CSA Group

Z317.14-17

Wayfinding for health care facilities

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Preface

This is the first edition of CSA Z317.14, *Wayfinding for health care facilities*.

This Standard defines the essential elements in planning, implementing, and continually improving wayfinding systems.

CSA Group acknowledges that the development of this Standard was made possible, in part, by the financial support of the governments of Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, Ontario, Prince Edward Island, Québec, Saskatchewan, and Yukon, as administered by the Canadian Association for Drugs and Technology in Health (CADTH).

This Standard was prepared by the Subcommittee on Wayfinding in Health Care Facilities, under the jurisdiction of the Technical Committee on Health Care Facilities and the Strategic Steering Committee on Health Care Technology and Systems, and has been formally approved by the Technical Committee.

Notes:

1) *Use of the singular does not exclude the plural (and vice versa) when the sense allows.*
2) *Although the intended primary application of this Standard is stated in its Scope, it is important to note that it remains the responsibility of the users of the Standard to judge its suitability for their particular purpose.*
3) *This Standard was developed by consensus, which is defined by* CSA Policy governing standardization — Code of good practice for standardization *as "substantial agreement. Consensus implies much more than a simple majority, but not necessarily unanimity". It is consistent with this definition that a member may be included in the Technical Committee list and yet not be in full agreement with all clauses of this Standard.*
4) *To submit a request for interpretation of this Standard, please send the following information to* ***inquiries@csagroup.org*** *and include "Request for interpretation" in the subject line:*
   a) *define the problem, making reference to the specific clause, and, where appropriate, include an illustrative sketch;*
   b) *provide an explanation of circumstances surrounding the actual field condition; and*
   c) *where possible, phrase the request in such a way that a specific "yes" or "no" answer will address the issue.*

   Committee interpretations are processed in accordance with the CSA Directives and guidelines governing standardization *and are available on the* Current Standards Activities *page at* ***standardsactivities.csa.ca****.*
5) *This Standard is subject to review within five years from the date of publication. Suggestions for its improvement will be referred to the appropriate committee. To submit a proposal for change, please send the following information to* ***inquiries@csagroup.org*** *and include "Proposal for change" in the subject line:*
   a) *Standard designation (number);*
   b) *relevant clause, table, and/or figure number;*
   c) *wording of the proposed change; and*
   d) *rationale for the change.*

Z317.14-17
Wayfinding for health care facilities

0 Introduction

Health care facilities (HCFs) are considered one of the most complex and stressful environments navigated by the public. Effective wayfinding is a key method HCFs should use to enhance the experience for patients and visitors. Significant research has been conducted on the impact of user disorientation within HCFs. These studies confirm that user satisfaction rankings are directly attributed to the ability to find ones way easily.

The key to creating an excellent patient experience is focusing on the patient's entire journey. From their home, on route to the HCF, entry, reception, treatment or procedures, back to the entry, and finally back to their home. All parts of this journey are equally important, as is the time taken to complete the journey.

Health care design is driven by sustainability, new technologies, and user-friendly environments. However, many HCFs utilize out-of-date signage systems that have been in place for prolonged periods as their only means of wayfinding. Given the complicated and emerging medical terminologies, endless supply of abbreviations, difficult to understand signage, and mazelike traffic patterns, it is no wonder that patients and visitors get lost, frustrated and dissatisfied with their experiences in some HCFs.

It is important to understand what wayfinding is and is not. Wayfinding is not simply signs, rather it comprises the following four equally important components:

a) Places – Site, architecture planning, and design of interior and exterior spaces;
b) People – Human orientation and interaction;
c) Elements – Design, signage, technology, and emerging approaches; and
d) Continual improvement – Maintenance and follow up on changing environment.

These components interrelate, providing all of the information necessary for people to find their way efficiently from a point of origin to a point of destination, often within complex architectural environments. An important concept to understand is that when any one of these elements is missing, or does not function optimally, pressure is extended on the other components to provide the missing information. The four components, working in balance, inform and assist in order for people to find their way without stress or effort. Wayfinding may be said to be the orchestration of the design of the built environment integrated with clear and consistent information about pathways to traverse the HCF environment.

Wayfinding is a spatial problem solving process that individuals use to understand where they are in an environment or building, know where their desired location is, and to know how to get to their desired destination from their present location. Optimization of wayfinding in HCFs is paramount, often due to the urgency, nature, and complexities of the services delivered, making a well-designed wayfinding system important for both users and providers of care and services.

A wayfinding system consists of processes to assist with clearly defined orientation from the first point of contact (i.e., home to arrival to the site), to the entrance to the building and the ultimate destination within the facility, and the return journey. Effective wayfinding for HCFs implies that the design of the system is both universal and inclusive, reflecting the needs of all users, whether able-bodied or persons with disabilities.

Wayfinding design consists of a diverse selection of interior and exterior coordinated elements including floor and wall treatments, distinctive site furnishings, lighting, and signage designed to capture the specific needs of all users to help them find their way while minimizing stress and reinforcing and optimizing independence. Due to the nature of the delivery of services (custodial or highly specialized) within some types of facilities, such as rehabilitation or long-term care, wayfinding design elements may be enhanced or purpose-built to accommodate the functions required to deliver effective care.

An important consideration in developing a wayfinding plan is to remember that HCFs have staff, patients, and visitors who are disabled. Disabilities include such challenges as mental, physical, visual, auditory, cognitive, and/or challenges associated with other disease and aging processes. For example, a person in a wheelchair requires a specific height of a sign to be able to read it; a person with a visual impairment could require a colour luminance contrast or texture to assist with orientation; and a cognitively challenged individual might not understand words but can perceive and appreciate pictorial representations.

1 Scope

1.1

1.1.1
This Standard establishes requirements for the planning, design, implementation, maintenance, evaluation, and continual improvement of wayfinding systems for HCFs.

1.1.2
This Standard addresses the following components of wayfinding as a user experience, a process, a plan, and a system:

a) place;
b) people;
c) elements; and
d) continual improvement.

1.2
This Standard sets out requirements for intuitive, accessible, and understandable wayfinding through the following:

a) facility design as the starting point of a user friendly wayfinding system;
b) natural orientation concept in wayfinding strategy;
c) consistency in sign content, layout, and program organization;
d) visual continuity and order in signage for all types of HCFs and sites;
e) the number of decision-making points through HCFs and sites;
f) clarity and consistency in all forms of communication to the patients, visitors, and providers;
g) the number of signs on existing HCFs and sites;
h) waylearning for return patients, visitors, and providers:
i) accessible wayfinding elements;
j) applicable multicultural and multilingual requirements;
k) digital and emerging technologies; and
l) a sustainable approach in implementation of wayfinding strategies.

1.3
This Standard does not include emergency and life safety aspects of egress as determined by the authority having jurisdiction.

1.4
This Standard applies to all classes of HCF.

1.5
In this Standard, “shall” is used to express a requirement, i.e., a provision that the user is obliged to satisfy in order to comply with the standard; “should” is used to express a recommendation or that which is advised but not required; and “may” is used to express an option or that which is permissible within the limits of the Standard.

Notes accompanying clauses do not include requirements or alternative requirements; the purpose of a note accompanying a clause is to separate from the text explanatory or informative material.

Notes to tables and figures are considered part of the table or figure and may be written as requirements.

Annexes are designated normative (mandatory) or informative (non-mandatory) to define their application.

1.6
The values given in SI units are the units of record for the purposes of this Standard. The values given in parentheses are for information and comparison only.

2 Reference publications
This Standard refers to the following publications, and where such reference is made, it shall be to the edition listed below, including all amendments published thereto:
Note: *See also Annex D for a list of wayfinding references.*

CSA Group

B651-12
Accessible design for the built environment

EXP06-2015
Evaluating emerging materials and technologies for infection prevention and control

CAN/CSA-Z317.2-15
Special requirements for heating, ventilation, and air-conditioning (HVAC) systems in health care facilities

Z317.13-12
Infection control during construction, renovation, and maintenance of health care facilities

Z8000-11 (R2016)
Canadian health care facilities

