

Canberra Hospital Expansion Project Consumer Focus Groups Report

November-December 2020

Contact: Kate Gorman, Deputy Director

Email: kategorman@hcca.org.au

Phone: 02 6230 7800

Acknowledgement

HCCA would like to sincerely thank the organisations and individuals listed at **Appendix 1** for generously contributing their time and the wisdom of their lived experience to this project. The Critical Services Building will serve the people who live ACT and southeast NSW. We ask that Major Projects Canberra, Multiplex, and Canberra Health Services, allow what they have heard from the people who shared their experiences as users of health care, to influence the facility design. Take their advice, and use it to make a place where health care consumers can be safe, comfortable and supported while getting the best possible care during some of the most difficult and stressful times of their lives. This will be a better facility for consumer's influence.

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1. Background

In late 2018, the ACT Government announced that a new emergency, surgical and critical healthcare facility would be built on the north-east side of the Canberra Hospital campus. This facility is now known as the Critical Services Building (CSB). It is intended that construction will begin towards the end of 2021 and be complete by 2024.

In partnership with Major Projects Canberra (MPC), Multiplex (MPX), and Canberra Health Services (CHS), in November 2020 over a two week period Health Care Consumer's Association (HCCA) held a series of focus groups and individual interviews with consumers and representatives of consumer and community organisations to seek consumer input into the design of the CSB. A broad range of community organisations and consumers were invited to take part. A full list of participants can be found at **Appendix 1**.

2. Introduction

The HCCA is a health promotion charity and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA has extensive experience supporting consumer involvement in health infrastructure projects. In 2009-2016, HCCA was actively involved in the planning, design and governance of ACT Government health infrastructure, firstly, through the Capital Asset Development Program (CADP) and then the Health Infrastructure Program (HIP).

Since 2009 HCCA has been and continues to be funded by the ACT Government to engage consumers and the community in health infrastructure planning, design and governance, as part of a jurisdiction-wide program of health services expansion and redesign. Through HCCA, consumers have participated in the design, planning, implementation and governance processes of most of the ACT's recent health infrastructure projects, including:

- University of Canberra Hospital
- Expansion of the Canberra Hospital Emergency Department
- Canberra Region Cancer Centre
- Building 15 for Rehabilitation at the Canberra Hospital
- Walk-in Centres
- Community health centres

- The Centenary Hospital for Women and Children
- The Canberra Region Cancer Centre
- Numerous smaller design and renovation projects

In September 2019, Major Projects Canberra contracted HCCA to provide consultancy services to the Canberra Hospital Expansion Project (CHEP), then known as the SPIRE project, including the provision of advice and support for consumers to effectively participate in the CHEP Consumer Reference Group (CRG) and participate in the review and development of Models of Care. A major part of this brief would be advising and supporting consumer participation into the CSB as part of the expansion project.

The CHEP CRG is an advisory body providing guidance, advice and health service consumer insights on matters of design, accessibility, safety (including cultural safety) and amenity in relation to the CHE Project's building expansion design and construction. The CRG comprises representatives from key consumer organisations and advisory bodies.

In addition to chairing the CRG, HCCA has supported the work of the CRG and its members by coordinating and supporting the participation of consumer representatives in CHEP clinical user groups. HCCA has also provided training for consumer representatives, developed resources and coordinated input on specific consumer issues.

At the 14 October 2020 meeting, CRG members agreed to a proposal that HCCA, in partnership with Major Projects Canberra and Multiplex, facilitate consumer focus groups to seek consumer input into the design of the CSB. These focus groups would seek to identify the features of the new facility that consumers consider important to enable the delivery of quality and safe consumer-focused care. This information would be used to:

- inform the discussions of the relevant CHEP Early Contractor Involvement (ECI) user groups in the 1:200 Department Plans and Repeatable Room workshops,
- inform the design decisions of Multiplex, Major Projects Canberra and Canberra Health Services, and
- assess to what extent proposed designs for the new facility are consumer-focused.

CHEP CRG members and their respective community organisations or advisory bodies, and other key community organisations were invited to participate in the focus groups. Invitations were also sent to key ACT community and consumer organisations and advisory bodies.

While representatives from the Aboriginal and Torres Strait Islander Elected Body and the CHS Aboriginal and Torres Strait Islander Consumer Reference Group had been invited to the focus groups, they were unable to attend. To address the current lack of Aboriginal and Torres Strait Islander input to the CHEP project, it is intended that HCCA will help facilitate a separate consultation process with that community to be run in parallel with other community consultation. An initial discussion about the CHEP was held with the CHS Aboriginal and Torres Strait Islander Consumer Reference Group on 20 November 2020 with a follow-up meeting scheduled for December 2020. Participants at this meeting expressed their preliminary thoughts on some consumer needs for the CSB, and these have been included in this report. However, these meetings do not constitute a consultation process.

Recommendations from consultation with Aboriginal and Torres Strait Islander groups will be reported separately to this report.

3. About this report

Over the two week period covered by this report, HCCA held 3 focus groups of approximately 2.5 hours each and conducted 13 individual interviews. We have also heard from 5 people who have provided input via email.

We divided the discussion topics into four areas:

1. Getting to and around the Canberra Hospital campus
2. Features of consumer-focused clinical areas in hospital
3. Public spaces and facilities in the CSB
4. Designing an accessible and inclusive hospital for all consumers

For each topic area, a list of questions for participants was developed (**Appendix 2**). This report is similarly divided into four sections which provide a broad summary of the discussion held and the input given about that topic. Some consumer needs, for example navigation, came up multiple times and across different topics. We have attempted to minimise repetition and placed the similar elements of the discussions into the relevant topic summary.

We have collated the many recommendations of this report into one section, **Recommendations**, beginning on page 29. These are themed by area, and by some common elements such as wayfinding.

Additionally, we have included recommendations drawn from five recent relevant pieces of work done by HCCA and Canberra Health Services, which give insight into the needs of consumers around a) wayfinding and b) accessibility, comfort and sleep. These are the Consumer Survey with Self-Reported Disability Report 2019-2020 (**Appendix 3**), HCCA's Response to CHS Draft Signage Manual (**Appendix 4**), Ward 14A and 14B Comparison (**Appendix 5**), and Sleep restfulness and comfort

data (**Appendix 6**) and CHEP requirements for family and carer spaces (**Appendix 7**).

The delivery of the CSB is a major infrastructure project delivered by Major Projects Canberra, in partnership with Canberra Health Services. Major Projects Canberra have contracted the design and construction of this project to Multiplex Australia, who in turn have a number of associates who will deliver parts of this project. While we recognise that different entities will take carriage of different aspects of the design and build, and the service provision once the building is commissioned, when consumers articulate what they need from the CSB, the conversation flows in a discussion which covers aspects of building design, aspects of service delivery, and other factors which impact consumers experience but may be completely out of the realm of control of this project.

We have sought to capture all of it, and rather than attempt to 'unscramble the egg' and deliver recommendations separated for each project partner, we have kept them together because we feel it is important that the different organisations recognise the interconnectedness of each part of the work and how it joins together to provide a complete experience of health care for consumers. We hope that the different partners will benefit from this approach and still be able to recognise the recommendations from this report that fall within their sphere of work.

4. Topic 1: Getting to and around the Canberra Hospital campus

Eight people participated in an individual interviews for this topic, and one person submitted information by email. Information about travel and wayfinding was also provided by participants and captured during the discussions on other topics in this work. Learnings from previous work HCCA has done with consumers that relates to this topic has been included in this summary and informed the recommendations .

The questions which guided this topic's discussion were:

1. In what ways do you usually get to the hospital campus?
 - Why do you choose those ways?
 - What works well in getting to the hospital campus?
 - What needs improvement?
2. When you are at the hospital campus, how do you move around? (walk, wheelchair, courtesy bus etc.)
 - What factors make your journey easier/ more manageable/ more efficient?
 - What makes things harder or could be improved?
3. Do you use drop off and pick up points within the hospital campus? Especially interested in Emergency area and Main Entrance area.
 - What works well at drop-off/ pickup points?
 - What needs improvement- suggestions?
4. This question is about how you find your way around the hospital campus and the signage and wayfinding tools that are available to help you. You could think about signage, electronic kiosks, maps, volunteer assistance, staff assistance.
 - What works well?
 - What needs improvement- suggestions?
5. Do you have experience of any features of other health facilities that you would like to see in this building/ campus?
6. Do you have any other comments or needs that relate to getting to and around the hospital campus, and specifically getting to and around the new CSB?

Summary of Discussion

Consumers use a variety of methods to get to and from the hospital campus, including public transport, taxi, community transport and private vehicle. The reasons for choosing these methods varied, however for most consumers said the reason they used public transport or a taxi was because they were unable to drive a car. Some people were unwilling to use public transport because they were concerned about infection risks.

Only a few factors currently work well when getting to the hospital campus, such as the bus stop and taxi rank being close to the main entrance, and the availability of volunteers to assist wayfinding (pre COVID-19).

It was generally agreed that staff or volunteers should be available at the main entrance, reception areas and close to the carpark exit points to welcome people and to provide information, directions and even escort people to the various areas of the hospital, if required. A concierge role, including in the ED, was also recommended. It was noted that service desks or similar assistance points would need to be incorporated into the building design to support these roles.

Areas for improvement included signage, parking options, pick up and drop off areas, public transport options, and wayfinding information available to consumers prior to arriving on the hospital campus.

Consumers use a range of methods to get around the hospital campus, including walking, courtesy bus and using wheelchairs and mobility aids. Factors which people identified as making their journey easier included:

- Accessible pavements with sloping kerbs that are wide and unobstructed
- Clear signage (including aspects of colour, contrast, icons, language and placement)
- A direct journey
- Maps available in different formats and locations
- Kiosks (these were identified as both helpful in their concept, and unhelpful in that the functionality, and they are currently unable to be used due to covid-19)
- Knowing the distance they are required to travel
- Coloured lines on the floor, matched to area theme colours
- Automatic doors
- Well positioned features (such as door handles and intercoms), and
- Good lighting around buildings and paths of travel.

Conversely, factors which made their journey harder around the hospital campus included:

- Inconsistent signage
- Unhelpful staff
- Long distances from car park to clinical areas and between areas of the campus
- Unsure of where to go and how to get there
- Poor surfaces not suitable for wheelchairs and mobility aids
- The location of parking
- Lack of shelter when traveling outdoors

- Crowded drop off and pickup areas
- The distance and gradient from bus stops to the hospital, and
- Construction areas.

Features which were identified as helpful or hindrances affect people differently depending on their mobility, health and other circumstances.

Consumer recommendations which relate to getting to and around the Canberra Hospital campus can be found at sections *8.3 Drop off and pickup*, *8.5 Getting to the Canberra Hospital campus*, *8.8 Main entry*, *8.10 Moving around (indoors)* *8.11 Moving around (outdoors)*, *8.12 Outdoor spaces*, *8.13 Parking*, *8.15 Pedestrian link*, *8.21 Wayfinding and signage*, and *8.22 Wayfinding information*.

Consumers who had experience of other health facilities around Australia suggested the following examples of good wayfinding features:

- Large, central signage within the **Gold Coast University Hospital**, and
- The use of the courtesy bus system and volunteer driven patient transport 'golf carts' at the **Fiona Stanley Hospital**, Perth.

Additional learnings from previous work

HCCA has worked with Canberra Health Services on signage and wayfinding over a number of projects and has collected consumer feedback from individual members and member groups. Most recently, HCCA contributed to the CHS Signage Manual and Strategy in 2019 (located at **Appendix 4**). An effective and consistent wayfinding strategy, including accessible signage, is an essential component of environmental health literacy. The following is a summary of points from this work relevant to the Canberra Hospital Expansion.

Accessibility of signage

- Accessibility guidelines should be viewed as the minimum standard and input from people with a range of disabilities, including cognitive impairment, should be sought before finalising designs.
- Signs should have the highest possible colour contrast to enhance visibility and cater to the needs of vision impaired consumers.
- Consumer feedback supports the use of lines on the floor to support wayfinding, in addition to signage. However, this must be designed with care to avoid creating problems for consumers with some cognitive and visual conditions.

Terminology

- Use the simplest, familiar terms for any location or service. For example, rather than use the term Ophthalmology, which is familiar to staff, use Eye Clinic, which can be understood by most consumers. The simple terms used on signage should also be used verbally by staff when making appointments and in correspondence.
- Consumers whose first language is not English may be unfamiliar with many clinical terms used to describe the various departments and services in the hospital. In addition to clear terminology, internationally recognised symbols and colour coding would assist. Technological solutions could be used to provide translation of signs and information.
- Acronyms should not be used (even if they are explained) as they are not easy for consumers to learn and understand and are usually sector or institution specific.
- All signs for the same clinic or location should be consistent and use identical terminology.
- Buildings should be named as well as numbered to help consumers recall and identify the building they need to go to.

Journey decision points

- Enhanced signage should be placed at primary journey decision points (as identified by consumers). These journey decision points would include all places where corridors intersect. All lifts and stairwell landings are journey decision points and should include clear information about which level reception is on and the significant services and amenities on each floor. A directory summary, including words and icons, would be useful and should be tested with consumers prior to final design decisions.
- Consistent icons for toilets and cafes should be included on signage at each decision point/intersection in a journey.
- Wall mounted maps located at regular intervals around the campus, and at major journey decision points, help consumers locate themselves and plot their journeys. These maps should include icons for relevant facilities such as toilets, ATMs and parents rooms, and include indications of wheelchair accessibility.
- Consumers have also expressed that they find the addition of '...metres to arrival' on signs helpful in planning their journey (or seeking assistance). This information could be included at major journey decision points. If the length of travel is substantial it is important to provide additional signage midway, including distance updates.

5. Topic 2: Features of consumer-focused clinical areas in hospital

The information provided in this section has been collated from three interviews and one focus group with 11 participants. Three people also submitted information by email. Learnings from previous work that Canberra Health Services has done in surveying consumers about their experiences and needs has been included in this summary and informed the recommendations.

The questions which guided this topic's discussion were:

1. Thinking about the following areas:
 - a) What features would improve consumer's experience and care in these places?
 - b) What features should be avoided?
 - Reception areas
 - Waiting areas
 - Triage/assessment area
 - Staff stations
 - Patient rooms
 - Patient common areas
 - Family and carer spaces
2. Thinking about the Emergency Department, do you have specific comments/ examples of design features which would improve consumer experience and care here?
3. Thinking about the Mental Health Short Stay Unit, do you have specific comments/ examples of design features which would improve consumer experience and care here?
4. Thinking about the Intensive Care Unit, do you have specific comments/ examples of design features which would improve consumer experience and care here?
5. Thinking about the Coronary Care Unit do you have specific comments/ examples of design features which would improve consumer experience and care here?
6. Thinking about wards where patients stay the night generally, do you have comments/ examples of design features which would improve consumer experience and care here?
7. Do you have any other comments or needs that relate to the areas discussed today?

8. Of everything that you've mentioned today, which design feature is the highest priority for you?

Summary of Discussion

This topic sought consumer feedback and comments regarding a number of areas relating to consumer-focused clinical areas with the hospital.

Waiting areas, particularly in the ED where people often waited for extended periods of time, require a variety of comfortable and flexible seating arrangements that allow people in wheelchairs or who use walkers or prams to have a choice about where they sit. Consumers valued:

- close access to accessible toilets and change facilities
- private areas that allowed for breastfeeding and conversations and phone calls
- access to healthy food options
- access to a sensory room and quiet spaces for time out or privacy to make calls
- improved systems in reception for notifying consumers of their turn, and expected wait times
- availability of a public telephone

Consumers would like reception areas to be visually prominent using contrasting colours, open with minimal barriers, entry through an obvious site entrance, and designed to set a welcoming tone for care in the hospital. Signage and wayfinding elements were again identified as key features consumers needed in reception areas of the hospital. Consumers said they wanted reception areas to suit a variety of consumers, particularly people who need to be seated or use wheelchairs.

Within clinical areas, consumers sought smaller, decentralized staff stations to improve direct care and also identified that electronic note taking at bedside as important to their participation in their own care. Consumers also identified that nurse desks can be noisy and the design of staff areas should minimise noise into patient rooms.

Consumers with families and/or caring responsibilities identified that it would be useful to have family spaces that provided quiet areas and features that help people to juggle their caring role with their work commitments. Consumers also noted they would prefer small areas for family and carer spaces rather than just one large area and identified the need for spaces that allow them to sit and talk with their families outside of each ward.

In relation to inpatient units where patients stay the night in hospital, consumers sought a high single bed room ratio compared to shared rooms. This was identified as important from a multicultural and family/carer perspective. Consumers raised that any shared rooms should incorporate design to mitigate the issues identified by consumers who have experienced shared rooms, such as lack of privacy and disturbance caused by light, noise and distress from other patients. Design that allows staff to observe and respond to patients while still respecting patient privacy and rest were identified by consumers as important.

Emergency Department

Reception desk barriers and heights in the ED were identified by consumers as an issue of concern, in particular that desk heights were not accessible to people who use wheelchairs and that the barriers between staff and patients exacerbated tension and poor communication.

Improved consumer comfort was identified as a feature that would create a calmer environment in the ED, including providing comfortable chairs, entertainment areas for children, and access to a variety of food choices. A concierge would help people navigate the ED system, improve communication and comfort and assist with reducing levels of stress for consumers.

Consumers also expressed the need for care and understanding for consumers experiencing mental health crisis in the ED and requested focus on design elements that were aimed at reducing the sensory overload and stress for consumers.

Consumers raised the following additional needs relating to the design of the Emergency Department:

- Accessible carparks directly outside the drop off zone at the ED
- Comfortable and protected seating both inside and outside the ED for patients who are waiting for carers to park the car
- Access to wheelchairs
- A clear queuing and triage system in the ED, including a system to be show them their expected wait times and how to alert someone their condition has changed or deteriorated
- The streaming of specific services (such as paediatrics and geriatrics within the ED) and ability for people to self-refer to these streams was identified as an area that would improve consumer experience
- Sufficient space in waiting area
- Access to change facilities for children and adults, and areas for breastfeeding
- Quiet and private spaces accessible from the ED

- An “express lane” or system that did not require queuing by critically ill people or children

Mental Health Short Stay Unit

Consumers identified the following elements as important for the design of the Mental Health Short Stay Unit:

- A separate entrance to the unit
- Particular consideration of wayfinding requirements
- Sufficient visitor and carer spaces
- Patient access to amenities such as fridge and microwave
- Natural light throughout
- Patient, visitor and carer access to outdoor spaces

Intensive Care Unit

Consumers raised the following needs relating to the design of the Intensive Care Unit:

- Single rooms with space for family and carers to stay
- Accessible toilets
- Spaces for families and carers to visit
- Access to fresh air and sunlight
- Sufficient comfortable waiting space for families, nearby

Consumer recommendations which relate to the specific areas discussed in this topic can be found at sections *8.1 Consumer centred design principles throughout*, *8.2 Amenities consumers need*, *8.4 Family and carer spaces*, *8.6 Inpatient rooms*, *8.7 Intensive care unit*, *8.8 Main entry*, *8.10 Mental Health Short Stay Unit*, *8.14 Patient areas*, *8.16 Reception (ED)*, *8.17 Reception areas (general)*, *8.18 Staff stations*, *8.19 Waiting areas (indoor)*, *8.20 Waiting areas (outdoor)*.

Consumers nominated the following examples of consumer centred design from other health facilities:

- Carer facilities within inpatient rooms at Blacktown Hospital, Sydney¹
- The waiting area at the National Capital Private Hospital, Canberra
- The Safe Haven Café at St Vincent’s Hospital, Melbourne,²

¹ Blacktown and Mount Druitt Hospital Expansion Project, *Carer Zones*, <http://www.bmdhproject.health.nsw.gov.au/projects/carers-zones>, accessed 4 December 2020.

² Better Care Victoria, *A Safe Haven Cafe for mental health consumers*, www.bettercare.vic.gov.au/our-work/innovation-fund/innovation-projects/Browse-all-projects-listing/safe-haven-cafe-for-mental-health, accessed 4 December 2020.

- High single bed ratios, for example Fiona Stanley is considered an excellent model with 83% of rooms being single beds.³

Additional learnings from previous work

Consumer feedback on experiences of sleep and comfort as inpatients consistently highlights a need to improve the current levels of light and noise, particularly in shared wards. While there are a range of reasons for poor sleep in hospital, consumers report significant and ongoing noise and light throughout the night as one aspect of this.

Privacy and cultural considerations are an important aspect of comfort while in hospital. Mixed gender accommodation is uncomfortable for some consumers, and this has been raised in both the focus groups and the consumer feedback in **Appendix 3 Consumer Survey with Self-Reported Disability Report 2019-2020** and **Appendix 6 Sleep restfulness and comfort data**

Appendix 6 Sleep restfulness and comfort data for the period June 2019 to May 2020 provides consumer feedback about sleep and comfort, and the reasons consumers experience poor sleep in hospital.

Appendix 5, Ward 14A and 14B comparison, shows data from a small survey of patients (not surveyed for disability) comparing their experience of the same measures of comfort across two cancer wards at The Canberra Hospital -the old ward 14B and the newly built ward 14A. It indicates that through good design, considerable improvement can be achieved in patient's experiences of the comfort, temperature and restfulness of inpatient rooms. These measures of experience directly affect the healing of a patient.

³ Fiona Stanley Hospital, *Your hospital stay*, www.fsh.health.wa.gov.au/Our-services/Your-Hospital-Stay, accessed 4 December 2020

6. Topic 3: Public spaces and facilities in the CSB

The information provided in this section has been collected from two interviews and one focus group with 10 participants.

The questions which guided this topic's discussion were:

1. Thinking about the following areas below:
 - a. What features would improve consumer's experience and the experience of families and carers?
 - b. What features should be avoided?
 - Main entrance, including the reception and waiting area
 - Access around and between floors e.g. public lifts, stairs
 - Amenities such as café, toilets, change facilities, parenting/ breastfeeding rooms, shops
 - The pedestrian link between the CSB and the main hospital entrance
2. Thinking about the outdoor spaces which surround the building,
 - What do consumers and families/carers need from the outdoor spaces?
 - How will these spaces be used and what features will be important?
 - Where, in relation to the CSB is it most important that patients and families have access to outdoor space?
3. Do you have any other comments or needs that relate to the areas discussed today?
4. Of everything that you've mentioned (or heard) today, which design feature is the highest priority for you?

Summary of Discussion

Consumers discussed their experiences as patients, carers or visitors of the public spaces and facilities at Canberra Hospital with the view to identifying features that they would like to be included in the design of the CSB.

Main entrance, entrance to buildings, including the reception and waiting area

The focus group expressed their concerns about the current challenges of accessing the main entrance of the hospital and about navigating their way around the hospital campus more generally. This problem was exacerbated when the consumer was unfamiliar with the campus, was ill or injured, or experiencing stress and anxiety about a family emergency. Navigation was frequently raised in all focus groups as an issue. See summary of discussion at Topic 1 for overview of challenges consumers face with navigation.

There are several entrances to the hospital and a lack of obvious signage and design features make it difficult to identify the main entrance in Building 2. This is compounded by the difficulties in identifying buildings and confusion about the naming of the floor levels (for example, street level is variously called Ground, Level 1 or Level 2 across the campus). Consumers need the main entry to the hospital, the CSB and ED to be easily identifiable.

See discussion at Topic 2 for overview of consumer needs for reception and waiting areas.

Access around and between floors e.g. public lifts, stairs

Consumers recommended that evidence-based signage and wayfinding strategies be used within the CSB to direct people to the different departments and facilities.

Consumers indicated that it was important that there were separate dedicated lifts for patients and the public. The location of lifts should be made obvious with a visual marker that helps to direct people to them. Lifts and corridors should be generously wide to allow turning circles for wheelchairs. Bench seating should be provided along corridors for people to stop and rest.

The stairs should be safe, comfortable to use and visually inviting in order to encourage people to use them as an alternative to the lifts. It was noted that the stairs and disabled access ramp should not be blended (e.g. designs where the ramps zig zag across stairs) as this provides a falls risk and people in wheelchairs can be impeded by the changing surface.

Amenities such as café, toilets, change facilities, parenting/ breastfeeding rooms, shops

Consumers identified the importance of designing facilities that are welcoming, non-clinical, family and child friendly, accessible and culturally appropriate. People need access to public amenities, including healthy food options, beverages, parenting/breastfeeding rooms and accessible toilets 24 hours a day.

A large, easy to find, comfortable, accessible and modern café that offers diverse food options (including halal and kosher) was considered important ("not just another Zouki's"). The café should offer both indoor and protected outdoor seating. It should offer a flexible layout that can accommodate people in wheelchairs, walkers and with prams.

Charging stations for mobile devices and wheelchairs were also considered a useful feature in a café. It is important to note that consumers did not regard the café as a suitable alternative to properly designed family lounges and family friendly waiting areas.

Consumers also require comfortable, quiet waiting spaces where there is no “time limit” or need to spend money. Each floor of the building should include a range of family and carer spaces including a family lounge. A larger family respite/resource area that is easily accessible from all floors should be included in the building (see Canberra Hospital Expansion Project Requirements for Family and Carer Spaces at **Appendix 7**). These areas should include a mix of seating types gathered into groups, including chairs without arms for parents who have several children with them.

Other public facilities important for the CSB include:

- Easy access to accessible toilets (e.g. Toilets cater for left and right hand lift out of wheelchairs)
- Bathrooms/change rooms for carers staying overnight with patient
- A fully accessible adult change facility⁴
- Large family rooms that can accommodate large groups of family members and visitors. This is especially important for cald families
- Private breastfeeding room with comfortable chairs
- Facilities and play areas for children and young people

Consumers suggested the following retail outlets would be useful in the new clinical services building:

- A 24-hour chemist where consumers can fill prescriptions from the Emergency Department
- A small post office for consumers and staff
- A small shop that sells gifts, cards, books, magazines, games and toys for children

The pedestrian link between the CSB and the main hospital entrance

Consumers were very positive about the proposed pedestrian link between the CSB and Building 2 and approved of a separate clinical link located on Level 3. It is important that the link is or can be enclosed to provide protection from Canberra’s cold windy weather. However, it should also have windows that can be opened during warm weather and also enable people to visually orientate themselves as they walk through the area.

Consumers also sought a covered link from the CSB to the carpark.

Safety of pedestrians in the link is paramount. It should be level, with a surface that allows for easy wheeling for wheelchairs and mobility walkers. Consumers would like

⁴ Changing Places, www.changingplaces.org.au, accessed 4 December 2020.

consideration of how electric scooters can be separated from pedestrians on the public link to avoid collisions.

Outdoor spaces

Outdoor spaces are used by consumers for a range of reasons, including rest, reflect, consider diagnosis, celebrate, escape, privacy, connection, play, something to look at. A variety of outdoor spaces are needed, particularly near waiting areas and the ED, ICU, and Surgical IPU. These spaces include:

- Larger more open garden areas with seating
- Smaller spaces within the outdoor spaces with seating that offer more privacy for a person to make phone calls or for respite
- Quiet spaces
- Separate outdoor terraces off hospital wards such as ED and ICU
- A secure playground with shade designed for children

Plants and greenery in the outdoor areas were considered essential. Low allergy selections should be considered when selecting plants. Consumers also suggested the inclusion of a Zen garden and some form of water feature create a soothing atmosphere.

Outdoor areas should feature plenty of seating and some tables, that are not associated with a retail outlet, where people can sit and eat. The seating should be protected from the elements. It was suggested that the outdoor areas could have different themes and landmarks so that they are easier to describe as a meeting place.

Safety is a priority in these areas. See topic one for an overview of some elements relating to outdoor safety. There was also some concern expressed about the potential noise from the helipad and its impact on people in the outdoor spaces.

Consumer recommendations which relate to the specific areas discussed in this topic can be found at sections *8.1 Consumer centred design principles throughout*, *8.2 Amenities consumers need*, *8.4 Family and carer spaces*, *8.8 Main entry*, *8.10 Moving around (indoors)*, *8.11 Moving around (outdoors)*, *8.12 Outdoor spaces*, *8.15 Pedestrian link*, *8.17 Reception areas (general)*, *8.19 Waiting areas (indoor)*, *8.22 Wayfinding and signage*.

Consumers liked:

- The Peter McCallum Cancer Centre, Victoria, for good examples of a calm and welcoming main entry and reception area
- The café at the Peter McCallum Cancer Centre for location and great range of healthy food choices.

- The Royal Melbourne Children's Hospital for a good example of child friendly facilities.
- Canberra Airport hot-desks where consumers can work on their own devices while waiting to depart.
- The Blacktown Hospital for an attractive main water feature
- The Royal Melbourne Children's Hospital for the soothing and entertaining features of the meerkat enclosure and aquarium

7. Topic 4: Designing an accessible and inclusive hospital for all consumers

The information provided in this section has been collected from one interview and one focus group with 11 participants. One person also submitted information by email. Learnings from previous work that Canberra Health Services has done in surveying consumers about their experiences and needs has been included in this summary and informed the recommendations.

The questions which guided this topic's discussion were:

Thinking about your own experience or that of the community you belong to, for the CSB:

1. What building and design features would help you to
 - feel welcomed and at ease?
 - feel and be safe?
2. What building and design features would help you to
 - easily and independently get around the building and surrounds?
 - participate in your own health care (or that of the person you care for)?
 - be a carer for others, or a parent?
3. What is the highest priority for you and your community in what you've mentioned?

Summary of Discussion

Consumers wanted to see a CSB (and hospital campus) that was specifically designed to meet the needs of people who have the most barriers to accessing healthcare, including consumers and carers with disabilities, people from Culturally and Linguistically Diverse communities, Aboriginal and Torres Strait Islander people, older people, people with autism spectrum disorder, people on low fixed incomes and people with insecure housing. The building design should make it as easy as possible for all consumers to access the care they need, or to be a carer for others.

In accessing healthcare, consumers and carers want

- to feel welcomed, and safe
- to be independent and self-manage their health needs as much as possible
- to be able to participate as equal partners in the consumer's care team, and
- to experience good communication between consumers and clinical staff.

Design has a role to play in supporting these needs. While consumers agreed on these overall objectives, the specific barriers experienced by the respective consumer groups, for example physical access barriers, language barriers,

environmental barriers (e.g. sensory overload) and acceptable measures to address them require the incorporation of many different design solutions.

Feeling welcome and at ease

Consumers felt that their first impression of the campus and the Critical Services Building was critical to feeling welcomed and feeling that the health service is a trustworthy and inclusive place. Achieving a welcoming environment reduces the levels of stress and anxiety associated with a visit to the hospital. Ease of wayfinding and movement around the campus and to the CSB is the first step towards this. More detail on consumer needs in wayfinding and movement around the campus can be found in the discussion of Topic 1.

The main entrance to the CSB and its reception area needs to be visually prominent and create an environment that is welcoming, culturally appropriate, and less clinical. This area should convey the message that the hospital has patient and family centredness as a core principle and encourages patient participation and family involvement in the care. The discussion of Topic 2 provides more detail about what is needed for consumers at reception and waiting areas.

The focus groups highlighted the importance of human assistance in wayfinding for example, reception staff or volunteers in main entry areas, concierge role in the Emergency Department. These roles need to be accommodated within the design of the CSB as well as into service delivery planning.

A welcoming calming environment can be created by features such as plenty of space to avoid crowding, natural light and views to the outdoors; appropriate selection of colours and materials for walls, flooring, furniture to improve access for people with vision or cognitive impairment and to reduce noise and provide comfortable places to wait and rest.

Access to a range of amenities and family spaces demonstrates that consumer needs have been considered and are important to the health service. An overview of consumer needs regarding family and carer spaces and amenities can be found at the discussion summary for Topics 2 and 3.

Consumer safety

The safety of consumers on campus was discussed. Physical safety measures consumers sought included:

- The primary flow of traffic around the hospital is kept well separated from pedestrian pathways. Where space is shared by vehicles and pedestrians conflict mitigation measures which prioritise pedestrians. .

- Measures to ensure people with mobility impairments can safely move around. More discussion on this topic can be found at the discussion summary at Topic 1.
- Roads, walkways, signage and building entrances must be well lit.
- Infection control measures such as capacity for increased physical spacing between people, and automatic functions such as doors which reduced the need to touch surface s.

Consumers need to feel psychologically safe to be able to access health care. support for psychological safety looks different for different people. Some examples provided were:

- Homeless people (particularly rough sleepers) may carry their possessions with them, so it is important that they are provided a place to securely store their belongings while in hospital
- Dementia friendly design principles can reduce confusion and ensure safe access for the elderly, including those living with dementia, and consumers with a vision impairment or with emotional or thought disturbance.
- For people from some cultural backgrounds backgrounds, non-gender specific amenities are unwelcome and access to private breastfeeding rooms must be provided.
- People with autism spectrum disorder require a sensory friendly design including low sensory rooms and quiet breakout rooms
- People who were experiencing a mental health crisis a safe space to access support from peer workers and clinicians. A new project which addresses this, the Safe Haven Café may be located close to the new Emergency Department.

Easily and independently get around the building and surrounds

People with disabilities

Consumers with disabilities agreed that the CSB would need to exceed compliance with the Australian Health Facility Guidelines and other accessibility and construction standards to meet a standard they felt was acceptable, as many people felt that the design standards were not adequate for their needs. It was noted that features such as fully accessible adult changing rooms and inclusion of hearing loops was essential for some people to access health care but not mandated in legislation.

Consumers recommended the adoption of universal design principles⁵ to deliver infrastructure that is functional for the full range of diversity of users, and that address the physical, sensory, and cognitive needs of most people.

With a number of participants having lived experience of a disability, the focus group identified a range of features that made it easier to independently get around the building and surrounds:

- The installation of fittings at different heights:
 - Accessible toilets that allow for transfer from a wheelchair
 - Wash basins
 - Hand dryers
 - Paper towel dispensers,
 - Beverage bars,
 - Water fountains and
 - Power points for charging mobile devices.
- Sensory friendly design features for those with autism spectrum disorder or other cognitive or sensory impairments:
 - Clearly identify where consumers need to go and what they need to do there
 - Reduce the sensory load in the environment e.g. reducing unnecessary signage and visual stimulus, noise, crowding etc.
 - Providing access to important information in written format
 - Ensure easy access to a sensory calm room

People from Culturally and Linguistically Diverse communities

Consumers from Culturally and Linguistically Diverse communities highlighted the need for design features and technology that improves access and understanding of information including access to translation and interpreter services, translation of information into the main community languages (Vietnamese, Mandarin, Filipino/Tagalog, Arabic, Greek, Italian, Hindi, Spanish and one key African language) and the use of translation apps and QR codes.

Carers

All consumers identified the need for the CSB to provide an environment that supports carers and enables them to participate in the planning and delivery of care. Family members and carers represent a diverse cross section of community groups,

⁵ Universal design is defined as “*the design of buildings, products or environments to make them accessible to most people, regardless of age, disability, background or any other factors.*” Victorian Health and Human Services Building Authority, *Universal design*, www.vhhsba.vic.gov.au/resources/universal-design, accessed 4 December 2020

and may be people with disability, culturally and linguistically diverse, or older people, who will themselves have specific access needs to be considered. Many carers juggle their carer responsibilities with their work responsibilities while caring for someone who is in hospital.

Design features that support family members and carers have been discussed at Topics 2 and 3. Carers reiterated the importance of:

- Accommodating the carer within a patient's room or patient bay, i.e. more private bedrooms, trizone room layout, comfortable seating, secure storage, overnight stay/day bed
- Providing a variety of calming, comfortable non-clinical spaces that can be used for:
 - time out or privacy for phone calls/discussions
 - eating, drinking, resting, or showering,
 - a space to do work or admin tasks regarding patient care
 - space for larger family group visits or conferences
- Ensuring access to a variety of healthy, culturally appropriate food options, including afterhours access.
- Access to ATM and public phone
- Inclusion of a fully accessible adult change facility

To assist consumers, particularly those with autism spectrum disorder or other cognitive impairments to access care without feeling overwhelmed, sensory friendly design features should be implemented in key areas such as the ED, to:

- Clearly identify where consumers need to go and what they need to do there
- Reduce the sensory load in these environments e.g. reducing unnecessary signage and visual stimulus, noise, crowding etc.
- Providing important information in written format
- Ensure easy access to a sensory room, if required.

Accessibility and inclusivity are overarching principles that affect every aspect of design. Therefore, all consumer-facing aspects of the CSB design should be considered through these lenses.

Consumers mentioned the University of Canberra Hospital as a good example of a welcoming, accessible and inclusive hospital.

Additional learnings from previous work

Data collected as part of the Canberra Hospital Discharged Inpatient Survey 2019-2020 from consumers who identify as having a disability can be found at **Appendix 3**.

It indicates that consumers with a disability consistently report lower levels of satisfaction with their hospital stay than consumers who do not identify as having a disability. This is true across a range of measures, most of which have infrastructure components. Discussion at the focus group reflected that spaces which are not accessible contribute to difficulties when staying in hospital.

In particular from this data, measures which relate to the comfort and temperature of inpatient rooms, the restfulness (peace and quiet)of inpatient rooms, the ability to sleep, and having enough information to safely move around rooms, scored poorly from patients overall, and more poorly for people with disabilities. While some aspects of poor sleep will relate to the health issues a person has, other aspects such as patient disturbance may be significantly improved by building design and materials, and service design.

Feedback provided by patients about their experience⁶ reiterate many points made in focus group discussions.

⁶ See page 4 of Appendix 3

8. Recommendations

Recommendations generated by the focus group discussions and input have been themed. There are 22 themes with a number of actions within each one.

8.1. Consumer centred design principles

The theme *Consumer centred design principles* is an overarching one which applies to all areas of the CSB and could guide any changes to existing infrastructure across the campus.

Ensure consumer centred design principles throughout the building, including:

- a) Adopting universal design principles to create a CSB that is functional and addresses the physical, sensory and cognitive needs of consumers and carers
- b) Amenities at accessible heights for all consumers including children and those that use wheelchairs, and ambulant people
 - Intercoms,
 - Door handles,
 - Charging points
 - Drinking fountains
 - Beverage bars
 - Hand sanitisers
- c) Incorporation of automatic doors as often as possible
- d) Design features that provide noise mitigation
- e) Sufficient space needs for people who use wheelchairs and walkers, and prams within patient rooms, treatment spaces, common areas, and doorways.
- f) Design features and technology that improves access for people with a disability, for example inclusion of:
 - Hearing loop,
 - Tactile ground surface indicators
 - Hand and grab rails in main thoroughfares
 - Dementia friendly design principles⁷
 - The use of “true to expression” materialsand avoidance of:
 - Isolated sunlight,
 - Highly polished surfaces,

⁷ Dementia Australia, *How to design dementia friendly care environments*, https://www.dementia.org.au/sites/default/files/helpsheets/Helpsheet-Environment03_HowToDesign_english.pdf, accessed 4 December 2020.

- Smooth surfaces and
- Soft floor coverings.
- g) Implementation of sensory friendly design features in key areas such as the ED, that assist consumers with sensory sensitivities such as those with autism spectrum disorder to:
 - Clearly identify where they need to go and what they need to do there
 - Reduce the sensory load in these environments e.g. Reducing signage and visual stimulus, noise, crowding etc.
 - Access a sensory room, if required.
- h) Implementation of design features that facilitate communication between patients, carers and clinicians. These can include reception desks and staff stations that are welcoming and accessible (not a barrier), patient information board for sharing messages between carers and clinicians, decentralised staff stations, bedside note taking.
- i) Implementation of design features and technology that improve access and understanding of information for consumers from culturally and linguistically diverse communities. These should include:
 - Easy access to Telephone Interpreter Service, including a quiet meeting room to talk to Interpreter
 - Provision of information in main community languages, including Vietnamese, Mandarin, Filipino/Tagalog, Arabic, Greek, Italian, Hindi, Spanish and one key African language.
 - Use of technology to translate information and signs e.g. translation apps and QR codes.
- j) Natural elements such as plants, natural light, openings to spaces with fresh air throughout.

8.2. Amenities consumers need

Providing amenities consumers need, including:

- a) A large, modern, accessible café, with indoor and outdoor seating in an easy accessible location within the new building. The café should include:
- b) A flexible layout that can accommodate people in wheelchairs, walkers and with prams
- c) An outdoor café seating that offers some protection from sun, wind and rain
- d) Charging stations for mobile devices and wheelchairs
- e) Access to a variety of healthy, culturally appropriate food options
- f) A range of retail and convenience options in the new building:

- A 24-hour chemist where consumers can fill prescriptions from the Emergency Department.
- A small post office for consumers and staff
- A small shop that sells gifts, cards, books, magazines, games and toys for children
- Access to ATM and public phone
- g) Access to amenities 24 hours a day:
 - Parenting/breastfeeding rooms
 - Healthy, culturally appropriate food options after hours.

8.3. Drop off and pickup*

Drop off and pickup areas suited to the needs of consumers:

- a) Designed to minimise congestion and improve traffic flow at drop off and pick up areas particularly near the emergency department, with supervision of these areas.
- b) Increased areas of sloping kerb would benefit a range of consumers in drop off and pick up areas however consideration needs to be given to ensuring cars have defined areas to stop.
- c) Short-term parking near drop off and pick up areas
- d) Include a number of accessible car parking spaces located next to the ED drop off zone.
- e) Ensure that the ED drop off/pick up area has sufficient room for consumers, especially those in wheelchairs or who use mobility aids, to get in and out of a car safely and without rushing or holding up other traffic.
- f) Locate and design the ED drop off area to allow carers to escort their sick or injured family member into the ED waiting room before returning to park their car.

**See waiting areas*

**See wayfinding and signage*

8.4. Family and Carer spaces*

Provide family and carer spaces within the building that:

- a) Include a work space for family members and carers so they are able to undertake work remotely while managing their carer responsibilities. This space would include access to a desk, chairs, power points and Wi-Fi.

- b) Provide access to a variety of healthy, culturally appropriate food options, including afterhours options such as access to food deliveries and vending machines close to family and carer spaces.
- c) Include child friendly facilities and play areas for children and young people.
- d) Ensure families and carers have easy access to a variety of appropriately designed spaces on each floor of the clinical services building (see **Appendix 7**) that are accessible, comfortable, non-clinical, child and family friendly, including:
 - Smaller quiet spaces for privacy, respite and small family discussions and conferences with or without clinicians,
 - Sensory calming rooms
 - Breastfeeding and baby change facilities with comfortable chairs.
 - A family lounge with kitchen facilities that can accommodate large groups of family members and visitors, and/or several smaller groups at once. This is especially important for cald families.
 - Outdoors spaces for respite, privacy or group gatherings.
- e) Include an Aboriginal and Torres Strait Islander family meeting space on the ground floor, with access to outside.

*see also *Toilets, Bathrooms and Change Facilities*

*see also *Outdoor spaces*

8.5. Getting to The Canberra Hospital campus

Ensuring consumers can access The Canberra Hospital campus by:

- a) Improving (from current arrangements) public transport options including bus stops located close to the entrances and a more direct bus service to the hospital campus.

8.6. Inpatient rooms

Designing inpatient rooms to suit the needs of consumers by including:

- a) The inclusion of patient controlled lighting and temperature.
- b) Access to power points to charge mobile devices and wheelchairs both close to the bed for patients and other outlets for carers.
- c) Enable bedside electronic notetaking.
- d) High proportion (consider >75%) of single rooms within inpatient units
- e) With specific reference to consumers who stay in shared inpatient rooms, consideration of ways to mitigate issues that impact negatively on consumers, especially relating to privacy and noise:

- Substantial privacy screening or curtains both between and in front of beds.
 - When private ensuites cannot be provided, bathrooms should be centrally located so patients do not need to disrupt each other to access the bathroom.
 - Shared bathrooms should have internal curtains or screening so that if the bathroom door is opened (for example. by a nurse rendering assistance) the user's privacy is maintained
- f) Universal design principles applied to all rooms within inpatient units and the inclusion of accessible toilets throughout.
 - g) Consideration of room design and set up including ensuring all equipment can be accessed from bed location.
 - h) Space in the patient's room to include a bed for carers, and furniture to accommodate family visiting.
 - i) Ensure sufficient space in patient bedrooms to accommodate family members and carers without interfering with clinical staff.
 - j) Home-like comfort facilities in rooms, such as a good range of entertainment options, particularly for consumers with longer inpatient stays.
 - k) Providing a space for additional blankets to be kept in each room.
 - l) Close access to balconies and courtyards for patients who are in hospital for longer periods and are not easily mobile.
 - m) Ensuring that screening between beds does not mean that some beds on the ward do not get access to natural light.
 - n) Consideration of ways to mitigate noise and light affecting consumers when staying in inpatient units and to improve sleep.
 - o) Provide hand and grab rails at consumer-advised locations within patient rooms and ensuites
 - p) Secure storage of personal belongings and mobility devices in patient rooms
 - q) Avoid the use of mixed gender rooms

8.7. Intensive Care Unit (ICU)

Designing the ICU unit to suit consumers by providing:

- a) High proportion of single rooms with the ICU
- b) Consideration of a design for observing and responding to consumers by staff while respecting patient privacy and healing.
- c) A generous waiting area for carers and families adjacent to the ICU. When loved ones are very unwell, families do not want to be far away.

8.8. Main entry*

Providing a main entry to the building that meets the needs of consumers through the inclusion of:

- a) Clear signage indicating the entrance of a building on outside of building, visible from different approaches.
- b) A large open plan reception desk that is welcoming and accessible to both standing people and people in wheelchairs or who require to be seated. For lower height desk ensure that staff are seated at same height.
- c) The creation an easy to identify, welcoming, accessible non-clinical main entry and reception area through:
 - Use of a colour block to indicate reception
 - Flooring, furniture and other design features that improves access for people with vision impairment, dementia or sensory sensitivities.
 - Design features that reduce noise, sensory stimulus and crowding
 - Include of natural light, views to the outdoors, greenery, water feature such as aquarium and artwork
 - Aboriginal artwork clearly visible on entry
- d) Signage to amenities is visible on entering the building.
- e) Access to digital kiosks to allow consumers to look up information.
- f) Availability of wheelchairs at main entry and at all consumer entrances to a building.

*see *Reception areas (general)*

*see *Signage and wayfinding*

8.9. Mental Health Short Stay Unit (MHSSU)

Meeting the needs of consumers who use the MHSSU by providing:

- a) Consideration of a separate entrance to the MHSSU
- b) Specific consideration of clear signage and navigation to and around the MHSSU, considering the additional difficulties consumers experience managing wayfinding at times of high distress.
- c) Consumer access to amenities including a fridge and microwave, access to power points in common areas.
- d) Inclusion of a sensory retreat space
- e) Waiting spaces for consumers and visitors located away from de-escalation spaces
- f) Consideration of design elements that improve the consumer experience including:

- Minimise use of fluorescent lighting,
 - Minimise noise,
 - Avoid patterned flooring,
 - Plenty of natural light and windows.
- g) Visitor and carer spaces, including a space for consumers, carers and visitors within the MHSSU to access fresh air and sunlight.

*See also *Family and carer spaces*

8.10. Moving around (indoors)

Enabling consumers to move around the building indoors by:

- a) Installing separate lifts for public and clinical use.
- b) Separating patient transport routes from routes used by visitors.
- c) Ensuring corridors, doorways, lifts, rooms and bathrooms are generously wide and allow turning circles for wheelchairs, mobility scooters, walkers and prams.
- d) Installing bench seating along corridors to allow people to rest as they move around the building.
- e) Designing stairs between floors that are safe, comfortable and inviting to encourage use by the public as well as clinicians.
- f) Ensuring the stairs and the disabled access ramp are kept separate and are not blended to avoid creating falls risks.
- g) Eliminating trip, slip and fall hazards both inside building and outdoors and provide hand and grab rails in all main thoroughfares as well as within patient rooms and ensuites
- h) Maximising access and egress, particularly in emergency situations e.g. power outage
- i) Implementing dementia friendly design principles and other strategies such as choice of floor coverings and use of colours to reduce confusion and ensure safe access for the elderly, including those living with dementia, and consumers with a vision impairment or with emotional or thought disturbance

8.11. Moving around (outdoors)

Enabling consumers to move around the building outdoors through:

- a) Well maintained, level and wide paths between and around buildings on the hospital campus, suited to a range of consumers including those who use mobility aids, wheelchairs and prams
- b) Direct routes for consumers moving around the hospital campus
- c) Centrally located amenities to reduce the consumer journey
- d) Consideration given to a courtesy transport vehicle that is more accessible to consumers than the current one.
- e) Consideration given to a courtesy transport vehicle that can move consumers in and out of buildings around the campus, such as a small electric vehicle shuttle service
- f) Prioritising safety of pedestrians on campus
- g) Good outdoor lighting around the building, near roads, on pathways, and on patient journeys to carpark and bus stops
- h) Using appropriate materials and ensure the gradient of paths, ramps and outdoor areas are as level as possible to facilitate access by a range of people with mobility issues, in wheelchairs or with prams.
- i) Consideration of the inclusion of a fully covered walkway from the CSB to the carpark.
- j) Ensuring primary flow of traffic around the hospital is kept separate from people walking in and out of and around the hospital. Mitigate any traffic flow conflicts whenever there is cross over between vehicles and pedestrians.

8.12. Outdoor spaces

Designing outdoor spaces to suit the needs of consumers by:

- a) Providing a variety of outdoor spaces in and around the clinical services building including:
 - Larger more open garden areas with seating in groups
 - Smaller spaces within the outdoor spaces with seating that offer more privacy for a person to make phone calls or for respite
 - Quiet mobile phone free spaces
 - Separate outdoor terraces off hospital wards such as ED, ICU and Surgical IPU
 - A secure playground with shade designed for children.
- b) Maximising the use of plants and greenery in and around the CSB, with thought to low allergy selections.
- c) Providing seating and tables, that are not associated with a retail outlet, throughout the outdoor spaces. These should be protected from the elements.

- d) Consideration to including a water feature/s to create a welcoming, calming and non-clinical environment.
- e) Including Aboriginal art in the approaches to the CSB. Consider embedding design in paved areas/walkways.
- f) Including a sheltered outdoor meeting place for Aboriginal and Torres Strait Islander families and community.

8.13. Parking

Developing parking that suits the needs of consumers on the hospital campus by:

- a) Improving parking, including more short-term parking near the emergency department, increased number of disability car parking spaces near drop off and pick up points, increased number of car parking spaces for consumers on the hospital campus overall, and parking which is closer to clinical locations.

8.14. Patient areas

Patient areas designed for a consumer-centred experience with:

- a) Access to natural light and views within patient areas
- b) Consideration of acoustics and mitigation of noise from staff and other consumers.
- c) The inclusion of adequate storage areas to prevent consumer spaces from being used for storage (such as corridors and bathrooms)

8.15. Pedestrian link

A pedestrian link designed for consumer needs:

- a) Ensure the public link between the clinical services building and the main hospital entrance is as short and as wide as possible to facilitate access of consumers.
- b) That the public link should offer views to the outdoors so that people can orient themselves in the space.
- c) That the public link be designed to offer flexibility between being fully enclosed when required and opening windows during warmer months.
- d) Give consideration to the gradient (should be level) and types of surfaces used in the link.
- e) Give consideration to the separation of electric scooters and pedestrians in the link for safety reasons.

**see Outdoor spaces*

8.16. Reception (ED)*

A reception area within the ED that meets the needs of consumers by

- a) Consideration of an 'express lane' for urgent enquiries at reception and system for critically ill patients and children do not need to wait in a queue to be triaged.
- b) Prioritise a concierge desk in the ED to support staff/volunteers to provide information, directions and assistance to consumers.
- c) Include access to sensory calming room and outdoor space especially in high stress areas such as the ED.

**see Reception areas (general)*

8.17. Reception areas (general)

Reception areas that meet the needs of consumers by:

- a) The inclusion of an open plan reception desk that is welcoming and accessible to both standing people and people in wheelchairs or who require to be seated. For lower height desk ensure that staff are seated at same height.
- b) The avoidance of physical barriers between reception staff and consumers. Consumers accept that staff safety is paramount however design options need to be investigated that work for consumers while protecting staff
- c) The inclusion of seating and resting areas in the reception area which include a variety of seating options (such as chairs with and without arms, flexible seating to accommodate wheelchairs and mobility aids, suited to larger consumers, different heights) and enough space to accommodate social distancing.
- d) Creating an easy to identify, welcoming, calming and accessible reception area through:
- e) Positioning the reception desk to face the main entry
- f) Using clearly visible signage identifying the reception desk and inviting consumers to seek information
- g) Using of natural light, greenery, water feature and artwork to create a calming, non-clinical environment
- h) Installation of a public telephone.

- i) Consideration of the use of colours – contrasting colours to provide visual prominence of reception desks and information areas and a welcoming tone for areas
- j) Having a concierge desk in main reception area/s of the Clinical Services Building and the main hospital reception area to support staff/volunteers to provide information, directions and assistance to consumers.

8.18. Staff stations

Staff stations that are designed for consumer-centred care by:

- a) Including decentralised staff stations throughout wards to improve efficiency and care of patients
- b) Ensuring they are designed to be inviting and encourage collaboration between patients, families and clinical staff.
- c) Ensuring desks at staff stations are low and wheelchair accessible

8.18. Toilets, bathrooms, change facilities

- a) The inclusion of parents and baby change facilities throughout with the incorporation of a child-sized toilet and nappy change area in the same space (see Questacon children's play area)
- b) Provide on each floor of the building easy access to accessible toilets (e.g. toilets cater for left and right hand lift out off wheelchairs), bathrooms/change rooms for carers staying overnight with patient.
- c) Include a fully accessible Adult Change facility in the CSB
- d) Provide a range of accessible toilets, bathrooms within the building standard including a range of heights, left and right-hand toilet access

8.19. Waiting areas (indoor)

Ensuring waiting areas indoors are suitable for consumers by providing:

- a) Enough seating and resting areas in the reception area and the inclusion of seating options that suits a range of consumers (such as chairs with and without arms, suited to larger consumers, suitable heights) and a larger space allowance to accommodate social distancing.
- b) Flexible seating design to accommodate wheelchairs, mobility aids, and people with children and prams without obstructing pathways and allowing them choice about where they sit (not just tacked on to the end of a row of chairs).

- c) A waiting area that does not make demands on consumers (no time limit, and not requiring money to be spent).
- d) The inclusion of smaller private spaces that are easily accessible from waiting rooms to allow private conversation
- e) Access to spaces that allow privacy for breastfeeding
- f) In waiting rooms where consumers, family members and carers are likely to wait for extended periods of time, e.g. ED, ICU, day surgery unit should provide charging points for mobile devices, medical devices and wheelchairs
- g) Close access to a range of facilities in waiting areas including sinks/water, toilets, tissues, oxygen tanks for consumers who require an oxygen supply
- h) An improved queuing system for consumers waiting in the hospital that allows them to access amenities while waiting and still be notified of their turn, and a better process for staff calling consumers (perhaps a buzzer?)
- i) Access to a public telephone that uses both coins and cards
- j) Provide consumers in waiting areas with easy access to:
 - k) Accessible toilets
 - l) Café and other options for food and drink, including afterhours
 - m) Breastfeeding room
- n) A sensory room or quiet space for time out or privacy to make calls etc

8.20. Waiting areas (outdoor)

Ensure waiting areas outdoors are suitable for consumers with:

- a) Well-lit pick up and drop off areas.
- b) Comfortable and undercover seating at the ED drop off/pick up area suited to a range of consumers including sick and injured consumers who need to wait for transport.
- c) Wheelchairs available and visible to assist patient transfer.

8.21. Wayfinding & signage

Provide wayfinding and signage that assists consumers in their journey that includes:

- a) Consistent and up to date signage across the whole hospital.
- b) The use of distinctive landmarks to assist with wayfinding.
 - At drop off/pick up locations
 - At meeting places
 - At journey wayfinding decision points
- c) Well-lit outdoor areas, paths and signage to improve wayfinding and safety

- d) Human wayfinding assistance. Build in frequent points where consumers can seek wayfinding assistance from people in volunteer or staff help roles.
- e) Increased capability and function of kiosks, potentially incorporating information about processes and photos of areas to assist with wayfinding
- f) The installation of clear signage directing consumers from carparks, bus stops and other transport drop off points to the main entry points of building and then continuing inside the building to the different departments, services and facilities.
- g) The installation of large bold signage to clearly indicate the hospital main entry on Yamba Drive and the entry to the new Emergency Department and the Clinical Services Building.
- h) The consideration of implementing a wayfinding app and other technology, e.g. multimedia, multilingual enquiry system, user friendly kiosks, to assist consumers navigate their way around the hospital and the CSB.
- i) The use of plain English/ common language terms on signs, and to name buildings, services and facilities to help with wayfinding, especially for people with culturally and linguistically diverse backgrounds.
- j) The avoidance of acronyms on signage
- k) The use of building numbers and names together
- l) The use of evidence-based signage and wayfinding strategies to provide consumers, including those with visual disabilities, with clear guidance to departments, services and facilities in the building, including the use of colour coding, universal symbols on signs and artwork.
- m) Consideration of floor or wall markings to indicate paths of travel
- n) Consideration providing each outdoor area a different 'theme' to facilitate wayfinding.
- o) Reviewing the naming of floor levels within buildings across the campus and standardise them i.e. street level is Ground floor (not Level 2).
- p) Increasing capability and function of kiosks potentially incorporating information about processes and photos of areas to assist with wayfinding
- q) Improving access to information and directions by enabling consumers to access it in a variety of formats including concierge staff or volunteers, touch screen kiosks, information boards and maps.

8.22. Wayfinding information

Provide wayfinding information that meets the needs of consumers including:

- a) User-friendly online information about the hospital on its website
- b) Providing clear information prior to arrival (available in both digital and hard copy formats), on:
 - Directions to location on campus,

- Car parking
- Wheelchair availability and locations
- The courtesy bus
- Road and building works, and temporary changes to wayfinding

9. Next Steps

Consumers are keen for the Critical Services Building to set a new standard of excellence for a modern healthcare facility. We consider that incorporating consumer input in an ongoing relationship of design collaboration between consumers, clinicians, health staff, builders and designers is an essential part of creating such a facility. The next steps are to seek consumer feedback and testing on the design solutions proposed for the issues that consumers have raised. We look forward to further input and collaboration on this work through 2021.

Appendices

Appendix 1: List of participants and organisations involved

Appendix 2: List of questions for focus groups and interviews

Appendix 3: Consumer Survey with Self-Reported Disability Report 2019-2020

Appendix 4: HCCA's Response to the Draft Signage Manual for Canberra Health Services

Appendix 5: Ward 14A and 14B Comparison

Appendix 6: Sleep restfulness and comfort data

Appendix 7: Canberra Hospital Expansion Project Requirements for Family and Carer Spaces