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HOK / RMJM



Denver Children's Hospital, Denver, CO.
Zimmer Gunsul Frasca Architects



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Whistler Library, Whistler, BC.
Hughes Condon Marler



Central City, Surrey, BC.
Bing Thom Architects

8.0 Building Design Principles

New buildings and changes to public realm elements should be designed to make the CWHC campus a friendlier, less institutional place to be a patient, to work, to visit, or to live beside.

Buildings should be highly articulated and transparent in order to break down their scale, utilizing such components as glazing, canopies, shading systems and exposed structural elements. The use of a pedestrian scaled perimeter is encouraged, keeping higher massing towards the centre. Street level expression should be transparent, have pedestrian protection from the elements, provide clear definition of entrances, and step up or down with grade changes. Landscaping and other “green” treatments to the roof areas are encouraged. These should provide usable outdoor spaces wherever possible.

Vertical circulation elements, such as stairs, elevators and other program components that are located to the perimeter of the building should be emphasized and located in such a way to reinforce primary entries and intuitive way-finding around the buildings. It is important that the design for new Acute Care Centre work in conjunction with the existing Children's and Women's Hospital building, while equally acknowledging that it will become the front face of the Hospital once the existing building is removed.

8.1 Roof Treatment

The exposed roof areas of the lower podium levels offer a significant opportunity for overlook from the inpatient floors above. By landscaping these “deck” areas it will offer views to a natural environment for patients and provide outdoor respite areas for staff, visitors and patients. The Master Plan contemplates that these roofs will be extensively landscaped to provide a valuable outdoor amenity both to be seen and to enjoy. These areas should also help reduce storm water run-off and dependence on City storm system. Natural water run-off could be retained in ponds on site and be utilized for site irrigation.

Rooftop mechanical systems, elevator penthouses, and other appurtenances should be integrated into the form and architecture of the building. Careful attention should be paid to the design and screening of mechanical systems to ensure that the adjacent neighbourhood is not affected by noise pollution.

8.2 Windows and Skylights

The amount and distribution of glazing should recognize the current notion that access to daylight can provide a significant improvement in patient outcomes and staff well being. As such, window size and placement, location of skylights and use of internal courtyards should be carefully considered to respond to the internal functional

distribution of patients, visitors and staff. Variations in glazing type, patterns and frequency should be encouraged to reduce the overall scale and massing of the larger building elements.

8.3 Entrances

Identifiable entries are vital to the success of a Hospital campus. It is critical that patients and visitors can easily identify and find the entries without distress. The overall architectural massing can contribute considerably to this concern and reinforce the point of entry from afar. Lower scaled canopies further assist this notion, by providing a clearly recognized emphasis at the doorway and drop-off points. From this point of entry, parking access should be clearly understood. For patients and families who self park first, the access from visitor parking to the main lobby should be explicit and simple to find.

8.4 Exterior Walls and Finishes

The design should incorporate materials that will create a distinct character appropriate to a hospital for children and women. The design approach should avoid a clinical and repetitive aesthetic and instead be friendly and open, using materials that exude warmth and harmony. Excessive use of concrete should be discouraged whilst the use of glass, wood, brick, metal, and stone as the preferred material palette should be encouraged.

The material palette should reinforce the recognition of primary entries, encourage material changes at major height transitions in the massing and clearly express the functional distinction between the inpatient units on the upper floors and the Hospital support services on the lower “podium” floors. Material changes and transitions should express the building hierarchy, prime circulation connections and articulate stairs and elevators. The lower podium levels should be more solid in character with a higher proportion of wall to window area, whilst the upper floors should be expressed in lighter materials and higher amounts of glazing.

8.5 Awnings and Canopies

Exterior elements such as sun shading devices, balconies, overhangs and canopies should be used to further break down the overall building massing and recognize the pedestrian scale along the building perimeter. Exterior canopies should provide significant rain protection at entries and along building frontages that provide circulation paths between buildings on the site.

Please see *Appendix E - Children's & Women's Health Centre of BC - Proposed CD-1(126) Guidelines* for a further detailed discussion on the building design principles.