Five-year-old Briana Gibson wants to be a doctor. And a rock singer.

For now, though, she waits in her hospital bed for test results that will tell her why the headaches and fainting have returned and why she can't keep her food down.

She has spent the past three days at the University of Chicago Hospitals' newest addition, the Comer Children's Hospital, a $135-million facility begun in 2001. This past February, in a parade of bright colors and excitement, clowns and animals led the move into the new hospital, which holds 155 beds in its 242,000 square feet — two-and-a-half times the floor space of the previous facility, built in 1967.

Story by Katie Brandt
Photos by Dan Dry
Comer is among a spate of new children’s hospitals around the country. A flurry of renovations and new construction has taken place in the past five years, in large part thanks to a greater demand for the specialized hospitals. In the early 1990s, admissions to children’s hospitals jumped by more than 10 percent, while the number of children admitted to general hospitals offering pediatrics fell by 3 percent.

Last January, Briana spent a month in the old children’s hospital after experiencing severe headaches and a seizure. There, she shared a room with three babies. “We just tried to make the best of it,” said Brian’s mom, Margie Gibson, adding that the babies’ crying did not help Briana’s headaches — or her own.

It was then that doctors diagnosed Briana with hydrocephalus and discovered a cyst behind her ear. A surgeon drained the cyst and inserted a shunt at the base of her head. Now doctors have discovered another cyst in a different part of Briana’s brain. The symptoms are back.

And so Briana waits for her latest diagnosis in the new Children’s Hospital, planning a party for herself to celebrate her return home and imagining the puppy she hopes to have someday. She’s more comfortable in Comer, and in the months since it opened, both patients and hospital staff have gotten to know the facility — and each other — better.

To describe Briana, her caregivers use words like adorable, funny and sweet. Yet, like everyone else, Briana has her bad days. Despite the hospital’s relentlessly cheerful atmosphere, interactive art and bright colors, Briana’s morning has been rough. Her wails, punctuated by high-pitched screams every few minutes, reach to the opposite end of the corridor.

Tiny bright lights hanging from the ceiling, typical in the new hospital and surprisingly intense for their size, lead down a sixth-floor hallway to Briana’s room. Just outside, a few nurses and volunteers stand beside two angled windows that come together at the sides of a triangular desk, forming a little alcove in the hallway. This setup enables a nurse to sit at the desk and easily see into each of the large rooms.

Quiet in chaos

In general, the nurses have acknowledged both positives and negatives to the increased hospital space. Pediatrics nurse Mike Manion said he has to walk nearly twice as far when traveling between patient rooms. But that distance also reduces the noise level. In the old hospital, each room measured 177 square feet. A typical room in Comer is 308 square feet, large enough for the bed, as well as a queen-size sofa that folds out to accommodate family members who want to sleep over.

The arrangement makes the hospital a “more receptive place,” said general pediatrician and hospitalist Barrett Fromme, MD. “Anytime I can have mom and dad staying the night, I’m happy.”

Manion said he also sees advantages to larger rooms: “You’re not tripping over everything,” he said.

Only eight months ago, in attempts to see patients, doctors struggled to lead residents on rounds from room to room, stepping around nurses and dodging housekeepers vacuuming the halls. “We were all on top of each other,” pediatrics nurse Laurie Orri said.

It’s nice that in chaos, there can be quiet.

— Barrett Fromme, MD
General Pediatrician and Hospitalist

Fromme said it took her and other hospital staff about a month after the hospital opened to figure out the main difference between the new facility and old one. They finally realized the change: silence.

Staff attribute that stillness not only to the larger working space but also to the wireless paging system that has eliminated the public address system. “I don’t feel any different waking up in the morning, but I enjoy the quiet once I’m here,” Fromme said. “It’s nice that in chaos, there can be quiet.”

Home away from home

As patients and nurses shuffle throughout the otherwise quiet sixth floor, the group outside Briana’s room discusses her hysterics. Does she miss her mom? Does her ear ache? Does she just want to be left alone?

Briana — a Chicago native whose sharp, dark eyes give away her intelligence — hears some of the conversation but doesn’t respond. She is dwarfed by the large, beige chair in which she curls up in the corner of her room. Her phone rings often and between calls, she sobs and grasps her ear.

“These kids don’t want to be here, but many are repeat offenders,” said Donald Liu, MD, PhD, head surgeon at Comer Children’s Hospital.

However, Liu said he has discovered that most of his patients feel the new hospital is something they can count on. They feel supported.

Hospital employees’ efforts have made scenes like Briana’s an anomaly for the most part. After about an hour of attempts to distract her with games, songs, dances and questions, the staff file out of her room. As the last paper robe falls into the garbage can and the TV that lets Briana choose among watching cartoons, listening to music, selecting a movie or surfing the Internet from a wireless keyboard. She also can join in hospital-wide games broadcast to patient rooms.

Briana already has played in a building-wide Bingo game. When she won a round, the child life specialist calling numbers made a surprise visit to her room, carrying a stuffed, yellow duck as a prize. “Briana asked, ‘How did you get out of the TV?’” said Barrett Fromme. “It’s nice that in chaos, there can be quiet.”

Child life specialists use dolls to teach pediatric patients about their surgeries. Dubbed “Shadow Buddies,” these dolls come in a variety of skin tones and hair colors to resemble individual patients. Stitches and bandages also may be put on a doll to show what a child should expect.
From black and white to Technicolor

A few feet to the right of Briana’s bed, a door hangs ajar, revealing her private bathroom with its spacious shower tiled in greens and blues. Above the toilet are four tiles that local children painted to illustrate poems by Shel Silverstein, a writer famous for children’s books and poetry, such as *The Giving Tree* and *Where the Sidewalk Ends*.

Upbeat and enthusiastic about the new building, Fromme said she thinks the art contributes a “home feel.” Above Briana’s bed, for example, two colorful paintings — one of a red book beaming ballerinas and cowboys onto a hillside — are meant to spark a child’s imagination and hide cabinets of medical equipment.

“Kids coming into hospitals tend to see everything in black and white, as a very morose place,” Liu said, adding that this especially was the case where the children’s hospital is nothing more than a few floors within a larger adult hospital.

Initially, Liu saw the new building in black and white too. “Kids coming into hospitals tend to see everything in black and white,” Liu said. “People can’t just hang on the walls,” Williams said, pointing out the poetry painted on the chairs in the playroom.

But it does, Williams said. People are drawn to the houses because they convey “warmth, safety, sanctuary” for the families and children who often spend more time than they’d like in the hospital.

**A Tower for Children**

A few hours after Briana’s crying jag, she relaxes in bed. In a light yellow shirt with her hair pulled into two bushy pigtails, she waits for the lunch of chicken fingers and french fries she ordered from her room-service menu, watches Toy Story and plays the board game Candy Land. Her giggles spill into the hallway.

“Are you here to stick me? I had two shots earlier, and I didn’t even cry.” She closes her mouth, pursing her lips and jutting her jaw out. She is serious, informative, proud. Two shots without a single tear is a brag-worthly feat for a 5-year-old.

However, Briana’s current ease doesn’t mean that all is perfect — or complete — in the hospital. Work still needs to be done.

**From top:** A pop art quilt, painted a scene of houses, all glowing with light and lining a dark street. At first, Williams said Eaton didn’t understand how her art, more sophisticated than the playful drawings that are typically considered children’s art, could fit in at a children’s hospital. But it does, Williams said. People are drawn to the houses because they convey “warmth, safety, sanctuary” for the families and children who often spend more time than they’d like in the hospital.

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**From top:** Clowning around are Kristie Koehler (left) and Kim Winslow from the Big Apple Circus; rounds in Comer; Sahai Lewis, 3, plays in the waiting room before her tonsillectomy.

For example, there’s what Liu refers to as “Comer II,” the pediatric emergency room under construction next door. And there’s also the 6,000-square-foot Healing Garden, where flowers should be blooming next spring giving families and their children a serene, natural setting nearby.

For Liu, all these carefully planned elements help make Comer Children’s Hospital a “tower”: A strong place just for kids. A welcoming place filled with supportive people for children when they are sick. A stimulating place full of color and art to help children heal.

And Briana, it seems, has made herself at home in her hospital room. She leans back into the pillow propped up in her bed and snuggles into a comfortable position to watch her favorite movie, *Finding Nemo*. She laughs as Nemo, a young orange-and-white clown fish attending school for the first time, mispronounces the word “anemone” and attempts to say it herself. And unlike her last hospital stay, there are no crying babies to disturb her.

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