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Mr [REDACTED]
Director, Project Delivery | Infrastructure Management and Maintenance
Email: [REDACTED]

Dear [REDACTED]

Re: Draft Signage Manual for Canberra Health Services

Thank you for the opportunity to provide consumer feedback on the Draft Signage Manual for Canberra Health Services. Firstly, I want to thank you and the team for coming to speak to our Accessibility and Design Consumer Reference Group on 13 August. It provided us with an excellent opportunity to share with members the approach you are taking and to identify areas that may require further consideration.

HCCA has many years of experience engaging consumers and supporting consumer participation in infrastructure. We have been involved with the development of signage and wayfinding at Canberra Health Services since the Capital Asset Development Program in 2008. More recently we have been focusing on environmental health literacy with the introduction of the First Impressions Program.

HCCA acknowledges the previous and ongoing design work by Anne Gordon Design and considers this to address many of the elements that meet consumer needs. The coloured signs to identify buildings were welcomed and supported by consumers as were external signs that identify key locations and use distance indicators to help people find their way.

If a wayfinding strategy truly works consumers will arrive at their destinations less stressed and anxious and more likely to be on time. Staff will spend less time providing directions and explanations. Good wayfinding benefits consumers and other visitor to the facilities as well as staff. Signage is an extremely important part of wayfinding.

Based on our experience and targeted consultation with individual members and member groups we have identified opportunities to improve the approach. Our comments are under the following headings:

1. The need for a coordinated and consistent approach across CHS
2. The use of words
3. The use of icons and maps
4. Locations
5. Accessibility

6. Other comments

In providing feedback, HCCA has an expectation that a response will be provided by you which lets us know how our feedback has, or has not, been incorporated into your work. While we understand that our feedback may not always influence your work, an important part of consumer partnering is the two way flow of information. We are accountable to our members for reporting back to them about the results of our advocacy.

Please contact [REDACTED] or [REDACTED] if you wish to clarify any aspect of this feedback. We look forward to your response, and continuing to work with you to refine the approach to signage and wayfinding.

Yours sincerely

[REDACTED]

[REDACTED]

Executive Director
30 August 2019



Comments on the Draft Signage Manual for Canberra Health Services

HCCA has consulted with individual members and member groups about the draft Canberra Health Services (CHS) Signage Manual and Strategy and have identified opportunities to improve the approach.

Our comments are under the following headings:

1. The need for a coordinated and consistent approach across CHS
2. Words
3. Icons and maps
4. Locations
5. Accessibility
6. Other comments

1. The need for a coordinated and consistent approach across CHS

Signage does more than give directions, it is also a part of the organisational branding and the consumer experience of care. After one First Impression's activity a consumer stated that she 'wouldn't trust the care' given by the health centre. She had based her impression on the state of the website and how confusing she found the signage.

We want a coordinated and consistent approach to signage and wayfinding across CHS so that everyone can move around facilities easily. The Anne Gordon designs provide a strong basis for this, but there is a need to connect this work to the other ways that the health services communicates with consumers. This includes the wayfinding function on the kiosks, letters to patients about appointments, website, inpatient guide and the directions staff give to consumers over the phone.

Testing signage and wayfinding with consumers including words, concepts and icons would strengthen the approach. We would like to see a policy and process developed similar to the one for patient handouts, which specifies that all patient-facing information must be reviewed by consumers, and consideration given to establishing a committee to approve signage and include consumer testing.

A similar committee or process to the Consumer Handout Committee could be set up to test and embed good wayfinding. At the Consumer Handout Committee all consumer handouts are reviewed against a checklist for designing consumer-friendly

health information. A similar process could be established identifying how many consumers tested new signs, including placement options, for accuracy, consistency and meaning.

Temporary signage is necessary in a dynamic environment. This is particularly the case at Canberra Hospital with the building work that will take place on the campus in the coming years. We would like to see a guide for staff on elements to consider when designing temporary signage. This would include reminders for practical tips such as covering arrows that point to a location that can no longer be accessed from that direction.



Figure 1 Example of temporary signage at August 2019.

Consumers ask where is lift 16A and in what direction? Is lift 16A named that on the lift?

We would like to see **signage and wayfinding extend to wards** as consumers have raised with us that the inconsistent signage and bed numbering across Canberra Hospital is confusing.

2. Words

Any new signs created should use the most simple, familiar term rather than the medical or staff term. This can be determined with consumer testing. Staff may find this difficult if they are used to using a term like Ophthalmology rather than Eye Clinic but simplification will support staff too, especially those for whom English is not their first language, or have literacy difficulties. They will spend less time giving directions. We do not support the use of acronyms as they are not easy for consumers and other visitors to the services to understand.

These are some examples that have been pointed out in feedback, however a complete review of language used in signage and the creation of a concrete convention for ongoing guidance would be beneficial. HCCA would be able to facilitate a workshop with consumers to test language for signage. HCCA proposes the following familiar words be used

- **Clinics instead of Outpatients:** Outpatients is a very familiar word to staff but not necessarily to consumers. Outpatients is a collection of clinics. There are over 100 different Outpatient clinics across CHS. This sign could say: Central Clinics. This would easily fit on the sign. If this is not accepted HCCA recommends using the complete term Central Outpatients. There is no need to use the word Department.

- **Main Reception instead of Patient Enquires:** HCCA recommends that the Main Reception area be labelled as such rather than "Patient Enquiries" (as pictured in the consultant's draft manual). The reception area answers many diverse questions. Reception is a familiar term. An 18-year-old consumer looking for a clinic at the hospital reported to HCCA that they didn't see themselves as a patient and didn't think this would be welcoming sign for them.
- **Children instead of paediatrics:** While HCCA understands that the Centenary Hospital for Women and Children is outside the scope of the Signage Manual we strongly recommend that signage at Centenary is reviewed. At other hospitals in Australia (e.g. Royal Children's Hospital in Melbourne) all signs refer to children or adolescents, the word paediatrics is not used.
- **Multistorey Carpark instead of Southern Multistorey carpark:** Consumers tell us the shorter version is the one that is used.
- **We want to see consistency in the use of names** for areas. For example one sign says 'Oncology /Haematology' while another says 'Oncology/Haematology inpatients'. They seem to reference the same area. HCCA suggests simplifying when you can and use the name of an area consistently across signs. In the best possible world this sign might say Cancer Ward/ Blood Disorders.

We would like to see **the text for signs tested with consumers for meaning**. The signs for Building 11 are confusing so provides another barrier to effective wayfinding.



Consumers tell us that when they read this sign, the comma placement leads them to believe that Level 1 uses the colour orange for identification. Orange is the colour for the

whole of the building. Colour identification is a key part of the wayfinding strategy so needs to be effectively highlighted.

This sign could better say:

You are on Level 1.
Building 11 uses colour orange for identification.

3. The use of icons and maps

HCCA is told that after a consumer is confident they know where to go, many look for cafes. HCCA would like to see consideration be given to including the café icon in relevant signs. Icons for ATMS, parent rooms, wheelchair access would also be helpful.

Consumers also tell us they look early in their journey for toilets. At points where corridors cross, there is a lack of signs to toilets. Corridor crosses are a key decision point in a journey. We would like to see icons for public toilets and cafeterias built into more signs at all decision points.

Maps are an important wayfinding aid. There are a number of suggestions we have to enhance the value of maps across CHS.

- add the Multistorey carpark to the coloured building map to help with orientation
- all map signs use the building colour coding and numbers found on the map on page 1.5.
- maps be placed at each level of the Multistorey carpark, Yamba Drive car park, bus stops on Hospital Road and the carpark behind National Capital Private Hospital.
- decision points be identified by consumers and maps placed at these locations.
- have wall mounted maps more frequently through the campus
- paper maps be available at receptions across the health facilities.



The simple coloured maps are helpful for people to understand the different buildings and the way they connect. HCCA suggests that a further help with orientation would be to add the Multistorey carpark to this map.

4. Locations

We strongly support the naming of buildings and using the names in signage. While we recognise that there will be changes in the coming years there are a number of buildings and locations that are unlikely to change in that period. For example the Cancer Centre could have a sign with the name as well as a number. Similarly the Centenary Hospital for Women and Children and the Adult Mental Health Inpatient Unit. It would also be helpful to include colour around the border of the internal entries to a new building would help identify the building.

Consumers have suggested that the main entry at the Canberra Hospital off hospital road have the words "Main Entry" prominently displayed on the building so it can be easily seen from Hospital Road.

We conducted a short poll of 20 consumers and asked them what they called the main multistorey carpark on the southern part of the campus. Every consumer

referred to the carpark as the "MultiStorey Carpark". Most people were unsure of where the Southern Multistorey Carpark was.

While the concept of the Connector or Connector Path is a key part of the wayfinding strategy it doesn't seem to have been advertised or 'sold' to people. We also asked consumers if the words "The Connector" or "Connector Path" meant anything to them. No-one knew what we were referring to. Therefore, the words "The Connector" don't make any sense on the sign below. For simplicity the sign could say "Go to level 2 for links to other buildings".



If the intention is for more signs educating people about the concept of the Connector Path (such as this one below given by the consultant in materials at the Accessibility and Design Consumer Reference Group meeting August 2019) then the one above should also say The Connector Path.



The vertical path in a consumers' journey can be as important as the horizontal. The Internal Wayfinding Strategy in the manual refers to lift lobbies as landmarks but does not mention the actual lifts. All lifts across Canberra Health Services need to state which level is reception and have a summary of relevant departments and points of interest. Stair wells also need to have adequate information to guide the consumer's journey.

5. Accessibility

Anne Gordon advised us that the work she had done was consistent with accessibility guidelines. Our view is that accessibility guidelines are the minimum standard to be met and there are still opportunities to improve signage based on feedback from people with disabilities, including people living with cognitive impairment.

The colour contrast could be examined to ensure there is high colour contrast. HCCA members with vision impairment reinforce Disability Access Guidelines and request all signs have the highest possible colour contrast. They would like to see

this categorically stated in the Signage Manual. They would also like to see larger font wherever possible.

At our meeting there was strong support for the **use of lines and other shapes on the floor**. We have spoken with colleagues at Women with Disabilities ACT and People with Disabilities ACT about this. They advised us that stripes and lighting combined on a floor can be difficult for people with a vision impairment. Based on this feedback we think there is merit in gathering more information about lines or other shapes on the floor as a wayfinding strategy in terms of their impact on people with vision impairment or cognitive impairment. We suggest speaking with someone who has expertise in dementia friendly design principles.

People with Disabilities ACT tell us that the mixing of signs can create overload from a cognitive impairment perspective. For example, on page 1.43 there is a picture of the Sign that says Building 6. It is next to a sign with a bicycle icon and says Cyclist Dismount. There is no connection between these two signs and they should not be together.

We also received feedback that the **signs for the Walk-in Centre and Community Health Centres** could be improved. The Walk-in sign on 1.29 while very recognisable doesn't appear consistent with the signs on 1.28. We would like to see consistency in sign design. Consumers with vision impairment tell us the white writing overlapping the ACT Government crest isn't visually accessible.

While the white writing on the dark blue is excellent contrast for advertising the Community Health Centres, the Walk in Centre 'legs' icon and words get lost in this sign.

Walk-in Centres could foreseeably have greater numbers of users than Community Health Centres and yet are not be given prominence on this sign.

Part of the consumer testing of signage and wayfinding should be to include **regular site visits with a staff member and people with disabilities** to identify accessibility issues.

6. Other comments:

- **Colours**

Colour is a key part of the CHS Wayfinding Strategy. If these colours are used to direct people, then the colours need to be identified. While most colours are easily identified e.g. orange and red, the blues are not clear. The Dulux colour names on page 1.64 do not add any useful information. How are the colours currently described? Dark blue and light blue? If colour is not used by staff, volunteers or in any communication this does not matter, but if it is a useful identifier then names need to be used.

- **Directories**

The Signage Manual and any Wayfinding strategy specifically mentions the need for directory summaries in lifts and stairwells. We think there is a need for a greater

numbers of directories to assist in wayfinding. We would like to see the text, meaning of words and icons and the size of sign for directories are tested with consumers prior to sign off.

While large directories are proposed for inside the main entrance some users would benefit from more information at other points. Building 3 Level 1 is one entrance several people use, especially in bad weather when coming from the Multistorey Carpark. A larger directory might usefully go here. HCCA recognises that too much information also provides a barrier to consumers. Long lists need to be broken up with headings to be health literate.

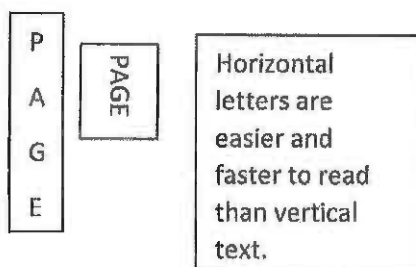
- **Use a variety of sign types and place signs at a variety of heights**

The draft Signage Manual lists a variety of sign types and placements but appears to have very few signs that jut out from the wall. A consumer with cluster headaches and a resulting tunnel type vision said that the best signs for her inside the buildings, are those that jut out from the wall. Signs flat to the wall she reported she does not see.

Types of sign placement that can cater to all include: flat on the wall, jutting out from the wall, hanging down from the ceiling, on the glass, high up on the building, on the floor, illuminated.

- **External Signage Family (2.4) - Street name signs**

While street names are considered secondary for the wayfinding loop system, they are still important to consumers. The current signs have the names such as Hospital Road and Bateson Road written sideways on metal posts. See page 1.23 and 1.24. The picture on the sign on page 1.32 and 1.34 illustrates how hard it is to read in the day time. At the very least the letters should be placed one after the other as if on a page and in a strong contrast background e.g.



These signs are illuminated at night but during the day are almost impossible to read. Consumers do use these signs for wayfinding. Staff do refer to Hospital and Bateson Road. The street names repeated on signage would be helpful. We suggest including street names in any large signage and the post signs be modified to horizontal text going down the post.

- **Distances to locations**

Some signs in the draft Signage Manual and on campus use 'metres to arrival' to help consumer decisions with journeys e.g. Type DR5 but others don't. Consumers find this helpful and have requested that the size of the lettering for 'metres to arrival' are larger and are on more signs.

- **Number of signs along the journey**

Depending on the length of travel to reach certain points more signs may need to be added to the journey. For example from the Multistorey Carpark to the Main Entry is a considerable distance. A sign midway pointing to the Main Entry with the other side of the sign pointing to the carpark and giving distance would be helpful to consumers.

END