ARCHITECTURAL COMPARATIVE ANALYSIS REPORT
for the POE of Bridgepoint Active Healthcare

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Cover Photos: Tom Arban
This report documents, compares, and analyses selected architectural design elements across three healthcare facilities under study in the in-progress, pre- and post-occupancy evaluation of Bridgepoint Active Healthcare. The larger program of research is a multi-year, multi-method program of research assessing the impact of architectural design on health outcomes in the context of the Bridgepoint Hospital redevelopment, led by a team of social scientists. The study utilizes a quasi-experimental research design with mixed quantitative and qualitative measures, and a control facility to compare patient, staff, and organizational outcomes across these healthcare facilities. The primary objective is to evaluate the impact of building design on well-being and improved patient outcomes for people living with multiple health conditions.

As a key component of the overall research program, this report details the environmental conditions, both built and natural, of the New Bridgepoint Active Healthcare (BAH) long term, chronic care hospital, and its predecessor, the recently demolished 1963 Bridgepoint Health (BH) facility, against the control hospital used for this POE study, West Park Healthcare Centre (WP).

This architectural documentation and analysis addresses the non-clinical spaces and design components that the architects targeted at the outset, as having potential to reduce stress, and impact in-patient psychosocial well-being during their treatment and stay.

Primary design objectives aimed at improving both in-patient and outpatient experience and quality of life were:

- improved patient privacy (for both hygiene and social reasons)
- improved quantity, quality and variety of patient amenity programs
- improved opportunity for social integration between patients and staff
- improved integration and connection to the local community
- improved access to daylight and view for all spaces
- improved connection to the natural environment
- improved clarity of wayfinding
- improved quality and variety of spaces and activities to create more calming and aesthetically pleasing environments, and to encourage patient mobility

DEFINITIONS

These definitions are for the purposes of this study

Amenity Space: All other non-clinical support spaces specifically for enhancing quality of life for patients (spiritual care, therapy pools, physiotherapy/gym, patient dining spaces, hair salon, cyber café)

Design Parti: Organizing planimetric diagram for the program and circulation design concept

Gross Floor Area: Program space including building envelope, stairs, elevators, service spaces

Horizontal Circulation: Halls and corridors

Meaningful View: A view to trees, parks, activities of people and animals, movement of traffic, sky, clouds

Net Floor Area: Program floor area space excluding building envelope, stairs, shafts, elevators, service spaces and shafts

Outdoor Amenity: Built exterior recreation space intended predominantly for patient use (i.e. roof terraces and porches, and immediately adjacent outdoor spaces (excludes gazebo garden in traffic circle at West Park)

Patient Care: Patient rooms and rooms dedicated to patient care

Patient Lounge: Dedicated interior lounge spaces

Public space: Common areas for unregulated use by visitors and members of the public including entry level lobbies and waiting areas, retail (café, pharmacy etc.), auditoria, cafeteria, library.

Staff Amenity: Dedicated staff lounge spaces

Staff Work Areas: Nurse stations and ancillary support areas for immediate patient care

Vertical Circulation: Stairs, elevators
BRIDGEPOINT 2013 (BAH)
14 St Matthews Rd, Toronto, ON M4M 2B5
Stantec Architecture; KPMB Architects; HDR Architecture; Diamond Schmitt Architects
480 In-Patient Capacity
+ Visually prominent, high-rise, 12-storey, “commercial” looking building
+ Rectangular plan with double loaded corridor wrapping a central service core
+ Single/double occupancy rooms with en-suite WC and shared en-suite showers
+ 2 patient lounges, 1 physiotherapy space, 1 patient dining area per floor
+ 2-storey podium housing administration, and common amenity spaces
+ Large central rooftop green space, 2-5th level terraces, 4-main level terraces
+ All glass curtainwall building (clear and spandrel glass)
+ Urban location in a park setting

BRIDGEPOINT 1963 (BH)
14 St Matthews Rd, Toronto, ON M4M 2B5
Chapman and Hurst
580 In-Patient Capacity
+ Mid rise, 9-storey, “residential” looking building
+ Crescent shaped double loaded corridor with central core
+ Double/triple/quad patient rooms with remote WC and bathing
+ 1 Patient lounge and physiotherapy space per floor
+ 2-storey podium housing administration, and common amenity spaces
+ Large central rooftop terrace and lower level patio
+ Brick cladding with continuous concrete balconies
+ Glass curtainwall building (clear and spandrel glass)
+ Urban location in a park setting

WEST PARK 1980 (WP)
82 Buttonwood Ave, Toronto, ON M6M 2J5
Armstrong and Molesworth Architects
312 In-Patient Capacity
+ Low rise, 4-storey “residential” looking building
+ 2 separate 2-storey pods with central core and T-shaped plan
+ Double, and quad patient rooms with en-suite WC and shared remote bathing
+ 1 patient lounge and physiotherapy space per floor
+ 2-story podium housing administration, and common amenity spaces
+ Large central rooftop terrace and miscellaneous outdoor gardens
+ Brick cladding with wood trim and sloping shingled roofs
+ Suburban location in a park setting
INTRODUCTION

Introduction

The identified domains of this study are psychosocial wellbeing (i.e. psychological well being as a function of interactions with the social environment), including depression, connectedness, mood, stress reduction and functional health (pain, mobility) for in-patients and staff. This architectural documentation is focused on the locations where the patient surveys and interviews were conducted. These are the “non-clinical” in-patient rooms, support, therapy, amenity, and outdoor recreation and social spaces of the three hospitals.

The construction of the new Bridgepoint Active Healthcare (BAH) facility created a unique opportunity for a structured comparative Post Occupancy Evaluation (POE) addressing these criteria, because the site and population studied are similar, pre and post construction. The third control facility, West Park, was selected as an analogous facility in the same city. The key building differences between facilities are summarized graphically in the Comparative Building overview on pages 8-9 of this report. The graphic summary and building summary descriptions on pages 10-15, provide a visual executive summary of this report’s findings. The following design issues were studied:

• Building Scale (Areas and proportional differences in selected rooms and spaces)
• Site Context (location and orientation within the immediate and urban context)
• Building Typology (“Parti” or organizational patterns of movement and circulation for in-patients and staff relative to program spaces
• Program (program extent and distribution, amenity space and social space)
• Circulation Design (proximities and relationships for patients and staff to various activities and functions)

Rationale

It is well documented that the ambient qualities of the architecture for treatment and respite have positive impact on psychological, social and physical health. Aesthetics, material qualities, views and direct exposure to nature, and spatial organization can distract patients from pain and improve mental state (Alvaro & Atkinson 2013). It is also recognized that enhanced building program, and ambient environmental conditions are particularly important for complex chronic disease (CCD) patients, where there is long term residency, and a fully conscious patient population prone to pain, anxiety and depression.

Methodology

The architectural component of the Bridgepoint Active Healthcare study is similarly designed to augment this emerging knowledge, by creating an equally rigorous and systematic methodology for deconstructing, and measuring the myriad of specific design factors anticipated to have significant impact on CCD patients and staff. As interior environments are a complex interplay of multiple design decisions, it is critical to isolate individual design interventions to understand their potential affects. This visualized documentation and comparative analysis is intended to create substantive clarity to observed differences in patient and staff outcomes, in the larger program of research, to differences in design.

Findings

SCALE / PROGRAM / DENSITY

The new building (BAH) is twice as large in floor area and four times the volume for a similar actual in-patient capacity as the other two buildings.
The room occupancy is significantly changed to be single and double patient rooms versus a predominance of quads and doubles in the other two buildings. The new building has a significantly augmented program relative to the other two buildings, with three times as much lounge space as its predecessor, and almost three and a half times as much as West Park (WP). It has almost 7.7 times the amount of general patient amenity space per patient as its predecessor and twice as much space per patient as WP. This augmented program and the increase in both quantity, quality and variety of social and activity spaces both indoors and out, have greatly improved the privacy of patients but also significantly impacted the density per floor, of patients and staff. Whereas the original building would have had 116 patients per floor using the same central elevator and lounge, there are only 64 per floor at the new building, with four available social spaces within the same floor plate. At WP, 78 patients per floor converge on a single lounge and elevator core. This substantially impacts the frequency of casual interaction amongst patients and between staff and patients on a daily basis.

**SITE/CONTEXT**

All buildings are located in park settings: Bridgepoint being central and urban, and West Park, suburban. The design parti of the three buildings are similar in that they are all organized to facilitate daylight and view for in-patients’ rooms. The original BAH’s views were compromised by its adjacency to the old Don Jail when it was active. WP, a low rise building in a heavily treed park has restricted view. The new hospital as a high rise, has varied and distant views.

**FENESTRATION/ DAYLIGHT/VIEW**

The new building has significantly more window area than the other two buildings with higher ceilings and 50% of its exterior envelope glazed. Floor to ceiling windows at the amenity spaces and a combination of a tall bay, and continuous strip windows provide panorama views to residents and help to orient internal wayfinding. The other two buildings had/has adequate daylight at most patient rooms but compromised views out, relative to BAH.

**Applications and Conclusions**

The data presented within this report has been designed to graphically clarify the analysis and streamline the comparisons between these facilities. These graphic templates are intended not only to facilitate this particular research project, but also to operate as universal health care facility planning and programming tools. The Ontario Ministry of Health and Long Term Care, as a research collaborator in this project may develop these templates to establish streamlined data collected on both new and existing projects. This data base can be used for the development of programming, design guidelines, and policy for new and existing complex continuing care and rehabilitation facilities.

The extent of this architectural analysis is intentionally general and holistic, addressing the more macro-scale design decisions made at the pre-design and preliminary design stages of a project. While most POE’s address detail design concerns related to specific health related outcomes, this research looks at overall programming, building siting, massing, building typology, internal organizational strategies (parti) and façade design as it relates to the buildings’ fenestration. We have tried to address each building comprehensively, on these levels, to suit the needs of this particular POE. These same strategies for comparison and analysis could be used at ever finer scales for specific spaces or topics of study.
<table>
<thead>
<tr>
<th>AREA/VOLUME</th>
<th>CONTEXT</th>
<th>PARTI</th>
<th>DAYLIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BRIDGEPOINT 2013 (BAH)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1.63 BEDS/RM | HIGHLY VISIBLE  
+ URBAN LOCATION  
+ PARK SETTING  
+ TRANSIT ACCESSIBLE  
+ HIGH RISE  
+ DISTANT VIEWS | Meaningful views, NSEW  
+ Double loaded corridor w/ views  
+ Central vertical circulation  
+ Distributed lounge space  
+ Central and multiple distributed terraces | 90%  
Patient Space receives more than 3 hours direct daylight/day |
| TOTAL AREA: 51,076m²  
TOTAL VOLUME: 238,445m³  
+ 10 STORIES  
+ 480 IN-PATIENT BEDS  
+ 106m² BLDG AREA/PATIENT | 100% |

| **BRIDGEPOINT 1963 (BH)** |
| 3.31 BEDS/RM | HIGHLY VISIBLE  
+ URBAN LOCATION  
+ PARK SETTING  
+ TRANSIT ACCESSIBLE  
+ MID RISE  
+ SOME DISTANT VIEWS | Meaningful views, NSEW  
+ Double loaded corridor  
+ Central vertical circulation  
+ Central lounge space  
+ Central terrace | 60%  
Patient Space receives more than 3 hours direct daylight/day |
| TOTAL AREA: 24,298m²  
TOTAL VOLUME: 60,090m³  
+ 8 STORIES  
+ 580 IN-PATIENT BEDS  
+ 42m² BLDG/PATIENT | 40% |

| **WEST PARK 1980 (WP)** |
| 3.15 BEDS/RM | NO PUBLIC VISIBILITY  
+ SUBURBAN LOCATION  
+ PARK SETTING  
+ VEHICULAR ACCESS  
+ LOW RISE  
+ NO DISTANT VIEWS | Meaningful views, NSEW  
+ Central vertical circulation  
+ Central lounge spaces  
+ Central and few distributed terraces | 70%  
Patient Space receives more than 3 hours direct daylight/day |
| TOTAL AREA: 23,408m²  
TOTAL VOLUME: 92,636m³  
+ 10 STORIES  
+ 312 IN-PATIENT BEDS  
+ 75m² BLDG/PATIENT | 40% |
<table>
<thead>
<tr>
<th>FENESTRATION</th>
<th>BEDROOM TYPE</th>
<th>PROGRAM</th>
<th>SOCIAL SPACE</th>
<th>OUTDOOR AMENITY</th>
<th>DENSITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:1 Window to Wall Ratio</td>
<td>38% Single 62% Double</td>
<td>31% Patient Rooms 69% Staff Work</td>
<td>100%</td>
<td>91%</td>
<td>39%</td>
</tr>
<tr>
<td>1:2 Window to Wall Ratio</td>
<td>34% Double 66% Quad</td>
<td>81% Patient Rooms 19% Staff Work</td>
<td>31% 13%</td>
<td>34%</td>
<td>100%</td>
</tr>
<tr>
<td>1:2 Window to Wall Ratio</td>
<td>8% Single 31% Double 61% Quad</td>
<td>76% Patient Rooms 13% Staff Work</td>
<td>54% 48%</td>
<td>100%</td>
<td>56%</td>
</tr>
</tbody>
</table>

* % of patients per room type

BRIDGEPOINT 2013 (BAH)

WEST PARK 1980 (WP)

BRIDGEPOINT 1963 (BH)
The New BAH is an 11-storey building (9-storeys on a two storey podium). Rooms face east or west, with paired, double-loaded corridors containing service and clinical support spaces at the interior. The elevator core is located centrally in the plan where the typical floor plate is offset to create a patient dining space to the east, with two vantages east and south, and a physiotherapy space to the west, with additional vantage to the north created by the offset. Sixty percent of the 5th floor is dedicated mechanical space and above the 11th floor is a 1-storey enclosed mechanical penthouse.

Patient and staff lounges are located at opposite ends of each patient floor. A roof terrace is located on the south half of the building with an indented west facing “porch” and landscaped terrace, cascading down to another roof terrace at the north end of the building, one level above the park. There are additional roof terraces on both the east and west side of the 5th floor. The podium, partially underground, contains amenity, public, loading and service spaces. Administrative space is located in the old jail building. There is a significant increase in the quantity, scale and quality of patient amenity space in this building relative to that of the previous building. The outdoor amenity space is expressed here, as a percentage of the total patient domain studied (i.e. bedrooms and amenity spaces combined.)

<table>
<thead>
<tr>
<th>IN-PATIENT ROOM RATIO</th>
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<tbody>
<tr>
<td>38% Single Rooms</td>
</tr>
<tr>
<td>62% Double Rooms</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEANINGFUL VIEWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>75% Distant</td>
</tr>
<tr>
<td>Proximal 25%</td>
</tr>
<tr>
<td>50% Nature</td>
</tr>
<tr>
<td>Community 50%</td>
</tr>
<tr>
<td>100% Significant</td>
</tr>
</tbody>
</table>
**PROGRAM OVERVIEW**

- **PATIENT ROOMS**: 12,335 m²
- **PATIENT AMENITY**: 5,897 m²
- **STAFF WORK**: 1,703 m²
- **STAFF AMENITY**: 450 m²
- **PUBLIC AREA**: 518 m²
- **OUTDOOR AMENITY**: 4,500 m²

**INTERIOR PROGRAM BREAKDOWN**

- **59%**: 20,903 m²
- **28%**: 4,500 m²
- **2%**
- **2%**

**OUTDOOR AMENITY RATIO**

- **22%**: 4,500 m²

*N.B. Indoor Program Ratio is the breakdown of the selected spaces shown in legend only (i.e. patient rooms and amenity spaces for staff and patients, net of circulation and services). Outdoor Space Ratio is expressed as a ratio of these selected spaces studied in this particular POE.*
The old BH was a 9-storey (7-storeys on a 2-storey podium), double loaded, crescent-shaped plan, oriented north/south, with the majority of patient rooms on the outer circumference overlooking the park, and minimizing views of the jail to the south. Southern room balconies overlooked and enclosed a south facing patient terrace on the roof of the podium. Patient rooms were predominantly quads and doubles. The perimeter was wrapped with cantilevered, concrete balconies that were restricted from patient use for at least the last 20 years.

The lower two floors contained cafeteria, meeting rooms, administrative space, pool, auditorium and mechanical and service space. The building was built in 1963 and was recognized for its unique shape and architectural quality. It was considered the “Taj Mahal of bed care centres” in a review by the Toronto Planning Board when it was first designed. The architect Howard Chapman of Chapman and Hurst indicated that the curved corridor was intended to make the corridor “seem less long.” (Leblanc 2012). Wood and brick were used at the interior to give it a warm and non-institutional feel.
BRIDGEPOINT ACTIVE HEALTHCARE | COMPARATIVE DESIGN ANALYSIS REPORT 2013/2014

PROGRAM OVERVIEW

PATIENT ROOMS 5,256 m²
PATIENT AMENITY 310 m²
STAFF WORK 90 m²
STAFF AMENITY 310 m²
PUBLIC AREA 496 m²
OUTDOOR AMENITY 2,000 m²

INTERIOR PROGRAM BREAKDOWN

OUTDOOR AMENITY RATIO 31%

NURSE STATIONS
STAFF LOUNGE
PHYSIOTHERAPY
NURSE STATIONS
PATIENT LOUNGE
STAFF LOUNGE
PATIENT ROOMS

*N.B. Indoor Program Ratio is the breakdown of the selected spaces shown in legend only (i.e. patient rooms and amenity spaces for staff and patients, net of circulation and services). Outdoor Space Ratio is expressed as a ratio of these selected spaces studied in this particular POE.
The main building at WP has two, 2-storey, T-shaped pods that each sit on a common, two-level podium, covered with a rooftop patient terrace. Each wing of the ‘T’ has patient rooms wrapped around a service corridor surrounding a stair, common bathing facilities and a nurses’ station. Each of these three wings connect to a common elevator lobby which is adjacent to the central patient lounge that serves all three wings, next to a common therapy area. This therapy area was previously the patient lounge, with generous windows oriented in three directions. The lower lounge space has no direct access to light or view, while the upper lounge is top-lit by several individual skylights.

The lowest level contains service and support space, and patient and staff cafeteria, and is almost entirely underground. The main level is partially above and partially below grade due to the sloped nature of the site. It contains administration and outpatient services along with a common patient/public lounge. The building is red brick with sloped metal roofs, set into the landscape for minimal impact.
PROGRAM OVERVIEW

- **PATIENT ROOMS**: 10,849 m²
- **PATIENT AMENITY**: 1,833 m²
- **STAFF WORK**: 830 m²
- **STAFF AMENITY**: 350 m²
- **PUBLIC AREA**: 500 m²
- **OUTDOOR AMENITY**: 3,200 m²

INTERIOR PROGRAM BREAKDOWN

- **14,362 m²**
  - 76%
  - 2%
  - 3%
  - 13%

OUTDOOR AMENITY RATIO

- **3,200 m²**
  - 22%

*N.B. Indoor Program Ratio is the breakdown of the selected spaces shown in legend only (i.e. patient rooms and amenity spaces for staff and patients, net of circulation and services). Outdoor Space Ratio is expressed as a ratio of these selected spaces studied in this particular POE.*
SITE + CONTEXT
The new BAH and the old BH occupy the same general location, the new building having been built just west of the original building. The site is part of the urban, residential Riverdale neighbourhood; visually and physically close to the downtown core of Toronto, Lake Ontario, the West Donlands, the Don River and Don Valley Expressway (DVP), Riverdale Parks (East and West), the commercial intersection of Broadview and Gerrard, the Riverdale Library, and the former Don Jail. It is easily accessible from the large residential urban neighborhoods surrounding it by public transit, car or pedestrian access. The new building is quite dominant as an “iconic,” glass curtainwall building overlooking the Don Valley and visible from all directions in the local parks and neighborhood.

The old BH building, while considerably smaller in height and scale, was also quite visible from all these same vantage points. It was located further from the DVP and more central to the park, with a somewhat unfortunate overlook and proximity to the back of the Don Jail. The jail function has recently been removed, and this building has been renovated to house administrative functions for the new hospital. The predecessor building’s notable half round shape and curved cantilevered concrete balconies, made it memorable in the area and visible from the DVP.

WP is remotely located in a suburban park setting near the Humber River. Surrounded by three parks (Raymore, Fergy Brown, Eglinton Flats) Scarlett Woods Golf course, some single-family homes, and three high-rise residential buildings, this site is only accessible by car or shuttle bus. It is part of a hospital campus with grade level parking lots, winding entry roads, lightly rolling terrain, and lots of deciduous trees. The building is red brick and residential in character with its sloping roofs. The plan form breaks up the mass of the building making it appear more diminutive than it really is. Being low rise and tucked into the adjacent sloped terrain, it has very little presence in the larger neighborhood and is quite hidden amongst the trees in summer. It’s car drop-off entry canopy conceals the entrance from view, making it difficult to distinguish from a service entry.
BRIDGEPOINT 2013 (BAH)
14 St Matthews Rd, Toronto, ON M4M 2B5
Stantec Architecture; KPMB Architects; HDR Architecture;
Diamond Schmitt Architects
463 Patients

WEST PARK 1980 (WP)
82 Buttonwood Ave, Toronto, ON M6M 2J5
Armstrong and Molesworth Architects
312 Patients

BRIDGEPOINT 1963 (BH)
14 St Matthews Rd, Toronto, ON M4M 2B5
Chapman and Hurst
558 Patients
The new BAH has twice the amount of window, relative to wall, as the other two buildings. The building’s greater height, and combination of horizontal ribbon windows and floor to ceiling “bay” windows give opportunity for all patient rooms to have a variety of views; both near and far, to ground and sky, to both nature and the local community, active (baseball, tobogganing, soccer) and passive park activities, and, at higher vantage points and specific orientations; to the urban skyline, Lake Ontario and the Don Valley Parkway (DVP). View is available at the ends of all corridors through glass doors and at arrival by stairs or elevators to each floor, providing orientation (wayfinding) and visual interest for patients. Patient lounge spaces located at the ends of corridors, each have three orientations to view and daylight. Patient amenity spaces and therapy spaces have all been designed to provide generous access to view and daylight. A variety of outdoor terraces and gardens with different orientations, activities, and characters are provided for patients at various levels of the building. The building’s immediate proximity to the adjacent expressway means the western facing outdoor terraces are all very noisy, despite glass wind/noise breaks provided on roof terrace and ground floor terrace. There are no operable windows and the window system is effective at blocking noise internally.

The old BH was located further east into the park and was much lower, and integrated more into the trees, buffering it from wind and traffic noise from the expressway. The curved plan provided good views for patients at the outer ring of rooms to the north, west and east, but had compromised views from the rooms at the inner ring of the crescent, which faced one another, or the back of the former Don Jail. It’s large balcony overhangs, also restricted views to ground level and to the sky. Patient lounge spaces on each floor had north views to the central portion of Riverdale Park, with the same high sill, low window head, and balcony overhang conditions as patient rooms, restricting sky and immediate ground views. The therapy pool was small and without access to view or daylight. A large south-facing terrace over the podium and an outdoor smoking terrace near the building entry provided outdoor access for patients. Patients were free to venture into the public park to the north.

WP in its suburban park location is very quiet, and designed to give all patient rooms, access to view. The available views are much less varied than at the Bridgepoint sites due to its suburban location in a passive use park. As a low-rise building, in a heavily treed park, the views are predominantly close up views to nature and to the adjacent roof terrace and gardens, and some local low-rise, single-family homes. Its’ patient lounge spaces are internal, with no direct access to view. The therapy pool is small and without access to view or light. Therapy spaces have both good view and daylight. There are eight different outdoor spaces for patient use surrounding the building, including vegetable and flower gardens, smoking and dining terraces. A separate perennial garden with a gazebo, exists a short walk from the main building entrance. These various and generous outdoor spaces are evident in the outdoor amenity space statistics shown.
### Site Context

<table>
<thead>
<tr>
<th>Site</th>
<th>Outdoor Amenity Area / Patient</th>
<th>View Types</th>
<th>Site Section Key Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bridgepoint 2013 (BAH)</strong></td>
<td>9.7m² 95%</td>
<td>75% Distant Proximal 25% 50% Nature Community 50% 100% Significant</td>
<td><img src="image1" alt="Site Section Key Plan" /></td>
</tr>
<tr>
<td><strong>Bridgepoint 1963 (BH)</strong></td>
<td>3.6m² 35%</td>
<td>16% Distant Proximal 84% 40% Nature Community 60% 55% Significant Negligible 45%</td>
<td><img src="image2" alt="Site Section Key Plan" /></td>
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<tr>
<td><strong>West Park 1980 (WP)</strong></td>
<td>10.3m² 100%</td>
<td>5% Distant Proximal 95% 90% Nature Community 10% 95% Significant Negligible 5%</td>
<td><img src="image3" alt="Site Section Key Plan" /></td>
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</tbody>
</table>
MEANINGFUL VIEWS FROM OUTDOOR SOCIAL SPACE

SITE CONTEXT

EAST-WEST SECTION

MEANINGFUL VIEWS FROM OUTDOOR SOCIAL SPACE

BRIDGEPOINT 1963 (BH)

WEST PARK 1980 (WP)
ACOUSTIC CONTEXT

EAST-WEST SECTION

BRIDGEPOINT 2013 (BAH)

BRIDGEPOINT 1963 (BH)

WEST PARK 1980 (WP)
NATURE: GREATER CONTEXT

SITE PLAN          BUILDING PRESENCE          BUILDING APPROACH

BRIDGEPOINT 2013 (BAH)

BRIDGEPOINT 1963 (BH)

WEST PARK 1980 (WP)
<table>
<thead>
<tr>
<th>BRIDGEPOINT 2013 (BAH)</th>
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</thead>
<tbody>
<tr>
<td>MAIN ENTRANCE</td>
<td>SECONDARY ENTRANCE</td>
<td>PARK ACCESS</td>
</tr>
<tr>
<td><img src="image1" alt="Bridgepoint 2013 Main Entrance" /></td>
<td><img src="image2" alt="Bridgepoint 2013 Secondary Entrance" /></td>
<td><img src="image3" alt="Bridgepoint 2013 Park Access" /></td>
</tr>
<tr>
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<table>
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<tr>
<th>BRIDGEPOINT 1963 (BH)</th>
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<tr>
<td>MAIN ENTRANCE</td>
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<td><img src="image4" alt="Bridgepoint 1963 Main Entrance" /></td>
<td><img src="image5" alt="Bridgepoint 1963 Secondary Entrance" /></td>
<td><img src="image6" alt="Bridgepoint 1963 Park Access" /></td>
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<tr>
<td></td>
<td><img src="image7" alt="Bridgepoint 1963 Secondary Entrance" /></td>
<td><img src="image8" alt="Bridgepoint 1963 Park Access" /></td>
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<tr>
<th>WEST PARK 1980 (WP)</th>
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<td><img src="image9" alt="West Park 1980 Main Entrance" /></td>
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**SITE CONTEXT**
# NATURE: IMMEDIATE CONTEXT

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<thead>
<tr>
<th>SITE CONTEXT</th>
<th>SITE PLAN</th>
<th>MAIN ROOF TERRACE</th>
<th>SECONDARY ROOF TERRACE</th>
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<tbody>
<tr>
<td>BRIDGEPOINT 2013 (BAH)</td>
<td><img src="image1" alt="Site Plan" /></td>
<td><img src="image2" alt="Main Roof Terrace" /></td>
<td><img src="image3" alt="Secondary Roof Terrace" /></td>
</tr>
<tr>
<td>BRIDGEPOINT 1963 (BH)</td>
<td><img src="image4" alt="Site Plan" /></td>
<td><img src="image5" alt="Main Roof Terrace" /></td>
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<td><img src="image7" alt="Main Roof Terrace" /></td>
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<tr>
<td>OUTDOOR DINING</td>
<td>ADDITIONAL OUTDOOR SPACES</td>
<td></td>
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<table>
<thead>
<tr>
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<td><img src="image9" alt="Image" /></td>
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<td><img src="image11" alt="Image" /></td>
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<td><img src="image13" alt="Image" /></td>
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<td><img src="image15" alt="Image" /></td>
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</table>
BUILDING TYPOLOGY
The most obvious distinction between the new and former facility is the significant difference in both size and scale. While serving a similar in-patient population to the former facility, the new BAH is twice as large as BH in overall floor area, four times as large in building volume, and occupies a footprint on the site, that is almost twice as large as the former facility.

By moving from a room composition of quadruple, and double occupancy to double and single room occupancy, the area per patient is significantly increased from the old and comparator facilities. While the new building has a similar number of levels (10 versus 8) as its predecessor, it is more than twice as tall, due to higher floor to floor heights (4.2 m versus 30 m), increased programming at both upper and podium levels, and the large mechanical floors at the 5th and 11th levels. While the total population of staff and patients per floor are similar then to the old building, they are distributed much more thinly across this much larger building (64 patients per floor sharing an elevator core and four separate social spaces versus 116 at the old building sharing two social spaces).

WP, similar in overall floor area to the old BH, appears more diminutive as the much of the building is buried into the landscape below the two patient floors. The patient floor levels, in two separate buildings above the podium level, and the irregularly shaped plans, help to break down the bulk of the building. Its hipped roofs further help to disguise the building it into the treeline. The two separate 2 storey “pods,” each have 78 patients per floor sharing an elevator, lounge and physiotherapy space with each pod floor, only 60% as large as the new BAH floor.

The following parti drawings allow for a comparison of key environmental variables. These drawings allow us to see overarching organizational patterns and hierarchical relationships between circulation and social spaces, circulation and views, proximities, and relationships to fenestration for orientation, daylight and view.
CIRCULATION

HORIZONTAL CIRCULATION
Despite the larger floor plate of the new BAH (1.7 times as large as its predecessor), the travel distances of patients from their rooms to social spaces, and of nursing staff stations to patient rooms are similar between the old BH and new. At WP, the separated pod floors with their own elevator cores, make for much tighter travel distances generally.

BAH: The typical patient floor circulation is one large loop around a series of central service blocks separated by perpendicular corridors. This more permeable circulation allows patient and staff crossover, and view between the two major corridors at every 15 meters. The corridors are bright (daylit), high, and wide. Different orientations and views which are memorable at the ends of each corridor facilitate orientation and wayfinding. This corridor system serves up to 64 patients per floor.

BH: The double corridor space at the original building, similarly wrapped around a central service core including bathing and nursing stations. This corridor loop ran uninterrupted from the elevator core to each building end for 63 meters with no crossovers except at the nurses’ stations. It was narrow, low in height, cluttered with storage and difficult to navigate for wheelchairs with these constraints and the plan curvature. The window at each end of the corridor wasn’t visible from a distance also because of the curved form. This double corridor was brick lined with teak trim. It served 116* patients per floor.

WP: The T-shaped configuration of WP’s plan, has three circulation circuits that wrap around the nurses’ stations and central service cores. They converge at the patient lounge, physiotherapy and elevator lobby. Although there are no windows or view from this space, these loops are quite short, so wayfinding is clear. This double corridor served 78 patients per floor.

VERTICAL CIRCULATION
The patient and staff lounges at BAH are destinations in the plan, distant from the elevators. Patients must choose to go to these locations rather than casually encounter other patients in these spaces. At BH and WP, the single patient lounge on each floor was open and immediately adjacent to the elevators, making them amenable to casual encounter but also noisy and very public. Patient dining, physiotherapy, cyber café, hair salon, cafeteria and other amenity spaces at BAH are immediately adjacent to the elevators.

POPULATION DENSITY
Fewer patients and staff per floor at the new BAH, the greater extent, and crossover between circulation spaces, the greater variety of amenity spaces within the floor, across, and outside the building, all tend to disburse people in this hospital. There is much less density available to populate any one room or the corridors. The plan layout of the other two hospitals, by comparison, concentrated activity to many fewer destinations, increasing and focusing density and human interaction.

* as originally designed
BRIDGEPOINT 2013 (BAH)

1/3 CIRCULATION/ASSIGN

73%

38% SINGLE
62% DOUBLE

0.9 PATIENTS/100m²
32 PATIENTS/LOUNGE

* % of patients per room type

WEST PARK 1980 (WP)

1/3 CIRCULATION/ASSIGN

73%

8% SINGLE
31% DOUBLE
61% QUAD

1.3 PATIENTS/100m²
78 PATIENTS/LOUNGE

* % of patients per room type

BRIDGEPOINT 1963 (BH)

4/9 CIRCULATION/ASSIGN

100%

34% DOUBLE
66% QUAD

2.4 PATIENTS/100m²
116 PATIENTS/LOUNGE

* % of patients per room type
TRAVEL DISTANCES

<table>
<thead>
<tr>
<th>BUILDING TYPOLOGY</th>
<th>NURSE STATION TO PATIENT ROOM</th>
<th>ELEVATORS TO PATIENT ROOM</th>
<th>NURSE STATION TO STAFF LOUNGE</th>
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<tbody>
<tr>
<td><strong>BRIDGEPOINT 1963 (BH)</strong></td>
<td><img src="image1" alt="Diagram" /></td>
<td><img src="image2" alt="Diagram" /></td>
<td><img src="image3" alt="Diagram" /></td>
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<td><strong>BRIDGEPOINT 2013 (BAH)</strong></td>
<td><img src="image4" alt="Diagram" /></td>
<td><img src="image5" alt="Diagram" /></td>
<td><img src="image6" alt="Diagram" /></td>
</tr>
<tr>
<td><strong>WEST PARK 1980 (WP)</strong></td>
<td><img src="image7" alt="Diagram" /></td>
<td><img src="image8" alt="Diagram" /></td>
<td><img src="image9" alt="Diagram" /></td>
</tr>
</tbody>
</table>

N/A | 4m | 17m | 60m | 1m | 40m | 21m | 100m | N/A
Augmented programs were included in the new BAH to encourage patients to get out of their rooms, to be mobile, and to engage in activities and social interactions with other patients, staff, and the general public. The new BAH includes seven and a half times the amount of social and amenity space per patient as the old BH hospital and more than twice as much as WP. Outdoor amenity areas are also significantly greater in the new BAH. The new BAH has more than twice the amount of outdoor amenity space per patient as the old BH, and only slightly less adjacent outdoor space per patient as WP.

WP has a large paved central roof terrace as well as five other garden spaces at grade (including a smoking terrace), adjacent to various rooms like the cafeteria, and entry lobby lounge.

In addition to the the large roof terrace and at grade entry terraces (found in both the BH and WP) the new BAH also includes also a west facing porch and terraced garden, ground level terrace (Labyrinth), and two, fifth floor terraces (east and west).
N.B. Indoor Program Ratio is the breakdown of the selected spaces shown in legend only (i.e. patient rooms and amenity spaces for staff and patients, net of circulation and services). Outdoor Space Ratio is expressed as a ratio of these selected spaces studied in this particular POE.
GENERAL AMENITY SPACE

**BAH**: Additional to the physiotherapy spaces, spiritual care, auditorium, common cafeteria, and library found in both BH and WP, are an extra lounge space per floor, patient dining (1 per floor), library, hair care, internet café, cafeteria, retail café, and retail pharmacy. These spaces are located as destination points within the building with the intent to encourage patient mobility both horizontally and vertically and into the different and varied environments and orientations of the building and site. The previous BH and WP, each had only two amenity spaces per floor located centrally and immediately adjacent to their elevator/stair cores (one patient lounge space per floor, and one physiotherapy space). The new BAH has typically four separate amenity destinations per floor, with dining space and physiotherapy tight to the elevator lobby, and the north and south lounges at opposite ends of the floor plate. The disbursement of activity spaces at the new BAH is intended to create choice, variety, and destination, therefore encouraging mobility.

The ground floor level at BAH will be opened up much more directly to the public when the rest of the campus construction is complete, with entrance and exit points from all four sides of the building and a variety of common and public amenities intended to draw the public into the building and provide activity and destination for patients and visitors.
PATIENT LOUNGES

BAH: Patient lounge spaces in the new building are separate rooms (with doors) rather than lobby extensions. Visible from the length of the corridors, and offering borrowed views and daylight to the main corridors, they each have three exterior fully glazed walls. These lounges have meaningful views to baseball games, the parks, and the city. Each of these rooms have three walls of glass, and with loose soft seating typically arranged to see the view, they are not ideal for watching television in the day due to glare. Large columns in the space also restrict a collective seating arrangement somewhat. Located at the ends of the corridors, occupants of the space are somewhat isolated from the concentrated circulation found closer to the elevators, limiting casual social interface. The lounge is a destination requiring a conscious decision to both travel to, and enter. There are 15 of these lounges in the entire building (2 per floor supporting 64 people (32 people per lounge)).

BH: The old BH lounges were small alcove spaces off the corridor and elevator lobby, regularly visible to passers-by and staff for casual conversation. Seating (1 couch and 1 loose chair) faced a television but also passers-by. These spaces were less conducive to patient to patient conversation as there was insufficient seating to promote a second activity to television watching. There were 5 of these lounges (1 per floor) with each lounge serving up to 116 patients.

WP: The internally located lounge spaces at each pod are located at the intersection of the three wings of each floor, and are immediately adjacent to the elevator lobby. As a result, they are acoustically loud, public, and social due to this activity and interaction. They have furniture arranged to face the focal point, and only wall of this space, a television screen on a diagonal wall. These ample spaces accommodate a greater amount of soft seating arranged to support conversation and other activities simultaneous to watching of television. There are four of these lounges in the entire building. Each lounge serves 78 patients.

LOUNGE SPACE AREA PER PATIENT

<table>
<thead>
<tr>
<th></th>
<th>BAH</th>
<th>BH</th>
<th>WP</th>
</tr>
</thead>
<tbody>
<tr>
<td>m²/patient</td>
<td>1.2</td>
<td>0.4</td>
<td>0.7</td>
</tr>
</tbody>
</table>

BAH: 100%  BH: 31%  WP: 54%
FENESTRATION
FENESTRATION OVERVIEW

DAYLIGHTING + FENESTRATION

**BAH:** All patient rooms, lounge spaces, and patient, staff and common amenity spaces have access to direct daylight at least three hours a day over most of their entire area in plan, due to plan orientation, window configurations and proportions. The building is designed to situate many key social spaces so that they have at least two exterior orientations, extending daylight access and view even further. Even the swimming pool has access to direct daylight from two directions, situated at the north end of the building looking into the park.

**BH:** Due to the north/south orientation of the building, while all patient rooms got ample access to indirect daylight, about 30 percent of the rooms (north facing), did not get direct light for more than 3 hours a day. The large balcony overhangs limited access to daylight on the southern facing rooms during the summer months (which was desirable from a heat gain perspective). The central, north facing patient lounge on each floor received only indirect north light, with good, but limited views to daylight in the park. While all rooms and lounges had balconies—they were permanently locked.

**WP:** Patient rooms are organized to face all orientations equally so all but the northerly (approximately 25%) rooms receive more than three hours of direct daylight per day. The internal patient lounges are all without view, and the two upper level lounges have coffered ceilings with several skylights. The podium levels are very deep in plan and have limited amounts of glazing as the building is partially underground. The ground floor common lounge and cafeteria are largely internalized with one large window at their short ends, and each receive access to daylight for less than 3 hours a day, and in only a small portion of the overall spaces.

Note: Three hours a day of daylight was selected as a significant datum as it has been established as a minimum, through evidence based design research to reduce stress (Alimoglu and Donmez 2005).
**DAYLIGHT**

- **WP**
  - Patient Space receives more than 3 hours direct daylight/day: 90%

- **BH**
  - Patient Space receives more than 3 hours direct daylight/day: 60%

- **BAH**
  - Patient Space receives more than 3 hours direct daylight/day: 70%

**WINDOW TO WALL RATIO**

- **WP**:
  - 1:1
  - 4.2 m

- **BH**:
  - 1:2
  - 3 m

- **BAH**:
  - 1:2
  - 3.3 m

**WALL FENESTRATION**

- **WP**
  - 1:1

- **BH**
  - 1:2

- **BAH**
  - 1:2
IN-PATIENT ROOMS:
PRIVACY, DAYLIGHT AND VIEWS

**BAH**: Typical double rooms are organized so that each patient has direct access to view even when their roommate’s privacy curtain is drawn. Rooms are typically twice as large as the two-patient rooms at the old **BH** with space for private bed-side tables, storage and a visitor chair. En-suite washroom facilities are provided for typical rooms with an integral, wheelchair accessible shower shared between each pair of rooms. Sixty percent are double rooms and forty percent are single rooms.

**BH**: Patient rooms on the outer crescent all had good views to either of the parks and the activities there. Beds were organized parallel to one another and the window wall, preventing view and light for the inner bed when the outer bed’s privacy curtains were drawn. No en-suite toilets or washroom facilities were provided, with shared facilities located down the hall. Rooms were 55% as large as the new **BAH**, were too small to negotiate with contemporary wheelchairs, lacked storage and room for a visitor’s chair, and also appeared cluttered. Sixty-six percent were quad rooms and thirty-four percent were double.

**WP**: Patient rooms have good views to either the park or the roof terrace and beds are organized parallel to one another and the windows, meaning the inner patient has no access to view when their roommate’s privacy curtain is drawn. Two piece, en-suite washroom facilities are provided with shared bathing facilities down the hall. Sixty-one percent are quad rooms, thirty-one percent are double, and eight percent are single rooms. Comparable rooms (i.e. doubles) are 20% smaller than new **BAH**’s (excluding WC’s),
PATIENT LOUNGES: DAYLIGHT AND VIEWS

BAH: The patient lounges, dining, and physiotherapy spaces all have meaningful views to baseball and soccer games, highway traffic, several parks, and the city skyline. Each lounge has three walls each of floor to ceiling glass, affording multiple orientations, and views down to grade and up to the sky. Operable, view permeable blinds and fritted glass reduce glare. These east and west facing rooms are very bright and have glare at certain times of day when blinds are not down.

BH: The lounge space faced north with smallish windows with high sills and balcony overhangs beyond, restricting views. Physiotherapy spaces on the opposite side of the elevator lobby received south light, with views to the back of the jail or the curved ends of inactive, adjacent patient room balconies.

WP: Lounge spaces are internal, centralized and at the intersection of each patient bay and are adjacent to the elevator cores of each “pod”. Surrounded by an open corridor and this proximity to the buildings’ vertical circulation, they are a busy hub for patients and staff. Being internal, they have no view to the exterior and have no access to natural daylight except via skylight (a feature only available at two of the four patient lounges.)
TYPICAL PATIENT ROOM: DAYLIGHTING

<table>
<thead>
<tr>
<th>FENESTRATION</th>
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<tbody>
<tr>
<td>TYPICAL PATIENT ROOM: DAYLIGHTING</td>
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<tr>
<td>BRIDGEPOINT 2013 (BAH)</td>
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<tr>
<td>BRIDGEPOINT 1963 (BH)</td>
</tr>
<tr>
<td>WEST PARK 1980 (WP)</td>
</tr>
</tbody>
</table>

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**BRIDGEPOINT 2013 (BAH)**

- **Room Interior Photo**
- **Room Key Plan**
- **Interior Glazing Elevation**

**BRIDGEPOINT 1963 (BH)**

- **Room Interior Photo**
- **Room Key Plan**
- **Interior Glazing Elevation**

**WEST PARK 1980 (WP)**

- **Room Interior Photo**
- **Room Key Plan**
- **Interior Glazing Elevation**
Optimal Daylight Infiltration:

Winter Solstice
East-Facing Rooms
10:00 AM

Azimuth: 148°
Altitude: 17°

West Park 1980 (WP)

Optimal Daylight Infiltration:

Winter Solstice
South-Facing Rooms
12:00 PM

Azimuth: 176°
Altitude: 23°
TYPICAL PATIENT ROOM : VIEWS

ROOM INTERIOR PHOTO

ROOM KEY PLAN

INTERIOR GLAZING ELEVATION

FENESTRATION

BRIDGEPOINT 1963 (BH)

BRIDGEPOINT 2013 (BAH)

WEST PARK 1980 (WP)
Typical View Conditions:
East-Facing Rooms
TYPICAL PATIENT LOUNGES: DAYLIGHTING

<table>
<thead>
<tr>
<th>BRIDGEPOINT 2013 (BAH)</th>
<th>BRIDGEPOINT 1963 (BH)</th>
<th>WEST PARK 1980 (WP)</th>
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</thead>
<tbody>
<tr>
<td>ROOM INTERIOR PHOTO</td>
<td>ROOM KEY PLAN</td>
<td>INTERIOR GLAZING ELEVATION</td>
</tr>
</tbody>
</table>

**BRIDGEPOINT 2013 (BAH)**

- Typical patient lounges: daylighting

**BRIDGEPOINT 1963 (BH)**

- Room interior photo

**WEST PARK 1980 (WP)**

- Room interior photo

**FENESTRATION**

- Focus room

**ROOM INTERIOR PHOTO**

- Tom Arban
Optimal Daylight Infiltration:

Winter Solstice
South-Facing Rooms
3:00 PM

Azimuth: 219°
Altitude: 13°

Winter Solstice
North-Facing Rooms
3:00 PM

Azimuth: 219°
Altitude: 13°

Winter Solstice
Central Rooms
3:00 PM

Azimuth: 219°
Altitude: 13°
TYPICAL PATIENT LOUNGES : VIEWS

- **BRIDGEPOINT 2013 (BAH)**
  - FENESTRATION
    - ROOM INTERIOR PHOTO
    - ROOM KEY PLAN
    - INTERIOR GLAZING ELEVATION

- **BRIDGEPOINT 1963 (BH)**

- **WEST PARK 1980 (WP)**
Typical View Conditions:
South-Facing Rooms

Typical View Conditions:
North-Facing Rooms

Typical View Conditions:
Central Rooms
**MAIN VISITOR LOUNGE/LOBBY**

### ROOM DATA SHEETS

#### BRIDGEPOINT 1963 (BH)

**Orientations:** E, S  
**Patients Served:** 480 *1  
**Total Amount in Bldg:** 1  
**Amount per Floor:** N/A  
**Avg. Room Area:** 46 m²

#### BRIDGEPOINT 1963 (BH)

**Orientations:** N  
**Patients Served:** 580 *1  
**Total Amount in Bldg:** 1  
**Amount per Floor:** N/A  
**Avg. Room Area:** 21 m²

#### WEST PARK 1980 (WP)

**Orientations:** E  
**Patients Served:** 312 *1  
**Total Amount in Bldg:** 1  
**Amount per Floor:** N/A  
**Avg. Room Area:** 21 m²

*1 available beds
<table>
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<tr>
<th></th>
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<th>KEY PLAN</th>
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<tr>
<td>Orientations:</td>
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<td>Total Amount in Bldg:</td>
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<td>Amount per Floor:</td>
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<td>Avg. Room Area:</td>
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*1 available beds

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<th>KEY PLAN</th>
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<tr>
<td>Amount per Floor:</td>
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<tr>
<td>Avg. Room Area:</td>
<td>369 m²</td>
<td></td>
</tr>
</tbody>
</table>

*1 available beds
### CAFETERIA

#### ROOM DATA

- **Orientations:** W
- **Patients Served:** 480 *\(^1\)*
- **Total Amount in Bldg:** 1
- **Amount per Floor:** N/A
- **Avg. Room Area:** 350 m\(^2\)

*\(^1\) available beds

#### KEY PLAN

```
```

### BRIDGEPOINT 1963 (BH)

#### ROOM DATA

- **Orientations:** N, E
- **Patients Served:** 580 *\(^1\)*
- **Total Amount in Bldg:** 1
- **Amount per Floor:** N/A
- **Avg. Room Area:** 198 m\(^2\)

*\(^1\) available beds

#### KEY PLAN

```
```

### WEST PARK 1980 (WP)

#### ROOM DATA

- **Orientations:** E, S, W
- **Patients Served:** 312 *\(^1\)*
- **Total Amount in Bldg:** 1
- **Amount per Floor:** N/A
- **Avg. Room Area:** 623 m\(^2\)

*\(^1\) available beds

#### KEY PLAN

```
```
## Library

**BRIDGEPOINT 1963 (BH)**

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Patients Served</th>
<th>Total Amount in Bldg</th>
<th>Amount per Floor</th>
<th>Avg. Room Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>480 *1</td>
<td>1</td>
<td>N/A</td>
<td>164 m²</td>
</tr>
</tbody>
</table>

*1 available beds

**WEST PARK 1980 (WP)**

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Patients Served</th>
<th>Total Amount in Bldg</th>
<th>Amount per Floor</th>
<th>Avg. Room Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>N, W</td>
<td>580 *1</td>
<td>1</td>
<td>N/A</td>
<td>72 m²</td>
</tr>
</tbody>
</table>

*1 available beds

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Patients Served</th>
<th>Total Amount in Bldg</th>
<th>Amount per Floor</th>
<th>Avg. Room Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>W</td>
<td>312 *1</td>
<td>1</td>
<td>N/A</td>
<td>95 m²</td>
</tr>
</tbody>
</table>

*1 available beds
## SINGLE PATIENT ROOMS

<table>
<thead>
<tr>
<th></th>
<th>BRIDGEPOINT 1963 (BH)</th>
<th>WEST PARK 1980 (WP)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ROOM DATA</strong></td>
<td><strong>KEY PLAN</strong></td>
<td></td>
</tr>
<tr>
<td>Orientations:</td>
<td>N, E, S, W</td>
<td></td>
</tr>
<tr>
<td>Patients Served:</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>x 12 = 12 per floor</td>
<td>x 24 = 24 per floor</td>
</tr>
<tr>
<td>Total Amount in Bldg:</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Amount per Floor:</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Avg. Room Area:</td>
<td>15 m²</td>
<td>21 m²</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## DOUBLE PATIENT ROOMS

<table>
<thead>
<tr>
<th>ROOM DATA</th>
<th>KEY PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BRIDGEPOINT 1963 (BH)</strong></td>
<td></td>
</tr>
<tr>
<td>Orientations:</td>
<td>N, E, S, W</td>
</tr>
<tr>
<td>Patients Served:</td>
<td>2 x 20 = 40 per floor</td>
</tr>
<tr>
<td>Total Amount in Bldg:</td>
<td>150</td>
</tr>
<tr>
<td>Amount per Floor:</td>
<td>20 * 10 on 10th floor</td>
</tr>
<tr>
<td>Room Area:</td>
<td>33 m²</td>
</tr>
</tbody>
</table>

| **WEST PARK 1980 (WP)** | |
| Orientations: | N, E, S, W |
| Patients Served: | 2 x 24 = 48 per floor |
| Total Amount in Bldg: | 48 |
| Amount per Floor: | 24 |
| Room Area: | ave 27 m² |
## QUADRUPLE PATIENT ROOMS

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Patients Served</th>
<th>Total Amount in Bldg</th>
<th>Amount per Floor</th>
<th>Room Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>N, E, W</td>
<td>4 x 19 = 76 per floor</td>
<td>95</td>
<td>19</td>
<td>36 m²</td>
</tr>
<tr>
<td>N, E, S, W</td>
<td>4 x 24 = 96 per floor</td>
<td>48</td>
<td>24</td>
<td>41 m²</td>
</tr>
</tbody>
</table>

### ROOM DATA

- **BRIDGEPOINT 1963 (BH)**
  - **Orientation**: N, E, W
  - **Patients Served**: 4
  - **Total Amount in Bldg**: 95
  - **Amount per Floor**: 19
  - **Room Area**: 36 m²

- **WEST PARK 1980 (WP)**
  - **Orientation**: N, E, S, W
  - **Patients Served**: 4
  - **Total Amount in Bldg**: 48
  - **Amount per Floor**: 24
  - **Room Area**: 41 m²
### PATIENT LOUNGES

<table>
<thead>
<tr>
<th>BRIDGEPOINT 1963 (BH)</th>
<th>WEST PARK 1980 (WP)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Room Data</strong></td>
<td><strong>Room Data</strong></td>
</tr>
<tr>
<td><strong>Orientations:</strong></td>
<td><strong>Orientations:</strong></td>
</tr>
<tr>
<td>N, E, S, W</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Patients Served:</strong></td>
<td><strong>Patients Served:</strong></td>
</tr>
<tr>
<td>32</td>
<td>78</td>
</tr>
<tr>
<td><strong>Total Amount in Bldg:</strong></td>
<td><strong>Total Amount in Bldg:</strong></td>
</tr>
<tr>
<td>15</td>
<td>4</td>
</tr>
<tr>
<td><strong>Amount per Floor:</strong></td>
<td><strong>Amount per Floor:</strong></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Avg. Room Area:</strong></td>
<td><strong>Avg. Room Area:</strong></td>
</tr>
<tr>
<td>37 m²</td>
<td>38 m²</td>
</tr>
</tbody>
</table>
### PATIENT FLOOR - KITCHEN/PANTRY

<table>
<thead>
<tr>
<th>ROOM DATA</th>
<th>KEY PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BRIDGEPOINT 1963 (BH)</strong></td>
<td>![Key Plan Image]</td>
</tr>
<tr>
<td>Orientations:</td>
<td>E, S</td>
</tr>
<tr>
<td>Patients Served:</td>
<td>64</td>
</tr>
<tr>
<td>Total Amount in Bldg:</td>
<td>8</td>
</tr>
<tr>
<td>Amount per Floor:</td>
<td>1</td>
</tr>
<tr>
<td>Avg. Room Area:</td>
<td>146 m²</td>
</tr>
</tbody>
</table>

| **BRIDGEPOINT 1963 (BH)** | ![Key Plan Image] |
| Orientations: | N/A |  |
| Patients Served: | 116 |  |
| Total Amount in Bldg: | 5 |  |
| Amount per Floor: | 1 |  |
| Avg. Room Area: | 8 m² |  |

| **WEST PARK 1980 (WP)** | ![Key Plan Image] |
| Orientations: | N/A |  |
| Patients Served: | 78 |  |
| Total Amount in Bldg: | 4 |  |
| Amount per Floor: | 2 |  |
| Avg. Room Area: | 5 m² |  |
### ROOM DATA SHEETS

#### BRIDGEPOINT 1963 (BH)

- **Orientations:** E, S
- **Patients Served:** 480
- **Total Amount in Bldg:** 1
- **Amount per Floor:** N/A
- **Room Area:** 58 m²

#### BRIDGEPOINT 2013 (BAH)

- **Orientations:** N/A
- **Patients Served:** 580
- **Total Amount in Bldg:** 1
- **Amount per Floor:** N/A
- **Room Area:** 36 m²

#### WEST PARK 1980 (WP)

- **Orientations:** N/A
- **Patients Served:** 312
- **Total Amount in Bldg:** 1
- **Amount per Floor:** N/A
- **Room Area:** 63 m²

---

*1 available beds
### ROOM DATA

**THERAPY POOL**

<table>
<thead>
<tr>
<th>BRIDGEPOINT 1963 (BH)</th>
<th>WEST PARK 1980 (WP)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Orientations:</strong></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td><strong>Patients Served:</strong></td>
<td><strong>480</strong></td>
</tr>
<tr>
<td><strong>Total Amount in Bldg:</strong></td>
<td><strong>1</strong></td>
</tr>
<tr>
<td><strong>Amount per Floor:</strong></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td><strong>Room Area:</strong></td>
<td><strong>272 m²</strong></td>
</tr>
</tbody>
</table>

*1 available beds

| BRIDGEPOINT 1963 (BH) | **Orientations:** | **S** |
|-----------------------|-------------------|
| **Patients Served:**  | **580**           |
| **Total Amount in Bldg:** | **1**            |
| **Amount per Floor:** | **N/A**           |
| **Room Area:**        | **120 m²**        |

*1 available beds

| WEST PARK 1980 (WP) | **Orientations:** | **N/A** |
|---------------------|-------------------|
| **Patients Served:** | **312**            |
| **Total Amount in Bldg:** | **1**             |
| **Amount per Floor:**  | **N/A**            |
| **Room Area:**        | **85 m²**          |

*1 available beds
**PATIENT PHYSIOTHERAPY**

<table>
<thead>
<tr>
<th>ROOM DATA SHEETS</th>
<th>KEY PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BRIDGEPOINT 1963 (BH)</strong></td>
<td><img src="bridgepoint1963_key_plan.png" alt="Key Plan" /></td>
</tr>
<tr>
<td><strong>W</strong></td>
<td><img src="bridgepoint1963_key_plan.png" alt="Key Plan" /></td>
</tr>
<tr>
<td><strong>WEST PARK 1980 (WP)</strong></td>
<td><img src="westpark1980_key_plan.png" alt="Key Plan" /></td>
</tr>
</tbody>
</table>

**BRIDGEPOINT 1963 (BH)**

- **Orientations:** N, W
- **Patients Served:** 480
- **Total Amount in Bldg:** 1
- **Amount per Floor:** N/A
- **Room Area:** 156 m²

*1 available beds

Note: see p. 55, 57 for additional general physiotherapy spaces on each patient floor

*2 + 1 @ 163 m² per floor x 7 floors = 1141 m²

**WEST PARK 1980 (WP)**

- **Orientations:** S
- **Patients Served:** 580
- **Total Amount in Bldg:** 1
- **Amount per Floor:** N/A
- **Room Area:** 182 m²

*1 available beds

Note: see p. 63 for additional general physiotherapy spaces on each patient floor

*2 + 1 @ 72 m² per floor x 5 floors = 360 m²

**BRIDGEPOINT 2013 (BAH)**

- **Orientations:** W
- **Patients Served:** 312
- **Total Amount in Bldg:** 1
- **Amount per Floor:** N/A
- **Room Area:** 148 m²

*1 available beds

Note: see p. 66-67 for additional general physiotherapy spaces on each patient floor

*2 + 2 @ 84 m² per floor x 2 floors = 336 m² + 547 m² specialty rehab
Drawings of various design stages of the new BAH were provided courtesy of Diamond & Schmitt Architects, HDR Architecture, KPMB Architects, Stantec Architecture.

Drawings of the original BH were provided by the Bridgepoint Hospital Administration and were the original construction drawings issued by the Architects, Chapman and Hurst, in 1962.

Drawings of West Park by Armstrong and Molesworth Architects 1976-1977, were provided courtesy of David Garlin, Planner, West Park Hospital.

Photographs by the authors, and, where noted as such, by Tom Arban.


