PowerPoints Create Space for Individual Time

Short workshop report

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Foreword

The "Create space for individual time" report reflects on the Powerpoint Workshop's experiences and thought process between Ir. Milena Ivkovic, architect, Dr. Marc Wittmann, psychologist, and Ir. Gijs Raggers, architect. This group of experts was inspired by the phenomenon of time (perceived and otherwise) and its relation to the design of hospital's public space. During a short visit to Rotterdam's Erasmus Medical Centre (as part of the workshop's programme) the group had a chance to take an informative walk through a Erasmus MC policlinic public area together with a patient-volunteer. The group was confronted with the effects of the complicated spatial configuration and lack of orientation of the accompanied patient as well as of themselves.

The questions how to improve the physical components of the circulation areas and how to define the "powerpoints" became the subjects of further discussion and analysis. In conclusion, this expert group came up with some suggestions on how to "empower" the patients on the specific micro sites (decision points) by offering them space for individual temporal needs and therefore supporting them as much as possible in independent functioning.

The Powerpoint workshop was part of the symposium "Optimal Healing Environments - from research to application" organised by Kopvol architecture & psychology, and American Samueli Institute. The symposium was supported by Dutch Creative Industries Funds and held between 29th and 30th November 2012 in Rotterdam, The Netherlands.



Erasmus MC observation walk

New entrance hall









Main hall, waiting area

Wayfinding?

Orientation / visibility?











Ergonomics of the main desk?

Main hall, waiting area

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Information provided?













Patient's space, movement and time: problem analysis



Disorientation:

- overload of information;

- information is not barrier-free (patients in wheel chair or visually impaired patients can not easily or without assistance access the information)

Approach to the main information desk is obstructed by pillars

Information desk is not barrier-free: patients of relatively small height had difficulty in getting attention from the personnel behind the desk.

Other sorts of interaction (such as handing out of papers and the documents) are also difficult.





Creating space for individual time: general approach



Movement spaces

In general, movement spaces include corridors and paths specially reserved for patients', visitors' and hospital staff movement within the hospital building, but also external connections to the surrounding public open spaces, streets, parking lots and other hospital buildings.

Ideally, movement spaces should provide the shortest routes between different main functions of the hospital, such as entrance – main hall – specific departments. However, the increasingly complex and multi-layered structure of a hospital usually represents a maze of horizontal (corridors) and vertical (elevators, stairs) movement, where patients can easy loose the sense of orientation.

To preserve the linearity, logical spatial sequencing and a certain amount of intuitive wayfinding, movement spaces should provide clear, unobstructed routes ("core corridors"). Interior elements (furniture, plants, standing information boards, art installations) should not obstruct the routes, but be located along them without blocking sight lines.



Decision points

These points are specific locations where patients have to decide which way to take in order to reach specific ward or room. Such points are - entrances,

- ward information desks, or
- corridor junctions.

At these locations there should be: good sight lines clear signs or name boards about the main space directions on how to reach adjunct spaces emergency symbols / signs amenity symbols / signs

Decision spaces need clear physical structure and recognizable environmental graphics. There should be no visual distractions or obstacles that would distract or confuse the patients, such as retail (coffee and /or soft drinks wending machines, kiosks) or advertisements and other hospital-related media outlets such as information folders, awareness posters, etc.



Individual spaces

Individual spaces include small-scaled areas outside the core corridors of movement and decision points. Their primary function is to accommodate patients' need to change the pace of movement and take time to stand / sit in a more private, individual manner. They should not be fully isolated from the rest of the public / social space, but at the same time they should offer a certain visual and audio seclusion from the surroundings. The combination of furniture, interior materials, light level and landscaping can be managed in a more informal manner then in the movement or decision spaces.

Social spaces

As simple department waiting areas or landscaped patios in between hospital buildings, social spaces should distinguish themselves from the dominant functionality of the rest of the hospital's public spaces. Social spaces serve to facilitate informal contacts between patients and visitors, and to ease the tension and stress of waiting.



Social space in the middle of a movement spaces' grid, a "house within a house" construction.

Materials different from the rest of the surrounding can be used to emphasize a less formal character and give a recognizable face to the whole department.

Use "rest spaces" from the movement grid to create individual spaces.



Decision points as power points: design instruments

As a conclusion to our findings and discussions during the OHE-Power Points Workshop, we have compiled several design instruments that can help in developing decision points.

The aim of proposed design strategies and instruments is to inspire designers in providing integrated, user oriented solutions within polyclinic environment, and to encourage them to look beyond the existing building regulations in finding the solutions for healing environments.

By allowing patients to be as independent as possible and have enough space and time for themselves, decision points can become "power points".

Decision points' design should take into account patients' diversity in the specific polyclinic environment. Patients vary in age, height, weight and functional capacities, as well in mental states (temporary of permanent) resulting from an illness or prospect of being ill. Illness or disability (whether temporary or permanent) affect personal characteristics such as mobility, balance, strength, stamina, sight, hearing, speech, touch, understanding, memory, or sense of direction and time.

The following table shows connections between human abilities, individual time dimension, decision points design strategy and design instruments.

Human / patient abilities	Individual time dimension of the deci- sion point	Design strategy	Design instruments
Physical abilities - walking - balance - strength	- time needed for indi- vidual walking / moving pace - time to stop /regain strength/ breath	- create "passing space" where faster moving per- sons can easily overpass the slower moving ones - accommodate stops and pauses	- visual and tactile clues - handrails - careful placement of furniture
Sensory abilities - speech - hearing - sight - touch	 time to understand each other time needed to be aware of the interior objects, size and color time to recognize the environmental signage 	- create obstacle-free, direct visual lines - use easy to understand environmental graphic language - include presence of distinctive forms	 regulated level of light, to simulate natural condi- tions materials with good acoustic properties materials with recogniz- able, pleasant surfaces and textures
Mental abilities - cognition - intellect - interpretation - memory	- time to understand the messages and signage - time to orientate / gain relation to the surround- ing - time to recognize visual clues	- avoiding confusion - clear, large, well placed signage that uses instantly recognizable images - reducing abstractions	- contrasting color to accentuate important directional clues - subtle change in struc- ture and color of floor coverings - symbolic use of furniture, plants and art objects



Using different ambient light colour for guidance, accentuation and orientation

Using light coves to provide evenly spread natural of artificial light.

Recessed LED or other low voltage down lights provide guiding and transition light in hallways. Recessed light has no visible mounting system, which reduces visual clutter.

Localized small LED or other low voltage lights in niches can provide "focal glow" and attract attention to some feature on the decision point wall

Reflective materials increase level of illumination in the absence of natural light. (taking care of excessive glare is needed)

Colour accentuation of decision point



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C Zuigelingen

Recognizable symbol or pictogram helps people with reading or cognitive difficulties, and those not understanding or not speaking the native language

Plctogram in combination with traditional sign boards, and as stencils on the floor of the decision point

Using shorter, "brand" name that is easier to remember and pronounce then accurate, generic medical terms.

Smart, RFID wayfinding technology providing custom-made patient information on any decision point in the hospital



Flooring pattern that can suggest different speeds of movement

Use of fabric optic cable technology to channel sunlight into spaces depraved of natural light

Multifunctional, high quality light frame furniture for resting or having a conversation



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