

In 1990, design consultancy Aesthetics was invited by Blair L. Sadler, the farsighted then-CEO of Children's Hospital & Health Center of San Diego (since renamed Rady Children's Hospital), to develop the arts component and donor recognition elements for the hospital's new patient-care pavilion. When it opened in 1993, it was hailed as ushering in a new era of children's hospital design. Calling it "unique in the world of medicine", *Interiors* magazine proclaimed it as "a place which heals, charms, and inspires patients, their families, medical staff, and all those in healthcare design who wish that hospitals had more to do with healing"¹. *Architecture* magazine cited it as a "new precedent in children's healthcare, which suggests that good feelings and healing should go hand in hand"².

When the hospital began planning a major addition in 2005 – a four-storey, 27,500sqm acute care pavilion that would open in October 2010 – Aesthetics was again asked to participate. Unlike the initial project, when the building was well underway by the time we were engaged, this time we were designated at the beginning as the interior design consultant, art consultant and wayfinding designer. From concept to completion, we worked closely with the project architect, Anshen+Allen, to create an experience that would live up to Rady's description: "State of the art meets state of the heart." Our experiences at Rady and elsewhere have left me with the following conclusions about what we have learned, and what might come next, regarding the meeting of state of the art and state of the heart in children's hospitals.

Integrate art from the beginning

As a result of our earlier engagement on the 2005 project, we were able to help move children's-hospital design to another level of beauty and impact. We developed themes along with the architect so that all the design elements reinforced each other. The overall theme of 'sea to space,' for example, was expressed through the architecture, interior elements, art imagery,

icons, colours and wayfinding. As a team, we carefully created a flow that allowed the combination of interior architecture, colours, finishes and artwork to create inspiring touchpoints within the healing journeys of the young patients and their families.

The 'river of light' theme of the building itself is reflected in the design elements. The interior facade, for example, has a textured wall, visible from outside, spanning all four floors with moving, programmed, coloured LED lighting simulating trickling water; which then turns into a floor mosaic at the first floor and continues outside into a garden containing an interactive play pond with sea creatures.

Early engagement also allowed us to suggest architectural details that could be deployed to add to the overall richness of a child's experience. For example, 40 custom art boxes are designed into the reception desks and nurses' stations, and 60 sculptures custom-designed to reinforce the themes of each floor and patient-wing 'neighbourhood' are displayed in lit vitrines, at a child's height.

I expect that hospital executives will increasingly recognise the importance of retaining arts consultants at the beginning of construction and redesign projects, so that all the benefits of organically integrating art-centred design and architecture can be realised.

Lessons in the healing arts

Having completed two projects, nearly 20 years apart, as arts consultant to San Diego's Rady Children's Hospital, **Annette Ridenour** shares what she's learned about the relationship between art and healing



Rady's 'sea to space' theme comes alive: the suspended mural disguises an acoustic soffit and helps create a more intimate atmosphere



A mural provides welcome distraction in the comfortable third-floor waiting space. Motifs at a lower level help to catch children's eyes

Superficial is not enough

Even though many innovations created by Aesthetics and others have today become the standard for children's-hospital design, we still see art being incorporated in some facilities seemingly as much for show as for its impact. In many children's hospitals, for example, the design becomes duller and drabber the deeper into the hospital one goes. We looked at every corridor at Rady, every waiting room, every treatment room, every rest room, as an opportunity to light up a child's eyes and support his or her healing journey.

There are sound outcome-related reasons (and economic-related reasons) for integrating art throughout the texture of a children's hospital, discussed below. We are increasingly asking ourselves a core question that we hope, for the children's sake, will become the future industry standard: What will make every aspect of a child's stay in this hospital, at every moment, as enjoyable, invigorating and inspiring as possible?

Better design through collaboration

In our work in the early 1990s, Aesthetics and the project architects solicited input from many major stakeholders; the inclusiveness of that process was widely remarked upon³. In the intervening years, we recognised that it is nearly impossible to create too much involvement: important things are learned from each meeting, and the effects of those learnings are cumulative.

When we returned 15 years later, groups of patients, parents and child life therapists, along with Rady representatives from the executive team and all departments, participated extensively with our design team in such decisions as selecting the colour palette and developing the overall themes for the individual floors. Patients helped create and select the final icons and graphics for the wayfinding signage and flooring inlays. A team of Rady leaders and clinical staff, child life specialists, patients and others defined the criteria that informed a regional call for artists, and selected the winning artists. More than 450 pieces of art have been installed so far.

Involvement is not just important for the insight and energy it brings to art-related decisions. Managed properly, involvement creates a true sense of ownership toward the hospital within a broad range of constituencies that include hospital staff, the community in general, the patients and their loved ones, and the artists.

Arts programmes do not overextend resources

Many healthcare leaders mistakenly believe that good original art has to be expensive and that therefore posters must be substituted. Rady's new building was completed on time and under budget, and the total budget for the art programme was less than 0.2% of the construction budget. The Aesthetics team created very substantial savings without sacrificing beauty and distinctiveness by, among other things, commissioning original artwork that was then transferred to custom wall coverings for corridors and patient rooms, and by incorporating hundreds of pieces of original children's art, based on the building's themes and beautifully framed. Moreover, now that

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Forty custom-made art boxes are recessed into reception desks and nurses' stations

Also, because Rady understands how important the entire family unit can be for a child's healing journey, we created art-filled spaces everywhere that families gather. For example, in one special area, siblings (who sometimes may feel overlooked and even resentful while their ill brother or sister is the centre of attention during treatment) can feel special with playful art features that start indoors and then spill out to the healing gardens, which demonstrably help restore the spirits of adults and youth alike.

I expect that as children's hospitals generally incorporate more arts-related elements, they will increasingly engage in outcome studies to determine the healing-related impacts of those elements, fine-tuning their arts offerings to match the research findings. Based on our extensive experience, for example, we find that in many hospital locations the serene, nature-centred art often recommended by evidence-based-design findings is not as effective for children as more active, more playful artworks can be. We would like to see sound research to confirm or revise this perception; ultimately, everything done by everyone connected with healing should be guided by the best available evidence.

Art can change organisational culture

Each time we returned to Rady over these 20 years to help expand its displayed art and its arts programming, we met with a warm welcome from staff. Often they have expressed the pride they feel from working in an organisation that so vividly 'walks its talk' in relationship to its commitment to the healing journeys of its young patients and their families. They tell us of the pleasure they derive from working in such a vibrant environment; and they say that the smiles and the hope on the faces of children undergoing crucial, often-difficult treatment is energising for them.

Blair Sadler, who during the course of his tenure as Rady's president and CEO from 1980 to 2006 led many of its groundbreaking arts innovations, recalls: "Very soon after engaging Aesthetics, we recognised that the arts could have a powerful positive impact on everything we were trying to do – uplifting our patients' spirits, fortifying their families, and raising staff morale at the same time as they created strong community connections and a distinctive branding advantage for the hospital."

Rady's Vice President of Facilities, Timothy Jacoby, observes that "Aesthetics and the artists it engaged brought a new kind of energy to interior design, one I think we all felt, which raised our awareness of the many ways that healing takes place. The beauty of the facility and the sense that we all had some part in creating it rubs off on your day-to-day attitude toward working here."

As healthcare leaders continue to extol the ways in which the arts help to achieve their organisations' missions and energise their organisations' cultures, we expect the arts to be increasingly embraced as part of all executives' leadership toolkits.

the artwork has been created and installed, the hospital's foundation is finding sponsors for many of the pieces, which will defray the amount already spent for artwork.

Although larger art budgets than Rady's might be advisable, a relatively small budget does not mean that a facility must be bland and uninspired – or uninspiring.

An evidence-based-design revolution

In 1990, evidence-based design was understood to be important, but it was not always the central consideration for architects and designers that it is today. In the new pavilion, our interiors team specified antimicrobial finishes, fabrics and surfaces wherever possible. We were also aware that arts programmes have been shown to alleviate the pain and anxiety experienced by children in waiting areas and to allow certain non-invasive procedures for children to proceed without the need for pharmaceutical sedation⁴.

**Rady's patients
experience the
design as reinforcing
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'Generative spaces' are becoming reality

Healthcare design professionals around the world have been consistently raising their sights as experience shows the impact that their work can have. Creating a beautiful facility is a valuable contribution; creating a healing place whose beauty is integrated into the very fabric of the facility, because the designer and the architect have worked together from the beginning, is a step further. Paying close attention to the needs, interests, and goals of multiple constituencies – from patients' families to compassionate artists to hospital staff and leadership – is yet another advance.

Now we are aiming to further elevate the practice of design by helping leaders create what have come to be called 'generative spaces' – facilities whose overall character promotes community health and supports the flourishing of individuals, organisations and communities.

Because they fulfill such a crucial function, generative spaces become prized by those who engage with them: those people have a deep sense of stewardship for sustaining and improving the space. Think, perhaps, of a special place of worship you have known, or some other place that is sacred to you. Think of a college or university whose graduates value it so highly that they send it money, return to it regularly, and avidly follow its affairs.

For most healthcare institutions, truly generative space is an aspirational goal – but we are learning more and more about how to create it. Rady's deep commitment to arts programmes expresses the extent of its devotion to health and healing, and because the art is organically integrated with the architecture and not an add-on or an afterthought, a deep message is conveyed about how embedded that devotion to healing is. Rady's patients, along with their families and loved ones, experience the design as reinforcing a healing journey that is not just momentous to them while they are in Rady's care, but which will be pertinent to them after they leave: in this sense they will always be Rady 'alumni'.

The extensive use of local artists communicates the subtle but important message that Rady exists within a tangible community of gifted people whose caring and compassion can be seen and felt. Donors help to expand that community.

Involvement by Rady leadership and staff, by patients and families, by community members and others, not only improves designs and programmes, but, as I have discussed, it also builds the understanding that all stakeholders' views are reflected in the design and programmes, and that they are empowered to recommend ways to sustain and expand them to further advance the hospital's healing mission.

At Rady, many elements of an ideal generative space are in place. Aesthetics, along with other design professionals, will continue seeking to discover and set in place all the elements of this transformative concept.

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Photography by John Durant



Original artwork in a private patient room helps to personalise the space



Graphics and signage support the building's theme and create an imaginative environment

References

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3. See, for example: Reaching for the Stars. *Healthcare Design* November 1993, and Horsburgh, R. Healing by Design. *New England Journal of Medicine* 14 September 1995; 735-739.
4. Ridenour, A and Sadler, BL. Improving Healthcare through Art and Music. *Healthcare Design* November, 2007; 131-134. For a broader perspective, see Ridenour, A and Sadler, BL. *Transforming the Healthcare Experience through the Arts* (San Diego: Aesthetics, 2009).