

How do we find our way around? How do we identify places?



"Zoning and unit numbering often works well, especially in vertical buildings. It's easy to understand where room 507 is in a hotel - 5th floor Slightly different in hospitals but achievable."
 Darius Oliver



"Floor and zone navigation would fit really well with the flexibility of a core and shell adaptive building with final yard way finding once patients arrive in the destination zone."
 Brian Mitchell (CTG)



"Do we have any informal examples from St Mary's currently where we use these types of landmark to direct people? It strikes me that over here in QEQM the floors look very similar so it's quite difficult to direct lost patients without using the signs!"
 Owen Bray (CTG)

VISUAL IDENTITY

The NHS has a strong visual identity. Within this visual language, each hospital has its own identity – beyond signage. The hospital entrance(s) should provide a clear sense of arrival. Spaces should be welcoming, free of clutter, and wayfinding cues utterly consistent.



PLACEMAKING

Placemaking supports recognition, branding and messaging. It also assists wayfinding. Placemaking is created by shaping the building and its lighting, its colours and textures, and artwork or other remarkable features.



"Landmarks are really useful to identify entrances and touchpoints. This can be done with architectural features, art or bold designs. I regularly use building descriptors to direct patients round the site e.g. QEQM, 'building with blue & red windows' or reference to the statue outside."
 Deirdra Orteu (CTG)

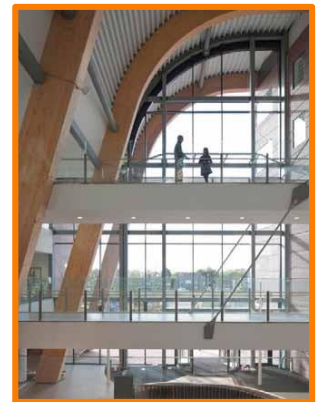
NAVIGATION & NODES

People can be nudged in certain directions with visual cues directing them to the next portion of the journey, or 'final yard.' At nodes people pause and orientate themselves. Landmarks can identify an entrance or a node. Edges demarcate identifiable zones or departments.



LINE OF SIGHT & THEMATIC STRUCTURE

When we can understand how a building is organised, and work out where we are in it by observing key features from a vantage point, finding our way around it should be a lot less stressful. In the photo: link bridges across a central atrium offer a clearly legible wayfinding experience.



INCLUSIVE & REDUNDANT

Some people navigate best by visual cues such as colour, others by identifiers such as numbers or themes such as 'forest' or 'ocean.' It's best to offer multiple identifiers, a deliberate redundancy, in order to cater for all. Consider too language and cultural needs. In addition, visual, tactile and audible cues work for people with disabilities.



AGE GROUPS

Special considerations for placemaking and wayfinding are needed for places such as dementia units, places for children, adolescents or older people.



"We have reduced the use of abbreviations and acronyms unless well-known or understood by patient group."
 Darius Oliver (CTG)

**Instinctively - through experience -
 and deliberately, following directions**