

HEALTHCARE DESIGN

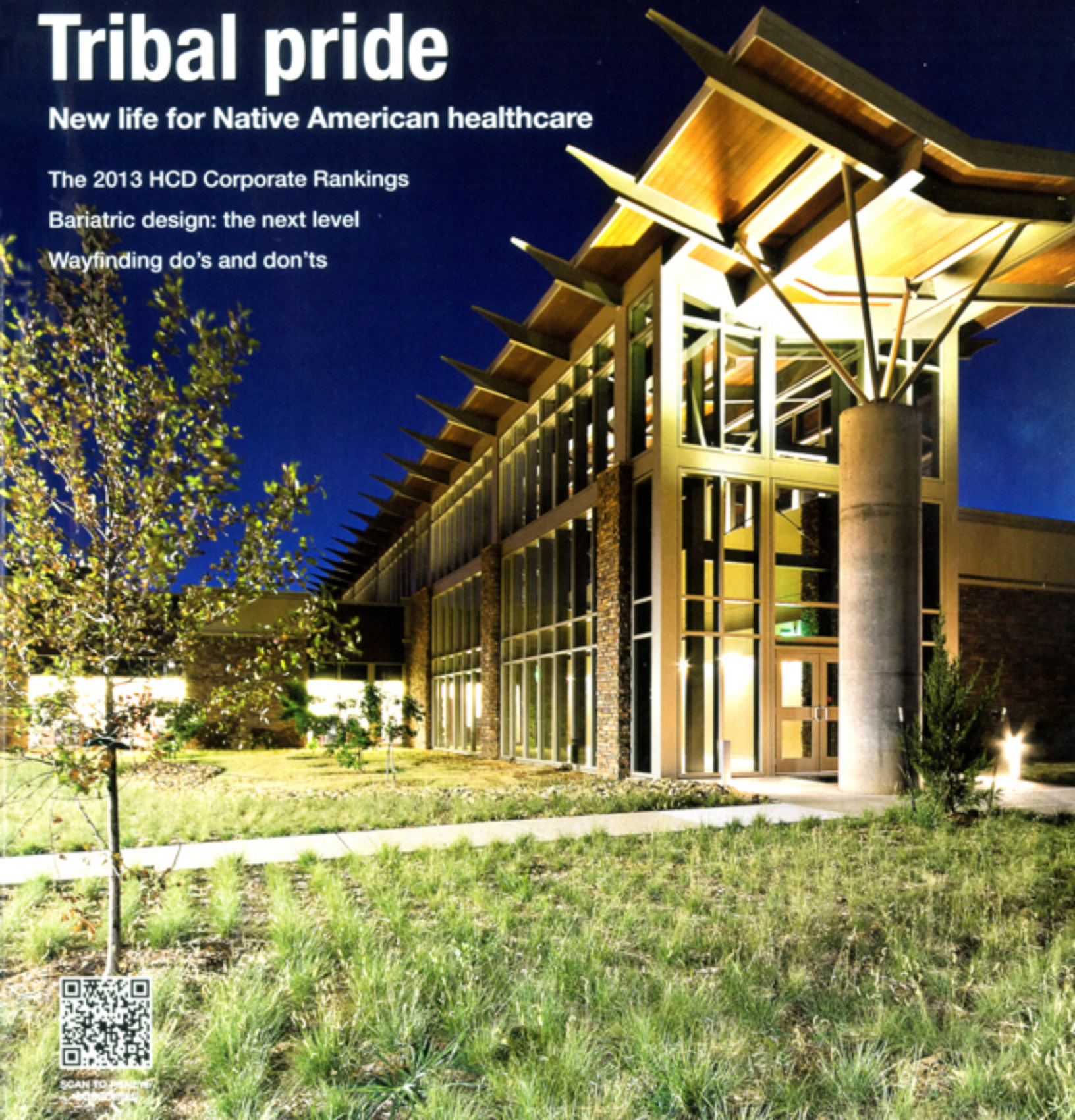
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myths

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The main entry lobby into Children's Healthcare of Atlanta, Egleston campus, in Atlanta uses floor and ceiling patterns to cue visitors to move toward the information desk (just past the illuminated circle in the ceiling). Because of the open architecture, directional signage was not possible and wayfinding in the space is based on architecture only.

Don't get lost in common misconceptions about wayfinding—follow these steps to achieve a program that actually works

By Jennifer Kovacs Silvis

WHEN PATIENTS ARRIVE LATE for appointments, frequently stop staff for directions, or flat-out complain about getting lost, you know a wayfinding program isn't working. Too often something isn't jibing in transitions between Parking Garage A, Patient Tower 2, the Red Elevator Bank, and whatever their destination might be. But it's not that the facility hasn't attempted to address navigational cues; instead, the components put in place to aid the process may just be what's breaking it down. With a few new approaches to familiar tactics, from signage to architectural elements, fixes can be found for even the worst offenders.

The art of editing

When called in to start solving one of these puzzles, Chris Bowles, senior graphic designer, Stanley Beaman & Sears (SBS; Atlanta), says he'll look at a trajectory from the viewpoint of a visitor to a facility, seeking out far destinations and then working his way back. Going through this exercise multiple times using various locations, he'll realize where there are decision-making points—and what is or isn't there at those points to help guide the way. But when it's time to report where confusion is cropping up, he says, "The typical response is, 'Well, we'll put up another sign.'" In fact, in the slew of misconceptions and missteps surrounding wayfinding, the trend to look to signage—and to add more signage—to solve problems frequently finds its



way on designers' lists of what not to do. "[That] the problem can be solved with more signage, that's almost never the case. The simpler the better," says Mark VanderKlipp, president, Corbin Design (Traverse City, Mich.). However, the space itself will usually dictate the best signage approach, says Barbara Martin, CEO of KMA Design (Carnegie, Pa.). On new-build projects where wayfinding consultants have the opportunity to work alongside architects to create design elements for a more intuitive flow, signs can be more limited. But for existing buildings, potentially with decades' worth of additions and expansions, there may not be an easy solution to the maze that's been created. "The only solution in that case is to add more signage," Martin says.

Whatever is determined to be the "right" number of signs, it's what those signs say that matters most. "Where things get out of control, and this could be in new or existing construction, is when every department and every small function wants to be on the signs from the second a

visitor walks in the door," Martin adds. Bowles agrees, noting that signage should be used to provide only the information needed at a specific moment. "Too much information and people can't remember it," he says.

Using an "onion peel" approach, Bowles says signs should first be directional, pointing visitors from the garage they parked in to the building where they're headed. Next, orientation graphics should be used to pinpoint elevator locations, for example. Once at the elevator, visitors should be fed the next bits of necessary information, like what departments and floors can be accessed via that elevator. And, finally, once visitors arrive at their intended floor, then a graphic can be presented of where offices are located on that floor. "Again, we go back to a strategy of not giving you all the information at once, but giving you manageable pieces. Once you have that worked out, then you



Top: An elevator directory at Palmetto Children's Hospital in Columbia, S.C., highlights the floor a person is on for easy navigation, providing only the information required at that particular place as colors, graphic elements, and architectural details draw the eye toward the elevators themselves.

Above: Large format graphics are used at Children's Healthcare of Atlanta, Scottish Rite campus, to provide a sense of destination along with supporting the color palette "citrus."

can determine the appropriateness of signage," he says.

Martin also stresses to keep language simple—for example, a sign should point to a department (radiology) rather than individual services (CT scan). And the words used should be clear and easily understood, rather than industry jargon or acronyms ("intensive care unit," not "ICU"). "Nomenclature is really important and consistency in that," she says.

Layering the logic

Once the order of the space is in place and directional signage is established to help visitors head the right way—for example, to Elevator Bank A—then additional layers can be added. "When the logic is done and we go into design, we figure out how we're going to design it. Do we need a symbol for the elevator that's using the letter concept we came up with? Things like that make it visually easy to understand, too," says Robert Brengman, vice president of creative, Corbin Design.

In highly sought-out areas such as elevator banks, Martin suggests introducing additional colors, patterns, and textures to draw visitors there without depending upon signage alone. "You're not only reading, you're getting the reinforcement of a material and a transition," she says. "If you just see beige floor for miles and miles, it doesn't cue you that something is happening."

Marisabel Marratt, an associate and senior designer at SBS, approaches wayfinding programs for the firm alongside Bowles' team of environmental graphic designers, looking to architectural elements like floor patterns and ceilings to create pathways and focal points. "We also work a lot in terms of thinking about color, texture, and specialty materials—materials you're not going to use everywhere because the budget can't sustain it," she says. "Those three components—finishes, ceilings, and flooring—start to work together to not only shape the space and pull out some important elements we're starting to draw architecturally, but also start to speak as a kind of intuitive wayfinding."

While adding these types of architectural details is much easier to accomplish in a new facility, clients aren't always prepared for the additional costs these recommendations will bring to existing spaces, often anticipating signage upgrades as opposed to holistic design changes. However, there are options. "It can be done inexpensively in terms of color with paints, just to create a landmark pathway," Marratt says.

Landmarks, too, serve as an important tool in triggering memories relative to a particular space. But they have to be done right. "A misconception is if you put a piece of art on the wall, then that will work



Top: An overhead directional sign at the Joe DiMaggio Children's Hospital in Hollywood, Fla., illustrates the use of patterns and color palettes to distinguish individual floors. **Above:** At Piedmont Spine Center in Atlanta, signage announces the main entry, as carpet design communicates a decision point and a bold wall pattern draws eyes in the direction of the center.

as a landmark. It has to be a certain kind of imagery for it to work as a landmark. Plus, you need to isolate that landmark so it's not competing with other forms of eye candy in the area," Brengman says (see "Landing the Right Landmark," pg. 57, for more on what makes an effective landmark). However, once established, those pieces, as well as specific areas of the facility (waiting areas,

Staff support

At the heart of it, wayfinding programs are created to ease navigation for patients and visitors to a facility. But the staff's familiarity with the program's ins and outs is critical, because if a question does arise, they'll likely be the ones to answer it. Mark VanderKlipp, president of Corbin Design, suggests that any wayfinding program should start with a group of stakeholders, from top administrators to physician liaisons, volunteer coordinators, nurse managers, human resources managers, etc. "There's a huge training component to this. We're eventually going to be placing this design intervention in the built environment, and the staff needs to know how to use it," he says.

The final language and approach should not only be translated to the program in place but to other supporting materials, including websites, brochures, and apps, says Barbara Martin, CEO of KMA Design. All references to a building or other areas on the campus should always use the same words that appear on the signs visitors will look to once they've reached the campus. "For those types of things, you have to go all the way back to each doctor's practice or internal department. They all have to be on the same communication level as to what the final signs say and how you identify the names of buildings. Everybody needs to be providing the same information," she says.



cafeterias, etc.) or touch points like benches along a corridor, become critical components to "turn-by-turn" navigation.

Come together

For new projects specifically, designers agree an ideal scenario is for wayfinding experts and healthcare architects to work collaboratively right from early schematic design stages, but it doesn't always happen. Too often, wayfinding is addressed much later in the process when the building has already been designed and possibly built. In fact, VanderKlipp and Brengman say that can lead to another myth of wayfinding: that the building will be intuitive. While a building could have been designed with that intention in mind, architectural elements alone may not be as noticeable as intended. "We need to be a little bit more overt when we're talking about the interior of a hospital," he says.

Bowles agrees, noting that design and wayfinding—particularly signage—can and should coexist.

Top: At St. Alphonsus Regional Medical Center in Boise, Idaho, vehicular directional signs mesh with the environment while providing simple, legible direction. Here, the sign directs to primary destinations in the form of a stylized map. **Above:** Elevator cores at Lakeland HealthCare in St. Joseph, Mich., use a combination of varied finishes, signage, and lighting to create a welcoming impression. **Left:** An elevator directory at Children's Hospital of Illinois, part of the OSF St. Francis Medical Center in Peoria, Ill., features each floor of the hospital represented by an icon that relates to the Canticle of the Sun, the thematic basis for the building. The sign illustrates the use of symbols as a means of identifying particular areas of a building, so that visitors can use a floor number, a floor function, a color, or a symbol to find their way.

Landing the right landmark

Just placing a sculpture or other piece of artwork in an area doesn't necessarily qualify it as a wayfinding landmark. Mark VanderKlipp and Robert Brengman of Corbin Design offer the following tips to guide the way.

Landmarks should be:

1. Visible (I can see the tiger)
2. Speakable ("Look for the tiger")
3. Memorable (I remember walking by this tiger)
4. Unique (There's only one tiger).

"Successful firms are ones that say, 'We'll have signs; no building can self-direct people.' And if we look at signs as a design component that can support the overall look and feel of the building, and we really think it through, we can have something that really works. The best compliment we can get for our work is, 'We really don't notice the signs until we need them.'"

For example, Corbin Design is currently working with Payette (Boston) on the design of Penn State Hershey Children's Hospital in Hershey, Pa., where Payette designed landmarking and lighting to help ease the wayfinding process. "Our wayfinding system fits into that context very simply, very quietly," VanderKlipp says. "Always, when we have the opportunity to work through a client with an architect, interior designer, art buyer, lighting designer, or any other consultative disciplines, we love it," he says.

Martin agrees, noting that it's important to think of wayfinding from a three-dimensional angle of how the program will integrate architecturally—do you need to light a sign or will there be enough daylighting? Should obtrusive signs be avoided in areas given a higher-end design? "If we're going to use metal, we don't want to use brass if the hardware on the doors is stainless. It's those simple details that can make signage the jewelry on the project rather than a blemish," she says. Even access to floor plans is beneficial in order to predetermine decision points and how to articulate those. "Is it something we can highlight with the walls, with the floors, with the ceilings, or even just a graphic element that isn't necessarily a sign, but maybe a wall mural that keys into the health environment?" Martin says.

All's quiet

With a holistic design in place through the careful selection and integration of navigational cues, wayfinding can be an understated and, ideally, unnoticed design intervention that will lead to increased patient and staff satisfaction.

At Corbin Design, VanderKlipp and Brengman say one of their meters for whether a system implemented is successful is "no news is good news." "You



don't replace complaints with compliments when it comes to wayfinding. People don't realize it. It's unconscious that they found their destination and they didn't have to ask anybody," Brengman says. **HCD**

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At Northwest Community Hospital in Arlington Heights, Ill., signage greets visitors inside the main visitor lobby: a main directory helps orient and inform, information overhead directs to primary elevator cores, and wall guide signs direct to primary destinations and amenities.

MORE ONLINE

Wayfinding myths revealed

In a webinar held as part of *Healthcare Design's* International Interior Design Association Education Day on April 25, Chris Bowles, senior graphic designer, and Marisabel Marratt, associate and senior designer, both from Stanley Beaman & Sears (Atlanta), identified what they see as four myths of wayfinding:

1. Wayfinding is easy.
2. Bigger and more signs will take care of a wayfinding problem.
3. Wayfinding is a one-size-fits-all, one-time solution.
4. Wayfinding is just signage.

For more on what Bowles and Marratt discussed, see "4 Myths Of Healthcare Wayfinding" at www.healthcaredesignmagazine.com/blogs/4-myths.

The campus conundrum

Designing a wayfinding program for a single building comes with its own inherent challenges, but finding a cohesive approach to navigational cues for an entire medical campus—including parking garages, medical office buildings, patient towers, food courts, and so on—is another animal. Wayfinding experts weigh in and offer tips to streamline the process and create a cohesive program, no matter how many additions, expansions, brands, or physicians' offices need to be traversed. For more, see www.healthcaredesignmagazine.com/blog/campus-conundrum.