BLINKSIGNS

Parking to Point of Care Journey Map

A connected hospital wayfinding journey and illustrative route-planning model

01. The 10-Stage Patient & Visitor Wayfinding Model

Hospital journeys comprise a continuous sequence of architectural, visual, and operational touchpoints. Each stage must resolve the visitor's immediate question before presenting subsequent directional choices.

Stage	Touchpoint	Wayfinding Focus & Sign Types	Visitor Objective & Action	Critical Field Audit Check
01	PRE-ARRIVAL	Campus, building & appointment text	Visitor knows where to go	Appointment letters & digital portals use approved naming
02	CAMPUS APPROACH	Facility ID monuments & main directionals	Choose the correct entrance road	Public driveways identifiable well before turning decisions
03	PARKING / DROP-OFF	Garage, accessible parking & arrival zones	Recognize the right arrival point	Parking areas identified consistently on signs and instructions
04	PEDESTRIAN CONNECTION	Walkways, crosswalks & accessible paths	Reach the correct building	Continuous ADA-accessible route verified against site conditions
05	BUILDING ENTRY	Entrance canopy, ID & lobby orientation	Confirm destination building	Public entry distinguished from emergency and service access
06	RECEPTION / CHECK-IN	Main directories & reception identifiers	Find the correct service desk	Wayfinding directions match actual reception points and staff
07	CORRIDOR DECISIONS	Directional overheads & confirmation signs	Choose route at intersections	Directional messages appear prior to critical route bifurcations
08	ELEVATOR / FLOOR	Bank, level & transition signage	Select correct vertical route	Elevator-bank directions match floor and destination numbers
09	CLINICAL ARRIVAL	Department entrance & room identifiers	Recognize point of care	Department confirmation check; ADA §703 tactile compliance
10	RETURN JOURNEY	Exit, parking, transit & pickup directionals	Find the way back safely	Reverse-route walkthrough confirms clear exit and garage cues

02. Outbound and Inbound Journey Flow Architecture

Outbound Sequence (Arrival to Point of Care)

Stage 01: Pre-Arrival → Stage 02: Campus Approach → Stage 03: Parking / Drop-Off → Stage 04: Pedestrian Connection → Stage 05: Building Entry → Stage 06: Reception / Check-In → Stage 07: Corridor Decisions → Stage 08: Elevator / Floor → Stage 09: Clinical Arrival

Inbound Sequence (Point of Care to Departure)

Stage 09: Clinical Departure → Corridor Confirmation → Elevator Lobby Transition → Ground Floor Egress → Pedestrian Pathway → Stage 10: Return Journey (Parking, Transit, Pickup)

The Reverse-Route Principle: In healthcare facilities, return journeys frequently fail because visitors navigate using physical landmarks that look entirely different in reverse. Directional signage must explicitly guide patients back to the specific garage, transit stop, or drop-off zone where their visit began.

03. Critical Journey Transition Audits

Journey Boundary	Primary Wayfinding Challenge	Required Field Verification & Evidence	Sign-Off
Digital to Vehicular (Stages 01–02)	Discrepancy between GPS/portal instructions and exterior road signage.	Verify campus and building names match appointment texts, web listings, and entrance road monuments.	[ ]
Vehicular to Pedestrian (Stages 03–04)	Disorientation upon parking; unclear garage exit to campus buildings.	Verify parking garage elevators, level identifiers, and pedestrian walkways provide direct line-of-sight to main entrances.	[ ]
Exterior to Interior (Stages 05–06)	Multiple doors causing confusion; congestion blocking lobby directory boards.	Confirm public entrances feature prominent identifiers; directories placed outside main circulation chokepoints.	[ ]
Horizontal to Vertical (Stages 07–08)	Complex elevator bank allocations and cross-building floor shifts.	Audit elevator bank directories, bridge connection signage, and level offset maps across interconnected pavilions.	[ ]
Point of Care to Exit (Stages 09–10)	Patients leaving care areas lack reverse orientation back to vehicles or transit.	Test representative routes in reverse; verify prominent 'Exit to Parking' and 'Transit' signage at every corridor junction.	[ ]

04. Journey Route Governance and Approvals

Wayfinding Review Role	Lead Reviewer & Title	Approval Signature	Date
Healthcare Facility Lead:	_____	_____	_____
Clinical Operations Lead:	_____	_____	_____
Accessibility / ADA Coordinator:	_____	_____	_____
Wayfinding & Signage Consultant:	_____	_____	_____

ROUTE-PLANNING IMPLEMENTATION NOTE: Illustrative sequence. Adapt every route to the facility layout and applicable accessibility and safety reviews. Always ensure approved nomenclature, ADA-compliant tactile/visual clear spaces, and illuminated night-time directional clarity are maintained across all 10 journey touchpoints.