
19 January 2016

REPORT ON 2015 OPEN ACCESS BOARD ACTIVITY – JKWCH CONSULTATION

BACKGROUND

In order to support Board facilitated consumer and community consultation on significant Western Health projects and to comply with the DHHS open access board meeting guidelines for issuing a public invitation for discussion with the Board, it was agreed that one publically advertised meeting is held per year that aligns with an identified project/area of focus for community consultation.

A CDCAC suggestion for a project to be the focus of this publically advertised meeting for 2015/16 was approved: the build of the Joan Kirner Women's & Children's Hospital. To meet with DHHS requirements for consultation activity for this project, this meeting was held in December 2015. As well as publicising the meeting in local newspapers and on our internet, community groups, health providers and consumers involved/experienced with women's and children's health were also targeted for invitation to this event. The aim was for the full Board to attend this event which would also serve as an informative activity for Board awareness and engagement in this significant project.

STRATEGIC FIT

Open access board meetings aim to provide the public with an opportunity to participate in decision-making processes and to gain an understanding of the rationale, context and environment for board plans and decisions.

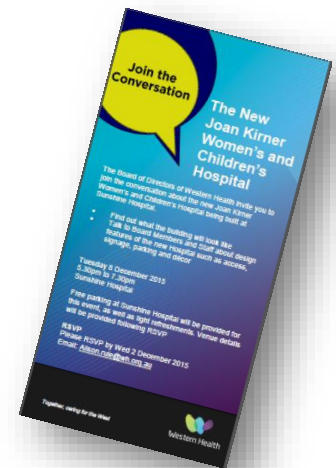
CURRENT ISSUES

The 2015 open access board activity on consultation regarding the JKWCH development was held on Tuesday 8 December between 5.30 – 7.30pm at the WCHRE. The event commenced in the WCHRE Atrium on the 1st floor.

PROMOTION

The open access event was:

- Advertised in the Weekly series of local papers to provide good coverage of the Western Health catchment.
- Promoted via personal invitations to:
 - Recent patients of the Women's & Children's Services
 - Consumers on the WH Consumer Register
 - WH Volunteers
- Promoted via engagement of CDCAC consumer members to attend and bring consumer representatives with them
- Promoted via posters in our Women's & Children's service areas
- Communicated via the WH Internet



MEETING AGENDA

The agenda for the open access board meeting incorporated listening and consultation components. The agenda included:

- Informal discussion between attendees and Board Members over refreshments at the commencement of the event.
- An introduction by the Board Chair
- A presentation on the hospital development by JKWCH Project Director Liz Maddison and Lead Architect Corbett Lyon
- Group discussions facilitated by Board Members on four questions related to the design of the hospital, covering way finding, amenities, waiting areas and patient surroundings
- General question and answer session

MEETING ATTENDANCE

Sixty-seven people attended the event. The breakdown of attendees was as follows:

- Consumers – 36 (including 5 from community groups)
- WH Board Members – 10
- WH Staff Members/JKWCH Project Team – 21

Whilst the numbers of consumers attending was positive, the promotion initiative of sending a personal invitation to recent patients of the Women's & Children's services did not attract any attendees. For a small number of invitation recipients, it caused concern that they were being requested to attend a follow-up appointment for the care of their baby/child.



GROUP DISCUSSION

The following is a summary of the group discussion on the following questions covering the design of the new hospital. The themes include additional comments in the feedback surveys completed on the night.

Question1: *It can often be confusing and stressful to easily find where you need to go when you come to a big hospital complex ... what could we do to make it easy for you to find your way into and around our new hospital on the Sunshine Hospital site?*

Responses to this question can be summarised under the following headings:

- **Main Entrance** ... the importance of clearly identifying the main entrance to the hospital was highlighted, with the point that there needs to be clear distinction for patients about whether to present at the Emergency Department or the main entrance to the JKWCH. A repeated suggestion was to use a JKWCH logo/art image that can be used as a guide to the main entrance from the car park/other parts of the Sunshine campus. The importance of using lighting to find the entrance at night was highlighted.
- **Use of Volunteers** ... the use of Volunteer hospitals guides as a good support for way finding was repeatedly suggested, although it was noted that this needs to be an additional support to good signage, particularly for presentations after hours and on the weekends.
- **Culture & Language** ... there was strong feedback on the importance of considering our cultural and linguistic diversity when designing signage/way finding mechanisms. It was noted that for people of non-English speaking backgrounds, wards being numbered rather than named can be more effective.
- **Visual Cues** ... the importance of having simple but effective visual cues for way finding as soon as you enter the hospital was emphasized. The use of bright/distinctive colours in signs and zones was suggested, as well as the use of colour lines on the floor for guidance. The use of symbols/images in signage rather than or in addition to words was highlighted, with signage at eye level also suggested. It

was noted that arrows are not necessarily helpful. It was noted that Westmead Hospital uses good models to help orientate patients and visitors.



- **IT Solutions** ... the use of IT solutions was highlighted, noting that this should be just one way finding mechanism, not the only one. A touch screen for way finding was suggested as well as directional apps. It was noted that touch screen information in multiple languages would support good way finding. Audible way finding directions were also

suggested.

- **Reception** ... the importance of having a reception desk inside the main entrance was highlighted, with the suggestion of using multi-lingual staff or at least access to multi-lingual way finding information. The availability of maps to hand over to patient/visitors was noted. It was queried whether reception desks would be provided on the different levels.

Question 2: *Patient feedback tells us that parents and partners of patients in our women's & children's services want to stay close to their loved ones and therefore would like conveniences such as food and drink and other comforts as close as possible to care areas ... **what conveniences, services or comforts do you think we should include in the new hospital?***

Responses to this question can be summarised under the following headings:

- **Diversionary activities for patients** ... the importance of diversional activity for children (patients) was noted, with suggestions including active spaces, learning areas, and access to computers with games/safe sites. The usefulness of wi-fi access for both patients and visitors was highlighted.
- **Breakout areas for families/carers** ... the importance of family areas close to patient rooms was highlighted, including the provision of facilities for overnight stay. Breakout areas for families to relax and at times do work was also noted. Along with access to wi-fi, charging stations for i-pads and phones was raised, along with desk space. A childcare centre on site was suggested. The breakout areas should be designed to accommodate the needs of family members of different ages, including those with infant children where amenities such as an area to heat up milk bottles, have privacy for breast feeding etc would be of value.
- **Food and drink** ... easy access to conveniences such as food and drink, for example water coolers/ healthy vending machines was highlighted, as well as kitchenettes or at least places to reheat food, and make tea and coffee. It was noted that the Sunshine Hospital café is too far away for easy convenience and that at least a coffee cart should be considered for the hospital. It was also noted of value for visitors to have access to some basic food items and toiletries, including culturally specific items. A trolley service provided by volunteers for these items was suggested. It was queried whether any gift offerings are under consideration for the facility.

- **Public Rest Rooms** ... access to the right amount of rest rooms in the right places was highlighted. Rest rooms need to be able to accommodate women with strollers and potentially be inclusive of nappy change facilities. It was noted of value to consider having a carer/public toilet in ward areas as currently carers need to go to a different floor to find facilities.
- **Spiritual Support** ... the importance of having prayer rooms/spiritual areas was highlighted, particularly relating to supporting patients and families who are dealing with the loss of a baby.
- **Car Parking** ... was noted to be an important issue to address, with the need for urgent drop off and parking accessibility close to the building.

Question 3: *Within any hospital setting, patients and carers can spend significant time in waiting areas. Waiting areas are often criticized for being uncomfortable and sterile and not able to meet the needs of people of different ages and diverse backgrounds ... what could we do to make the waiting areas within the new hospital comfortable and welcoming for all who need to use them?*

Responses to this question can be summarised under the following headings:

- **Waiting time management** ... the importance of communication to effectively manage the time patients need to wait was strongly highlighted. It was suggested that a form of messaging system should be considered that can provide updates on anticipated waiting times/delays etc. The usefulness of having patient paging systems was noted, particularly as it would enable them to move from the immediate environment of the waiting area.



- **Environment** ... the following were noted as important to the waiting areas to make them comfortable: enough seating, comfortable seating (particularly in maternity clinics), free water fountains, windows with views, non sterile eg use of artworks, inclusion of plants. It was noted that the environment should be accommodating for the extended family and incorporate thoughtful use of technology. Access to tea and coffee & library trolley was suggested, as well as a play area close to but not directly in waiting rooms.

Question 4: *Patient surroundings can make a difference to their experience of care. For example, the best designed children's wards provide interest, colour and a sense of discovery, to help bring some relief for the children ... what could we do to add interest and colour to the surroundings in our new hospital?*

Responses to this question can be summarised under the following headings:

- **Use of colour** ... careful consideration of the use of colours was highlighted. It was suggested that people could be engaged in the identification of appropriate colours. For example, in the design of Brisbane Hospital, the community were engaged in a conversation about the use of colour with interesting results eg the majority of adolescents didn't like the colour blue on walls in hospital. As noted in responses to

question 1, the use of bright/distinctive colours to identify zones was suggested. It was highlighted that the use of colour in children's care areas needs to be mindful of the fact that adolescents also use these services.

- **Use of artworks** ... the considered use of artwork was a strong feature of group discussions. Artwork would not only provide areas of interest within the facility but could also create a feeling that the space belongs to/is tied to the culture and heritage of the community. It was noted that in Canberra Hospital and in some museums there are projections on the floor that can engage children in games. It was suggested that a portrait of Joan Kirner be incorporated in the entrance to the new building and that local artists are involved with the artwork.
- **Garden spaces** ... it was suggested that in limited spaces, vertical gardens could be considered. Also in the planned garden areas, the usefulness of seating and activity benches was raised.

ATTENDEE FEEDBACK

Attendees were invited to complete an evaluation questionnaire before leaving the meeting.

41 attendees completed the questionnaire. This included 25 consumers, 5 community organisation representatives, 2 board members and 9 staff.

There was a positive response on the value of the meeting as demonstrated by the following results:

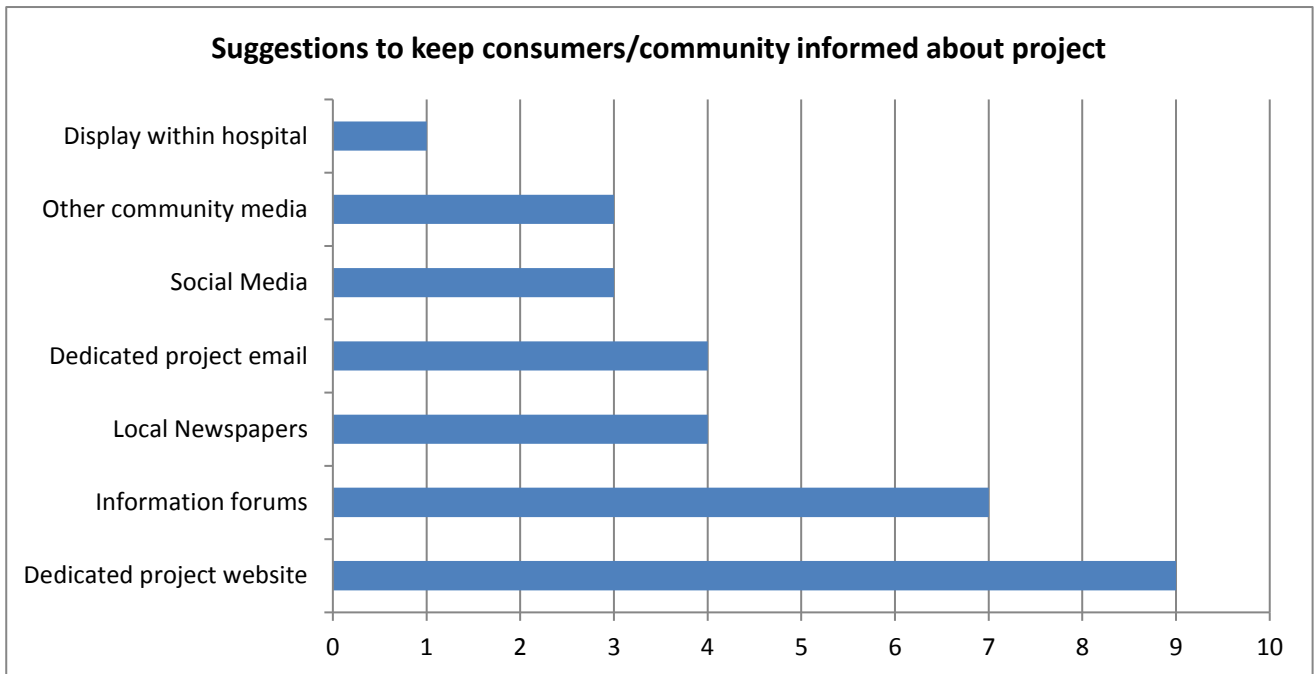
- 41/41 (100%) of respondents thought the focus of the meeting on the development of the Joan Kirner Women's & Children's Hospital was good or excellent
- 41/41 (100%) of respondents felt that the way the meeting was structured (presentation, group discussions, general Q&A) was good or excellent.
- 41/41 (100%) of respondents rated their opportunity to contribute to discussions or share their thoughts as good or excellent
- 36/41 (88%) of respondents felt that the time of the day we held the meeting was good or excellent
- 40/41 (98%) of respondents felt that the venue we used was good or excellent.



The surveys included a section on comments or suggestions on how we can keep consumers and the community informed about the development of the new hospital.

As indicated by the graph on the following page, a dedicated project website was the most suggested mechanism to keep consumers and the community informed about the development of the hospital. A dedicated project site on the WH Internet is planned to be operational in February 2016.

Information forums were highlighted, with the suggestions that these could go to the community ... potentially to community groups who may have a particular interest in women's & children's services.



Fifteen consumers noted that they would be interested in being invited to further forums on the development of the new hospital. Their details will be forwarded to the Project Team.

Author of paper:

Alison Rule, Director Corporate Governance and Planning

Assunta Morrone, Manager Cultural Diversity & Community Participation