

BALTIMORE CITY DEPARTMENT OF PLANNING
URBAN DESIGN AND ARCHITECTURE ADVISORY PANEL
MEETING MINUTES

Date: August 4, 2022

Meeting #66

Project: Sinai Hospital Cancer Center

Phase: Schematic Design

Location: Levindale

CONTEXT/BACKGROUND:

Maurice Spielman with Lifebridge Health introduced the project, followed by Rick Sasaki and MaryAnn Wilmot with WilmotSanz Architects who shared the proposal. The team set the project within the site context at the corner of the Northern Parkway and Greenspring Avenue at the eastern edge of the Sinai Hospital campus. The project is a three-level cancer center with levels for adult care, pediatric care, and administration above a two-level parking garage with 60 spaces. The project needs to mitigate the topographical changes along the site and fit into the limited footprint while accommodating the linear accelerators which will stay in place.

Discussion

The Panel thanked the project team and proceeded with clarifications, questions and comments.

Questions/Clarifications

- Can you clarify what ED and MOB means? *Emergency Department and Medical Office Building.*
- Is the pedestrian movement anticipated to be mostly users of the building coming from the bus stop? *Yes, the sidewalk does not continue further north along Greenspring Avenue.*
- What is the additional loop to the north at the entry? *This is additional parking that is currently being explored.*
- The massing has a pretty significant turn/crank, can you explain that significance? *We are wedging it into the site, working within the constraints of the site and program needs of the patients. Additionally, the linear accelerator needs to be retained at its current location and fitting the building in this location can consolidate patient needs.*
- Does the walkway to the north connect to an entry? *The intent is to enter the building at the main entry, where the red arrows are. The area to the north is where more of the hospital functions are, rather than the outpatient functions at the cancer center.*

- Is there something unique or special about the curtain wall system that help the project meet sustainability goals? *As proposed the curtain wall will meet the city green construction code.*
- The green components at the garage, does that help with sustainability goals? *No, these are for visual screening only.*
- Can you walk us through the patient experience, say of a child coming to the building for treatment? *Patients can be dropped off at the main entrance with the canopy, or if they are entering from the parking garage enter here. They can then use the grand stair or elevators to get to the correct level. On each level the eastern façade will house public space, with a café, gift shop and other patient uses on the administration level. The pediatric space is separated from the adult space to provide a specific to meet their needs.*
- Have you studied realigning the massing of the project to be oriented along Greenspring? *It was really the emergency department access road that shaped the form.*

Site/Building

- Overall, really welcome the attitude of introducing a new piece to the campus and connecting it to the patient experience. Hospitals grow and develop over time and have this visual evolution, that is the strength of the project.
- Much of the campus is rectilinear, orthogonal in form. The angular form of the proposal is not found elsewhere on the campus. The only force creating this form is the road to the Emergency Department, which doesn't seem to be enough of a reason and reads more gratuitous than practical.
- There is concern that the entry will be lost with the proposed form. Is there an opportunity to straighten out the angle/crank and introduce a linear mass that parallels Greenspring and helps cradle the entry so it reads as a destination? This begins to organize the building as a linear bar. If you studied it, what were the shortcomings? Aside from the programmatic challenges pushing the massing away from Greenspring isn't helping the building, and a linear massing would make the entry more obvious to everyone coming from both the bus stop and Greenspring.
- Revisit some of the earlier schemes, and even if they fall short of the ideal perhaps there's merit to portions of the other schemes. If the parking level is turned to follow the ED drive, does the rest of the building need to follow that as well or can it resolve the rest of the massing to respond to Greenspring and the rest of the campus?
- Look for an opportunity to clearly identify the organization of the spaces on the exterior of the building. Possibly celebrate, express and increase transparency of the communal areas so they help the building feel more inviting.
- The next level of thinking is really about the patient experience. You don't have a cancer center arrival yet, what are some of those visual cues that patients need to know that

they've arrived at a place that is important, that brings a sense of hope that is going to connect them to a community.

- The use of a very tall stone wall at the entry doesn't give the reassuring effect to patients. Need to soften, humanize and mitigate that with the use of landscape and plantings. That's what's missing from the early renderings. Material palette in this area should work in response to human experiences rather than architectural form.
- Start to differentiate the arrival lobby curtain wall to one that is more transparent or more special to provide those cues about where you're arriving.
- Is there some way to have the more intimate interior space expressed on the exterior, specifically at the pedestrian corridor?
- Similarly, the stone at the southern edge could feel very solid and brutal, consider maintaining the more open massing used at the north end of the parking lot to the south.
- One of the challenges for the proposal is that the building has a bit of a slick look to it, the stone feels more like a memorial, so take a step back and reassess the entry sequence.
- Don't forget about the idea of being tactile. Patients need to be touched and hugged, the building really needs to embrace its users in a soft way that is translated into the architecture of the building.
- The long entry drive sequence exacerbates the issues, the shorter entry shown in the renderings scales it down.
- This can be a traumatic time with extended periods of grueling treatments (especially for pediatric patients). In many of the elevations, the building looks grim and dark and unwelcoming (the last two slides appear to show lighter facades that look more cheerful). The patients (and their caregivers) spend an enormous amount of time at the hospital during the course of their treatment; their comfort and mental well-being should be considered in designing these spaces.
- The building seems to be more "corporate office building" in character, a little out of place with the rest of the campus.
- The site offers some opportunities to create a more welcoming arrival experience and (on the side of the building) a place of respite. Is there a landscape architect on the team, and what is the plan for the site? It would be great to see a healing garden/gentle play area/tactile garden/contemplative space on the site, with access from the building and screening from roads and other distractions.
- Incorporate art on the site and/or in the façade? Bring more of a sense of life into this facility.

Next Steps:

Work with staff to respond to comments before returning to UDAAP.

Attending:

Maurice Spielman – Lifebridge

Rick Sasaki, MaryAnn Wilmot – WilmotSanz

Mr. Anthony, Ms. Ilieva – UDAAP Panel

Tamara Woods, Nichole Stewart, Chris Ryer, Ren Southard, Caitlin Audette – Planning

Matt Hooke – BBJ