

PROPOSED HOSPITAL DESIGN FOR THE PLAN

Architects: IZUMI, ARNOTT, & SUGIYAMA, Regina, Sask.

Service Core:

The core of each hospital is designed to consist of a central group of buildings which will contain heating plant, maintenance facilities, laundry, stores, kitchen and staff dining room, business offices, outpatient department, occupational and recreational therapy department and canteen. This core will be integrated with a number of small patient buildings. The location of the core buildings will vary with the site. The arrangement will be on the lines of a village rather than an institution.

Patient Buildings:

The patient buildings are to contain from 20 to 34 patients depending upon the classification. Buildings are so designed as to permit minor internal alterations in case of a change in the building's function. All buildings will be externally identical, and will serve as a) admission buildings for 20 patients, with examination facilities; b) infirmary buildings containing 10 acutely and 24 chronically physically ill patients; c) continued treatment buildings for a group of 30 convalescent psychiatric patients. The A.P.A. minimum space requirements have been used for sleeping and day room space.

The basic design is a Y-shaped building, and provision has been made for as many single rooms as possible in the continued treatment buildings, with provision for conversion to three and four bed rooms and alcoves in the infirmary buildings.

The smaller day room spaces are intended to double as dining rooms for ten patients. The food will be brought to each building from the central kitchen and served on a cafeteria basis to ambulant patients, and by tray service where needed in the infirmaries.

The drawings presented here are schematic only. When a site in a region is selected, a program will be prepared for the particular area and a detailed study of each room will be made. For example, the exact size and shape of the Occupational Therapy

rooms will be determined by the best equipment layout.

Other Treatment Facilities:

The hospital is to be used as only one of the facilities for psychiatric treatment in the region. The patient may also be cared for on a day hospital or night hospital basis, in a boarding-out home or his own home, with outpatient facilities if needed, and with psychiatric, psychological or social work consultation available as required.

Possible population fluctuations in the province make it difficult to estimate the required number of all types of buildings in each hospital. For this reason each hospital is to be planned with a maximum degree of flexibility. The maximum size will be 448 beds, the minimum 238 and the optimum 298.

The service buildings will be designed to service the maximum size and the number of patient buildings can be increased as required.

Advantages:

To Patients:

Ready access to all psychiatric diagnosis and treatment facilities, leading to earlier treatment, continued contact with home and family,

possibility of earlier discharge with adequate supervision during the readjustment period and a reduction of the stigma associated with mental hospitalization. No longer will the patient feel he has been "put away."

The 10-bed units will give the patients living conditions much closer to those of normal family life than is possible on the large wards of the present mental hospitals and will facilitate the use of modern social therapies with a view to the early return of the patient to the community.

To Relatives:

Relief of anxiety and distress, easier visiting, and assistance readily available following the patient's discharge.

To the General Practitioner:

Readily available psychiatric consultation and prompt admission of patient; possibility of the doctor retaining contact with his patient and taking part in the treatment. The enlistment of such outside medical aid will do much to improve relationships with general medicine.

To the Staff:

The satisfaction of being better able to alleviate distress and to see the results of their efforts because of the greater personal contact between staff, patient and community.

