

## **WHERE THE ..... HELL ARE WE (FINDING A WAY TO WAYFIND)**

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### **About the Author:**

Greg Truscott has a degree in Architecture and obtained registration as an Architect in 1991. He completed a Diploma in Management in 2013. The first 10 years of his working life was for private Architectural firms in Western Australia and Toronto, Canada. Projects he worked on included Office towers, retail complexes, University buildings, a Hotel and large upmarket homes. In 1993 he commenced working in the Health Capital Works arena and has been captivated by it ever since. His latest roles have included the Manager, Major Capital Works, SMHS (half of Perth Metropolitan area's health system) and currently Manager, Infrastructure and New Works, RBA Zone.

### **1. ABSTRACT:**

This is a case study of a project I am carrying out at Royal Perth Hospital (RPH) to improve its wayfinding and signage system.

Although the existing wayfinding system, had been developed with great consideration and a very comprehensive system installed 15 years ago, I assessed much of it was flawed.

Part 1 of the paper described the existing system including its Style Guide, the problems and flaws it had and then set out the actions implemented to rectify those problems. A quick summary of the key elements/ issues presented in Part 1 were:

#### **1.1 The Main Directory Boards:**

- Having a counter-intuitive arrangement and the solution being to reverse the arrangement from listing the buildings with the entities (clinical areas i.e. the destination) within, to listing the entities under key grouping then alphabetically with their location appended.
- Reducing the entities listed, from 252 (which was every entity) to the 87 which related to patients and visitors.
- Changing from a 3-dimension "helicopter view" of the site, to a simpler 2-dimensional plan, with buildings relevant to patients and visitors highlighted.

- Eliminating colours and identifiers of site precincts and buildings and using colours only as identifiers of the 7 banks of lifts across the site. Colours are powerful identifiers, however in a system which had 5 different shades of green, demarcating a precinct, three buildings and a bank of lifts, when incorporated into signage it lost all value. Signage was therefore simplified to the universally recognised compliant colour contrasting blue lettering on white background.

#### 1.2 Building Identifiers:

The existing system of using both Anglo-Saxon names (difficult for those with limited English language) and numbers (confusion with levels) was changed to building identifiers being a letter of the alphabet.

#### 1.3 Signage – Subdirectories and directional signage:

The existing system of having signboards at each corridor or change of direction, listing all entities in all directions is very expensive and was so prolific, it became what I termed “clutter”. The new approach focused signage on directions to buildings (so, bold signs using only the building letter identifiers) then Subdirectories of entities were installed at the building’s entry. This reduced the cost and “clutter” of signage.

That final issue of the prolific number of signs and the amount of information on them is extended upon in this paper, in its first topic, titled “Too much clutter”. This is followed by details on the installation of interactive digital wayfinding touch screens at the five main entry points to the hospital. The final topic is building fabric strategies which can assist wayfinding.

Before commencing, I will reiterate, good wayfinding will save hospitals money by reducing the time staff lose directing people. It will also reduce the incidence of patients arriving late for clinics and as a result being frustrated, stressed and even aggressive toward staff.

## **2. TOO MUCH CLUTTER:**

Part 1 of the paper identified the issue which I termed “noise” (signs, containing elements that are which are not recognised, understood or retained by most people) and “clutter” which is the number of signs and the large amount pf information on them. When added to this is an array of unofficial and even management sanctioned signs, messages and billboards the visual clutter becomes makes the task of people using the wayfinding system that much harder. All of the examples listed below were on the walls along the main thoroughfares and therefore highest traffic areas of RPH. These areas are the entry points and major routes for those wayfinding, but also for those wanting to get their own message and often trying to outdo others in getting people’s attention.

Figure 1 is an example of how the existing signage could be drowned out. In this case, surrounded by RPH management message posters or those with their approval. Other locations may also include posters on fund raising for Health causes or notices giving directions to one off meetings, blue tacked to lift lobby walls and along corridors. Those meeting participants don’t have to use the wayfinding system

at all. They can just follow the brightly coloured A4 photocopies conveniently located along their journey.

Another type of clutter is the Award Certificates that have lost their importance due to the passage of time or in this case relevancy. Refer to figure X showing two framed Award Certificates both about 400mm x 600mm in size hung in the main Hospital thoroughfare. They were awarded in 1999 by the Beverage Industry Environmental Council, for deeds not identified on the Certificates. They were removed.

Figure X shows a number of issues of clutter adjacent a major lift bank, which were addressed. The large poster is one in a series of either patient's stories about their life being saved or group pictures of staff and stories about what they do. The small posters are repeats of the large posters and they were many in number. I did secure agreement that the small versions would all be removed, partially because even they were sanctioned, being that size, they seemed to encourage others who believed they had an important message, that the walls were fair game for their A3 paper message to be blue tacked alongside. Also, note the white document box alongside the large poster. Refer to Figure X for an image of that document, which I sent to the PathWest in-house laboratory when asking them how important it was to be there. No one at the Laboratory particularly knew about it or could guess how long it had been there. They did that say that the Form was several years out of date and besides, nearly all the Doctors submitted the forms online now. It was removed from the wall.

Figures 1 & 2 shown in Part 1 of the paper for a number of reasons, again illustrates the benefit of de-cluttering.

### **3. DIGITAL TOUCH SCREENS:**

RPH is the first Hospital constructed in Perth, in a down town location with 720 beds at its peak. Figure x shows the buildings on this ever expanding site with ages spanning 160 years which are interconnected at multiple levels, including 3 bridges across 2 major Public roads. There would not be too many places more difficult wayfind around, so the opportunity to introduce digital screen technology to illustrate an individual's journey was very important to pursue.

Figure x shows the original Main Directory Board at the Main Entrance and Figure x shows in its place, the new Directory Board (intuitively arranged, with only patient and visitor entities listed under 6 Groups and an improved 2 dimensional site graphic) along with two of the Digital touch screens.

When embarking upon this, I had envisaged, even though my Office processed AutoCad drawings of every building and level and all was also loaded onto SISfm,

there may need to be, new expensive software and associated computer programmers for it to run all sorts of algorithms to generate the myriad of journeys to be displayed. Could my budget handle that ? It then occurred to me, given any journey starts from the screen being used, the journey from that screen to whatever the destination is, never changes. In fact in its crudest form a simple hand drawn mud map for each destination could be loaded on the computer and appear on the screen

when that destination was demanded. I felt encouraged again, however the biggest stroke of luck was discovering that the Medical Illustration department at RPH had already done some of this for some one-off specific wayfinding requirements and they had all the knowledge and skills and even the Software (called “Flash”) to drive this process entirely. All I had to do was fund the components of the system.

Six 81cm (32 inch) touch screens were purchased at a cost of \$2300 each (not including the stands). Spare second hand surplus computers could be used because each only driving one screen and for this purpose only. We didn’t even have the cost of connecting them to the network, because it was not difficult to visit each of the six screens with a thumb drive containing any updates and load it onto each.

The Medical Illustration team did a great job with the graphics and loading the different journeys (due to the different location and therefore starting points of the screens) to the 87 entities listed on the physical Main Directory Board.

What about the other 165 entities removed from the previous Main Directory Board ? The Digital screens were in fact one of the reasons we were comfortable removing them those entities. The new Main Directory Board contains the caption “if you cannot find where you want to go listed on this Board, type it into the search window of the wayfinding screen, to receive its location details”. At this point the journey to those entities is not shown, only the building block and level details, which is the same as that provided on the previous physical directory board. The journey could be loaded at a later if desired and resources permitting.

Figure X shows a close up of the home screen, which aligns with the 6 main groups of the physical Directory, has the search function and symbols to select ATMs, Public phones, toilets and other locations.

#### **4. BUILDING DESIGN, FABRIC AND LANDMARKS TO ASSIST WITH WAYFINDING**

#### **5. CONCLUSION:**

5.1 Use the two reference documents listed. They are both, recently published and written by Australian State Government Health Departments. Together, they will cover everything you need to know.

#### **References:**

- (1) NSW Government, Ministry of Health: Document number GL2014\_018; *Wayfinding for Healthcare Facilities*, p.6, (October 2014),
- (2) The State of Queensland (Queensland Health): (2010) Appendix 7 of *Queensland Health wayfinding design guidelines*, pp.32-34 (December 2010)