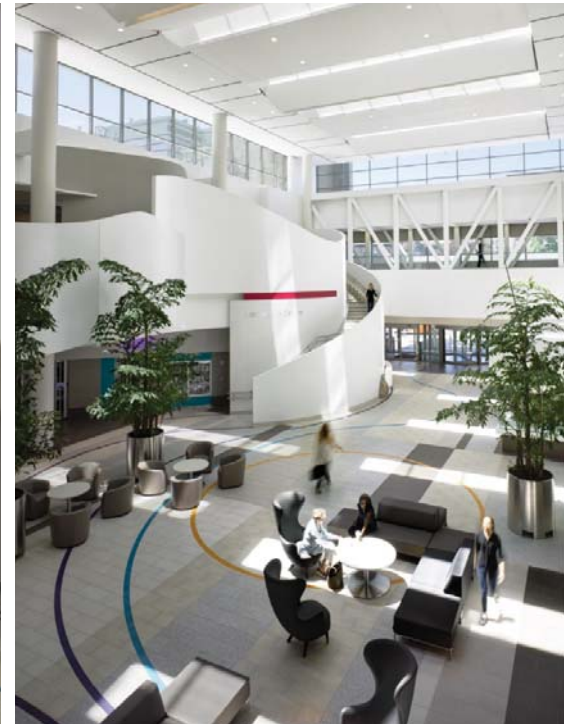


*An expectation of welcome from arrival at the site*

*“I want to be welcomed in ‘the Great Woman’s Home’”*

*“We want a hospital to recognize us as individuals, but we also want to be connected”*

*“A place to feel both physically and emotionally safe”*



*The atrium and associated public spaces present with elegance and clarity, and incorporate considerations for choice and inclusivity, without deference to any one culture or 'style' – but more to preferences declared by over 1000 women from all walks of life - hence reinforcing inter-relationships from all five Caritas 'arrows'.*





- Patient / Consumer
- Family / Companion
- Staff
- Community
- Visitor

4

## 4.0 Creating Experience

### Healthcare Gaps

Women's works hard to close health gaps which affect women in particular – understanding that helping women and girls has a great impact on the healthcare system and society as a whole. These gaps, are being recognized on multiple levels.

Research has traditionally targeted men, leaving gaps in how women react and tolerate medication or treatment. Further, Women's College Hospital has recognized that many women are under-served and overlooked, with needs encompassing the physiological differences between women and men, along with cultural challenges and life circumstances which are not being taken into consideration in the system. Women's is attempting to close these gaps in a number of ways including targeted research, innovative models of care, education and specialized programs and services.

It was important for the design team to have an awareness of these understandings from the initiation of this project in order to align environmental solutions toward mediating these gaps. Women's has been able to impart their research and intentions to the consultant team as the design progressed. A composite paper 'What is the Health Gap?' coordinated by Women's Strategic Communication's department cites research studies along with clear initiatives that Women's are administering to close these gaps.

*NIH Policy and Guidelines on the Inclusion of Women and Minorities as Subjects in Clinical Research; The POWER Study, Cardiovascular Disease Highlights Document; Sex-Specific Medical Research. Why Women Can't Wait (Paula A. Johnson, Theresa Fitzgerald, Alina Salganicoff, Susan F. Wood, Jill M. Goldstein); Heart and Stroke Foundation Statistics; American Psychological Association – Women and Depression; Mood Disorders Society of Canada. (Quick Facts: Mental Illness and Addiction in Canada)*

To close these gaps, functional, social and operational design had to be in sync. A key consideration was respect for women's time constraints by providing clarity in the design for ease of literally finding your own way, in providing space for multiple appointments at any one time, often with

**Creating innovative health system solutions - to keep complicated medical patients out of the hospital.**

**Create places to flourish for Women's - reinforcing wellness in the physical and social environment which welcomes women from all walks of life.**

## Beyond trends in ambulatory care

- *Neighbourhoods*
- *Generic exam rooms*
- *Integrated teaching / research space*
- *Flow increased*
- *Time decreased*



diagnostics or testing within the treatment area for speedy results. Another was to recognize the need for security and control through friendly open interaction by each person in the process from arrival throughout the healthcare experience. And always, comprehensive treatment plans which consider the 'whole' person had to be planned for – including planned treatment settings within the clinical areas, whether diagnostic or nutrition or beyond by a spiritual room with a meditative labyrinth.

## Clinical Innovation

Neighbourhood or clinical 'pods' are a medical planning norm in designing for ambulatory care today – supporting change in usage and flow in designated clinics each day. Generic exam rooms increase flexibility enabling teams to utilize swing rooms per daily requirements and are planned for family involvement and accessible needs including larger scooter radii. Each room accommodates interpreters and cultural translators, exam tables that are adjustable for patients with mobility issues and light switches which are within reach of everyone.

While clinical layouts in some facilities incorporate double access into exam rooms, where the care team enter from 'back stage' and the patient from 'on stage', further reducing 'flow' time, most facility floor plates have difficulty supporting or allocating the space to meet this model. Such layouts preclude incorporating windows (from the exterior) within exam rooms, something Women's was adamant to preserve.

Individual, barrier-free and bariatric washrooms and change rooms are easily accessible throughout the building, a breast feeding room is provided and accessibility and 'LEAN' standards have been adopted. Clarity in spatial development and way finding along with creative design ideas generated solutions commensurate with meeting patient, visitor and staff needs as understood from so many women.



- Upon arrival on each clinical level, multiple generic registration stations are open and welcoming, without glass enclosures. Confidentiality is maintained between acoustic separations for each patient. Desks are accessible and importantly, uncluttered – not just because they look better but because research confirms that organized workplaces, particularly at public interfaces, evoke confidence to those expecting their experience to be professional from first impressions. These arrival sequences on each clinical floor impact a patient's time and sense of belonging and acceptance. Clarity in way finding from the central elevator, various seating choices and intuitive orientation by views outside contribute to an atmosphere of calm and nurture.
- To ensure the most efficient and accessible care for everyone these 'clinical' neighbourhoods have spaces to support larger care teams and specialists so patients can see all the health professionals they need – doctors, nurses, dietitians, therapists and others – preplanned for one place at one time.
- Dedicated teaching space is integrated into each clinical 'pod' or neighbourhood to ensure that this transfer of knowledge from research into education to advance clinical practices is immediate and patients are well supported to manage their 'whole' health.
- Specialty clinics incorporate lab and testing within their department for same day results whenever possible – the Dermatology / MOHS Clinic was planned differently to provide an in-suite laboratory. Testing provides targeted or repeat skin analysis during minor surgical procedures to ensure one stop shopping for most interventions. This not only saves time, but lessens anxiety for patients.
- For many patients undergoing breast imaging, apprehension and anxiety peak while they are waiting for their result, which often takes days or even weeks. In an effort to minimize this apprehension, the breast imaging team at Women's redesigned their work-flow to facilitate the sharing of real-time results with patients before they leave their appointment within one hour. By incorporating screening within the suite, a radiologist is able to have face time with patients.
- Surgical patients preferred to return from their pre-assessment and gowned sub-waiting area to sit with family in the more public family waiting areas prior to their procedure - not the anticipated streamlined process. More seating on a cushioned bench within the family waiting area was introduced to augment this change in

process recognizing the importance of family support. When patients complete their procedure they are in a recovery bay with clerestory windows – to foster light and reinforce circadian rhythms after what might be a lengthy surgery.

- Provision of complimentary child care during appointments was an important gesture and innovation by Women's made possible by redesigning the 7th level Mental Health program zone during the construction document phase to incorporate this 'address'. The service is available for all patients who come to Women's - implemented to offer a child-friendly timeout while a parent is at an appointment during her visit at Women's- relieving pressures of time and money. Hieroglyphic water-jet floor patterns and imprints of jungle-like grass on glass make the visits all the more exciting for small children.
- Care teams in the Mental Health department were adamant that although the incorporation of space for child care was an important addition, the large Art Therapy and Music Therapy rooms could not be compromised as they needed daylight and highly accessible locations. Similarly, patient interview rooms enjoy natural light. Work groups aligned to make it happen.
- The influx of refugees into the health system required expansion and addition of clinics to support women and their families, often under both physical and mental duress. The flexible 'neighbourhood' structure within the clinical levels supports these ongoing changes without any physical alterations.
- Consideration for staff in all departments affects not only their individual wellbeing but transfers to everyone else they work with, meet or treat. Break out lounges with kitchens and dining spaces are located within their work environments but separated clearly by distinct location and utilization from team care stations and work areas. They have access to showers and change rooms with lockers along with bike racks, bike lockers.

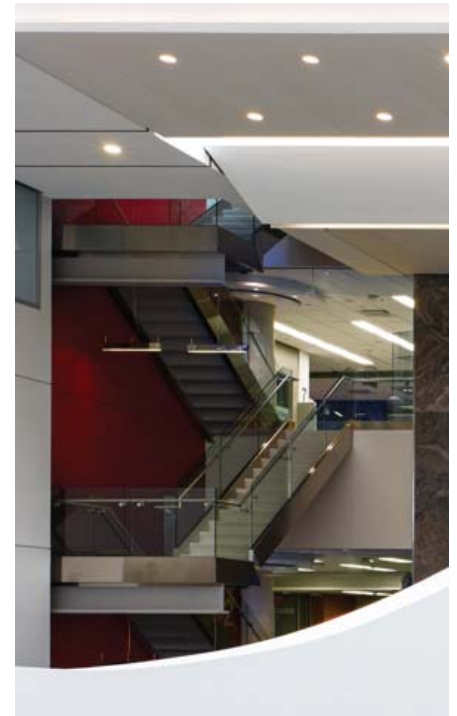


## *Mental Health and Daycare*

- *Complimentary childcare during appointments makes life easier – a pro bono design for a non-programmed / initiative hear the laughter of children from ‘Stella’s Playroom’*



- *Transparent stair provides an alternate route*
- *Modular open registration stations*
- *Infiltration of day light*
- *Clarity in way finding*
- *Seating choices*



## *Cardiac and Rehabilitation Gym*

- *Near the elevators, close to stress testing, with integrated spaces for large team consults*

## *Breast Centre*

- *Integrated screening room, face to face with your radiologist - with answers in 20 minutes*
- *A touch of 'spa' at the gowned waiting room lessens anxiety*

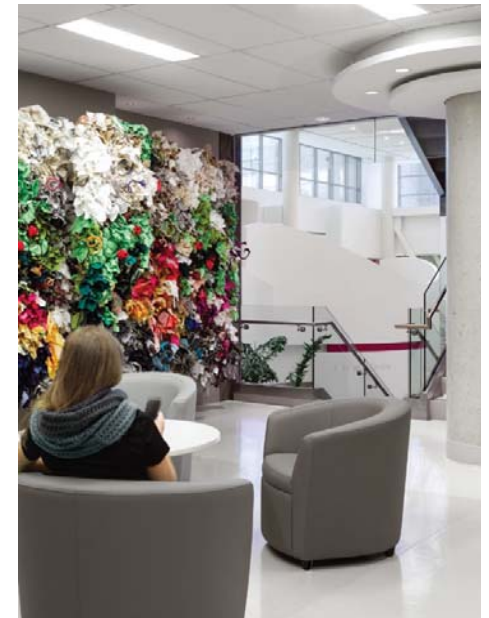


## *MOHS - Dermatology*

- *Private waiting room, collocated lab and integrated analysis mean a facial tumour is gone in one procedure!*

## *Medical Imaging*

- *Soft spaces like ultrasound/offices located to facilitate potential internal expansion*
- *MRI and CT suite now a major referral department*
- *Multiple appointments scheduled*





# SURGICAL SERVICES

- Patient / Consumer
- Family / Companion
- Staff
- Community
- Visitor

*To close healthcare gaps unique to women, the functional, social, psychological and operational design aligned to support treatment areas. Key considerations in the planning were respect for women's time constraints, recognition of their need for security and control, and an understanding that women wanted holistic care, to be treated as a 'whole' person. Evidence supports that the inter-relationships from three Caritas' arrows is thriving.*

5



## 5.0 Creating Engagement

As Women's is working to close healthcare gaps relevant to women, including targeted research, innovative models of care, an education department for excellence in ambulatory care and specialized patient programs and services - their commitment to advocating for and advancing the health of women and girls is at the centre of everything they do. Being 'engaged' in an approach to wellness, which respects a balance in treatment and consideration of the 'whole' person meant innovating not just their models of care but their knowledge base and how they commit to education. These initiatives had to be reflected in the planning and design from macro to micro scales.

### Women's College Research Institute

Women asked to be treated holistically. This means understanding women's health where huge gaps exist. The Women's College Research Institute (WCRI) is collocated within the hospital – repatriated from previous off-site premises. This institute is part of a translational platform whereby information is shared among research scientists, education in the Centre for Ambulatory Care and Education (CACE) and within integrated team spaces as part of the clinical pods to encourage the transfer of timely information toward advances in practice.

The central focus of the institute is research on the health of women and the integration of sex and gender based analysis into all their research. Researchers and scientists continue to seek answers to better understand health conditions that uniquely affect women and how women are affected by the current health system. Their research is integral to designing effective prevention and treatment strategies, addressing gaps in care and developing health system solutions that improve patient experiences and outcomes not only for the patients at Women's but for women across Canada and around the world.

The physical environment for the institute houses a variety of research, conference and teaching spaces. Of note is a change to the early program to deviate from a traditional reception in favour of an interactive social space with coffee bar for staff and visitors. To maximize space the

*Creating a 'hub' for knowledge exchange*

*Creating an opportunity for revenue generation*

*Creating community assets*



## Second Floor Plan

- Auditorium
- Distinct address off the atrium
- Meeting rooms
- Breakout rooms
- Business centre
- Catering
- Technology support

main research conference and integrated workshop space is accessed by a centralized servery which supports the administration board room as well, thereby avoiding redundancy and reducing back of house requirements in favour of space for social touchdown.

Dedicated education and teaching spaces are distributed throughout the facility, including within clinical neighbourhoods. However it was important to incorporate an auditorium, a break-out space, and alternate meeting rooms as a hub for knowledge transfer. These spaces are supervised by central booking and support internal rounds, teaching and meetings which meet cross-departmental shared purposes rather than regular departmental uses. The design recognized an opportunity to create an actual internal 'address', a hub for knowledge to meet these requirements.

### A Hub for Knowledge

Early in the design process, a distinct venue was envisioned within the pavilion for a Conference Centre which would establish an identifiable zone where internal groups would meet but one which might also be available for community groups and others. Now a reality, it is accessed by a direct elevator from parking, a prominent curving stair from the atrium and a bridge from education (CASE). The undulating forms of balconies overlooking the atrium accommodate significant crush and social spaces along with entrances to the various conferencing components. A large stepped auditorium seats 160 people plus wheelchairs, but the 'PINK' has created the most excitement.

This PINK space was conceived per the program specification to be a break-out room. It was important to locate it near the auditorium for after-event functions. These spaces were intended, according to the brief, to be near the main entrance level of the hospital. Other meeting spaces were to be accessible for central booking but not necessarily near the divisible break-out room. We combined all these spaces and put them together on the second level within the pavilion structure, and accessed them off the atrium. The Conference Centre was born, including at its symbolic heart, the fuchsia cube – or PINK.



## Engaging PINK

Our intention to clad this cube in strong pink glass was determined as an external and internal feature which would not impact users in the short term, considering that the room was designated for shorter periods of use for break-out functions. Attendees would be exposed to viewing the world a little differently and our research concluded that an 'after-effect' would in all probability occur. When you look through the glass you see 'fuchsia' or strong pink. Once you look away, you would then see a shade of green corresponding to the opposite of fuchsia on the colour wheel. If we painted the opposing walls in this off-green, or even a neutral shade we discovered, the eye would have a 'resting' place – somewhere to relax if it felt any anxiety. No definitive facts were available but we tested the phenomenon and felt that there was a real possibility of people experiencing this visual phenomenon.

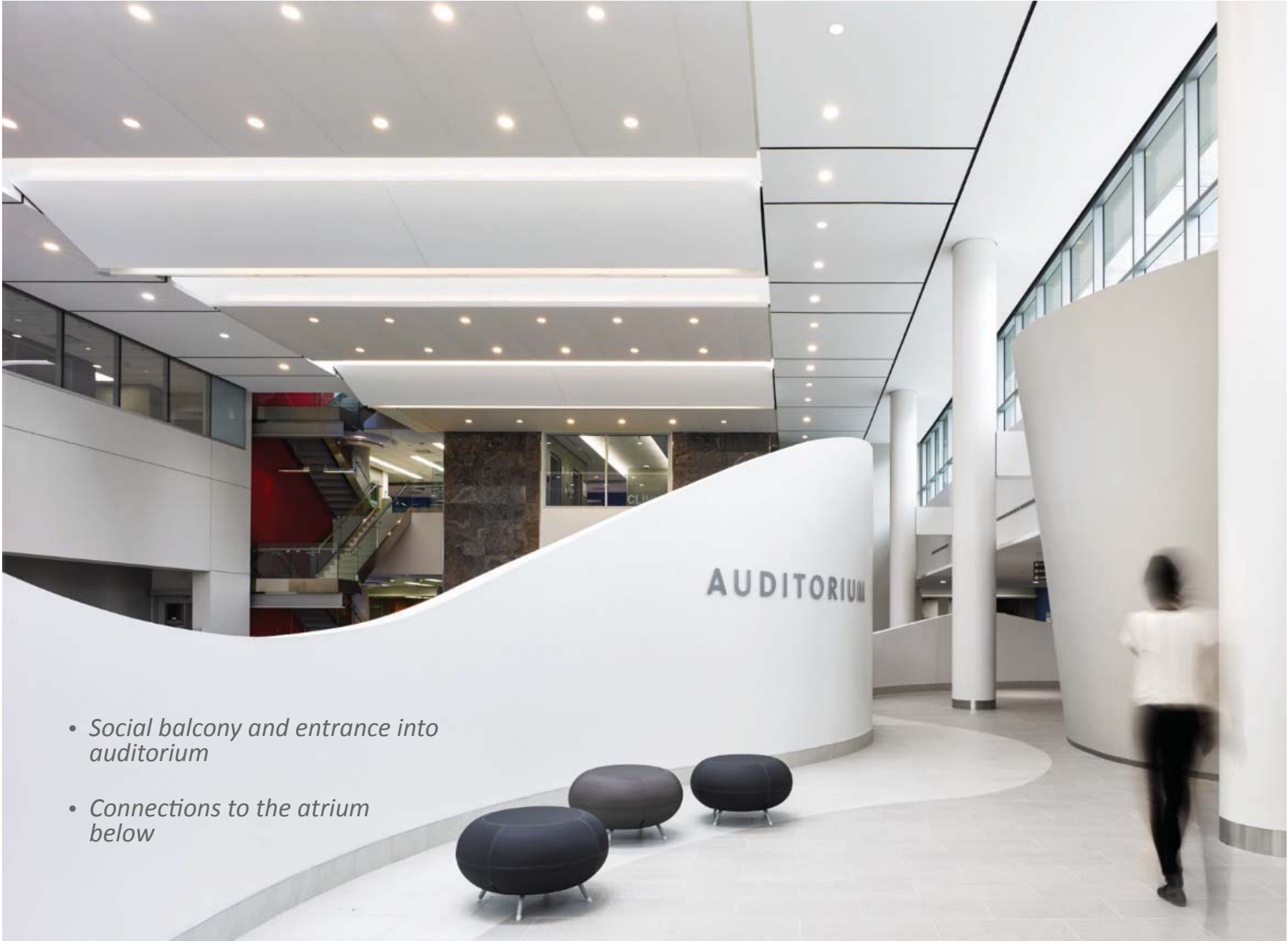
We studied further – what if people inhabited the PINK" for longer periods. Could this create migraines' or other challenges? Would people not enjoy being in this space? The client weighed in – there would be no blue, clear or any other colour, it would be built exactly as they contracted for. Women's understood the facts at hand and determined that complaints could potentially arise from any space in the facility based upon a myriad of individual concerns but this was not a 24/7 environment and would be an unlikely issue. Even though here was a change in programming to utilize this room for more than break-out functions the hospital was determined that this architectural feature was exactly what the organization needed.

We looked further – in fact the glass was less than half the perimeter of the whole space, being only on the exterior facades. Quite a few people, in various seating configurations, could sit facing away from the pink. And we detailed a double window blind system specifically for presentation purposes - overlapping the blackout blinds with the regular sunshades to avoid any corner slit of light. These blinds, originally intended as a technology aid were a possible after-effect mediator.

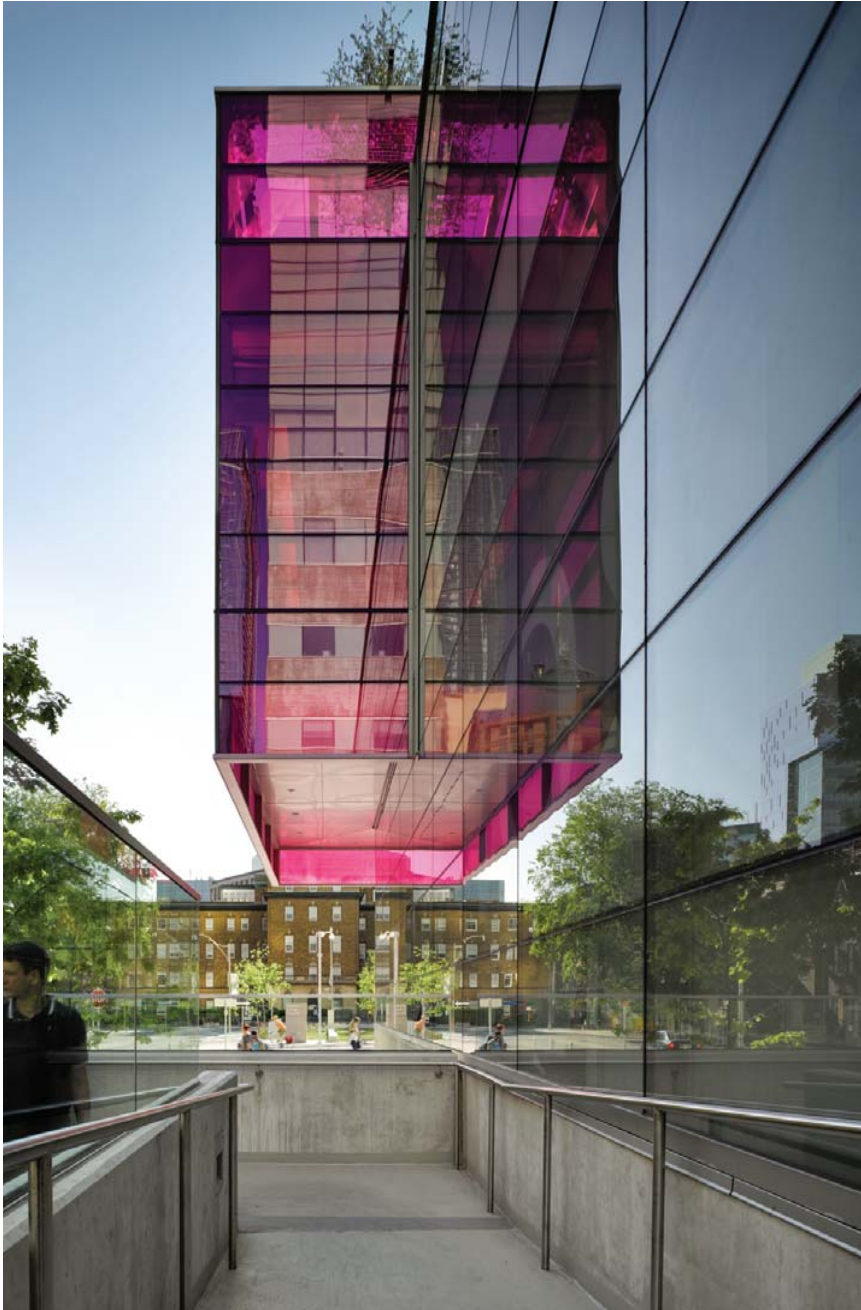
During construction, once the fuchsia glass was installed, the room became the place to navigate to for breaks, for ad hoc meetings, for any purpose. It was fascinating to watch and listen as literally everyone reveled in the



- *Research into colour*
- *After-effect*
- *Your eyes adjust to eliminate the pink*



- *Social balcony and entrance into auditorium*
- *Connections to the atrium below*



fact that you could enjoy the views through the rose colour but then your eyes mediated and changed it to clear glass. The pink actually fades away – until you leave and return and an after-effect is prevalent. This phenomenon is fascinating to most. The colour most people see when they look beyond the pink is a light green not the anticipated olive hue which would be opposite to fuchsia on the colour wheel and the after image science predicts. There has not been a single complaint about the room or the glass except for those who are unable to obtain a booking time. Evidence was not necessarily wrong but it was not enough. The PINK is right however. And a yoga class finds its way into the PINK during many a lunch hour.

The conference Centre is enhanced by a business centre, catering and technology support. The amalgamation of these uses emphasizes the importance to the organization of creating an active hub for knowledge sharing.

## Engaging the Architecture

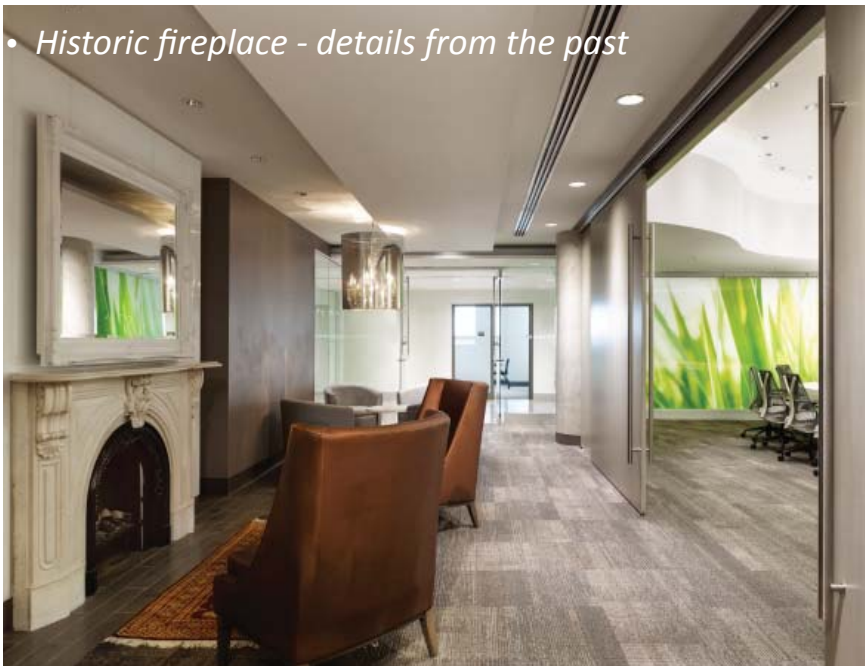
Imprinting the architecture with the PINK stimulated determined branding of this organization, one which is intent on changing the lives of women from all walks of life. This fuchsia glazed cantilevered cube at the leading south-west corner of the new facility, programmed as a divisible break-out room for conference functions, has taken on a life of its own – both within and without the hospital.

Externally it is a glowing beacon, a gift box for the community, an urban landmark as the hospital contributes to place-making, and even architectural sculpture integral to the fabric of the structure as it relieves the grayness of nearby Bay street towers. It has become a symbol – a statement of conviction - of inner promise and healing from the very approach to the site.

Internally, Women's are encouraging both a physical and 'theoretical' halo-effect – reinforcing the energy of the PINK throughout the facility. It would be a travesty if the external welcome of the PINK ended at just that, for its gesture must symbolize the whole raison d'être of Women's. The hospital embraced this opportunity – their logo was changed and



• *Displaying our long history*



• *Historic fireplace - details from the past*

fuchsia reigned. It has become a branding icon on every media release; it permeates documents and explains in vivid posters for patients and their families, pertinent facts about their healthcare. And the actual PINK room is no longer just for break-out uses – it is a favorite conference venue. With bespoke signage – PINK east and PINK west - for when the room is sub-divided, it is scheduled with diverse functions never anticipated prior. Perhaps the energy is really felt throughout the facility. Is it possible for architecture to be the lens through which one sees the organism, which is Women's?

### Engaging with Meaningful Art

At a smaller, more intimate scale of design, we have been considering art forms which are meaningful and emotional triggers, work within expectations of funding, are almost indestructible, and do not interfere with scooters, infection control and maintenance. Some features were integrated into the construction documents, hence were already part of the ambiance toward creating a sense of welcome and understanding.

To confirm considerations toward achieving this women-friendly environment a proposal was tabled: 'Meaningful Art and Feminine Principles', for Women's College Hospital, Susan Black, 2013.04.28 which has become a driver for inclusion of feminine artifacts and culturally empowering art throughout the facility. This document goes beyond 'art' into culturally significant interventions and in particular designates a 'Diversity Wall - with suggested cultural ingredients for installations on each landing of the atrium stair. The scope of this pro-bono project is expansive – including public space furnishings, celebration through photographs, and sculptural elements. The ideas were embraced by Women's and there have been collaborative efforts to acknowledge 'PINK' stemming from both the physical symbol on the building and in efforts to respond to the 'Feminine' throughout the interiors.

A participatory cultural project has been initiated on each landing on the atrium stairway with a first project - an interpretive tapestry installed on level 2. Volunteers, staff, patients and the community contributed. Other projects relate to 'Crossroads' (a refugee clinic), nutrition and market places, a history of dolls and hats and children's art and will be incorporated as the project



- *Chantilly Lace*



- *Empowerment by facilitating access*
- *Incorporating “Wise Women” art*

continues. Further installations are forthcoming in various clinical spaces including a competition contemplated for artists from the community to provide art for each of the 165 generic exam rooms. Of special note is an 'adornment' project which reflects jewelry and other diverse and culturally significant artifacts women have worn throughout the ages. The concept is to elaborate on cultural influences and feminine principles throughout the facility reinforcing collaboration and welcome. Women will be invited to be involved at each installation phase.

### Tapestry

This 'made for women's' art piece evolved. Some donated fabrics, others participated throughout several months of workshops – stories were told, confidences made and each person who contributed their memories has a place in a beautiful interpretive tapestry, reminiscent of the age old social art of the 'quilting-bee'.

### Wise Women

In prominent locations, particularly in the waiting areas, empowerment images of women photographed by artist Joyce Tenneson have been hung. Each one reveals what it means to “have lived and grown in strength during the course of their long lives.” Women shared both their “outer appearances but, more important their inner lives – the heartaches as well as the triumphs.”

### Chantilly Lace

In the 'Voices of 1000 Women' study here are references to an appreciation for curving forms – a feminine sensibility reflected throughout the main atrium in folding planes and in the auditorium with its womb-like enclosure where curving walls unfold in an interpretative proscenium at stage front. Behind this defining 'arch', an installation was conceived during early architectural design phases to explore the introduction of an inspirational backdrop as part of the creation of a true sense of place and to respond to these women.



A search for non-bespoke elements from our everyday lives, with the intent to achieve something innovative, even magical but which could withstand the scrutiny of maintenance in a hospital, resulted in an experiment with wire mesh and sections of more traditional window blind sections. Layers of painted mesh have been transformed into ribbons specifically recalling a Chantilly lace pattern called 'reseau' or background. This unusual combination of materials reminiscent of lace, veils and ribbons literally curling away within and without the overhead architectural curve is an ode to feminine qualities – innate to everyone, a revelatory story within the interpretative flourishes.

## Gaia

Since time immemorial, mythological studies confirm that there has been a deep reverence for life and in particular for a woman often called the Great Mother. The creation myths from countless cultures bear witness to this phenomenon and to the role that the feminine principle has played in shaping the world we inhabit. The story of the Goddess, or Gaia, both universal and permanent in the imagination, is woven into the lives and legends of humanity. In Women's College Hospital's research study 'Voices of 1000 Women', many women tapped into what they called the place of healing – and a yearning for a Wise Woman who would guide them through the healing process. We honoured this heartfelt request by incorporating a large fragment from one of the oldest rock formations in the world near the front entrance.

## Memories

There is always that feeling of loss when an older building, especially one which has meaningful memories is torn down. To mediate such feelings after the existing hospital building was gone, the design created an intervention of large and iconic three-dimensional letters marking 'WOMEN'S' for all to see as they approach the site. In fact the letters signify the 'heart' of where the old facility once stood. It has already become a true urban icon as women have been noted having photos taken, individually and even in surprise bus-loads!

The old building offered many opportunities to save special memorabilia – many cornerstones and architectural details have been inserted within the walls on the landing of the atrium stair, old newel posts artfully displayed, and a large photo of the former entrance is strategically located in the café, in the direction where it would be accessed long ago. Throughout the hospital, particularly in the more public waiting areas, permanent and mobile display cases present with ever-changing displays. .

Women's College Hospital's historic prints have been organized in the corridors of the clinical areas, placements which offer a glimpse through time as one walks from waiting areas into the clinical neighbourhoods and the exam rooms.



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## 6.0 Creating Improvements

### Patient and Consumer

- Women's has seen their patient visits rise exponentially. As the facility achieved more and more readiness, commensurate with each phase of construction, the numbers soared – 12,000 patients per year increase from 2011 to 2013 since the move into the new facility in Phase One.
- 84% of women (internal surveys and questionnaires) feel the hospital is successful at providing the right kind of care
- General feedback in surveys indicates that anxiety, barriers, negative emotions are reduced
- There is an increase in recognition in receiving holistic treatment (up from 7% in the old facility to 51% now)
- Inclusivity is felt to be increased through surveys by 10%
- New initiatives are being integrated to relieve emergency room visits. For example, although a new program and therefore no metrics are available from the past, the 'Internist-on-call' program which began in July 2015, took a sample of 444 calls, determining that 47% of these calls avoided a potential ED visit.
- The AACU unit, (Acute Ambulatory Care Unit) recently instituted and designed to meet more acute ambulatory needs, is accessible for ambulances, and has begun to receive transfers from University Health Network multi-location Emergency Departments – 6 daily spots are now reserved for these transfers.
- Increased government funding is being received due the increase in catering to the Syrian refugee population influx, along with these other initiatives which lessen the burden on the system.

### *Providing evidence – to show that these innovations work*

- *Patient / Consumer*
- *Family / Companion*
- *Staff*
- *Community*
- *Visitor*
- *Environment*

- The facility is now accommodating new programs, increasing the number of patients they serve (see Women's College Hospital Fact Sheet numbers) and creating new partnerships as they reduce the burden on acute care systems.
- A critical gap in the health sector is in treating chronic pain – so programs for pain management are introduced within the flexible fabric of the clinical neighbourhoods to fill this need.
- Women's College Hospital's models of care have been developed to answer many of the barriers that women identified. Respect for time was one of the major concerns, so teams have implemented processes and practices that ensure patients wait no more than 20 minutes to see their provider.

## Family and Companion

- Donors increased their giving and directed accolades about the design. Current thrusts, since the capital building campaign went beyond its target, are toward research and programming.
- An increase in public profile in women's health – primarily due the opening of the new facility and its intent to speak to the needs of women in every aspect including research, media, interviews, articles and social media.
- General feedback is positive toward treatment, the environment and social/support spaces. Public recognition, community integration and patient surveys indicate appreciation for the new environment.

## Staff

- Staff engagement levels are measuring 5% higher than equivalent industry standards. It is a success story – with more to consider as the organization continues to look forward.
- Referrals have increased from acute care hospitals.\*
- Patient response to treatment is positive.\*
- Increase in students in the education department.\*

*\*Staff responses from internal satisfaction surveys.*

## Community and Visitors

- The Conference Centre has a further unexpected use. It is constantly booked by external organizations including the Ministry of Health and Long Term Care, neighbouring hospitals and the University of Toronto. It is constantly reserved by philanthropic groups, various associations and for community events. Seminars on specific health related topics are often held in the auditorium on evenings and weekends. The Conference Centre has raised the awareness of health and wellness in the community, reinforced internal sharing and commitment to the vision and mission of the organization, and become a revenue generator when none was anticipated or existed in the former hospital. In fact, this 'address' within the facility has also become a surprise revenue generator as the centre is a venue of choice for the external community - often requesting the magic of meeting in the PINK!
- Surveys of those consistently enjoying the food services and seating areas in the pavilion during lunch time indicate that not only patients, their companions and families utilize the offerings but staff consistently makes this choice along with staff from neighbouring organizations within walking distances from the hospital.

- 86% of women surveyed reported they wanted specialization in women's health – exactly what this dedicated hospital for women is supporting

- Volunteer activity has increased

- Increased participation in the hospital's social media ongoing campaign

## Environment

- Beyond social and economic sustainability factors, those affecting the global footprint of the development in an ecologically sustaining way are important. To this end the hospital has introduced gardens at street level – rewarded by the south-west exposure. This treed parkette with tiered benches to mediate a natural slope are designed to stand the test of time, as the master plan for the ultimate build-out on the site has been modified to preserve this zone for trees, seating areas, historic rose bushes and sunlight. On the building, a roof garden, yet to maximize its mature fullness, is a favorite lunchtime venue and the vegetated green roof is visible from every level of the clinical tower. The hawthorns planted in the PINK cube will soon mature to meet expectations. Other sustainable features include the following:

## Features

- **39%** reduction in Energy Consumption compared to the National Model Energy Code.

- **34.8%** reduction in potable water consumption

- **100%** drought resistant vegetation requiring no permanent irrigation system

- **18%** recycled content in construction materials

- Electric vehicle recharging stations

- Bird friendly glazing

- All exterior lights feature full cut off from up lighting reducing light pollution

- Sensitive material selections including natural stone on the exterior

*100% underground parking with drop off allocations on grade*

*Bicycle racks indoors and out; bicycle lockers, showers and change rooms*

*High-performance glazing, fritted low-E glass*

*No urea-formaldehyde; products include seamless linoleum and rubber; solid-surfacing, stainless steel, recyclable carpet tile*

Ecovert Sustainability Consultants - LEED silver pending.



# A ONE-STOP SHOP FOR TREATING CHRONIC CONDITIONS.

Increasingly, Canadian adults are living with two or more chronic illnesses, with a severe impact on their quality of life. So we developed a specialized program to deal with the complex needs of these patients. We coordinate all their treatments, medications and appointments and we help reduce their need for emergency room visits and hospital admissions. It's about making the most complex care a little simpler to manage. **This is the future of healthcare.**

Discover more at [womenscolleqehospital.ca](http://womenscolleqehospital.ca)



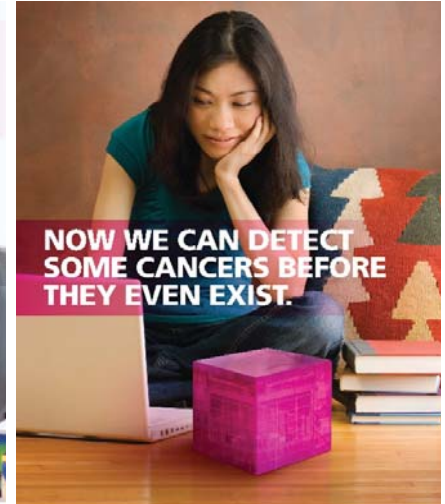
## WE'RE TACKLING TOMORROW'S HEALTH PROBLEMS BY CHANGING THE WAY WE TEACH TODAY.



Thanks to advances in medicine, the majority of health care is now provided on an outpatient basis. But many of today's patients are still treated at inpatient hospitals. So we created an education program for teaching future health care professionals how to work in an entirely outpatient environment. And one day, they will help us work to solve the most critical health challenges of our times.

**This is the future of healthcare.**

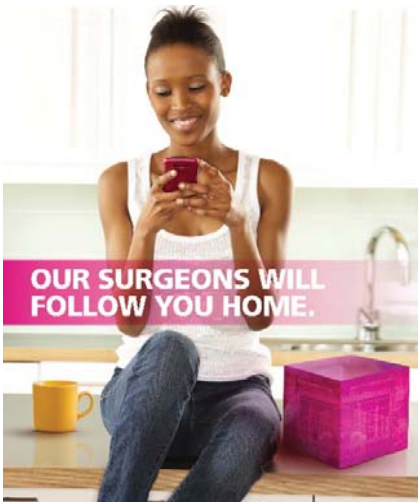
Discover more at [womenscolleqehospital.ca](http://womenscolleqehospital.ca)



## NOW WE CAN DETECT SOME CANCERS BEFORE THEY EVEN EXIST.

From all things genetic, we know the risk of cancer. So when our research indicated a genetic mutation that causes ovarian and breast cancer, we were one step closer to understanding what we could do to prevent it. We're now taking action to help our patients, testing and our. The future is here, and it's a lot better than you think. **This is the future of healthcare.**

Discover more at [womenscolleqehospital.ca](http://womenscolleqehospital.ca)



## OUR SURGEONS WILL FOLLOW YOU HOME.

Many of our surgical patients are now being treated at home, allowing a patient to receive the best recovery and post-operative care possible. That's why our surgeons have been using a telemedicine approach that allows them to monitor their patients' recovery all the way from home. The patient's doctor and the surgeon are always just a call away. **This is the future of healthcare.**

Discover more at [womenscolleqehospital.ca](http://womenscolleqehospital.ca)



## EXPERT HEALTHCARE IN THE COMFORT OF YOUR OWN HOME.

At least one in 12 patients discharged from hospital is readmitted within 30 days. That's why we developed our virtual care programs. They include the best features of hospital care – fast access to health teams, personalized follow-up, team-based and timely coordinated care – all while the patient stays in the comfort of their own home. **This is the future of healthcare.**

Discover more at [womenscolleqehospital.ca](http://womenscolleqehospital.ca)





- Patient / Consumer
- Family / Companion
- Staff
- Community
- Visitor

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*It has become clear that helping women and girls affects their lives, their families, their communities and by ripple effect the world we live in.*

## 7.0 Creating Our Future

We have all endured hospital visits over the years where we became immediately mesmerized by confusing signs, circuitous routes, and uninviting and impersonal interiors. Finally relieved to escape, we wonder why holistic attempts are made but the environment, in many respects, just missed the mark.

And we all have the best intentions – we work to address the inherent challenges in creating what are becoming mega structures to meet ever expanding needs of medicine. And there are other realities. With large infrastructure as well as increasing operational deficits, various iterations of Public Private Partnership (P3) delivery are happening all over the world, generally achieved within a process for planning and delivery of major projects ensuring on-time, on-budget delivery with project governance achieved in part through risk transfer to the private sector. Final selection criteria include a requirement to be design compliant, but it is the most creative financial package, in short the lowest net present value, which is the successful driver. Creating generative space is not always a primary consideration in the P3 delivery model.

It is within this environment that we struggle to mediate between what is a deep and gaping disconnect between the project delivery and procurement method and the emotional needs of all people, especially the patients and staff who use our healthcare facilities. In many projects, token design elements are interjected but miss the mark because they are not a part of a cohesive, wellness driven concept. From day one the work unfolds under pressure, and mediocre can prevail.

Women's garnered the opportunity to utilize their capital redevelopment to not only serve women, based upon experiences of wellness, prevention and wholeness but by translation to impact the health of their families. Importantly, they understand that this means contributing to urban place-making and community while branding a cantilevered PINK structure to spread their messages even further. We summarize key generative aspects from this project as an invitation to others.

# Summary

## Creating the Parti – Urban Design and Architecture

- Reimagine the massing (extraverted)
- Entrance 'court'
- Preserve garden in the master plan
- Orientation
- Branding element

## Creating Welcome – Public Spaces

- The Great Woman's home
- Community table and kids bubble tube
- Clarity and choices



## Creating Experience – Clinical, Surgical & Diagnostics

- Circulation / arrival sequence
- Open registration stations
- Clinical strategies
- Stella's Playroom

## Creating Engagement – Conference Centre

- A hub for knowledge exchange
- Revenue opportunity
- Architecture as branding





*The 'halo effect' of an iconic architectural element*

- *walking tours*
- *cultural art projects*
- *donor recognition*
- *public nutrition - invited Chefs!*
- *continue to reduce wait times*
- *generic exam room art*
- *technology kiosks*
- *examine Clinical signage protocols*
- *research – design and health*
- *continue community engagement*
- *outdoor wellness programs*

**Provider Organization Primary Contact:**

Name Heather McPherson  
 Title Executive Vice-President, Patient Care & Ambulatory Innovation  
 Organization Women's College Hospital  
 Address 76 Grenville Street  
 City Toronto  
 Province Ontario  
 Code M5S 1B2  
 Country Canada  
 Email Address Heather.Mcpherson@wchospital.ca

**Consultant Primary Contact**

Name Susan Black  
 Title Principal & Director  
 Organization Perkins Eastman Black Architects on behalf of:  
 Perkins Eastman Black/IBI Group Architects in Joint Venture  
 Address 247 Spadina Avenue, Suite 500  
 City Toronto  
 Province Ontario  
 Code M5T 3A8  
 Country Canada  
 Email Address s.black@perkinseastman.com

**Individual Responsible For This Entry**

Name Lori Colucci  
 Title Intern Architect  
 Organization Perkins Eastman Black Architects  
 Address 247 Spadina Avenue, Suite 500  
 City Toronto  
 Province Ontario  
 Code M5T 3A8  
 Country Canada  
 Email Address l.colucci@perkinseastmanblack.ca

**Project Details**

Project Women's College Hospital  
 Project Type Academic Ambulatory Care Hospital (Research/Education/Clinical/Diagnostics/Surgery)  
 Location Toronto, Ontario Canada  
 Completion March 2016  
 Area 58,660 SM/630,000 SF  
 LEED Certification pending Silver

**Project Team**

Architect/Interior Design/Medical Planning:  
 Perkins Eastman Black/IBI Group Architects in Joint Venture

Development:  
 Bilfinger Berger Project Investments

Construction:  
 Walsh Construction/Bondfield Partnership  
 Black & McDonald

Structural:  
 Halcrow/Yolles (CH2M HILL)

Mechanical:  
 The Mitchell Partnership

Electrical:  
 Mulvey & Banani

Landscape:  
 Janet Rosenberg Studio (JRS)

Code:  
 Sereca

Sustainability:  
 Ecovert

Elevator:  
 KJA

Equipment:  
 Medequip

Vibration/Acoustics:  
 HGC

Architectural Photography:  
 A-Frame