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||| LIVING SPACES

A home built for healing children

The new Bloorview Kids Rehab facility is designed to stimulate minds and bodies

BY JANE GADD

How can a hospital be a home? If home means a place of refuge, relaxation and happiness where you control your environment and are free to venture into the outside world, hospital is pretty much the opposite.

This was the conundrum that faced a team of architects and interior designers who worked six years on a new leading-edge facility for children required to live in hospital for weeks, months or even years as

they recover from accidents and serious illnesses or cope with severe, life-long disabilities.

The newly opened Bloorview Kids Rehab, which will be ready to receive long-term patients on its 75-bed residential floor this June, is a triumph of sensitive design.

Set on a beautiful Leaside ravine and making full use of the site's natural setting, the views of the neighbourhood close by and of the downtown towers in the distance, the building provides the elements of a home in a six-storey institution

charged with the care of thousands of disabled children a year.

"In a regular hospital you feel a loss of control. There are few things you can do or places to go," says Anne Carlyle, an Ottawa-based interior designer who collaborated with architects from Montgomery Sisam and Stantec Architecture on the groundbreaking design.

"The sheer experience of movement is rehabilitative," she says.

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Terry Montgomery, lead architect of the new Bloorview Kids Rehab hospital, says 'it's very important to have outdoor access for kids whose mobility is limited.'

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"We wanted to create an environment for recovery, rehabilitation and healing in the complete sense of the word — physically as well as psychologically and spiritually, whatever that may mean to the individual," Ms. Carlyle explains.

The L-shaped structure will house resident children and teenagers on the third floor of its western wing, which is shaped like a wedge of cheese lying on its flat face, or a gently sloping hillside.

The other five floors in two wings linked by a "pinch" or bridge are for outpatient clinics, research, family accommodation, recreation, education and administration. But all of the floors will be accessible by live-in patients.

"It's like a big landscape you can navigate," says lead architect Terry Montgomery.

All floors of the building have "destinations," principally visually complex and interactive art installations, to provide reasons to move around and explore.

On each level, the architects have carved notches into the "hillside" and inserted spacious outdoor terraces open to the sky.

These will be lined with strips of natural wood to echo the texture of the forested ravine.

"It's very important to have outdoor access for kids whose mobility is limited," says lead architect Terry Montgomery.

The in-patient floor, where the average stay is six weeks except for about 20 youngsters needing "complex continuing care," has three outdoor terraces.

Its rooms have none of the cold vinyl or metallic glare typical of antiseptic hospital rooms. The walls at the head of the beds where hi-tech hookups are located are made of cherry wood, and the same rosy-hued wood is echoed in built-in, hotel-quality wardrobes and dressers on the facing walls.

Controls for bright or intimate lighting are close at hand, and the spacious, roll-in bathrooms are designed for children in wheel-chairs to manage on their own if they are able.



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A view of the lobby at the new Bloorview Kids Rehab building on Kilgour Road.

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"We were thinking, what does a human being who may be in bed a long time need?" Ms. Carlyle says.

Most of the rooms are double, since consultations with parents revealed that they prefer their children to have company when they can't be there.

The 75-bed wing is divided in three, with each area having its own dining and recreation room, including fridges for snacks.

Hallways and doorways are wide, to allow plenty of space for wheelchairs and walkers to pass, and all the elevators in the building have entrances on both sides.

The architects and designers took a cautious approach to colour, both inside and out. The building's exterior, clad in earth-toned bricks and grey zinc panels that resemble weather-aged wood shingles, has long rows of windows randomly

punctuated by panels of bright, but not primary, colours. The effect is of gaiety, not childish gaudiness.

"We didn't want to be patronizing with cuteness," Mr. Montgomery says.

"They're not all little kids here; they are up to 18 years old."

On the inside, colour is used sparingly to make a directional point or to provide orientation, rather than in great washes of overpowering brilliance.

"Kids with brain injuries can't handle over-stimulating surroundings," says Joan Ferguson, Bloor-

view's vice-president of programs and services.

"The children are going to be here for some time; we want them and their parents to relax."

Ms. Carlyle says the team rejected the use of cartoon characters and simplistic colour-coding so often used in settings for children.

In the United States, corporate spending on pediatric hospitals has led to widespread use of pop-culture mascots and cartoon characters, "which become frankly tiresome," Ms. Carlyle says. "We tried to stay away from that."

The themes of murals and art installations at Bloorview are intellectual and abstract rather than representational.

For example, a horizontal mural of ceramic tiles at the entrance to the cafeteria is made by disabled children who have been allowed to make marks in their own way, rather than having their hands guided by a teacher.

"We used natural materials whenever possible — wood, limestone, zinc, linoleum," says Ms. Carlyle.

"These have inherent qualities everyone can relate to, and they remind you of living things."

In-patients will be moving to the new Leaside building from the Bloorview Children's Hospital at Sheppard and Leslie avenues, a typical box-like institution of the seventies.

Accessibility, and therefore independence, will be much better in this hospital than in the old one, Ms. Ferguson says.

"The biggest change will be that they'll have more space to call their own."

At the old site, children needing ventilators had to be in tiny intensive-care rooms. But ventilators can be hooked up to wheelchairs, so now virtually all children will be able to be up and about each day — to classes in the school on the main floor, to art or music sessions in the creative arts centre, to the pool or gym in the lower level, or just hanging out in the play areas and dining rooms or on the outdoor terraces.

"It's a much more regular kind of living place than hospital," Ms. Ferguson says.

Parents, brothers and sisters, meanwhile, can stay in one of the 10 rooms on the fifth floor provided for family accommodation.

These resemble high-end motel rooms and have shared kitchens and laundry rooms.

They are primarily for families of children from outside Toronto, but can also be booked by local parents wanting to stay close to reduce the trauma of recent injury or illness in their child.

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