



Waitemata
District Health Board

Best Care for Everyone

Wayfinding – community insights

Wayfinding Steering Group

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Executive Summary

A wayfinding policy has now been endorsed and work is currently underway to manage the installation of external signage at Waitakere, North Shore and the Mason Clinic. However, there is still a lot of work required to consider internal signage and accessibility issues around the hospital sites.

In October and November 2016, as part of the Waitemata DHB Listening Week, site walkabouts with community members were organized to explore issues, particularly around accessibility and language barriers.

Key findings

In general, participants found the hospitals difficult to get around, with Waitakere found to be the most difficult. Getting into the hospital for people with mobility or vision impairments, as well as people with pushchairs, was felt to be challenging: ramps were felt to be quite steep for those with limited mobility and it was felt that there should be a flat covered walkway from the car park.

The signs on arrival were not felt to be very welcoming and friendly – there are more messages about not smoking or immunization than confirmation that people are in the right place or being welcomed.

At both hospitals, there was a common theme that the signage was inconsistent in relation to colour, font sizes and styles. Many signs were felt to be too small to read from a distance. It was also noted that there were many temporary signs which made the sites cluttered.

At both sites, participants felt that they would be most likely to ask for help either from volunteers or from the reception desk as it was difficult to know how to start their journey. They said that signage confirming who to ask for help was lacking.

There was a significant amount of feedback that the use of technology could aid wayfinding, in particular from those who did not speak English well and from the participant with a visual impairment.

Some difficulties will be improved or alleviated by the new external signage programme but other recommendations follow.

Overarching recommendations

- Declutter the main reception and make it more welcoming with welcome signs on arrival and signage for reception desks and the volunteer desks using the universal symbol for information. Reposition the volunteer desk to be more visible at both hospitals
- Provide important information on arrival in different languages such as maps, how to... leaflets etc
- Increase the use of maps within and outside the hospital – this could be technology based (which could potentially be provided in a range of different languages) or tear off maps. QR codes could be used to enable digital access to information
- Provide information online about different ways people can get here, site maps and details about accessibility so that people can orientate themselves before they come
- Use big screens with rotating content to provide a range of information in different languages where appropriate
- Provide touch screens which allow visitors and patients search and find information in their language i.e. Auckland International Airport
- Simplify and reposition hospital directories near to the main entrance door
- Provide information about opening and closing times at each entrance and alternative entry points
- Increase signage for toilets and refreshments
- Upgrade toilet facilities. Include a 'Changing Place' toilet – with change facilities large enough for an adult

- Use more universal and visual symbols that relate to the service being provided
- Use larger font and a consistent look and feel
- Increase the use of colour and artwork to help people to orientate themselves – consider coloured lines and footprints
- Improve accessibility by decreasing gradients for ramps and considering the needs of people with a wide range of impairments.
- Increase colour contrast and repaint faded lines on the roads and pavements to make it easier for people with a visual impairment to navigate
- Consider the introduction of assistive technology such as spoken word site navigation
- Ensure signage to, from and at drop off points is clear
- Better information for people using public transport

Recommendations specific to Waitakere

- Replace signage at the drop-off point to make it clearer who can use it
- Provide pay machines in the car park
- Review location of existing crossings and make them a consistent colour
- Ensure all wards and services have clear signage at their entrances
- Replace or remove existing symbols and use arrows to navigate patients and visitors to wards or services
- Review and upgrade the baby change facilities

Recommendations specific to the North Shore Hospital

- Improve signage to Outpatients and the Elective Surgery Centre which continue to be challenging services for people to find
- Ensure mobility parking spaces are close to the main entrance and improve signage to access ramps
- Provide occasional seats or seating areas for people to be able to take a break if they have a long distance to walk
- Clearer signage for taxi rank

Introduction

A wayfinding policy has now been endorsed and work is currently underway to manage the installation of external signage at Waitakere, North Shore and the Mason Clinic. However, there is still a lot of work required to consider internal signage and accessibility issues around the hospital sites.

In October and November 2016, as part of the Waitemata DHB Listening Week, site walkabouts with community members were organized to explore issues, particularly around accessibility and language barriers.

Community involvement

An initial session was held with the Waitemata Youth Advisory Group at Waitakere Hospital. In addition to that, two sessions were arranged for each site with a mixture of working days, an early evening and a Saturday morning to allow a mixture of community members to attend including those who might be working during the week.

Community members were recruited through a range of approaches to try to gain a mixture of perspectives from people who are regularly engaged with the DHB and those who are not:

1. Reo Ora Health Voice members who had identified as having a disability
2. Consumer representatives who had shown an interest in the Waitemata 2025 facilities work
3. Health Links
4. Personal contacts

In addition, Green coat volunteers were invited to participate as either members of the public on a site they are unfamiliar with or as observers at their usual hospital site.

Each event had between 6-8 community members and 4-5 members of staff who acted as observers. Interpreters were provided for Korean and Chinese speaking community members. Each member of staff observed between 1-3 participants at each event depending on the number of attendees and observers. An additional session was held with a partially sighted person at Waitakere Hospital.

Participants were given a scenario to find a specific place within the hospital, starting their journey from either the car park or the bus stop, and they were given other tasks to carry out while they were there, for example, finding refreshments, toilets, the pharmacy or paying for parking. Participants were asked to reflect on the things that helped them to find their way and what didn't.

There was then a group discussion with participants over light refreshments to collate feedback, identify common issues and discuss possible solutions.

Who participated

- A good age range from youth to older adults.
- A mixture of ethnicities including Chinese, Korean, Congolese, Pacific People and European.
- People with a range of impairments – mobility, autism and partially sighted.

Key findings and recommendations

Getting in and out of the hospital

Getting into the hospital for people with mobility impairments or pushchairs was felt to be challenging: ramps were felt to be quite steep for those with limited mobility and it was felt that there should be a flat covered walkway from the car park. However, once inside the building, railings throughout the hospital (North Shore Hospital particularly) were appreciated. For those with a visual impairment, it can be particularly difficult identifying entrance ways and having enough tactile or visual contrast to identify the edge of pavements or the start of crossings.

Drop-off points were not felt to be well signed outside the main entrance so some participants missed these and others felt that it was unclear where they should go once they had dropped off their passenger.

There were no signs to public transport from the hospital or advice about taxi services for those who were not travelling by car.

The signs on arrival were not felt to be very welcoming and friendly – there are more messages about not smoking or immunization rather than confirmation that people are in the right place or being welcomed.

Finding their way within the hospital

At both hospitals, there was a common theme that the signage was inconsistent in relation to colour, font sizes and styles. Many signs were felt to be too small to read from a distance. It was also noted that there were many temporary signs which made the sites cluttered or took the focus away from ward signs. Signage above people's heads was often missed. Arrows pointing people in the right direction were insufficient.

Signage for amenities such as toilets and refreshments were limited in most cases although the ESC café was the exception which was felt to be better signed than the ESC itself.

At both sites, participants felt that they would be likely to ask for help either from volunteers or from the reception desk as it was difficult to know how to start their journey. It was felt that signage confirming who to ask for help was lacking.

Once they found the ward or unit, signage to help them find their way back to the entry point they used was limited and there were a number of comments that once people were outside they could orientate themselves but that this was difficult when they were inside the building. Colour contrast on the wall or floor outside a ward or service was suggested as an aid, particularly for partially sighted people to know they had arrived.

Language barriers made it difficult for those who weren't confident English speakers – there were limited icons and relevant visual signs and there was no information in any languages apart from English. There were some Maori translations or words, but these were not used consistently

Where there are directories, they are not often comprehensive or easy to follow.

Many participants felt that the corridors all looked the same so it was difficult to orientate themselves. For long journeys in particular they would have preferred more ongoing signage or the use of colour or artworks to help provide markers such as lines on the wall or footprints. For those who were partially sighted, they would prefer greater contrast in colour (bright colours such as fluorescent or orange work best for some people) or assistive technology (eg audio broadcasts at key points) to help them be able to navigate their way around the building.

Other comments

The markets were felt to provide a nice atmosphere for staff, patients and visitors.

There is an app used by some blind or partially sighted people in New Zealand called BlindSquare (it is only available for i-phone at the moment but apparently android versions are coming). The app is currently available in English and a number of European languages plus Russian, Arabic and Japanese.

“BlindSquare is the World’s Most Popular accessible GPS-app developed for the blind and visually impaired. It describes the environment, announces points of interest and street intersections as you travel.”

www.blindsquare.com

BlindSquare could be used as technology to assist blind or partially sighted people around with the introduction of iBeacons which transmit information either inside and outside buildings to aid navigation (eg identifying where doors or stairs are).

Overarching recommendations

- Welcome signs on arrival and signage for reception desks and the volunteer desks using the universal symbol for information. Reposition the volunteer desk to be more visible
- Provide some information on arrival in different languages
- Increase the use of maps within and outside the hospital – this could be technology based (which could potentially be provided in a range of different languages) or tear off maps. QR codes could be used to enable digital access to information
- Provide information online about different ways people can get here, site maps and details about accessibility so that people can orientate themselves before they come
- Use big screens with rotating content to provide a range of information in different languages where appropriate
- Provide touch screens which allow visitors and patients search and find information in their language i.e. Auckland International Airport
- Simplify and reposition hospital directories near to the main entrance door
- When entry points are closed (eg out of hours), provide information about where to go
- Increase signage for toilets and refreshments
- Use more universal and visual symbols that relate to the service being provided
- Use larger font and consistent look and feel
- Increase the use of colour and artwork to help people to orientate themselves - – consider coloured lines and footprints
- Increase colour contrast and repaint faded lines on the roads and pavements to make it easier for people with a visual impairment to navigate
- Consider the introduction of assistive technology such as spoken word site navigation
- Ensure signage to, from and at drop off points is clear

Waitakere Hospital specific findings

Getting in and out of the hospital

Finding a space to park was a real challenge for participants. Participants felt that there should be site maps within the car park and that a pay machine should also be located there. The pay machine by the main entrance was easy to miss on the way out as it wasn't clearly labeled.



The drop-off point states that it is for emergencies only which leads to confusion about whether it is the drop off point for the Emergency Department. The drop off area was not spotted by many participants and once a passenger has been dropped off, it was not felt to be obvious where to go to park. Signage for the public car park should be bigger.

Some participants felt that there should be a covered walkway from the public car park to the main entrance. There were several comments that the crossings were not all in logical positions. One person was confused by the red crossing by the Emergency Department.



The sitemap was not obvious – even on foot - and could be located in a better place. The lettering on it is very faded.

Participants found it difficult to know which the Main Entrance was and which departments they could access via which door. The participants coming by bus or on foot found the main entrance more by following other people than by signs. They felt that signs should be bigger. This should be helped by the new external signage but could be supported by additional maps and guidance in patient letters. They felt it was odd that there was no C on the main entrance to be consistent with the other entrances being labeled. There were some suggestions that coloured lines would be helpful for them to find the right entrance.

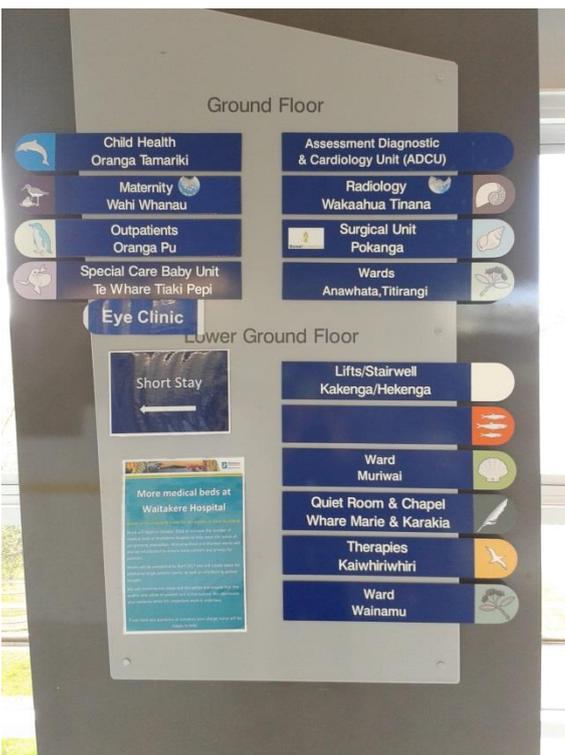


The main entrance was thought to be confusing as there is a lot of clutter (pay machines, poles, side doors, umbrella bags) and signage on entry doors is not welcoming – for example, there are more signs telling people not to smoke.

Doors A and B are closed at the weekends and the corridors are blocked off but there is no information about alternative entries or exits.

Finding their way within the hospital

Most participants asked staff where to go as there was no obvious signage. They might have asked volunteers but there were none available on any of the days. Those who did spot the signage felt that it was too small and too far away from the main entrance.



Participants found the symbols on the signs confusing. They would have preferred arrows to symbols and while some thought they were attractive, they were generally felt to not be relevant to the wards or areas they were linked to. Those who didn't speak English well found it particularly difficult to follow and found that the ward name also not relating to the service added to the confusion.

Some participants including native English speakers did not understand the words used to describe the services eg Outpatients.

Participants felt that the main signage points contained too much information which added to the confusion. Some wards or departments were missing from the main wayfinding signs eg Rangitara Ward, Pharmacy. There were temporary signs that were more obvious than the original signs and some of these covered words from existing signs.

Participants felt that it was not clear which floor they were on.

Some participants felt that it would have been helpful to have had more signs reassuring them they were going in the right direction. It was difficult for some participants to know when they had arrived at some wards or service as there was no clear sign above the door, eg Radiology.



Participants who used the stairs to go to the lower floor found it particularly confusing to come into an area filled with kitchen trolleys.

Many participants found it difficult to find their way back to the main lobby area after visiting the ward or service but some found that coloured walls and artwork helped them to orientate themselves.

Other comments



Participants liked the gardens, sculptures and greenery outside the hospital. There were also comments that the courtyard helped to provide that and made the main area feel light and airy.

Youth in particular commented on how welcoming and colourful the children's area was with art on the walls and felt that more colour around the hospital would be beneficial. Youth also liked the couches and play area in the maternity area and suggested that there should be children's play areas in more of the wards – even in the older adults – for children accompanying visiting adults.

The baby change area in the main lobby was welcomed but the facilities provided were not felt to be ideal. The participant felt that it would be good to have something to hold the baby down, a separate bin for nappies, a toilet in there (as it is difficult to get a pram into the other small cubicles), a hand sanitiser and a better chair for breastfeeding.

The corridor leading to the toilets was felt to be very dark and uninviting.

The accessible toilet door was felt to be appropriate for those in wheelchairs.

There was positive feedback about what was provided in the café but the shop was felt to be lacking goods that people might wish to buy for patients eg reading material, gifts, games.

Recommendations specific to Waitakere

- Replace signage at the drop-off point to make it clearer who can use it
- Provide pay machines in the car park
- Review location of existing crossings and make them a consistent colour
- Ensure all wards and services have clear signage at their entrances
- Replace or remove existing symbols and use arrows to navigate patients and visitors to wards or services
- Review and upgrade the baby change facilities and toilets

North Shore Hospital specific findings

Getting in and out of the hospital

The drop-off area was not spotted by all participants and once a passenger has been dropped off, it was not felt to be obvious where to go to park. Some people commented that it was not clear that the drop off was only temporary parking. It is difficult to find the entrance to the car park and a bigger sign on the outside of the car park was suggested to help this.



Mobility parking was felt to be adequate but it was felt to be a long way to go from the park to the main entrance and the ramp was quite steep. Signage from the mobility parking spaces was limited and it was suggested that a painted symbol would be helpful to identify the route.

Finding the way to the ESC was felt to be particularly difficult and the signs to the café were felt to be more obvious. There was a small sign directing people to use the crossing but there was no pedestrian crossing.

It was confusing knowing which entrance to go to so most would default to the main entrance whereas using the right entrance would have made the journey shorter.

Signs between the main entrance and the bus stop were felt to be lacking and the sign to the taxi rank was not obvious.

Paying for parking seemed straightforward to most participants – they had either spotted the machine on their way in or they went to the car park and paid there.

Finding their way within the hospital



The receptionist desk was felt to be pointing in the wrong direction which was away from the direction that people needed to go into – it was felt to be more helpful if the receptionist could point straight ahead. The volunteer desk came after the receptionist which was felt to be the wrong way round. It was suggested that the volunteers could have a communication board with symbols to help those who have language difficulties. Some felt that the volunteers should stand out more as the green blended in too much with our WDHB colours – perhaps with yellow vests or with 'Volunteer' or 'Ask Me' written on them. It was not clear to all participants what their role was.

It was felt that the buildings and wards were quite scattered and that it was a long way to go in some instances. Information about how far people needed to travel was suggested as being helpful. Seats along the route would also be beneficial.

Digital maps, directories and online information or apps were felt to be helpful to guide people through the site.

Some wayfinding signage did not list the wards or services in alphabetical order which was felt to be difficult to follow. Some signs were particularly confusing with arrows going in different directions. Lakeview Cardiology having its own symbol was felt to be inconsistent. There is a sign for a public telephone but no telephone.



The Outpatients department was felt to be more confusing having more than one reception and there was no signage within the department for toilets or exits. There was a green-coloured public toilet sign outside the Outpatients department but this was felt to be confusing with the exit and fire exit signs.

Using letters within the Hine Ora Ward (A, B, C, D...) was felt to be helpful.

Following feet or coloured lines was also suggested by some but others commented that signs on the floor could get confusing because it can get so busy.

Other comments

Having toilets and an ATM in the main entrance was seen to be helpful. However, comments from participants were that the toilets were grubby and quite small and crowded including the mobility toilet. It was felt that the doors were too heavy.

Having access to a water cooler would have been helpful.

Railings throughout the building were commended as being well located and at a great width and height. An older person using a walker found it difficult getting into the main entrance due to a small lip on the door. She also found it difficult getting on and off the crossings through the yellow tactile paving and across some roads due to the gradient of the slope.

A participant commented that she thought the wet umbrella bags was a great idea.

Recommendations specific to the North Shore Hospital

- Improve signage to Outpatients and the ESC which continue to be challenging services for people to find
- Ensure mobility parking spaces are close to the main entrance and improve signage to access ramps
- Provide occasional seats or seating areas for people to be able to take a break if they have a long distance to walk
- Improve toilets in main Reception area.