

Frequently asked questions

Why did the coloured desks have to change?

There are a few key variables that we can use: colour, numbers, letters / words and symbols. We used colour and symbols to define the zones. All we did was switch the variable for the desks – letters instead of colours. This enables us to keep the destination – the desk itself.

Will the building codes and room numbers change?

No, but this information is tertiary to patients. The codes and room numbers are really for staff, most specifically Facilities Management. When we provide information to patients, it should always include the destination name, zone and level, which will be reinforced on directional signs. E.g. Echocardiography, Green Owl zone, 7th floor. The room number itself (GH720) helps us, not them.

Inpatient units will continue to have their wing names, e.g. GD4, GH5. Please remember to use both letters, as we have multiples of some, e.g. FE/CE/GE and CH/GH.

Why don't Women's and PsychHealth have zones?

Zones are being applied only to the spaces that run into each other on the first and second floor, where it's unclear where one building starts and another begins. These are really the pain points.

People generally enter Women's from Notre Dame or via the tunnels, and get to

PsychHealth directly from 771 Bannatyne Ave. Plus, the signs in PsychHealth work. The new logic and system will be incorporated into all future buildings. Where they stand alone, there will be no zones. When they connect, they will be incorporated – e.g. the new DI building will be predominantly served by the Yellow Deer elevators, so the signs will reflect that zone.

What's with the animals?

We wanted a theme for the symbols, to create a logical set. But each needed to be distinctly recognizable. For example, we couldn't use things like flowers, because while a rose is different from a daisy, from a tulip and a sunflower, at the end of the day, they're all flowers. That set would require too much knowledge. We also explored simple shapes, but once you get past square, triangle and circle, you start getting into octagon (nope: stop sign), hearts (nope: implies cardiac), oval (nope: too much like circle). So we chose animals indigenous to our province. It also gives us room to expand if we need to.

Will there be new tunnel maps?

Yes, in addition to the new maps we're piloting, we're working on campus maps – everything between Sherbrook, William, Tecumseh and Notre Dame – and tunnel maps. These, along with alphabetical directories, will be at every entrance, parkade and building on campus. We can also help create specific maps for tricky routes (e.g. Women's to NICU). Call Kat, 787-7934 for more info.

If you have any other questions or would like more information, please email Kat Fox, Director, Communications at kwfox@hsc.mb.ca.

HSC Wayfinding

Patients First: Navigating HSC

Whether we're looking for an address, visiting a new city, or landing in an airport, we use signs, landmarks, maps and verbal assistance to find our way. The information we rely on needs to be clear and understandable – especially if we don't know the language.

The same principles apply to making your way around HSC. Our new wayfinding and signage strategy takes into account our challenging space and the routes we want patients and visitors to take. It also considers language, ability and cultural differences.

Wayfinding is for the first-time visitor.

If you have never been to HSC, directions like "old CCU" or "old Adult Emerg" don't mean anything. We have to provide logical, meaningful and consistent information in all of our communications. Our new wayfinding strategy gives us a common vocabulary for directions.

For example, rather than directing someone to the GH / six-pack / bank of six / silver / main / General Hospital elevators, we will now direct them to the Green Owl elevators. Rather than saying "Old Children's" or "CE/CS elevators", people can use the Yellow Deer elevators to access those wings.

Information is provided at key decision points.

Our goal is to help people confidently navigate HSC to arrive at their destination with as little anxiety as possible. We want to move people efficiently from the outside in (and back again), giving them the information they need to make their next decision at appropriate intervals.

The path is essentially:

Outside: Arrive at HSC campus > Park in parkade closest to key entrance > Enter closest entrance to destination

Inside: Identify zone > Choose level (floor) > Follow signs to destination

Zones are not defined by buildings.

Our elevator banks provide logical anchors to define the zones and the destinations served by them. Zones therefore can spread across more than one building (e.g. the Purple Zone covers Kleysen, parts of Ann Thomas, the Pedway and the General). Elevators also act as landmarks.

To address literacy issues, each zone is colour-coded and features an icon of an animal indigenous to Manitoba (except Dr. Goodbear, who is indigenous to HSC). Because people perceive colours differently – if at all – we have reinforced the colour in text, i.e. "Purple". To address individual interpretations, we have also reinforced the icons with words, i.e. "Fox". That way, there's no mistaking it for a cat, dog, wolf, etc...

You are the most important part of wayfinding.

People will continue to stop and ask for direction, no matter how clear our signs are. This is an area where we excel – HSC staff and volunteers are highly attuned to the "look of the lost". You are and will continue to be the most important part of wayfinding – providing reassurance. This caring human contact is one more way we put Patients First.