

Universal Symbols in Health Care

Innovator Facilities Pre Audit Report

Produced by



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Introduction

Hablamos Juntos (HJ) and the SEGD have contracted with Corbin Design to conduct pre-audit site visits at four Innovator facilities that have qualified to participate in a supported process to implement Universal Health Care Symbols (UHCS). Corbin has been further charged with documenting the impact of the UHCS system on the patient and visitor experience of Limited English Proficiency (LEP) populations. This report details initial findings for each of the facilities we have visited.

The scope of the design challenge is two fold:

First, to engage in a research process that establishes metrics for how the system currently works in each facility by interviewing staff members (qualitative), then training specific staffers to engage patients and visitors in surveys on-site (quantitative). We've also posted staff surveys online to collect data, opinions and stories on how the wayfinding systems currently work. We hope to capture "the voice of the patient" in this research, and to reflect some of the challenges these patients experience today.

Second, to outline a set of observations for wayfinding that will be instructive to the facilities as they design and install prototype systems. These observations range from the general to the specific, without overtly detailing design recommendations. We understand that each facility has engaged a designer who will help to implement the prototype programs in keeping with each facility's wayfinding logic and brand expression.

One of the challenges of this project was to limit the report to the wayfinding issues as they impact LEP audiences alone within these facilities. We have attempted to keep this focus. However, each facility has its own current difficulties with wayfinding overall that need to be resolved to enhance the entire patient experience. Absent this resolution, a limited implementation of UHCS may not markedly improve the patient experience for LEP populations. We've developed these recommendations to assure both that they are based in

reality and that they are specific enough to be truly helpful. We trust that the TAC will provide further input on these recommendations to that end.

We want to take a moment to thank Hablamos Juntos, the SEGD and the TAC for selecting Corbin Design to manage this project. Throughout our travels, we have learned a tremendous amount about the potential limitations and opportunities of the UHCS program, and have gained an appreciation for the complexity of the initial design challenge. We have also learned a great deal about the experiences of LEP populations, and have been inspired and impressed by the dedication of the staff in each facility as they work daily to serve these populations. Together with you, we believe that access to healthcare services in the US and other nations will ultimately be improved as this program rolls out.

Finally, we also would like to thank the staff and volunteers who met with us at each of the four innovator facilities. These people shared their time and their considerable creative energy with us. Though their facilities, patient populations, and challenges are unique, they are unified in a commitment to deliver a better patient experience. We are grateful for their involvement.

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Corbin Design

April, 2009

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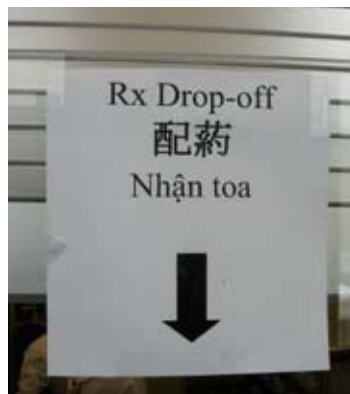
International Community Health Services

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Executive Summary

1. Despite the best of intentions and a genuine commitment to patient care, the four innovator facilities are failing to provide their LEP populations with sufficient tools and systems for wayfinding. Breakdowns in existing wayfinding systems are having real effects on the physical, emotional and mental health of LEP patients. Other aspects of the patient experience, such as pre-admission communications, patient registration, security procedures, etc. add to the level of confusion and stress rather than mitigating it.
2. Wayfinding failures are compromising organizational efficiencies within the innovator facilities. Some staff members are spending a significant amount of their work time directing lost guests. When lost patients are late for appointments, staff and equipment can be kept idle. Staff time is further consumed shuffling appointments.
3. New wayfinding systems organized around the Hablamos Juntos Universal Health Care initiative hold significant potential to improve wayfinding for LEP individuals across a range of facilities and treatment environments. Staff members in these facilities recognize the potential of the program and are generally positive about its full implementation.
4. Each of the innovator facilities is currently using the UHCS symbols in some signage. In each case, generally because of a lack of clear standards for implementation, facilities are using the symbols in ways that are suboptimal and inconsistent.

There are often inconsistencies within a given facility in the way bi-lingual information is indicated.



5. Successful implementation of the symbols requires that each facility:
 - a. Select a limited set of symbols for common destinations, implemented as widely as possible throughout the wayfinding signage of the facility
 - b. Follow consistent standards for size, color, contrast, and position relative to text elements
 - c. Clearly distinguish symbols for primary health care destinations from amenity symbols, department logos, or any other types of symbols, logos, or icons
 - d. Roll out a rationale for change and introduction to the symbols to all staff, volunteers, referring offices/organizations and others with whom patients may be actively communicating before and during the journey
 - e. Introduce the symbols to patients and visitors with printed materials such as posters or brochures and/or interactive tools, with all such materials and tools available in the primary languages of non-English-speaking populations
 - f. Support the signage with other usage of the symbols, such as on appointment letters, staff name badges, stickers to be worn or carried by patients/visitors, etc.
 - g. Do not use the symbols for purposes for which they are not intended, such as linking multiple symbols to communicate complex ideas or narrative

“Our strategic plan calls for us to improve the patient experience, and this [wayfinding and symbols implementation] seems to be an area in which we can achieve a lot.”
 – Staff

Consistent graphic treatment with the rest of the program compliments the system and eases the burden on the users.



Grady Memorial

Project Overview

Grady Memorial Hospital in Atlanta, Georgia is one of the ten largest hospitals in the country. Most of this facility is located in one 22-story, 1.8-million-square-foot building. 12% of all visitors have Limited English Proficiency (LEP). Of these individuals, over 90% are Spanish-speaking. Grady and Cooper Signs and Graphics have developed a wayfinding signage master plan that it is planning to implement in phases, beginning with a planned _____ renovation scheduled for _____.

The Hablamos Juntos Phase II Project Team (consisting of Woody Smith and Mark VanderKlipp from Corbin Design) visited Grady Memorial on February 19 and 20, 2009 with the following objectives:

- Document the effectiveness of existing wayfinding systems available to LEP patients and visitors, including the Hablamos Juntos Phase I test system
- Develop baseline measures of the patient experience and organizational efficiencies that could be improved by implementation of Universal Health Care Symbols (UHCS)
- Assess organizational support for implementation of new wayfinding systems based on UHCS
- Develop a set of standards for successful implementation of prototype systems within the main facility in Atlanta.

In order to meet these objectives, the Project Team used the following methods:

1. Physical review and photographic documentation of the facilities, focusing on wayfinding systems currently in use
2. Experience testing of the facility's existing wayfinding systems
3. Focus groups and interviews with facility staff including representatives of the following departments:
 - a. Community Affairs
 - b. Senior Services
 - c. Department of Multicultural Affairs
 - d. Architectural Projects

- e. Guest Services
 - f. Nursing
 - g. Patient Access Services
4. A printed and electronic Staff Survey distributed to facility staff
 5. A printed Patient Intercept Survey designed to be administered with patients/visitors while they are in the process of navigating the facility

As of the writing of this report, Grady Memorial staff members are continuing to gather data for the Staff Survey and Patient Intercept Survey. Therefore, findings, observations, and recommendations are based on the other methods of collecting information listed above.

Specific Wayfinding Observations and Recommendations

1. *Remove inaccurate and non-essential directional signage.*

Because Grady has been operating continuously for nearly 100 years, there are multiple inaccurate legacy wayfinding systems that overlap. Destination and department names have changed, but “old” destinations continue to appear on signage. In many instances, the number of destinations indicated on directional signage is overwhelming.

2. *Eliminate redundancies in messaging.*

Grady should create a single sign type to contain the message. If it is difficult to condense all of the information that appears on a sign, consider a different medium, such as a printed piece that contains the information available at the point of service.

3. *Establish clear guidelines about which information should be translated, and which should not.*

Some critical patient information is translated; other information is not. Remain consistent across media. These guidelines should be organized into the following categories:

- Primary destinations

Establish clear guidelines about which information should be translated, and which should not.



- Explicit instructions (e.g. when you need a Grady Card)
- Amenities, including translations services
- Regulatory information
- Patients rights
- Health and Safety signage
- General information/Flyers

4. *Consistently represent translated verbiage on signage.*

Grady currently uses many different presentations for bi-lingual copy. This should be made more consistent with guidelines for each of the following categories.

- Typography
- Color
- Location relative to English language information

5. *Ensure that typography in all cases is legible enough to be read from a distance.*

Messaging should be primary; other information secondary

6. *Provide more points of engagement for LEP populations at points of entry.*

If interpretation services are available for speakers of many languages, post this communication at points of entry in the languages of intended users.

Inconsistencies in location of translated verbiage to English language information causes confusion for many.



Prototype System Design Recommendations

1. *Implement symbols in signage.*

Implementation should occur in each of the following signage categories:

- Welcome signage, including interpretive services notice
- Elevator directories in elevator lobbies and cabs
- Overhead and wall-mounted signage for on-floor destinations
- “Subway maps” (see Appendix 1)
- Department identification (wall-mounted, flag ID)

2. *Use arrows and typography consistently.*

Place typography directly next to arrow form for close association. Any icons should be located opposite the arrow form on a sign as a secondary element. In general, it is preferable to use one arrow for both English and Spanish-language entries that refer to one destination.

3. *Remove non-standard icons from the UHCS sign program.*

Grady is using a few symbols which were not selected in Hablamos Juntos Phase 1 because it was convenient to do so. However, the ultimate value of the UHCS depends on consistency across facilities so that symbols are truly universal. Grady should replace non-standard icons with standard ones.

4. *Implement symbols in other media.*

Implementation should occur in each of the following categories:

- Handheld pamphlets that explain each symbol in use available for all front-line employees who might regularly provide directions to visitors (information desk personnel, security guards, retail employees, admitting staff, Grady Cards personnel, etc.)
- Posters in waiting areas, exam rooms
- Stickers to be applied to appointment letters and referral forms
- Public web site

5. *Provide education and training to staff in support of UHCS.*

See Appendix 1 for components of a comprehensive rollout.

Replace non-standard icons with standard UHCS ones.



Children's Mercy

Project Overview

Children's Mercy Hospital in Kansas City, Missouri is a large medical campus, anchoring a system that includes 21 clinics. The facility offers diverse pediatric services including in-patient care, outpatient care, diagnostic testing, and research. The central campus also includes numerous medical offices. 7-10% of all patients are Spanish-speaking, with some departments having much higher percentages of Spanish-speaking patient populations. Other LEP populations are highly varied and are on the rise. The facility is currently renovating its Emergency Department.

The Hablamos Juntos Phase II Project Team (consisting of Woody Smith and Mark VanderKlipp from Corbin Design) visited Children's Mercy on March 19 and 20, 2009 with the following objectives:

- Document the effectiveness of existing wayfinding systems available to LEP patients and visitors, including the Hablamos Juntos Phase I test system
- Develop baseline measures of the patient experience and organizational efficiencies that could be improved by implementation of Universal Health Care Symbols (UHCS)
- Assess organizational support for implementation of new wayfinding systems based on UHCS
- Develop a set of standards for successful implementation of prototype systems within the main facility in Kansas City.

In order to meet these objectives, the Project Team used the following methods:

1. Physical review and photographic documentation of the facilities, focusing on wayfinding systems currently in use
2. Experience testing of the facility's existing wayfinding systems
3. Focus groups and interviews with facility staff including representatives of the following departments:
 - a. Administration
 - b. Volunteers
 - c. Translation Services
 - d. Social Work

- e. Security
 - f. Public Affairs
 - g. Strategic Planning
 - h. Nursing
 - i. Admitting
 - j. Pediatric Care Center
4. A printed and electronic Staff Survey distributed to facility staff
 5. A printed Patient Intercept Survey designed to be administered with patients/visitors while they are in the process of navigating the facility
- As of the writing of this report, Children’s Mercy staff members are continuing to gather data for the Staff Survey and Patient Intercept Survey. Therefore, findings, observations, and recommendations are based on the other methods of collecting information listed above.

Specific Wayfinding Observations and Recommendations

1. *Simplify and emphasize wayfinding signage relative to background graphics.*

Children’s Mercy presents a rich and highly stimulating visual environment. This is very appropriate in a pediatric setting to engage the attention of children and make the clinical environment friendlier. However, wayfinding information is easily lost in the midst of all of the other graphic elements. (4993, 5057) To be most useful, wayfinding information at Children’s Mercy must be consistently presented across the whole facility, must be clear, and must stand out from the background décor and graphics.

Wayfinding information presented inconsistently in a visually stimulating environment can easily be lost.



2. *Distinguish zones from primary destinations in signage.*

The current zones (Sky & Space, Myths & Legends, Deep Sea, Wild Kingdom) which are used to organize the hospital should be simplified in concept and presentation. Regardless, these zones should be presented differently from primary destinations on wayfinding signage. (5074)

3. *Simplify destination types and nomenclature.*

Currently at Children's Mercy, destinations are provided using towers, zones, pods, clinical names, donor names, etc. This should be simplified into a hierarchy that consists of zone – floor – primary destination – room number.

4. *Treat non-public destinations differently.*

If the public is not meant to find a destination, do not include this destination in public wayfinding systems. Choose an alternative form of signage that is more appropriate to staff, or an alternative medium for location information, such as a staff Intranet.

A non-public destination such as the Pediatric Clinical Research Unit should not share the same signtype as a public conference room.



5. *Establish clear guidelines about which information should be translated, and which should not.*

Some critical patient information is translated; other information is not.

Remain consistent across media. These guidelines should be organized into the following categories:

- Primary destinations
- Explicit instructions, such as the need to pass through a security checkpoint
- Amenities, including Translation Services
- Regulatory information
- Patients rights
- Health and Safety signage
- General information/Flyers

6. *Improve access to support systems for LEP patients and visitors who are lost.*

If tools and services are available for patients and visitors needing assistance, indicate these tools and services in multilingual signage.

7. *Clarify wayfinding guidelines for LEP patients and visitors with all front line staff.*

Interviews with volunteers, security guards, translators, retail employees, and others reveal that there are many different approaches to helping LEP patients navigate Children’s Mercy. Some people use pantomimes or speak English slowly and loudly. Others recruit Spanish-speaking employees to assist. Yet others call interpreters. Some rely on maps and handouts while others always try to arrange a personal escort. These processes should be planned out and communicated to all front line employees. Processes should include “off peak” procedures to accommodate times when fewer staff members are available to provide personal escorts.

“ We do use volunteers to help guide people when the volunteers are around. There is a good crop of them here before lunch, but then it starts to fall off.”
– Security

Prototype System Design Recommendations

1. *Implement symbols in signage.*

Implementation should occur in each of the following signage categories:

- Welcome signage, including interpretive services notice
- Elevator directories in elevator lobbies and cabs
- Overhead and wall-mounted signage for on-floor destinations
- “Subway maps” (see Appendix 1)
- Department identification (wall-mounted, flag ID)

2. *Distinguish UHCS symbols from amenity symbols.*

Children’s Mercy currently includes DOT icons and other symbols to indicate amenities on directories and signage. The UHCS symbols should be broken out separately.

3. *Ensure that symbols are appropriately sized to be legible on signage.*

Do not use symbols smaller than two inches square on directory signage.



UHCS symbols should be broken out separately from DOT icons and other symbols currently in use.

Some of the symbols are complex, and very small images are likely to confuse LEP populations, particularly those who are visually impaired. Handheld or printed pieces are different given the viewing distance.

4. *Implement symbols in other media.*

Implementation should occur in each of the following categories:

- Handheld pamphlets that explain each symbol in use available for all front-line employees who might regularly provide directions to visitors (information desk personnel, security guards, retail employees, admitting staff, etc.)
- Posters in waiting areas, exam rooms
- Stickers to be applied to appointment letters and referral forms
- Identification stickers worn by patients and visitors
- Public web site

5. *Provide education and training to staff in support of UHCS.*

See Appendix 1 for components of a comprehensive rollout.

Appendix 1: Phase 2 Initial Report to the TAC

Women & Infants

Project Overview

Women & Infants Hospital of Rhode Island is a healthcare system that consists of one central hospital and 23 off-site clinics and offices. The current hospital is a six-story, 137-bed facility that serves a diverse population including primarily Spanish and Chinese speakers. A new five-story, 140,000-square-foot addition will include 60 NICU rooms, public spaces, conference rooms, and auditoriums. On an annual basis, Women & Infants handles 70% of all infant deliveries in Rhode Island. Diversity is on the rise in this state: 50% of the City of Providence is Spanish-speaking. Other LEP populations are also growing.

The Hablamos Juntos Phase II Project Team (consisting of Woody Smith and Mark VanderKlipp from Corbin Design) visited Children’s Mercy on March 23 and 24, 2009 with the following objectives:

- Document the effectiveness of existing wayfinding systems available to LEP patients and visitors, including the Hablamos Juntos Phase I test system
- Develop baseline measures of the patient experience and organizational efficiencies that could be improved by implementation of Universal Health Care Symbols (UHCS)
- Assess organizational support for implementation of new wayfinding systems based on UHCS
- Develop a set of standards for successful implementation of prototype systems within the main facility in Providence.

In order to meet these objectives, the Project Team used the following methods:

1. Physical review and photographic documentation of the facilities, focusing on wayfinding systems currently in use
2. Experience testing of the facility’s existing wayfinding systems
3. Focus groups and interviews with facility staff including representatives from the following:
 - a. Triage
 - b. Security
 - c. Administration

- d. Marketing
 - e. Facilities
 - f. Physician Relations
 - g. Various department heads
 - h. Diversity Council
 - i. Communications/Front Desk
 - j. Patient & Family Centered Care
 - k. Community Medical Services
 - l. Volunteers
4. A printed and electronic Staff Survey distributed to facility staff
 5. A printed Patient Intercept Survey designed to be administered with patients/visitors while they are in the process of navigating the facility.
- As of the writing of this report, Women & Infants staff members are continuing to gather data for the Staff Survey and Patient Intercept Survey. Therefore, findings, observations, and recommendations are based on the other methods of collecting information listed above.

Specific Wayfinding Observations and Recommendations

1. *Ensure that wayfinding signage is not blocked or obscured.*
In some cases, signage is currently difficult to see because of obstacles.



Plan wayfinding signage locations to account for required code items such as illuminated exit signs.

Guidelines must be followed about which information is translated and which is not.



2. *Eliminate redundancies in messaging and non-essential messages.*

Some areas of Women and Infants contain many types of messages. For a patient or visitor attempting to find a destination, this can be overwhelming. Women & Infants should simplify messages in these areas. If it is difficult to condense all of the information that appears on a sign, consider a different medium, such as a printed piece that contains the information available at the point of service.

3. *Provide a full-time staff person or volunteer in the Triage area.*

Although plans in place to direct traffic to the new wing of the hospital will have some success, many patients and visitors will continue to use the Triage entrance. Current signage directing these individuals to other areas of the hospital is insufficient. If patients and visitors do not have access to a receptionist or greeter, they will interrupt the work of clinical employees in order to obtain help.

4. *Establish clear guidelines about which information should be translated, and which should not.*

Some critical patient information is translated; other information is not. Remain consistent across media. These guidelines should be organized into the following categories:

- Primary destinations
- Explicit instructions
- Amenities, including translation services
- Regulatory information
- Patients rights
- Health and Safety signage
- General information/Flyers

Prototype System Design Recommendations

1. *Implement symbols in signage.*

Implementation should occur in each of the following signage categories:

- Welcome signage, including interpretive services notice
- Elevator directories in elevator lobbies and cabs
- Overhead and wall-mounted signage for on-floor destinations
- “Subway maps” (see Appendix 1)
- Department identification (wall-mounted, flag ID)

2. *Distinguish UHCS symbols from amenity symbols.*

Women & Infants currently includes DOT icons and other symbols to indicate amenities on directories and signage. The UHCS symbols should be broken out separately.

3. *Ensure that symbols have sufficient color contrast to be viewed from a distance.*

Existing implementation of symbols can be difficult to see.

4. *Implement symbols in other media.*

Implementation should occur in each of the following categories:

- Handheld pamphlets that explain each symbol in use available for all front-line employees who might regularly provide directions to visitors (information desk personnel, security guards, retail employees, admitting staff, etc.)
- Posters in waiting areas, exam rooms
- Stickers to be applied to appointment letters and referral forms
- Public web site

5. *Provide education and training to staff in support of UHCS.*

See Appendix 1 for components of a comprehensive rollout.

Appendix 1: Phase 2 Initial Report to the TAC

Symbols must provide enough contrast to be easily viewed from a distance.



International Community Health Services

Project Overview

International Community Health Services (ICHS) in Seattle, Washington operates two clinics which serve over 16,000 patients yearly. ICHS offers outpatient services including medical, dental, behavioral health, Chinese medicine, acupuncture, health education, laboratory, WIC, and pharmacy. The vast majority of patients are LEP, with the most common languages being Cantonese and Vietnamese. Otherwise, the patient population is diverse and speaks more than 50 languages. ICHS is currently expanding one of its two facilities in the International District. The new facility will occupy twice the square footage of the existing site and will occupy multiple floors within its building. This expansion will naturally make wayfinding more complex.

The Hablamos Juntos Phase II Project Team (consisting of Woody Smith and Mark VanderKlipp from Corbin Design) visited ICHS on March 26 and 27, 2009 with the following objectives:

- Document the effectiveness of existing wayfinding systems available to LEP patients and visitors, including the Hablamos Juntos Phase I test system
- Develop baseline measures of the patient experience and organizational efficiencies that could be improved by implementation of Universal Health Care Symbols (UHCS)
- Assess organizational support for implementation of new wayfinding systems based on UHCS
- Develop a set of standards for successful implementation of prototype systems within the International District.

In order to meet these objectives, the Project Team used the following methods:

1. Physical review and photographic documentation of the facilities, focusing on wayfinding systems currently in use
2. Experience testing of the facility's existing wayfinding systems

3. Focus groups and interviews with facility staff including representatives of the following departments:
 - a. Board of Directors
 - b. Quality Improvement
 - c. Administration
 - d. Patient Services
 - e. Patient Access
 - f. Front Desk
 - g. Facilities
 - h. Nursing
 - i. Physicians
 - j. Interpreters
 - k. Marketing
 - l. WIC (Women, Infants, Children)
 4. A printed and electronic Staff Survey distributed to facility staff
 5. A printed Patient Intercept Survey designed to be administered with patients/visitors while they are in the process of navigating the facility
- As of the writing of this report, ICHS staff members are continuing to gather data for the Staff Survey and Patient Intercept Survey. Therefore, findings, observations, and recommendations are based on the other methods of collecting information listed above.

Specific Wayfinding Observations and Recommendations

1. *Substitute flag ID signs for primary destinations.*
Flush, wall-mounted department signs are less effective.
2. *Introduce on-cab elevator directories for the two facilities.*
This is an opportunity to help orient first time visitors by indicating primary public destinations on each floor.

Elevator cabs offer opportunities for visitors to orient themselves to the facility.



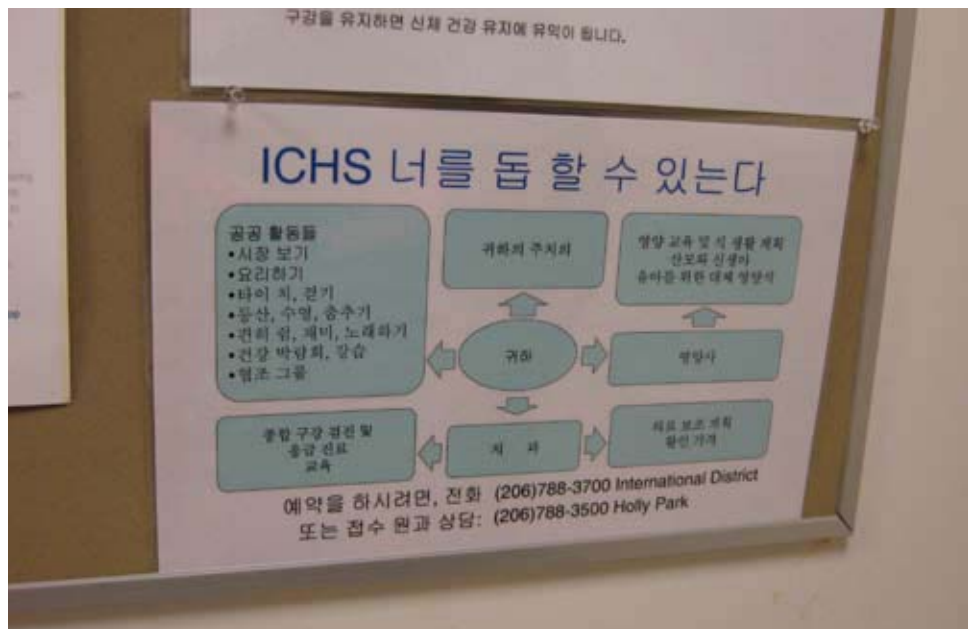
3. *Reduce the amount of posted patient information in lobbies.*

In some parts of the clinics, the amount of information posted is significant. In particular, some organizational charts look like maps. ICHS should remove some of this information.

4. *Establish clear guidelines about which information should be translated, and which should not.*

Some critical patient information is translated; other information is not. Remain consistent across media. These guidelines should be organized into the following categories:

- Primary destinations
- Explicit instructions, such as how to register for an appointment
- Amenities, including translation services
- Regulatory information
- Patients rights
- Health and Safety signage
- General information/Flyers



Some charts begin to look like maps adding to the confusion of the visitor.

Prototype System Design Recommendations

1. *Implement symbols in signage.*

Implementation should occur in each of the following signage categories:

- Free-standing signage within the lobby areas of both clinics indicating which primary destinations can be found on which level and in which part of the clinic
- Welcome signage within lobby areas, including interpretive services notice. We heard that many patients don't understand the need to check in prior to an appointment; instructions in multiple languages should appear here.
- "Subway maps" (see Appendix 1)
- Department identification (wall-mounted, flag ID)

2. *Ensure that symbols are appropriately sized to be legible on signage.*

Do not use symbols in at smaller than two inches square. Some of the symbols are complex, and very small images are likely to confuse LEP populations, particularly those who are visually impaired.

3. *Do not attempt to communicate complex ideas by linking symbols together.*

In some areas, ICHS is attempting to use the symbols to communicate a narrative. These symbols were designed to assist with wayfinding, with a relationship of one symbol to one destination. Other uses may dilute the effectiveness of the system for wayfinding.

4. *Do not use UHCS to communicate referents and ideas that are inconsistent with *Hablamos Juntos* guidelines.*

In a few cases, ICHS is using icons to communicate policy messages or as illustrations for patient communications. Again, the UHCS symbols

Improper use of symbols may reduce their effectiveness.



are intended to be wayfinding tools, and other uses may confuse understanding of the symbols.

5. *Implement symbols in other media*

Implementation should occur in each of the following categories:

- Handheld pamphlets that explain each symbol in use available for all front-line employees who might regularly provide directions to visitors
- Posters in waiting areas, exam rooms
- Video introduction to ICHS including introduction to the symbols
- Stickers to be applied to appointment letters and referral forms
- Public web site

6. *Provide education and training to staff in support of UHCS.*

See Appendix 1 for components of a comprehensive rollout.

Symbols should be reserved for use in wayfinding tools.

Appendix 1: Phase 2 Initial Report to the TAC



Assumptions

For the purposes of this study, LEP populations include:

- Non-English speakers, or those who speak English as a second language
- Anyone compromised in any way that limits his/her ability to speak, read or comprehend English language instructions

Those who cannot read in any language

Those who are mentally or physically incapacitated, as with a stroke

- Elderly individuals or others who may be visually compromised

Our visits and conversations uncovered many challenges and issues that affect LEP populations. A number of these fell outside of the specific wayfinding design issues we were asked to investigate, but this information gave us greater insight into the challenges of implementing a system of standard symbols in healthcare environments. While the following information doesn't relate directly to wayfinding, it does impact the patient experience of LEP audiences and their resulting access to care. These challenges and issues are summarized here, along with the basic assumptions of the project and other conditions for successful implementation.

*“I found an LEP lady who was having contractions walking around on the fourth floor. She came in through the ER and no idea where to go to deliver her baby”
– Anonymous*

1. Certain assumptions have been made with regard to Western medicine and the organization of hospitals in the United States that may not be familiar to everyone in our target audiences.
 - a. The concept of wayfinding signage was found to be unfamiliar to some populations given the different design and structure of the healthcare systems in their home countries.
 - b. The obligation of paying for healthcare through an insurer or a federal program such as Medicare or Medicaid may not be clearly understood.
 - c. Requiring that an individual present identification at any point may be threatening to undocumented individuals, compromising their access to care.
 - d. Each facility has admission or visiting procedures that could potentially be confusing to our audiences.

2. The successful implementation of the UHCS symbol system further assumes:
 - a. Target audiences are familiar with international symbols
 - b. Audiences can distinguish between symbols for amenities (standard DOT symbols) and those designed by Hablamos Juntos
 - c. Other imagery in a given healthcare setting is sufficiently differentiated from the UHCS information

3. We asked each group to finish this sentence: “This system of symbols will only be successful if ...”
 - a. It is consistently applied across media, and evident in repetitious communications
 - b. Educational materials are sent to people’s homes to introduce patients to the symbols prior to their visit
 - c. The icons are visible in the environment, and appear at key points of decision or transition at eye level
 - d. Wayfinding elements are designed to be quickly and easily changed as destinations move and evolve
 - e. The hierarchy of information is presented clearly on all signage
 - f. Sufficient education is provided to both staff and the community regarding the reasons for the program and the meaning of the symbols
 - g. The HJ program allows facilities to pick and choose symbols to use
 - h. The symbol set is kept simple and limited (at odds with the idea that if a few symbols are good, then a lot of symbols will be better!) so as not to overwhelm LEP patients, especially as the program is rolled out, with a large number of new symbols to learn
 - i. Administrative support for the program exists; support is generated from all areas of the hospital system
 - j. The procedures for application are simple, understandable, and ultimately save extra steps for everyone

5. The Big Caveat

- a. We realize that results will be difficult to measure given the limited amount of implemented signage in this prototype system
- b. All interviewed facilities are undergoing other physical changes that will result in improvements to wayfinding in general
- c. This document outlines a host of potential tools to shore up the prototype system and provide a broader reach to influence wayfinding
- d. We note up front that saving time may not be the most telling measure of the improvement that HJ brings; rather, the perception of satisfaction and more positive brand associations may develop over the long term.

Some facilities are using UHCS symbols for purposes that are not tied to wayfinding.



Wayfinding Rules of Thumb

Terminology

Healthcare environments are notorious for their use of obscure terminology:

- Building and entrance naming, especially on campuses that have many points of service
- Clinical terminology unknown to many lay persons, such as Ophthalmology (Eye clinic) or Ambulatory Services (Outpatient)
- Non-standard terms applied to generally accepted department names, such as Health Information Management (Medical Records) or Diagnostic Imaging (Radiology)
- General mailing address applied to communications where the actual building address for the appointment is different
- Departments, entrances, buildings, etc. named primarily for donors rather than the services that are located there

Each facility must undergo an internal process to simplify and clarify this information for all visitors.

Hierarchy of information

Campus buildings

- Defining the campus for visitors prior to arrival is the key first step for our audiences. Much of the confusion is brought on when referring physician information is incorrect.

“Some people are told to go to the “emergency department.” Since all of the signs read ECC, they naturally can’t find it.”

– Sandra Sanchez, Grady Memorial

Different modes of defining zones to divide areas of the buildings include imagery as well as cardinal directions.



Zones: In many instances, zone logic is applied to divide portions of the building/campus in intuitive ways.

- Whether that is through imagery (Children’s), cardinal directions (Grady) or building naming (Women & Infants), these divisions add a layer of complexity that may cause confusion to LEP populations.
- This information must be verbally and visually differentiated from other wayfinding cues.

HJ Imagery

- The symbols must be closely associated with language, especially initially as populations become more familiar with them.

Amenities or DOT symbols

- Secondary to UHCS wayfinding information
- Consistent location relative to UHCS, typography

Multipilingual signage at points of entry inform LEP visitors of available services.



Engagement at the Point of Entry

Many first time patients and visitors are not aware of the resources available to help them navigate the facility

As stated before, some LEP patients will not seek help at a help or information desk

Facilities need to provide multiple information systems that allow LEP patients to connect with wayfinding logic and available support systems, including:

- Post multilingual signage offering translation services
- Provide wayfinding kiosks with multilingual capability
- Use multi-lingual posters or other large format media to introduce the UHCS

- Provide all front line employees, including security guards, information desk staff, valet parking attendants, retail employees in main public areas, with wayfinding tools and training, as well as specific procedures for obtaining outside help to direct LEP patients and visitors, such as an interpretive services phone number

Prototype System Design

We've developed this list of potential applications in partnership with the many creative people that have been a part of the interview process. As you consider low-cost ways to roll out this program, these may serve as thought starters for a more comprehensive system of wayfinding elements across media.

Terminology

This is the first step to getting it right. Each facility we visited has difficulty in determining one name for each facility/service/destination, to the confusion of patients and the consternation of staff.

A committee should be formed in advance of the prototype design to audit terms in use, bring them into a single spreadsheet, and finalize common terminology.

Make sure that patient-facing information does not use internal language; use lay terms whenever possible. Test these with patient groups.

Clearly distinguish between donor names and the purpose of the department

- Reserve donor information for entry points, waiting areas
- Use wayfinding terms on wayfinding signage

Vet the proposed terms throughout the organization until you arrive at consensus.

*“A lot of immigrants would nod their heads and pretend to understand out of pride, but then walk away and be immediately lost.”
– Interpretive Services*

Sufficient exterior building identification and guide signage is one of the first steps to any successful wayfinding system.



The prototype can be the first and most visible outcome of this process.

In crafting verbal wayfinding information, include “speakable” landmarks and architectural cues to aid in retention.

Wayfinding Signage

Exterior

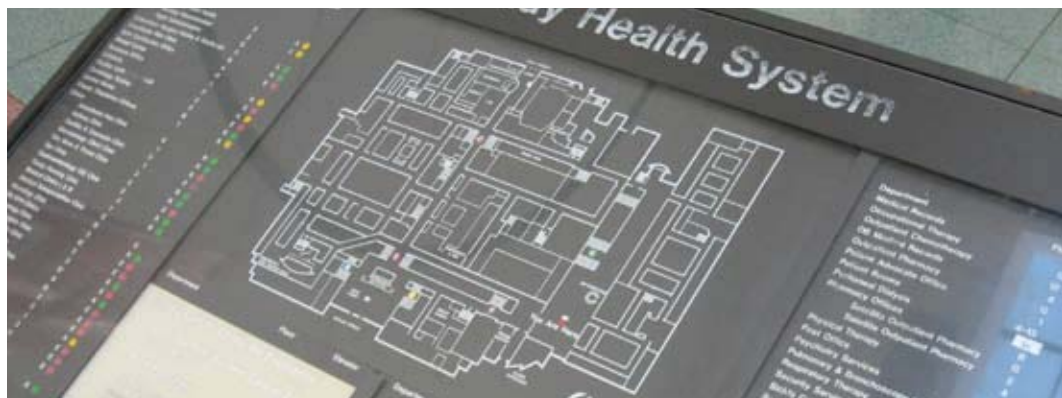
- Entrances to appropriate parking areas
- Building entrances
- Exterior building identification

Interior

- Welcome signage
 - o Interpretive services notice
 - o Procedural or informational signage relating to admissions, building hours, disease control, cell phone usage, etc.
- Destination directories
 - o Main directory
 - Symbols typically applied to listing of interior destinations, keyed to a map of the floor the visitor is on
 - Directory of all hospital destinations, broken into understandable categories (most frequently visited, clinical services, amenities, etc.)
- Elevator directory
 - o In elevator lobbies and cabs, place consistent signage to show which destinations can be accessed on which floors.
- Destination identification: lobby experience
 - o At this point, surface-mounted or freestanding signs may be used to orient the visitor
- Pedestrian guide:
 - o Wall-mounted

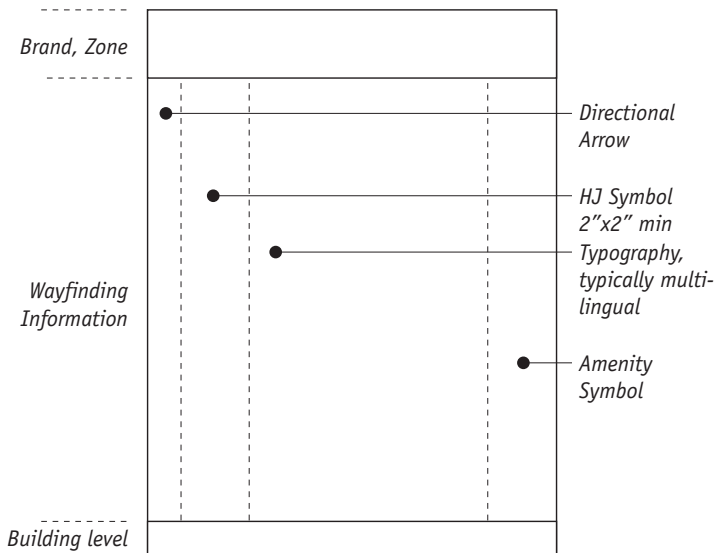
- o Freestanding
- o Overhead
- o Subway map
 - A snapshot of the immediate area showing only the hallway, destinations and amenities, and a large “You are here” designator. Designed for long hallways with few architectural features.
- ADA-compliant signage
 - o Department identification
 - Wall-mounted
 - Flag ID
 - o Room numbering
 - Often keyed to engineering and facilities systems, this can potentially be a clue to wayfinding that staff can “decode” for a visitor
 - Typically follows a formula that includes building/level and specific room number
 - o Amenities
 - Restrooms
 - Dining/vending
 - ATM
 - Gift shop/pharmacy
 - Exits from building to transit stops

A hospital directory found at a main entrance is the first point of contact for some visitors.

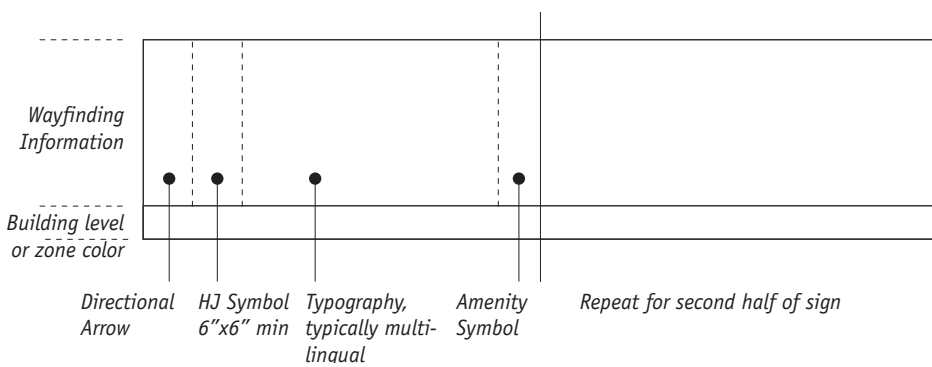


Wayfinding tools
Cross-Reference

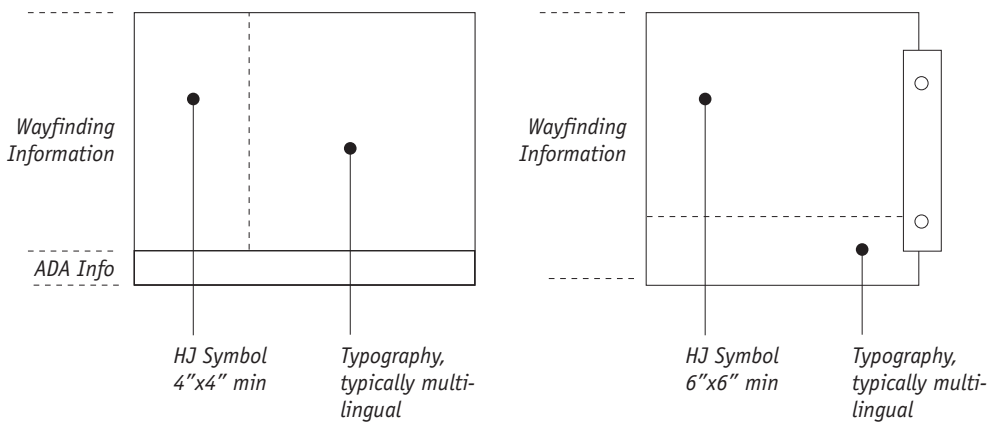
	HJ symbol	Multi-lingual	Brand, Zone	Map element	Amenity symbol	ADA compliance	
Web Site	●	●	●	●	●		Before Visit
Marketing Communications	●	●	●	●	●		
PR, Media	●	●	●	●			
Referring Physician info	●	●	●	●	●		
Pre-appointment letters	●	●	●	●	●		
Building identification			●			●	During Visit
Exterior Guides	●		●			●	
Parking entrance	●		●			●	
Building entrance	●	●	●			●	
Welcome signage	●	●	●		●	●	
Directory signage	●	●	●	●	●	●	
Lobby experience	●	●	●		●	●	
Pedestrian guide	●	●	●		●	●	
Department identification	●	●				●	
Room Numbering	●	●				●	
Name Badges	●		●				
Prescription/follow up care forms	●	●	●				After Visit
Billing statements	●	●	●				
e-newsletters or email blasts	●	●	●	●			
Podcasts, etc.	●	●					
EDUCATION							Other Tools
Referring physician training	●	●	●	●			
Physician Liaison outreach	●	●	●	●			
Staff/volunteer training/orientation	●	●	●	●	●	●	
Subcontractor training	●	●	●	●	●	●	
Internal newsletters, events	●	●	●	●	●	●	
Staff Intranet	●	●	●	●	●	●	
PR, public education	●	●	●	●	●	●	
BRAND GUIDELINES	●	●	●	●	●	●	



Typical interior pedestrian guide.



Typical overhead pedestrian guide.



Typical wall mounted destination ID (left) and flag destination ID (right)

Other Media

Tearsheets

- Printed sheets containing a map and directions written in plain English.
- Use common interior landmarks and refer to departments, amenities along the path. Interview staff and volunteers to take advantage of the verbiage already in use.
- Typically created for main destinations only

“Forms are de facto used for public wayfinding – people see the letter and number on the form and think that refers to a room number, floor etc. Sometimes the number is just a form number. We are unnecessarily confusing people.”
– Grady

Educational tools for patients

- Handheld pamphlets that explain each symbol
- Posters in waiting areas, exam rooms

Stickers/magnets

- A low-cost way to apply UHCS to a number of printed elements
 - o Name badges
 - o Appointment letters
 - o Referral forms
 - o Brochures/flyers/department stationery
 - o Prescription/follow up care forms
 - o Billing statements
- Provide to referring physicians
- For kids, fake tattoos, magnets, t-shirts for awareness, SWAG. Placemats for local restaurants as an educational initiative

Patient Access kits

- An idea forwarded in many interviews, these provide a consistent way for referring physicians to create custom kits for each patient:
 - o Map and directions to the facility
 - o Specific direction to one (not several) destinations
 - o Opportunity to handwrite custom information, such as doctor’s name, procedure, date and time of appt, etc.

- This relies on a consistent infrastructure of Web- or print-based materials, updated regularly by Physician Liaisons
- This also relies heavily on training of administrative staff at referring physicians

Web-based resources

- Public Web site (consider icons as Web site buttons)
- Staff Intranet
- Physician Extranet(s)
- e-newsletters or HTML email blasts
- Press release information
- Podcasts or similar patient-facing initiatives

Education

Rationale for change

- Develop rationale in terms of existing patient stories and problems
- Highlight adoption of UHCS as an important new national and international initiative
- Solicit buy-in from front-line staff to implement and support UHCS system

Referring physician practices

- Administrative staff
 - o Materials
 - o Orientation
- Physician Liaisons
 - o Outreach
 - o Processes and procedures

Too much information in one space can easily cause LEP visitors to feel overwhelmed.



“Some of our clinics are booked months in advance. If a patient misses an appointment, they may not get back here for a long time...if they bother coming back.”
– Administration
Grady

Staff and Volunteers

- Marketing/PR and Community Relations
 - o Tutorial and basic wayfinding logic
 - o Application to a variety of media
- Internal newsletters
- Staff Intranet
- Initial orientation and ongoing training
- Manager training and subsequent postings
- Security and patient escort procedures
- Courtesy phone staff
- Diversity training throughout

Other hospital subcontractors

- Valet, gift shop, restaurant, etc.

Community organizations, case workers, and others who work within LEP communities

Media and the general public

- Public Web site
- Press releases and media relations

Policy/Procedure

Wayfinding committee

- Small, multi-disciplinary group with responsibility for facilities, communications, procurement, administration. Must have authority to guide and enforce policy.
- Typically this group would include a point person assigned as a “wayfinding czar,” ultimately responsible for establishing and enforcing the wayfinding guidelines
- Produce policy for application of wayfinding logic, guidelines

- Create awareness throughout organization of how to access this team via a single source (individual, phone or Intranet)
- Regularly review facility for compliance

Check-in procedures

- Sensitive to needs and understanding of LEP population
- Clearly spoken/directed through process
- Consistent approach that is designed to handle after-hours as well as peak traffic needs

Interpretive Services

- Advocacy for HJ program with LEP populations
- Teach to other staffers as part of cultural training initiatives

Scheduling/Call Center

- Centralized database for all appointments
- Scripts for direction-giving
- Consistent means of identifying preferred language to give staff advance notice

Application to Brand Guidelines

- Symbol libraries available as Vector files for import
- Tutorial on symbol usage
- Guidelines for application on branded elements

“We need more cross-cultural training for all staff...personnel are not aware of how to greet people and treat people of different cultures.”
 – Interpretive Staff,
 Children’s Mercy

In current usage, symbols are not suitably sized or consistently placed relative to other wayfinding elements.



Question & Answer

1. How were these developed? Who had input on the terms and images used?

Complete information is available from the Hablamos Juntos Web site <http://www.hablamosjuntos.org/signage/default.index.asp> and from the SEGD Web site <http://www.segd.org/#/learning/hablamos-juntos.html>

2. Are these the final icons?

These are the icons that were tested and approved initially in 2003. A new effort is underway to expand the system of referents, and add potential referents to existing terms. Those should be complete by the time the prototype systems are installed.

3. Can we develop some others and make them part of the program?

At this point, we are testing the prototype system with the icons as described. While we recognize the need for additional symbols, we are choosing to limit the quantity for the initial roll out to test the effectiveness of a symbol library. Over time, that library may expand. Procedures for expanding the symbol library will be established by the SEGD and Hablamos Juntos.

4. My hospital deals only with a specific population, such as pediatrics. Can I alter the icons to make them more “friendly” to our patients, as the rest of our environment is doing?

See 3 above.

5. Are these icons designed according to certain ‘metrics’ for international symbols?

Yes, there is a designer contracted to make sure the symbols look as though they’ve all come “from one hand.” In the future, facilities and designers who offer to develop additional symbols will be given these metrics as design standards.

6. Is it possible to apply color to the symbols?

We recognize the need to apply color in some environments, to indicate a particular zone or level within the facility, but generally, the symbols will appear as white or black on a background color field. In the final analysis, we will make recommendations regarding color use. Regardless, the image and color field must present at minimum a 70% contrast, according to the ADA.

7. Can we alter these icons to make them work for us?

See #3 above

8. Are these copyrighted or trademarked in any way?

These icons are copyrighted by Hablamos Juntos, but available to any facility who wishes to use them for a wayfinding system. They are not available for use as brand icons or logos. For more information, refer to #1 above for appropriate Web addresses.

9. Can I use this symbol as the “logo” for my service line?

No. In order for the program to work as intended, we need to make a clear distinction between “International symbol” vs. local entity. Just as you would not use a DOT symbol to represent a private business, so you should not use these symbols as a substitute for a particular service line logo. See 8 above.

10. I don’t want to use the symbol you’ve provided. I’d rather use my own identity on wayfinding signage to point people to my destination. Can I do that?

As a rule, symbols for specific practices or destinations should not be allowed on wayfinding signage. These international symbols have been designed for legibility and clarity in viewing from a distance, as a person moves through space. Other logos may not have these same properties, in which case they only serve to make the environment more visually complex. Check with your wayfinding team.

11. Will this program lead to more consistent ADA regulations for symbol imagery?

We hope that ultimately more facilities will use these symbols to assist their LEP populations; in fact, there may be a tipping point that causes the ADA to develop standards for use regarding these icons, as they have with other icon systems.

12. Our patient population is primarily inpatient – are icons applicable here?

These symbols are designed to be used in any healthcare environment.

13. How do we use the system to communicate the entirety of modalities in a single area?

The referents were chosen to be as general as possible, to have relevance to most frequently visited destinations. Within a given destination, such as Radiology, you may have several individual service lines that do not have symbol referents (Nuclear medicine, ultrasound, etc.) In that case the written terms should be included as subordinate to the larger term Radiology.

Next Steps

- Approval of preliminary findings
- Collect data from each facility
- Second presentation of complete baseline data
- Schedule, implement prototype development
- Final visits to Innovator sites
- Final report delivery

Appendix I

Hablamos Juntos Phase II

Pre-Audit Report

Current State Analysis

Project Overview

Between February 19 and March 27, the Hablamos Juntos Phase II Project Team (consisting of Woody Smith and Mark VanderKlipp from Corbin Design) visited four innovator facilities with the following objectives:

- Document existing systems provided for LEP patients and visitors and the efficacy of these systems
- Develop baseline measures of the patient experience and organizational efficiencies that could be improved by successful implementation of Universal Health Care Symbols (UHCS)
- Assess organizational support for implementation of new wayfinding systems based on UHCS
- Develop a set of standards for successful implementation of prototype systems at each facility

In order to meet these objectives, the Project Team used the following methods:

- Physical review and photographic documentation of the facilities along with wayfinding systems currently in use
- Experience testing of the facilities using existing wayfinding systems
- Focus groups and interviews with facility staff including, as appropriate:
 - o Marketing/Branding/Public Affairs
 - o Patient Relations/Information
 - o Multicultural Patient Liaisons and/or Interpreters
 - o Nursing
 - o Volunteers
 - o Security
 - o Facilities
 - o Administration
 - o Outpatient Services

- o Emergency Services
- Printed and electronic surveys distributed to facility staff
- Printed surveys provided to each facility to conduct patient and visitor intercepts of patients/visitors while they are in the process of navigating the facility.

As of the time of this writing, the staff surveys and patient/visitor intercept survey are in-process with each of the four innovator facilities. It is anticipated that all available data will be collected by May 1 and that reporting of findings will be concluded by May 22.

The four innovator facilities visited are as follows:

Grady Memorial Hospital, Atlanta, Georgia

One of the ten largest hospitals in the country, most of this facility is located in one 22-story, 1.8-million-square-foot building. 12% of all visitors are LEP. Over 90% of these are Spanish-speaking. Because Grady has been operating for nearly 100 years, there are many legacy wayfinding systems that overlap and that are of mixed accuracy.

Children’s Mercy Hospitals & Clinics, Kansas City, Missouri

This large medical campus, anchoring a system that includes 21 clinics, offers diverse pediatric services including in-patient care, outpatient care, diagnostic testing, and research. The campus also includes numerous medical offices. 7-10% of all patients are Spanish-speaking, with some departments having patient much higher percentages of Spanish-speaking patient populations. Other LEP populations are diverse and on the rise.

Women and Infants Hospital, Providence, Rhode Island

This healthcare system consists of one central hospital and 23 off-site clinics and offices. The current hospital is a six-story, 137-bed facility that serves a diverse population including Spanish and Chinese speakers. A new five-story, 140,000-square-foot addition will include 60 NICU rooms, public spaces,

conference rooms, and auditoriums. Women and Infants delivers 70% of Rhode Island babies annually. Diversity is on the rise in this state. 50% of the city of Providence is Spanish-speaking. Other LEP populations are also growing.

International Community Health Services, Seattle, Washington

With two clinics serving over 16,000 patients yearly, ICHS offer services including medical, dental, behavioral health, Chinese medicine, acupuncture, health education, laboratory, WIC, and pharmacy. The vast majority of patients are LEP, with the most common languages being Cantonese and Vietnamese. Otherwise, the patient population is diverse and speaks more than 50 languages.

Findings

The facilities are diverse along a variety of variables including size, populations served, number of LEP patients, in-patient/outpatient mix, available resources, age of facilities, etc. For this reason, many of the findings listed below do not apply equally to all of the facilities visited.

1. Existing wayfinding practices
 - a. Facilities generally provide English signage (overhead, wall-mounted, destination directories, elevator directories) to help visitors navigate to destinations
 - b. In some cases, bi-lingual signage is provided in English and Spanish. In these cases, there are often inconsistencies within a given facility in the way bi-lingual information is indicated with varied:
 - i. type styles and fonts
 - ii. color
 - iii. positions and orientation relative to English
 - c. Facilities generally have front line help desks, security stations, and/or administrative check-in desks that serve as a first point of contact for patients and visitors who enter the facilities. The employees who staff these areas generally offer turn-by-turn verbal directions to assist patients and visitors in finding destinations. As

- staff are available, they escort patients and visitors
- d. Some facilities make use of volunteers who are charged with escorting patients to destinations. These volunteers appear to be effective, though they generally do not help patients return and can be overwhelmed at peak times
 - e. In addition to making use of these “formal” front line employees, patients and visitors may ask for directions from any staff who work near points of entry and exit, public corridors, and intersections. These would include, but are not limited to: nurse’s station staff, registration and billing staff, retail employees (gift shop, snack shop, outpatient pharmacy staff), custodians who are cleaning hallways, etc. These individuals generally have no specific training on policies and procedures for directing patients and visitors including LEP populations
 - f. Facilities generally have few systems or tools other than signage, directories, and personal contact for wayfinding. Children’s Mercy uses a tear off map which is distributed at points of entry. They also use a sheet showing images representing destinations with English and Spanish translations to help visitors identify for front line staff the destinations they are seeking
 - g. Many facilities rely upon a culture of providing directions to individuals who “look lost” to make up for shortcomings in other wayfinding systems. Staff people are encouraged to stop people in the hallways and offer assistance, either giving turn-by-turn verbal instructions or physically escorting lost individuals to destinations. This culture is often supported with training during staff orientations and other communications celebrating this as a commitment to service
 - h. Facilities generally have very different resources available to guide patients and visitors in non-regular hours. Systems that rely heavily on manned security and information desks, volunteers, etc. are less effective after hours.

“For some of these clinics that are far away, it’s so much easier for someone to take them there than to provide them with directions and/or a map.”

*– Security,
Children’s Mercy*

“People are much more lost in the evening and on the weekend. Staff members are pretty scarce at those times. We have to think 24/7 about this stuff.”

*– Anonymous
Women & Infants*

“Sometimes we can get them on the phone, and sometimes we can’t. I guess that’s why we try to work it out ourselves.”
–Security
Speaking about Interpretive Services

2. Existing interpretive practices
 - a. All of the facilities have certified interpreters on staff. The interpreters of the three hospitals have language capability in Spanish, the most common second language after English. ICHS has translators who speak multiple Asian languages
 - b. The primary charge of these individuals is to communicate medical information between patients and caregivers. These departments are often over-extended. Although some staff may provide wayfinding and administrative information, they are generally not available to meet all of the existing needs
 - c. All facilities also have informal networks of non-English speaking staff members who are utilized when patients are lost and/or confused. In the case of Women and Infants Hospital, these networks are formalized into a list of all bi-lingual staff and their language proficiencies. In the four facilities, we generally heard staff respond “so and so’ in the next department can speak that language...we send them to her,” in a case when they are met with a non-English speaker seeking information or directions. In all cases, hospital employees employ a fair amount of “calling around” to find the right internal resource to provide help to lost LEP patients and visitors
 - d. All facilities have contracted with outside interpretive services, both through local agencies and an AT&T interpretive line, to be able to provide additional language proficiency beyond what is available through paid staff. In most cases, these resources are not used for wayfinding, except as a last resort
 - e. Sometimes non-English speaking families have a child with better English proficiency. Although many front line staff acknowledged that it was not ideal to put a child (who may be the sick/injured patient) in a position of responsibility for guiding a family to a destination, at times staff members do provide directions to this child

3. Other current issues affecting LEP populations in these health care facilities
 - a. Many ancillary systems that affect wayfinding include pre-admission packets, appointment letters, etc. These affect wayfinding because they indicate department names, practitioner names, and/or room numbers. Many of these systems are provided in English-only formats
 - b. Within several of these facilities, the process of becoming a patient requires several steps (registration, insurance, triage/assessment, etc.) which may occur at several unique locations. These processes themselves can be disorienting, especially for LEP patients
 - c. LEP patients who are recent immigrants may be unfamiliar with certain basic conventions of American health care facilities. For example, patients may not realize that they are supposed to check in upon arrival at a destination. These individuals may just sit down in a waiting area and wait to be called for long periods of time
 - d. Many regulatory and safety messages are provided in English-only. These include “turn off cell phones,” “no admittance,” and other important messages and policy statements
 - e. Some employees representing these four facilities noted that there was insufficient multi-cultural sensitivity among staff...that staff may be unaware of potential cultural differences and are not as empathetic as they could be to the challenges of those from other countries, cultures and language groups
4. Challenges, issues, and failures
 - a. In general, it is very difficult to separate the unique experience of LEP patients and visitors from those of other visitors. In general, if LEP patients are getting lost because of sub-optimal wayfinding systems, patients and visitors who are fully proficient in English are getting lost as well. Put differently, poor wayfinding hurts everybody, but it may hurt the LEP patient the most.
 - b. Many LEP individuals, whether English-speaking or non-English-speaking are illiterate. Therefore, bi-lingual signage, even if visible and correctly translated, is of little help to these individuals. Even

“We need more cross-cultural training for all staff...personnel are not aware of how to greet people and treat people of different cultures.”
 – Interpretive Staff,
 Children’s Mercy

“People are challenged to find their way around our institution even if they speak English.”
 – Anonymous,
 Children’s Mercy

“Sometimes we give people directions, and we just know they’ll get lost, but when you have a long line of people behind, you just have to be quick about doing what you can and then moving on.”
–Security

for a literate patient, clinical language associated with destinations may be confusing, whether or not it is translated into the patient’s primary language

- c. Non-English-speaking patients may not be aware that they have access to interpreters. In some facilities signs are posted at entrances that read “interpreters are available...,” but these signs are in English only
- d. Front end staff members appear to have a wide variety of approaches to directing LEP populations, even within facilities. Depending upon the personality of the staff person, their experiences, and pre-disposition, they may rely upon interpretive staff, informal networks of other staff, or try to provide wayfinding assistance themselves. In this latter case, we heard from information desk staff and security guards who attempt to direct non-English speakers by:
 - i. Pantomiming simple acts such as holding a baby
 - ii. Circling destinations on an all-English map
 - iii. Providing turn-by-turn verbal directions in loud, slow EnglishThese experiences are often particularly ineffective and even humiliating for people with limited English proficiency.
- e. Staff members within these facilities are generally using turn-by-turn verbal directions when they are not able to physically escort patients to a destination. Especially when easily identified and communicated landmarks are not available, these directions are likely to be particularly challenging for LEP patients (imagine hearing “Turn right, then make the second left, then left again, then go through the double doors...” in a language about which you have limited knowledge)
- f. Within some facilities, we heard of informal policies that are diametrically opposed to one another. For example, in one facility we were told by security that they try to call interpreters when faced with an LEP patient seeking directions; the interpreters within this facility told us their job was to assist with patient care and that they were instructed to refuse these calls

- g. At peak times, front line staff may be even less available to offer assistance.
- h. Some LEP populations may have strong predispositions to avoid face-to-face interactions with front line staff such as security guards. These predispositions, which may be cultural, include pride, machismo, and institutional mistrust
- i. Cultural systems which call upon staff to direct “people who look lost” appear to be much less effective at helping multi-cultural LEP populations. This is because:
 - i. Non-English speaking patients and visitors are less likely to ask staff for help
 - ii. Staff may be less likely to offer to help someone who looks as if they may not speak English
 - iii. Even when turn-by-turn directions are provided, they are likely to be in English and to be less useful

Interpretive staff and others with multi-lingual or multi-cultural backgrounds/sensitivity often take particular care to help LEP patients who look lost (at Children’s Mercy, “we look for the people who are holding the map upside-down”). However, these staff may make up a relatively small percentage of overall facility staff

- j. Even when interpretive staff or others have physically escorted LEP patients to a destination, these patients may have difficulty finding their way back to a starting point or exit
 - k. Producing and maintaining multi-lingual signage is complex and expensive
5. Impacts of wayfinding failures on LEP patient and visitor experience
- a. Lost patients and visitors become anxious. In addition to affecting their care experience, this affects other patients and visitors within the hospital
 - b. Patients who are lost may not receive treatment in a timely fashion.
 - c. Lost patients run the risk of losing appointments
 - d. Lost LEP patients may be more likely to end up in secure patient areas

“LEP patients are more likely to get lost, so they are more likely to lose their appointments.”
 – Anonymous, Grady

“Kids aren’t interpreters. They should be kids, particularly if they are the patient! Putting kids in that role can make them traumatized...it’s a lot of pressure.”
–Interpreter
Children’s Mercy

“You pay me awfully well to be an escort.”
–Manager
Grady

- e. As has already been noted, many front line staff members are providing directions children who appear to have better English proficiency than the adults accompanying them. Most staff acknowledged that this was far from ideal
- 6. Impacts on organizational efficiencies
 - a. When patients are late, administrative staff people do what they can to shuffle patient appointments. This involves coordination time for all affected staff. When patients can’t be shuffled into open spots, both staff and equipment that are available for patient care are kept idle. This reduces efficiency. There can be a trickle down effect on other departments and resources. Some percentage of late appointments are currently caused by wayfinding failures
 - b. In addition, it appears that staff members are spending a significant amount of their working time providing directions and personal escorts to patients and visitors who are lost. One staff participant in the pre-audit interviews estimates that she is spending about 5% of her working time giving directions to lost people. This amounts to 2-3 hours per week.
- 7. Staff responses to UHCS
 - a. Generally, staff are very positive about the introduction of the Hablamos Juntos UHCS system
 - b. Most staff understood the value of the symbol system to be in delivering an improved patient experience, rather than in improving efficiencies or reducing cost on alternative systems such as multi-lingual signage
 - c. Reservations/Objections to the introduction of the new system included:
 - i. Not all of the symbols are intuitive; some of them are open to interpretation or may be misleading
 - ii. People don’t yet know the symbols...there is a learning curve which some users will not want to follow
 - iii. People may draw the wrong interpretations if they are trying

- to figure out the symbols before they have learned them. This may send them to the wrong locations
- iv. The UHCS system does not include all potential destinations within a facility. It was anticipated that:
 1. Some department managers/leaders would feel left out
 2. Patients might become confused seeing symbols associated with some destinations and not others
 - v. There needs to be a set of standards, similar to brand standards, that guide consistent and effective implementation of the program. Otherwise, individuals will adapt and change the symbols to fit their own use, and the goal of universality will not be met
- d. One staff person did question “Is this really a problem here? Do we really need to go to all of this trouble?” This staff person and others within the facilities are likely to be reticent to embrace full implementation of the UHCS system unless provided with a strong rationale for change
 - e. Some front-end staff shared a point of view that “most people just want to talk to a real person” for wayfinding, implying that most patients and visitors, including LEP patients, would prefer verbal, turn-by-turn directions to signage. At odds with this point of view are observations by interpretive staff and others from a multi-cultural background pointing to strong cultural currents and personal motivations (pride, machismo, etc.) to be self-directed in health-care environments and not to ask for help of strangers
 - f. Means to address these reservations and objections are as follows:
 - i. Introduce limited sets of symbols within any given facility as a means of introducing staff, patients, and visitors to both the concept and the particulars of symbols representing health care destinations
 - ii. Introduce these limited symbol sets as widely as possible within the wayfinding signage of the facility, so that in

“Staff people have to embrace it for patients to use it. Staff will embrace it if it’s clear that it will make their lives easier.”
–Anonymous

any given journey a prospective visitor sees the symbols reinforced consistently in signage, directories, and other wayfinding applications

- iii. Support implementation of the symbols with other media, including web sites, tear sheets, education tools for patients, patient access kits, etc.
 - iv. Roll out use of the symbols to staff, referring offices and other partners, patients, and the community, providing sufficient rationale for change and introduction to the symbols themselves. Make this rollout as exciting and “big” as possible
 - v. Keep the overall symbol library simple. If there are relatively few symbols to be learned, staff and patients are more likely to be able to learn them quickly
 - vi. Ultimately, as one participant observed “It’s a process. People will acclimate.”
8. Specific remarks about the symbol system as developed
- a. A few participants noted that they felt some of the symbols are too complex...that there are a large number of specific elements within key symbols, rendering them difficult to process from a distance
 - b. Diabetes
“It looks like a draw station sign.”
 - c. Infectious Disease
“That looks more like a caution sign than a destination.”
 - d. Intensive Care
“In practice, Intensive Care is not that useful, because we have a couple of them with very different functions and in different places.”
 - e. Internal Medicine
“That one is vague.”
 - f. Laboratory
“A lot of people from my country wouldn’t know the meaning of that object, the microscope.”
“Can you show a drop of blood on this one?”

- g. Mammogram
 - “Some cultures might be offended by the representation of a woman’s breasts.”
 - h. Medical Records
 - “That’s a good one.”
 - i. Pharmacy
 - “‘Rx’ doesn’t have meaning to people from outside the U.S. Plus, in my country, pills come in a box and not a bottle.”
 - j. Oncology
 - “I can’t figure out what this means.”
 - “This one might be a tough sell.”
 - k. Outpatient
 - “I don’t understand the sling and the running figure...looks more like Orthopedics to me.”
 - l. Pediatrics
 - “That bear is not really culturally appropriate for Asians. It doesn’t have the same meaning.”
 - m. Radiology
 - “Seeing the bones in there might be a little scary for some cultures.”
 - n. “Wish List” for new symbols
 - i. Burn Center/Unit
 - ii. Breast Feeding
 - iii. Dental/Dentist
 - iv. IVF
 - v. NICU
 - vi. Stroke
 - vii. Mental Health
9. Current and anticipated usage of UHCS symbols
- a. Each of the four innovator facilities is using the symbols in limited current applications within their facilities. All four are using the symbols in some signage. ICHS is also using the symbols in posted public information

*“If we used
'outpatient,'
it would be
everywhere...but
this doesn't really
help communicate
ENT, eye clinic, and
the other unique
outpatient clinics...
won't that confuse
people more?”
–Anonymous*

- b. In all cases, facilities have picked a handful of symbols to implement. Some destinations are reinforced with symbols. Others are not
- c. In current usage, the symbols are not suitably sized or consistently placed relative to other wayfinding elements
- d. Current usage does not sufficiently distinguish primary destinations from amenities
- e. Some facilities are blending ICHS symbols with other systems/solutions
- f. Some facilities are using ICHS symbols for purposes that are not tied to wayfinding
- g. Some facilities are currently attempting to link multiple symbols to express complex ideas rather than destinations. In addition, those facilities with large areas serving particular populations wondered aloud whether they would use multiple symbols to communicate destinations, e.g. Pediatric + Oncology = Pediatric Oncology

Overall Conclusion

Despite the best of intentions of a group of committed, caring individuals, these health care facilities are not serving their LEP populations as well as they could. Breakdowns in existing wayfinding systems are causing real harm to the physical, emotional and mental health of LEP patients. It is clear that there is a need for new wayfinding systems to improve the overall patient and visitor experience for LEP individuals across a range of facilities and treatment environments.

