Wayfinding can help executive- and department-level management plan, develop, and implement health care wayfinding programs that better serve patients and visitors while improving staff utilization and revenue. It can help project leaders justify a financial investment in wayfinding; identify, prioritize, and document facility needs; provide the foundation for a wayfinding and signage standards manual for ongoing facility-wide use; and provide direction for hiring qualified vendors and consultants who have the ability to accomplish those goals.

It is a health care-centric book featuring case studies that include the background of many significant wayfinding projects. It addresses how specific decisions were reached, covers important codes and standards issues and includes before-and-after project comparisons. This book can help streamline the development and implementation of a wayfinding improvement process and serves as a reference for health care facility management and service providers. It provides proven direction for transforming a facility to one where customer satisfaction and patient throughput are maximized and staff efficiency is increased.

**Telltale Signs of Wayfinding Roadblocks**

Few places are as confusing as a hospital. Many hospitals and medical centers have been expanded, added on to, and reorganized because of mergers, integration, and strategy changes (e.g., ignoring patient wayfinding needs after a change in focus from inpatient to ambulatory care services). Add complex medical terminology and high patient and visitor stress levels and it is clear that hospitals are particularly difficult to navigate.

There are simple questions that identify operational penalties associated with wayfinding confusion:

- **How much staff time is spent redirecting patients and visitors because of wayfinding shortcomings?** (Research suggests a typical 800-bed hospital loses 8,000 man-hours of staff time annually—exclusive of the lost time new staff use finding their way about.)

- **Are patient appointment and treatment schedules frequently delayed?** (Clinical treatment delays create staff and equipment workflow bottlenecks and affect patient welfare—expensive, inefficient, and potentially risky outcomes.)

- **Are patient satisfaction survey results as positive as they could be?** (Navigation “misdirection” has a measurable impact on staff, patients, and visitors—daily incidents erode the goodwill and quality ratings earned by every organization.)

Wayfinding helps address the problems that affect customer and staff satisfaction and have a negative effect on billable hours and equipment utilization.
Wayfinding for Health Care; Best Practices for Today's Facilities
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Wayfinding for Health Care offers solutions to typical patient/visitor experiences that cause misdirection and frustration:

Opaque Medical Terminology: befuddlement with alien technical words or the updating of treatment terminology
Procedure versus Destination: puzzlement between the scheduled procedure and the department where it is delivered
Patient Processing Protocols: confusion on the process steps to register and follow through the stages of a clinical treatment appointment (e.g., where to go first, how much time to allow; room directions)
Facility Expansion: mixups resulting from multiple buildings in centralized or decentralized campuses (e.g., multiple "main entrances"); multi-level parking decks; multi-level entry walkways (e.g., which level is the "main floor" level?); "new" building/section versus "old" building/section designations.

Organization Restructuring: mystification of internal department layout changes that do not follow a logical clinical services grouping or location
Differences in Design, Scale, and Orientation: confusion resulting from completely different architectural environments and inconsistent or overlapping room numbering resulting from added wings, suites, units, floors or whole buildings
Indistinguishable Decor: disorientation resulting from a labyrinth of identical corridors (e.g., colors, textiles) where every department looks the same
Staff-Centric Signage: confusion when signs serving individual departments (and which are only intuitive to section staff) conflict with similar facility-wide signage or even intra-department signage