APPENDIX 3I

WAYFINDING STANDARDS

Please see attached.



Burnaby Hospital Redevelopment | Phase 1 & Phase 2

WAYFINDING STANDARDS for Burnaby Hospital



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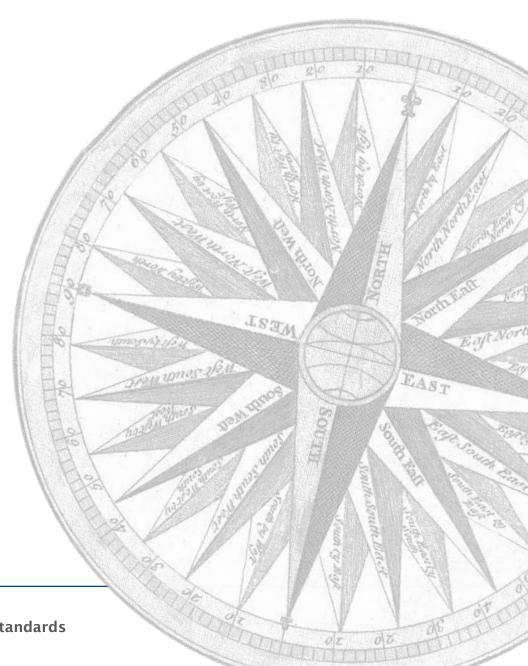
1. INTRODUCTION

1.1. PURPOSE

The purpose of the Wayfinding Standards is to outline the requirements and best practices for a Wayfinding System at Burnaby Hospital in Burnaby, BC.

This document will outline the objectives of a Wayfinding System, design Best Practices, the implementation and management of a Wayfinding System, a breakdown of sign types, and specific recommendations for the Burnaby Hospital Redevelopment Project.

The design requirements serve to ensure that the site wayfinding system is clear, consistent and follows Fraser Health brand standards and health facility navigation best practices.



Burnaby Hospital Redevelopment: Wayfinding Standards



2. OVERVIEW

2.1. COMMUNITY HEALTHCARE

"Fraser Health provides a wide range of health care services to more than 1.8 million people living in communities stretching from Burnaby to White Rock to Hope."

Local Community

Currently, Burnaby is one of the fastest growing municipalities in the province, having purposely pursued an active growth strategy of densification around main public transit corridors with good proximity to Vancouver and surrounding communities. Burnaby is the third largest city in British Columbia with a population of over 246,000 people in 2018. Burnaby's population is expected to continue to increase at an average annual rate of 1.5 percent over the next 15 years, a rate 30% higher than the province as a whole. Burnaby's population is projected to reach 270,000 by 2024, 301,600 by 2032 and over 310,000 by 2035.

Over the last quarter century, Burnaby has witnessed significant changes in its demographic profile, evolving from a rural and suburban community to a major urban centre that is socially, economically and culturally diverse.

The Hospital

Burnaby Hospital is a community hospital located in Burnaby, British Columbia, serving the health care needs of residents in Burnaby, the eastern part of Vancouver and other bordering municipalities. The 297-bed Burnaby Hospital opened in 1952 and provides acute and emergency care, was well as general and internal medicine, general surgery, neonatal intensive care, palliative care and adult mental health and substance use in-patient unit. Burnaby is the province's third-largest city, and the number of patients requiring hospital care is expected to increase almost 60% by 2036.



Figure 1 - Burnaby Hospital in the 1950's



Figure 2 - Burnaby Hospital cira 1958 - BU Archives



2.2. REDEVELOPMENT OVERVIEW

PHASE 1

Renewal Build New and Renovation (2019 - 2024)

New Inpatient/Outpatient Tower located between the Nursing Tower and Support Facilities Building to replace the West Wing for 287 beds on site including re-location of mental health outpatient services offsite, Inpatient beds from the Cascade Building to the new Inpatient/Outpatient Tower

Expansion and renovation of the Support Facilities Building. Renovations of the Nursing Tower on Level 1 to relocate inpatient beds and Level 4 Endoscopy. Demolition of the West Wing and Cascade Buildings. Construction of a new powerhouse (under separate project funding).

PHASE 2

Redevelopment Expansion and Specialty Services (2021 - 2027)

- New Inpatient Tower to bring bed count on site up to approximately 400.
- Cancer Centre proposed to be co-located in the new Inpatient Tower.
- Renovations to the existing Support
 Facilities Level 3 to expand the emergency department.
- Medical imaging to be relocated to the new tower.
- Increased parking capacity.





3. WAYFINDING COMPONENTS

3.1. WHAT IS IT AND WHAT DOES IT ACCOMPLISH?

Wayfinding, in its most basic sense, are elements that allow people to find their way.

These elements can be obvious (an arrow pointing to a door) or subtle (an accent of paint on a wall).

How these elements are implemented and how a visitor interacts with them can vary greatly and are heavily dependent on the environment they are in.

Each wayfinding element plays a different role and supports creating an overall "Wayfinding System".



Figure 3https://www.mobilesmith.com/wayfinding-app/map-hand/





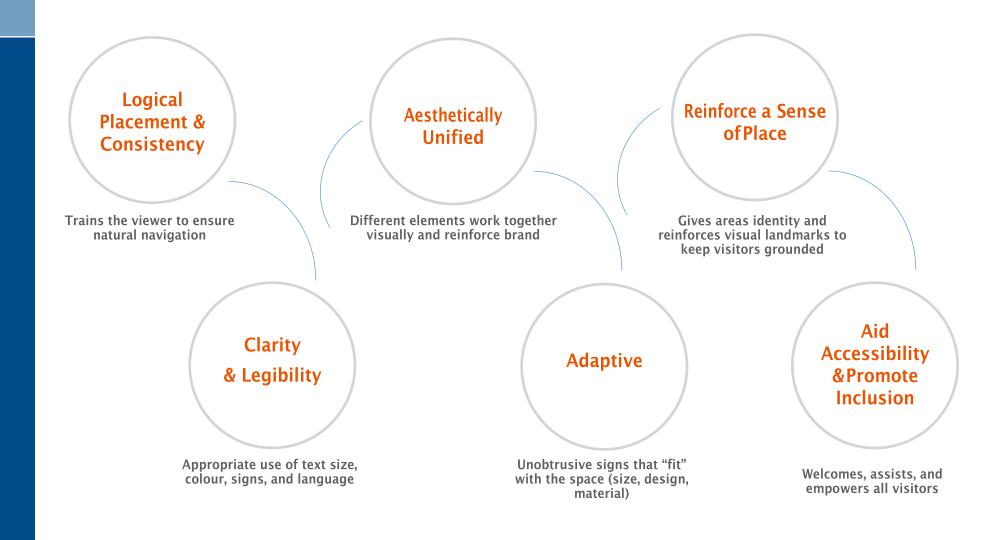








3.2. PRINCIPLES OF GOOD WAYFINDING





4. DESIGN PHILOSOPHY

4.1. GOALS & BENEFITS

Over the course of the multi-year redevelopment project, it is important to ensure that the hospital campus has an effective wayfinding system that supports and benefits, facilities, health care teams, patients and visitors:

With hospital visitors in a highstress environment, it is important that wayfinding does not add to a further sense of frustration, disorientation, or anxiety. The Fraser Health Authority strives to provide visitors with a sense of safety, empowerment, and peace of mind in every way, including through its wayfinding.

It is important that available data, proven design principles, and the needs of the hospital, inform the design of the Wayfinding System.

The Wayfinding System will reinforce the pre-existing branding of the hospital, visually "fit" with the new space, and rejuvenate existing areas. Wayfinding must seek to serve all visitors regardless of literacy, age, ability, or gender identity.

Patient Health Benefits

"Expectations of stressful, depressing, confusing environments can undermine the body's ability to heal."

(Passini and Arthur, 1992).

"It is important to consider that wayfinding problems have their own particular cost in the healthcare environment. Stress caused by disorientation may result in feelings of helplessness, raised blood pressure, headaches, increased physical exertion, and fatigue.

In addition, patients may be affected by the wayfinding troubles of visitors who, because they became lost, may have less time to spend with patients."

(Carpman and Grant, 2001)

Operational Cost Benefits

"Consider the indirect cost of lost productivity as concerned staff members take time away from patient care to give directions or walk lost visitors to their destination.

One study at a major tertiary hospital estimated the cost of wayfinding problems at \$220,000 per year."

(Zimring, 1990).

"Another indirect cost of poor wayfinding is that lost visitors are late or miss their appointments as people who visit the hospital infrequently misjudge how long it takes to navigate the unfamiliar environment."

(Zimring, 1990).

Benefits to the Fraser Health Brand

Ensuring patients and visitors feel comfortable with basic Navigation from the minute they approach and enter the facility not only reduces stress and frustration, it also communicates to everyone who enters the hospital that the facility is organized, professional, and capable.

Further, putting patients and visitors at ease with a sense that the facility is well-planned and orderly brings other benefits as well: patients and their visitors are more likely to arrive for their appointments on time and with a trusting and open attitude toward staff.



4.2. WAYFINDING FOR EVERYONE

The role of wayfinding is simple. It helps people find their way. A core principle of wayfinding is that it serves all visitors regardless of literacy, age, ability, language, or gender identity as its main function is to assist, inform, and direct.

For many, "accessible" means creating safe access to a space for those with visible disabilities by using ramps or handrails. Yet, making an area "accessible" and making an area "welcoming" are different things, but they require similar considerations. For example, for those with a non-binary or transgender identity, using a washroom facility while feeling safe, comfortable, and equal, makes the space accessible to everyone.

Additions like a secondary language or gender-inclusive washrooms are a great way for institutions to support visitors from marginalized or minority groups, while proactively demonstrating inclusive values.



Physically Impaired



Language Barriers



Visually Impaired



Gender Identity



4.2.1. PHYSICALLY IMPAIRED

Physical Impairment can be a substantial impediment to interacting with, and moving through a space.

Through accessible design, hospitals can highlight important services and resources that cater to visitors requiring additional support. These will be marked with the "International Symbol of Access" (shown on the image to the right) wheelchair symbol, an indication that the space or service has made considerations for maximum Accessibility.

Among areas where physically impaired visitors are most active, considerations can include placing interactive elements at a height comfortable for visitors who are seated in a wheelchair, and ensuring decision points indicate which routes are most accessible for those who may have difficulty accessing an area. For example, if an area is only accessible via stairs, a physically impaired visitor must have the knowledge of alternate routes before they approach the stairs.





4.2.2. VISUALLY IMPAIRED

When creating a wayfinding wystem, it is critical that the graphic design of signs serves all visitors. For the visually impaired, legible, high contrast text ensures that information is conveyed to the reader without distraction.

Additional considerations include presenting information in a logical hierarchy, and using a consistent use of layouts, universal icons, and braille. This allows for ease of navigation and ensures that all primary information is easily accessible.

Visually cluttered spaces make it difficult to discern which piece of information is worth paying attention to. Hierarchy of signs in the visual field must be consistent.

If a sign blends into the environment, it could be ignored.

Refer to the "Designing Signs" section on page 18 for requirements.

Braille

Though there are no federal guidelines for clear, consistent, and appropriate use of braille in Accessible Signage, the Canadian Human Rights Act requires that public spaces be "accessible and free of barriers". For visitors with partial visual-impairment, stark, high-contrast signage and large sans- serif fonts can be enough for navigation, but others require braille.

In a proactive act of ensuring accessibility, all small room usage signs shall have braille included.





4.2.3. LANGUAGE BARRIERS

As population demographics shift over time, hospital administrators may find that the Wayfinding System no longer serves everyone who visits the hospital.

The introduction of a secondary language can help reduce stress for visitors whose first language is not English. Using clear, universally recognized symbols in conjunction with text is an effective way to ensure important information is conveyed to the viewer.

Additionally, consistent use of colour, layout and zoning can train a new visitor as they move through a space, so they know what to expect when looking for directions or information.

Hospitals are often busy, high-stress environments where good wayfinding is paramount. Internationally-recognized symbols (similar to those used in airports) are a proven design solution, as they transcend language and are often highly visible from a distance.

In summary, these symbols shall be used in conjunction with text to reinforce important or well-traveled locations or services. In doing so, it allows for easy understanding for a range of potential visitors, from the visually-impaired, to non-native speakers.





4.2.4. GENDER IDENTITY

A person with a "non-binary" gender identity is someone with a gender affiliation that is different than the sex they were born with or who may not identify as one of two binary "male" or "female" gender identities. The person's "sex" refers to their biological body and their "gender" refers to the identity inside that body.

For single-occupancy washroom signage, we must avoid applying labels to the type of person who can use it, and instead focus on the service the room provides, in this case the toilet symbol with associated text and braille.



Mens Washroom. Trans People Welcome



Womens Washroom. Trans People Welcome



Universal Washroom Wheelchair Accessible



Universal Washroom

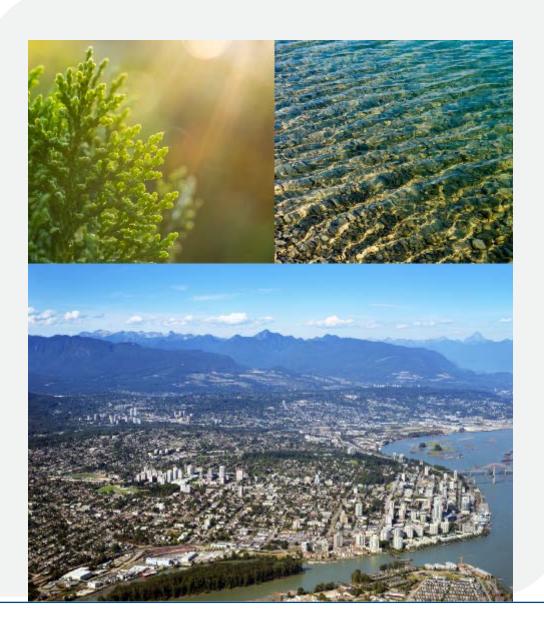


4.3. VISUAL / ENVIRONMENTAL THEMES

When incorporating imagery into the design of a space, it is important that the selected images strike a balance between being specific to the community and general enough to stand the test of time. Doing so will allow the space to remain current longer.

Burnaby imagery shall include the history of the district, and environmental landmarks like Burnaby Mountain, Deer Lake Park and surrounding flora and fauna. These images must be of local to give the hospital a truly unique identity.

Local imagery of the environment demonstrates that the hospital is an entity that integrates with its surroundings.





5. WAYFINDING IMPLEMENTATION

5.1. SYSTEM HIERARCHY

To decide how to prioritize signs, organize them in a hierarchy.

The use of a hierarchy allows information to be presented in a logical way that is expected by a new visitor. This hierarchy acts as the backbone of the system and informs how the system is implemented. For example, an entrance sign is a much higher priority sign than an office module.

5.2. PROGRESSIVE DISCLOSURE

Providing visitors with the most relevant information at each stage of their journey.

Wayfinding Systems use progressive disclosure to guide visitors as they navigate the hospital. In order to avoid bombarding a new visitor with every location and route in the building, information is handled deliberately, withholding information until it is relevant. By disclosing the information as the visitor progresses, it creates a more efficient traffic flow and reduces stress. It is easier to ask a new visitor to pick from five colour zones than 20 departments.

An example hierarchy is as follows:

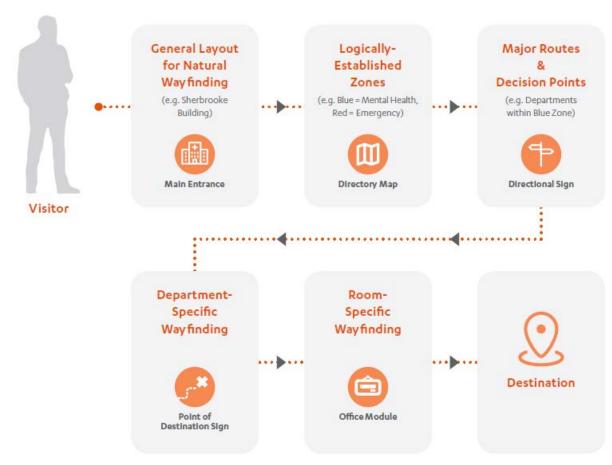


Figure 4 - Sample Sign Hierarchy



5.2.1. INTERNAL PROCESS

"Where do I need to go?"

In a successfully designed Wayfinding System, the process of determining where to go must take only seconds. With more complex routes, supporting wayfinding elements can help get visitors started on their journey. In these situations it is important that wayfinding empowers the visitor so they do not get lost or start over.

In the following example, a Visitor requires a washroom:



5.2.2. EXTERNAL PROCESS

How do visitors experience getting there?

To accomplish the problem-solving process, the user relies on five wayfinding factors.

In the following example, a visitor has an appointment at a clinic:



Cognitive Mapping: "Where Am I?"

The spatial orientation is the relationship one has to a space. This relationship requires one to form an overall mental image of the layout of the space and their relation to it. This is referred to as the cognitive map of the area.

As Visitors move through a space and interact with the Wayfinding System, they begin to fill in their personal cognitive map.

The Wayfinding System must allow the Visitor to easily build their cognitive map, and empower them on their journey to their desired destination by providing them the resources to do so.

The Wayfinding System must account for a wide variety of Visitors, all with different destinations, needs, and comfort-levels. One thing they all share is the process in which they interact with a space.

4. Following that route

"I followed the green zone signs to

the clinic area, and have arrived at

the green zone. The accent colour

walls and upholstery are a clue

that I'm in the right place. I see a

directional sign for 'Clinics A-D'."



5. Knowing when they have arrived

"The Point of Destination sign tells me I've arrived at Clinic B, Inside I see a 'Check-In' sign above a desk. After I check in, I'll look for a 'Walting Area' sign."



6. SIGNAGE REQUIREMENTS

6.1. SIGNAGE CLASSIFICATIONS



Directional

Directional signs guide Visitors to their destination, usually with an arrow. Sometimes these arrows contain a small directory of Accessible units should one follow that direction.

- Directional Signs
- Large Directional Arrows
- Floor Lines/Arrows
- "Out" Exit Arrows
- Directional Pylon



Identifying

Identifying Signage, usually at a destination point, informs the Visitor that they have arrived at the their destination. These signs can range from the name of a building, the paint colour of a zone, or the Identity of an office.

- · Point of Destination
- Room Module (Service/Standard)
- Washroom (Door/Finned)
- Elevator Door Banding
- · Floor Level Indicator
- Room Number Plate
- Building Entrance Signage
- Accent/Feature
 Wall Painting



Informational

These signs inform Visitors about the space. This information can be as complex as a full hospital directory, or as simple as hours of operation on an entrance door.

- Directory Pylon
- · Elevator Directory
- Informational Door Banding
- Unit Access Instructions
- Агеа Мар
- · Waiting Room / Atrium Monitor



Interactive

A touch-screen directory can provide Visitors with a 3D map of the hospital and efficiently direct them to their destination and Patient Information Phones allow Visitors to connect to an internal information service provided by the hospital. These Interactive Wayfinding tools require some form of active engagement from the Visitor, unlike the passive experience of reading a Waiting Area monitor. The possibilities of interactive technology are numerous, but as with any Wayfinding tool, it is important to decide whether it is the best solution to a specific problem.

- · Touch-Screen Directory
- Patient Information Phone



Interpersonal

While some Visitors rely on spatial cues and information directories, verbal communication may be a more effective means of communication for others. A volunteer can quickly spot someone in need and point them in the right direction, helping to bridge the gap between signs and the space. This is especially effective in a confusing area or when departments are in flux. Often overlooked in the Wayfinding System, the volunteer (or Information Desk Staff) plays a role that no other Wayfinding tool can; adding a human element to a space.

· Volunteer Station / Information Desk



Regulatory

These highly visible signs are often used to caution Visitors about boundaries in the space. Fire exits, restricted access and quiet areas are all examples of regulatory Signage types. Regulatory signs must look distinct when compared to the rest of the Wayfinding System.

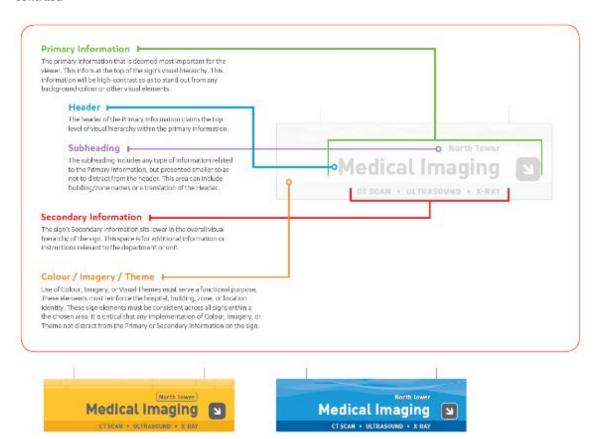
- Door Banding
- Cautionary Door Signage
- Cautionary Suspended
- Cautionary Floor Banding



6.2. DESIGNING SIGNS

Design Requirements for Wayfinding

When designing signs for a Wayfinding System, common design rules must be adhered to ensure all signs in the system are legible, scalable, and consistent. The most important design element to consider for any information system is hierarchy, placing the importance of one piece of information over another. This hierarchy can be shown visually through combinations of colour, size, font weight, position, and use of icons. Shown below is a dissection of the different hierarchical elements of a point of destination sign, as well as two examples of how a change in zone colour can affect text contrast.



Additional Design Notes:

- Bold, easily identifiable zone colours
- Subtle imagery does not distract (e.g., yellow bricks, blue wave)
- Strong, high contrast text in clean, sans-serif typeface
- Secondary information separate from primary information to enforce information hierarchy, but in a similar colour barfor association
- If single-sided, use a tone of the zone colour as backer colour

Fraser Health Graphic Standards Reference - Consult latest version at the time of design/production



2018 FH Corporate Identity and Brand Sta



6.3. SIGN TYPES & TECHNICAL DETAILS

Signage implementation is very contextual, meaning it is unique and must be designed with the space in mind. Before a sign is installed many factors must first be considered. These include, but are not limited to, visibility, size, format, material, building codes, installation technique, and use of a secondary language. The following section will break down many common sign types and the requirements for each. As signage design will be phase-specific, signs are shown in their simplified form, without zone colours, imagery, or brand identifier.

1. Sign Type Function:

A brief description of the sign, including its function as a component of the Wayfinding System and typical use cases.

2. Scaled Rendering:

This scaled rendering shows the sign's size relative to a six-foot tall person, as well as typical placement (walls, doors, ceilings, etc.)

3. Technical Details:

This section lists important baseline specifications for a typical sign of this type. It includes format, dimensions, install location, number of sides, and any additional considerations for a designer.

4. Example Photos:

Real-world examples of hospital Signage designed by Cornerstone Signage & Design. These images are included to show the variety of formats, colours, and install locations.

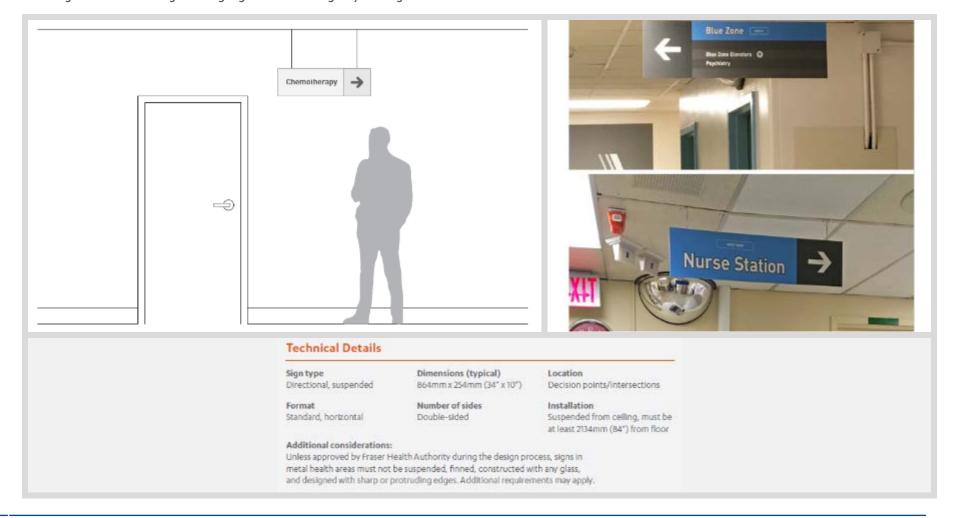




6.3.1. DIRECTIONAL

Standard Directional - Suspended

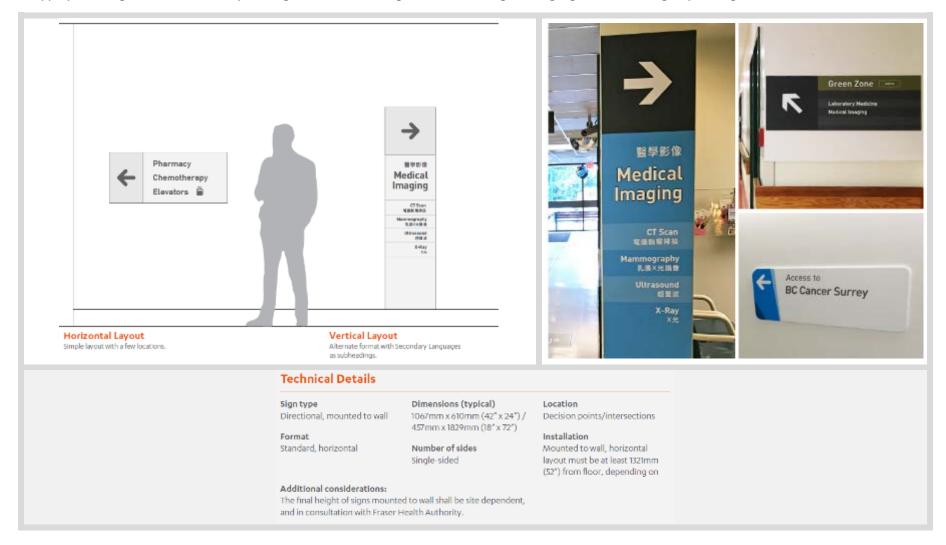
A standard directional sign is used to direct visitors to one or more destinations in an area. A directional sign must explicitly direct the Visitor with a high contrast arrow. This suspended sign must be placed at an appropriate height to ensure visibility and no contact with Visitors. The sign must not block sight-lines to building code signage such as emergency exit signs.





Standard Directional - Mounted to Wall

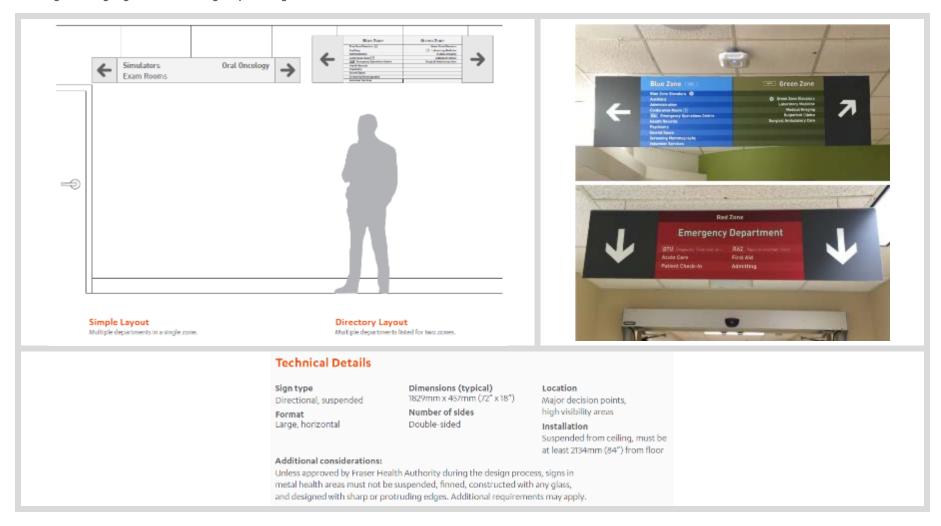
A standard directional sign is used to direct visitors to one or more destinations in an area. These signs need to be placed at a decision point for a visitor, in order to facilitate ease of navigation. A directional sign must explicitly direct the visitor with a high contrast arrow. This sign must be placed at an appropriate height to ensure visibility. The sign must not block sight-lines to building code signage, such as emergency exit signs.





Large Directional - Suspended

A large directional sign is used to direct visitors to multiple zones or departments in an area. Larger signs can support the addition of a directory and act as a major focal point for a visitor. A directional sign must explicitly direct the visitor with a high contrast arrow. This suspended sign must be placed at a major decision point, such as an intersection between two zones, at an appropriate height to ensure visibility. The sign must not block sight-lines to building code signage such as emergency exit signs.





Large Directional - Mounted to Wall

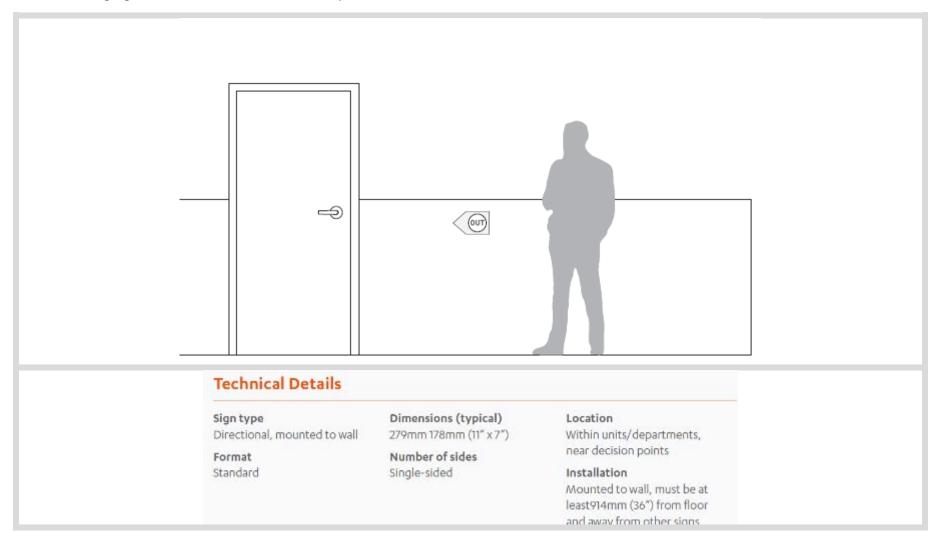
A large directional wall arrow acts as a directory for departments in a given direction. Its larger size makes it a focal point in a visually busy area. A directional sign must explicitly direct the visitor with a high contrast arrow. This sign is most effective at major decision points, or at the end of a hallway as a milestone for a visitor.





"Out" Exit Arrow

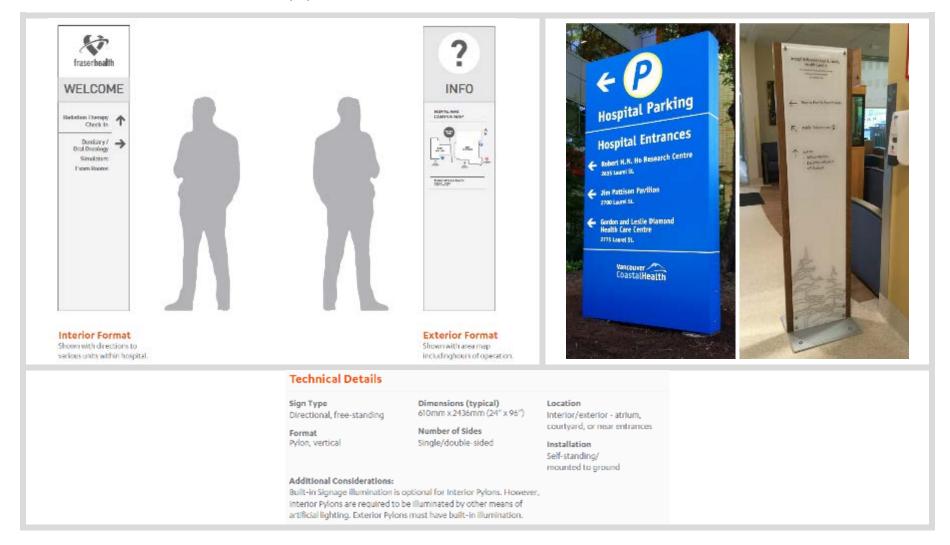
Unlike other directional arrows, the only function of the "Out" exit arrow is to help visitors navigate out of a department back to a central hospital route. It must not feature any additional text (unless a secondary language is used) in order to ensure a simple read. Out exit arrows must be visually distinct from surrounding signs, so as to avoid association with a specific area theme or zone.





Directional Pylon

A directional pylon is a structure that directs Visitors to major points of destination. These pylons are used in both the exterior and the interior of the hospital. Unlike a larger central directory, a directional pylon does not feature a map or complete list of departments. If the pylon has information on more than one face, that information must be displayed relative to the viewer's current direction.

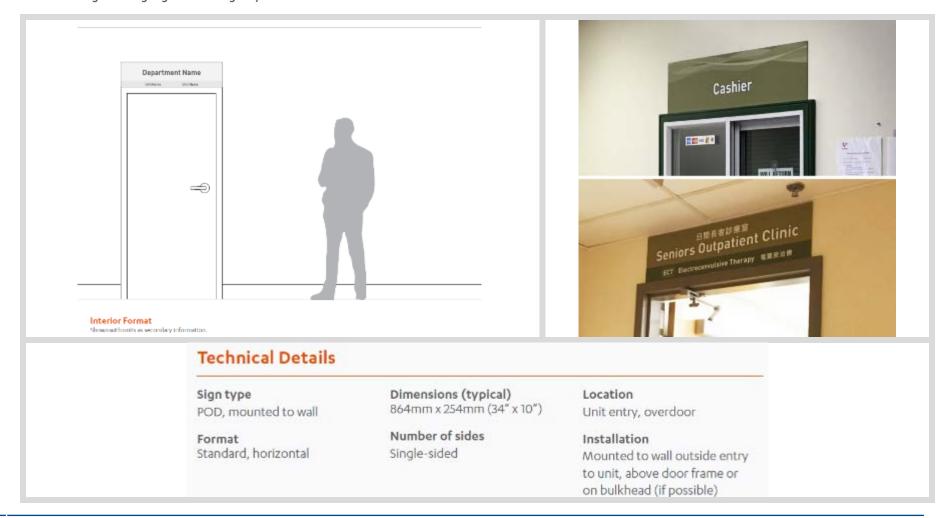




6.3.2. IDENTIFYING

Standard Point of Destination - Mounted to Wall

A standard point of destination sign informs a visitor that they have arrived at a new location. This location may also contain its own sub-locations, such as offices and clinics. This sign may be more appropriate in areas with low-ceilings, narrow corridors, or in situations where a suspended sign would block building code signage like emergency fire exits.





Standard Point of Destination - Suspended

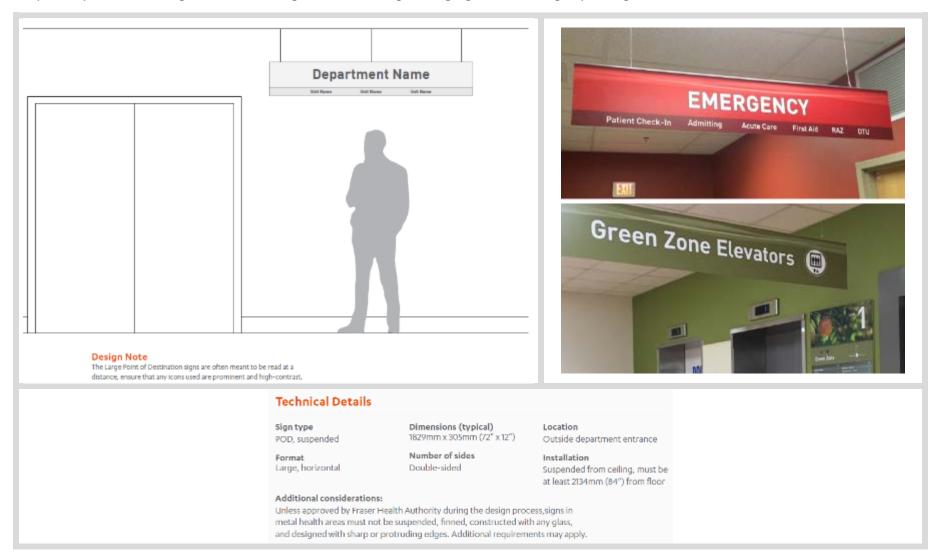
A point of destination sign indicates to visitors that they have arrived at a specific destination. This sign must be placed perpendicular to the entryway to the unit. If the point of destination is a desk or window, a suspended sign parallel to the desk is more appropriate (see: Information Desk). Suspended signs in hallways must be mindful of blocking sight-lines to any building code signage, such as emergency exits.





Large Point of Destination - Suspended

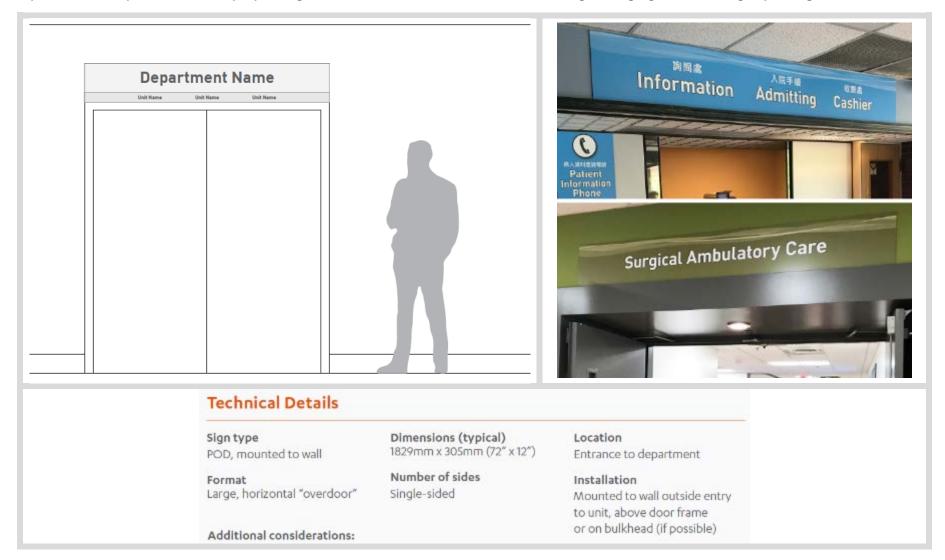
A large point of destination sign is a high visibility sign used to identify a significant area or location, such as an elevator or major department with many sub-departments. The sign must not block sight-lines to building code signage such as emergency exit signs.





Large Point of Destination - Mounted to Wall (Horizontal)

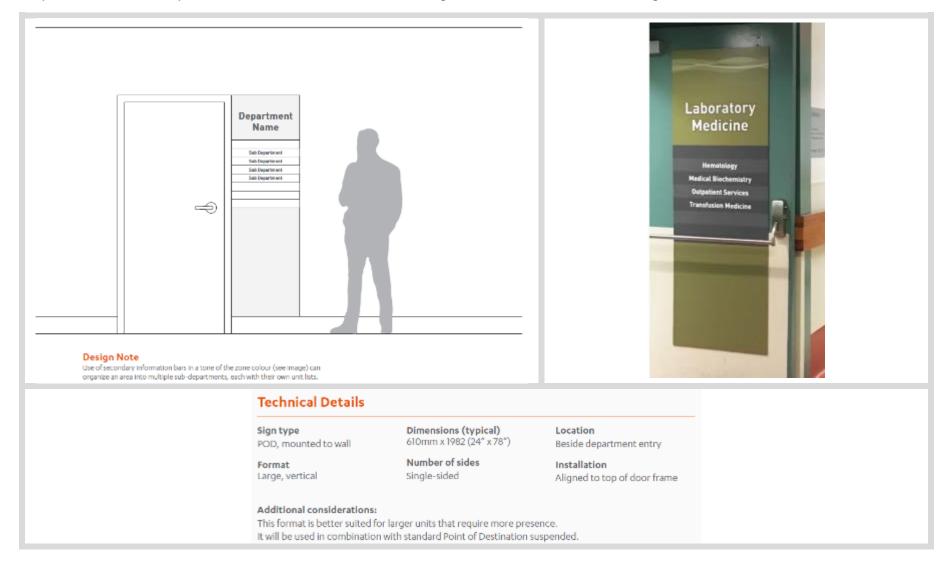
A large point of destination sign is a high visibility sign used to identify a significant area or location, such as a major department with many subdepartments. When placed over an entryway, the sign content must be moved to accommodate building code signage such as emergency exit signs.





Large Point of Destination - Mounted to Wall (Vertical)

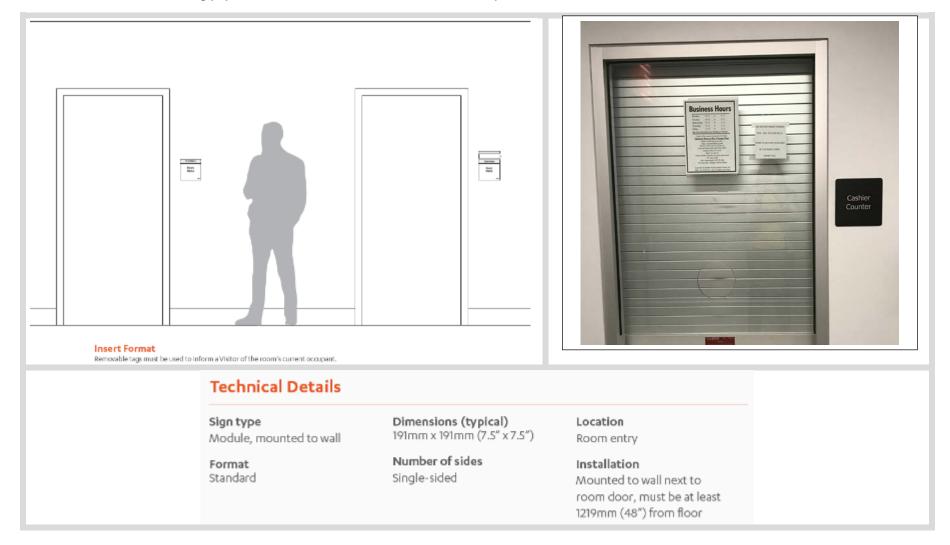
The vertical format of the large point of destination is always placed at the entrance of the department it represents. This format allows for a more comprehensive list of sub-departments in situations where there is not enough room to list them on a horizontal sign.





Room Module - Standard

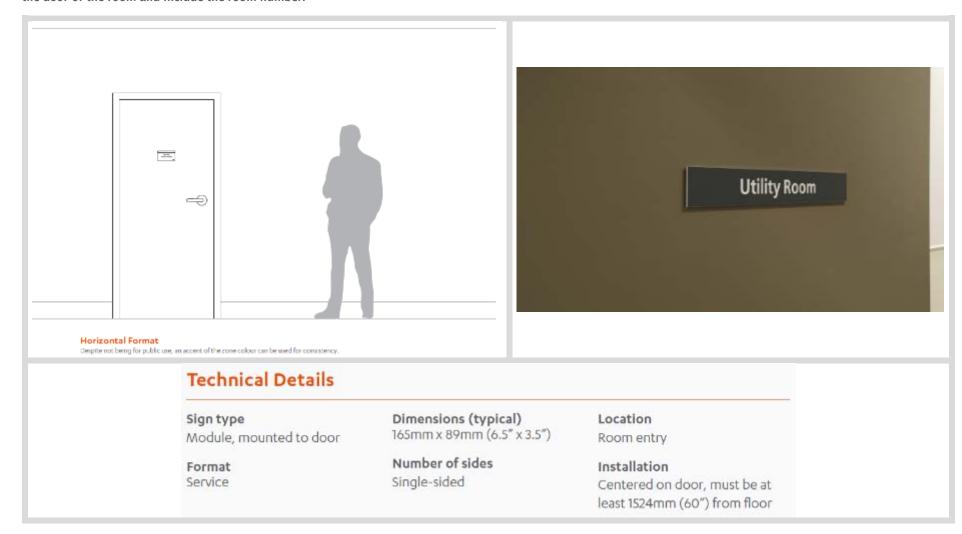
A standard room module states the function of rooms that are accessible by the public, such as exam rooms or offices. These modules must be placed next to the room door, not on the door itself. Room modules will include the room number as tertiary information. A room module can be paired with an insert slider to name an attending physician or room status. Room module content may also include braille.





Room Module - Service

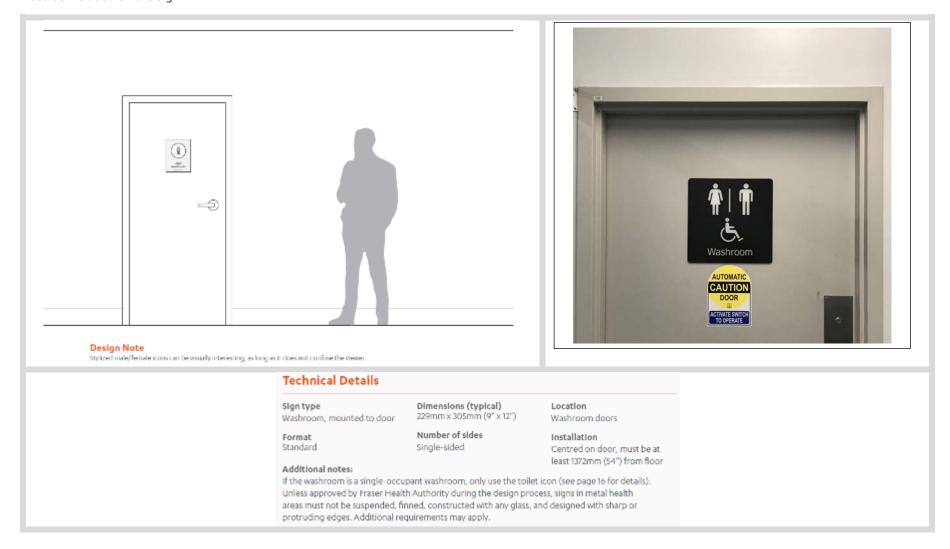
A standard room module is also used to indicate the function of a room not used by the public, such as service rooms. These signs must be placed on the door of the room and include the room number.





Washroom - Door Panel

Washroom door panels must include a high contrast icon denoting the intended user of the room. If the room meets the standards for wheelchair accessibility, include the accessibility wheelchair icon. The top of this sign shall be placed at the center of the door 1524mm (60") from the floor. Braille must be included on the sign.





Washroom - Finned

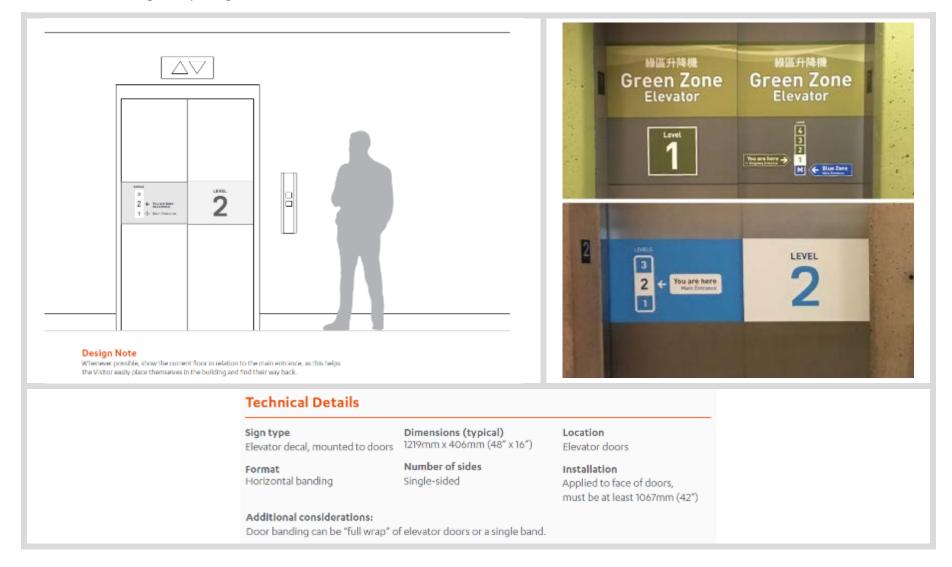
Finned washroom signs are mounted to walls near washrooms so as to be read from a distance. They must feature high contrast icons denoting the correct gender for the washroom. If a washroom is a single-occupant room, the associated sign must read "Washroom" instead of "Washrooms".





Elevator Door Banding

Elevator door banding must inform the user of their current floor and zone. It can also show their current location relative to other floors and major features such as underground parking lots or entrances.

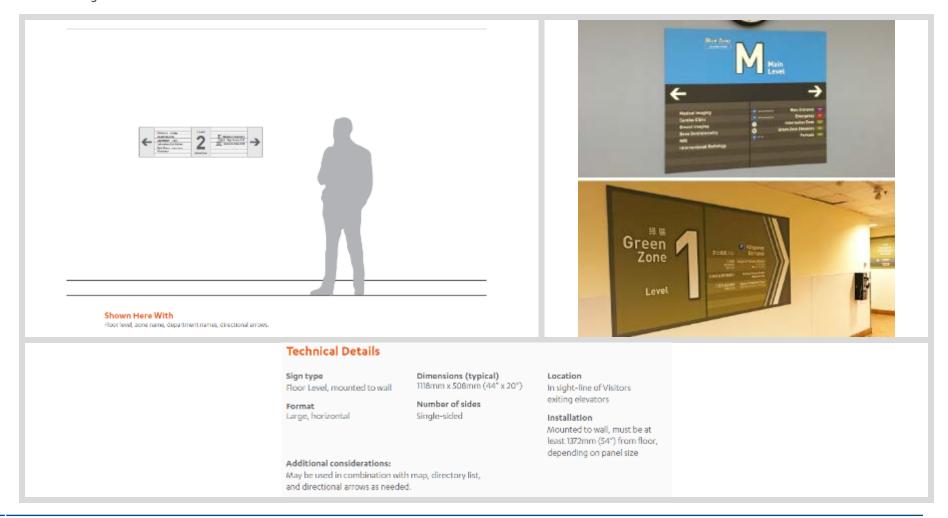




6.3.3. IDENTIFYING / DIRECTIONAL

Floor Level Indicator

A floor level indicator informs a Visitor who has just arrived at a floor which zone they're in, what floor they are on, and major departments on said floor. The floor level indicator must include directional arrows to help Visitors begin their journey on the new floor; therefore, it is both an identifying and directional sign.





6.3.4. IDENTIFYING

Room Number Plate

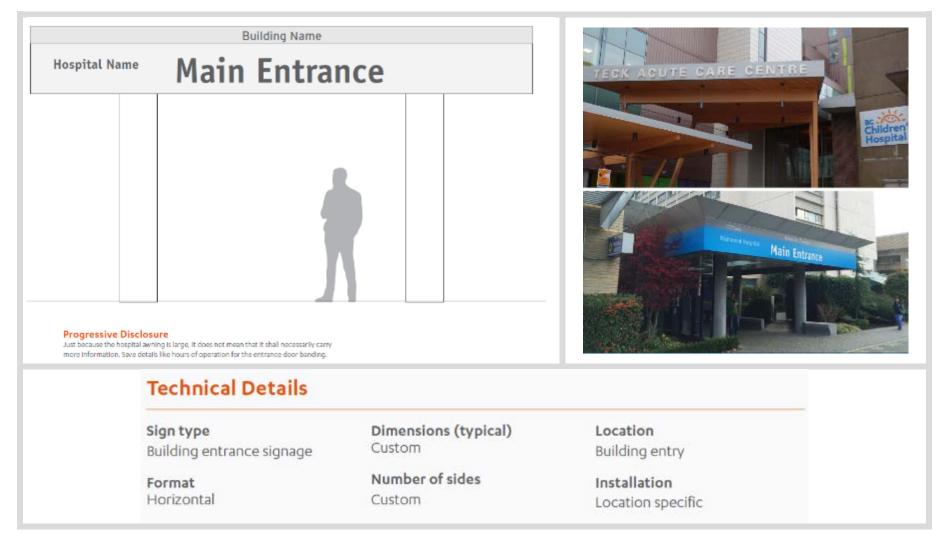
The room number plate identifies the room according to the building plan for service purposes. Its design must be understated so as to not distract from any room modules. These signs must be consistently placed throughout the hospital, on the top right corner of the door frame.





Building Entrance Signage

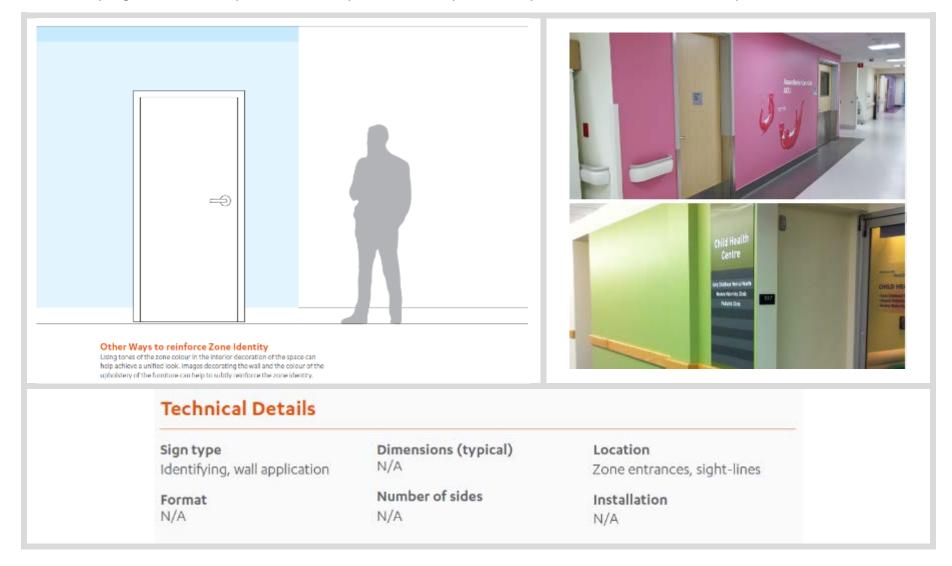
A building entrance sign must clearly identify the specific entrance, as well as its zone and building name. Zone theming is a good way to show that the entrance is a place of importance. Main entrances typically feature dimensional letters or a highly visible exterior awning. Building entrance signage shall be paired with door banding, in order to avoid clutter of information on the building sign itself.





Accent/Feature Wall Paint

Accent/Feature wall paint is an effective way to overtly and subconsciously reinforce the current zone of a particular area. Hallways painted with a zone colour can help to guide visitors as they move between hospital areas, and help them identify their intended destination intuitively.

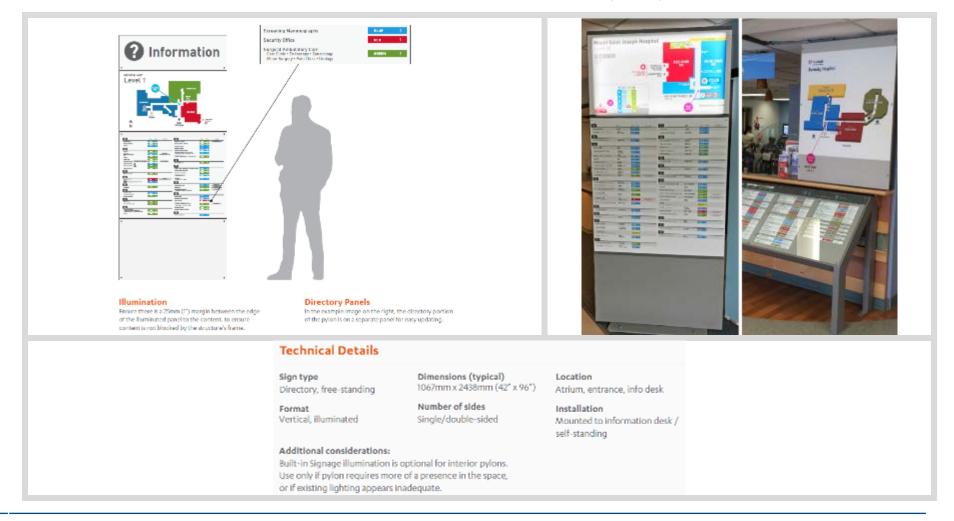




6.3.5. INFORMATIONAL

Directory Pylon

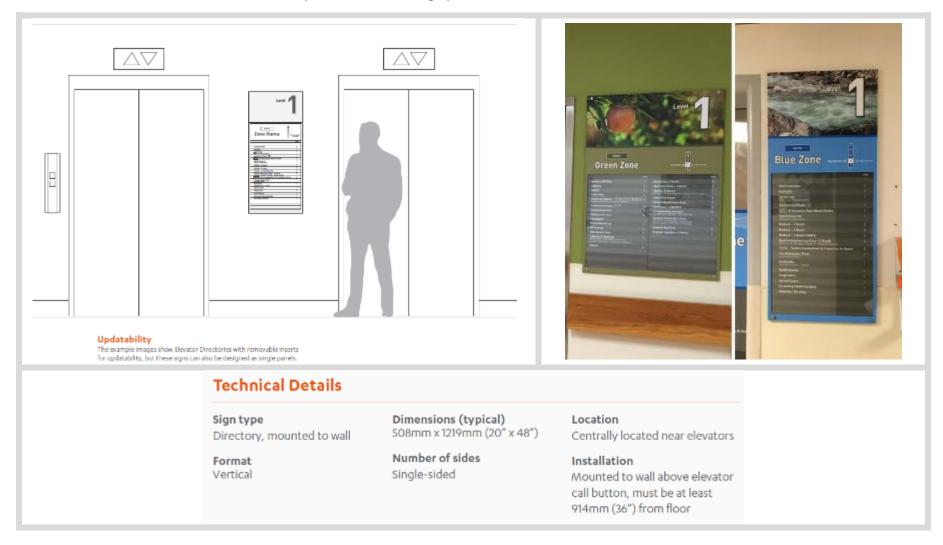
Directory pylons are freestanding structures that are placed in a central location, such as a main atrium or entrance. These structures feature a map of the area and a full directory of the departments in the hospital. Directories must be organized alphabetically in order to allow Visitors to find their destination easily. A directory pylon can be internally illuminated in order to attract visitors before they begin their journey.





Elevator Directory

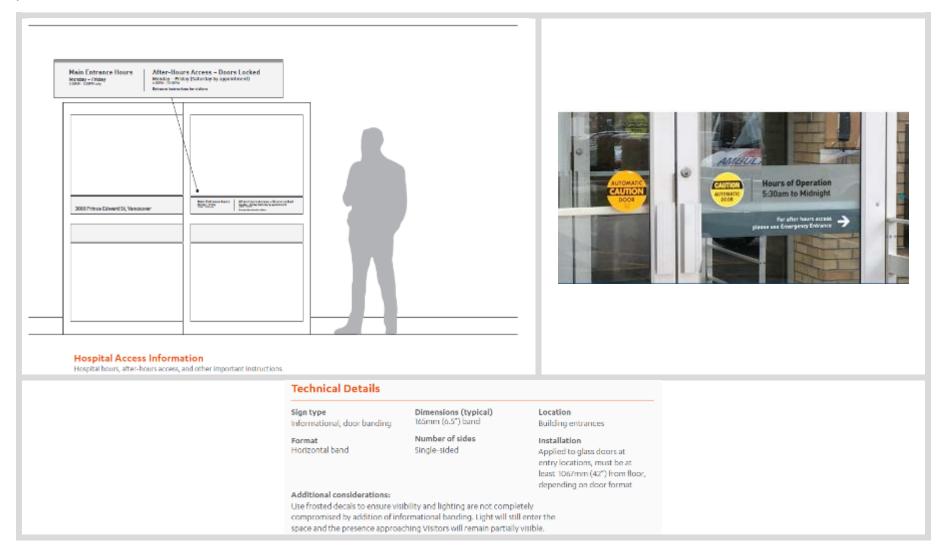
An elevator directory appears near an elevator and lets visitors know which departments or services they can find on other floors. In large buildings, directories must include a simplified map of the hospital floors to allow the visitor to better orient themselves in the space. This directory must be bold and introduce the visitor to the zone's colour and any other associated imagery.





Door Banding

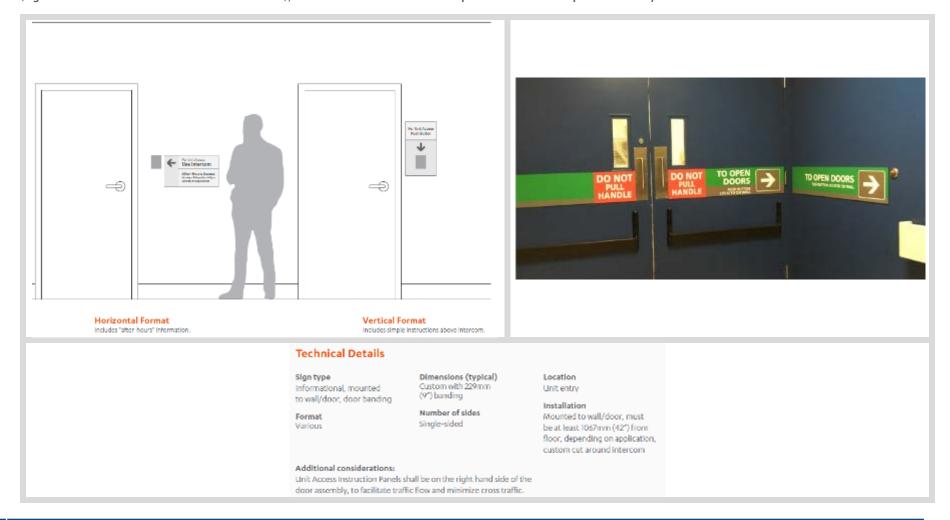
Informational door banding informs visitors of building information, such as the address, hours of operation, after-hours access, and delivery drop-off procedures.





Unit Access Instruction Panel

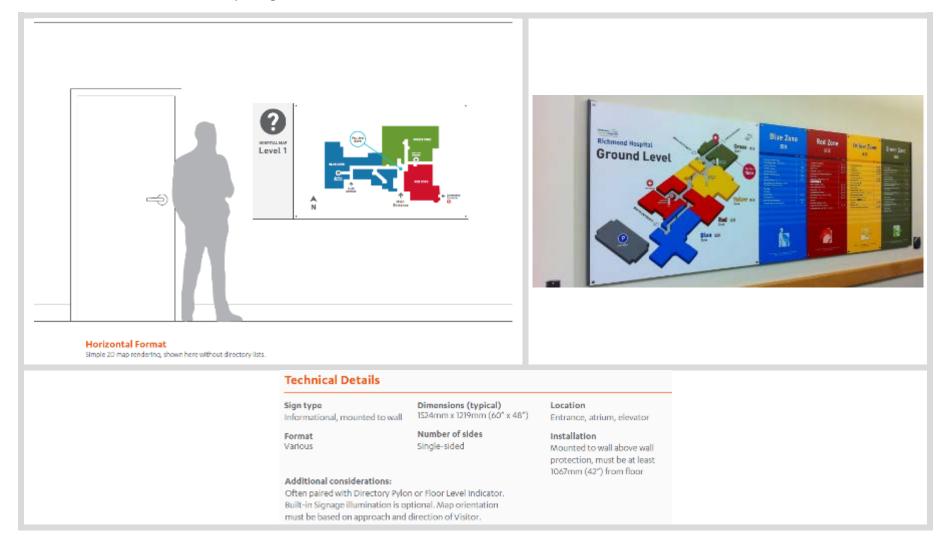
Unit access instruction panels are custom panels unique to a specific unit. These panels inform the visitor that an action must be taken before access is granted. Typically, this requires the visitor to check-in via an intercom box located near the door. In order to ensure the visitor does not miss the instructions or fail to locate the intercom, a combination of door and signage mounted to wall is used. Panels mounted to the door at the unit access point informs the user that an action must be taken, and directs the visitor to the instructions near the intercom. If the process is more than two steps (e.g. "Press Intercom" and "Wait Until Buzzed In"), use numbers to denote the sequence of actions required for entry.





Area Map

An area map is a simplified graphical representation of the space organized by zone colour. These maps are often paired with a directory, or used in combination with a floor level indicator panel. Area maps must include the building name, the current floor, zone colours, major entrances, elevators, information desks, and show access to parking.

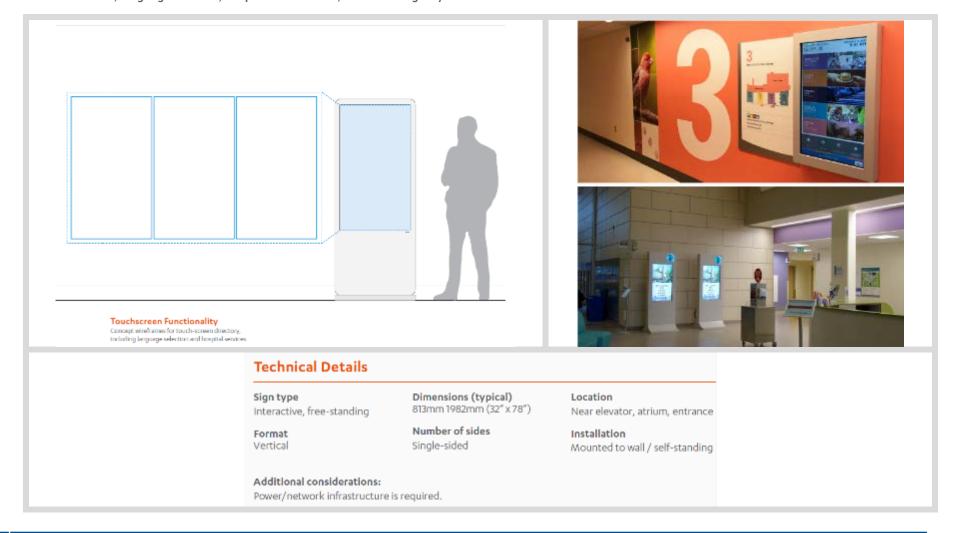




6.3.6. INTERACTIVE

Touch-Screen Directory

A touch-screen directory can provide custom information catered to the visitor's input/requests. This could include overall mapping, direct routes to their destination, language services, hospital information, and an emergency call button.





Interactive Mobile App

A wayfinding app on a mobile phone can make finding places, rooms, clinics and departments in the hospital much easier to find.



Figure 5 PRNewsfoto/Connexient and Mackenzie Health

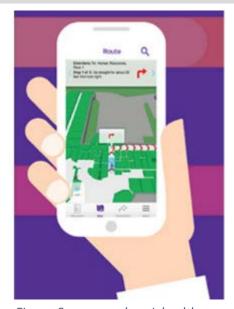


Figure 6 www.mackenziehealth.ca

Using an app, such as one being used at Mackenzie Richmond Hill Hospital (Richmond Hill, Ontario) "directs visitors to patient registration, where they will be prompted to register or check in. The app can also be used to navigate to a clinic or appointment, the food court or the closest bathroom. The user's current location is indicated on the map with a blue dot demonstrating where they are while navigating to their destination. The app also includes hours of operation for clinics and other locations."

"While there will always be a friendly face to greet and direct visitors to their appointments and clinics, the Mackenzie Health Wayfinding app adds an extra layer of comfort and convenience for patients and visitors using their personal devices to navigate around the building."

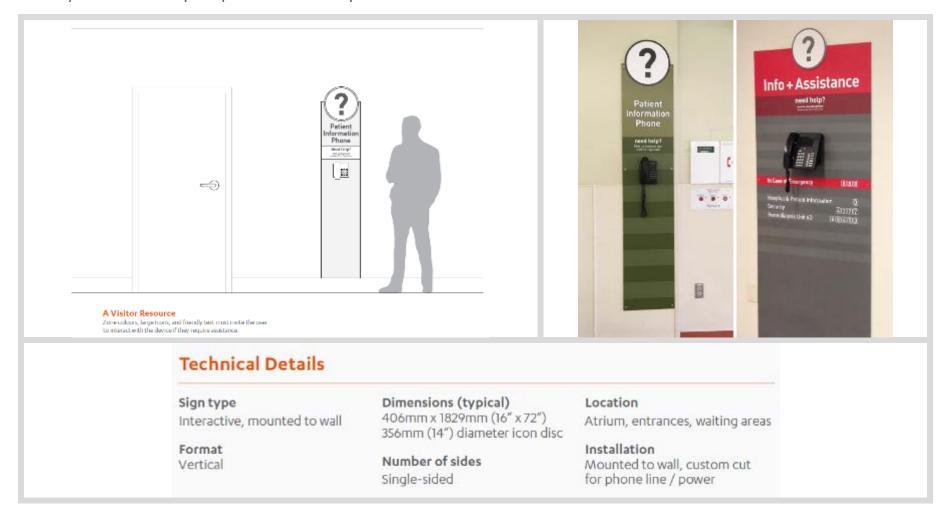
Reference: *Connexient's MediNav™ Wayfinding and Patient Experience"



Patient Information Phone

A patient information phone panel highlights a hospital information resource, by backing the phone with a highly visible panel that is consistent with the current zone. Phone panels will specify that they are for an internal information service. Information phones must use a high-contrast "question mark" icon instead of a phone icon, so as not to be confused with a phone that makes external calls (such as a pay phone).

Secondary information on the phone panel must include simple instructions for a user.

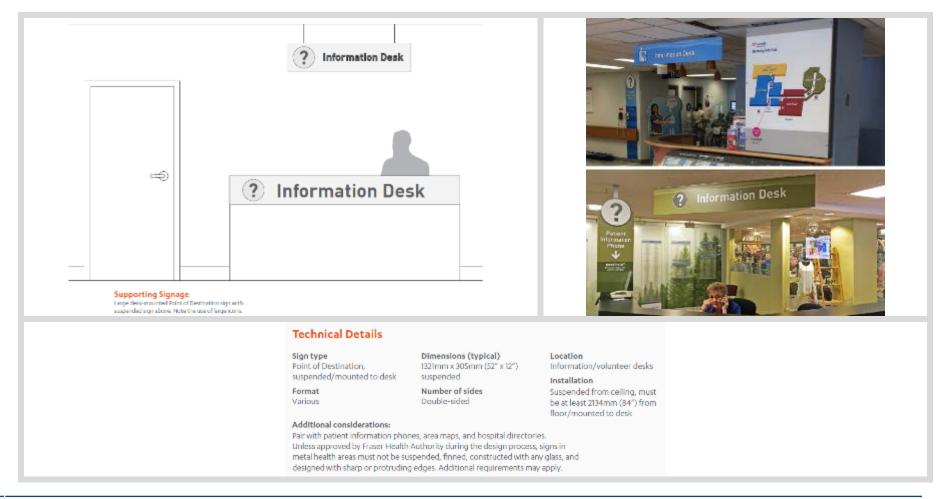




6.3.7. INTERPERSONAL

Volunteer Station / Information Desk

The volunteer station or information desk is a designated area where staff or volunteers can help visitors by answering questions or helping to direct them. These desks must include an area map, a directory, and a paper version of the map. In order to operate efficiently, information desks must be placed near entrances, or areas where major routes converge (such as an atrium). The desks themselves must be highly visible, with a "question mark" icon and the words "Information Desk" or "Volunteer Station" placed on both the desk and suspended above it.

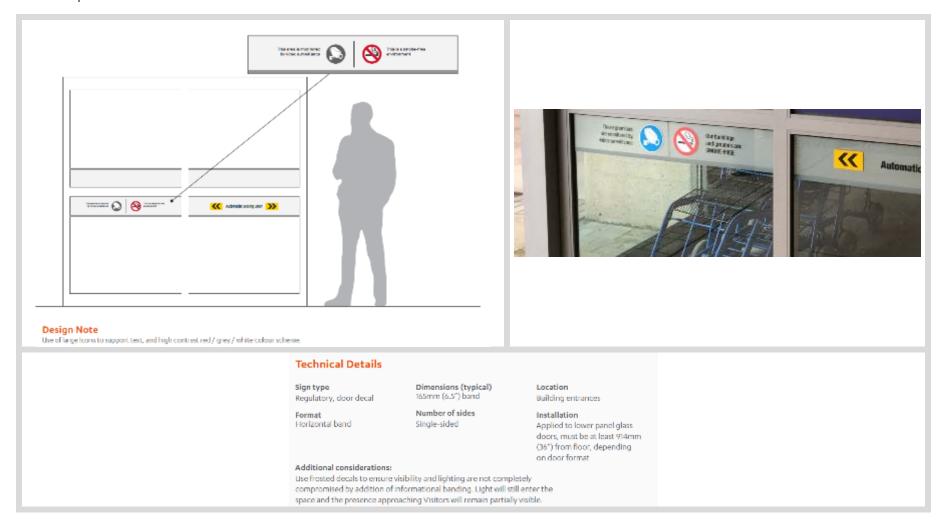




6.3.8. REGULATORY

Door Banding

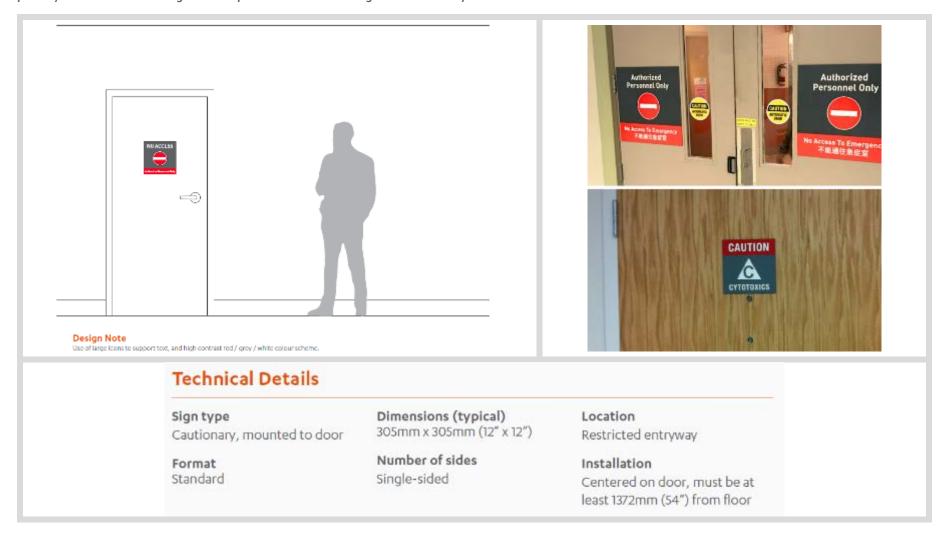
Regulatory door banding is used for information that is not related to cautionary signage like "Authorized Personnel Only", or informational signage like "hours of operation".





Cautionary - Door Panel

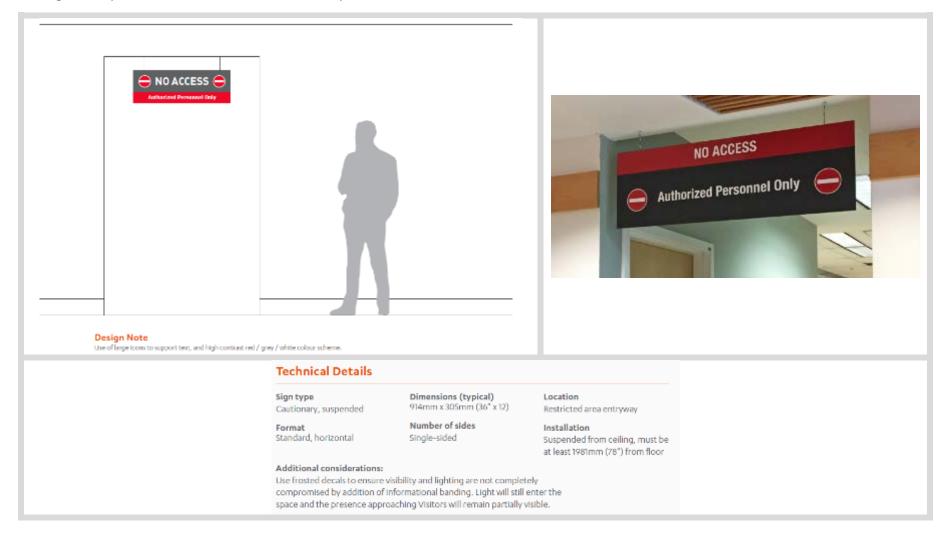
Regulatory signs typically look different from the rest of the signs in the Wayfinding System, as they contain information deemed critical for the visitor. Cautionary door panels warn visitors about a particular space. This can be that a door is alarmed, restricted to hospital staff, or that it must not be blocked. Cautionary signage must be bold, with high contrast text and large icons. Typical designs must convey the warning simply as the panel's primary information and relegate the explanation of the warning in the secondary information.





Cautionary - Suspended

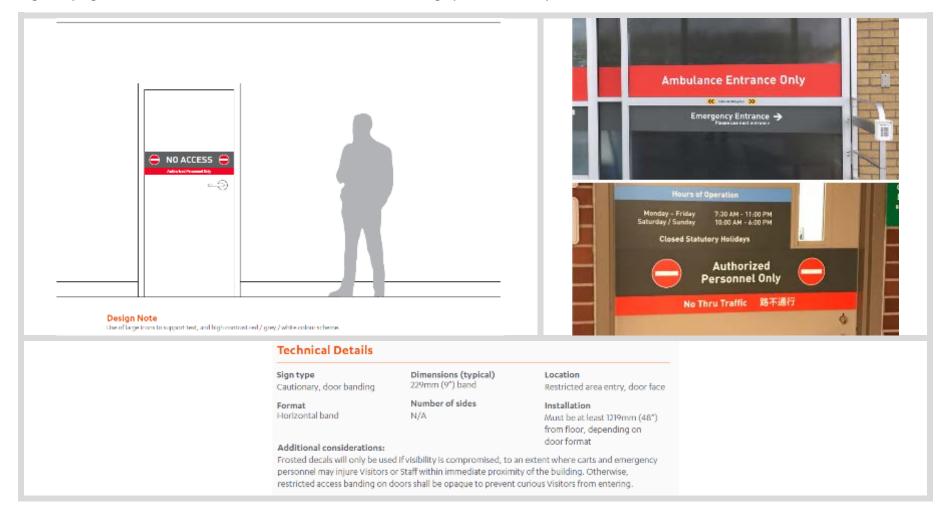
Suspended signage is used to identify an area where caution is advised or access is restricted. Often a suspended sign is used when there is no door for banding or door panels to be attached to, such as a hallway or a different area of a room.





Cautionary - Door Banding

Cautionary door banding is a more visible type of cautionary sign, as it creates an obvious visual bar. Cautionary door banding will be used when more text is required that does not fit on a door panel. Cautionary banding must look different from the rest of the signage system, so it is not ignored. Regulatory signs do not have to adhere to the visual themes, colours or imagery of the zone they inhabit.

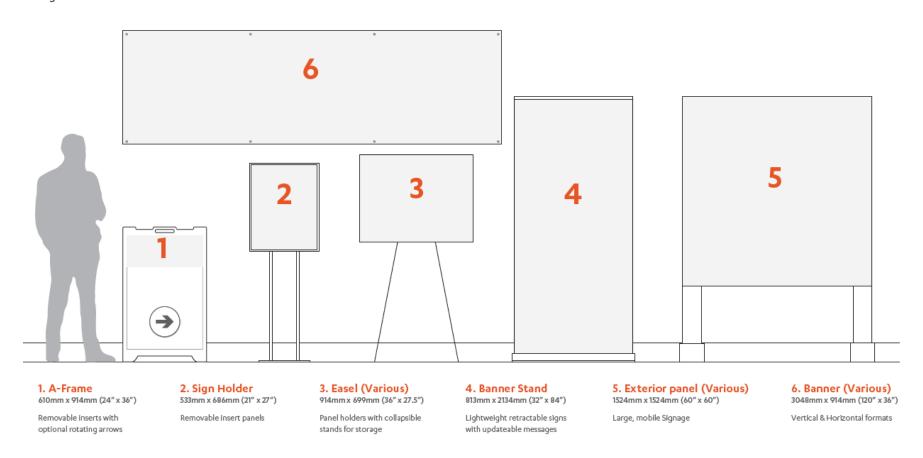




MISC. SIGNAGE

Temporary Signage

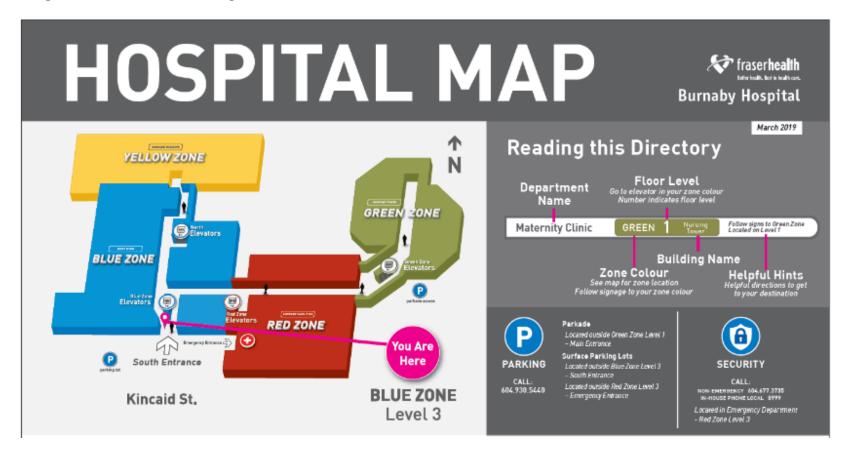
During a roll-out of a system, older signs often contradict information on new signs and cause confusion. Temporary signage is an affordable and effective way to maintain the effectiveness of hospital operations during a renovation. Temporary signs must be implemented as departments and units change to avoid confusion.





6.4. HOSPITAL ZONES

Currently, Burnaby Hospital is organized into zones based on the function of departments within each building. Zones are an essential element when directing the visitor across sites over long distances.



Along with zone colours, hospitals often associate a zone with a specific type of icon or imagery. For example, one might associate the green zone with pine trees or, the blue zone with a river. This is a good practice, as it allows for another identifier for visitors and gives that zone its own identity. However, if the imagery distracts from primary information or icons, it must be avoided. When it comes to the visual representation of a zone, colour and imagery can be used as support, not as the main visual focal point. This means incorporating the zone colour in wall paint, upholstery, or accents on existing signage.



7. EXTERNAL APPROACHES

7.1. EXTERIOR DIRECTIONAL PYLONS

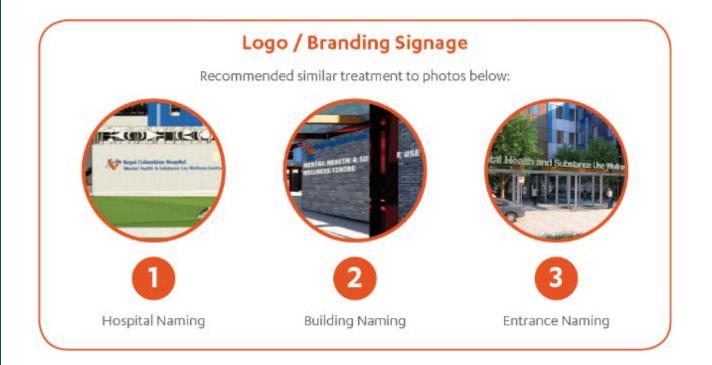
With the redevelopment of Burnaby Hospital and the future addition of new buildings, great care must be taken to ensure the routes around the hospital campus and between buildings are logically designed. This section highlights potential signage exterior pylon examples. Freestanding pylons and directories will help visitors on their journeys to other buildings or as they arrive at the hospital. These structures can list major departments within each building, as well as a simplified map of the hospital campus with coloured zones. Where possible, access to vehicle connections such as the parkade, bus line, and SkyTrain shall be highlighted.





7.2. BUILDING BRANDING AND ENTRANCE SIGNAGE

Building names and hospital branding must be highly visible from a variety of sight-lines in all weather conditions, including at night via internal illumination. Entrances will reference nearby landmarks. Building identification signs must identify both the building name and its zone.



The current Fraser Health Naming Policy must be followed to ensure standards are met. This policy governs the naming of Fraser Health assets.

As a reference, refer to the Naming Policy (June 2015)



FH Naming Policy.pdf



7.3. ARCHITECTURAL ELEMENTS

Signage and architecture must be designed to work together and complement one another. Using design to highlight architectural elements or placing a sign in the right architectural area helps for an overall cohesive system.

Well-defined exterior pathways can be well-lit to highlight the proposed direction of foot traffic to entrances. Painting an exterior portion of the building the same colour as the building's zone or implementing Fraser Health branding helps to differentiate buildings on the Burnaby campus, and associates the visitor with pathways of major points of interest for hospital / building identification.





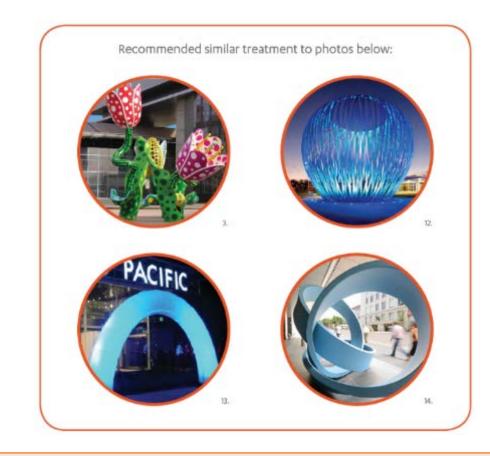
7.4. COMMUNITY LANDMARKS

Burnaby Hospital is a major element of the community, as both a local and regional health care provider. Community landmarks, such as major streets, transit hubs, and the direct surrounding environment will be incorporated into the identity of the hospital's entrances and buildings. While indoors, it may be difficult to know which way north is, but while walking around the hospital campus natural wayfinding elements will help orient visitors as they turn to nearby landmarks.

7.5. USE OF PUBLIC ART

In order to further imbue entrances with a specific identity, the area outside each entrance shall be visually distinct using a significant artistic feature, such as lighting, sculpture, mosaic, and community art. These elements make an area stand out amongst other locations on the hospital campus and can grant a sense of importance to an area like a main entrance or atrium.

In terms of wayfinding, visual elements from public art can factor into the overall theme of the zone, creating further cohesion.



Cultural diversity and overall Burnaby community representation are important elements to include in public artwork at Burnaby Hospital with the Burnaby Clinical Team providing final approval and sign-off. Indigenous artwork and symbols will be included to acknowledge the local First Nations communities.

Fraser Health Artwork Policy Reference - Consult latest version at the time of design/production.



2018 FH Artwork



8. DYNAMIC WAYFINDING **SIGNAGE SYSTEM**

During the construction phase of the Burnaby Hospital Redevelopment Project, the Dynamic Wayfinding Signage System will be used. This wayfinding system is designed to be used as temporary wayfinding signage to inform staff, patients, visitors, volunteers and service personnel of the changes in transportation and/or circulation routes in and around the BH site and facilities.

Dynamic wayfinding signage will consist of a) pylon structure format; b) delineator format; c) wall-mounted directional format; and d) a-framed

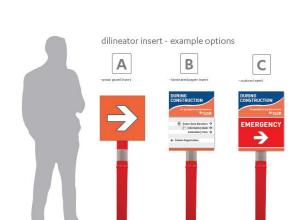
directional format.

pylon structure format

A)

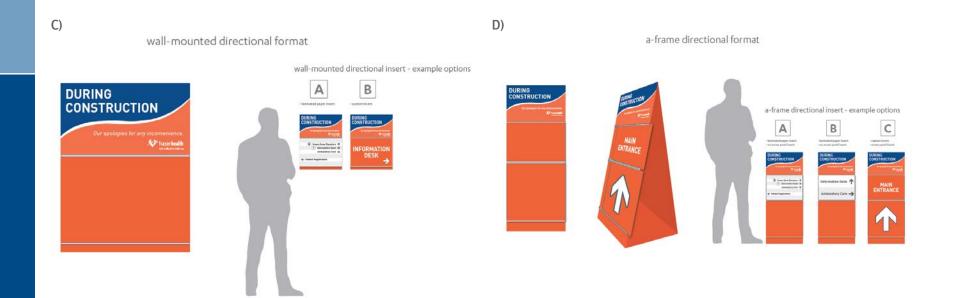


B)



dilineator format







9. MANAGEMENT

9.1. MAINTAINING THE SYSTEM

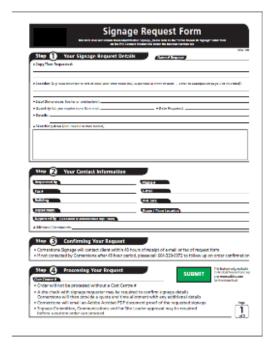
During a multi-phase roll-out of a system, older signs may contradict information on new signs and cause confusion. It is important to clearly delineate between signs that are covered by the new system and those that are not. This often leads to the build-up of custom signage clutter, which can unintentionally add more confusion to an area and is a signal that a wayfinding element isn't performing adequately.



The use of names and terminology will be consistent on all forms of hospital communication, including documentation, signs, maps, and verbal instructions. If a department is moved, renamed, or temporarily inaccessible through expected means, volunteers shall be nearby to help redirect visitors to their intended destination. Site operations will ensure that volunteers are using the new names for departments and zones if they have been renamed, so as to codify them in the new system and establish them as common language.

After implementing a Wayfinding System, it is important to maintain its integrity over time. Through its use, it is natural to discover oversights and elements that must be tweaked. However, in order for it to be truly effective, there must be commitment to the system at every lev

A signage order form is a huge asset, as it puts policies in place, and upholds standards for future signage implementation. Signage forms shall be used for effective wayfinding change management. A sample form is shown on the right.





9.2. MOVING FORWARD

As the hospital changes and is further developed, it will be necessary to adjust wayfinding accordingly.

It is important to use these opportunities to address overall issues with wayfinding and consider changes that can be a core tenet of the new system. Here are a few examples of questions that shall be answered before implementing a new phase of expansion:

- Do demographic changes deem it necessary to add a second or third language?
- How have views on accessibility and inclusion changed since our last Wayfinding System update? What is Fraser Health policy?
- Do our "zones" make sense? Are departments grouped in a zone by their function? How would a new zone fit into this area and what issues might arise? (consider directory changes, wall painting)
- · Does an older, vestigial Wayfinding System still exist?
- If so, should that be adjusted to work with the incoming system or be removed and replaced entirely?
- Do logistical operations require clarity with wayfinding? How can wayfinding for staff make the hospital run more effectively behind-the-scenes?



10.APPENDIX

10.1. GLOSSARY OF TERMS

Accessibility:

Accessibility signage notifies a sisitor that a route or area will assist them if they have particular difficulty using said area. Visitors may be elderly, require the use of a wheelchair, or be visually impaired. For example, an accessible washroom must have enough room for a wheelchair, as well as hand-rails for support. Use of braille, or ramps instead of stairs, can also be considered a part of accessible design.

Best Practices:

A technique or methodology that has been shown through research and experience to reliably produce optimal results. Using the best practices in a particular field involves using generally accepted knowledge, as well as widely adopted procedures and technology to ensure success.

Patient:

Inpatient or outpatient as it relates to the delivery of health care services at the Burnaby Hospital campus.

Point of Destination:

A sign, often supported by architectural or landscape elements, intended to create a sense of arrival at a location. A point of destination signals to the visitor that they have arrived at their intended destination and can offer further specific instructions about destinations contained within.

Secondary Language:

Secondary Language refers to a language other than the official language of the province. If a secondary language is deemed necessary, it is after careful consideration of the client's users. Braille, for visitors who are visually-impaired, is another secondary language that is often used in wayfinding.

Staff:

A person or a group of persons charged with carrying out the work in the Burnaby Hospital campus.

Signage:

Signage is the most visible element of a Wayfinding System. Signage can range from "Hours of Operation" on a door, to a suspended directional sign, to a cautionary warning on a fire exit. All levels of signage must be considered to create a seamless experience for the visitor.

Visitor:

Any person that accesses the Burnaby Hospital campus whether for a long or a short period of time, but who will not be provided with health care services.

Wayfinding Master Plan:

A written and illustrative report that identifies wayfinding issues of a particular city, campus or building, and provides requirements and a plan for implementation.

Wayfinding System:

The strategic organization of wayfinding elements (such as architecture, environmental design, graphic design) that work in unison to aid in the orientation and navigation through an environment.



10.2. RESOURCES & IMAGE ATTRIBUTIONS

Resources

Cornerstone Signage & Design Ltd. - Consulting Services

"Downtown Austin Wayfinding Master Plan" MERJE (2013)

"Moving Forward: Opportunities for Vancouver's Digital Wayfinding Map" Robert W. White (2014)

"University of Idaho - Campus Sign & Wayfinding" Sasaki Associates Inc (2010)

"Burnaby Hospital Redevelopment Project - Phase 1" Wayfinding & Signage System Design Intent Review & Discussion - Stantec (2017)

"Trip Planner - SkyTrain Map" TransLink (2015)

"Managing the Transit Network" TransLink (2012)

"Burnaby Hospital: Preliminary Parking Analysis" Bunt & Associate (2014)

"2016 You & Environment Survey" LMFM EES (2016)

"Gendered Restrooms and Minority Stress:

The Public Regulation of Gender and its Impact on Transgender People's Lives"

Jody L. Herman, The Williams Institute, UCLA School of Law (2013)

"Gender-Inclusive Washrooms: What Employers Need To Know" Workopolis (2017)

"A Guide to Restroom Access for Transgender Workers" OSHA www.osha.gov

"Accessible Signage Guidelines" Braille Literacy Canada (2016)

"The simple design solutions that can make bathrooms better - for all genders" Lisa, Selin Davis, Quartz Media (2017)

"Wayfinding: Design for Understanding" Barbara J. Huelat, The Center for Health Design (2007)

Image Attributions

- 1. "BD_Aerial4_Night1" Wesgroup (2017) www.wesgroup.ca
- 2. "Burnaby Hospital, Sapperton, Burnaby, B.C. Postcard" H. Morey & Co.,Flickr (1910) www.flickr.com
- 3. "Les tulipes de Shangri-la" Yayoi Kusama, Flickr (2004) www.flickr.com
- 4. "Vancouver Airport 3" Entro Communications (2016) www.entro.com
- 5. "Top of Chinese Arborvitae Plant" wichatsurin, iStockphoto (2017) - www.istockphoto.com
- 6. "Burnaby, Burnaby, Coquitlam and Fraser River, British Columbia, Canada" Josef Hanus, Shutterstock www.shutterstock.com
- "The Yard Graphics Identity" Rios Clementi Hale Studios (2018)- www.rchstudios.com
- 8. "Nambour Christian College Trade Skills Centre" Conwell Architects (2015) www.architecturenow.co.nz
- "Brewery District" WesGroup www.thebrewerydistrict.ca

- 10. "SkyTrain" Bombardier bombardier.com
- 11. "art-public-montreal-discovermontreals- extensive-public-artcollection-photo" [2014] Marc Cramer www.quebecoriginal.com
- 12. "Arch6Big" Atomic2 Lighting (2016) www.atomic2.com/arch

"Public Art" Daniels https://danielshomes. ca/innovativeprograms/danielscreates

13. The Noun Project Icons Anton Barbarov, Gregor Cresnar, Sergey Demushkin, Muhammad Faizal Rahman Hakim, Pavitra, Mohamad Arif Prasetyo, ProSymbols, Vectors Market www.thenounproject.com



Fraser Health Policy and Standards

