

INTERNAL ONLY
ISLHD PROCEDURE
COVER SHEET



Health
 Illawarra Shoalhaven
 Local Health District

NAME OF DOCUMENT	ISLHD Wayfinding Audits
TYPE OF DOCUMENT	Procedure
DOCUMENT NUMBER	ISLHD OPS PROC 110
DATE OF PUBLICATION	July 2020
RISK RATING	Low
REVIEW DATE	July 2025
FORMER REFERENCE(S)	ISLHD OPS PROC 110 - Revision 1
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Executive Director of Medical Services and Clinical Governance Unit
AUTHOR	ISLHD Diversity Health Coordinators
KEY TERMS	Consumer, Auditor, Audit team, Wayfinding
FUNCTIONAL GROUP	Clinical Governance
NSQHS STANDARD	Standards 1.31 and 2.11
SUMMARY	<p>The way-finding audit aims to identify and reduce barriers within facilities so that our signs are easy to use and understand.</p> <p>This document provides Site, Service and Quality Managers with governance processes and audit tools to conduct a Way-finding audit with consumers and partners.</p> <p>This policy is in keeping with:</p> <ul style="list-style-type: none"> - The Australian Commission on Safety and Quality Standards (version 2); -The Health Literacy Framework : A guide to Action (Clinical Excellence Commission, 2019).

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

This document is the intellectual property of Illawarra Shoalhaven Local Health District. Content cannot be duplicated without permission.

Feedback about this document can be sent to ISLHD-Policies@health.nsw.gov.au

1. POLICY STATEMENT

The intent of this policy is to use consistent processes to partner with consumers to create signs and navigational cues that are easy to use and follow when accessing and navigating through our health services.

2. BACKGROUND

Thirty percent of first time visitors to a hospital report getting lost. (Deloitte Digital, 2015). Our physical environment affects people's behaviours and emotional responses (Ministry of Health, 2014).

It is important for health organisations to partner with consumers to:

- Identify barriers to access user friendly signage
- Create useful wayfinding cues to reduce consumer anxiety, confusion and dissatisfaction
- Make improvements to our health environment so that our services and sites are easy to access and navigate through

ISLHD's Wayfinding Program is aligned with the: *Australian Commission on Safety and Quality Standards 1 and 2* (version 2, 2017); *NSW Health Literacy Framework: A guide to Action*. (Clinical Excellence Council, 2019) and NSW Health Guideline GL2014_018 'Wayfinding for Healthcare Facilities'.

DEFINITIONS:

Consumer: is a service user, carer or organisation representing a service user's interest.

The ISLHD Way-finding program: is a district wide approach that assists our consumers to make their way to their intended service, ward or appointment.

The ISLHD Way-finding audit is a:

- Live audit conducted at hospital sites
- Survey conducted over 2 weeks for Integrated Care Services.

The Audit team: Staff, Manager and Consumers who conduct the live audit. They together check signage at our site's/service's entrance, wards, parking areas and amenities. These teams discuss what signs are useful and which are not. Together they make recommendations and develop an action plan for that site or service.

An Auditor: is a member of the audit team.

3. RESPONSIBILITIES

3.1 Site Managers/ Directors of Nursing

The role of the Manager is to:

- Walk with consumers during Way-finding audits to measure the effectiveness of our visual cues from the consumer's perspective
- Explain to the audit team their role in the wayfinding audit
- Lead discussions after the audit with consumers and staff. The purpose of this discussion is to identify which signs and cues were useful and which were not. The manager works with the audit team to develop and complete an action plan for their site/service.

- Ensure the Way-finding action plan is completed over 3 years
- Report to the Hub / Site or Service's Patient Safety and Quality Committee and Standard 2 Committee of the way-finding action plan's progress
- Ensure Way-finding improvements are communicated to staff in the Rounds
- Ensure consumers are thanked for their involvement in the audit
- Ensure consumers receive results of the audit in a way that is appropriate to them

3.2 Quality Manager / Designated Staff

The role of the Quality Manager/ Designated Staff is to ensure:

- Consumers are recruited using [ISLHD OPS F 639 - Wayfinding Invitation Flyer](#).
- Consumer auditors understand their role as a Way finding auditor.
- Appropriate ISLHD cultural and /or linguistic supports are available to consumers:
 - Who are Deaf
 - English is not their preferred language
 - From Aboriginal and Torres Strait Islander backgrounds
- They participate in the audit
- They welcome the audit team
- They work with the audit team to look at practical ways to make improvements to navigational and wayfinding cues
- Individual consumer comments are recorded in QARS
- The agreed wayfinding action plan developed with consumers is entered in QARS.
- The way-finding action plan is regularly reviewed at Standard 1 and Standard 2 Hub/Service Committees

3.3 Consumers

The role of the consumer is to provide health staff with feedback about:

- First impressions coming to and entering the health facility
- The ease of locating specific wards or service
- Suggestions to address barriers identified

As part of the audit team, the consumer works with the manager and staff to develop an action plan for the site or service.

4. PROCEDURE FOR HOSPITAL SITES

4.1 When planning a Way-finding audit at your site consider the following:

- Who are the consumers you would like to include in the audit team and why
- Recruiting 5-8 consumers to join the audit team
- Date and time the audit will take place
- Supports your consumers may need to conduct the audit. i.e. Interpreter, Principle Aboriginal Health Worker and/ or community organisations (i.e. Dementia Australia)
- Use of staff observations, complaints or incidents to help identify target / priority issues that the wayfinding audit will address
- Where you plan to meet your audit team prior to the audit (e.g. at the front entrance of your site)

Wayfinding Audits within the ISLHD

ISLHD OPS PROC 110

- Inform your audit team it will take 1.5 hours in total (45 minutes for the audit and 45 minutes to develop the action plan)
- Organise a room to discuss audit findings and to develop the action plan
- Organise light refreshments

4.1.2 On the Day of the audit

Managers should ensure the following information is available for the consumers participating in the audit:

1. Clipboards
2. Pens
3. An attendance list [ISLHD OPS F 640 - Wayfinding Audit Attendance Sheet](#)
4. Printable hospital version of wayfinding audit [For Hospitals](#). Print one per person attending the wayfinding audit
5. A room to discuss findings and develop a wayfinding action plan
6. The action plan template [ISLHD OPS F 641 - Wayfinding Action Plan](#)
7. Light refreshment

The audit is made up of three parts. Use the following instructions when conducting any Way-finding Audit.

Part A: First Impressions are Important. Managers should:

- Greet consumers, thank them for their participation and explain how the audit will be carried out
- Describe the scenario outlined in Part B and explain why they have chosen this scenario (i.e. due to an incident, staff observation, complaint etc.)
- Explain that each consumer will be accompanied by a staff member. Consumers can choose if they would like to complete the survey alone or require a staff member to write what they say
- Explain that Part A is completed when you complete questions 1-14
- Explain the agreed time and place to discuss the findings of audit.

Part B: Finding a Particular Ward or Service

- Consumers are given real life scenarios and asked to find their way to their allocated ward / service
- The consumers should identify decision wayfinding cues that aid or hinder them to get to the intended ward/service
- The consumers should record issues and notes under question 15 of the audit tool
- Alternate solutions to aid navigation are also noted under question 15

Part C: The Action Plan

- Consumers, Managers and staff discuss what decision wayfinding cues are useful for our consumers and which are not
- The Manager should lead this section and together with the audit team develop an action plan
- The wayfinding actions should be recorded on the Wayfinding Action Plan Template [ISLHD OPS F 641 - Wayfinding Action Plan](#).

4.1.3 Following the Audit

The Manager ensures that:

- The action plan is progressed within an agreed time
- The individual surveys completed by the consumers are entered into ISLHD's Quality Audit Report Systems (QARS)
- The action plan is loaded onto QARS and is routinely updated
- Progress of the site / service way-finding action plan is reported to the appropriate Hub's/ Services Peak Clinical Governance Committee
- Way-finding Audit outcomes are communicated to:
 - Staff through 'The Rounds' newsletter
 - Consumers through ISLHD's 'Health in Focus' publication.
- When the Way-finding actions are completed, the consumers are invited back to showcase the changes made to the site or service

The Health Literacy and Diversity Health Coordinator ensures that:

- An annual Wayfinding District report is completed in November. The annual report outlines:
 - Number of Way-finding audits conducted across the District
 - Outcomes, including improved way-finding processes, information and signs at sites and services that help consumers to find their intended ward or appointment.
- The annual report is sent to the District Partnering with Consumers Standard 2 Committee for formal tabling and discussion.

4.2 Procedure for conducting wayfinding audits for ISLHD Integrated Care Services (ICS)

Managers should ensure the following information is available for the consumers participating in the audit:

1. Clipboards
2. Pens
3. An attendance list [ISLHD OPS F 640 - Wayfinding Audit Attendance Sheet](#)
4. Printable hospital version of wayfinding audit [For Hospitals](#). Print one per person attending the wayfinding audit
5. A room to discuss findings and develop a wayfinding action plan
6. The action plan template [ISLHD OPS F 641 - Wayfinding Action Plan](#)
7. Light refreshments

The Site Manager

The Site Manager discusses with Quality Manager and /or Designated Staff:

- When to conduct to ICS Wayfinding survey (i.e. 2 week snapshot)
- Which consumers to engage with (i.e. first time service users, mixed group) and why

Staff will:

- Print Wayfinding audit tool called [For Integrated Care Services](#)
- Staff ask at least 20 consumers to complete the survey.

The Quality Manager will:

- Input the consumer's individual surveys into QARS
- Evaluate surveys and identify areas needing attention
- Call a meeting with the manager, staff and 2-5 consumers to explore ways to address way-finding issues identified in the audit and develop an action plan.
- The wayfinding actions are recorded on the Wayfinding Action Plan Template [ISLHD OPS F 641 - Wayfinding Action Plan](#).
- Upload the Wayfinding Action Plan into QARS
- Table and discuss the Service's way-finding action plan at ICS Standard 2 Partnering with Consumers Committee.
- Routinely update progress made in the wayfinding action plan on QARS
- Report progress of implementation of action plan to the Hub's/ Services Peak Clinical Governance Committee
- Ensure that way-finding audit outcomes are communicated to:
 - Staff through the 'The Rounds' newsletter and staff meetings
 - Consumers through ISLHD's 'Health in Focus' publication.
- Invite consumers to re-visit service / facility once actions are completed. This will show case changes made and the positive impact of the audit and of the participation of consumers as members of the audit team.

Reporting

The Health Literacy and Diversity Health Coordinator ensures that:

- An annual Wayfinding District report is completed in November
- This report outlines:
 - Number of Way-finding audits conducted across the District
 - Outcomes, including improved way-finding processes, information and signs at sites and services that help consumers to find their intended ward or appointment
- The annual report is sent to the District Partnering with Consumers Standard 2 Committee

5. AUDIT:

ISLHD Way-finding audits will be conducted with consumers:

- Every three years
- When relocating services
- When redesigning facilities

6. REFERENCES

Commonwealth Disability Discrimination Act (DDA) 1992
Disability Discrimination ACT 1993
Disability Inclusion ACT 2014
ISLHD Disability Action Plan 2014-17
ISLHD Health Literacy Framework 2012-2015
National Safety and Quality Health Clinical Standards Standard 2 "Partnering with Consumers"

NSW Disability Inclusion Act 2014
NSW Refugee Health Plan 2012-2016
NSW Health Standard Procedures for Working with Health Care Interpreters PD2006_053
Interpreters - Accessing Health Care Interpreters Service (HCIS) in Mental Health MENT-H OPS BR 12
Wayfinding for Healthcare Facilities Doc No.: GL2014_018
When to Call an Interpreter - (Northern Illawarra) - Factsheet and Flowchart ISLHD DOC 32
When to Call an Interpreter - (Shoalhaven) - Factsheet and Flowchart ISLHD DOC 33

7. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
March 2017	0	ISLHD Diversity Health Coordinator Draft for comment November 2016 Approved for publishing Clinical Governance Committee February 2017 Published March 2017
July 2018	1	ISLHD Diversity Health Coordinator Draft for comment March 2018 Approved for publishing Manager Clinical Governance Unit June 2018
July 2020	2	ISLHD Diversity Health Coordinator Draft for comment April 2020 Approved ISLHD Standard 2 committee April 2020