

Technology Is a Tool, Not the Cure, for Ailing Healthcare Wayfinding

By Randy Cooper

Bob pulled into the hospital parking lot a half hour before his doctor told him to arrive for his tests. It took him much longer than he expected to park and get to the entrance, as he certainly wasn't at his best since he was nervous about the tests and he hadn't even been to the doctor in recent years, much less the hospital.

Once Bob got inside, he looked for "MRI" on the directory and saw "Imaging," but MRI wasn't listed, so he asked for help at the desk located near the entrance. The volunteer was busy, but did take the time to tell him that he needed to go to the Imaging Department and to add that he should have come in the outpatient entrance on the ground floor. He thought he was on the ground floor, but the woman pointed to the elevator. After a very long walk, lots of turns and much anxiety, Bob arrived 15 minutes late to his destination. Once done with his MRI, he got on the closest elevator to go back

to the first floor, only to see an unfamiliar setting. Bob realized that he had no idea how to get back to his car. Soon after, he took a survey asking about his experience at the hospital.

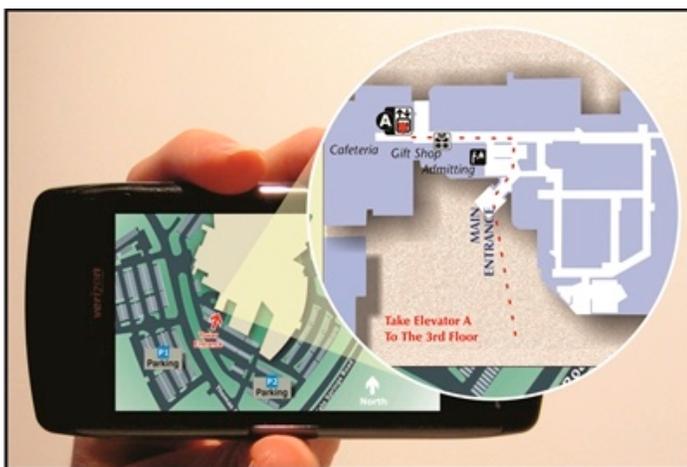
Sound familiar? Statistics from the American Hospital Association (AHA) show that 80 percent of patients are not given adequate information before they get to a healthcare facility and then are expected to navigate a complex maze filled with medical jargon, mysterious acronyms and conflicting messages. Mergers, expansions and retail medical outlets make the problem even worse. Marketers and C-suites are quickly learning that patients expect and deserve care with dignity, and understanding that the patients probably wish they were anywhere else. The bottom line is that enhancing patients' and visitors' (i.e., potential patients) experience is not a fad, but a reality of today's healthcare.

A Five-fold Process

Fifty-eight percent of facilities cite inadequate wayfinding as a significant need in improving the patient experience and throughput, not to mention the negative perception it creates. Facilities managers tend to use a Band-Aid approach, such as putting up more or different signs. Maybe, they think, new wayfinding kiosks would help and, besides, they look cool and project a very high-tech image. Like most problems, a single simplistic product will fall short. The foundational analytics need to be done well before moving toward a comprehensive plan to address the complexities of the issue.

Effective healthcare wayfinding is a five-fold process:

1. Analyze the problems/opportunities for improvement (look at current and projected needs). Incorporate information gathered from key stakeholders, patient/visitor surveys and an expert subjective review of existing conditions whenever possible. What works and what needs improvement?
2. Develop a typical representative of your target audience.



Wayfinding starts the moment when patients realize they need to seek out care. You would be surprised how many facilities don't even give you an address to plug into your GPS to find them. Apps, along with "iBeacons," can even give real time turn-by-turn directions inside.

Tip: Consider assigning unique "physical" street addresses to the various entrances while still maintaining a unified mailing address.

Integrating Technology Appropriately

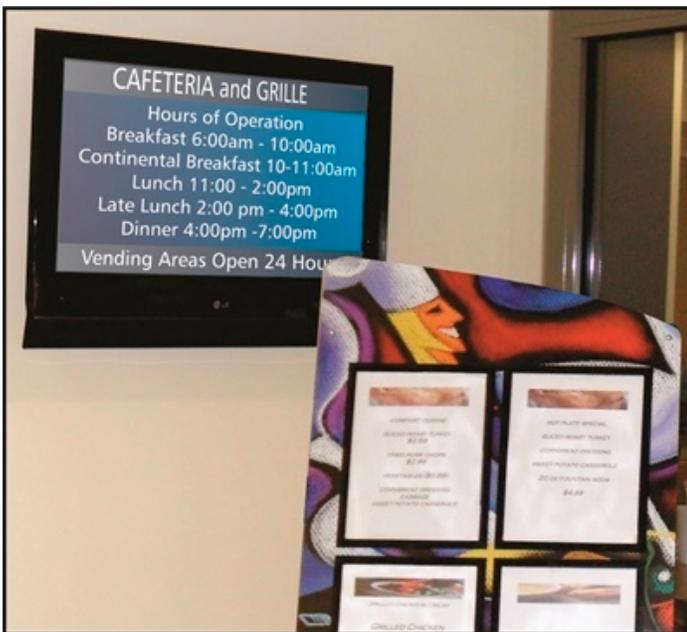
Technology as a communication tool for hospitals is still in its infancy, but early adopters are finding good acceptance. Here are a few ways that emerging technology is appearing for public use in healthcare:

- Digital welcome displays and live TV streams are being installed in lobbies.
- Cafeterias utilize easy-to-change electronic menus while promoting sales.
- Website information, including maps, addresses and directions, is often accessed at home by patients.
- Electronic message centers have long been used in retail environments, and can be highly effective for medical providers as well.
- A wide range of stand-alone handheld device applications are showing effectiveness.
- Patient care information is being displayed more commonly outside patient doors.
- Kiosks or wall- or desk-mounted directories can also display marketing information of specific service lines, events, etc.
- Donor recognition displays or environmental graphic display walls can use technology
- Online videos explain “what to expect when you visit the medical center.”
- Electronic appointment reminders, both via the phone and by text or email, can be useful although as technology has evolved, little attention has been placed on the content and quality of this application.
- While emerging technology is an exciting tool, be very cautious of “scope creep.” Before you know it, a straightforward application will grow into a budget-breaking project destined to die a painful death.



Touchscreen kiosks can display welcome screens or maps/floorplans; incorporate multiple languages and links to websites, and even have audio or printers built in. Some modules are durable enough for exterior or parking garage use.

Tip: Integrate technology such as touchscreen directories with the existing environment and static signage for best results. Be consistent in graphics, terminology and other content.



At this facility the IT department updates the digital signs so the dietary department resorted to an “old school workaround” and posts daily menus on an easel next to the HD display.

Tip: Make sure the media is maximized by keeping the content and the graphics fresh.

For example:

- First time visitor
 - Under stress/not in the best of health
 - In a strange/intimidating environment
 - Possibly elderly (low vision)
 - Limited English proficiency (typically third-grade English reading level)
3. Determine the information/messages that you need to convey at each decision point along the pathway from home to care. Incorporate a “progressive disclosure” approach, looking at each decision point and determining what needs to be communicated there. In our illustration, Bob needed to find the right facility, then the right parking area and then the right entrance, and he needed simple, consistent terminology that he could rely on to help him navigate.
 4. Develop a comprehensive plan that addresses terminology, and both built and natural spaces. Predetermine preferred major pathways so that staff, signs and other tools will consistently direct the public. Avoid service areas and don’t confuse the issue with saying “Or you could go ...” Give clues to the visitor and include landmarks and reference points along the way.
 5. Implement a wide spectrum of communicative tools, including emerging technology, but certainly not limited to it alone. Recognize that people vary in how they self-navigate and interact with staff, technology and signage. While a touch-screen kiosk may be very appealing to a younger person, the elderly may not be as apt to utilize it as a tool.

For example, a recent AHA survey showed that while 98 percent of hospitals are utilizing social media for general hospital information, use of mobile Web apps is around 49 percent. They certainly can be good tools, but the jury is still out on stand-alone apps such as ER waiting times, “find a doc,” shuttle bus waits and even those dedicated to wayfinding. The natural evolution dictates a single customer-focused app that incorporates social media, wellness, appointment info and all the other apps in one.

Getting a Plan in Place

The market has seen a glut of patient room signs with secret pullout slots and flags to alert the staff of patient care needs such as “prone to falls,” “nothing by mouth,” etc. Again, technology will play an increasingly important role in communicating that information. Units used by hotels to update conference room agendas can be used at the patient door while being updated at a central nurse’s station.

But keep in mind the old adage that “content is king” (we would add graphics to that) in creating a truly immersive digital experience. Facilities need to develop a plan to update/maintain elements, be they electronic or even printed maps, and who needs to update them.

In your rush to embrace new stuff, don’t overlook the innovations in basics such as printed visitor guides and even computer-generated appointment reminders. A consistent, user-friendly approach is important. Ask staff “If you were giving directions to a loved one, what would they need to get here?” The answer often is, “It’s much too complicated,

I would escort them” Why do your patients — your customers — deserve less?

As in any major initiative in today’s medical facility, project leadership is crucial. Best practices dictate that the facility provide a project “change facilitator” and a committee to champion the project, while it is best to rely on the skills of an experienced healthcare wayfinding consultant to analyze, design and orchestrate the implementation of the project.

Implementation done well shows tremendous ROI. Consider utilizing these best practices for implementation:

- Establish data and a matrix for an evaluation of the project early in the process.
- Beta test designs and evaluate and adjust them prior to massive rollouts.
- Work with graphic designers who are experienced in healthcare applications. Impressive airport, casino and corporate portfolios don’t really translate to the care-centered environment of hospitals.
- If the budget dictates implementation over multiple phases, focus on the best bang for the buck early on. Success tends to build on success.
- Utilize all the tools at your disposal to communicate the message that you provide care, not just clinical care — but care at all levels.
- Educate your staff and the public that having the best possible visit to their care provider is important and that “patient experience” is not a catch phrase — show that you truly care.

About the Author

Randy Cooper is an award-winning experiential graphic designer and founder/CEO of Cooper Signage & Graphics Inc., with healthcare projects in 47 states and spanning five continents. His insight into the patient experience is crisp in the long and short term. CS&G and Cooper’s work have been featured in dozens of publications, including *The Wall Street Journal*, *Wayfinding* (Design Media Publishing Ltd.’s book on successful wayfinding internationally) and *DigitalSignageToday.com*. In addition, he is the author of *Wayfinding for Healthcare: Best Practices for Today’s Facilities* (the only book devoted exclusively to healthcare wayfinding, published by AHA press) and *Health Care Wayfinding Integrates Four Aspects to Become Carefinding* (ASHE Management Monogram Series). Cooper can be reached at rcoper@carefinding.com or 800-297-2324.



Put technology in its place: It is an additional tool not a replacement. In most uses, digital signage and displays should not be thought of as a replacement to traditional forms of communication. “Old school” use of human interaction, traditional signage and printed collateral materials is still extremely viable.

Tip: Incorporate live TV with scrolling information in waiting areas.