

2002

WASHINGTON COUNTY
REGIONAL MEDICAL
CENTER CHARRETTE
VISION FOR CHANGE

WASHINGTON COUNTY
REGIONAL
MEDICAL CENTER



REPORT PRODUCED BY
THE UNIVERSITY OF GEORGIA
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REGIONAL MEDICAL CENTER,
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*THIS REPORT IS DEDICATED TO FARRAH SENN
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VISIONS FOR CHANGE

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CHARRETTES ARE PRODUCT
ORIENTED AND FAST
BECOMING A PREFERRED
METHOD TO SOLVE PLANNING
CHALLENGES CONFRONTING
AMERICAN CITIES.

CHARRETTE

WHAT IS A CHARRETTE?



CHARRETTE IS A FRENCH WORD
THAT TRANSLATES "LITTLE CART".

Charrette is a French word that translates "little cart". At the leading architecture school in the 19th century, the Ecole des Beaux-Arts ("School of Fine Arts") in Paris, students were assigned tough design problems to complete under time pressure. They would continue sketching as fast as they could, even as the little carts (charrettes) carried their drawing boards away to be judged and graded.

Today the word "charrette" describes a rapid, intense, and creative work session, in which a design team focuses on a particular design problem and arrives at a collaborative solution.

The charrette process is a way of evaluating resources through new eyes. Fresh ideas are what help communities maintain and build their vitality. With the report and supporting materials, readers will experience the enthusiasm and commitment which comes from a broad-based group of students, faculty, practitioners, and the public.

THE COLLABORATIVE
EFFORTS PRODUCED
BY THE CHARRETTE
RENDER IDEAS
TANGIBLE AND PROVIDE
IMPLEMENTATION TOOLS
TO MOVE FORWARD
TOWARDS MARKETING
AND FUNDING.



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PROJECT OVERVIEW

The University of Georgia Archway Project enlisted the services of the College of Environment and Design to conduct a design charrette for the Washington County Regional Medical Center (WCRMC). The timing for the charrette is perfect. The Archway Project is in the initial stages of being implanted in the county, and the Hospital Authority is embarking a massive strategic planning process. Our work will engender imagination and creativity as it relates to the external “branding” of the hospital and its physical relationship to the local community. Preliminary drawings and images, as well as early drafts, have been shared between Archway and Hospital administrators.

The WCRMC has outgrown its original design. This is not a design flaw in the original building but a reflection of the massive changes in the economy, the health care industry and the demographics of America, Georgia and especially Washington County. The physical image of the site and building, as well as future additions need to be part of an architectural continuum.

While we heard many people say the façade of the current buildings was “ugly” – “dated” – “not classy” – “just plain awful” ... We want to float a different perspective. The stylistic elements of the hospital ARE classic, just poorly maintained. To prove the point we urge you to look at other contemporary icons of modern architecture in Sandersville. The difference between them and the hospital is that they have an original design concept and did not stray far from it and, for the most part, have been well maintained. The significance of 1960s design is seen in many of the elements of the original hospital; chiefly, the handsome elliptical stairways with their characteristic multi-paned geometric arrangement of glass curtain walls, the monochromatic panels at the windows, the flat roof, the white band frieze at the top of the walls, and the use of sliding band windows all reflect the design movement that sprang from the Art Deco and International movements in design history. Often it is hardest to recognize those relics from our own lifetime as being significant.

THE GENTLE ARCH
OF THE STAIRWELL
CONTRASTED TO THE
STRONG RECTILINEAR
FORM OF THE REST
OF THE BUILDING IS
STRIKINGLY HANDSOME.

EXISTING CELEBRATE THE 1960s ELEMENTS

For that reason we decided to emphasize and celebrate some of the 1960s elements in the proposed changes we are suggesting for the site. We saw the arcs that are created by the stairwells as graceful, extremely “period” and strong vertical elements of the buildings. The continuation of intersecting arcs in the site plan and the design of future expansions relate directly to these elements.

This site is recognized as THE HOSPITAL. Recent wellness and preventative health care facilities have added to the community’s understanding of the site as a destination for

healing. For this reason we strongly feel that this specific site should continue to be used as the central medical facility for the county. Obvious, and not so obvious, changes need to be made. This charrette presents some ideas about how to make those changes in a way that reinforces community identity and public image. In essence, if the site looks healthy and attractive it will communicate (even advertise) the quality health care one will receive when they choose to use the hospital. Healthy people make healthy communities. Adequate and accessible healthcare is key to this success.



THE COLORED PANELS ABOVE AND BELOW WINDOWS AND THE GEOMETRIC ARRANGEMENT OF GLASS PANELS IN THE STAIRWAY ARE STRONG MODERNIST STATEMENTS.



Our team concentrated on four major areas that were within our skill set:

- 1 Architecture and Building Considerations
- 2 Hospital Grounds and Circulation Patterns
- 3 Parking and Circulation Patterns
- 4 Signage, both interior and exterior



▲ THE HOSPITAL'S IMAGE IS ONE OF CLEAN, HIGH QUALITY HEALTH CARE.



▲ SOME FEATURES OF THE HOSPITAL, HOWEVER, HAVE BECOME OUTDATED AND INEFFICIENT.

SPEAKING IN YOUR OWN WORDS



A thorough tour of the facility exposed in tangible form some of the things we heard during the meeting. This led to the distillation of an approach that became the recommendations you will find in this report.

Our charrette started with a meeting that involved selected members of the WCRMC Authority, staff, community members and Project Archway staff. We facilitated a frank discussion of desires for changes, assets to emphasize and obstacles to excellence.

This is what you told us:



Advantages:

- Employees/ Doctors and Nurses
- Attitude of service/not exclusive/
Serves the entire community
- Volunteers
- Wellness Unit
- Extended Care Facility

Challenges:

- Lack of teamwork, accountability, and money
- Lack of space in some units, surplus in others
- Old technology and spaces that don't meet the needs of care or modern technology
- The age of the facility and how it's perceived
- Safety (real vs. perceived)
- Landscaping is not notable
- Too few, too Small waiting Areas
- Entrances are hard to find, and there are "dead" entrances.
- Poor accessibility to outdoor spaces that could benefit from it – PT, ECU
- Patient drop-off
- No covered entrance to emergency room
- Too little parking
- Lack of flow/ mazelike quality/disorganized (signage is poor – hard to find your way around)
- Storage – not enough for patient records or equipment
- Information Technology – not up to date and not compatible with hospital's physical constraints.



A STUDY OF FLOW AND CIRCULATION REVEALED THAT NOT ALL ENTRANCES ARE AS EASY TO FIND AS THE EMERGENCY ROOM.

What Might Help/What Should We Consider?

- Trees
- Directional signage
- Nice entrance
- Outpatient services – demand is growing, space needs to catch up
- Era of construction
- Appears old paint – border at the top is mildewy
- Color palette
- Traditional and classy
- Icon of the community
- We want the facility to appear affluent
- Reflect downtown
- Small gardens – would be nice to have accessibility from PT and ECU, for therapy
- Tables – need some
- "Swing beds" – rooms are tiny and yucky and haven't been painted since 1963.
- Perceived safety concerns with the Walking Trail – "anyone can walk up"
- Playground
- Visitor space
- Administrative space
- Outgrown the Facility

Areas of Concern:

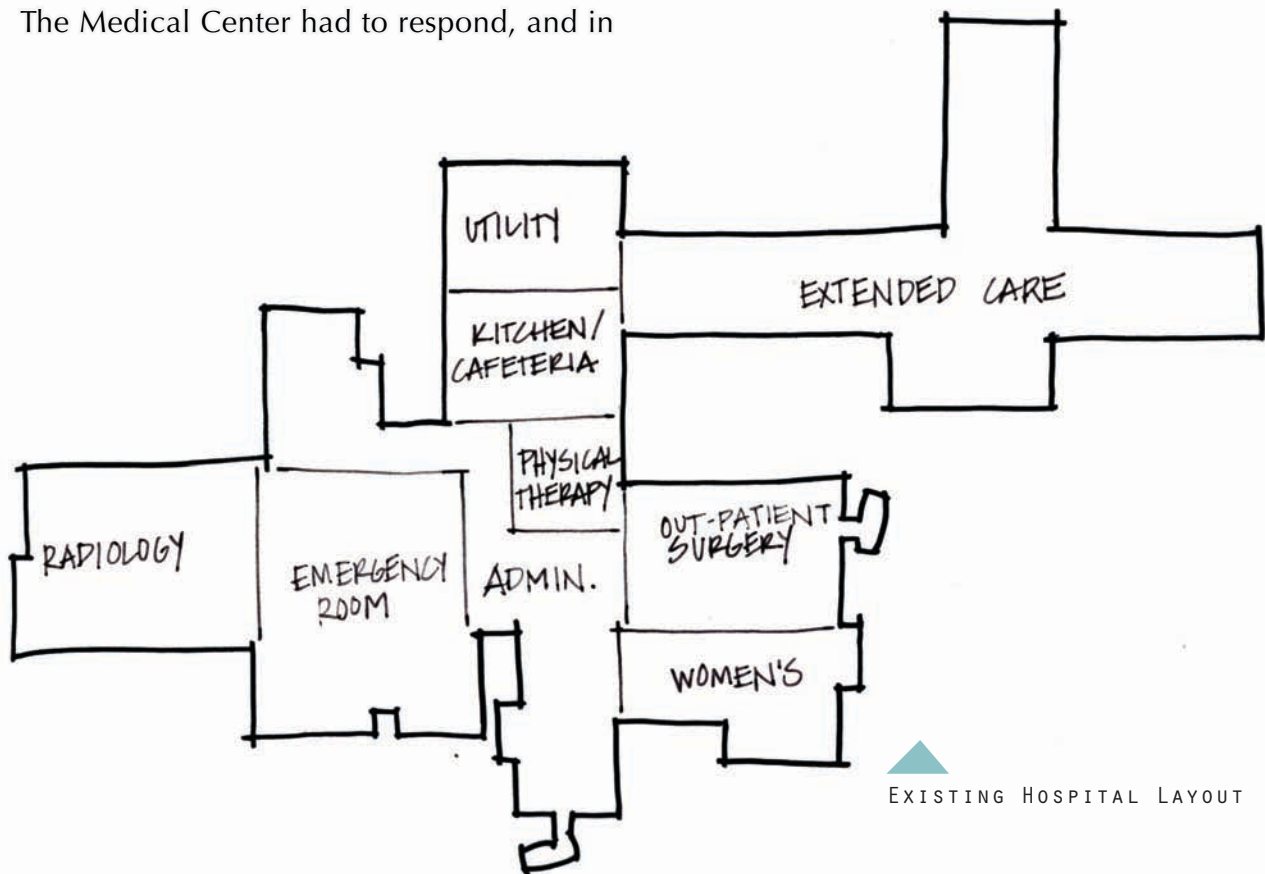
- Size
- Total facility
- Technology
- New operating room
- Emergency room – need larger waiting room, more privacy
- Physical therapy is crowded and windowless
- Bathrooms – not ADA-compliant, small, old, uninviting
- In general – brighter and more cheery, with more natural light

ARCHITECTURE

THE WASHINGTON COUNTY REGIONAL MEDICAL CENTER

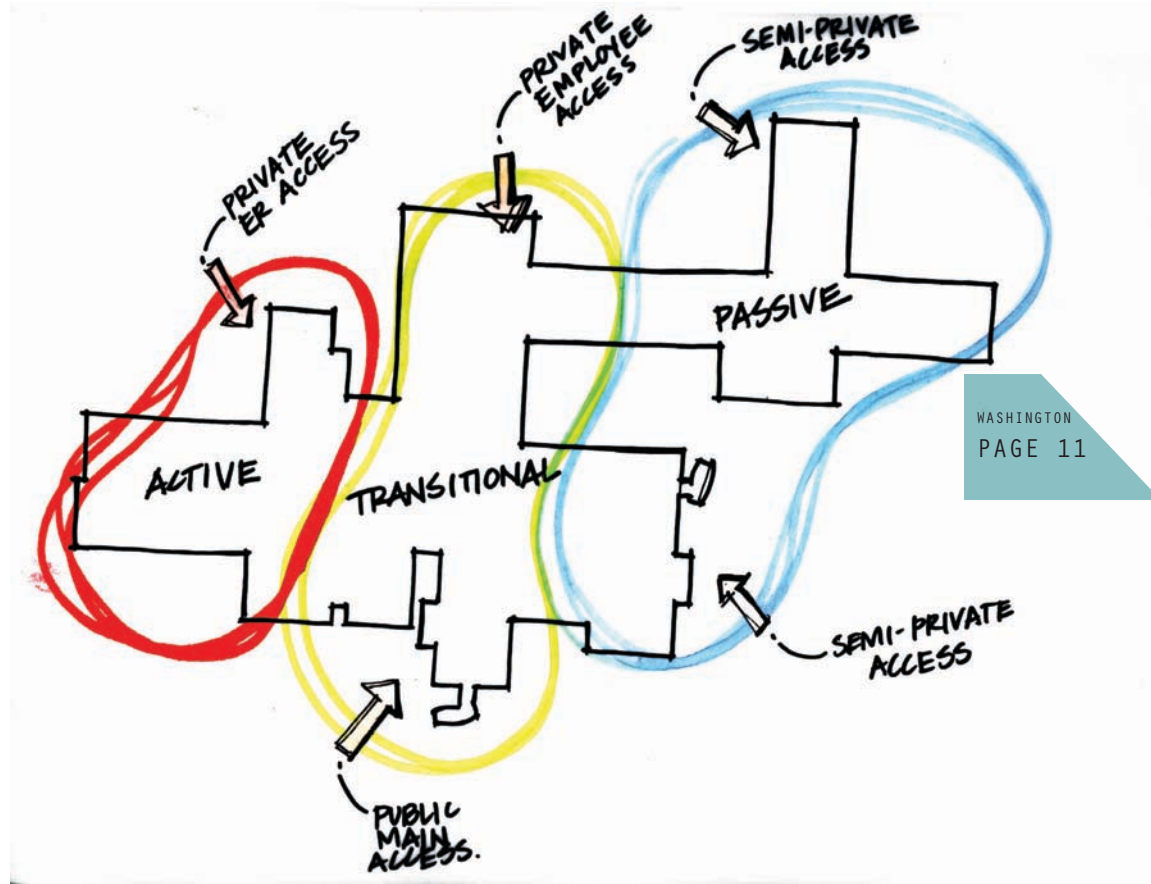
The Washington County Regional Medical Center began in 1960. The original structure, made of brick structure in the Modern style with distinct 1960s era details, was designed as a state-of-the-art facility to serve the needs of Sandersville and the greater Washington County area. Over the years, the population of the county grew in response to the burgeoning kaolin industry. The Medical Center had to respond, and in

1970 a large wing was added. As populations continued to age, the wing was turned into the perpetual care unit. New technologies required the addition of several units to the front of the building, both in 1983 and in 1995. The last addition to the building was made in 1996 and now houses the large new imaging wing.



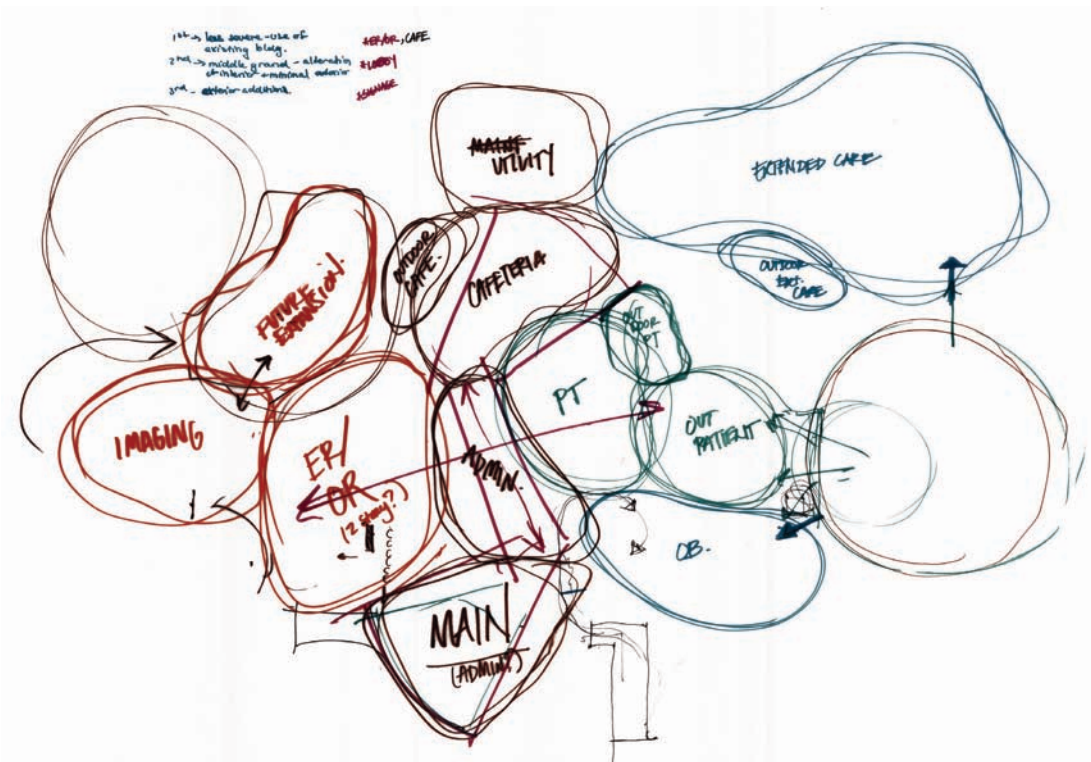
Hierarchy of Uses and Sequence of Activities

MAPPING THE HIERARCHY OF USES AND SEQUENCE OF ACTIVITIES HELPS DESIGNERS MAKE BETTER DECISIONS ABOUT WHAT CHANGES WILL WORK BEST. ORGANIZING THE HOSPITAL INTO ACTIVE, TRANSITIONAL AND PASSIVE SPACES CREATES ORDER AND A WELL-DEFINED FUNCTION.



Conceptual Diagram of Interior Flow

THIS BUBBLE DIAGRAM SHOWS THE PROCESS THAT RESULTS IN THE HOSPITAL'S INTERIOR RECONFIGURATION. THE USES AND CIRCULATION PATTERNS ARE ARRANGED SO THAT THEY ARE HIERARCHICAL, WITH CLEARLY DEFINED TREATMENT AREAS TO HELP SEPARATE THE PUBLIC AND PRIVATE FUNCTIONS.

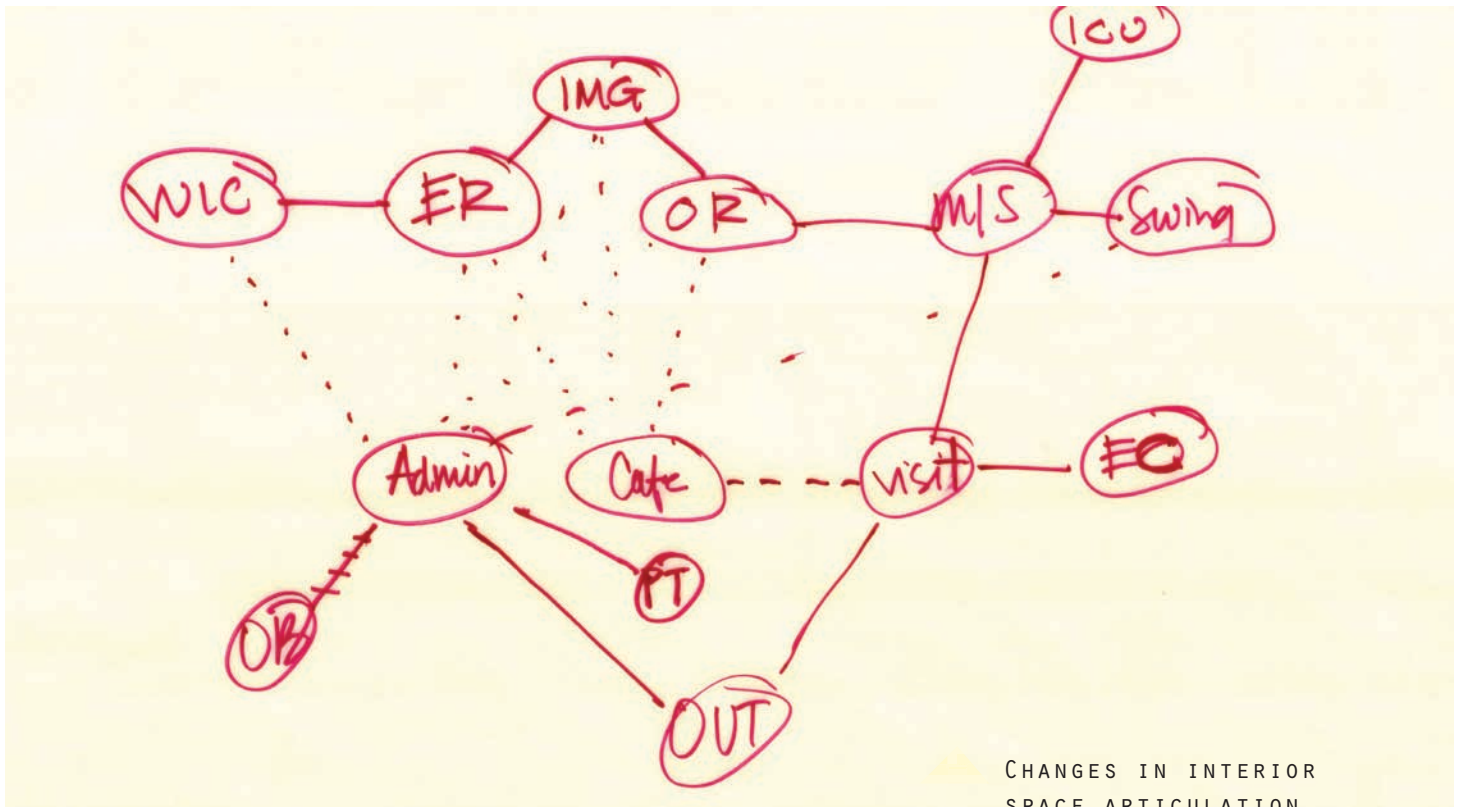


SOME OF THE INITIAL IMPROVEMENTS SHOULD BE TO SEPARATE THE AMBULANCE AND PUBLIC ENTRY TO THE EMERGENCY ROOM ELIMINATE THE ROAD FORK AT THE SPARTA ROAD ENTRANCE, ADD A NEW MEDIAN TO HELP DIRECT TRAFFIC AT THE LOADING DOCK, SCREEN UTILITIES WITH NEW BRICK WALL AND CREATE NEW SIGNAGE AT THE ENTRY.

ARCHITECTURE

INTERIOR RECONFIGURATION OF THE HOSPITAL

Further articulation of the spaces was done showing connections and necessary adjacent functions. The hospital changes will occur in a series of phases. The charrette team gave their ideas on how the phasing-in of new structures and changes might happen.



CHANGES IN INTERIOR
SPACE ARTICULATION



FOUR GRADUAL PHASES

The major changes can be sorted into four gradual phases summarized below and illustrated on the following pages.



Phase 1



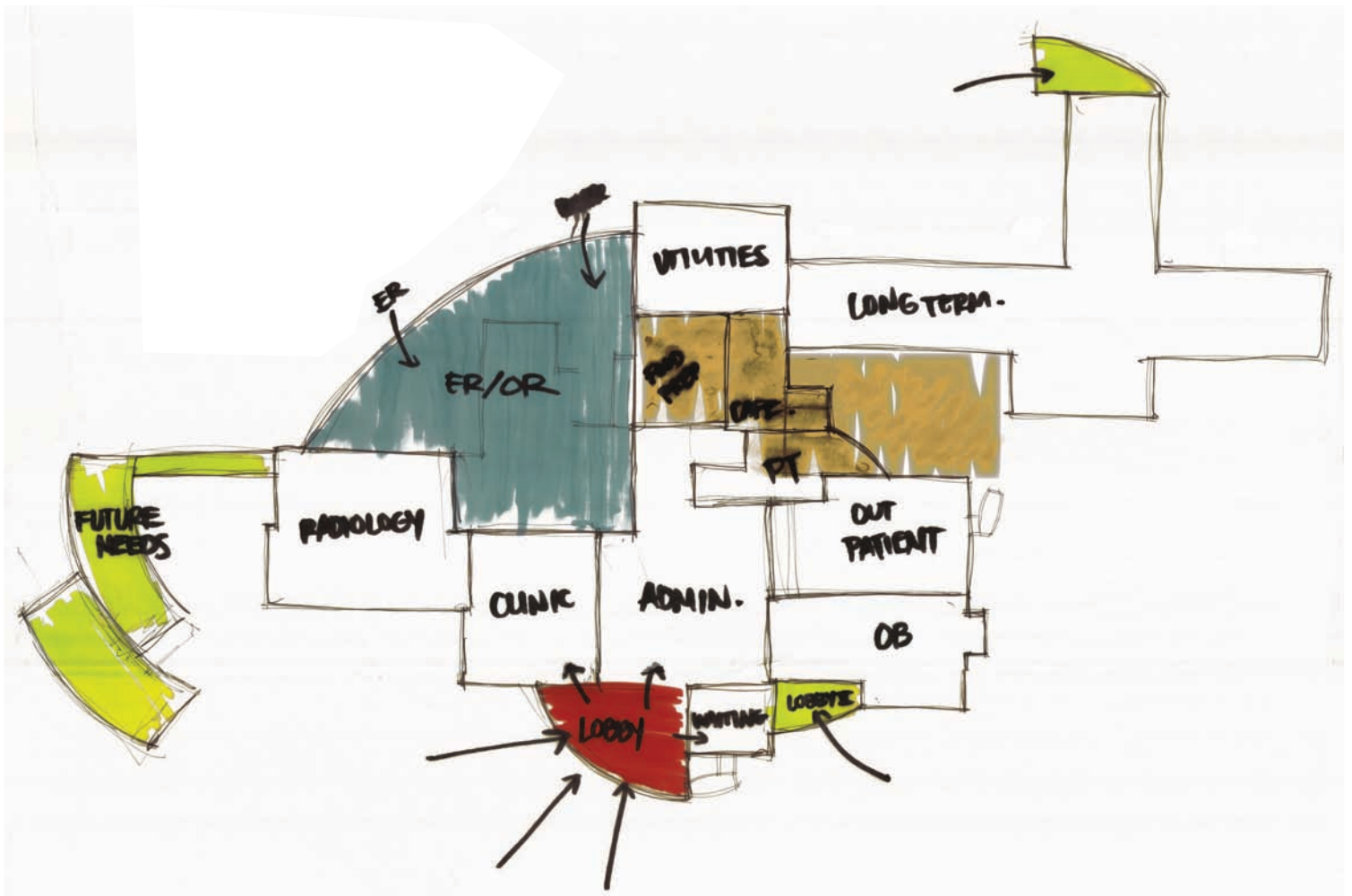
Phase 2



Phase 3

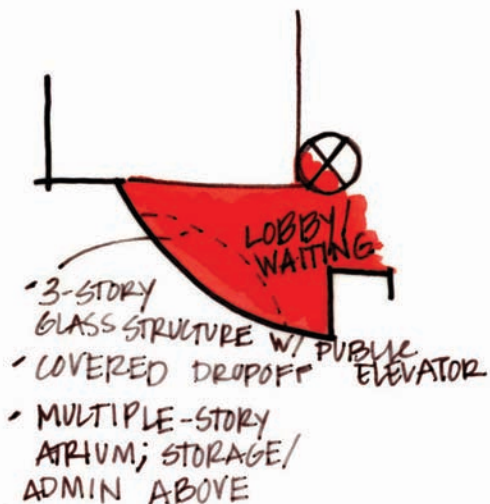


Phase 4



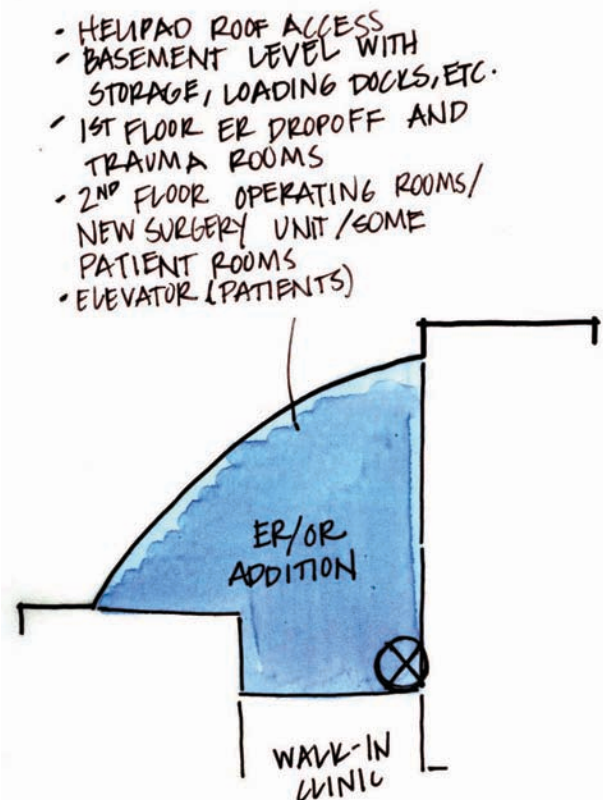
PHASE ONE: NEW LOBBY AND WAITING AREAS

Phase one establishes a new lobby and waiting areas for visitors upon their arrival. A covered drop off in front of a 3 story glass structure would serve as a multiple story atrium ideal for waiting rooms. The public elevator allows for circulation to each floor with storage and administrative offices located on the second and third floors would also be part of phase one.



PHASE TWO: EMERGENCY ROOM AND SURGICAL EXPANSION

The second phase shifts the operating pavilion and emergency room to a new consolidated space. Washington County Regional Medical Center is a vital component in the Sandersville community and should provide the state-of-the-art care for the public. In the expansion, there would be helipad roof access and a basement level dedicated for storage and loading docks. The first floor would contain the Emergency Room drop off and trauma rooms, and the second floor would house the new surgical units, operating rooms and a few patient rooms. An elevator would transport patients safely between the floors quickly and privately.

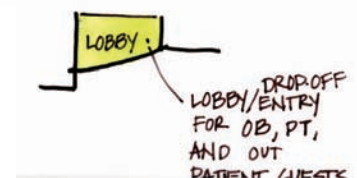
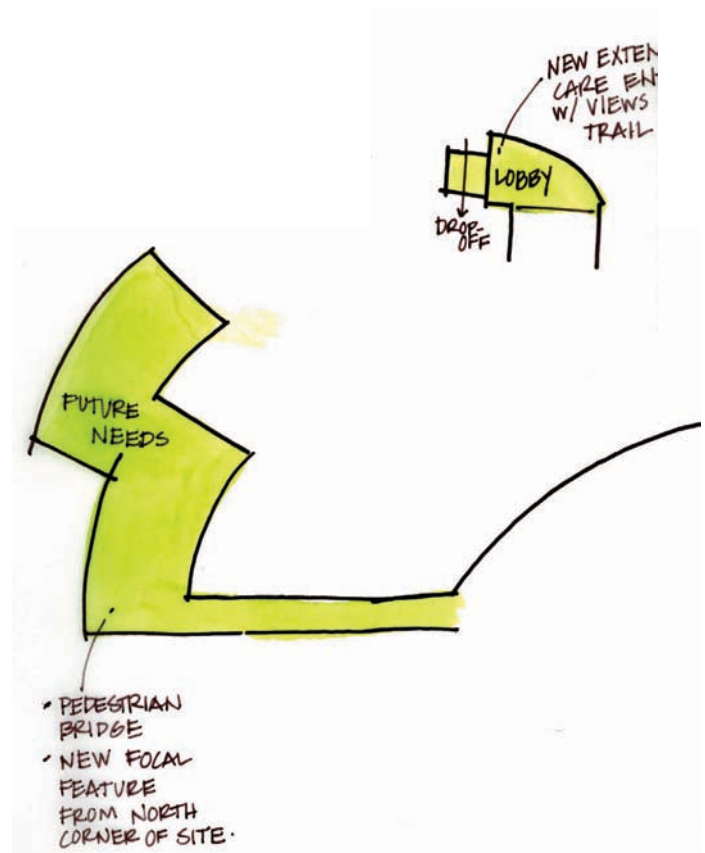
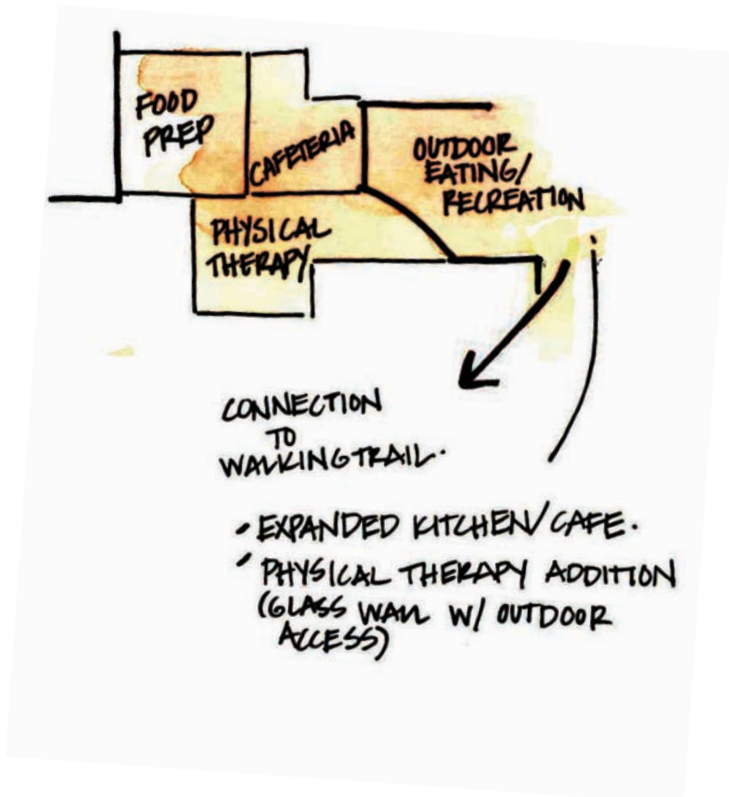


PHASE THREE: OUTDOOR SPACES

Phase three improvements are located in the more passive parts of the hospital housing an enlarged, extended physical therapy unit. There would be a glass wall with outdoor access in close proximity to the walking trail which could be incorporated into patient's therapy regime. The kitchen and cafeteria would be expanded to include an outdoor dining area that accommodates staff and visitors.

PHASE FOUR: FUTURE EXPANSION

This phase includes a large addition to house all fully expanded services for WCRMC. It would create a focal point and have a pedestrian bridge to the rest of the hospital. The other key areas of expansion are smaller, secondary lobbies for the new extended care unit located off the back with views of the trail systems and also a drop off lobby by the Obstetrics, Physical Therapy and Out-Patient care.



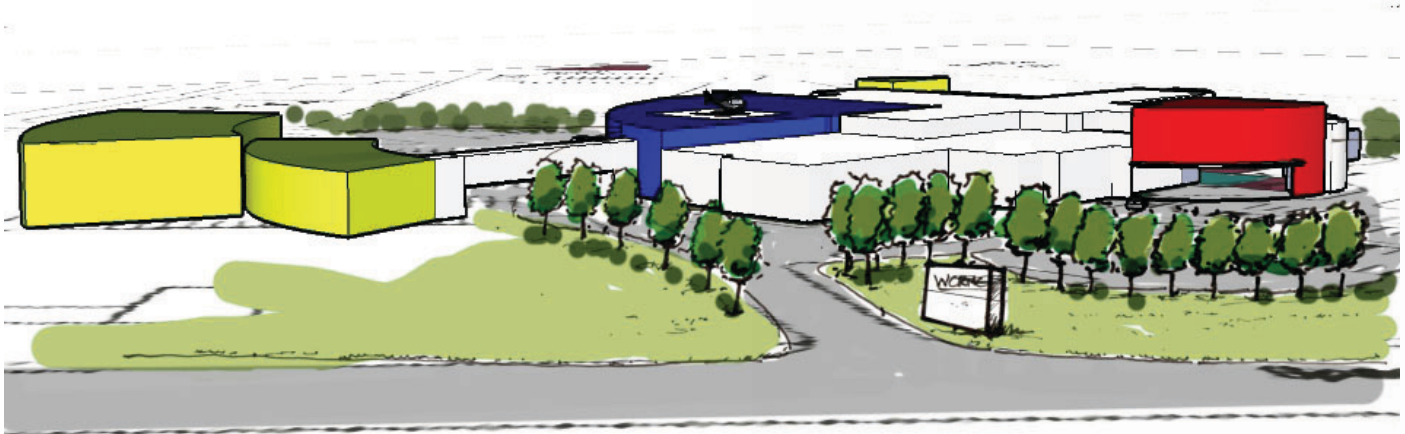
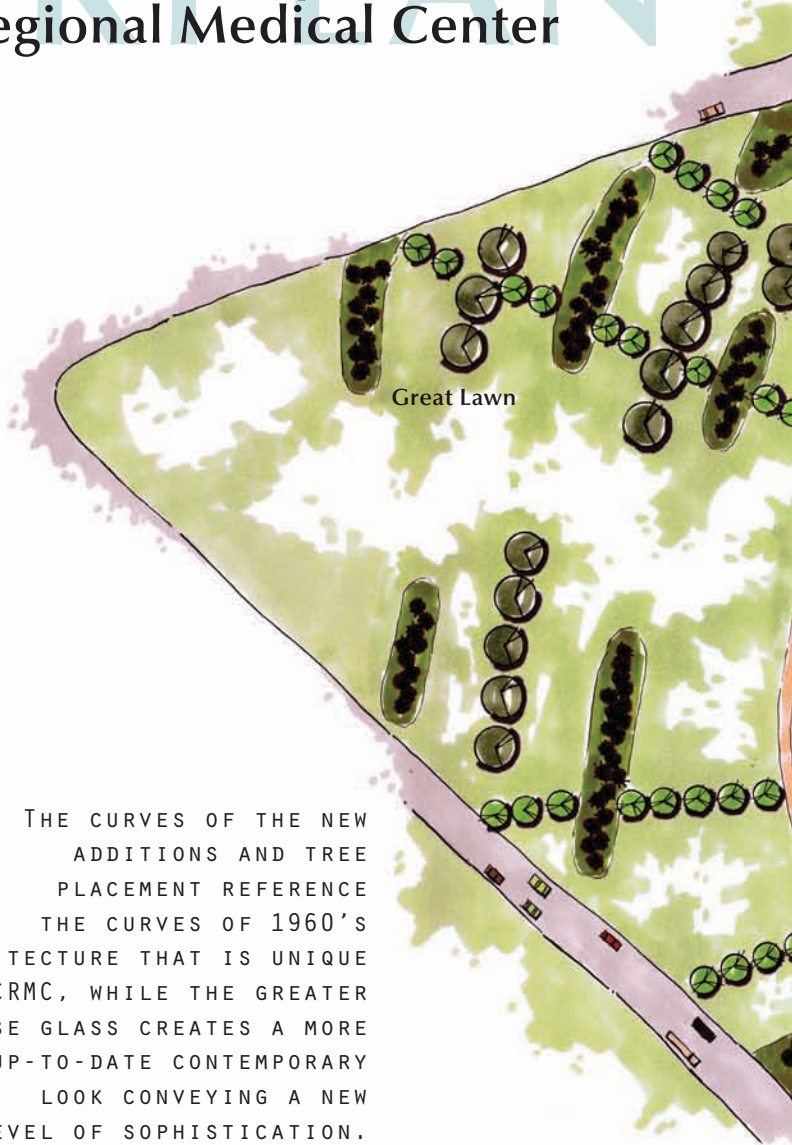
MASTER PLAN

Master Plan for Reorganization and Expansion of the Washington County Regional Medical Center

Right now, the massive amount of paved parking is confusing and gives no directional hints as to where to park or move between different lots. Trees and planted medians help divide the lots and direct traffic, while additional plantings can reinforce order and organization.

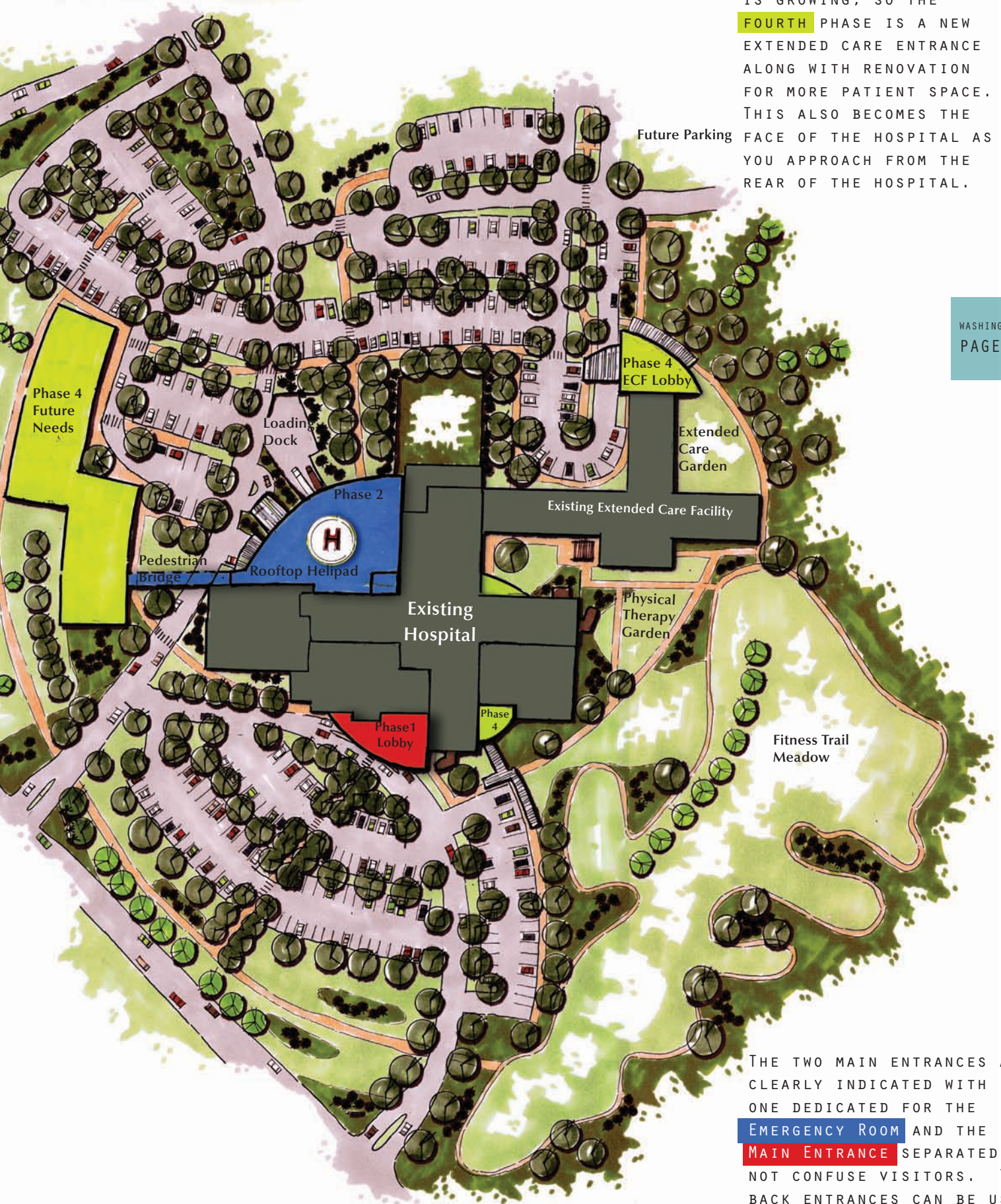
Trees and open lawn provide a more attractive view for patients, create more recreation space and provide a sidewalk network around the hospital campus. The new fitness trails can be incorporated into rehabilitation programming to allow patients increased access to the outdoors.

THE CURVES OF THE NEW ADDITIONS AND TREE PLACEMENT REFERENCE THE CURVES OF 1960'S ARCHITECTURE THAT IS UNIQUE TO WCRMC, WHILE THE GREATER USE GLASS CREATES A MORE UP-TO-DATE CONTEMPORARY LOOK CONVEYING A NEW LEVEL OF SOPHISTICATION.



THIS IMAGE ILLUSTRATES THE APPEARANCE OF THE HOSPITAL ONCE ALL THE PHASES ARE COMPLETED. PHASE ONE IS REPRESENTED IN RED. BLUE IS THE NEW ER AND PATIENT ROOMS WHILE YELLOW/GREEN BECOMES THE PRIMARY FACADE, A NEW FACE OF THE HOSPITAL. THESE ADDITIONS CREATE A WELCOMING APPROACH TO THE HOSPITAL.

THE ELDERLY POPULATION IS GROWING, SO THE **FOURTH** PHASE IS A NEW EXTENDED CARE ENTRANCE ALONG WITH RENOVATION FOR MORE PATIENT SPACE. THIS ALSO BECOMES THE FACE OF THE HOSPITAL AS YOU APPROACH FROM THE REAR OF THE HOSPITAL.



THE TWO MAIN ENTRANCES ARE CLEARLY INDICATED WITH ONE DEDICATED FOR THE **EMERGENCY ROOM** AND THE **MAIN ENTRANCE** SEPARATED TO NOT CONFUSE VISITORS. THE BACK ENTRANCES CAN BE USED BY EMPLOYEES AND PEOPLE ACCESSING THE WELLNESS CENTER AND **EXTENDED CARE**.

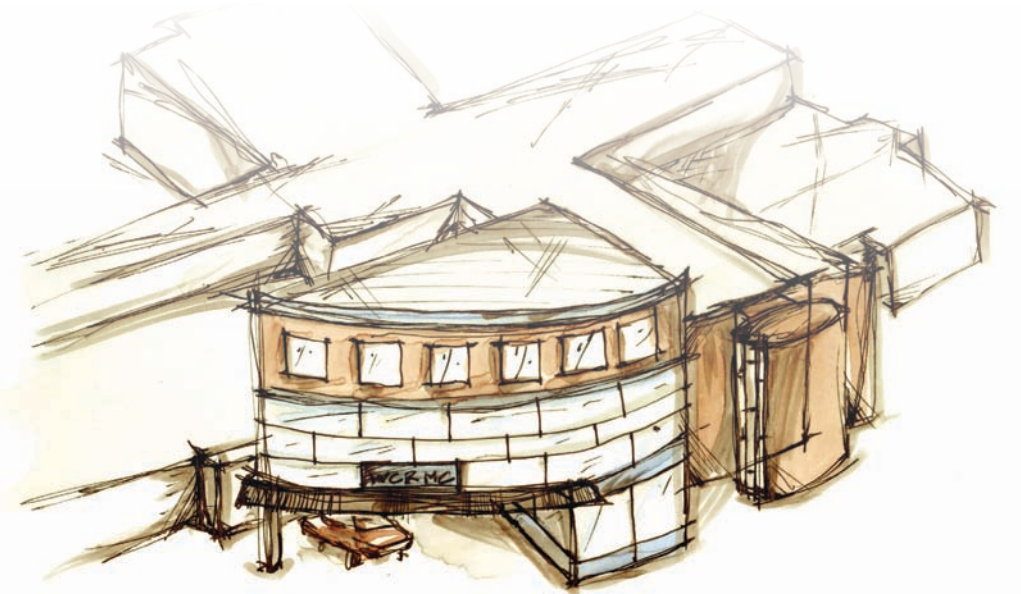
A HELIPAD CAN BE INCORPORATED INTO THE ROOF DESIGN FOR CLOSER PROXIMITY TO THE ER AND SURGICAL FACILITIES FREEING UP OUTDOOR SPACE.

ENTRANCES

WASHINGTON COUNTY REGIONAL MEDICAL CENTER

New Main Lobby Entrance

The new lobby and drop off space repeats the curved arc motif of the iconic staircase. The design should utilize similar materials seen in the existing building to create a cohesive look that does not conflict with the current style. The glass atrium will give the building a more modern look while embracing the historic style of the hospital.

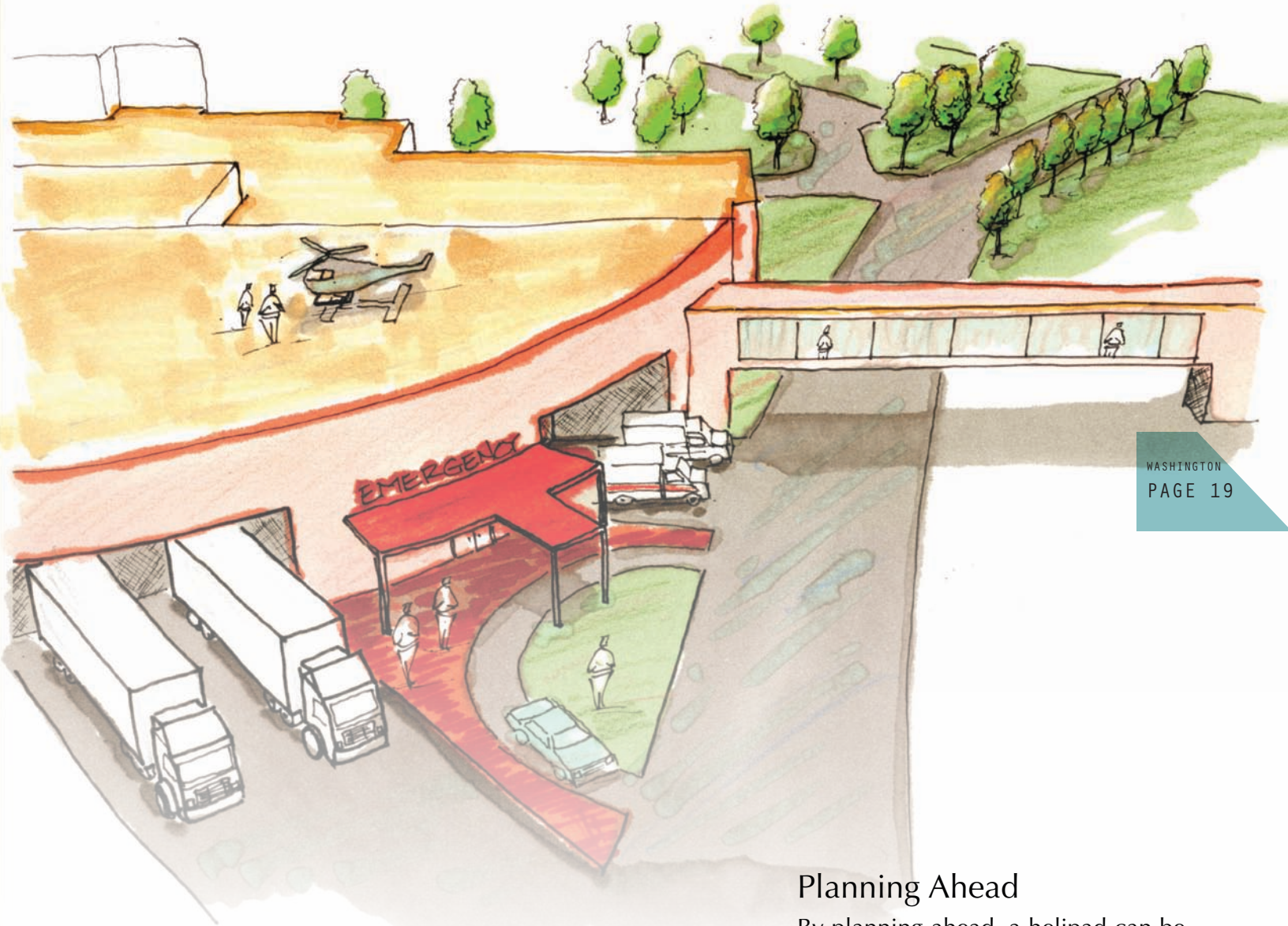


THIS ILLUSTRATION IS A DETAIL OF WORK TO BE COMPLETED IN PHASE ONE. IT WILL SERVE AS A FOCAL POINT AND CLEARLY IDENTIFIES THE ENTRANCE FOR VISITORS WHILE THE INTERIOR SIGNAGE AND FLOORPLAN RECONFIGURATION OCCURS. THE COVERED DROP OFF AREA FOR VISITORS HAS BLUE ACCENTS, AND paneled windows MIMIC THE STAIRWAY. THIS ADDITION ADDS MUCH NEEDED ADMINISTRATION AND STORAGE SPACE FOR THE HOSPITAL.



THE NEW LOBBY AND DROP OFF SPACE REPEATS THE CURVED ARC MOTIF OF THE ICONIC STAIRCASE.

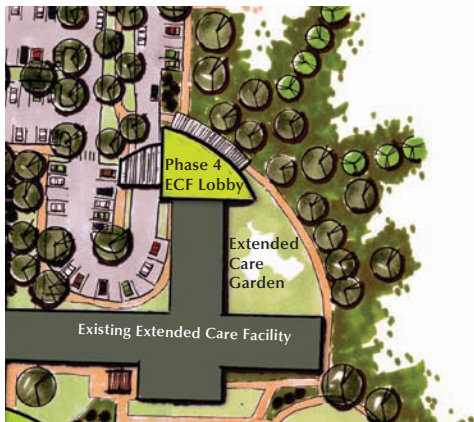




New Extended Care Entrance

The new Extended Care Entrance is expanded from the existing space to include a covered drop off and covered walkway with direct views to the walking trail. This space

could develop into a social common space for residents and visitors. Once the fourth phase is completed and extended care moves, the women's care and maternity ward can take over this wing for future expansion.



Planning Ahead

By planning ahead, a helipad can be incorporated into the roof design for closer proximity to the ER and surgical facilities freeing up outdoor space. Again new additions are mainly glass to update the exterior while creating new patient rooms and view to outside.

The ambulance dock is located next the patient drop off directly off the main entrance to the hospital. Improved signs will make it easy for visitors to locate. The new pedestrian bridge connection in phase four is also indicated in the illustration above.

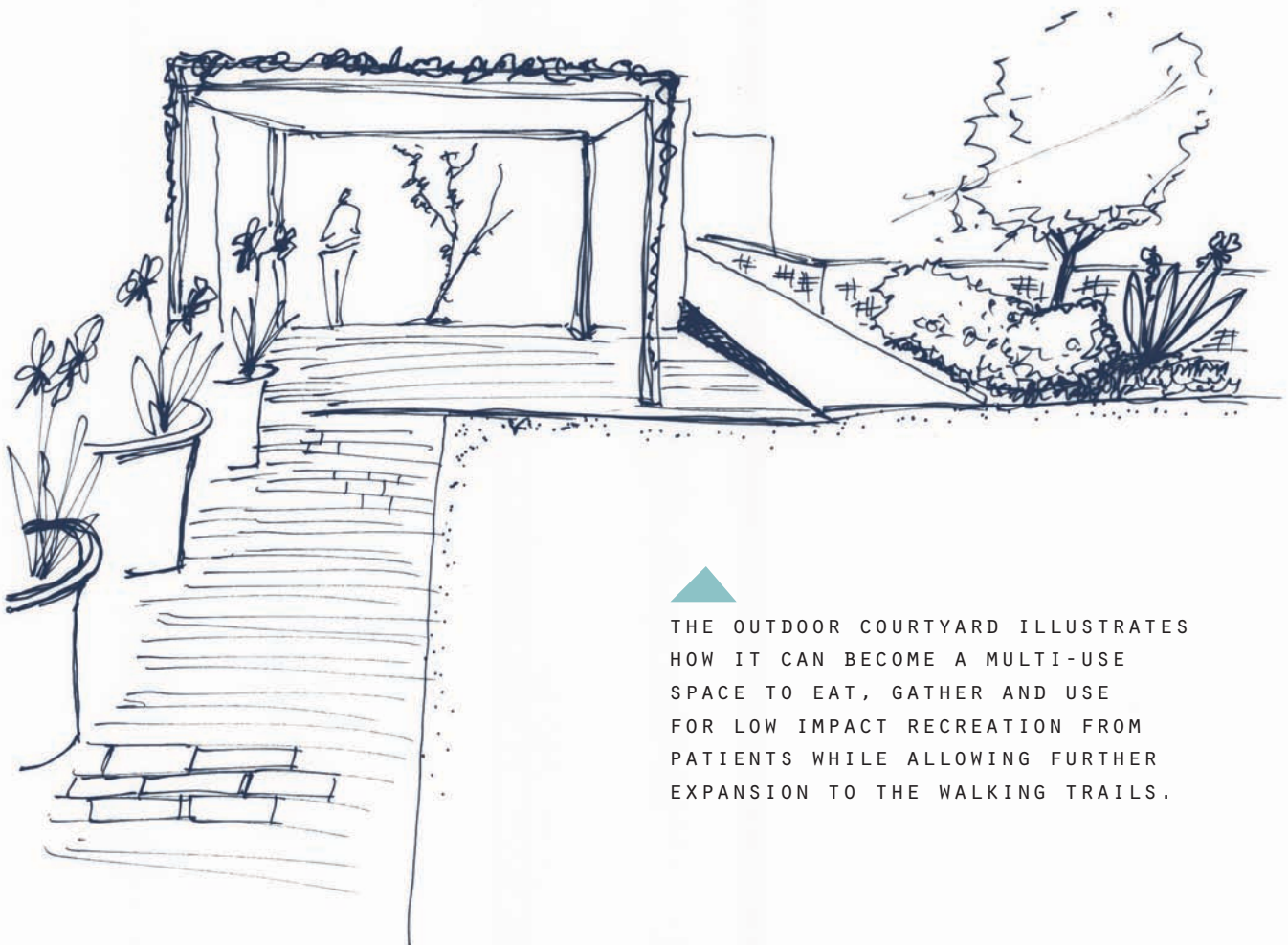


Existing Courtyard

GROUNDS AND LANDSCAPE IMPROVEMENTS

Existing courtyard redesign

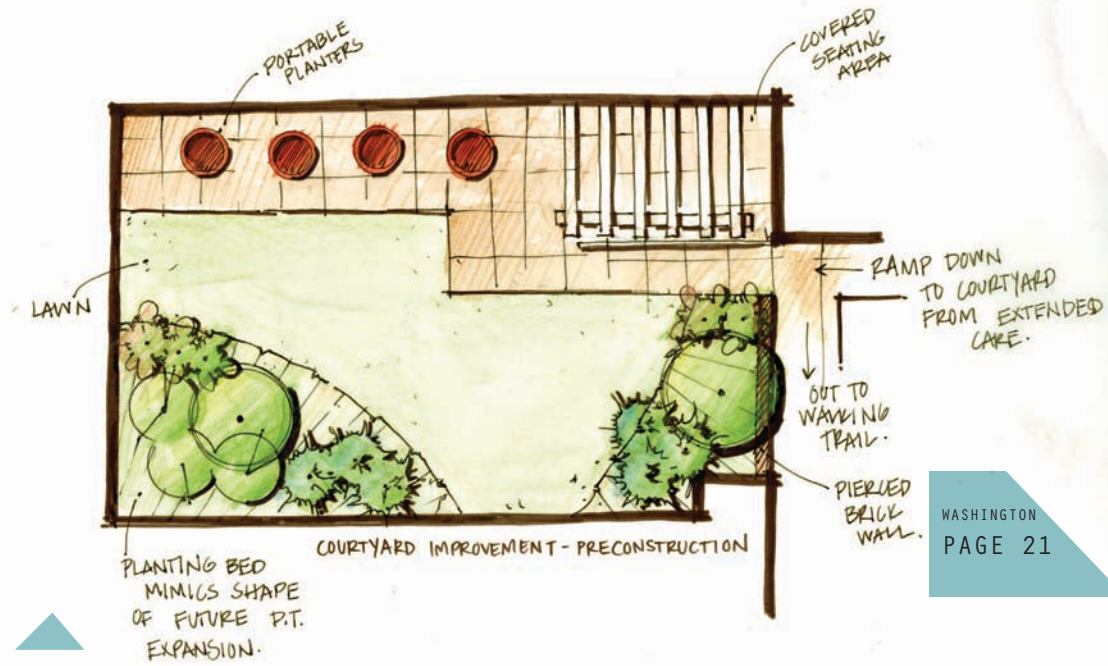
The ability to spend time outside for patients, visitors and staff cannot be underestimated. The small underused space now should be expanded and enhanced. The physical therapy department would have natural light and a view to the improved courtyard. Many benefits would come from implementing this change.



THE OUTDOOR COURTYARD ILLUSTRATES HOW IT CAN BECOME A MULTI-USE SPACE TO EAT, GATHER AND USE FOR LOW IMPACT RECREATION FROM PATIENTS WHILE ALLOWING FURTHER EXPANSION TO THE WALKING TRAILS.

Phase One

Currently this outdoor area is underutilized but simple additions of planters and a paved area could transform it into a gathering spot for residents in the extended care unit.



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IMAGE ABOVE SHOWS COURTYARD IMPROVEMENT - PHASE ONE.

Phase Two

“Bumping out” the wall and glazing the openings would allow natural light into the dark spaces and will expand the Physical Therapy area, giving them much needed space and outdoor access.

Doors to the expanded cafeteria also allow for an outdoor cafe and courtyard.

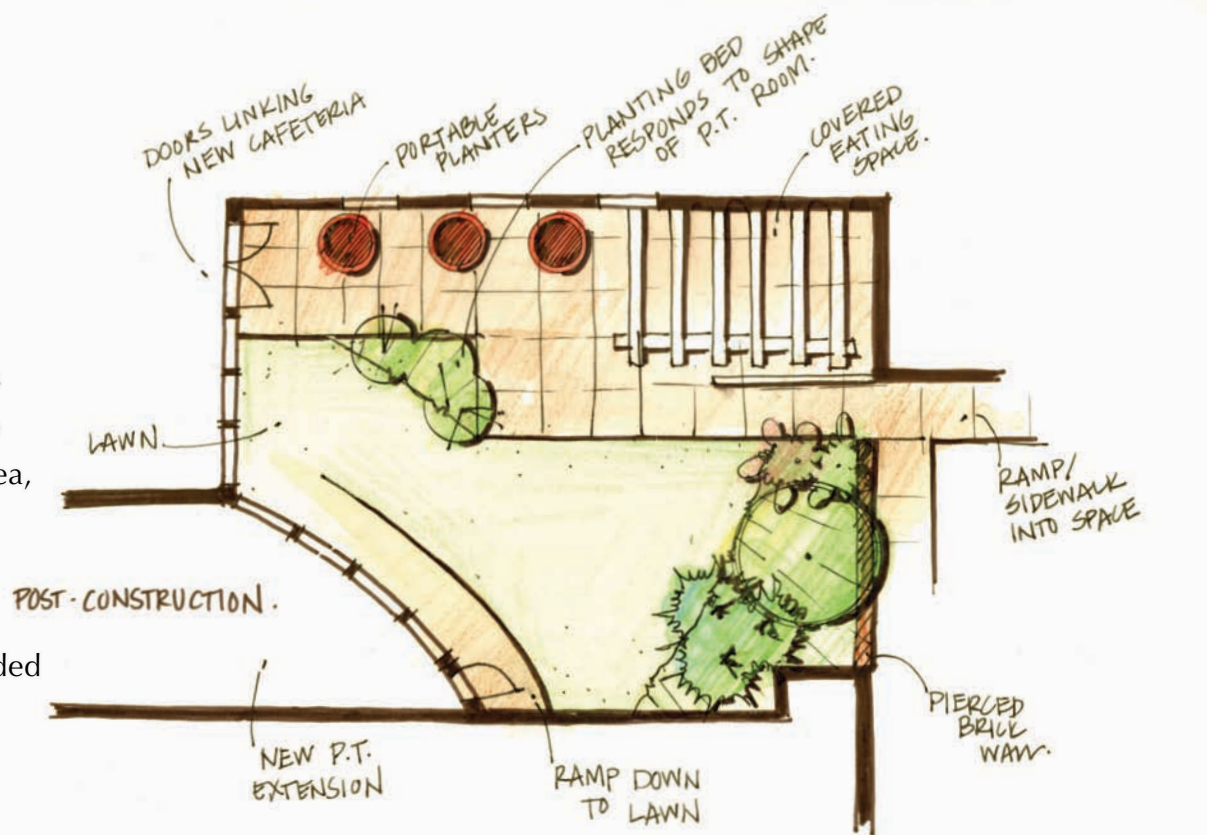
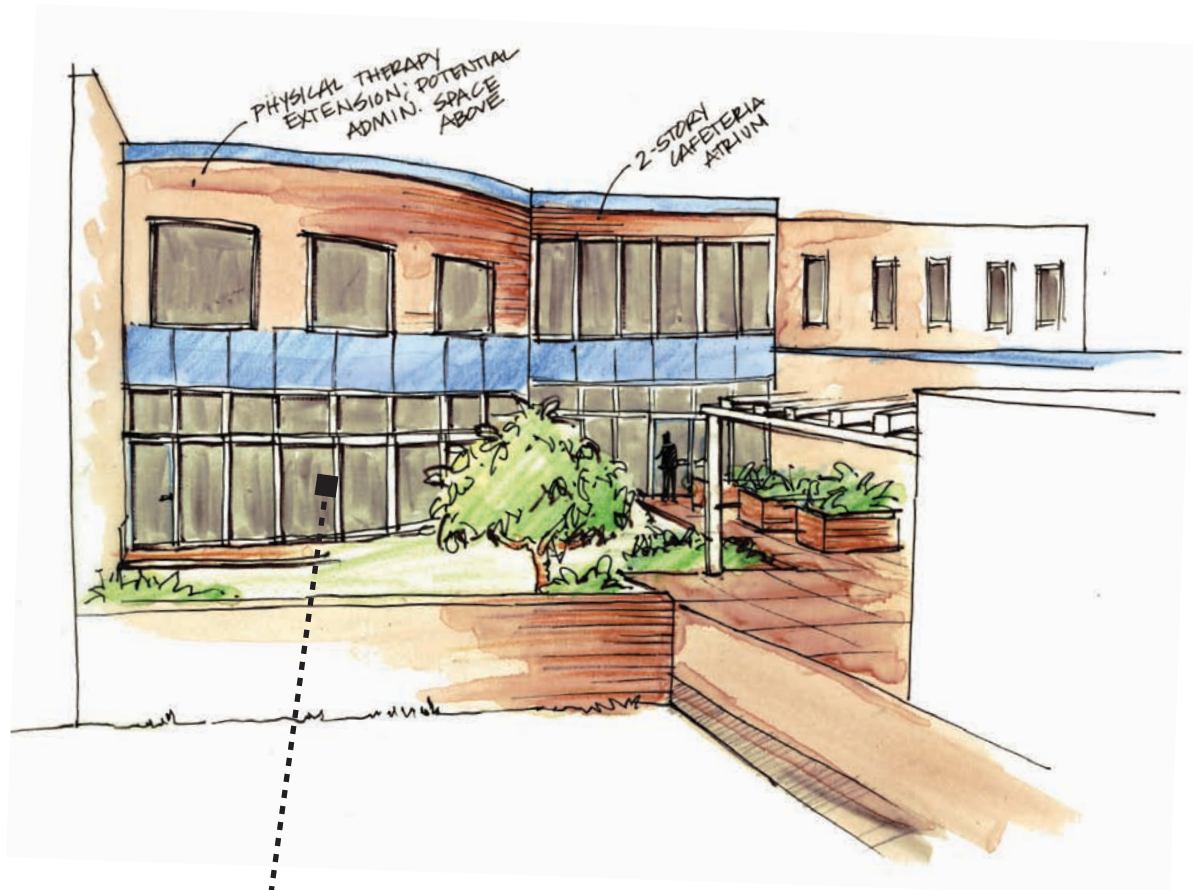


IMAGE ABOVE SHOWS COURTYARD IMPROVEMENT - PHASE TWO.

GROUNDS

GROUNDS AND LANDSCAPE IMPROVEMENTS

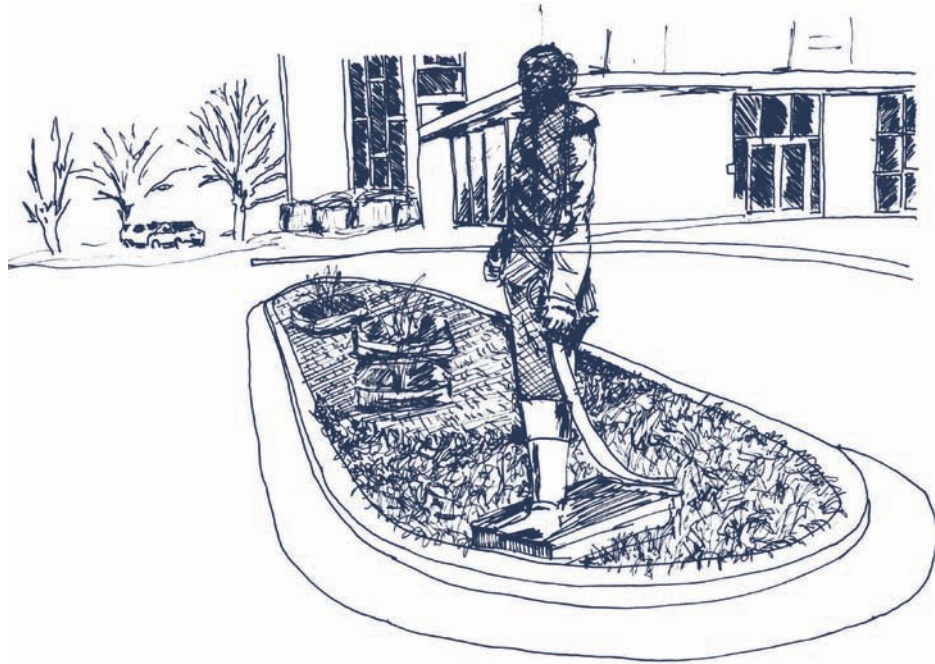
On the first floor, the inclusion of the new bumped out wall of glass fits in with stylistic features of other additions, lets light in and creates more patient rooms. The second floor is designated to physical therapy and office space and establishes a large bright open cafeteria that could become a popular place for locals to eat.



▲
IMAGE ABOVE
SHOWS COURTYARD
IMPROVEMENT -
PHASE TWO

Public areas

There are several under-utilized sections of the hospital campus that, with the addition of public art and groundcover, can become friendly and caring reminders of the healing power of beauty, greenery and fountains can provide the sound of running water.



Fitness Trails

Currently there are a series of fitness trails in place on the Washington County Regional Medical Center Campus but they are not well tended in some parts and do not serve all the needs of the community. The paths are connected to the Wellness Center and parking lots, creating a destination people want to go. By establishing more amenities, the trail becomes part of the destination experience. With the addition of an outdoor classroom it could become a great place for instruction. A bridge connects the older, less tended part of existing the trail to existing fitness stations marked with red X's and the blue X's are the proposed additional station.



IMAGE ABOVE SHOWS THE
EXISTING TRAIL
AND THE NEW ADDITION

GROUNDS

GROUNDS AND LANDSCAPE IMPROVEMENTS

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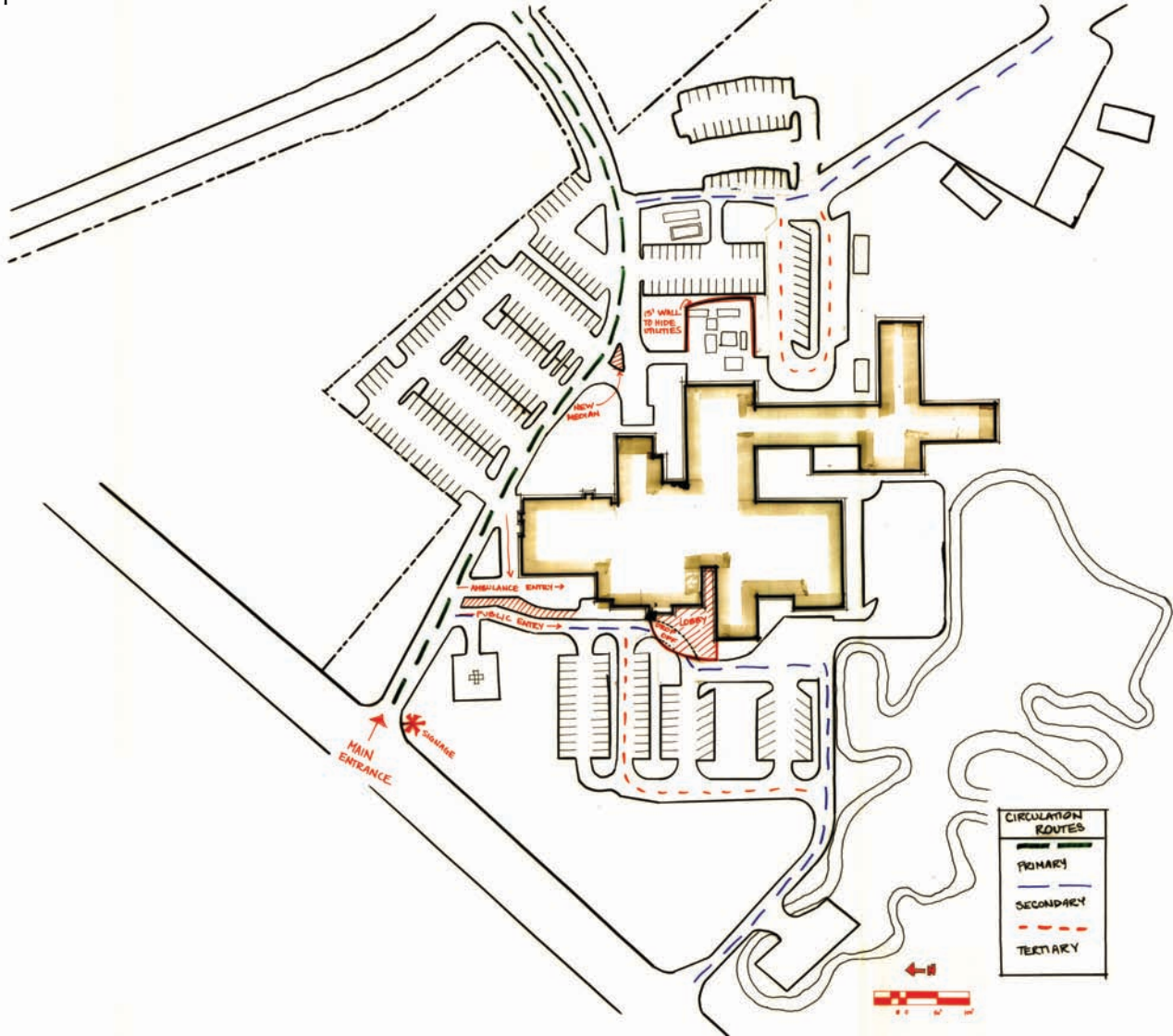
Walking Trails

A well defined trail and sign system that is consistent with the rest of the hospital signs will unify nature trails. Trail maps indicating the fitness stations distributed throughout the community will encourage more interaction with the hospital. Trees must be maintained, removed when diseased and replaced with native species.



IMAGES ABOVE SHOW EXISTING WALKING TRAIL

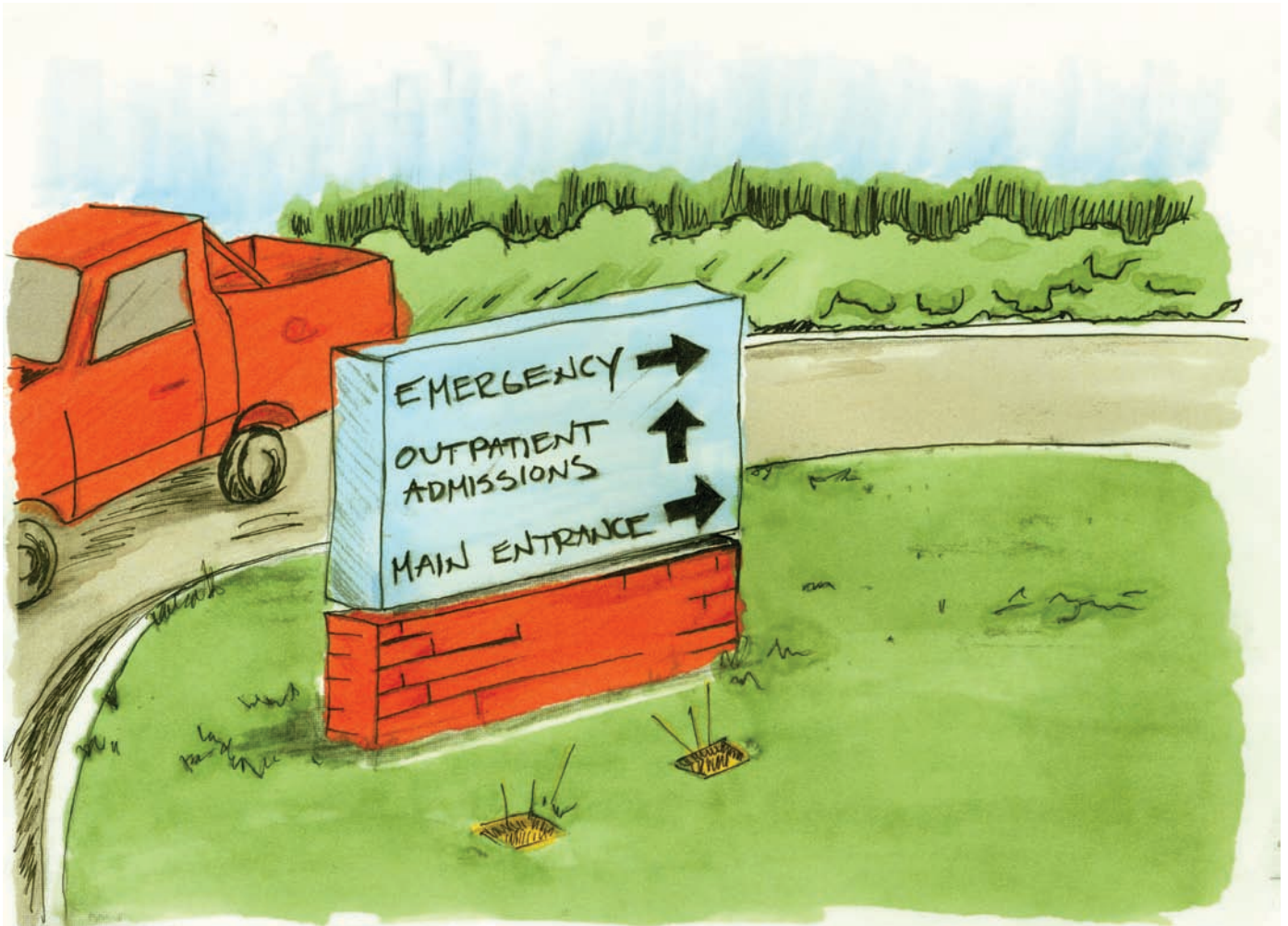
Parking:
First Phase of Parking
 This conceptual parking circulation study shows better organized lots with tree lined medians on a central axis that lines up with the new entry and lobby. The primary vehicular entrance is relocated and well marked. Employee parking moves to the back. As the hospital expands, the parking should grow as well, eventually a parking deck might provide a better solution.



SIGNAGE

WASHINGTON COUNTY REGIONAL MEDICAL CENTER

Signs must be consistent. The suggestion we have is to incorporate the brick facade of the hospital and the blue accent panels. A qualified wayfinding or signage consultant must be part of the final expansion and improvement plans.

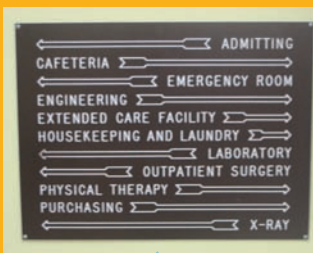


EXISTING SIGNAGE
CLEARLY IS
INCONSISTENT.



THE MAIN SIGN FOR THE TRAIL SYSTEM SHOULD BE LOCATED BY THE HIGHWAY AND BE CONSISTENT IN COLOR AND MATERIALS AND FONT USED THROUGHOUT THE HOSPITAL CAMPUS.

MANY SIGN ABUSES CAN BE FOUND IN THE POORLY MAINTAINED AND AGING SIGNS



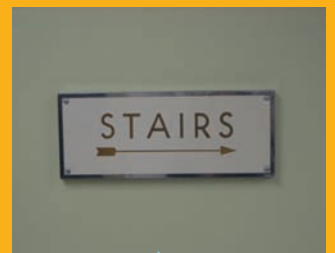
CONFUSING SIGN



OLD SIGN



VINTAGE 60S SIGN



60S SIGN

Excerpt from:

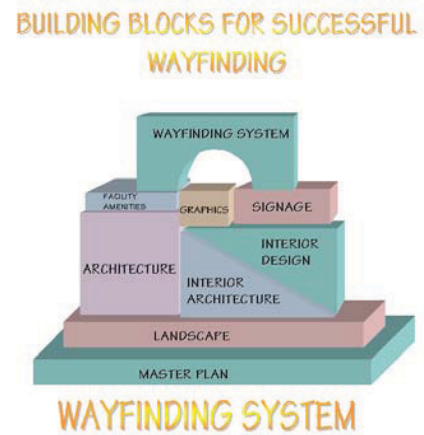
WAYFINDING: DESIGN FOR UNDERSTANDING

by Barbara J. Huelat, AAHID, ASID, IIDA

A Position Paper for the Environmental Standards

Council of The Center for Health Design

October 2007



CASE STUDY POTOMAC HOSPITAL, WOODBRIDGE, VIRGINIA

Like many successful hospitals, Potomac grew to the point where a new hospital was the only way to meet the growing needs of the community. So a new patient tower, which opened a year ago, is now located behind the current facility. This allowed patients and visitors to enter the familiar current entrance and make their way through the existing facility to reach the new multistory hospital.

In the design phase of the new hospital, a wayfinding study was executed to determine how to assist visitors in finding their way through the existing facility and how to relate to a new multistory building. The current facility was all on one floor. The wayfinding study provided many exterior site and interior recommendations that could be designed into the new project's architecture, landscaping, interior design, lighting, graphics, art program, new signage as well as changes in work flow and facility amenities.

As wayfinding was part of the planning and design process, wayfinding support was seamlessly integrated into the site, building, and interiors. The exterior planning included site enhancements, gardens, outdoor dining, a shuttle-bus system, valet parking, and coordinated graphics and signage. Parking and buildings were clearly identified with graphic design, signage, and landmarks. Corridors with supporting lighting and architectural detailing all supported the intuitive pathway of the visitor.

The new interior design and art program played a key role in the wayfinding system. For instance, art and sculpture were deliberately included to provide meaningful landmarks, as well as carefully selected because, for art to provide meaningful landmarks, it must include strong and familiar icons that helps the wayfinder identify with the subject matter.

When art is located in such a way that identifies a story or communicates a theme, it further strengthens the bond. At the Potomac facility, unique themes tell different stories for each floor. Themed art relates to needs of the occupants. This approach intuitively provides a different meaning to each floor. Diversifying art by floor avoids confusion as to what floor the visitor is on. Potomac Hospital's art program portrays familiar landmarks of the Potomac River region. For example, the theme for the intensive-care/critical-care floor reflects nature of the river, using artwork, sculpture, and design elements to support the designed environment. Nature along the banks of the Potomac River provided an appropriate and soothing background for the sickest of patients. The oncology floor embraced the four-seasons theme, which symbolically expresses transition, journey, and hope. The medical surgical floor expressed icons of building elements found on the banks of the Potomac, such as bridges, buildings, and lighthouses. The main floor of public space provided a colorful and upbeat theme of boats on the Potomac. The pediatric department followed a life-under-the-river theme,

with a sunken ship and underwater creatures that identified children's rooms, signage, and wayfinding cues. Each floor uniquely created a sense of place with which the visitor could identify.

The art program comes together on a long corridor connecting the existing and new building. A graphic wall illustrates the story of the Potomac River on a 60-foot wall map, colorfully illustrating the art, nature, and history of the river. This introduces the visitor to the delightful art and journey they will find within the building. Everyone remembers this major landmark. It provides a strong connection with the community landmark, helps make sense of the pathways of the building, provides information as well as delights with positive distractions.

Potomac Hospital's wayfinding success took more than three years to investigate, envision, design, and implement. The investigative stage evaluated what worked and what did not. Community, staff, and administrative focus groups uncovered wayfinding obstacles. The visioning stage evaluated what might be possible to assist the visitor experience. Elements such as valet parking, shuttle buses linking the campus, clear walking paths, and cohesive kiosk directories provided much-needed information. The design phase developed optional pathways, landmarks, numbering systems, graphic design details, signage systems, maps, and facility amenities that would support a positive wayfinding experience. New wayfinding concepts such as site amenities, architecture, and interior design were integrated into the design of the new hospital.

The approach was a seamless project integrated into the planning and design of the new construction project. Wayfinding was not an afterthought, but carefully designed into the project. This allowed elements such as curved bulkheads and lighting to be built-in, allowing wayfinding to intuitively lead to sources of information. The same firm that worked closely with the architectural and landscape architectural firms did the wayfinding, art, graphic, signage, and interior design. The hospital felt project and team integration was the greatest contributor to the successful wayfinding program.

Some of the best wayfinding outcomes were:

- New numbering system that linked phone numbers with room numbers
- New user-friendly consistent names of destinations that all could understand
- Valet services and shuttle bus linking the campus destinations
- Site amenities that provided better pathways to desired buildings and entrances
- Architectural and interior design features that provided intuitive pathways
- Strong integrated art program that became landmarks and meaningful sense of place
- Comprehensive new signage system linking clear communication, wayfinding information, easy-to-read graphics, and hospital branding
- Clear and simple map program that consistently linked directories with hand-held maps, landmarks, and signage

The new wayfinding concepts of facility amenities supporting signage, well-thought-out nomenclature, a user-friendly room numbering system, electronic directories, art program, and maps all supported sound wayfinding practices designed especially for the unique needs of the visitors and campus.

A Checklist for Developing a Good Wayfinding System

In summary, the following components are helpful in creating an understandable environment for the visitor.

- Apply the progressive-disclosure model of wayfinding.
- Identify all parking, buildings, and entrances.
- Use consistent graphics, color, and logos.
- Create a user-friendly handheld map, and repeat that map in lobby directories.
- Develop an appropriate wayfinding system that is specific to your facility.
- Incorporate environmental cues such as landscapes.
- Include windows in corridors for outdoor orientation.
- Design main entrance drop-off areas.
- Offer valet parking.

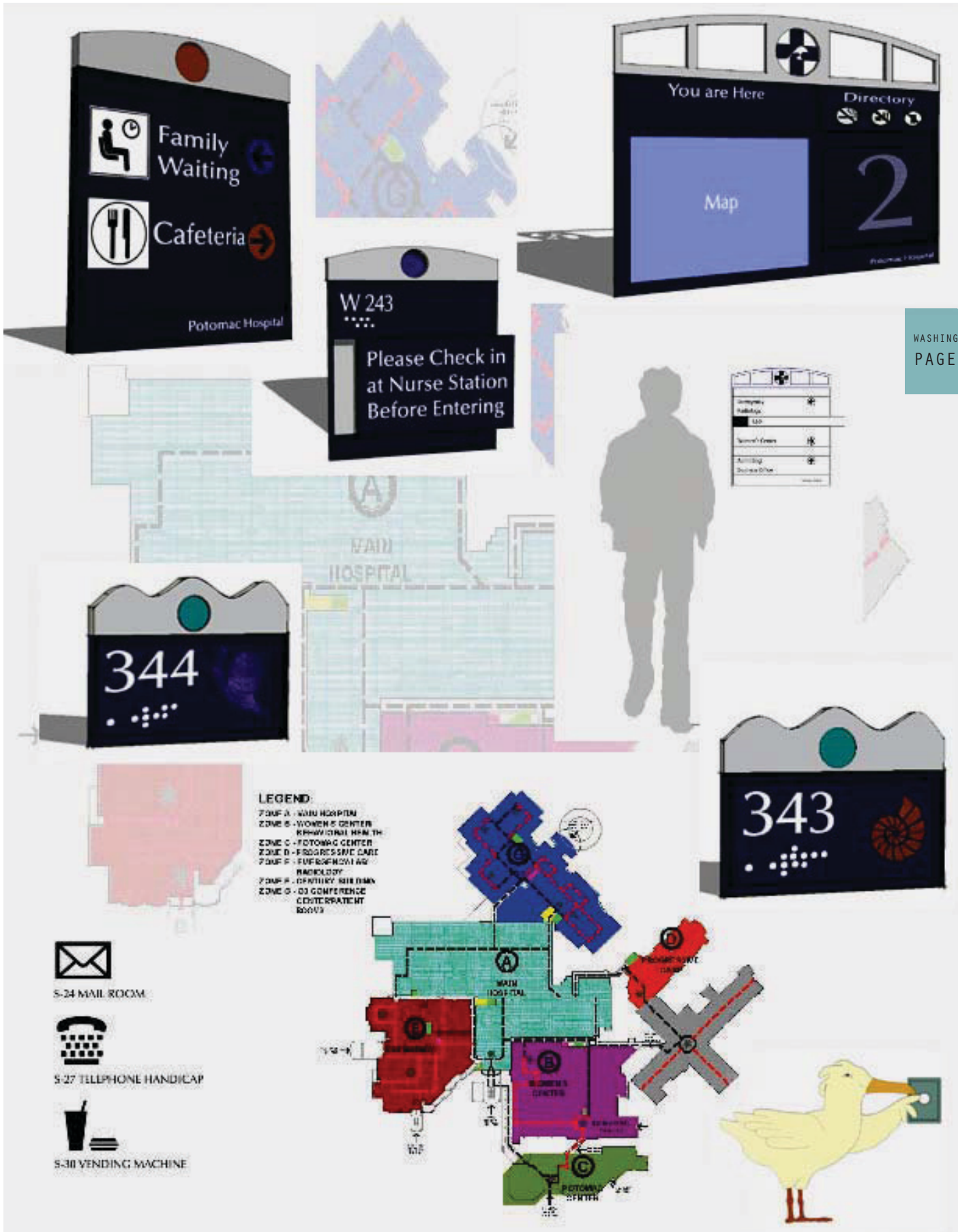
CASE STUDY

CONT'D POTOMAC HOSPITAL, WOODBRIDGE, VIRGINIA

- Provide easy and well-identified parking.
- Clearly delineate handicap parking and access routes.
- Establish clear routes to primary destinations.
- Train all staff in giving directions—the same way to the same place.
- Have a highly visible visitor-information center.
- Develop a sensible room-numbering system.
- Identify all destinations in the same vocabulary.
- Use symbols and icons to bridge language barriers.
- Provide clear, concise, and consistent signs that have strong contrast and visibility.
- Clearly light all signs.
- Use lighting to feature landmarks.
- Provide easy access to patient education.
- Offer learning centers with extended hours, high visibility, and a friendly staff.
- Differentiate public elevators from staff and clinical elevators.
- Display clocks in primary waiting areas.
- Provide telephones in emergency areas, waiting areas, entrances, and dining areas.
- Clearly identify restaurant and toilet facilities.
- Provide guides and wheelchair transportation for visitors in need.
- Avoid convoluted corridors.
- Remove clutter from corridors.
- Post estimated journey times.



Potomac Hospital Exterior Wayfinding



Potomac Hospital Interior Signage System



◀ STUDENT PRESENTING NEW VISION FOR THE HOSPITAL SPATIAL ORGANIZATION

CONCLUSION

We came, we saw, we tried to solve some problems!

Final thoughts and concluding remarks

1. The hospital began and still has a noble and selfless mission based on the Hill-Burton Act of 1946.
2. There are fine folks in Washington County, excellent staff, strong volunteers and an active and involved authority.
3. The Hospital has a prominent and recognizable place in this community ... sometimes that is taken for granted.
4. There are fast changing healthcare realities that MUST be reflected in any design changes and strategic plans.
5. Some very drastic actions have occurred recently perpetuating some difficult decision-making ... there will be more to come.
6. Jimmy Chidre's connections to Duke are invaluable. He can take the hospital to a position of leadership rather than one that depends on fluctuating annual "bailouts."
7. The grounds offer great potential for improvements. Some very exciting, positive and well-used recent community resources have been added, like the walking trail and the Wellness Center.
8. Safety, confidentiality, comfort, inclusion, adequate space, improved administration procedures and fiscal responsibility are not part of a design plan but are necessary to make this plan succeed.
9. The hospital must communicate a strong and stable presence in Washington County. Iconic features of new buildings, landscape changes and sign improvements will help make this a reality.
10. Change must come without compromising quality. Quality must be maintained without compromising the diversity of birth to death services.
11. An improved hospital will attract, keep and promote intellectual employees and citizens.
12. The newly formed Hospital Foundation will allow a new system to seek endowments, planned giving, sponsorships and grant funding.



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We look forward to a happy and helpful
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Your friends at the
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