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Suburban splendor

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Children's Hospital Boston at Waltham Waltham, Massachusetts

Project Summary

Client: Children's Hospital Boston (Sandra Fenwick, Chief Operating Officer; Charles Weinstein, Vice-President of Real Estate & Facilities; Steven Gordon, Chief Administrative Officer; Paula Quan, Executive Director of Corporate Real Estate; Bill Wright, Director of Project Management; John Sullivan, Project Manager)

Completed: July 2006 (OR/CPD, Imaging); April 2007 (Infusion/Inpatient)

Architecture/Lighting Design/Interior Design: Steffian Bradley Associates (Kurt Rockstroh, AIA, CEO, Project Executive; Steve Van Ness, AIA, Principal-in-Charge; Teresa Wilson, AIA, Principal, Healthcare Architect; Sal Davola, AIA, Senior Associate, Project Manager; Sallyann Thomas, Principal, Project Designer; Enrique Rojas, IALD, IESNA, Principal, Lighting Designer; Ralph Cadorette, AIA, Sr. Associate, Architectural Planner; Jaeyoung Choi, Designer)

General Contracting: G. Greene Construction, Boston

Engineering: The Collaborative Engineers, Boston

Art Consulting: Wilkins Art Associates, Weston, Massachusetts

Equipment Planning: CW Design Group, Boston

Photography: Robert Benson Photography

Total Project Area (sq. ft.): 68,600 (OR: 37,500; Radiology: 16,600; Infusion/Inpatient: 14,500)

Total Cost: not released

Cost/Sq. Ft.: not released

Children's Hospital Boston at Waltham began life as a satellite campus for Children's Hospital Boston (for more on the main campus, see page 20), but it soon grew to have its own distinct identity. Designed by Boston-based architectural firm Steffian Bradley Architects, the Waltham campus's imaging, surgical, infusion therapy, and inpatient departments maintain the high quality of care established by the main hospital, but with a touch of nature. Patients walk through the woods, on the beach, and even on the moon as they are treated in this relaxed, tranquil environment, highlighted by colorful artwork and natural light.

HEALTHCARE DESIGN Managing Editor Todd Hutlock discussed the project with Principal-in-Charge Steve Van Ness, AIA, and Interior Designer Sallyann Thomas from Steffian Bradley Architects, and Chief Administrative Officer of Children's Hospital Boston at Waltham and Vice-President of Children's Hospital Boston Steven Gordon.



Beginnings

Gordon: Children's Hospital Boston has several missions; one is research, another is teaching. Our focus at the Waltham facility is strictly on the patient, not on research or teaching. We looked at Waltham as a blank slate on which to design all new delivery systems. We wanted to do something different, a bit out of the box, and to focus on the comfort of the child and the family.

The Waltham site had been a 250-bed, 400,000-square-foot acute care hospital that had ceased operation. Children's Hospital Boston purchased the building in January 2005. We lease space in the building to four other hospitals. Our space underwent major renovations—floors were gutted.

Van Ness: We started working with Children's Hospital at the master planning stage, and identified areas within the old campus that would be appropriate for the surgery, radiology, and inpatient units, and then started planning for the surgery and radiology units.

Thomas: The intention was to use the Waltham facility as an annex to the main facility in downtown Boston. It's nice to have a remote campus like this so parents don't have to take sick children into the city, which can add unneeded stress to the process.

Van Ness: We started working with Children's Hospital Boston staff, some of whom eventually moved to the Waltham facility. We worked first to understand the existing hospital and how it operated, then translated those standards into the new hospital with the goal to create a facility that was at least equal to the main campus. Another goal was to attract staff and patients to the suburban location. We needed to instill confidence in the parents in the area that the Waltham facility would provide the same high standard of care as there was in Children's Hospital Boston.

Thomas: The cost to build a campus in Waltham is significantly lower than it would be in downtown Boston, and more space was available to alleviate the congestion that you get in tight urban sites like the main hospital. We met with different user groups from the departments as we developed these spaces, and they were intimately involved in the design and the planning and the technology installed in these spaces.







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A unifying theme

Gordon: Children's Hospital Boston had just finished a new patient tower and new ORs, and we wanted to make sure we had the same ORs here in Waltham for two reasons. In addition to wanting the ORs to be state-of-the-art, we didn't want surgeons to come to do procedures at Waltham and have to use different equipment. It was important to standardize across the facilities.



Thomas: It was important to present the image that this was a new, state-of-the-art facility, to turn around the impression that this was the "old Waltham Hospital" that so many people in the community remembered it to be. We worked with the staff to develop a theme of "going back to nature" to create a calming and soothing environment for children, as well as to connect the different departments that we would be developing. For example, the Imaging Center is "a walk in the woods," where the ceiling gives a sense of looking up through the leaves at the sky, and the tall columns are the "trees." The Surgical Center is "a walk on the beach," and the Inpatient and Infusion Therapy Centers are "a walk on the Moon."

We developed a way to unify the whole campus. We established finish and material standards, so as you go from one section to the next, it feels like a unified hospital. Some of the colors were taken from the main campus so it didn't feel totally foreign when you came to the Waltham campus for the first time. We also integrated a lot of two- and three-dimensional art, which helped create a playful yet calming environment for the kids.

We also used artwork in the ceilings of the treatment rooms. The nurses use the artwork to give the children something to focus on besides the treatment.





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Designing for all users

Van Ness: We wanted to make sure that parents could be with their children throughout much of the pre- and postoperative process as possible, although they won't be present during the procedures. Children's staff told us that the presence of parents helps calm children before procedures and makes them more comfortable in the recovery process. We arranged the spaces in such a way to make this comfortable for the parents, and included accommodations for parents' and siblings' needs within the Surgical Suite.

In the infusion unit, we created a family space—a "fun" space—within each bay. In the inpatient unit, we have all single bedrooms, and we created a separate family area in each room, as well.

Thomas: In the infusion area, we have private infusion rooms and open bay areas that are significantly larger than the ones at the main hospital in Boston. The reason for this is to create these family zones. In the early user group meetings, we discussed that kids that receive regular treatment will actually get to know each other, so the open bays allow them to see their friends. There is separation and privacy between them, but the option is there to allow communication between the bays. There is also a lot of natural light in this area, and it reaches all the way to the center of the building.

Thomas: It was a challenge for us to bridge the gap in ages of the patients, from small children to adolescents and teens. We did create some areas for older children and teens where the artwork is a bit more mature and not as childlike. We also built in banquettes rather than bariatric chairs, giving bariatric patients more seating options, as well as providing a space where sick children can lay down with their heads in their parents' laps.



Lighting

Gordon: We wanted to take advantage of the natural lighting in the building. For example, we changed the design of the pre-op area and the PACU to allow access to all of the windows by using modular headwalls that don't block any of the windows. We were able to standardize throughout the facility using that modular unit in every area that used medical gasses.

Van Ness: We worked with Steffian Bradley Architects Principal and Lighting Designer Enrique Rojas, IALD, IESNA, throughout the process. At one of our early planning meetings, we discussed what it would be like for a child being taken to the surgery department—it can be terrifying, being wheeled down the hall, looking up at acoustical-tile ceilings and fluorescent light after fluorescent light. We wanted to make the lighting forms in the ceiling into a fun feature, especially in those pathways to surgery where children tend to be the most frightened.

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Thomas: In the Imaging Center, we didn't have access to outside light; it's all indirect lighting, and it's really quite a playful space for the children. The color in the ceiling and the banquettes, as well as the fish tanks at child level make for a lot of positive distractions in the waiting area. It helps children deal with the nervousness they may be feeling.

Gordon: Each of the radiology rooms has adjustable lighting systems. Staff can ask the patients what their favorite colors are—blue, red, green—and they can cycle through the different colors. Each room also has what we call a "distraction panel" on the ceiling. When the child is lying there looking up at the ceiling during treatment, there is a mosaic that is lit up to shift his or her focus.



