Orchestrating human-centred hospitals

Wayfinding
User Experience
Inclusive Design



Our hospital wayfinding experience in numbers

- 3 offices in
- 3 countries
- 73 hospital wayfinding projects in
- 8 countries
- 12 private hospitals
- 61 public hospitals
- 12 over \$1 Billion
- 47 over \$500 Million
- 26 under \$500 Million
- 9 PPP project
- 3 over 1000 beds
- 10 over 750 beds
- 24 over 500 beds
- 49 under 500 beds
- 1 State Advisor role at PPP

- 7 master plans and feasibilities
- 49 greenfields
- 24 brownfields
- 14 Gap Analysis
- 2 Wayfinding Guidelines for Health
 Facilities for the Department of
 Health NSW (2014 & 2022), now part
 of the Australasian Health Design
 Guidelines
- 1 Outpatients Wayfinding Manual for the Department of Human Services VIC

User Experience

Environmental Psychology Branded Environments

Digital Usability Orchestrating
Human-Centred
Environments

Service Design

Inclusive Design

Wayfinding

Evaluation and Testing

Pragmatic & impactful strategies

Real-world expertise meets design thinking

Our teams of expert from Australia, The Netherlands, and France human-centred health environments.

Holistic services

We offer a comprehensive suite of services that span the entire user experience spectrum:

Wayfinding

Our core expertise is making navigation effective, seamless and intuitive.

Inclusive Design

We are passionate about championing accessibility and inclusivity for all users, beyond mere compliance.

User Experience Strategies

We optimise buildings and urban spaces to match the wishes, requirements and expectations of the users with the cultural, branding and operational requirements of the owners.

Comprehensive

We guide projects from communication, information and circulation strategies to meticulous planning, design, and documentation.

We make wayfinding work.



A 480-bed hospital in Melbourne calculated that bad wayfinding cost them annually

AU\$2.2 million

Partly in missed appointments, but mainly in staff-time giving directions, and often personally guiding people to their destination.

Ineffective wayfinding costs \$\$\$.

Finding ones way can be a complicated task, involving solving multiple spatial problems.

For patients and visitors alike, the hospital environment is often stressful; they may be undergoing medical testing, receiving treatment or visiting a sick relative. Struggling to find their destination will further increase stress levels.

They may be arriving late or miss their appointment entirely -leading to frustration and anxiety.

People will then turn to staff and will rely on them to provide directions - or worse, take out their frustrations on them.

Good wayfinding assists in alleviating people's stress and anxiety and improves the user experience.

Wayfinding is part of the NSQHS accreditation process.

Action 1.31 of the NSQHS Standards requires wayfinding to work:

"...The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose."



We can assist you with identifying the gaps in your current wayfinding system and show you a Plan of Approach for improvement.

This would satisfy the NSQHS requirements of showing ongoing improvement.



Example projects



AZ Groeninge Belgium



Box Hill Hospital Australia



Sunshine Coast University Hospital Australia



Amphia Hospital The Netherlands



AZ Zeno Belgium



Peter MacCallum / VCCC Australia



Footscray Hospital Australia



CADIX Antwerp Belgium



Royal Adelaide Hospital Australia



Westmead Hospital Australia



St John of God Australia



Bendigo Hospital Australia

Hospital experience

Australia

Westmead, 975 beds¹ Royal Hobart, 500 beds¹

New Footscray Hospital, 740 beds - PPP¹

New Frankston Hospital, 580 beds - PPP2

Monash, 640 beds²

Ballarat, 630 beds²

Wyong, 220 beds2

Campbelltown, 300 beds¹

Victorian Heart 200 beds¹

Bendigo 375 beds - PPP2

Royal Adelaide 850 beds - PPP1

Victorian Comprehensive Cancer Centre 315 beds - PPP¹

Box Hill 680 beds¹

Blacktown 400 beds¹

Mt Druitt 200 beds¹

Lismore Base 180 beds¹

Liverpool 945 beds - PPP²

Orange Base 520 beds - PPP¹

Auburn 155 beds¹

St Vincent's Public Melbourne 880 beds²

Alfred 640 beds²

University Hospital Geelong 400 beds²
Geelong McKellar Centre 220 beds²
Cabrini Private Malvern 510 beds
Hollywood Private, Perth 900 beds²
St John of God Subiaco 525 beds²
St John of God Midland 310 beds²
St John of God Murdoch 510 beds²
Thomas Embling, Melbourne 150 beds²
Knox Private Melbourne 300 beds²

Belgium

AZ Groeninge, Kortrijk 1150 beds¹
AZ Zeno, Kortrijk 325 beds¹
CADIX, Antwerp 680 beds¹
Grand Hôpital de Charlerois 890 beds¹
Clinique Saint Luc 975 beds²
Clinique Saint Jean 550 beds²
The Netherlands
Amphia, Breda 620 beds¹
OLVG, Amsterdam 900 beds²

New Zealand

Auckland City 1170 beds² Dunedin 420 beds1

France

CH Tarbes & Lourdes 455 beds¹
CH Universitaire de Reims 2380 beds²
CH de Rambouillet 471 beds²
CH d'Amboise 300 beds²
CH de Grasse 365 beds²
Clinique Toulouse Lautrec 140 beds²
Groupe les Flamboyants Reunion 180 beds²

Switserland

Hospital de la Tour 190 beds2

Papua New Guinea

Angau Memorial: 220 beds¹

Canada

Markam Stouffville, Toronto 215 beds¹
Hamilton General 460 beds¹
Juravinski, Hamilton 230 beds²
Toronto General 470 beds²
Princess Margaret Cancer Centre,
Toronto 220 beds²

Wayfinding Manuals

Wayfinding for Healthcare Manual for the Department of Health Infrastructure NSW

Outpatients Wayfinding Manual for the Department of Human Services VIC

Masterplan & Feasibility

Monash, Footscray, Ballarat, Frankston, Warragul, Barwon Women's & Children



Project Examples

Wayfinding
for Healthcare
Facilities

OT INTRODUCTION / 02 WAYFINDING / 03 WAYFINDING PROCESS STEP BY STEP / APPENDICES Figure 3.11 → 10-39 10-39 Clearly defined circulation spaces and bold signage at Amphia **43-46** 40-42 the Netherlands © ID-LAB Destination identification Circulation spaces Receptions should have recognisable design All buildings should have clearly defined, logical movement systems incorporating features and need to be clearly identified and/ simple patterns. or labelled. In contrast, staff stations that are not intended to serve as receptions should Horizontal systems such as corridors and not mimic these cues. If reception desks have public thoroughfares are best aligned with specific areas for people in wheelchairs, memorable landmarks either within or outside these areas should be visible from the primary the building. Vertical systems such as lifts. direction of travel. stairs and escalators are best located at key points on these thoroughfares with connections Clinics, wards and other departments should to reception, welcome areas and information have obvious location identification signs, points. Building circulation systems should letting the user know they have arrived at have a hierarchy of connected pathways their destination. 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)

Wayfinding Guidelines for Healthcare Facilities

Client: Health Infrastructure NSW

Location: Sydney Australia

We have written the book on it

Wayfinding strategies for Health Facilities is our speciality. In fact, we have 'written the book on it'.

OK, maybe not a book, but our *Guidelines* for Wayfinding in Health Facilities, which we authored for the Department of Health NSW, has been adapted by the Australasian Health Facility Guidelines (AusHFG) as the standard in hospital wayfinding.

You can download the Guidelines for Wayfinding in Health Facilities HERE.

HEALTH INFRASTRUCTURE

Wayfinding for Healthcare Facilities

021 - SECOND EDITION



OF INTRODUCTION / 02 WAYFINDING / 03 WAYFINDING PROOFSS STEP BY STEP / APPENDICES

Figure 3.11 →

Clearly defined circulation spaces and bold signage at Amphia Ziekenhuis, the Netherlands © ID-LAB

Circulation spaces

All buildings should have clearly defined, logical movement systems incorporating simple patterns.

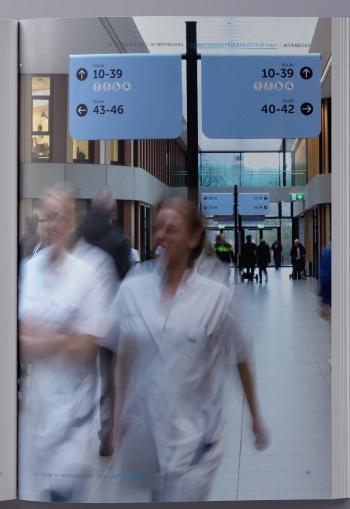
Horizontal systems such as corridors and public thoroughfares are best aligned with memorable landmarks either within or outside the building. Vertical systems such as lifts, stairs and escalators are best located at key points on these thoroughfares with connections to reception, welcome areas and information points. 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)

Destination identification

Receptions should have recognisable design features and need to be clearly identified and or labelled. In contrast, staff stations that are not intended to serve as receptions should not mimic these cues. If reception desks have specific areas for people in wheelchairs, these areas should be visible from the primary direction of travel.

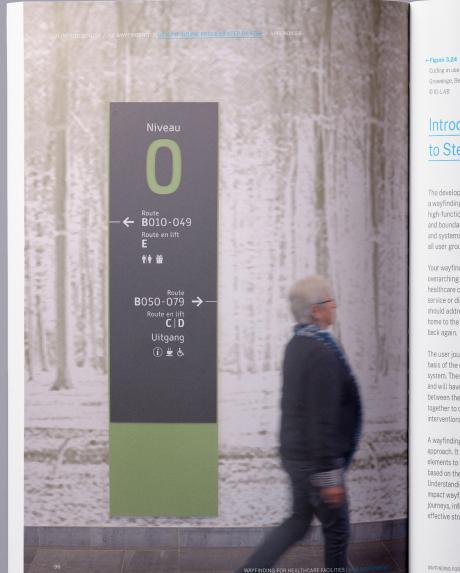
Clinics, wards and other departments should have obvious location identification signs, letting the user know they have arrived at their destination.



DU

WAYFINDING FOR HEALTHCARE FACILITIES | NSW GOVERNMENT





Groeninge, Belgium © ID-LAB

Coding in use at AZ

Introduction to Step 2

The development and implementation of a wayfinding strategy is integral to a high-functioning system. It sets the scope and boundaries for all wayfinding approaches and systems, and responds to the needs of all user groups identified in the previous step.

Your wayfinding strategy can provide an overarching view of wayfinding for a building, healthcare campus or across an entire health service or district. The wayfinding strategy should address the complete journey from home to the facility, through the facility, and back again.

The user journeys created in Step 1 form the basis of the development of the wayfinding system. These clearly lay out all user needs and will have been created via collaboration between the different design teams working together to discuss and agree on possible interventions and solutions.

A wayfinding strategy takes a holistic approach. It lays down rules for all wayfinding elements to deliver a consistent message, based on the parameters set during Step 1. Understanding the different elements that impact wayfinding, the user, and their journeys, informs the development of an effective strategy.

A successful strategy needs to be supported and understood by executives and communicated to all staff.

Choosing a Wayfinding Strategy

There are many different ways to get users to their required destination. The most effective strategy for your facility will depend on:

- · The size and complexity of the facility
- How many lift cores there are
- · How many different buildings form the facility
- How many entrances there are
- · The different user groups who attend the facility
- · Do many users speak a language other than English?
- · Do many users have low literacy levels?

There are two main information strategies to choose from:

- · Directing by name
- · Directing by code

Other strategies often used, but not recommended, are:

- Colour
- · Pictograms

WAYFINDING FOR HEALTHCARE FACILITIES | NSW GOVERNMENT



Client:

Architect Wiegerinck

Amphia

















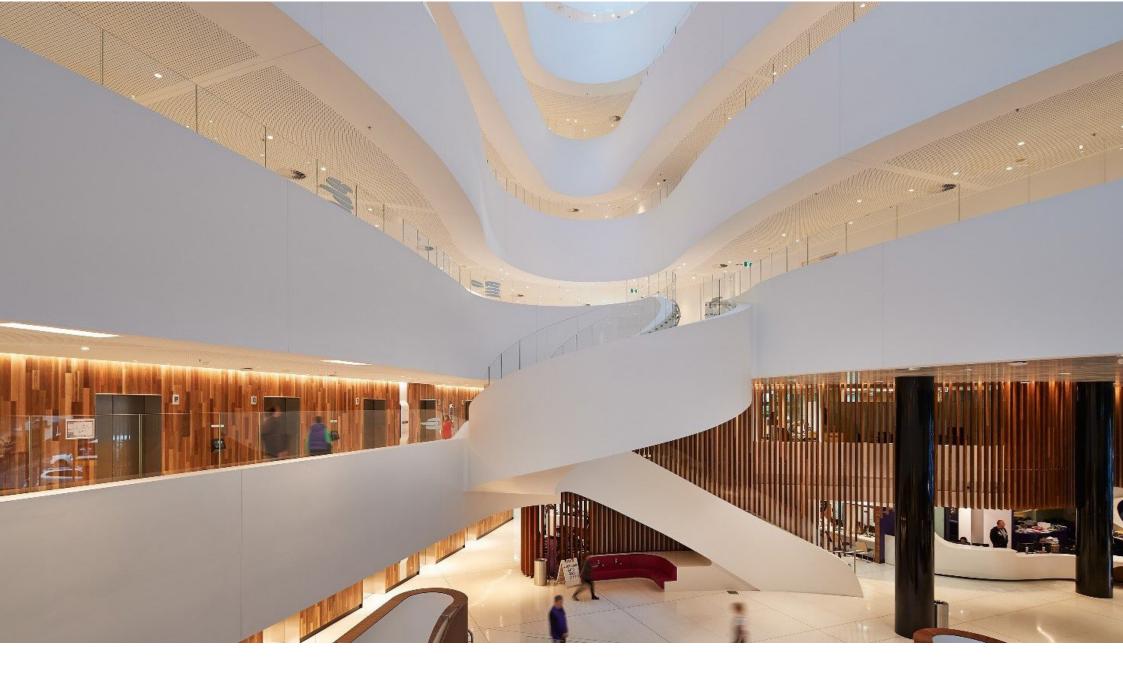
Victorian Comprehensive Cancer Centre Peter McCallum

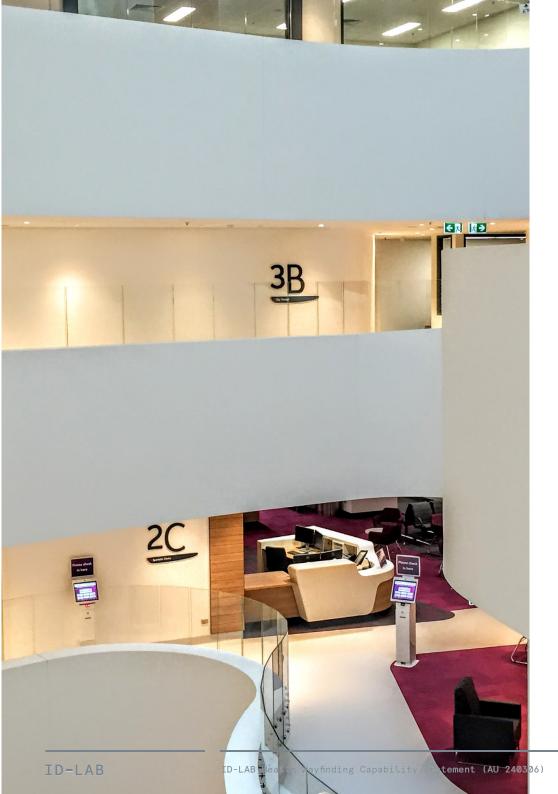
Architect: Designinc, STH, MCR

Melbourne Australia























Client:

Architect:
Billard Leece Partners

Location:

Campbelltown Australia

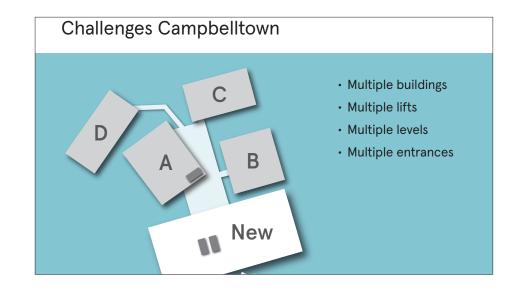
Campbelltown



Users Campbelltown

- Patients, visitors, staff
- Median age: 34
- 65 years and over: 11.8%
- 62% born in Australia
- Most common method of travel: car

Examples of Campbelltown Strategy



Progressive information disclosure	
Laval	Doctination
6	IPU Cardiology
0	Medical Imaging
	Level

^{*}Australian Bureau of Statistics

Examples of Campbelltown Concept Design

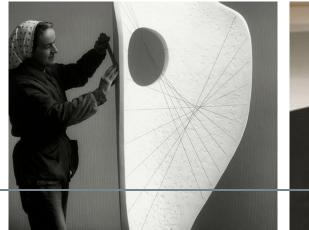
Inspiration

Design Fundamentals

- Approachable and reassuring
- · Clear and neutral
- Distinct

Fluid, light, expressive, organic, gentle, optimistic























Client: AZ Groeninge

Architect: Osar Baumschlage Erbele

Location: Kortrijk Belgium

AZ Groeninge



























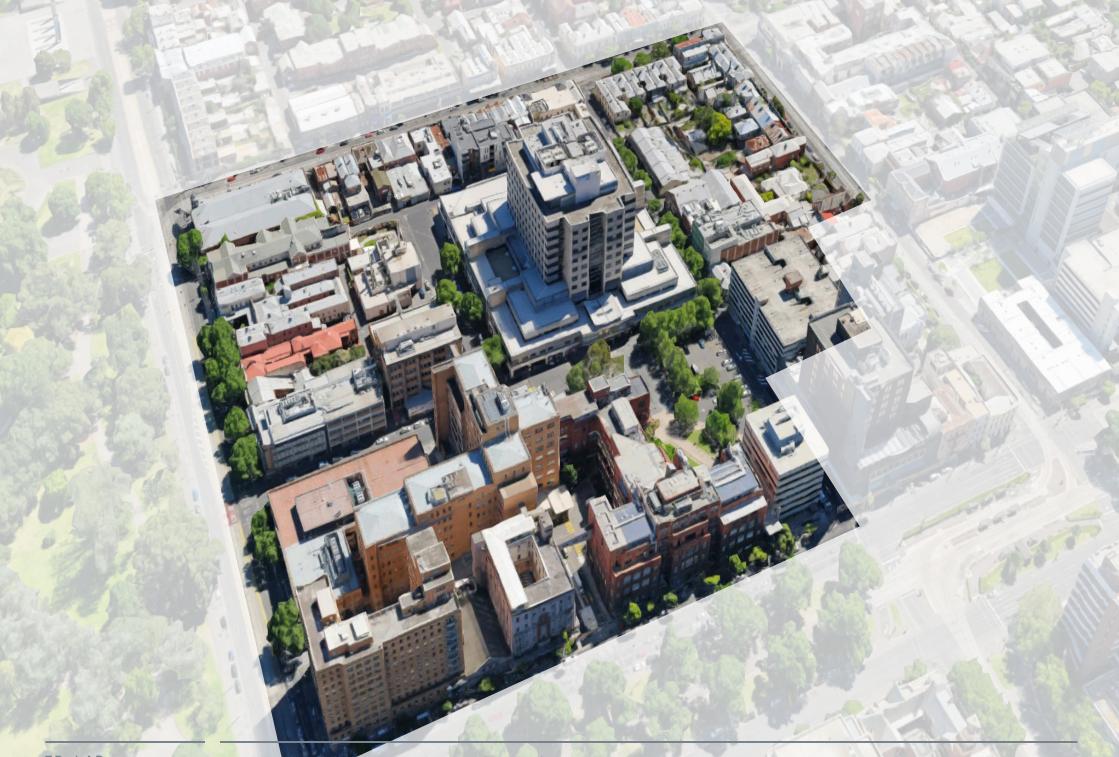


St Vincent's Public

Client: St Vincent's

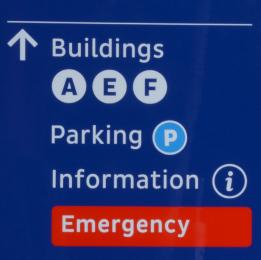
Location:
Melbourne Australia





















Client: AZ Zeno

Architect:

AAPROG + BOECKX + BURO-II

Knokke

Belgium

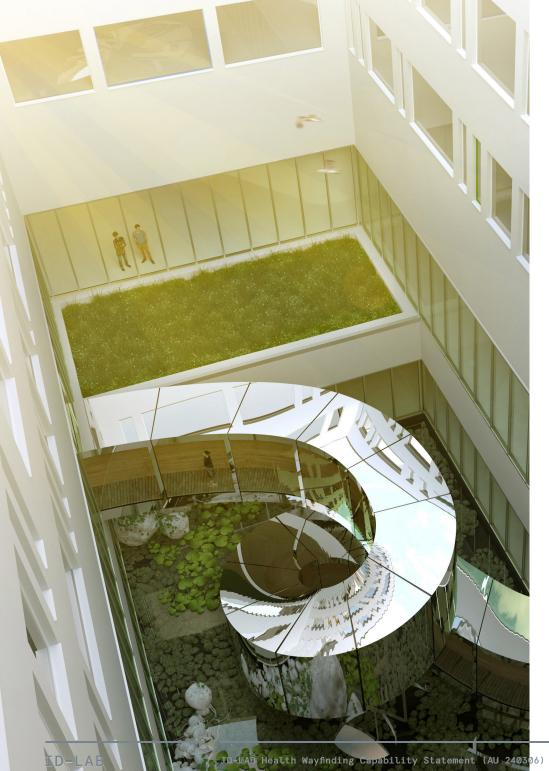
AZ Zeno





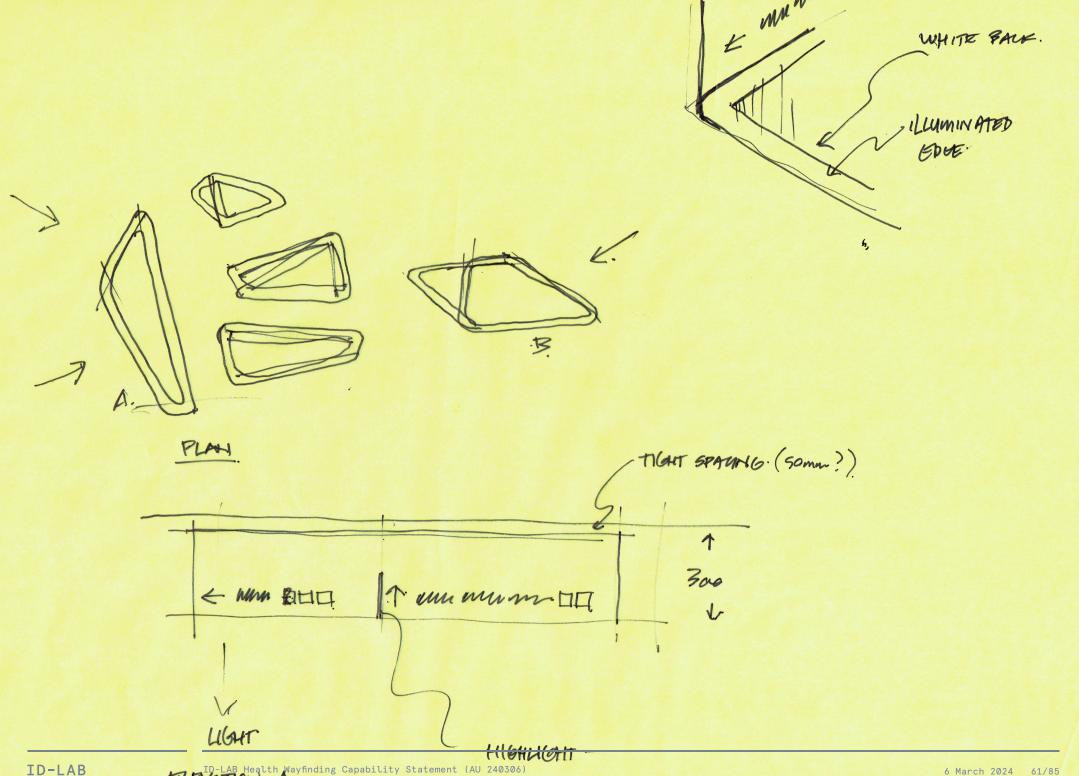










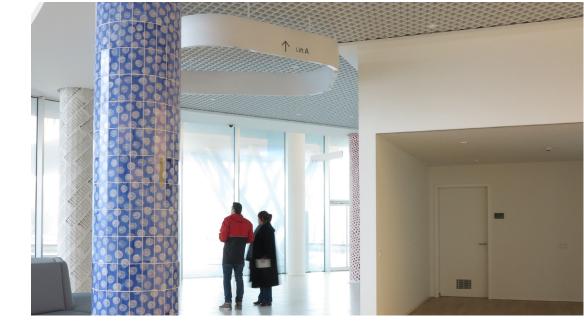






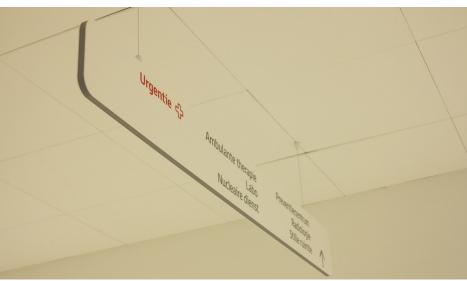


















Leighton Contractors

Architect:

Adelaide Australia

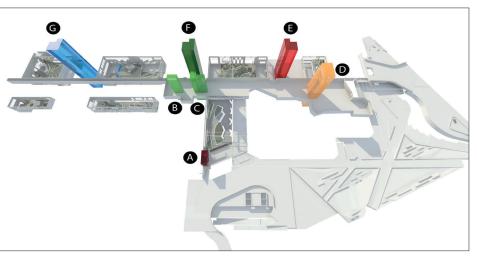
Royal Adelaide







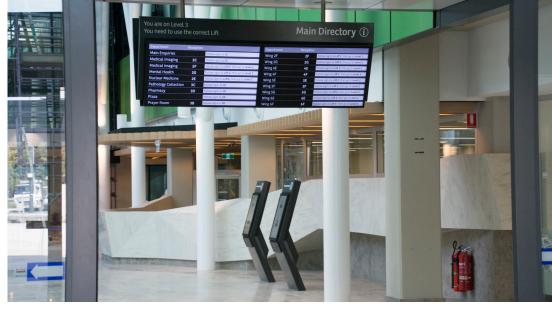








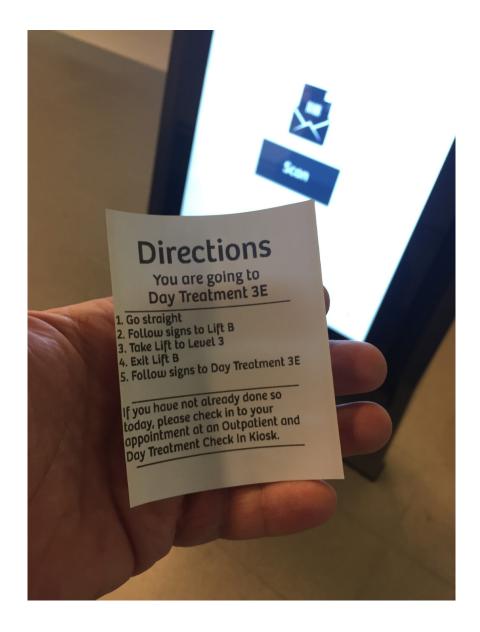




















Lend Lease

Architect:

Bendigo Australia Bendigo

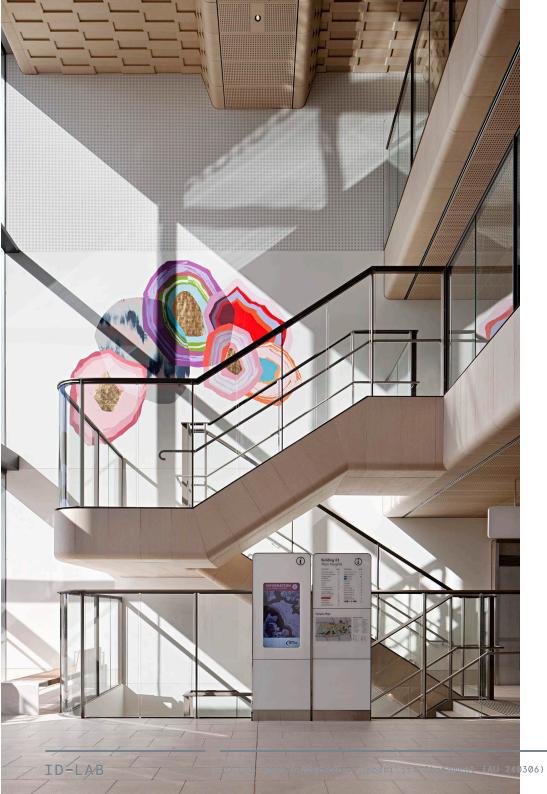
















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