DETAIL PLAN LEVEL 3 34

SIGNTYPES

- External Vehicular Directional
- External Entry Identification (ID-)
- Entry Information to Main Entry (ENT1)
- Department Identification (IDI-DIW)
- Department Identification Perpendicular (IDI-DIP)
- Level Number Graphic (ID-LID)
- Level Number Graphic in Stairs (ID-LN)
- Lift Directory Public (IL-LD)
- Lift Directory Staff (IL-SL)
- Typical Room Identification (IDI-RI)
- Meeting/Consult/Interview room (IDS-DSS)
- Staff Only Sign (SO-GL / SO-SD)
- Bedroom Identification (IDI-BRM / IDI-BRS)
- Bay Identification (BI-BIR)
- Bed Identification (BI-BIW)
- Utility Identification (IDS-SS-30)
- Main Reception Identification (IDI-LRI)
- Smaller Reception Identification (IDI-SRI)
- Directional Ceiling Suspended (ID-SCS)
- Directional Above Door (ID-SWM)
- Directional Wall Mounted (ID-SW)
- Bulkhead Reception Identification (IDI-RIN)
- Stair ID Perpendicular (IL-MLP)
- Amenities Identification Perpendicular (IDI-PAI)
- Large Room ID Perpendicular (IDI-PRI-LG)
- Amenities Braille/Tactile Identification (IDS-ABT)
- Statutory General (IDS-SS-50)
- Statutory Fire Safety Door (IDS-SS-20)

CIRCULATION

- Point of entry
- Main circulation
- Reception/staff station
- Typical room
- Bay area
- Utility room
- Lifts/stairs
- Waiting area
- Bedroom
- Amenities
- Void

NOTE:

These are intent drawings only

1. Do not scale this drawing. Do not trace and do not scan.
2. Structural design and certification by contractor/engineer.
3. No electronic artwork supplied unless otherwise specified.
4. Application of graphics to sign is subject to client approval.
5. Manufacture subject to approved contractors shop drawing.
6. Dimensions to be verified onsite by contractor.
7. All fixings to be non-corrosive.
8. All workmanship and materials to be strictly in accordance with current and relevant Australian Standards Codes and Local Government requirements.

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A Issued for Tender			23.08.2018
Drawn: AB	Checked: HG	Sheet 1 of 1	Date: 23.08.2018
Client: pvh peckvonhartel Project: Goulburn Base Hospital			A3 Do not scale Dimensions in mm
Job No. S3283	Dwg.	Issue A	Scale NTS/AS SHOWN

Guideline

Ministry of Health, NSW
73 Miller Street North Sydney NSW 2060
Locked Mail Bag 961 North Sydney NSW 2059
Telephone (02) 9391 9000 Fax (02) 9391 9101
http://www.health.nsw.gov.au/policies/

Wayfinding for Healthcare Facilities

Document Number GL2014_018

Publication date 22-Oct-2014

Functional Sub group Corporate Administration - Asset Management
Corporate Administration - Governance
Clinical/ Patient Services - Governance and Service Delivery

Summary A Patient Focussed Initiatives Task Force Report (June 2011) recommended a whole of hospital and Local Health District approach to the auditing and remediation of Wayfinding issues, including 'front door' access. Wayfinding for Healthcare Facilities reduces the focus on signage and provides a broader perspective, based on experiences of patients and families. The guideline provides auditing tools and a systems focus to Wayfinding. Complex areas such as Emergency Departments, Mental Health Units and Dementia Units have Wayfinding needs that should be dealt with as part of their functional briefing and clinical safety processes.

Replaces Doc. No. Technical Series 2 - Wayfinding for Health Facilities [GL2009_010]

Author Branch Health Infrastructure

Branch contact Health Infrastructure 02 9978 5462

Applies to Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Community Health Centres, NSW Ambulance Service, Ministry of Health, Public Health Units, Public Hospitals, NSW Health Pathology, Cancer Institute (NSW)

Audience LHD Board Members, CEOs, Corporate Service and Project Directors, Architects /Facility Planners

Distributed to Public Health System, NSW Ambulance Service, Ministry of Health

Review date 22-Oct-2019

Policy Manual Not applicable

File No. 14/1808

Status Active

Director-General

GUIDELINE SUMMARY

WAYFINDING FOR HEALTHCARE FACILITIES

PURPOSE

The purpose of Wayfinding for Healthcare Facilities is to:

- Provide a resource that will assist with a useful approach to wayfinding for healthcare facilities
- Give specific information about the development of wayfinding strategies for healthcare facilities
- Identify ‘common journeys’ and the ‘steps’ needed to provide good wayfinding systems
- Introduce a number of tools that can be used to design and improve wayfinding systems for healthcare facilities.

KEY PRINCIPLES

This first edition Wayfinding for Healthcare Facilities replaces the Fifth Edition of (TS2) published in 2009. This document has been significantly amended and is broken into five main parts:

- Part 1 - Introduction
- Part 2 - Wayfinding Strategy
- Part 3 - Wayfinding Systems
- Part 4 - Wayfinding Tools
- Part 5 - Further Information.

Wayfinding for Healthcare Facilities seeks to reduce the focus on signs as the key tool for wayfinding in healthcare facilities and instead provides a broader perspective.

Building on the previous edition of TS2, this document responds to the ongoing need for healthcare design to cater for all people who use healthcare facilities.

This document focuses on both wayfinding design and the management of healthcare facilities based on the experiences of the patient - focused design. To be effective, wayfinding in healthcare facilities must be supported by all managers, clinical and non-clinical staff and volunteers.

This document provides a framework for understanding good wayfinding practice. It describes a holistic approach in which wayfinding is considered across its full spectrum rather than just focusing on a single component such as signs.

It is not a prescriptive specification. Rather it is intended to inform those designing and managing healthcare facilities about the full scope of wayfinding and key considerations.

This document can be read cover to cover or readers can select a particular section that interests them.

Information provided includes:

- How to use knowledge of healthcare facility users to inform wayfinding
- Information about change, implementation and quality management processes
- Suggested parameters for a wayfinding strategy
- Inputs that should inform the development of a wayfinding system
- Illustrated examples
- Information about wayfinding tools
- Examples of audit and review tools
- Resources and links including legislative and regulatory requirements.

Wayfinding for Healthcare Facilities does not prescribe a particular wayfinding system nor does it suggest terminology that should be adopted by healthcare facilities for wayfinding. However, terminology should be clear and consistent across all wayfinding elements.

It does not specify specific sign designs or sign types, but information about effective use of signs is provided in Part 4.

Complex areas of healthcare facilities, such as Emergency Departments, Mental Health Units and Dementia Units, have wayfinding needs that should be dealt with as part of their functional briefing and clinical safety processes. These areas are not covered in detail by this document. Designers and managers should reference the most current policies and standards.

USE OF THE GUIDELINE

This document has been specifically written for a range of professionals involved in the design delivery and ongoing management of healthcare facilities including:

- Local Health District or Health Service Board Members
- Local Health District of Health Service CEOs and Executives
- Facility and Operations Managers
- Corporate and Customer Service Mangers
- Project Directors
- Architects and Facility Planners
- Wayfinding Consultants
- Change and Transition Managers
- Quality Mangers.

This resource can be used when:

- Planning a new healthcare facility
- Redeveloping an existing healthcare facility

NSW Health
GUIDELINE SUMMARY

- Upgrading or making modifications to an existing healthcare facility
- Undertaking quality auditing to identify opportunities for improvement while checking compliance with legislation
- Planning for ongoing management and maintenance.

REVISION HISTORY

Version	Approved by	Amendment notes
August 2014 GL2014_018	Deputy Secretary, Governance, Workforce and Corporate	This first edition Wayfinding for Healthcare Facilities replaces the Fifth Edition of (TS2) published in 2009. This document has been significantly amended.
June 2009 (GL2009_010)	Action Director-General	New guideline covering the revised Technical Series TS-2 and Emergency Department Signage.

ATTACHMENTS

1. Wayfinding for Healthcare Facilities 1st Edition.

Wayfinding for Healthcare Facilities

NSW GOVERNMENT Health Infrastructure

Contents

"good wayfinding means less time directing people"

return journey or on subsequent visits. For the return journey, to get back out of a building or campus, people must be able to follow a route in reverse.

WAYFINDING PROCESSES

There are three key processes in wayfinding:

- Decision making – Deciding to make a journey and developing a plan of action to get there by making a series of connected decisions.
- Decision execution – Putting the plan into action by setting out on the journey. Factors along the route may produce a change in the plan of action and affect decisions made along the route. People will look for information in order to create a mental map of the route and layout of places.
- Information processing – Using the information available to all the senses. People need to understand information, including spatial information, and be able to use it in a particular setting.

PURPOSE OF THIS GUIDELINE

The purpose of this document is to:

- Provide a resource that will assist with a useful approach to wayfinding for healthcare facilities
- Give specific information about the development of wayfinding strategies for healthcare facilities
- Identify 'common journeys' and the 'steps' needed to provide good wayfinding systems
- Introduce a number of tools that can be used to design and improve wayfinding systems for healthcare facilities

WHO SHOULD USE THIS GUIDELINE

This document has been specifically written for a range of professionals involved in the design, delivery and ongoing management of healthcare facilities including:

- Local Health District or Health Service Board Members
- Local Health District or Health Service CEOs and Executives
- Facility and Operations Managers
- Corporate & Customer Service Managers
- Project Directors
- Architects and Designers
- Wayfinding Consultants
- Change and Transition Managers
- Quality Managers

Although targeted at design or management professionals, the language used in this document is plain English so that everyone can use it.

WHEN TO USE THIS RESOURCE

This resource can be used when:

- Planning a new healthcare facility
- Redeveloping an existing healthcare facility
- Upgrading or making modifications
- Undertaking quality auditing to identify opportunities for improvemnt while checking compliance with legislation
- Planning for ongoing management and maintenance

"wayfinding is first and foremost about equity of access to healthcare"

HOW TO USE THIS RESOURCE

This document provides a framework for understanding good wayfinding practice. It describes a holistic approach in which wayfinding is considered across its full spectrum rather than just focusing on a single component such as signs.

It is not a prescriptive specification. Rather it is intended to inform those designing and managing healthcare facilities about the full scope of wayfinding and key considerations.

This document can be read cover to cover or readers can select a particular section that interests them.

Information provided includes:

- How to use knowledge of healthcare facility users to inform wayfinding
- Information about change, implementation and quality management processes
- Suggested parameters for a wayfinding strategy
- Inputs that should inform the development of a wayfinding system
- Illustrated examples
- Information about wayfinding tools
- Example audit and review tools
- Resources and links including legislative and regulatory requirements that should be referenced and checked for updates regularly

WHAT IS NOT INCLUDED

Wayfinding for Healthcare Facilities does not prescribe a particular wayfinding system nor does it suggest terminology that should be adopted by healthcare facilities for wayfinding. However terminology should be clear and consistent across all wayfinding elements (refer Part 3).

It does not specify specific sign designs or sign types, but information about effective use of signs is provided in Part 4.

Complex areas of healthcare facilities, such as Emergency, Mental Health and Dementia Care, have wayfinding needs that should be dealt with as part of their functional briefing and clinical safety processes. These areas are not covered in detail by this document. Designers and managers should reference the most current policies and standards.

Aerial Photo: Canterbury Hospital, Campsie

ELEMENTS OF WAYFINDING

Key components of wayfinding are outlined and illustrated below:

Building and campus design

The design of buildings or a collection of buildings impacts the way people interpret and find their way around them.

The internal and external configuration of buildings may generate wayfinding problems.

Buildings or their components can also be part of a wayfinding support system and provide information to people making their way around a building or campus.

Good wayfinding should be embedded into the design of healthcare facilities wherever possible.

The arrangement of buildings and the way in which their internal spaces are designed directly impacts on the way in which people are able to interpret and find their way around.

Poor internal and external configurations of buildings may generate wayfinding problems and create confusion for people making their journey through a hospital campus.

The presentation and design of entrances, foyer spaces, public circulation spaces and 'landmarks' can assist people in developing a clear 'mind map' for their patient journey.

Good wayfinding in the form of effective planning and design of spaces should be embedded into the early masterplanning and concept design stages of a project wherever possible. This ensures that appropriate foundations are laid for an intuitive wayfinding system which is able to be further enhanced and developed using other tools in the wayfinding system.

Opportunities for improving wayfinding within an existing site may be constrained by the design and orientation of the existing buiding form(s). These constraints, and the strategies to overcome them, should inform the development of an appropriate bespoke wayfinding design and implementation.

Wayfinding strategy

A wayfinding strategy for healthcare facilities provides an over-arching view of wayfinding for either a building, a healthcare campus or across an entire Health Service or District.

To ensure there is a coordinated approach, wayfinding must be developed as an integral part of the overall design strategy. The wayfinding strategy should address the complete journey from home to each specific health facility destination and back again.

Further information about wayfinding management and strategies is provided in Part 2.

Wayfinding systems

Wayfinding systems are made up of the combined impact of architecture, landscaping, interior design, lighting, art, signs, people, printed and digital information.

Used together as a system these components can communicate information effectively, helping people make good decisions about how to get to and from their destination. An effective wayfinding system minimises the amount of time, attention

"wayfinding should not be considered in isolation – it requires consideration of the regulatory environment"

and energy people need to spend finding their way, or helping others find their way.

A good wayfinding system should make movement through a building or campus highly intuitive. Intelligent wayfinding systems do not rely on signs alone. A broad approach will reduce frustration, stress and the unpleasant sensation of being lost. Further information about wayfinding systems is provided in Part 3.

Wayfinding tools

A wayfinding system uses an array of tools to create a good wayfinding environment. Good tools are the key to intuitively navigating the environment, telling people what they need to know, when and where they need to know it.

Wayfinding tools help people determine where they are in relation to their destination, inform them about their journey, and direct them to and from their destination with minimum effort. Further information about wayfinding tools is provided in Part 4.

Management and resources

Wayfinding is not static. It is a dynamic system that needs to change according to the requirements of patients and operational and service developments.

Managers of healthcare facilities must appropriately sponsor and resource the maintenance and upkeep of any wayfinding system. Without sufficient attention even the best designed buildings and the most comprehensive wayfinding strategies will cease to perform properly.

Risk, safety and security

Wayfinding should not be considered in isolation and requires consideration of risk and the regulatory environment.

Although general wayfinding principles apply, providing wayfinding in healthcare facilities has special responsibilities including:

- risk management and duty of care issues
- security issues
- occupational health and safety issues including clinical processes involving hazards

Various aspects of wayfinding and signs are subject to regulation in the following documents:

- The NCC, National Construction Code (formerly the BCA, Building Code of Australia), deals with acceptable standards for the design and construction of buildings, with wayfinding requirements related mostly to egress, safety and access.
- The DDA, Disability Discrimination Act is concerned with citizen's rights and wayfinding falls principally under Section 23, "Access to premises."

Australian Standards cover wayfinding over a wide range of issues, some of which relate directly to healthcare facilities. Applicable Standards may be those adopted by the NCC (BCA), the DDA, or by other statutory bodies in their regulations and guidelines, e.g. the Roads and Traffic Authority (RTA). These usually relate to accessibility, occupational health and safety issues, infection control, security, engineering services, indoor environment, roads, parking, etc.

It is recommended that regulatory agencies be checked regularly for changes and new initiatives.

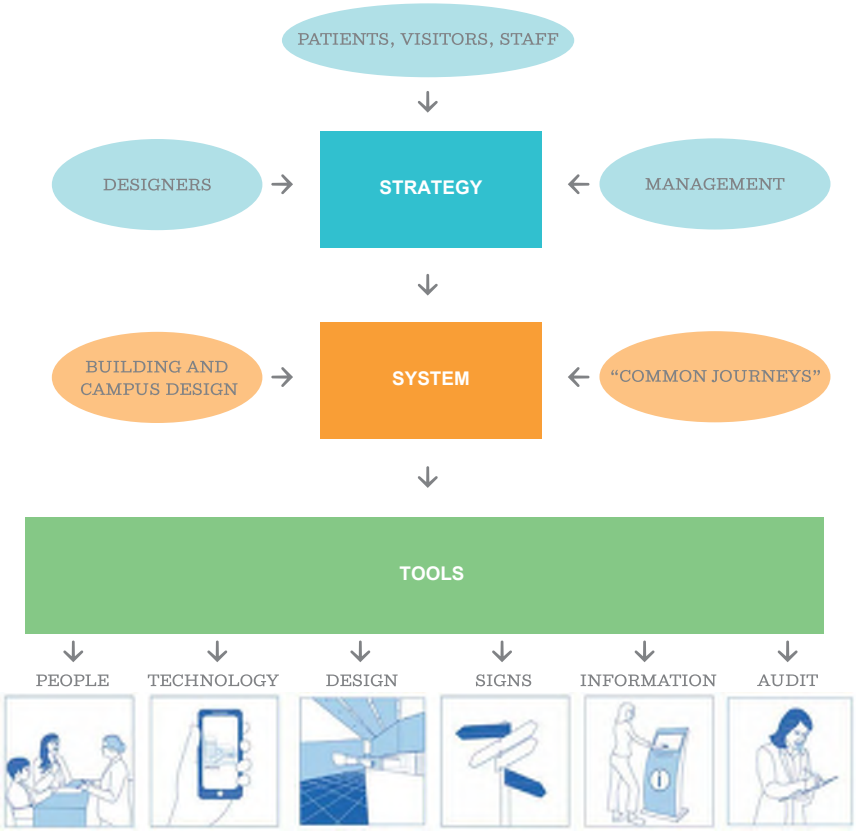
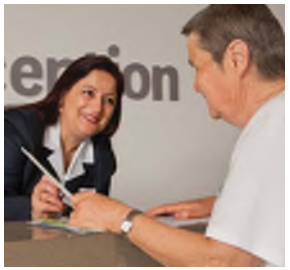


Diagram illustrating the Wayfinding Design Process

02 *Strategy*



Healthcare facilities are complex buildings that house highly specialised services and have many different functions. Like other public buildings they are used by a complete cross-section of the community, which increasingly has a higher proportion of older persons and people with a disability.

This section outlines the key components of a wayfinding strategy and some of the processes through which it can be developed. It covers implementation, change management and the incorporation of wayfinding into quality improvement programs.

WAYFINDING STRATEGY

The development and implementation of a strategy is the key to consistently good wayfinding. It sets the scene and the boundaries for all wayfinding approaches and systems. It must respond to the needs of patients, visitors and staff.

A wayfinding strategy provides an over-arching view of wayfinding for either a building, a healthcare campus or across an entire Health Service or District. To be successful and effective it needs to be supported and understood by health service boards and executives.

A wayfinding strategy must be developed as an integral part of both the overall design strategy and the management strategy. It should be a collaboration between the design and management teams, patients, visitors and staff – specialised wayfinding strategists, architects and interior designers, landscape architects, access consultants and ICT specialists.

Design strategies that support wayfinding can include:

- Campus arrival points that lead directly to building entries
- Safe and clear pedestrian routes that connect buildings and hospital services in a logical sequence
- Welcoming entry experiences which include access to information and assistance
- Readable building layouts which assist in developing mental maps
- A system of identifiable internal landmarks that can assist in orientation

Management strategies that support wayfinding can include:

- Focus on patient experience and the visitor experience
- Care models which incorporate pre-admission orientation and briefing clinics
- Engagement of care coordinators to streamline patient visit plans
- Maps and other information incorporated into appointment letters
- Training of staff to provide assistance with directions

WHEN TO DEVELOP A STRATEGY?

Wayfinding strategies can be developed in a range of circumstances:

- During the design of an entirely new healthcare facility
- During the design of a new facility adjoining an existing healthcare facility
- Prior to the refurbishment of existing healthcare buildings
- As part of a quality assesment process for an existing healthcare facility, campus, Health Service or District to identify opportunities for improvement

"it is essential that wayfinding strategies be informed by the attributes and preferences of patients, visitors and staff"

Regardless of the circumstances, the process for developing a wayfinding strategy will not vary greatly from the process outlined below.

Developing wayfinding strategies requires appropriate capability. Using appropriate expertise for wayfinding evaluation, design and continued development should be considered. Seeking expert advice is advised for the interpretation of access issues and regulatory compliance. Advice should be sought from a suitably qualified wayfinding consultant, architect, designer, building surveyor, access expert, or building and discrimination law experts.

The following are the key elements that need to be considered when developing a wayfinding strategy.

STRATEGY CONSIDERATIONS

Understanding 'audience'

The primary wayfinding audience is people visiting a healthcare facility for the first time or visiting a new part of the facility for the first time, including:

- Patients
- Visitors, friends and relatives
- New or casual staff
- People making deliveries
- People providing services

Patients, visitors and staff can experience stress or anxiety when they visit a hospital for the first time. They can find the process of finding a car park and getting to their destination the most worrying part of their healthcare experience.

An understanding of wayfinding 'audiences' can be drawn from:

- Demographic analysis of local communities to identify cultural and language groups, age structure, levels of education attainment, car ownership and public transport use
- Consumer councils / committees
- Consumer representatives on project groups or commitees
- Consultation with people through surveys, focus groups and interviews
- Literature reviews to identify universal issues of access to healthcare facilities
- Consultation with cultural associations to identify cultural issues that may impact the ability of particular groups to access healthcare facilities

Wayfinding principles

Wayfinding principles are over-arching statements that set the tone and approach to wayfinding. These principles can be linked to the mission and vision statements for a particular healthcare facility, Health service or District or they can be stand alone. Example principles include:

- Wayfinding supports equity of access to healthcare
- Wayfinding must be informed by the types of people who using or visiting a healthcare facility
- Good wayfinding is helped by good design
- Wayfinding must be the concern of every person working in a healthcare facility
- Wayfinding resources should be managed holistically
- Consistent use of clear language, both spoken and written
- Wayfinding environments should not be visually cluttered
- Legislative and regulatory requirements must be met
- Effective wayfinding supports and simplifies patient journeys

"change management is about changing the way people work and the language they use"

STRATEGY IMPLEMENTATION

Common journeys

Understanding and planning common journeys informs the development of an effective wayfinding strategy and systems.

Identification of common journeys made by people is critical to understanding how wayfinding systems should be designed and what tools should be used. Refer Part 3.

Regardless of the size or type of healthcare facility, implementation of a wayfinding strategy requires both organisational change and the management of specific projects. The key success factor is the allocation of appropriate resources.

Change management

Change management in the context of wayfinding is about changing the way people work and the language they use. It is about identifying the impacts of the wayfinding strategy and the things that need to change. These impacts may be large or small and not all changes need to happen at once.

A change management strategy:

- Identifies a transition manager responsible for coordination of tasks
- Includes a process for reviewing customer service processes and systems
- Includes a process for reviewing written materials such as brochures and letterheads
- Identifies a glossary of key terms used to describe services and functions
- Includes a process for auditing wayfinding and conducting a site survey
- Applies to new buildings, redevelopment projects and existing facilities

Project management

For each wayfinding project the following are key steps:

- Identify needs and project drivers
- Identify existing and future wayfinding tools
- Establish the project scope
- Develop a project plan
- Establish a time line and budget
- Identify the project owner
- Confirm the need for specialist consultants
- Consider linkages to other programs or activities, e.g. volunteers, parking strategy, communications
- Identify consumer input required

Continuous improvement (maintenance)

Keeping wayfinding systems fresh and up to date and maintaining a system that facilitates good access to healthcare requires a continuous improvement process.

This process can be part of accreditation and quality improvement programs. Ideally it should be linked to the work of consumer representatives and customer services.

Key tasks include:

- Identifying the maintenance owner
- Developing a maintenance plan
- Use of expert advice
- Troubleshooting

03 *Systems*

"inconsistent terms cause confusion"

WAYFINDING SYSTEM CONSIDERATIONS

Good wayfinding systems can be outlined as supporting the following steps in a patients journey:

Step 1 – Getting ready to go

Step 2 – Getting there

Step 3 – Getting around

Step 4 – Arriving and departing

Developing an effective wayfinding system requires an understanding of what information people are likely to require. Creating a set of the most common journeys gives an overview of the information required, and how to provide it. Common journeys test how comprehensive and effective a wayfinding strategy is.

The following sections outline each step in some examples of common wayfinding journeys, including the requirements for information and the tools that may be used at each point.

The design of wayfinding systems for existing healthcare facilities requires an accurate understanding of tools currently in use and existing building features that contribute to wayfinding.

Review of existing wayfinding tools

An existing healthcare facility or campus will already have a range of wayfinding tools in operation. The extent to which these tools are working together will need to be considered in the development of a cohesive wayfinding system.

A wayfinding audit, patient shadowing, "mystery shopper", visitor surveys (refer Part 5 for examples), asset registers and maintenance schedules provide useful information about signs, language, maps, people, and written materials currently in use.

Other information can come from suggestions or requests for improvements provided by patients or visitors through feedback or complaints processes.

Existing building / campus design

A site survey of key architectural elements will identify the following:

- Buildings and elements that contribute to good wayfinding
- Buildings and elements that cause poor wayfinding
- Opportunities for improvement including changes to façades, landscaping, pathways and entrance points.

Common journeys

Identification of common journeys made by visitors, patients and others is critical to understanding how wayfinding systems should be designed and what tools should be used.

"the use of clinical terminology should be minimised"

Terminology

The language used for directions by volunteers and staff is critical to people's understanding, but sometimes the words people use to name a location often don't match the signs.

An agreed glossary of terms should be developed in consultation with patients, visitors, staff and other users. Information about commonly used wayfinding terms should be included in staff orientation and form part of the operational procedures relating to communication with patients, visitors and casual staff. The use of clinical terminology should be minimised.

Terminology, where possible, should be simple and cater for people from culturally and linguistically diverse backgrounds.

Time of journey

Planning of each journey needs to consider the variety of circumstances encountered at different times of the day. Routes and entrances available during business hours may be closed after hours. Planning needs to consider whether the journey is made during daylight or after dark, it is possible that some routes may not be sufficiently lit and some signs may need additional lighting to be legible.

PLANNING COMMON JOURNEYS

Understanding and planning common journeys informs the development of effective wayfinding strategy and systems.

This section includes graphic examples of the most common journeys people take to get to a predetermined destination and include:

- Visiting and inpatient
- Getting to an appointment
- Getting to the facility in an emergency

Following this section further information is provided for each step in any journey. This includes a series of Success Factors to assist preparation of journey planning.

The patient journeys outlined in this section are intended to provide examples of how the various components of the wayfinding system work together to create an effective whole. They are a useful tool for checking how the system is working, and whether people are being given the correct information.

Common journeys will vary from facility to facility, and examples are set out on the following pages, each illustrating the four steps:

Step 1 – Getting ready to go

Step 2 – Getting there

Step 3 – Getting around

Step 4 – Arriving and Departing

Visiting an inpatient

MORE INFO

THE USER'S JOURNEY

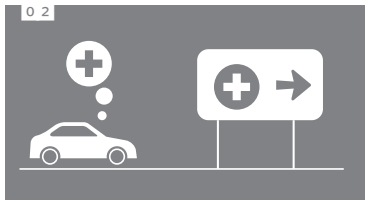
Step 01

Getting Ready To Go

Person receives call from relative in hospital. A friend of relative tells them they are in 4A, room 4A121.

Step 02

Getting There



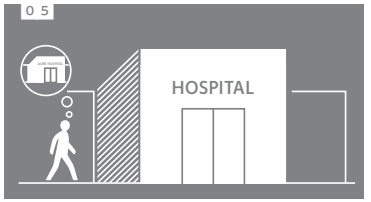
The visitor makes their way to hospital by car; they follow road signs towards hospital.

Arrives at facility; sees entrance sign indicating where parking is located. Follows vehicular signs towards car park.

Step 04

Arriving/ Departing

Parks car. Signs within car park help to locate their car for the return journey, and signs within the car park direct towards the entrance to the facility.



The entrance to the facility is clearly visible because it is prominently located, well lit, and welcoming.

Strategy Success Factors

Key questions to prompt good wayfinding practice

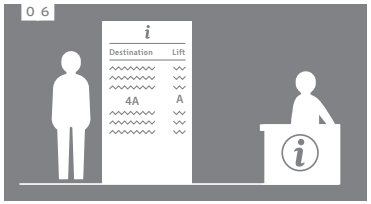
- ☐ Is there a clear set of agreed wayfinding principles?
- ☐ Is there a clear understanding of the attributes and preferences of patients, visitors and staff travelling to, from and around the healthcare facility?
- ☐ Have 'common journeys' been identified and described?
- ☐ Has a site survey of buildings and access points been completed?
- ☐ Has patient, carer and visitor input been recorded and used to inform the wayfinding strategy?
- ☐ Has there been an audit of signs and other wayfinding tools conducted to identify 'hot spots' and areas for improvement?
- ☐ Is there a transition manager and have wayfinding change management projects been identified and planned?
- ☐ Is there a wayfinding system maintenance owner and are wayfinding systems part of the accreditation and quality improvement systems and programs?

Visiting an inpatient (continued)

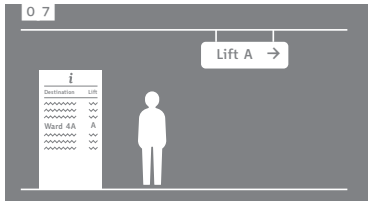
MORE INFO

THE USER'S JOURNEY

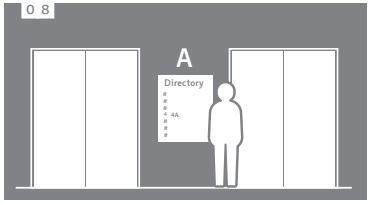
Step 03
Getting Around



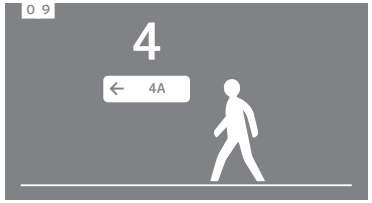
A large and noticeable directory board is placed near the entrance, indicating where all departments are located. The visitor looks for 4A, and is told that it can be accessed via Lift A.



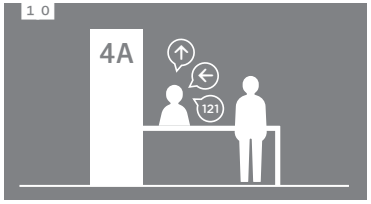
Directional signs within easy viewing distance of the directory board point towards Lift A. The visitor follows these signs towards the lifts.



A small directory on the face of the lift reinforces that 4A can be accessed via these lifts, and is on Level 4. The visitor proceeds to Level 4.



Exiting the lift, clear directional signs are positioned opposite the lift, as well as a level number. The visitor follows signs towards 4A.



The reception for 4A is clearly visible; the visitor approaches and asks where room 4A121 is. Reception staff provide verbal directions towards the room.

Getting to an appointment

MORE INFO

THE USER'S JOURNEY

Step 01
Getting Ready To Go

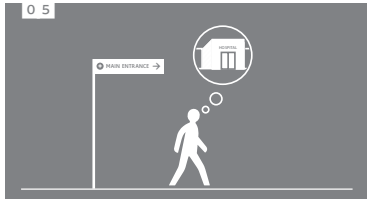
Person makes an appointment with a specialist. Is told verbally where in the facility the clinic is located, what day, and at what time the appointment is scheduled for.

Appointment letter is sent to the patient. This appointment letter repeats the information which was provided verbally, using the same terms.

Map on appointment letter shows how to get to the facility, where public transport and parking are located, and where the clinic is within the facility.

Step 02
Getting There

The patient decides to use public transport to get to the facility. An onboard announcement includes the agreed name of the facility when announcing the stop located at or near the facility.



Pedestrian directional signage guides the patient towards the main entrance.

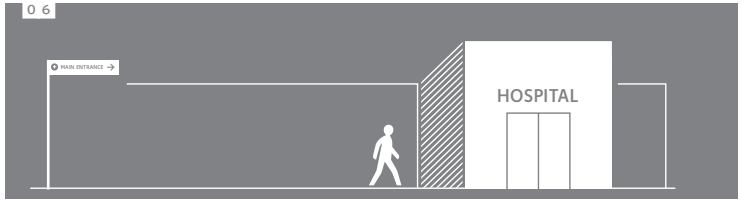
Getting to an appointment (continued)

MORE INFO

THE USER'S JOURNEY

Step 04
Arriving/ Departing

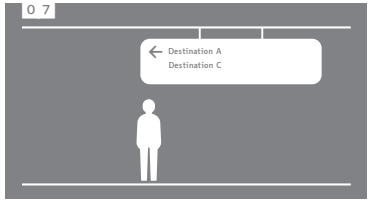
06



The main entrance is clearly visible, and looks like an entrance to the facility.

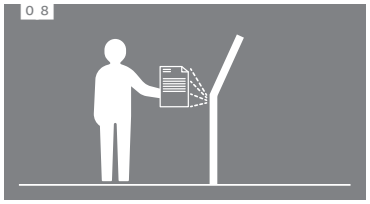
Step 03
Getting Around

07



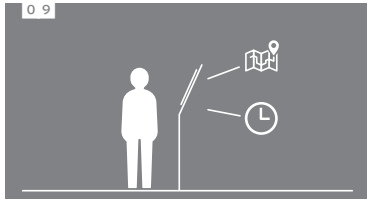
Upon entering the facility, directional signs point towards the key destinations. The clinics are clearly visible on this sign.

08



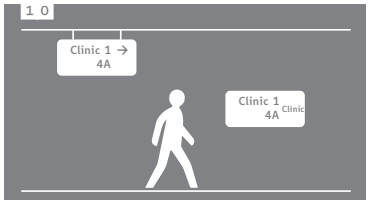
The patient decides to use the kiosk also present to scan their appointment letter.

09



The kiosk displays a route map, and an estimated time until the patient's appointment.

10



The patient follows directional signs through the facility. Each sign uses a consistent layout for delivering the information.

01 Introduction | 02 Strategy | 03 Systems | 04 Tools | 05 Information

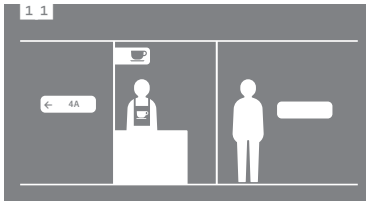
Getting to an appointment (continued)

MORE INFO

THE USER'S JOURNEY

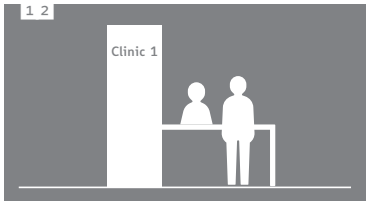
Step 03
Getting Around

11



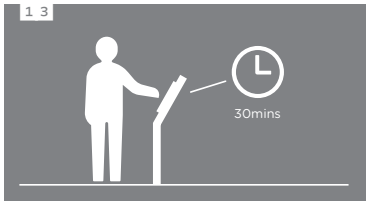
Patient arrives at a major decision point, which has highly visible landmarks. Directional signage points towards the clinic.

12



The patient can clearly identify the reception because it matches their expectations.

13

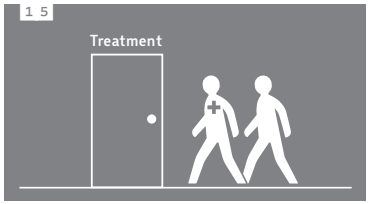


The patient is instructed in how to use a check-in system and to see whether their appointment is running on time or not.

14

Seeing that there is at least 30mins until their appointment, the patient returns to the café, which is indicated on directional signs. The prominent landmarks support the journey.

15



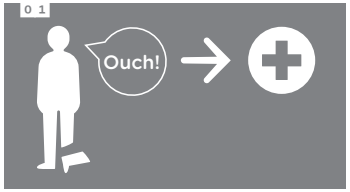
After 30mins, the patient returns to the clinic, this time without the need to follow directional signs, and is collected by the staff and shown to the treatment room.

Getting to the facility in an emergency

MORE INFO

THE USER'S JOURNEY

Step 01
Getting Ready To Go

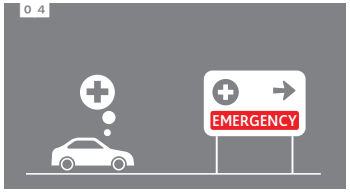


A person is injured, and requires emergency medical treatment.

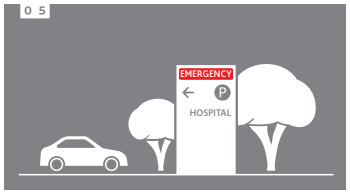
They have a friend or relative drive them to the nearest hospital.

Step 02
Getting There

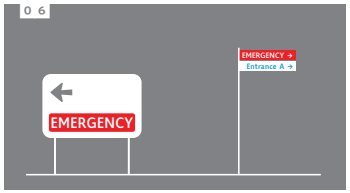
They already understand generally where the hospital is and drive towards it. Road signs within the vicinity provide gradually more specific information.



As they get closer, road signs begin to indicate the presence of Emergency.



Signs at precinct entrances show where emergency is located, in clear white text on a red field.



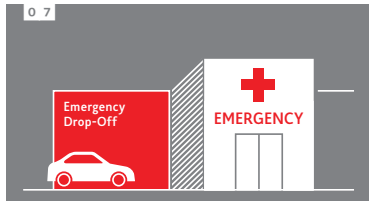
They follow on-site signs to Emergency. These signs conform to the same white on red convention.

Getting to the facility in an emergency (continued)

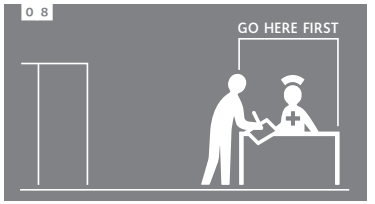
MORE INFO

THE USER'S JOURNEY

Step 04
Arriving/ Departing



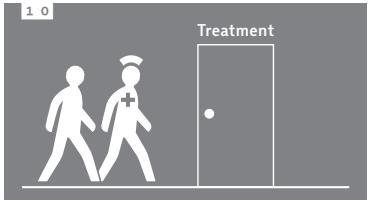
The Emergency entrance is highly visible & clearly labeled. It is within easy walking distance of the drop off point.



The reception desk is clearly visible from the entrance. It is signed as the first place to attend upon entering.

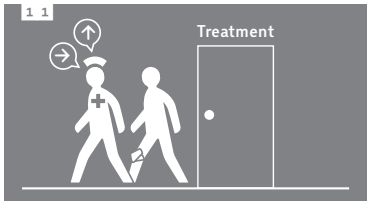
Step 03
Getting Around

The person is assessed, and asked to wait. Signs provided throughout the space indicate that they are to approach staff if they start to feel worse, or have been waiting along time.



Staff guide patient to treatment room.

Step 04
Arriving/ Departing



Having been treated, the patient is guided back to reception and given verbal directions for how to make their way out.

Sample Appointment Letter

STEP 1 – GETTING READY TO GO

Pre-visit information

Pre-visit wayfinding information is provided to patients, visitors and staff prior to the beginning of their journey. It is an aid for journey planning, typically delivered through written material (e.g. letters of appointment, referral letters, employment rosters) or verbal instructions. This information needs to match wayfinding information provided at the healthcare facility.

Pre-visit information needs to be appropriate for the audience and easily understood by the recipient.

Verbal instructions

Verbal instructions are provided over the phone or in person. People are usually unable to recall more than a few steps at a time. For this reason, verbal instructions need to be as concise and clear as possible. Verbal pre-visit instructions need to refer to clearly visible landmarks on the site and as a priority, direct people to the nearest entrance to their destination, where they can receive further wayfinding information.

It is important that a single protocol for giving verbal instructions is agreed upon, and that staff and volunteers are trained in how to deliver verbal instructions that conform with the agreed wayfinding system. Common verbal instructions, such as arriving via public transport or car, should be developed in detail.

Appointment letters

Appointment letters are an opportunity to provide detailed wayfinding information in addition to the standard appointment time and address. Each letter should include a campus map, general information and highlight the department name or number, along with time and date of appointment.

The information on letters must match what is provided at the facility, and the design of information should be consistent. If, for instance, reception codes are presented as “1A” on signs, they should be presented as “1A” in the appointment letter. This promotes familiarity with the way information is shown throughout the healthcare facility or campus.

Directional information

Directional information should prioritise getting people to the correct entrance. Wayfinding systems should enable people to find their way to their destination from any major entrance.

Maps

Maps serve as a useful orientation tool for people to understand how a healthcare facility or campus is organised. Maps should be included with appointment letters and on websites. Any online presence should include a prominently displayed map of the facility. They should include key points of interest, such as entrances, roads, public transport stops, and identifiable landmarks. Where possible, maps should provide information about entry points to a campus or facility and the preferred route.

Terminology

Terminology throughout pre-visit information needs to match that used at the facility. It should be clear, simple, and descriptive, e.g. “Car Park” or “Parking”, but not “Multi-deck Parking”. If a destination requires distinction from other similar destinations, then a distinguishing code should be used, e.g. “Car Park A”.

Using clinical department titles results in long, difficult to pronounce words that can easily be confused, such as Orthodontics, Orthopaedics, Orthotics, or Ophthalmology. Using descriptive, plain English names reduces the complexity of information, and enables easier navigation.

Catering for special needs

People with special needs require different instructions and wayfinding tools delivered, as with all information, in a manner that they can understand and act upon.

When a significant percentage of customers are people from culturally and linguistically diverse backgrounds, appropriate initiatives will need to be considered by management, usually in the form of bilingual or multilingual signs and the provision of interpreter services. Two way telephones can also be useful in reception areas at emergency, outpatients and other high use areas.

People with impaired sight will benefit from the option of an orientation service, offered in advance of their initial appointment. This introduces them to the healthcare facility or campus, and accompanies them until they become accustomed to navigating unaided.

Those with a mobility disability need instructions on how best to access the facility, and where amenities such as parking and toilets are located. Route design must be appropriate to allow for mobility impaired access, e.g.. ramps and lifts

Technology

Increasingly people attempt to access pre-visit information via the Internet. Equal attention should be paid to how information is delivered on websites, and whether information on third party mapping services is correct.

Maps should be provided online, identical to those in pre-visit letters. The map should be able to be zoomed and panned so that people can plan their journey. Digital systems are able to suggest customised journeys based on an individual’s start and end points. This may be beneficial, depending on the scale and complexity of the healthcare facility or campus.

Smartphone apps are an increasingly common method for delivering wayfinding information. Care must be taken to ensure that this information is consistent with wayfinding information that is delivered throughout the facility.

Technological systems are perceived by some as a barrier to access. Many older people may feel uncomfortable interacting with them and are unlikely to use them. In the short term, technological systems need to supplement rather than supplant traditional wayfinding systems.

Information kiosks are being increasingly used in hospital facilities. These kiosks should ideally be located within sight of ‘human’ assistance like a reception desk. Similarly staff can be allocated at busy times to assist visitors and patients with the kiosk technology.

Step 1– Getting ready to go Success Factors

Key questions to prompt good wayfinding practice

Verbal directions

- ☐ Is there an agreed system for giving verbal directions?
- ☐ Does the system work over the phone and in person?
- ☐ Do staff understand how to give verbal directions?

Appointment letters

- ☐ Do appointment letters contain pre-visit information?
- ☐ Is it delivered in the same manner as information on site?
- ☐ Does it clearly indicate the time, date, and destination of the appointment? Is the destination referred to in the same terminology as on site?

Directions

- ☐ Is directional information provided as part of pre-visit information?
- ☐ Does it match the style and format of directional information presented on site?
- ☐ When written, are the steps clear and delivered in manageable parts?

Maps

- ☐ Are maps provided as part of pre-visit information?
- ☐ Are entrances to the facility shown?
- ☐ Are key landmarks shown?

Terminology

- ☐ Is terminology across all pre-visit information consistent with what is provided on site?
- ☐ Does unique terminology conform with the wayfinding system?

01 Introduction | 02 Strategy | 03 Systems | 04 Tools | 05 Information

Catering for special needs

- ☐ Are there procedures in place for dealing with people with disabilities?
- ☐ Are visitor assistance and orientation services provided, specifically for wayfinding?

Technological solutions

- ☐ Is information delivered in technological solutions consistent with that provided throughout the rest of the facility?
- ☐ Are maps available, accurate and consistent with maps provided elsewhere?
- ☐ Do technological solutions integrate with traditional signs and intuitive solutions throughout the facility?

STEP 2 – GETTING THERE

Developing an effective wayfinding system requires an understanding of how to assist people locate the right entrance to the campus or healthcare facility. It is important to ensure that road signs, campus entrance signs and pre-visit information all enable people to easily find the most convenient site entrance, whichever method of transport they use:

- On foot
- By bicycle
- By public transport (rail or bus)
- By a vehicle and dropped off (taxi, community transport or private vehicle)
- By a vehicle that needs to be parked

When people get near the healthcare facility or campus they will need to be able to clearly identify and recognise the facility and entrances.

MODES OF TRANSPORT:

Pedestrians and cyclists

Pedestrians see things at a different angle, height, and distance from people in vehicles. Directional and location signs for pedestrians should be designed and positioned accordingly, e.g. by putting signs at eye level and by installing fingerpost signs specifically for pedestrian routes.

Pedestrian paths from carparks, public transport stops and other access routes should be well lit and feel safe and inviting. Designated bicycle parking should be well signed.

Public transport

Many people rely on public transport to get to healthcare facilities. More people will consider using public transport if details are included with pre-visit information.

Public transport information can be provided within the facility on digital information systems with live links to timetables and departure times. For the return journey, signs should direct people to bus, tram and train stops.

Vehicle drop off and pick up

For people using a vehicle to drop them off and pick them up (e.g. taxis, community transport or private vehicles), taxi ranks and pick-up and drop-off locations should be close to entrances and clearly marked.

Vehicle parking

Many people will approach the site in a vehicle that they intend to park. Information provided to them should focus on getting them to the appropriate car park.

Information regarding vehicular entrances to the healthcare facility or campus should be provided in advance so that navigation decisions are clear. For the return journey, signs should indicate where the exits are, and focus on the major destinations that can be reached via these exits (e.g. Eastern Suburbs).

Car park signage should be well lit and visible during the day and night.

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"each entrance should have unique characteristics and architectural features"

OFF-CAMPUS INFORMATION

Information provided to people in transit needs to be consistent with pre-visit information and information provided at the healthcare facility. Information should be initially broad (e.g. 'Hospital') and become more specific as people approach the facility.

Liaison with the relevant councils and authorities is critical for information delivered off-campus to meet the wayfinding requirements.

Public transport information

The healthcare facility should be included in public transport information where relevant. Stops located at the 'Hospital' should be named after the Hospital, and public address information provided by drivers should clearly state the name of the healthcare facility.

Public road signs

Generally the Main Entrance and the Emergency entrance signs are used by Transport NSW to direct people to a healthcare campus. All public road signs are the responsibility of Transport NSW, but they need to be pro-actively managed in a coordinated manner by the healthcare facility.

The hospital as a landmark

Many hospitals are a well recognised landmark within the community. Prominent signs can be used to assist people to visually locate a healthcare facility from a distance. An illuminated sign in a prominent location on the highest building can assist people in recognising the hospital and finding their way to the site.

RECOGNISING THE SITE

The architecture of the building and the landscaping at entrances to a healthcare campus are important triggers for people to recognise that they have arrived.

Many people know from previous experiences what a healthcare facility or hospital building looks like. People that have never visited a hospital before will expect a large building accompanied by information presented to them that allows recognition of the building or campus.

Entrance recognition

Public entrances need to be easy to recognise and describe, and should be distinct from one another.

The Main Entrance should have a strong sense of arrival, be larger in scale than other entrances, and prominently display the name of the facility.

Secondary entrances should be larger than service or staff entrances. Providing a forecourt with landscaping to main and secondary entrances presents an appropriate sense of arrival.

Identifying the most convenient entrance

Details of the most convenient entrance may vary between journeys but should be provided as part of pre-visit information. However, not all people will arrive knowing where to go, and need other wayfinding tools to guide them to the Main Entrance or Emergency Entrance.

Main Entry: Sutherland Hospital and Community Health Centre, Caringbah

Separation of public and services entrances

Separation of public and service entrances can be achieved through physical and visual separation. Service entrances should be situated away from public entrances, and look more plain than those for members of the public.

Use of glass sliding doors for public entrances is recommended, as is a higher grade of lighting and fit-out.

Identifying the entrance to emergency

Access to Emergency is probably the most important route within a wayfinding system.

People who drive to Emergency will not usually have pre-visit information and will be reliant on public road signs to find the correct entrance. They are often in an agitated, panicked state of mind, so it is important that finding the Emergency Entrance is easy and straightforward.

Priority should be given to directing drivers to Emergency from the public road, and every primary campus entrance that does not lead to the Emergency entrance should have directional signs pointing to the most efficient route to Emergency.

Main Entry: Canterbury Hospital, Campsie

Main Entry: Royal Prince Alfred Hospital, Womens and Babies

01 Introduction | 02 Strategy | 03 Systems | 04 Tools | 05 Information

Step 2 – Getting there Success Factors

Key questions to prompt good wayfinding practice

Modes of transport

- ☐ Are pedestrians and cyclists guided to the facility with specialised directional signs?
- ☐ Are public transport users guided to and from the healthcare facility?
- ☐ Is there adequate provision for taxis to pick up and drop off passengers?
- ☐ Are procedures in place for taxi drivers to collect their passengers?
- ☐ Are drivers clearly directed to drop-off points and car parks?
- ☐ Is directional assistance from car parks to entrances provided?

Off-campus information

- ☐ Are cues other than signs used for public transport messaging, and do they refer to the facility?
- ☐ Do public road signs refer to the facility? Is Emergency included?
- ☐ Is the hospital a distinctive building? What measures can be undertaken to increase its profile?

Recognising the site

- ☐ Are public entrances to the site and facility easy to recognise?
- ☐ Are particular entrances distinguished from one another through the use of clear labels?
- ☐ Are public entrances and service entrances physically and visually separated?

Emergency

- ☐ Is Emergency clearly highlighted with explicit signs, architecture and graphic treatments?
- ☐ Is priority given to drivers attempting to access Emergency?

Emergency Entry: Hornsby Ku-Ring-Gai Hospital, Hornsby

Emergency Entry: Gosford Hospital, Gosford

STEP 3 – GETTING AROUND

It is within the healthcare campus that a wayfinding system has the greatest opportunity to improve navigation.

Systems provide information to assist people navigate their way around the campus, find the right building entrance and identify the most direct path to a destination.

GETTING AROUND THE SITE

Roadways and pathways

Vehicle and pedestrian movement should be simple and logical so it is easy to comprehend.

Roads and pathways connect the site entry to the various building entrances and allow people to navigate around the campus on foot or by bicycle, wheelchair, scooter or vehicle. Roadways should provide the most direct route to the main entrance drop-off area. Carparks located close to the site entry reduce traffic within the campus but designers need to consider the walking distance to building entrances.

Pathways must be well lit, be of a width suitable for the anticipated type and volume of traffic, and be compliant with building codes and standards, particularly accessibility standards. People should be guided along the shortest, safest route, taking into consideration people with limited mobility or visual impairment. If the site topography requires stairs or ramps, people with limited mobility should be directed to the most direct accessible route.

People tend to take the shortest or most direct route regardless of defined pathways. Designers should anticipate this in laying out movement paths. Appropriate landscaping and lighting can encourage people to follow predetermined pathways.

Carparking

For many people finding the carpark is the most stressful part of their visit, followed closely by finding the right building entrance. Not finding a carpark is a common cause of complaint, causing lateness, anxiety and stress.

Directions to car parking and drop-off areas should be very clear. If there is more than one carpark, pre-visit information should direct visitors to the one closest to their destination. In the event that the first one is full, directional signs should guide people to an alternative carpark.

The most widely recognised sign for parking is a white 'P' on a blue background. Where there is more than one carpark, a logical naming system, such as P1, P2, and P3, should be used.

Ideally, car parks and drop-off areas will be located within sight of the building entrance. Emergency traffic, people parking and traffic to other entrances should be separated from main entrance traffic prior to the drop-off, pick-up and taxi area.

Emergency Entry: Nepean Hospital, Kingswood

"people take the shortest or most direct route regardless of defined pathways"

Finding the building entrance and drop off

First-time visitors will be looking for the main entrance, where they expect to find the reception and directional information. The main entrance drop-off area will predominantly be used for drop-off, pick-up and taxis, so people expect some provision of short-term parking / standing spaces.

A well-designed drop-off area should:

- Be clearly identified as a drop-off area
- Be level, undercover and close to an associated building entrance
- Have sufficient numbers of drop-off places relative to the size of the facility
- Have seating for people waiting to be picked up
- Include a taxi drop-off / pick-up area
- Make provision for use by people with mobility and other disabilities
- Be close to short term parking that allows carers to park briefly and provide patients with assistance into the building

The main entrance to the healthcare facility should be designed to convey its prominence with architectural features and a larger scale compared to other entrances.

Each building entrance should have unique characteristics so that it is easy to recognise and describe. Thoughtfully designed canopies or porticos at an appropriate scale will successfully articulate each entrance, enabling staff to provide consistent directional information, and visitors to recognise the entrance they are looking for. This legibility can be achieved with the right combination of architectural form and/or landscaping with signs.

If building entrances on an existing site look architecturally similar, consider other measures to distinguish them. This may include the use of colours, landscaping features, sculptures or other artworks close to the entrance and prominent signs employing names that are easy to remember and pronounce.

Avoid having public entrances:

- That are not visible from all angles of approach
- Without prominence or other distinguishable features
- With no location signs

Standard Information Pictogram

'Hospital Street', main circulation corridor: Royal Prince Alfred Hospital, Camperdown

GETTING AROUND THE BUILDINGS

When navigating, many people create a 'mental map' (also referred to as 'mental image', 'mental model' or 'cognitive map'). A mental map simplifies the environment, and the routes through it, using spatial information such as location, distance and direction as well as the identity of places and routes.

Creation of a mental map is assisted by clear landmarks and unique environmental features, but is made difficult by an environment that all looks the same.

Mental maps allow people to make navigational decisions that do not rely on signs alone (e.g. "although I did not come in this way, if I walk down this path here I should get to the carpark"). These maps are especially important for the return journey, when people recognise areas they have come through on the way in, confirming they are on the right way out.

To assist in creating mental maps, ideally:

- Create a layout that is not symmetrical
- Create an overall layout and plan for the building which uses a hierarchy of spaces in the design of its public circulation systems
- Use destination zones, with different features, colours, artwork, materials, etc.
- Use clear landmarks
- Create 'overview points' from where the person can see a few destinations
- Provide information, such as a simple plan or map of the site

Do not rely on maps alone – too many people do not know how to read them, and many do not remember more than two or three instructions at one time.

Reception desks

People expect a central information point at the entrance to the healthcare facility. They have learned that they can get different types of information here, such as which unit they can find their relative, how they can get to a clinic, or where they can pay their bill.

The Main Reception desk should be clearly visible from the main entrance. It should be designed to be different from any other receptions in the same space. For clarity signs at the main reception desk should say 'Information' instead of 'Reception' and include an information pictogram.

Many healthcare facilities have volunteer desks near the main entrance. Volunteers are not normally authorised to access patient information, but can provide general directional information.

Where the volunteer desk is in front of the Main Reception desk, people often wait there for information. To avoid this, there should be a sign stating that patient-related information can only be provided by the Main Reception.

To assist people, departmental reception desks and entrances should show recognisable, similar design features. In contrast, staff stations that are not meant to be a primary information point should be designed to appear different.

If reception desks have specific areas for people in wheelchairs, these areas should be visible from the primary direction of travel.

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"many hospitals have volunteers located near the main entrance ready to provide general directional information"

Departmental receptions should have a location sign indicating that the person has arrived at their destination. If the entrance to a department is clearly identified with a location sign, the person understands they have arrived at their destination, and if the reception desk is in close proximity to the department entrance, then there does not need to be an additional sign at the reception.

Guidance information

There are two knowledge profiles for way-finders inside the hospital:

- People who know their exact destination. They have been to Main Reception, received a print-out of their destination and route, have an appointment letter, know their exact destination, or have a print out from a digital kiosk.
- People who do not know their exact destination. They are visiting a patient, forgot to bring an appointment letter, etc.

The wayfinding system needs to cater for both groups.

Physical layout and movement paths

A simple and logical movement system makes it easy for people to navigate the built environment.

The physical layout and movement paths of a building are planned out by the architect during the concept design phase of a building. Decisions made at that time will be felt for the life of the building, and will have a profound impact on its efficiency. A thoughtful design provides a positive influence on the way people use and navigate the building.

All buildings should have clearly defined, logical movement systems incorporating simple patterns that are easy to understand. Building circulation systems should have a hierarchy of connected pathways that include:

- Main routes (i.e. a Hospital Street or concourse) – connecting to the building entrance and drop-off area
- Primary routes
- Secondary routes
- Vertical routes (lifts, stairs, ramps and escalators)

Hospital Street

A 'Hospital Street' is a distinctive light and airy informal public space with a high roof or atrium and is usually activated with retail outlets and other amenities. The openness of a Hospital Street encourages people to gather and enables them to visualise where they are and orient themselves three dimensionally within the building.

Lifts, stairs and escalators should be connected directly to the main horizontal routes of the building, ideally an open concourse or Hospital Street so that people can see where they need to go as soon as they enter the building.

Circulation Node: RMO's Courtyard, Royal Prince Alfred Hospital, Camperdown

Congregattion Node: Royal Prince Alfred Hospital, Camperdown

Nodes

Points where pathways meet are often referred to as nodes. These are important points for people to orientate themselves and decide which way to go. They provide opportunities for the environment to help people remember their way back.
The node may incorporate memorable features or art that makes it easy to describe for those giving directions.

For example, the node leading into a Children's Ward may incorporate a painting or mural depicting a nursery rhyme or a contemporary image relevant to children.

A node that is associated with a view to the outside world or an internal courtyard provides further clues to assist wayfinding.

Vertical

Research shows that many people find it difficult to orientate themselves after they exit a lift. It is preferable for visitors' primary movements across a building to occur before they enter a lift, and to have a limited number of direction changes after they exit the lift.

Providing views to the outside at lift lobbies helps people orientate themselves and figure out where they are.

Natural light and views

Views to the outside of the building and the presence of sunlight play an important role. People remember features they have seen outside, such as distant views of a prominent building or landscape features. Designs which align internal spaces and circulation systems with these views can assist people in orienting themselves within the facility.

The provision of windows at ends of corridors is a simple but effective way of helping people orientate themselves. Strategic location of windows on long corridors avoids monotony and views remind people where they are.
This works particularly well when views incorporate a memorable landmark, artwork or landscape feature.

For example, a courtyard with a prominent water feature assists people finding their way and remembering their way back, as well as making it easier to give directions, e.g. "Turn left at the courtyard with the fountain".

Memorable features and landmarks

Landmarks are environmental features that are points of reference. Research has highlighted the benefits of including landmarks in wayfinding systems. They serve as 'sub-goals' to keep people connected to both their point of origin and their destination along the path.

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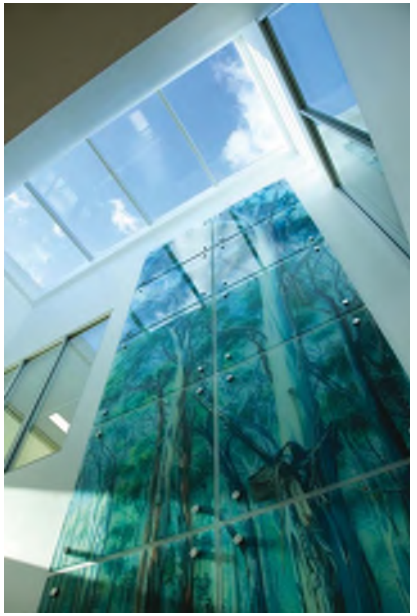
"a thoughtful design provides a positive influence on the way people use and navigate buildings"

Landmarks assist people construct a mental map of the environment, becoming travel decision points (e.g. turn here, go a little further).

People expect a central information point at the entrance that can be described in simple words and understood by people of all ages, languages and cultural backgrounds.They expect landmarks to:

- Be different from each other
- Not rely on colour alone for differentiation – do not use a yellow wall, an orange wall and a green wall
- Clearly face a particular direction if relied on for a return journey - a circle or a ball has no front or back, whereas a large mural or statue
- Be located at points on a route where a choice of direction needs to be made, as opposed to a point where no decision is required and especially at the end of the route when memory demands are greatest
- Be referred to consistently by simple instructions



Printed Glass Art Napean Hospital , Kingswood

Step 3 – Getting Around Success Factors

Key questions to prompt good wayfinding practice

Roads and pathways

- ☐ Do roads and paths provide a direct access route to the main entrance?
- ☐ Are car parks located near the site entrance?
- ☐ Are pathways well lit and wide enough to accommodate the relevant traffic?
- ☐ Are people with limited mobility able to navigate the site using these paths?
- ☐ Are lights and landscaping used to guide people towards their destination?

Car parking

- ☐ Are clear directions to carparks and drop-off areas provided?
- ☐ Is there more than one car park?
- ☐ Are these car parks differentiated in both pre-visit information and directional signs on site?
- ☐ Are people able to see the main entrance from the car park?

Finding the building entrance & drop off

- ☐ Is the drop off area clearly identified, under cover, with seating provided?
- ☐ Is the main entrance prominent in design?
- ☐ Are building entrances easy to describe and recognise? Can they be distinguished from one another?

Reception desks

- ☐ Do reception desks show recognisable, common design features?
- ☐ Are reception desks identified with location signs?

Guidance information

- ☐ Does the guidance information provide for both first time and experienced visitors?
- ☐ Does directional information allow for people who know exactly where they are going, and for people who do not?

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Physical layout and movement paths

- ☐ Are public vertical routes connected to the main horizontal routes?
- ☐ Are junctions (nodes or decision points) treated in a memorable manner?
- ☐ Are people able to complete the majority of their journey before they move up or down?
- ☐ Are people able to orient themselves using views to the outside of the building?

Reception Desk and 'Hospital Street': Liverpool Hospital, Liverpool

STEP 4 – ARRIVING & DEPARTING

Wayfinding systems must consider the visual representation of destinations to ensure people understand when they have reached them.

It is important that wayfinding systems also work well in reverse for the return journey. Efficient departure from a healthcare facility eases stress and anxiety and reduces congestion on campus.

ARRIVING AT THE DESTINATION

A healthcare facility or campus should be designed in such a way that people can quickly understand the layout and how to undertake their journey. Creating visible, memorable features will assist in this process.

Main entrance

The main entrance should be designed to be prominent, recognised easily, match people's expectations and not be confused with other entrances. Its design and location should be memorable to assist the return journey and egress from the facility.

People expect to find their way to their destination from the main entrance, and sufficient information to be provided to do so. Key destinations, such as the main reception and vertical and horizontal movement paths, should be readily visible from the main entrance. Wayfinding directories or kiosks should not clutter the entrance, while also easy access.

Main reception desk

The Main Reception fulfils a range of important roles within a healthcare facility. It is the primary contact point for the facility, an orientation point for people and it is the start of many journeys, requiring staff to understand how to provide directional assistance.

The reception should be positioned within clear view of the main entrance, and form part of the main axes of movement. Where the reception is positioned parallel to the direction of travel, ensure that it projects noticeably into the field of view.

For example, the Main Reception desk may be angled into the atrium space, and use a large vertical landmark to attract attention.

Familiar settings

People have expectations of the structure and layout of any healthcare facility or campus. For instance, they expect to be able to find the main reception near the main entrance. Designing spaces that meet these expectations lowers the amount of new information that needs to be processed by the patient, visitor or staff.

Orienting key features towards the direction of travel, designing them so that their function is clear, and labelling them all helps to create a familiar and navigable environment.

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"orienting key features towards the direction of travel helps create a familiar and navigable environment"

Visibility

On arrival, people need to understand which direction to travel in next. This requires more than directional signs. The initial direction of movement down corridors and through public spaces should be visible from the entrance.

Lifts should be clearly visible, and face towards the entrance.

The same applies to destinations throughout the facility. Reception desks should face towards the direction of approach, and be clearly visible as people approach from corridors.

Signs

All entrances to the healthcare facility or campus should provide initial directional assistance to enable people to navigate and find their destination. While it should present a list of all public destinations, the design of this information should not overwhelm people.

DEPARTING

Finding the way out of a healthcare facility or campus can often be difficult due to the sheer scale of many facility buildings and people's unfamiliarity with the layout.

Providing clear directional information for return journeys is often necessary in larger, more complex facilities. This should be included on standard directional signs, facing towards people as they return from common destinations, such as outpatients and wards. People expect to be provided with information indicating where entrances and carparks are located, and each major decision point should indicate which direction is the 'way out'.

Tracing the path back

People will mentally step back through their journey as they attempt to exit the facility. The same rules apply here as apply for Arrival; pathways, lifts, and key destinations should be clearly visible and different.

Landmarks and memorable features

Landmarks play an important role on the return journey; seen as the person navigates through the facility for the first time, they function as key wayfinding points for people as they leave.

By creating distinctive and memorable features, and positioning them at key decision points, landmarks enable people to understand where in the facility they are and how to find their way out. Landmarks should be placed near major routes, such as lifts, to ensure that they are recognisable and visible.

Step 4 – Arriving & Departing Success Factors

Key questions to prompt good wayfinding practice

Arriving at the destination

- ☐ Is the main reception within clear view of the main entrance to the facility?
- ☐ Is the design of the main reception such that it ***looks*** like a main reception?
- ☐ Do staff at the main reception understand how to guide people towards their destination?
- ☐ Are people able to access all the information they require to begin their journey through the facility?
- ☐ Are stairs and lifts readily apparent from the main public space of the building?
- ☐ Do reception desks throughout the facility ***look*** like receptions and have a consistency in design?
- ☐ Do reception desks face the direction of approach for most people?
- ☐ Do key areas meet expectations of how these environments are normally arranged?

Departing

- ☐ Are directions towards exits, lifts, and car parks provided on directional signs throughout the facility?
- ☐ Are key movement paths visible on the return journey?
- ☐ Are lifts and stairs distinctively treated?
- ☐ Are landmarks positioned at key decision points and destinations?

04 *Tools*

DESIGN AND PLANNING

The architectural and spatial design of healthcare settings can provide intuitive cues to assist people orientate themselves and navigate through campuses and buildings. Design factors such as form, the layout of buildings, arrangement of roads and pathways, the alignment of corridors and location of clinical settings all contribute to a positive wayfinding experience for patients and visitors.

The question, 'how does the overall design and planning of the environment assist wayfinding?' should be asked at each stage of the design process. Decisions made early in the project are fundamental to establishing a clear wayfinding strategy which can be supported by other tools such as technology, signage and people.

Urban Design and Campus Masterplanning

Urban design and masterplanning can support wayfinding in two major ways, through the creation of clear connections between the health campus and its surrounding network of streets and through the arrangement of buildings and landscaped spaces to support intuitive way finding.

In each instance it is important to imagine what people will see as they approach and move around the campus.

Campus circulation systems can be both formal and informal. Understanding how well these work in existing campuses can provide important clues as to how they may be improved. Creating clear connections between these systems and those of the surrounding context is integral to a good wayfinding experience.

Architecture and Planning

Healthcare environments are complex buildings with many competing planning requirements. Architectural design informs the shape, size, scale, light and volume of the hospital environment it also addresses the specific needs of clinical planning. This planning process establishes the sequence of spaces which patients and visitors experience within the building.

The planning of healthcare spaces should be seen as hierarchical ranging from major circulation systems and spaces to secondary systems and spaces and finally to individual clusters of corridors and rooms. Being able to visualise the entire structure and layout is important in enabling visitors and patients to establish their mental map of the facility. This can be assisted by incorporating internal vistas and atrium spaces and clearly visible public thoroughfares.

The mental map should be complemented by a logical arrangement of horizontal and vertical circulation systems. Horizontal systems such as corridors and public thoroughfares are best aligned with memorable landmarks either within or outside the building. Vertical systems such as lifts, stairs and escalators are best located at key points on these thoroughfares with connections to reception, welcoming and information points.

"place landmarks near major decision points"

Interior Design

Colours, materials and furniture selected for healthcare interiors assist in producing memorable experiences and marking particular places within a hospital setting. These experiences are often associated with particular places, like a clinic, inpatient area or waiting room. They characterise a place and are helpful in creating a mental map'. The selection of colour such as the orange clinic or blue waiting space can assist wayfinding by readily identifying places within the hospital.

The marking of thresholds can also be a useful strategy in establishing and reinforcing people's mental maps. Thresholds mark the transition from one place to another and to signify that a destination has been reached. Clear thresholds can be achieved using high contrasts of colour, or different scales or material types on either side of an entry point. These changes can be used to signal a destination point along the journey and to announce that a threshold has been crossed.

EFFECTIVE LANDMARKS

What constitutes a landmark?

Traditionally, landmarks are considered to be objects which are easily seen and recognised from a distance. While this description applies to most 'landmarks' we see about town, landmarks as components of a wayfinding strategy require a few additional attributes; they need to be unique, describable, and memorable.

Landmarks should not be confused with one another. Using a large statue of a kangaroo is no good if you also have one of a wallaby. Ensuring that each landmark has a unique identity, reinforces the ability of people to describe it accurately, and recall it later.

Describable objects and treatments are key to a successful landmarking strategy. This means that they are recognisable objects, which cannot be confused with something else, and are familiar to the people describing them. Attempting to send people to the "blobby orange ... thing" is far less effective than sending them to the "orange octopus". Leveraging off existing, known imagery helps with later recall, and allows people to imagine what they are going to see on their journey. This helps them construct their cognitive map.

As with any communication strategy, these objects and treatments need to be described in a way people are going to understand. When using too much detail, or when using words which are not commonly understood, people are less likely to understand the meaning contained within the phrase. Simple and evocative are best.

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Objects used need to be memorable. Treating a common object in an uncommon way causes it to stick out; it's difference causes it to be noticed by people, and then assists with later recall. Placing a single clothes iron near an entrance is not likely to be noticed. But a seven foot high clothes iron is. Or a sea of hot pink clothes irons. Additionally, the object or finish needs to have a level or asymmetry to it to ensure that people can identify what direction they originally approached the landmark from. Having a large golden sphere in a four way intersection doesn't assist with creating cognitive maps. However, changing the sphere to a spheroid cone which points down one of the corridors does work.

POSITIONING LANDMARKS

Landmarks, whether they be objects or finishes, need to be positioned where they are going to have the most effect. While this often means putting them near major decision points, there are a number of other locations which benefit from visible landmarks.

Lifts, although a commonly understood method of vertical transition, can still be disorienting. This is because people lose sight of their point of origin. This can be solved through creating clear views to the same point, such as a landscaped garden or atrium, so that people can understand how far they have travelled. Where this is not possible, using graphics that are consistent from level to level reinforces that this lift atrium is related to one they have just come from.

The same principles apply for staircases. Where possible, give people views of recognisable objects from their origin and destination, and preferably during the journey. Where this is not possible, creating a clear sense of transition through the stairwell using graphics or objects can achieve a similar result.

Long corridors, particularly atrium spaces with multiple routes branching off them, can benefit from the addition of landmarks at regular intervals. These allow people to gauge how far they have travelled, and find the return route with more ease.

LANDMARKS AND DIRECTIONS

While wayfinding signs and landmarks both enable navigation through the built environment, it is important that these be recognised as two different systems. Ideally, the wayfinding system will use clear and logical sequences to direct people to their destination. Landmarks, most likely, do not and cannot conform to these logical systems. At best, the link between landmark and wayfinding system is going to be indirect and require explanation. Additionally, directional signs should be clear and recognisable. It is recommended that signs and landmarks be kept separate.

Landmarks can form a useful part of giving verbal directions to people. Many people struggle to recall a series of standard verbal directions mere minutes after having received them. Instead of saying "take the second left and then the third right", referring to landmarks by saying "turn left at the kangaroo, and then right at the café" is a memorable direction which cannot be confused. There is only going to be one kangaroo, and less likely to be multiple cafés on their route.

ARTS INTEGRATION

It is tempting, and understandable, to create landmarking objects and features using arts pieces. While this can be effective, there are a number of things to be aware of when attempting to do so.

Many facilities have existing art collections; not all of these will be suitable for use as landmarks. Performing an audit of the existing collection and identifying which can and cannot be used as landmarks will enable facilities to make use of their existing resources.

Placing large and distinctive pieces in some areas can be effective. Alternatively, creating a clear and attractive gallery area, which can use a number of smaller and less distinctive pieces, is also effective.

When creating new landmarks using artwork, a clear brief will be required. The brief should spell out exactly what the landmark is designed to do, where it is intended to be installed, and any other design elements which are important to the facility. The commission could be a series of graphics, a large sculptural element, garden features, and so on. It is important to note that while it may be an artistic commission, it is also a design piece with clear goals and outcomes.

Light Sculpture: Graythwaite Rehabilitation Centre, Ryde

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“use three understandable referent words such as large, marble and statue”

The following examples showcase a number of different ways in which landmarks can be crafted

Classic sculptures such as the example below are often found in healthcare facilities. This style speaks to tradition and past eras and has universal appeal. Such works also provide bold landmarks.

Marble Statue: Royal Price Alfred Hospital: Womens and Babies

Egg Sculpture: Priince of Wales Childrens Hospital

The example above is has more modern, playful and bold style. This particular work was originally featured in Sculpture By the Sea before being donated to the Prince of Wales Hospital.

Indigenous Mural: Shellharbour Hospital, Oak Flats

Murals are often used in healthcare facilities as landmarks. Subject matter can be educational, cultural, historic, or in the case of the example above, all three at once.

Some landmarks refer to the history of the place where the facility is located. They can educate and inform visitors in addition to functioning as a wayfinding landmark. The example below presents information about the mining history of the facility.

Memorial Stone: Coledale Hospital, Wombarra

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"a landmark needs asymmetry so that people can identify what direction it faces"

Mural with courtyard space: Mental Health facility, St George Sub-Acute Mental Health Unit

The mural above provides a soothing and calm image on the boundary wall of the Sub-Acute Mental Health Facility at St. George Hospital. Such inclusions may improve the quality of life for consumers within such facilities and assist in recovery.

Below is an example of a mural that uses colour in combination with bold, simple imagery to create a memorable landmark that can be easily remembered and referenced.

Decorative Mural: Royal Childresn Hospital, Melbourne

Wayfinding landmarks can include gazebos, seating areas, play equipment and water features to provide points of interest and places to gather that help orientate a visitor to the facility.

The example to the right is situated within a courtyard and while serving as an effective landmark it also provides a soothing place of respite. Sound, such as moving water in this case, provides an extra engagement of the senses making the feature easier to remember.

Sculptural Water feature: Shoalhaven Hospital, Nowra

Mural feature wall: Prince of Wales Childrens Hospital

The mural to the left provides an unforgettable feature for a visitor to orientate themselves and provide directions to others. In combination with the overhead directional wayfinding signage a visitor can find their way to the desired adjacent department.

Signage Example: Royal Childrens Hospital, Melbourne

Signage Example: Menindee Hospital, Broken Hill

Signage Example: St Vincents Private Hospital, Darlinghurst

EFFECTIVE SIGNS

For many people wayfinding means signs. First time visitors will be consciously looking for signs to provide information, and expect to follow arrows on the wall until they reach their destination.

However, signs alone are not the solution to most wayfinding problems. Signs will not resolve problems caused by:

- A campus that has expanded, often illogically, over many decades
- Bad planning
- Conflicting directional cues in the environment

It is therefore imperative that signs are connected to all the other elements of the wayfinding system; pre-visit and verbal information, architecture, landscaping and other visual cues.

There are three types of signs in a wayfinding system:

- ***Directional*** with information on what direction to drive / walk
- ***Identity / Locational*** to tell people where they are and when they have arrived
- ***Directory*** to inform people where they should go

Of course there are other signs in a hospital (utility, statutory, safety, etc.) but these are not part of the wayfinding system.

Emergency signs

Complex areas of healthcare facilities, such as Emergency, Mental Health and Dementia Care, have special wayfinding needs that should be dealt with as part of their functional briefing and clinical safety processes.

Emergency signs must be uniform, prominent, concise and in plain language to avoid confusion. Signs stating “If your condition changes you should notify the nurse immediately” must be prominent. A guide to implementation, “Practical steps to improving ED signage”, has been developed to assist with Emergency signs (refer Section 5, Resources and Reference).

In Mental Health Facilities (including Dementia Care) appropriate advice on effective wayfinding techniques should be sought. Signs in areas accessed by Mental Health patients will need special consideration to ensure safety and avoidence of the possible misuse of signs.

"use descriptive plain english names to lower the complexity of information"

DESIGN ELEMENTS FOR SIGNS

When signs are required, it is important that they convey information clearly, are designed so that they can be seen in their environment, and are positioned so that they can be acted upon.

Text size

In order for text on signs to be legible, the intended use, viewing distance, font, illumination, and location all need to be taken into account. Text on signs intended for car drivers will need to be much larger than the text on signs intended for pedestrian use.

The size of text will vary according to the characteristics of the font. Clearer fonts can accommodate smaller text sizes, while condensed fonts need to be larger. Different fonts may have drastically different legibility at different sizes, even if they initially look similar. It is important that text size and legibility be tested at the signs actual location.

Text layout and grouping

While text size is an important factor in the clarity of information, it is important that the layout and grouping of this information is considered as well.

Text layout should:

- Be consistent across signs; each information type appears in the same relative location, and in the same style, across the whole system
- Ensure that the most important information appears first
- Create a clear distinction between different types of information
- Group similar items together

Text and arrow alignment

Aligning text and arrows in the direction of travel helps to emphasise which way people need to move. Arrows should be placed on the left when pointing left, and on the right when pointing right.

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This mural illustrates how landmarks and signage can be integrated to provide effective wayfinding

Decorative Signage: Royal Childresn Hospital, Melbourne

Font and text style

Legibility depends on being able to recognise individual characters, and this will vary from font to font, depending on the characteristics of that font. This is different from readability, which measures how easy the font is for extended reading. Many fonts, which are very readable, are not very legible.

The font selected for use on wayfinding signs should:

- Be 'sans serif', or have unobtrusive serifs (a serif is the small line finishing off the strokes of a letter)
- Have distinguishable letters. Many letters, such as lowercase "l" (el) and uppercase "I" (aye) can be confused. Choosing a font with distinctive letters improves legibility
- Have a large 'x-height'. The x-height is the height of a lowercase letter x, measured as a ratio of the height of a capital letter
- Have a consistent thickness. Large variations in letter stroke thickness create visual disturbance, reducing legibility
- Not be italic or condensed
- Be set in "title case", where each word is capitalised, with all following letters set in lower case
- Be of maximum colour contrast between text and sign background
- Have consistent letter and word spacing, so that each word is easy to read and distinguish

The text should be styled so that information is delivered in a clear and consistent format. Changes in font weight, size, or colour should be considered only where they enhance the delivery of information.

Emphasising information

Text size, layout, and colour are all factors that can be used to change the emphasis of information. Larger text implies more importance, lighter colour or text weight implies less importance.

Text setting across signs should:

- Create importance through variation in scale
- Create importance through position (relative to other information elements)
- Group similar pieces of information together (i.e. lifts with other lifts, receptions with other receptions)

Symbols and pictograms

Symbols and pictograms are visual shorthand for amenities within the building such as toilets, lifts and disabled access. While they take up less room than text information, they suffer from a lack of visual clarity, symbols and pictograms are often misinterpreted or not understood.

"colour is used in wayfinding systems only to reinforce information"

Pictograms and symbols should:

- Be tested for legibility and recognition
- Conform to commonly understood visual traits
- Be accompanied by a plain English description where a new or uncommon symbol is used
- Be larger than the relative text size. Due to their visual complexity, symbols often need to be significantly larger than text to achieve the same visual recognition and legibility.
- Be of simple and clear design and generally in accordance with ISO 7001: Graphical symbols - Public information symbols.

Colour

The use of colour in wayfinding systems is recommended only to reinforce information. Colour use on signs can improve the organisation and clarity of information, and assist with the creation of a integrated, designed environment.

Colour use on signs should:

- Be consistent from sign to sign. Creating a visual system gives the wayfinding signs an identity, and means that people understand where to look to receive navigational assistance
- Use red to highlight Emergency services only. Red is not recommended for any other use
- Be consistent in its application and design where it is used to highlight information

Positioning of signs

Signs need to be positioned where people have an opportunity to act upon them. Placing signs well before, or just after, a decision point will create frustration and confusion.

Sign placement should:

- Be clearly visible from the direction of approach
- Ensure that the area surrounding the sign is free of visual clutter, including statutory signs, public information displays, message boards, etc.
- Ensure that the viewing angle is comfortable when signs are above head height, particularly for those in wheelchairs
- Consider the surrounding environment. For instance, do not place signs directly above stairs or escalators, unless they are intended to direct people up or down those elements.
- Consider effects of vegetation growth adjacent to outdoor signs

Construction

Sign construction needs to be appropriate for the building, the surrounding environment, and the purpose. High traffic and impact-prone areas will require more robust construction, while overhead signs benefit from lighter weight materials.

Sign construction should:

- Allow for easy maintenance, including removal and replacement of wayfinding information
- Be of high quality fit and finish

"it is not necessary to provide Braille and tactile information on every sign"

Signs for people with visual impairment

Signs needs to account for users with visual impairment so that most people can find their way independently and easily. While it is not necessary to provide Braille and tactile information on every sign, a number of factors will enhance the use of signs for those with limited vision. Ensure that signs are highly legible, have appropriate illumination and reflectivity, are positioned well and consistently in the environment, that information is laid out in a logical and consistent manner, and that colour contrast is appropriate.

If the facility has a high proportion of people with visual impairment, measures additional to signs may be required, such as environment treatments and staff assistance.

Illuminating signs

In some circumstances it will be necessary to illuminate signs to increase the legibility of information, even during daylight hours and in relatively well-lit areas. There are two types of sign illumination; external, where the light source projects onto the sign (e.g. overhead road signs or billboards); and internal, where the light source is installed within the sign hardware (e.g. retail signs and many airport signs).

Externally illuminated signs should:

- Account for reflection and glare from any lighting
- Ensure that shadows created by lighting do not degrade legibility
- Ensure that lighting does not obscure or obstruct vision

Internally illuminated signs should:

- Have illuminated text and a non-illuminated background. Illuminating text increases visibility and legibility, whereas illuminating the background can reduce legibility with excess glare

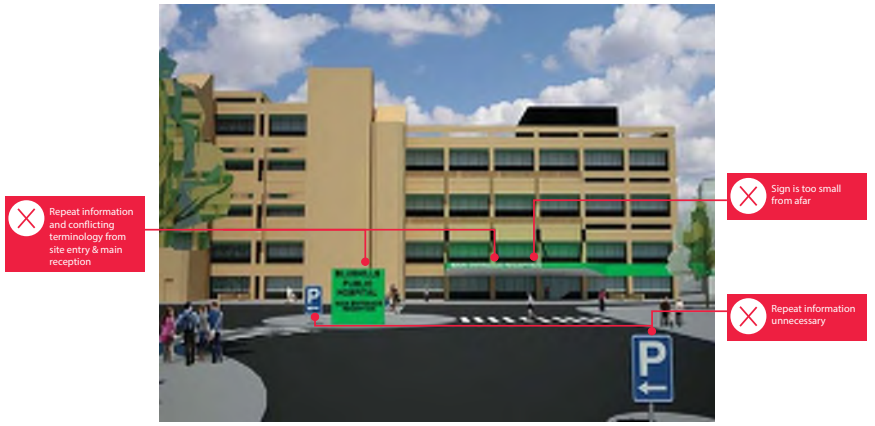
Maps

Fixed maps on signs should:

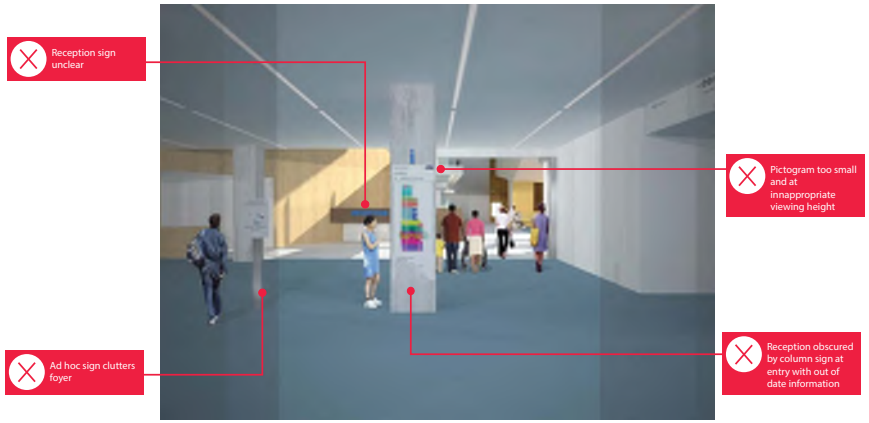
- Be oriented in the direction of view so people can orient themselves
- Contain "You Are Here" markers
- Be used for orientation support, not major directional assistance
- Clearly define corridors and destinations, and use a key to identify the meaning of symbols
- Signs can include QR codes for use with map apps on smart phones

EXAMPLES: WHAT WORKS AND WHAT DOESN'T

EXAMPLES: WHAT WORKS AND WHAT DOESN'T



EXAMPLES: WHAT WORKS AND WHAT DOESN'T



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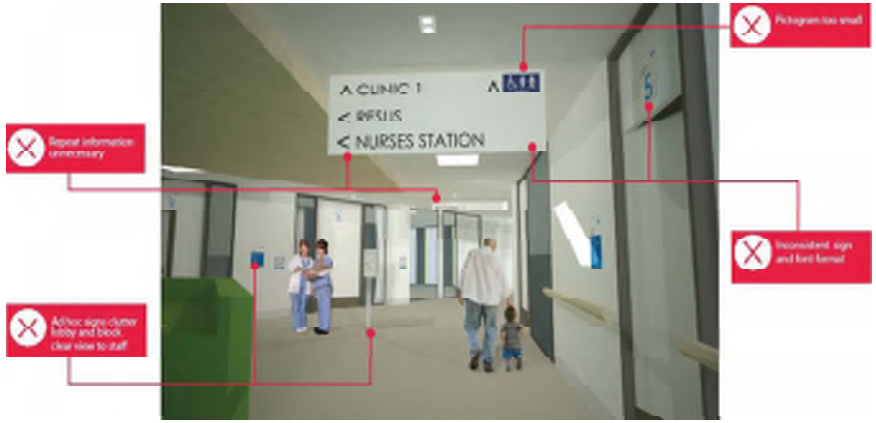

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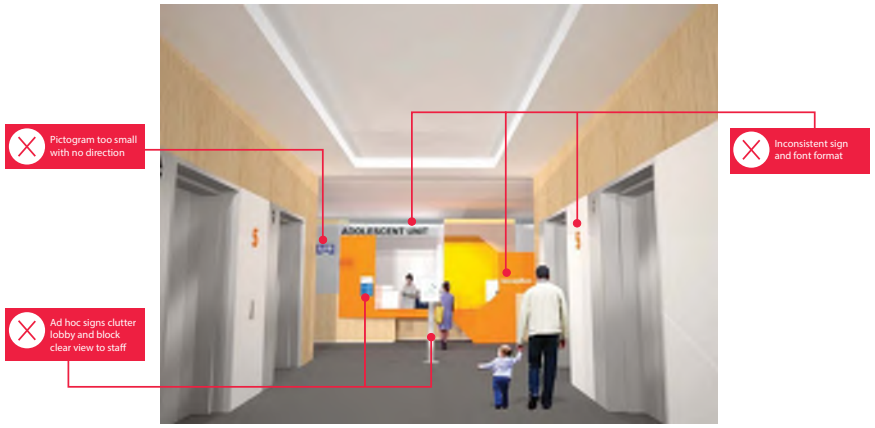

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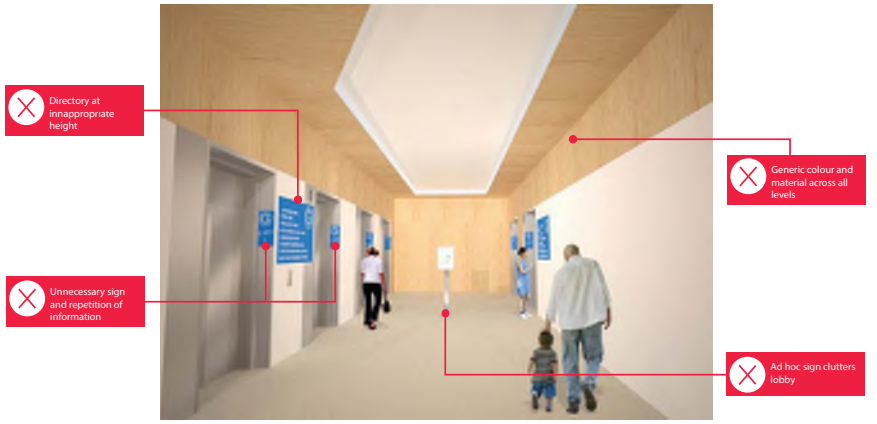


Symbols and pictograms

- ☐ Are pictograms used across signs commonly understood?
- ☐ Are they larger than the relative text size used?
- ☐ Are they of simple and clear design, while still conforming with people's expectations and relevant sign standards?

Colour

- ☐ Is colour use consistent from one sign to the next?
- ☐ Is red used to highlight emergency services?
- ☐ Where colour is used to highlight design and information elements, is it consistent from one sign to another?

Position

- ☐ Are signs clearly visible from the direction of approach?
- ☐ Are the areas surrounding the signs free of visual clutter?
- ☐ Can people (especially those in wheelchairs) read overhead signs comfortably?
- ☐ Do signs consider the surrounding environment (such as stairs, lifts, etc.)?

Construction

- ☐ Do signs allow for ease of maintenance?
- ☐ Are signs of high quality fit and finish?
- ☐ Illuminated signs
- ☐ Does the design of signs account for reflection, glare, and shadows?
- ☐ Does lighting for externally illuminated signs obstruct or obscure vision?
- ☐ Do internally illuminated signs have illuminated text with a non-illuminated background?

Maps

- ☐ Are maps oriented in the direction of the viewer?
- ☐ Do maps contain "you are here" indicators?
- ☐ Are maps used only for orientation support?
- ☐ Does the design clearly define corridors and destinations? Is a key provided?

Information Display scree: Prince of Wales Childrens Hospital

Image: Interactive Digital Kiosk

TECHNOLOGY

Digital signs

Digital signs are subject to many of the same design requirements as fixed wayfinding signs, and should be treated as an equal part of the wayfinding system. Digital signs can be used to substitute any sign within the wayfinding system. The look and feel of the digital elements should match that of the physical signs; font, colour, arrangement, and scale should all be consistent. The same principles of positioning and construction also apply.

Digital signs should:

- Only be used for wayfinding. Additional information should not be displayed alongside wayfinding information
- Have a slightly larger text size than that of physical signs to account for reduced legibility caused by illumination
- Avoid having animation and movement surrounding the information. Where transitions are required, they should be simple and clear.
- Be used where information is likely to change often; for instance department directory boards, opening hours, etc.
- Not be used as a static directional sign

Kiosks

Interactive digital kiosks are increasingly used to deliver a range of wayfinding information, and should be considered as part of a complete wayfinding system. Kiosks are a good way to provide personal information and directional support, but can only be used one at a time.

Kiosks should:

- Be positioned at major entrances to the hospital, so that they are a clearly visible alternative to approaching reception
- Work with other wayfinding elements to deliver a complete solution
- Contain only wayfinding information. Additional features, such as internet access, are not necessary, and will create confusion over the function of the kiosks
- Contain current, updated information

Smart phone applications

As of 2012, approximately 50% of Australians own smartphones. This is expected to rise rapidly over the next few years as features move from high end phones to budget ones. Exact figures on usage rates of phones vary, but it is worthwhile to note that wayfinding systems should not be reliant on any one technology. People should be able to navigate through the facility without reliance on bringing their own technology.

"interactive digital kiosks are a good way to provide personal information and directional support"

Why use a smartphone application? There are limited cases where a smartphone application may be useful, and there are significant technical hurdles to overcome in order for these applications to work effectively as wayfinding tools. In many facilities, access to accurate location data is difficult to obtain and requires specialised equipment. Access to the technology is likely to become easier over time, and may be worth reviewing as part of the development of wayfinding systems. Some potential uses are outlined below. In each instance, the application is intended as an extension of the existing wayfinding system, and not a replacement.

With these restrictions in mind, it is possible for applications to be developed which do not rely on location data, and can be used effectively throughout the facility.

The navigation section of the hospital website should be mobile phone friendly. This means providing information that can be parsed by mobile phone browsers, testing that it is displayed correctly on a range of devices. Leveraging off existing services is a good way to ensure compatibility.

Smartphone applications can provide people with location information, like that provided at kiosks, to identify where they need to go from a list of departments and common destinations and show the way with clear maps. People may be able to manually input where in the facility they currently are (e.g. "I'm near Clinic 3"), so that effective wayfinding assistance can be provided.

The above functionality could be provided for people looking for the best way to access a particular destination. By inputting their transport method (car, taxi, public transport, walking) and their destination, people can receive a journey outlining the best method for getting where they need to go.

"I Need Assistance" enables people to call main reception or switchboard and receive verbal directional assistance.

"Am I running on time?" The facility could provide a scannable barcode along with appointment letters which enables people to see when their appointment is, whether it is running on time, and provide notification when it is about to commence.

The above methods could be integrated into a single facility mobile application.

"a range of assisting wayfinding technologies are available"

Other technologies

Most wayfinding and signs are accessible to people with hearing impairment. In some cases where an audible signal or information is relied on, then signs will be a need to be supplemented by appropriate assisting technologies.

Where people are affected by both hearing and vision impairments (Deafblindness) then assisting technologies are essential.

A range of assisting technologies applicable to wayfinding are available for inclusion in facility infrastructure. Personal systems carried for everyday use, e.g. ultrasonic canes, Electronic Travel Aids (ETAs) and GPS Position Locators should be provided for if their function can be supported within the facility.

Passive Systems that can be considered include:

- Tactile Ground Surface Indicators (TGSIs) for direction and warning
- Raised Tactile and Braille Sign Systems
- Tactile maps and information points.

Active systems have been in use for some time, but the more advanced electronic systems are subject to rapid change and development and should be carefully evaluated before use.
These include:

- Audible systems for lifts
- Hearing induction loops
- Accessible Pedestrian Signals (APS)
- Remote (Infrared) Audible Signs – may be linked to TGSIs
- Audible signs – by push button, infrared receiver, proximity or smartcard device
- Wireless pedestrian navigation system devices.
- Information terminals using Telephone typewriters (TTY) or Video telephones

Initiatives may also include operational policies enabling the routine use of the Telephone Interpreter Service throughout the facility. Two-way telephones can also usefully be installed in reception areas of the emergency department, outpatient clinics, general enquiries and other high use areas.

Irrespective of what wayfinding or other initiatives are used, some community education may be required. Consideration could be given to the use of the Healthcare Interpreter Service, migrant health education officers, and ethnic health workers to disseminate information to specific members of the community. This information may include maps of key areas or departments within the facility, explanations of pertinent signs, and an explanation of the range of services available.

Technology Success Factors

Key questions to prompt good wayfinding practice

Digital signs

- ☐ Are digital wayfinding signs used only for wayfinding information?
- ☐ Do digital signs use text of an appropriate size and legibility?
- ☐ Do digital signs use motion and transitions to enhance information clarity, rather than as ornamental features?
- ☐ Are digital signs used where information is likely to change often?
- ☐ Are digital signs used as static directional signs?

Kiosks

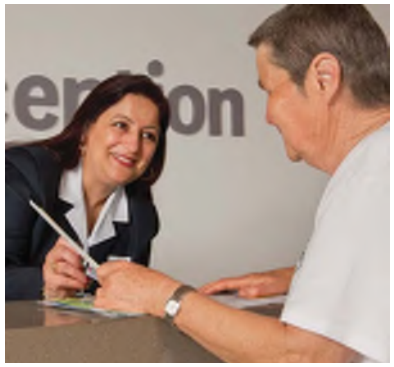
- ☐ Are kiosks positioned at major entrances to the facility?
- ☐ Do kiosks work with other wayfinding elements within the facility?
- ☐ Do kiosks contain information other than wayfinding?
- ☐ Is information on the kiosk up to date?
- ☐ Is information on the kiosks consistent with wayfinding information provided elsewhere?

Smartphone Applications

- ☐ Do smartphone applications provide accurate and up to date wayfinding information?
- ☐ Is there any information provided in smartphone applications which is not provided in the wayfinding system?

Other Technologies

- ☐ Are assisting technologies provided in the necessary locations throughout the facility?
- ☐ Are active systems employed in the facility?
- ☐ How are interpretive services provided?
- ☐ Is community outreach and education provided?



PEOPLE

Wayfinding systems are dependent on a series of separate parts working together to deliver a consistent message. One commonly overlooked part of a successful system is the facility's staff, who deliver both formal and ad-hoc wayfinding information to people. Staff are a critical point in the system; it is no use having correct signs if information given by members of staff contradicts that information.

Staff throughout the facility need to use the same language as that developed for fixed and digital signs. This means explaining the system and referring to destinations and directions in the same way, using the same terms. This consistency of language allows people to become rapidly acquainted with how the system works, and enables them to transition from receiving verbal assistance to using directional signs.

Consistent wayfinding language needs to be developed in concert with the staff who are responsible for putting it into practice. They are likely to already have experience of directing people through the facility and they may have tested methods that work well. By making staff partners in the development of wayfinding language, they are more likely to ensure it is applied consistently.

Staff should make explicit reference to relevant visible signs. This assists with the transition from reliance on verbal assistance to reliance on directional signs.

Most people cannot remember more than a few directions at a time. Therefore, when giving directions, staff should refer to the surrounding environment, and ask people repeat back directions. This helps embed directions in their short term memory, and assists with development of their cognitive map. Thus; "Do you see the sign there?" "Yes." "You need to follow the directions on that sign to Lift A."

Many healthcare facilities contain clinics which are rented out to specialists and general practitioners. It is important that the information provided by these services is consistent with that provided by the facility. Having a standardised, agreed upon format for providing directions enables these third parties to provide the same level of wayfinding assistance as the rest of the staff.

Providing information assistance phones throughout the facility is a good way to provide wayfinding assistance in areas which are not near staffed receptions. These phones can be patched through to the main reception or switchboard, and enable people to receive verbal assistance.

Providing after-hours video phones at secondary receptions also improves the ability to provide verbal directional assistance. This service could also be integrated into digital wayfinding kiosks.

Measuring the efficacy of directions provided by staff can be done in a number of ways. It is important that surveys and other tools are used as ways of improving the system, rather than as a way of singling out particular members of staff.

"provide reception staff with small, clear maps on which routes can be quickly drawn"

Anonymous surveys of staff, patients and visitors are a good way to get information regarding the functioning of the wayfinding system. These can be done face-to-face, or as part of an online survey. Examples of these surveys have been provided in Part 5.

Anonymous 'mystery shopping' by volunteers can be an effective way of confirming whether directional assistance is being provided in the agreed upon manner. Create a list of common destinations and ask people to check how staff provide directions to them.

Contact staff

Front reception provides the primary contact staff for the facility, and one of their key roles is to guide people to their destination. They need to be considered as a key component within the wayfinding system, and have adequate tools and training to carry out this role effectively.

Providing reception staff with small, clear maps on which routes can be quickly and clearly drawn is an effective way to standardise the directional information provided. It may be worthwhile for staff to have pre-drawn route maps for common destinations (such as clinics, Emergency, and parking) on hand. Such maps should be written in multiple languages to ensure they are useful to people of culturally and linguistically diverse backgrounds.

Another effective method is to provide staff with small cards on which they can write the person's destination and any key route components. This enables people to refer to the card at a later stage during their journey should they forget important information. Information provided here does not need to be very long; it may say "Clinic 3, Level 3, Lift D". For patients for whom English is not their first language symbols and pictograms are vital. Creating a template for contact staff to use enables consistency of information.

Reception staff need to be kept formally informed about changes to the layout and function of different areas of the facility. If one area is going to be inaccessible because of renovations, then reception staff need to know, and need to be instructed how to direct people in light of these changes. This needs to be done in a formal manner, and should be written down for staff to refer to.

Clinical reception staff

Clinical reception staff are secondary contact staff for the facility. People will often request their assistance with finding common destinations, such as how to get to and from the facility, where the car park or café is, and where they need to go for their next appointment. Clinical reception staff need a comprehensive understanding of the wayfinding system and the common destinations for the facility.

As part of the development of the wayfinding system, consideration must be given for how people are to be guided towards waiting areas, and once there, collected by staff. Agreed upon methods should be developed in line with clinical reception staff, and tested as part of the wayfinding system surveys.

It is also important for clinical reception staff to understand common journeys between departments, such as from clinics to the pharmacy, and be able to provide guidance to these destinations.

When making and confirming appointments, staff should confirm whether the patient requires assistance finding their way. They should direct the patient or carer to places where they can get information, such as the appointment letter, website, etc., and provide further assistance if necessary.

"all staff should be inducted so that they understand the wayfinding system"

Volunteers

Volunteers offer important wayfinding information for many people, and thus need to be treated in the same manner as front reception staff. They need to be trained in how to give directions, provided with tools, and informed of changes to the operations of the facility. It should be clear what roles are to be undertaken by volunteers. For example, whether volunteers will provide verbal and written directions or accompany a person to their destination.

Volunteers should be trained to assess whether a person will benefit from being accompanied or being directed. People who are accompanied on their journey may come to rely on this service, and are therefore less likely to develop a cognitive map of the facility. This means that more time must be spent on assisting people to find their destination.

All staff

All staff should be inducted so that they understand the wayfinding system and can, if asked, provide some assistance. In addition, the facility may identify another group of staff (such as orderlies or nursing staff) to be able to provide more comprehensive wayfinding assistance. If this approach is adopted:

- The facility should determine whether an ad-hoc or active method will be employed. While active assistance methods create a more welcoming facility, they can take significant time away from the staff member's other duties.
- These staff members should be able to direct to five or six commonly accessed destinations (e.g. main reception, clinics, café, parking).
- They should be provided with pocket sized facility maps which can be used to give more detailed assistance to people.

People Success Factors

Key questions to prompt good wayfinding practice

- ☐ Do staff throughout the facility use the same language as appears on signs?
- ☐ Has the language used to communicate wayfinding information been developed in concert with staff?

When giving directions;

- ☐ Do staff make explicit reference to the installed signs?
- ☐ Do staff refer to the surrounding environment?
- ☐ Do staff write directions down?
- ☐ Do staff use a consistent format for giving information?
- ☐ Do third-party and specialist clinics provide the same information as the rest of the facility?
- ☐ Are regular assistance points provided throughout the facility?
- ☐ Does management conduct regular audits of efficacy of staff wayfinding instructions?
- ☐ Do front reception staff have access to adequate wayfinding tools?
- ☐ Are front reception staff kept informed about changes to the hospital environment?
- ☐ Do volunteers have procedures in place for assisting people?
- ☐ Are all new staff inducted so that they understand the wayfinding system employed by the facility?
- ☐ Does the facility use an 'active approach' method for assisting members of the public?

05 *Information*

GLOSSARY

Access consultants	Provide practical and objective advice on the provision of access to premises (buildings) for people with disabilities.
Accessibility standards	The requirements of the Disability Discrimination Act 1992, Disability (Access to Premises-Buildings) Standards 2010, and all other statutory requirements relating to the access by people with a disability to public buildings.
Accessible route	A continuous, unobstructed path between all accessible elements and areas of a building, including corridors, ramps, and elevators.
Accreditation	A process in which certification of competency, authority, or credibility. In the healthcare setting, it includes accreditation against the National Safety and Quality Health Service (NSQHS) Standards.
Architectural elements / building features	The unique details and component parts that, together, form the architectural style of houses, buildings and structures.
Architectural form	The shape, visual appearance, constitution or configuration of both the process and the product of planning, designing, and constructing buildings and other physical structures.
Campus	A collection of buildings and spaces that belong to a given healthcare facility.
Change management / transition management	An approach to transitioning individuals, teams, and organisations to a desired future state.
Circulation path / circulation system	An exterior or interior way of passage provided for travel, including but not limited to, walks, hallways, courtyards, elevators, platform lifts, ramps, stairways, and landings.
Fingerpost signs	A traditional type of sign post consisting of a post with one or more arms – known as fingers – pointing in the direction of travel to places named on the fingers.

Font	The styling and colour of lettering or alphabet.
Hierarchy	An arrangement of items (objects, names, values, categories, etc.) in which the items are represented as being "above," "below," or "at the same level as" one another.
Interactive digital kiosks	A computer terminal featuring specialised hardware and software located in a public area that provides access to information and applications for communication of wayfinding information.
Maintenance owner	Someone who is responsible for all actions which have the objective of retaining or restoring a healthcare facility in or to a state in which it can perform its required function. This includes the maintenance of the wayfinding system.
Project owner	The entity/person that initiates a project, finances it, contracts it out, and benefits from its output(s).
Project plan	A formal, approved document used to guide both project execution and project control.
Quality audit / quality improvement / quality management	Quality audit is the process of systematic examination of a quality system carried out by an internal or external quality auditor or an audit team. Quality improvement for wayfinding uses quantitative and qualitative methods to improve the effectiveness, efficiency, and safety of wayfinding systems including the performance of human resources in delivering effective wayfinding. Quality management is focused on product/service quality, and the means to achieve it. Quality management for wayfinding therefore uses quality assurance and control of processes as well as products to achieve more consistent quality of wayfinding.
Wayfinding consultants / strategists	Wayfinding consultants/strategists: define, develop and deliver solutions that help people find their way around buildings and landscapes.

RESOURCES AND REFERENCE

The following resources contain further information regarding wayfinding in health care facilities:

'Health Literacy Guide', Practical strategies to address health literacy barriers for patients. http://www.cec.health.nsw.gov.au/hlg

'Reducing Spatial Disorientation', 'A Review of the Research Literature on Evidence-based Healthcare Design', Healthcare Leadership White Paper Series 5 of 5, The Centre for Health Design, Georgia Tech. 2008

'Wayfinding: a Quality Factor in Human Design Approach to Healthcare Facilities', by Prof. Romano Del Nord, World Hospitals and Health Services Vol. 35, No. 2, pages 28-30, 1999. The specific aim of this paper is the systematic analysis of interactions and reciprocal conditions existing between the physical space of hospital buildings and the different categories of individuals that come in contact with them. The physical and environmental facilities of hospital architecture often influence the therapeutic character of space and the employees. If the values of the individual are to be safeguarded in this context, priority needs to be given to such factors as communication, privacy, etc. This would mean the involvement of other professional groups such as psychologists, sociologists, ergonomists, etc. at the hospital building planning stage. This paper will outline the result of some research conducted at the University Research Center "TESIS" of Florence to provide better understanding of design strategies applied to reduce the pathology of spaces within the healthcare environment. The case studies will highlight the parameters and the possible architectural solutions to wayfinding and the humanization of spaces, with particular emphasis on lay-outs, technologies, furniture and finishing design. http://www.use.hcn.com.au/ redirect/ovidSP?url=http:// ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=med4&AN=10622912

'**Wayfinding & Signage Standards and Guidelines'**, UNM Planning & Campus Development, Dekker Perich Sabatini with Jettwalker Inc. 2010

'Specialist Clinics Wayfinding Guidelines, Victorian Health', 2008 http://docs.health.vic.gov.au/docs/doc/B0C152FCA1338498CA25791700037BF4/$FILE/wayfinding-guide.pdf

'Wayshowing: A Guide to Environmental Signage Principles and Practices', Per Mollerup, 2005

'The Wayfinding Handbook: Information Design for Public Places', David Gibson, 2009

'Wayfinding: Designing and Implementing Graphic Navigational Systems', Craig Berger, 2009

'Signage and Wayfinding Design', Chris Calori, 2007

'Wayfinding Behaviour: Cognitive Mapping and Other Spatial Processes', Reginald Golledge, 1999

'Sign Design Guide', Peter Barker and June Fraser, 2000

'Signage Design Manual', Edo Smitshuijzen, 2007

'Wayfinding, NHS guidance for healthcare facilities', Enterprise IG, TSO, 2005 www.tso.co.uk/bookshop

'**Practical steps to improving Emergency Department signage'**, NSW Health, 2009, http://internal.health.nsw.gov.au/pubs/2008/ed_signage.html, http://www.archi.net.au/e□library/service/emergency/emergency_resources/ed□signage

'NSW Health Policy Directive, Triage of Patients in NSW Emergency Departments', NSW Health PD2008_009

'Ideal Emergency Department Patient Journey', NSW Health PD2008_009

'Policy On Emergency Department Signage', Australasian College for Emergency Medicine, 2006

'Section 2, Circulation – Wayfinding, A&E design evaluation, Evaluation of two proposed accident and emergency departments: Brent Emergency Care and Diagnostic Centre at Central Middlesex Hospital, and an exemplar plan', NHS Estates, TSO, UK, 2004

'Successful signage: how hospitals have solved wayfinding challenges', by R Cooper, Health Facilities Management. 23(11):27-30, 2010 http://www.use.hcn.com.au/redirect/ ovidSP?url= http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N& PAGE= fulltext&D=medl&AN=21162389

'Sprucing up wayfinding. From traditional signs to electronic kiosks, designers are making it easier to get patients to their destinations', by A Eagle, Health Facilities Management. 22(9):32-5, 2009 http://www.use.hcn.com.au/ redirect/ovidSP?url=http://ovidsp.ovid.com/ ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl& AN=19873841

'Sign language. Wayfinding design requires a team approach', by R Cooper & R Smith, Health Facilities Management. 17(9):24-8, 2004 http://www.use.hcn.com.au/ redirect/ovidSP?url=http://ovidsp.ovid.com/ ovidweb. i?T=JS&CSC=Y&NEWS=N&PAGE= fulltext&D=med4&AN=15478715

'Using landscaping & exterior design elements to enhance campus wayfinding. Guiding sites.' by RM Corning, Health Facilities Management. 17(4):28-31, 2004 http://www.use.hcn.com.au/redirect/ovidSP?url=http://ovidsp.ovid.com/ovidweb.cgi?T= JS&CSC=Y&NEWS=N&PAGE=fulltext&D=med4&AN=15131889

'Signs point the way to improved patient care', Anonymous, Patient Focused Care. 5(2):18-20, 1997 http://www.use.hcn.com.au/redirect/ovidSP?url=http://ovidsp.ovid.com / ovidweb.cgi? T= JS&CSC=Y&NEWS=N&PAGE =fulltext&D=med4&AN=10167422

'Can I get there from here? Wayfinding systems for healthcare facilities', by S MacKenzie & J Krusberg, Leadership in Health Services. 5(5):42-6, 1996. Because people seldom visit hospitals unless they have to, they are generally unfamiliar with the facilities and have trouble finding their way on their own. Moreover, patients and families in a hospital are often distracted by other concerns. This makes a well-designed wayfinding system particularly important. Two facilities' dealings with professional designers illustrate some solutions which help both hospital and patients. http://www.use.hcn.com.au /redirect/ovidSP? url=http://ovidsp.ovid.com/ovidweb.cgi?T= JS&CSC=Y&NEWS=N&PAGE=fulltext&D=med4&AN=10161460

'Wayfinding: design for understanding', by Barbara J. Huelat, The Center for Health Design http://www.healthdesign.org/sites/default/files/WayfindingPositionPaper.pdf

'**Wayfinding design guidelines',** Cooperative Research Centre for Construction Innovation, Icon. Net Pty Ltd http://www.construction-innovation.info/images/pdfs/Publications/Industry_publications/CRC0002_CRC_Wayfinding_Guidelines.pdf

'Improving the patient experience program; Wayfinding and signage guidelines for emergency departments', Victoria. Dept of Health http://www.health.vic.gov.au/emergency/emerg_sign.pdf

'What's new in wayfinding? Developments in hospital signage', by Randy Cooper & Craig M. Berger, Health Facilities Management http://www.aha-solutions.org/aha-solutions/content/PatientFlow/CSG/WhatsNewInWayfinding_April2009_HFM.pdf

'Queensland Health Wayfinding Design Guidelines' 2010

The Queensland Government has sponsored the preparation of a Wayfinding system audit booklet including a design audit and Success Factors to help designers, developers, property owners and managers do their part in improving access to buildings, properties and spaces for all people. A presentation in July 2008 by Ron Apelt, one of the authors of this booklet addresses some key issues in 'Wayfinding in the built environment'

'Specialist clinics wayfinding guidelines. The outpatient journey', GSG, 2008

The Department of Human Services, Victoria, has published guidance 'Improving the patient experience program - Wayfinding and signage guidelines for emergency departments'. The Growth Solutions Group, based in Melbourne, Victoria, assisted in this work with a brief 'How can we improve the experience of patients who visit hospital clinics (outpatients) through improved wayfinding?' A case study profile is accessible at: http://www.gsg.com.au/impact/case-studies/developing-an-effective-patient-experience. Two publications emerging from this work are worthy of note: 'Specialist Clinics Wayfinding Standards' and 'Specialist clinics wayfinding guidelines - the outpatient journey'. (This document, produced for the Department of Human Services as part of the Victorian Outpatient Improvement Strategy, was auspiced by the Outpatient Experience Sub-Committee.)

Southern Health, Victoria, has published a 'Wayfinding Survey Template'

| 01 Introduction | 02 Strategy | 03 Systems | 04 Tools | 05 Information |

QUESTIONNAIRE AND AUDIT TOOL

The following questionnaire is intended to assist with understanding how people currently find their way around, what information they rely on, and their overall experience of the healthcare facility. By collecting data on a regular basis, it is possible to gain an overview of how the wayfinding system is performing, and if there are any weak points.

This questionnaire facilitates the identification and assessment of common journeys and the testing of access assumptions. For instance, it maybe thought that many people arrive on public transport, whereas the questionnaire may show this is only a small proportion of arrivals.

Understanding demographics and the associated challenges allows the wayfinding system to be tailored to the healthcare facility's particular needs. The questionnaire should determine whether a significant number of people have issues walking long distances, poor vision, or do not understand English very well.

The questionnaire is flexible enough to allow the addition of extra questions in order to cover proposed wayfinding strategies. It is important that any additional questions be structured in a neutral manner, and that data drawn from them is not weighted towards any particular solution.

Keep questions brief and ensure that there is a range of quantitative and qualitative questions. Quantitative questions should rely on clear data and simple, factual answers. Qualitative questions are more broad and need to be open ended.

The key to making this questionnaire valuable is ensuring that the data is used and acted upon.

QUESTIONNAIRE – FINDING YOUR WAY ROUND THE FACILITY

We're looking at how people find their way around our site. We would be very grateful if you could answer a few questions—your answers will help improve the wayfinding system.

We will not ask your name, so your answers will be anonymous. It should take about 3 minutes to complete.

Note: *If they have just arrived, ask only the purple questions.*

1. Have you just arrived, or are you about to leave?

- ☐ Arriving
- ☐ Leaving

2. Before today, how many times have you been to this site in the past year?

- ☐ None
- ☐ Once
- ☐ 2 or 3 times
- ☐ More than 3 times

3. How did you get here today?

- ☐ Car
- ☐ Taxi
- ☐ Tram
- ☐ Train
- ☐ Ambulance
- ☐ Walked
- ☐ Other

4. What destination did you want to go to when you got here today?

.....

- ☐ Not sure

5. Before you came today, were you given any directions or information to help you find your way?

- ☐ Map
- ☐ Spoken directions
- ☐ Written directions
- ☐ Other

6. Was the information received before your visit useful and easy to understand?

- ☐ Yes
- ☐ No

7. How easy was it to get where you wanted to go?

- ☐ Very easy
- ☐ Easy
- ☐ Neither easy nor difficult
- ☐ Difficult
- ☐ Very difficult

8. How many wrong turns did you take?

- ☐ None
- ☐ One wrong turn
- ☐ 2 or 3 wrong turns
- ☐ More than 3 wrong turns

9. Did you ask anyone for directions?

- ☐ Yes—their directions were clear.
- ☐ Yes—their directions were unclear.
- ☐ No

10. Who did you ask for directions?

.....

.....

QUESTIONNAIRE – FINDING YOUR WAY AROUND THE FACILITY

11. Did you notice any of the following things around the building?

- ☐ Signs
- ☐ Maps
- ☐ Directions
- ☐ Digital Kiosks

12. Did you use any of these to find your way?

- ☐ Signs
- ☐ Maps
- ☐ Directions
- ☐ Digital Kiosks

13. Before you arrived here today, how did you feel about visiting the site?

- ☐ Very worried
- ☐ Worried
- ☐ Relaxed
- ☐ Happy
- ☐ Other

.....

.....

14. How would you describe this site?

- ☐ Very confusing
- ☐ Confusing
- ☐ Cramped
- ☐ Open
- ☐ Friendly
- ☐ Other

It would help us if you could tell us a few things about yourself:

15. How old are you?

- ☐ Under 18
- ☐ 18–30
- ☐ 31–50
- ☐ 51–65
- ☐ Over 65

16. Why are you here?

- ☐ I am an in-patient
- ☐ I am an out-patient
- ☐ I am visiting a patient
- ☐ Other

17. In what ways could your journey have been made easier?

.....

.....

.....

.....

18. Is there anything else you would like to add? (Notes)

.....

.....

.....

AUDIT TOOL – KICK OFF MEETING & PRE-STRATEGY QUESTIONNAIRE

1. Pre-Visit Information

The quality of the information a visitor gets before they come to the healthcare facility is important. How will this be dealt with?

1.1 Appointment letter

Do individual departments send out their own appointment letters? (**Y** / **N**)

If so, how do you manage the information that is provided in these letters?

.....

.....

1.2 Website

The directional information on the website ("how do you get to the Healthcare facility") needs to be consistent with the way that people are directed at the facility. How will this be managed?

.....

.....

1.3 Verbal information

The directional information a patient gets over the phone needs to be consistent with the way that people are directed at the facility. How will this be managed?

.....

.....

Is direction giving part of the staff induction? (**Y** / **N**)

2. Campus

Is there a wayfinding strategy already in place for the campus or healthcare facility? (**Y** / **N**)

3. Public Transport information

Do you intend to provide public transport information (e.g. departure times, or a route planner) to your visitors? (**Y** / **N**)

On some of the Public Information Screens? (**Y** / **N**)

4. Building Entrances

4.1 Opening hours

Are all public entrances open 24/7? (**Y** / **N**)

If not, what are the opening hours?

.....

4.2 After Hours entry

How will you deal with after hour visitors?

.....

.....

Is there a central point where they should go? (e.g. main reception, emergency, or security).

.....

Do all the lifts go to all the levels 24/7? (**Y** / **N**)

If not, which lifts and what hours?

.....

.....

AUDIT TOOL – KICK OFF MEETING & PRE-STRATEGY QUESTIONNAIRE

5. Non-Public Visitors

5.1 Visitors to Staff

How will visitors to staff be dealt with? Where are they supposed to go, and how do they get to the right person?

Do they all go to main reception, or security? (**MR** / **S**)

Do they have to sign-in? (**Y** / **N**)

How do they get into the staff-only areas, and back again?

5.2 New staff

Where does a new staff member go on their first day?

Where do they get their induction / staff ID, administrative forms?

5.3 Temporary staff

Where does a temporary staff member go on their first day?

Where do they get their induction / staff ID, administrative forms?

5.4 Facility Management visitors

Do they all go to main reception, or security? (**MR** / **SC**)

Do they have to sign-in? (**Y** / **N**)

How do they get into the staff-only areas, and back again?

6. Departments

6.1 Naming & Terminology

Please provide a list of department names, and indicate which departments are accessible by the public. Can you also indicate the number of visitors you expect to these departments?

6.2 Inter-departmental Journeys

Outpatients sometimes will asked to go to an other department as part of their visit, e.g. from one of the outpatient clinics to radiology.

Please provide us with an overview of where from and where to these inter-departmental journeys may be made.

6.3 Department specific information

For each department we need to understand what information is to be provided at the department entrance and at the staff station. A separate form is attached. Please use one form per department.

6.4 Staff Station:

What are the instructions for people that come to an (temporarily) unmanned staff station?

AUDIT TOOL – KICK OFF MEETING & PRE-STRATEGY QUESTIONNAIRE

Are there any other instructions or information that should be displayed at the staff stations in this department?

7. Prompts

7.1 Vision impaired

What is the position of the facility regarding Braille signage?

7.2 Limited English Proficiency

Interpreter Services:

People with limited English proficiency need access to interpreter services. Where can they access this service?

Is it available at every reception point? (**Y** / **N**)

How should that be made visible?

Pictograms: What is the facility's position on the use of pictograms to indicate department?

8. Stairs and Fire Stairs

Will staff be allowed (or encouraged) to use fire stairs instead of lifts for vertical circulation?

9. Staff Training / Induction

How is the lay-out of the facility, and the services that staff may need (Personnel Administration, Nurse Allocations, Library, Training and Seminar Rooms, etcetera) dealt with in the induction process?

Is wayfinding, and how to deal with questions from the public part of the induction?

And for continuing staff training?

10. Success Factorss

Are you using the wayfinding Success Factors to regularly assess wayfinding across the healthcare facility?
(**Y** / **N**)

11. Miscellaneous / Notes

APPENDIX J: Master Plan

Goulburn Hospital GHSSD 8667 Response
June 2018

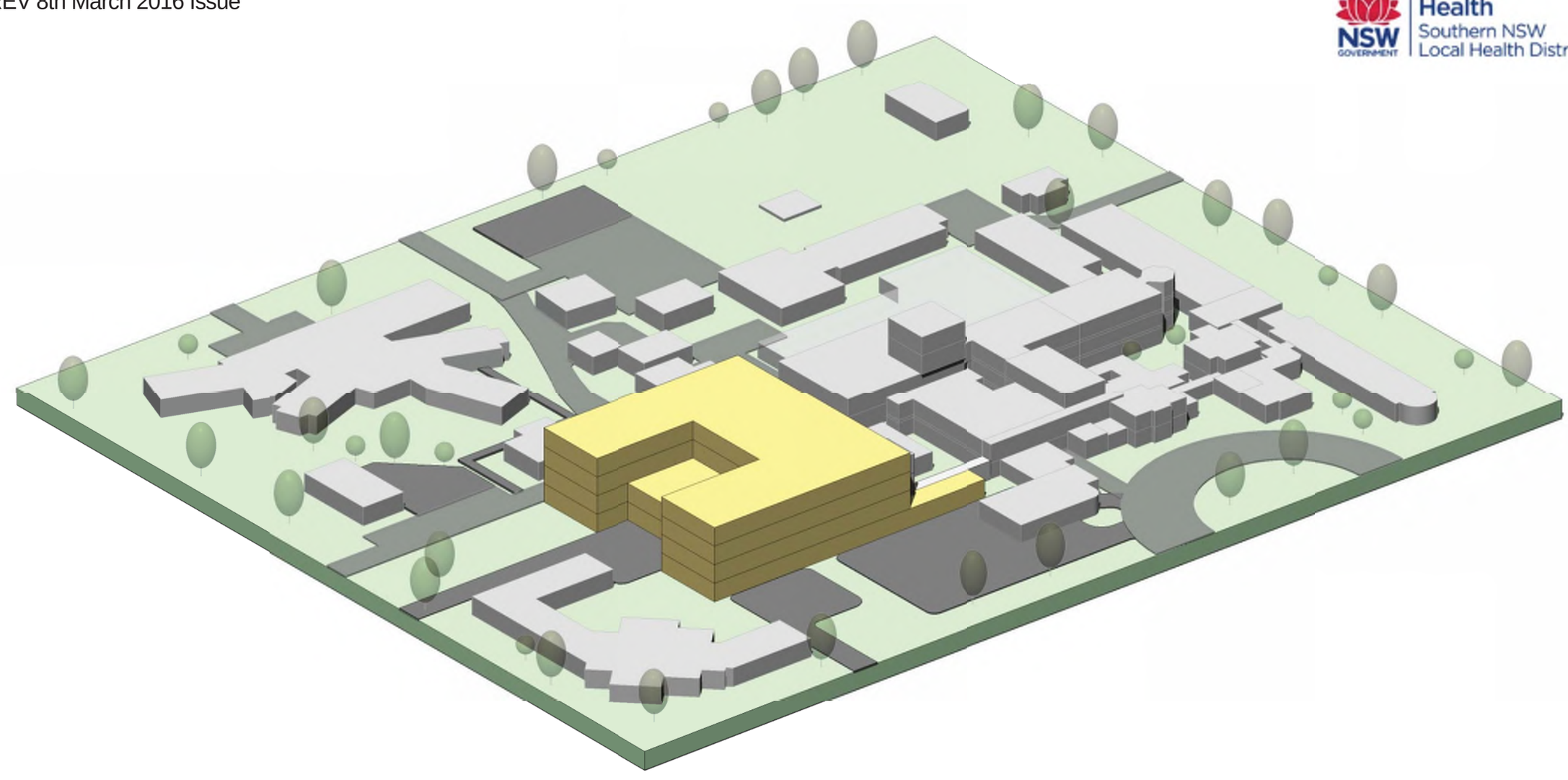
Billard Leece Partnership Pty Ltd
Architects & Urban Planners

Studio 201,
50 Holt Street
Surry Hills NSW 2010
Australia
T+61 2 8096 4066

E info@blp.com.au
www.blp.com.au

Goulburn Hospital Redevelopment Project
Strategic Master plan

REV 8th March 2016 Issue



Development Study Options

Proposed Site Zoning Options
Two site zone options have been investigated for the suitability of accommodating the proposed stage 1 Goulburn Base Hospital development. The areas of investigation are named Option1 and Option 2.

- Option 1 occupies the NE quadrant
- Option 2 occupies the SW quadrant

Attributes of both site zone options where investigated for the following criteria:

- Terrain/site levels
- Connectivity to the existing facility, optimum clinical flows
- Impact upon existing facility/operation
- Availability for a clear construction zone
- Affect upon existing services
- Future staging and expansion opportunities
- Optimal zoning for Acute/Ambulatory/Mental Health

The structural, civil and services engineering consultant team evaluated each of the site zonal options and provided advice on which of the sites provided the best option. Through this evaluation it was identified that Option 2 would have a greater impact upon the existing operation of the hospital facility. Relocation of the helipad was cited as being costly as well as the relocation of an affected sewer line. Option 2 also impacted upon the overland flow path, whereas Option 1 had minimal impact in these areas.

The ERG (Health Infrastructure Expert Review Group) was presented with each of the site zonal options. Pros and cons for each of the sites were discussed. The ERG representation included the following disciplines:

- Architectural
- Structural/Civil engineering
- Services engineering
- Cost management

On conclusion of the presentation to the ERG, it was recommended that site zone Option 1 provided the most optimal benefits of the 2 sites to be developed for the stage 1 works.

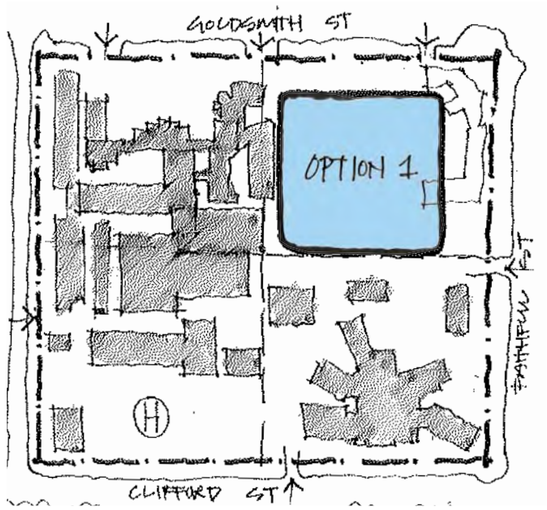
Following the ERG presentation, the Goulburn Hospital Executive was presented with the various site zonal options and blocking and stacking options. From this presentation, it was reiterated that the zonal site Option 1 would provide the best outcome for the future development of the hospital site.

On conclusion of the various presentations, it was directed that zonal site Option 1 was to proceed and that no further investigation work be undertaken for zonal site Option 2.

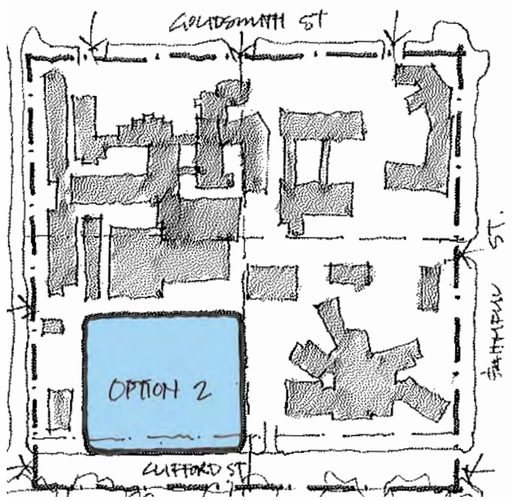
Development Study Options

Development Study Options

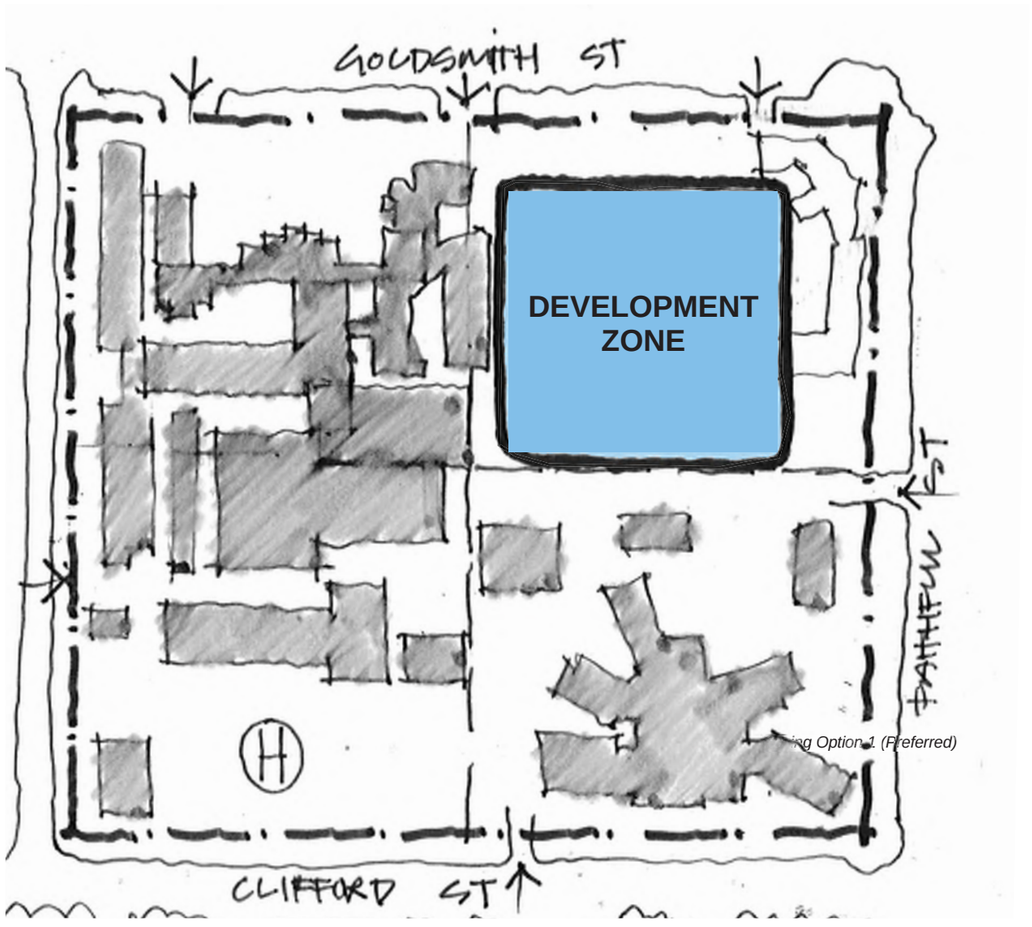
Site Zone Options		
Options	**Description**	**General Notes**
Option 1 (preferred option)	Redevelopment located on the north/eastern side of the hospital site. Location provides optimal connection to the existing hospital facility	Requires demolition/relocation of: • Accommodation • Community Mental Health • Community Health (Optional) • Eastern Car Park • Medical Gas Compound Minimum decanting required. Minimal disruption to hospital operation during construction phase
Option 2	Located to the SW corner of the hospital site. Location does not provide optimum connectivity back to the existing hospital facility	Requires demolition/relocation of • Helipad • Renal Dialysis • Physiotherapy Minimal decanting required. Relocation of the helipad considered disruptive to the hospital operation.



Zoning Option 1



Zoning Option 2

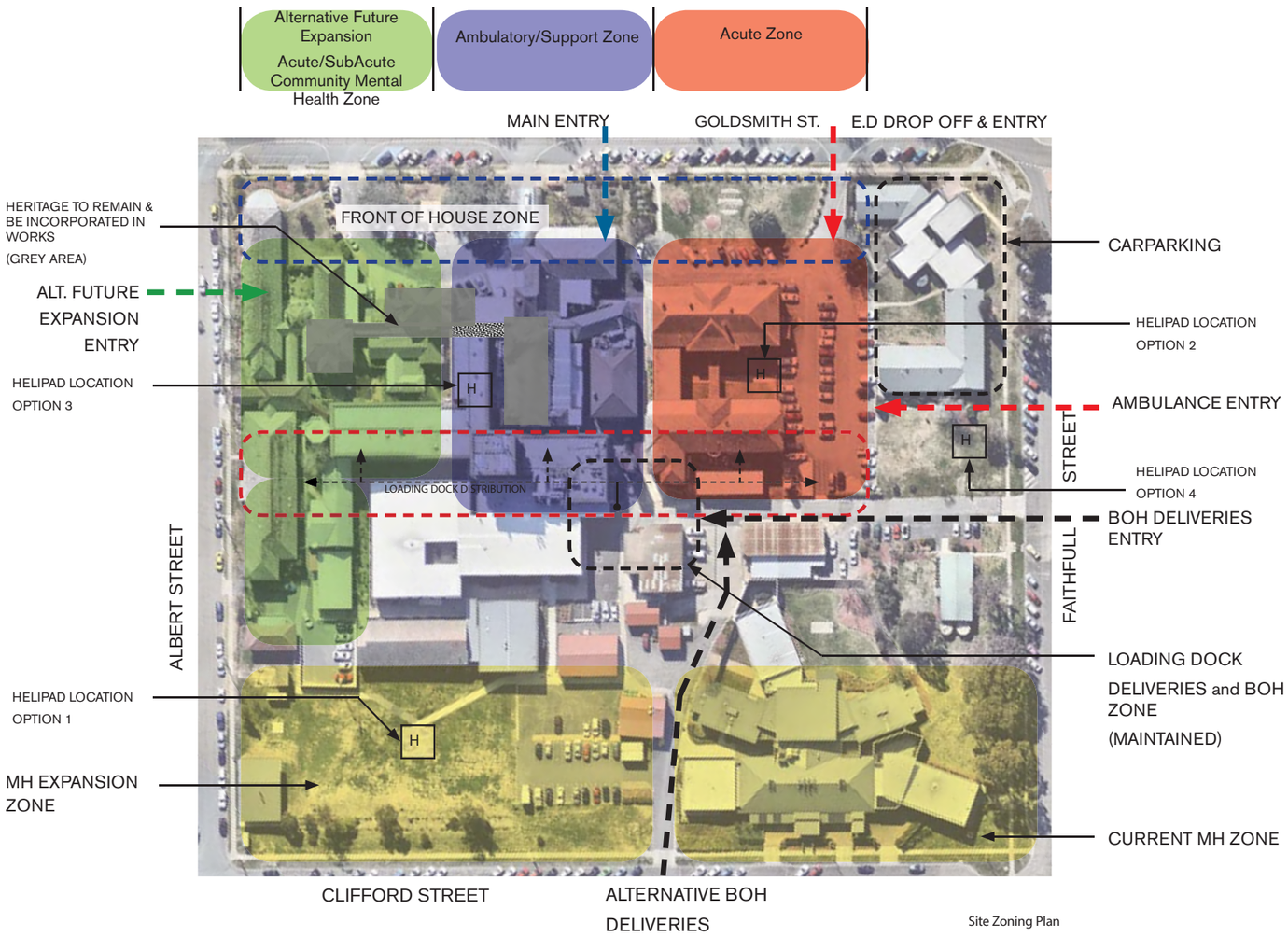


...g Option 1 (Preferred)

Development Study Options

Development zone recommended for:

- Integration with existing hospital
- Better overall masterplan outcome
- Future Flexibility and staged expansion
- Minimal disruption to existing services
- Beneficial site conditions including fall, access and orientation



Site Zoning Plan

Helipad Location Options
GHS has a relatively high outflow of patients transferred by helicopter. Future locations have therefore been considered within the Master Planning. A review of the existing helipad was undertaken and 3 locations have been nominated as suitable locations for the helipad based on the overall masterplan for the site:
Option 1: Retain existing location. This may restrict the ability for future expansion into the SW quadrant of the site.
Option 2: To be located on multi storey Acute Building with direct lift transfer to ED.
Option 3: To be located on multi-storey Ambulatory building. Suitable location due to adjacency to acute services zone.
Option 4 : This could potentially impact future parking provisions. The helipad is likely to be located adjacent to parking.

Development Study Options

7.3 Zonal Masterplan

The preferred clinical planning arrangement involves
the establishment of 3 distinct service stream zones. The three zones being:
- Acute Services (red)
- Ambulatory/Support Services (purple)
- Mental Health/Sub-Acute (green or yellow)

Each of the 3 clinical planning zones align with a feasible approach to the full redevelopment of Goulburn Hospital with Stage 1 focused on Acute Services in the new build.

The planning for the service stream zones was informed by the Patient Flow and Access B briefing diagram provided by TSA Management (refer to section 8.7 of this report). The diagram illustrates the connection and flow relationships between the various hospital departments and services. This information was fed back into the planning process and established clinical service stream options and sub-options for both site Zone 1 and Zone 2.

The relocation/decanting of Acute Services into the new Stage 1 facility provides the opportunity to establish a clear site for a future Ambulatory/Support Services Zone with minimal disruption to the existing service operation.

2 x Mental Health Zones have been identified in the Master Plan, there are:
Yellow Zone: Current acute service (Chisholm Ross) located to the south-east of the site. If the acute service is to be maintained in this location, then expansion to include Sub-Acute & Community Mental Health would occur east & west of the existing acute facility.
Green Zone: Alternatively a future Mental Health/Sub-Acute zone could be established adjacent to the proposed Ambulatory Zone and front Albert Street with a separate entry. This Mental Health/Sub-Acute zone could be fully integrated with the previous development zones (Ambulatory/Acute) and would include Community Mental Health. The alternative proposal would be subject to relocation of the existing acute facility (Chisholm Ross) and is considered to be a long term strategy.

Key points of establishing a 3 zone strategy are:
Acute Zone (red)
- Services are housed within a single complex
- Co-location provides benefits – 24/7 operation/Security
- Separate entry for Emergency Department

Ambulatory/Support Zone (purple)
- Adjacent to Acute and Sub-Acute
- Proximity to Mental Health (future)
- Does not need to operate 24/7

Mental Health Zone (green or yellow)
- Two alternative expansion zones have been identified for Mental Health, they are:
- a)Expansion of the existing Chisolm Ross in the event that the acute facility is retained and sub-acute as well as Community Mental Health (CMH) are consolidated on the GoBH site.
- b)Alternatively, a fully consolidated Acute, Sub-Acute & CMH facilitycould be located to the west side of the site fronting Albert Street.

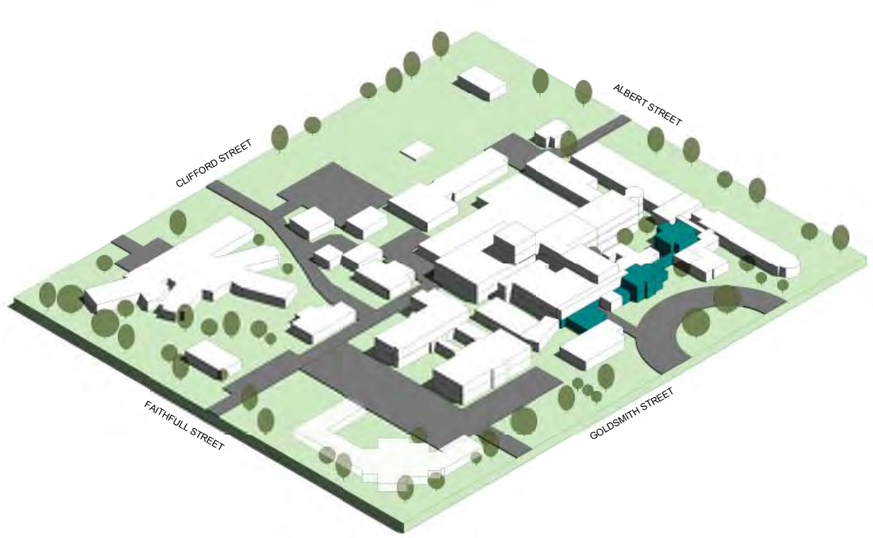
Connections/Flows between Zones
- Front of House zone (public) circulation established along Goldsmith St (east/west axis)
- Clinical/Back of House circulation zone nested with in each of the 3 Zones (east/west axis parallel to FoH zone)
- Clinical and Front of House (public) circulation paths do not conflict
- Existing loading dock/BoH delivery/pick up co- located with the centre of the Clinical/Back of House circulation spine

Note: Mental Health zone circulation paths for yellow option differ to those listed above for green option.

Staging Massing Diagrams

Shortlisted Option

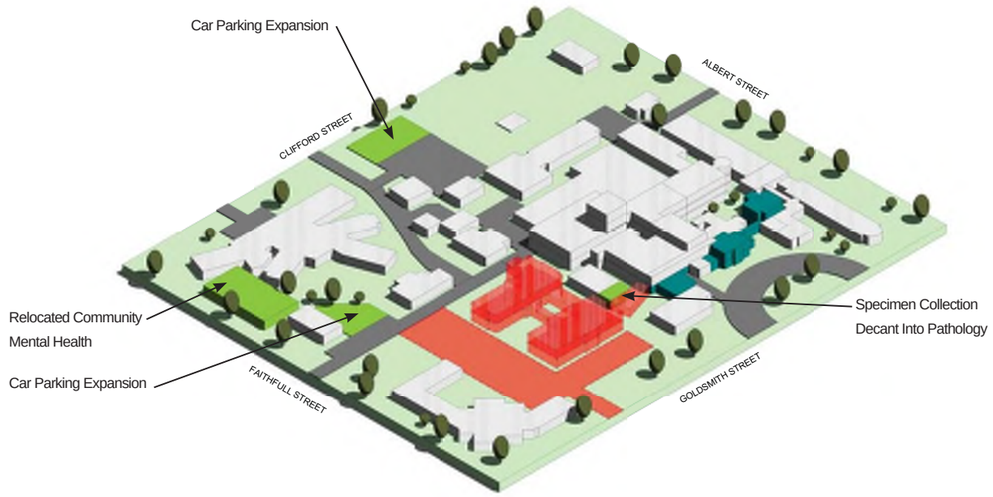
The “Shortlisted Option” currently being developed provides for an acute services building and a substantial portion of existing facilities vacated to assist in consolidating Ambulatory services. The diagrams below illustrate the scope of works as well as tests the relationship and flows between the proposed new build and subsequent development sequences and zones. The diagrams identify the sequencing and location for subsequent development of the site in order to consolidate services, provide for expansion and growth, and for replacement of aged assests.



EXISTING SITE

Roads/Carparking

Heritage TBC



STAGE 1 DEMOLITION/ENABLING WORKS

Demolition of:

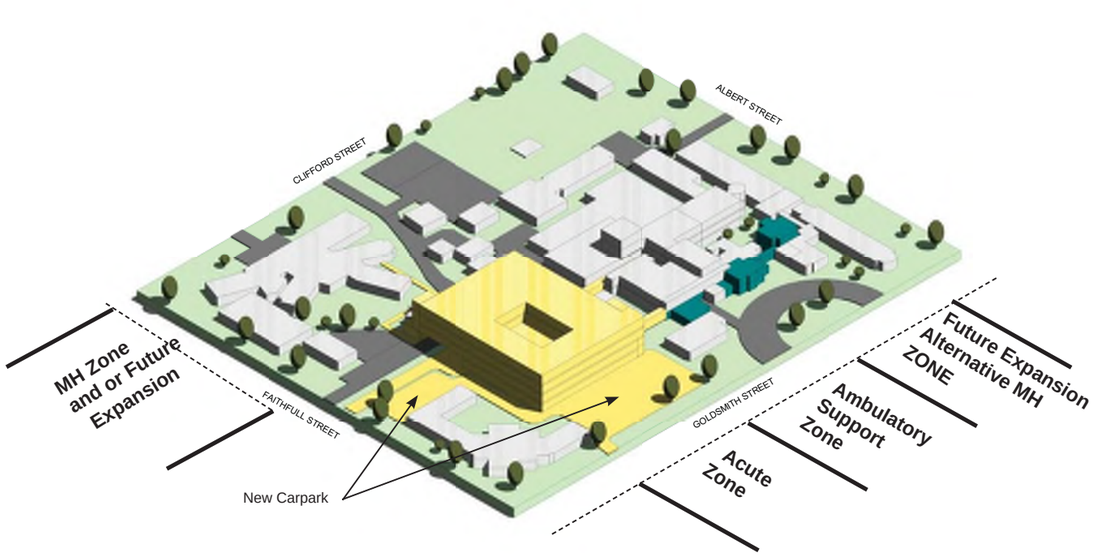
- Community Mental Health
- Specimen Collection
- Nurses Accommodation
- Eastern & Northern Carpark

Enabling Works/Construction

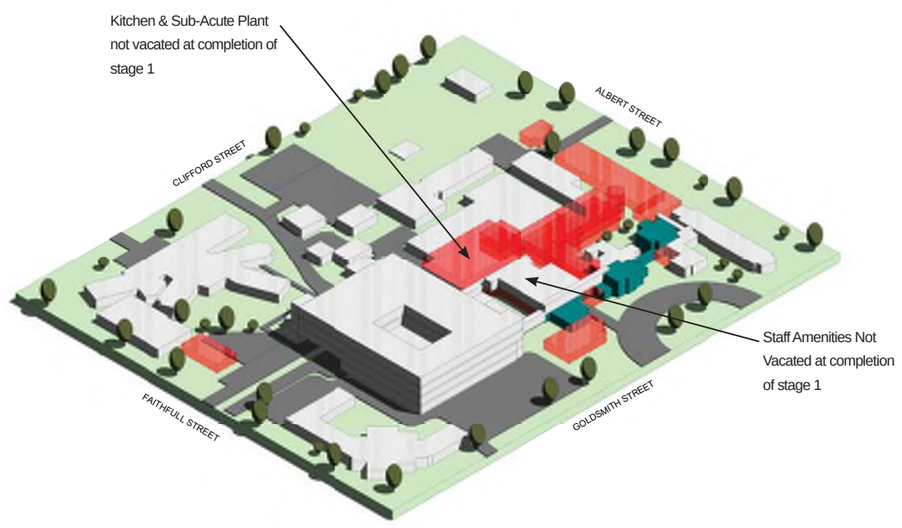
Demolition

Roads/Carparking

Heritage TBC



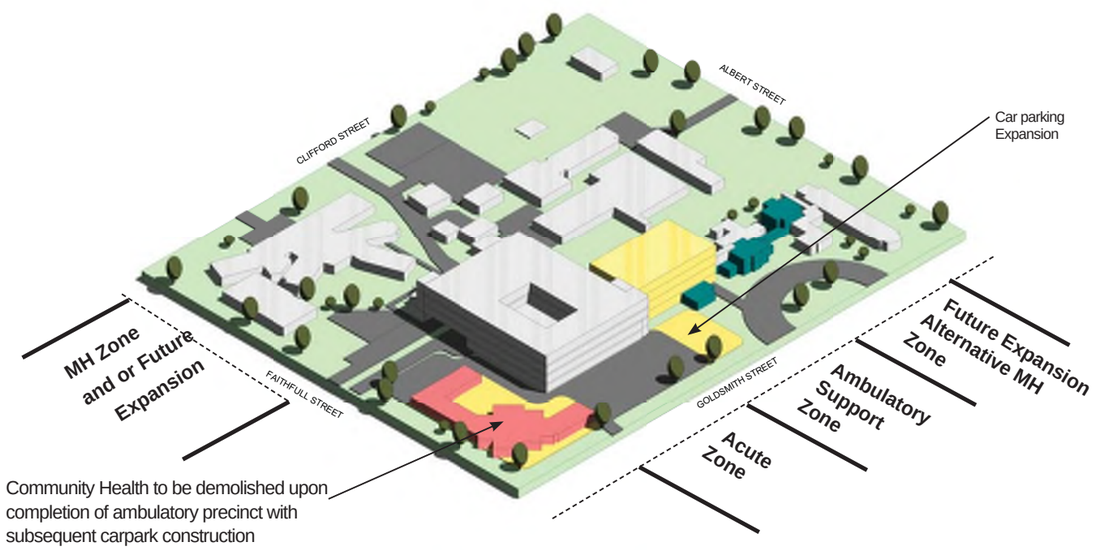
STAGE 1 NEW BUILD



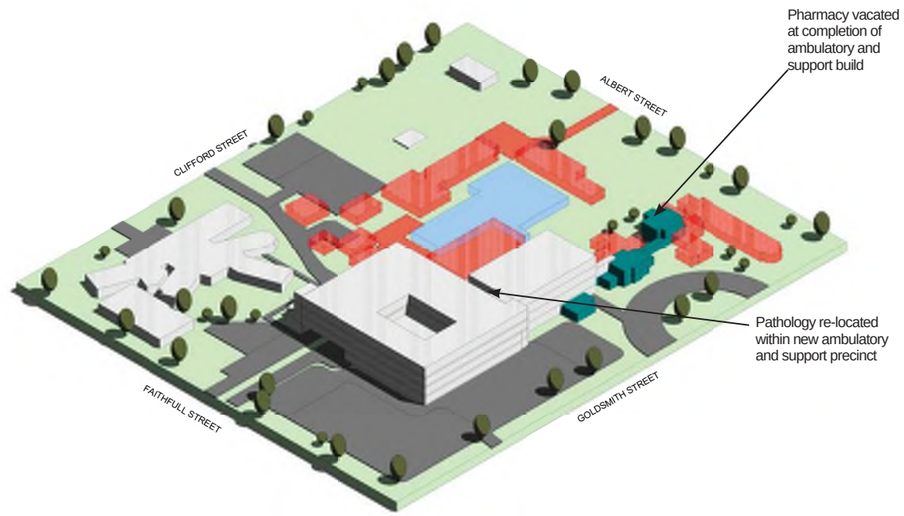
STAGE 1 COMPLETION VACATED ASSETS

New Build
Roads/Carparking
Heritage TBC

Vacated Assets
Roads/Carparking
Heritage TBC



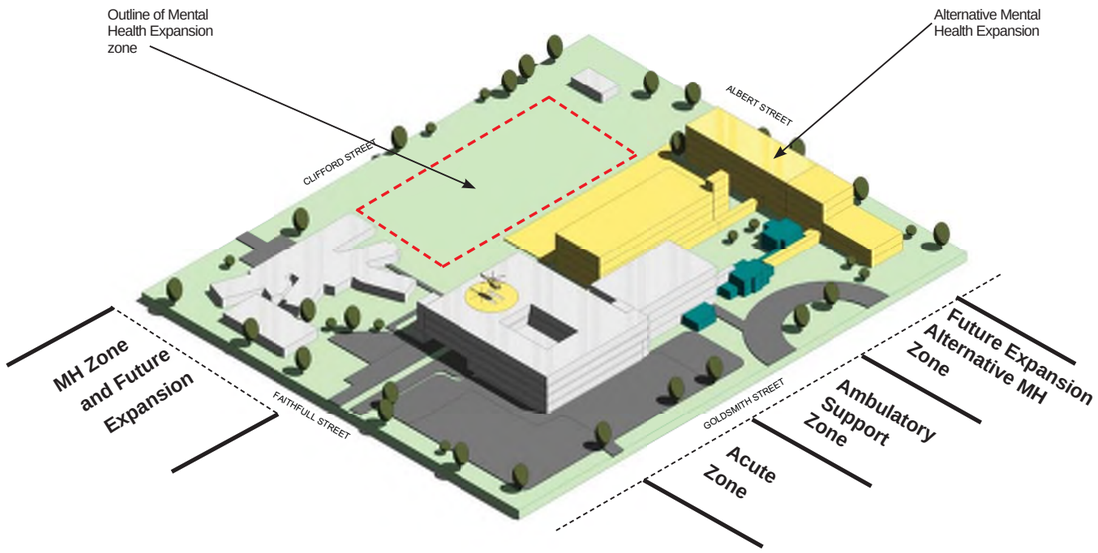
SUBSEQUENT DEVELOPMENT SEQUENCE: AMBULATORY AND SUPPORT PRECINCT



SUBSEQUENT DEVELOPMENT SEQUENCE VACATED ASSETS

New Build
Demolition
Roads/Carparking
Heritage TBC

Vacated Assets
Possible Demolition
Roads/Carparking
Heritage



SUBSEQUENT DEVELOPMENT SEQUENCE MENTAL HEALTH PRECINCT

New Build

Roads/Carparking

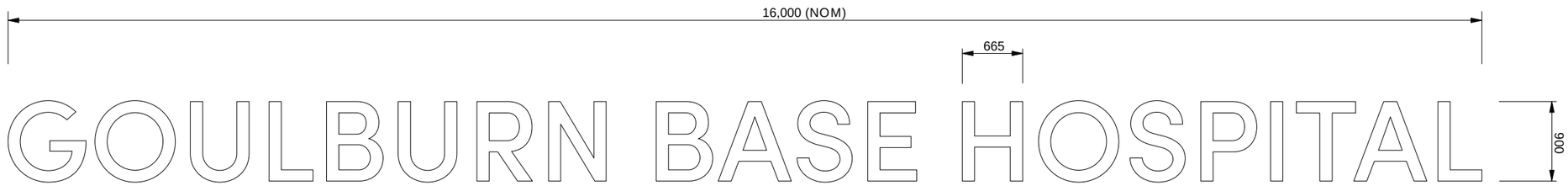
Heritage TBC

`

APPENDIX K: Indicative Building Signage

Elevation Showing Sign Location

Perspective View



Main Building Identification
Code: ID-01
W16,000 x H900mm
Typical Cap Height: 900mm

SPECIFICATIONS

Construction: Non-illuminated, individually fabricated aluminium letters, 200mm deep. The letters are fixed to internal brackets (external brackets are not allowed).

Finish: Mask & spray 2 pack polyurenthane similar to Dulux Bright Blue gloss. Colour subject to sample and test.

NOTE:
These are intent drawings only

1. Do not scale this drawing. Do not trace and do not scan.
2. Structural design and certification by contractor/engineer.
3. No electronic artwork supplied unless otherwise specified.
4. Application of graphics to sign is subject to client approval.
5. Manufacture subject to approved contractors shop drawing.
6. Dimensions to be verified onsite by contractor.
7. All fixings to be non-corrosive.
8. All workmanship and materials to be strictly in accordance with current and relevant Australian Standards Codes and Local Government requirements.

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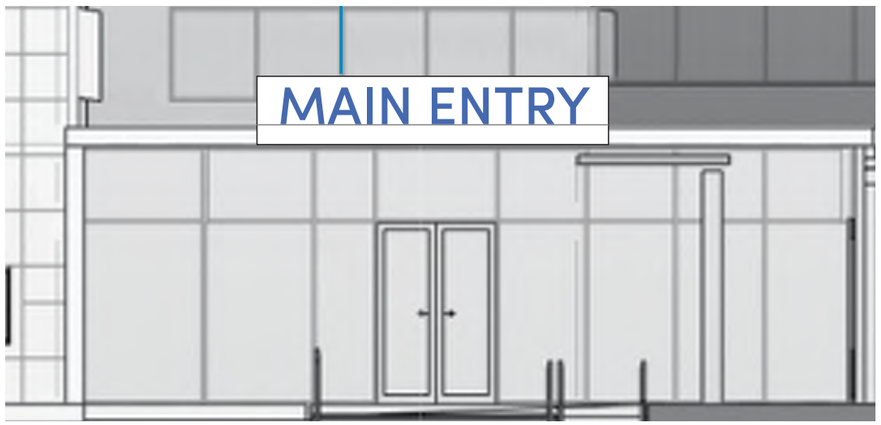
A Issued for Tender			23.08.2018
Drawn: AB	Checked: HG	Sheet 1 of 1	Date: 23.08.2018
Client: pvh peckvonhartel Project: Goulburn Base Hospital			A3 Do not scale Dimensions in mm
Job No. S3283	Dwg.	Issue A	Scale NTS/AS SHOWN



Elevation Showing Sign Location

Perspective View Showing Sign and Awning

SPECIFICATIONS

Part 1: Sign Support

Fabricated aluminium bracket which sits on the outer edge of the awning.

Internal frame: Fabricated aluminium sections.

Cladding: 2mm aluminium cladding welded to internal frame. The support must appear as monolithic, and only hairline joints are allowed between panels.

Fixings: There will be no visible fixings other than from the horizontal surface into the awning frame. These fixings must be as inconspicuous as possible.

Finish: 2 pack polyurethane gloss, colour to match colour of fascia white. Application of Paint: One coat luxepoxy primer, 2 coats of 2 pack gloss polyurethane.

Cross metal contamination is to be avoided and the method is to be documented in shopdrawings, detailed material composition, method of fabrication and assembly.

Part 2: Letters

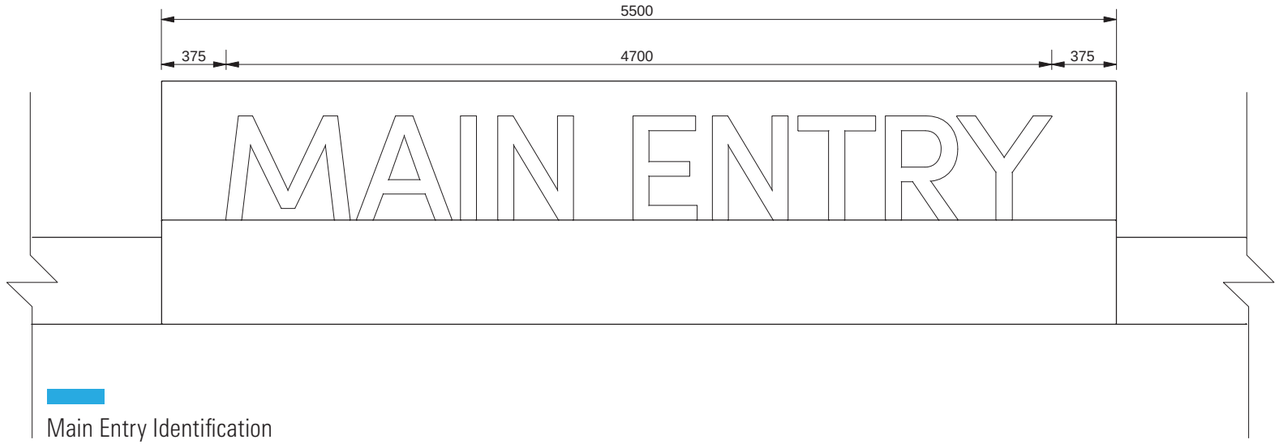
Individually fabricated aluminium letters.

Finish: Mask & spray 2 pack polyurenthane similar to Dulux Bright Blue gloss for "MAIN ENTRY'.

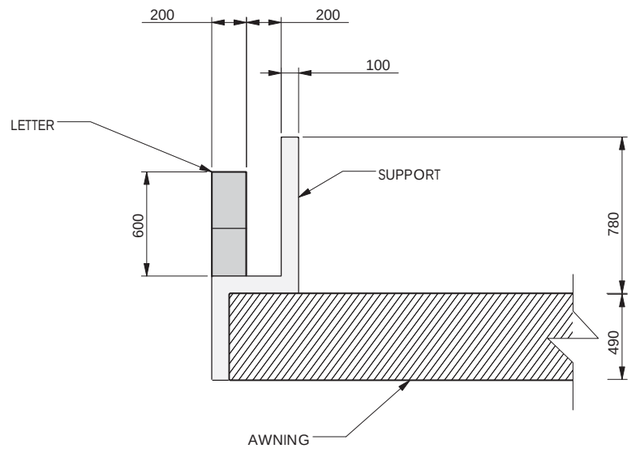
Application of Paint: One coat luxepoxy primer, 2 coats of 2 pack gloss polyurethane. Colour subject to sample and test.

Fixing: Each letter is mechanically fixed to the bracket from underneath of the bracket, therefore invisible.

Contractor to show all details in shopdrawings coordinated with the architectural details for the awning.



Main Entry Identification
Code: ID-02
W550 x H900mm
Typical Cap Height: 600mm



Main Entry Identification
Section

NOTE:
These are intent drawings only

1. Do not scale this drawing. Do not trace and do not scan.
2. Structural design and certification by contractor/engineer.
3. No electronic artwork supplied unless otherwise specified.
4. Application of graphics to sign is subject to client approval.
5. Manufacture subject to approved contractors shop drawing.
6. Dimensions to be verified onsite by contractor.
7. All fixings to be non-corrosive.
8. All workmanship and materials to be strictly in accordance with current and relevant Australian Standards Codes and Local Government requirements.

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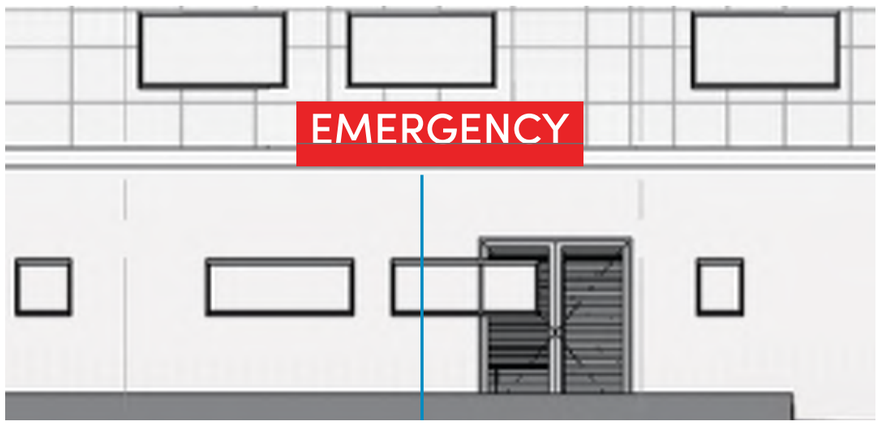
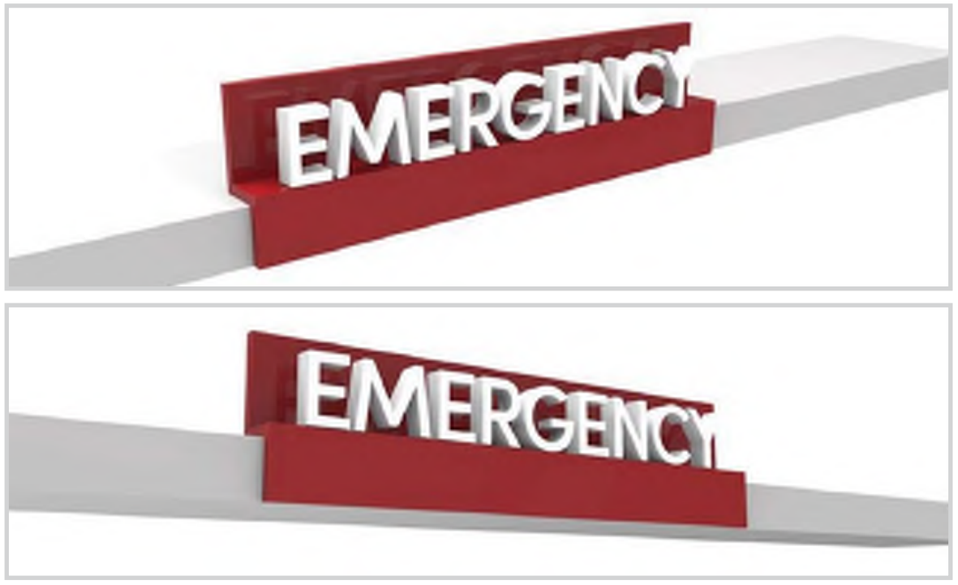
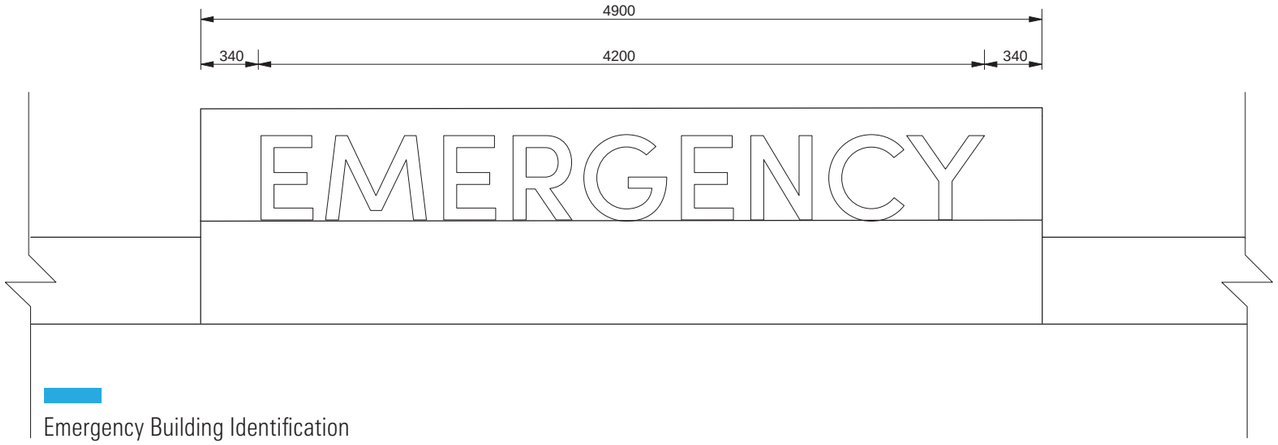
A Issued for Tender			23.08.2018
Drawn: AB	Checked: HG	Sheet 1 of 1	Date: 23.08.2018
Client: pvh peckvonhartel Project: Goulburn Base Hospital			A3 Do not scale Dimensions in mm
Job No. S3283	Dwg.	Issue A	Scale NTS/AS SHOWN



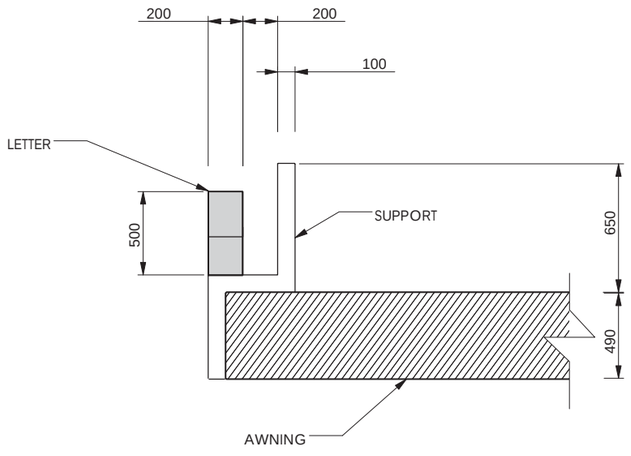
Elevation Showing Sign Location



Perspective View Showing Sign and Awning



Emergency Building Identification
Code: ID-03
W4900 x H650mm
Typical Cap Height: 500mm



Emergency Building Identification
Section

SPECIFICATIONS

Part 1: Sign Support

Fabricated aluminium bracket which sits on the outer edge of the awning.

Internal frame: Fabricated aluminium sections.

Cladding: 2mm aluminium cladding welded to internal frame. The support must appear as monolithic, and only hairline joints are allowed between panels.

Fixings: There will be no visible fixings other than from the horizontal surface into the awning frame. These fixings must be as inconspicuous as possible.

Finish: 2 pack polyurethane gloss, colour to match conforming emergency red. Application of Paint: One coat luxepoxy primer, 2 coats of 2 pack gloss polyurethane.

Cross metal contamination is to be avoided and the method is to be documented in shopdrawings, detailed material composition, method of fabrication and assembly.

Part 2: Letters

Individually fabricated aluminium letters.

Finish: Mask & spray 2 pack polyurenthane similar to Dulux White gloss for "EMERGENCY'.

Application of Paint: One coat luxepoxy primer, 2 coats of 2 pack gloss polyurethane. Colour subject to sample and test.

Fixing: Each letter is mechanically fixed to the bracket from underneath of the bracket, therefore invisible.

Contractor to show all details in shopdrawings coordinated with the architectural details for the awning.

NOTE:
These are intent drawings only

1. Do not scale this drawing. Do not trace and do not scan.
2. Structural design and certification by contractor/engineer.
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8. All workmanship and materials to be strictly in accordance with current and relevant Australian Standards Codes and Local Government requirements.

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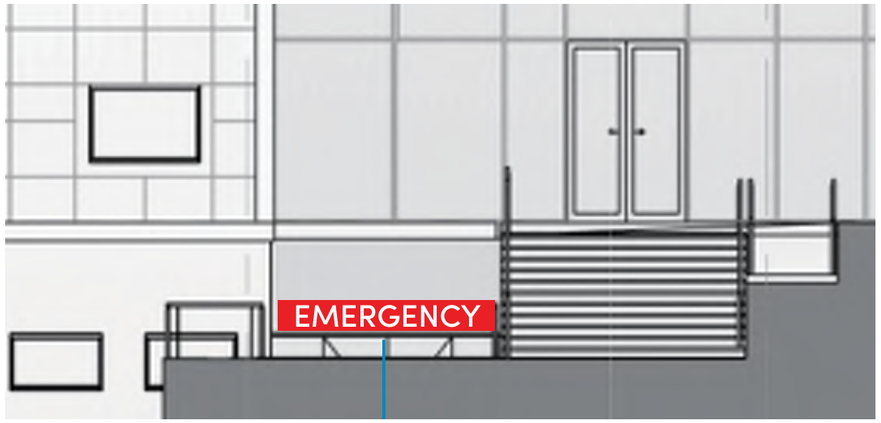
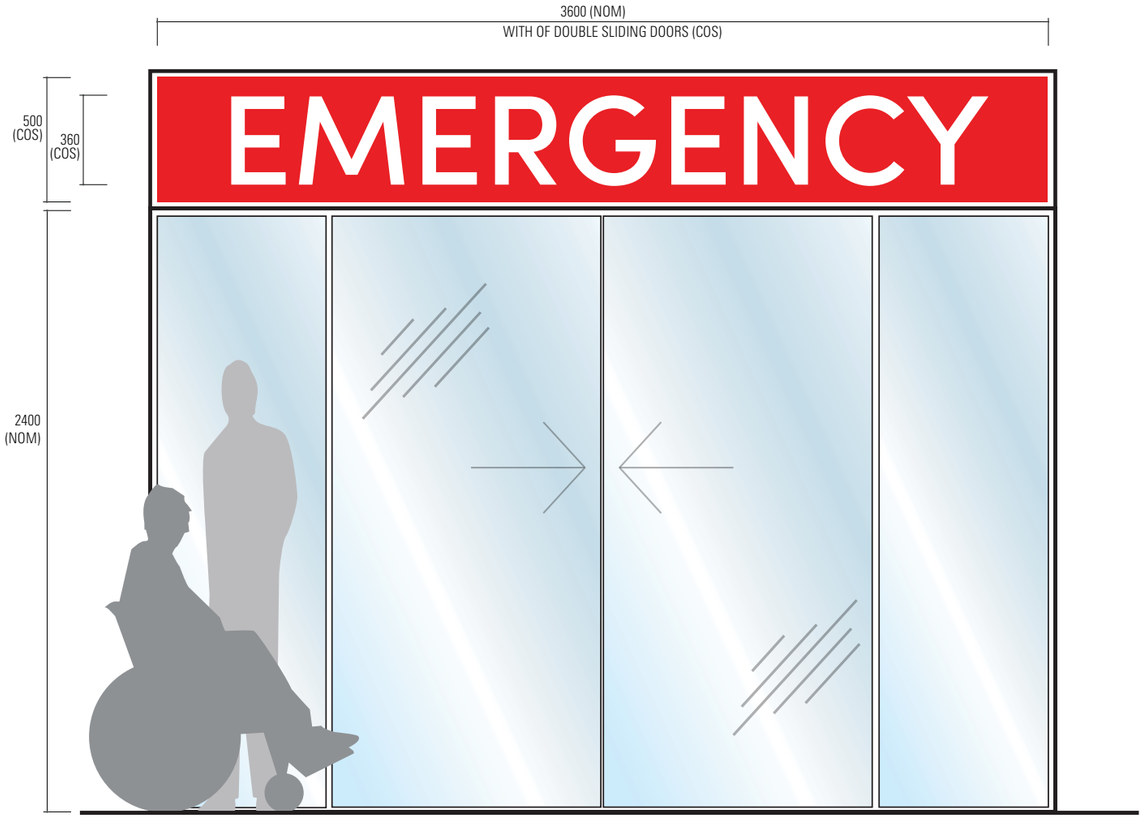
A Issued for Tender			23.08.2018
Drawn: AB	Checked: HG	Sheet 1 of 1	Date: 23.08.2018
Client: pvh peckvonhartel Project: Goulburn Base Hospital			A3 Do not scale Dimensions in mm
Job No. S3283	Dwg.	Issue A	Scale NTS/AS SHOWN



Elevation Showing Sign Location



Emergency Entry Identification
Code: ID-04
W3600 (NOM) x H500mm (COS)
Typical Cap Height: 360mm

SPECIFICATIONS

Red acrylic panel. Colour to match conforming emergency red (subject to sample and approval). White vinyl graphics over-laminate satin. Three panels may be required; only hairline joints are allowed between panels for minimum disruption of text legibilty.

Fixing: pin-adhesive fixed to surface.

Note: Sign size indicative only. Actual dimensions are dependent on location specifics.

NOTE:

These are intent drawings only

1. Do not scale this drawing. Do not trace and do not scan.
2. Structural design and certification by contractor/engineer.
3. No electronic artwork supplied unless otherwise specified.
4. Application of graphics to sign is subject to client approval.
5. Manufacture subject to approved contractors shop drawing.
6. Dimensions to be verified onsite by contractor.
7. All fixings to be non-corrosive.
8. All workmanship and materials to be strictly in accordance with current and relevant Australian Standards Codes and Local Government requirements.

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