

## **Facility audit**

## **External areas and parking**

This audit module is designed to look at the external areas of a facility, including parking areas, external pathways and garden areas.

Some suggestions for improvement would take some budget and/or timeframe to implement, while some may be able to be changed quickly and with minimal budget. It is not intended for major refurbishments or new builds.

You may use this audit module on its own or as part of a broader audit of other parts of the facility. We suggest completing it with the other facility audits to enhance your understanding of how to improve the environment for older people.

This audit module contains 17 questions and will take approximately 15 – 20 minutes to complete.

Some questions may not be relevant. Where this is the case, there is an option to select 'not applicable', however please complete as many questions as possible to conduct a thorough audit.

A notes section is provided underneath each question to record any additional information or prompts for action that you identify while carrying out the audit.

Information, recommendations and suggested strategies to address any issues are provided below each question.

When you have completed the audit, please keep it for your reference. You may wish to use it to create your own action list, or to use the information to educate staff about the role of the environment in patient care.

If you want to audit more than one location, please print a new copy of this module and complete the audit again for the new location.

## Older people in hospital

## **HEAT – Hospital Environment Audit Tool**

Nan	ne Date
Hos	pital
Add	litional information
Par	king
	1. Do you provide at least 1 disabled parking space for every 50 spaces?
	<b>Yes</b> - Correct - Legislation requires either 1 in 100 or 1 in 50 spaces be designated as disabled ces, depending on the place. Providing at least one space in 50 is good practice.
□ dep	<b>No</b> - Legislation requires either 1 in 100 or 1 in 50 spaces be designated as disabled spaces, ending on the place. Providing at least one space in 50 is good practice.
	N/A
Not	es
	2. Do you provide at least 1 designated 'older person' parking space for every 50 spaces located next closest to the entrance after disabled spaces?
□ wall	<b>Yes</b> - <i>Correct</i> - Providing spaces for older people can help to minimise the distance needed to to the facility entrance.
☐ facil	<b>No</b> - Providing spaces for older people can help to minimise the distance needed to walk to the ity entrance. Many shopping centres provide these types of parking spaces.
	N/A
Not	es



a. Do you show clearly the parking costs, in large font and clear language, before people enter a car park?
☐ <b>Yes</b> - <i>Correct</i> - It is important that people are able to read and understand parking costs and conditions and plan accordingly.
■ No - It is important that people are able to read and understand parking costs and conditions and plan accordingly. Consider updating signs to make them easy to read at a distance and use clear concise language.
□ N/A
Notes
4. Do you provide a discount for patients on income support/pensions and/or who are frequent attendees at the hospital?
Yes - Correct - Parking can be a very expensive part of obtaining health care.
■ <b>No</b> - Parking can be a very expensive part of obtaining health care. Consider introducing concessional parking rates.
□ N/A
Notes
External areas and gardens
5. Do the paths leading to the entrance, from the car parks and from the street, provide adequate shade if outside and adequate lighting if inside?
Yes - Correct - Bright, even, soft and well diffused light with as few abrupt changes as possible is ideal.
No - Bright, even, soft and well diffused light with as few abrupt changes as possible is ideal. In areas where too much daylight/ glare results, consider installing exterior shading devices. Inside, light should be bright enough to mimic daylight.



□ N/A
Notes
6. At the entrance, does the level of light change gradually as you enter the building?
Yes - Correct - Abrupt changes in lighting make it difficult for the eyes to adjust, especially for older people, and create risk of injury.
No - Abrupt changes in lighting make it difficult for the eyes to adjust, especially for older people, and create risk of injury. Some ways to make lighting changes more gradual include:
<ul> <li>Reducing the level of light outside the entrance by covering it with, for example, an awning, or</li> <li>Increasing the light level inside the entrance by using bright lighting.</li> </ul>
□ N/A
Notes
7. At the facility grounds entrance, at the building entrance, in car parks and on external paths, are all signs and wayfinding cues consistent with those used in other parts of the facility, both internally and externally?
Yes - Correct - For orientation and wayfinding, signage and other cues including use of colour, icons and fonts, should be consistent throughout the facility (see wayfinding for more).
■ <b>No</b> - For orientation and wayfinding, signage and other cues including use of colour, icons and fonts, should be consistent throughout the facility (see wayfinding for more).
□ N/A
Notes



N/A



Notes	
14. Do all seats have backs and armrests?	
Yes - Correct - Seating should have backs for people to rest against and armrests to assist with moving between standing and sitting.	
■ No - Seating should have backs for people to rest against and armrests to assist with moving between standing and sitting. Consider replacing any seats that are without armrests and backs, or installing additional seating with these features.	
□ N/A	
Notes	
15. Are there clear visual cues outside the building to guide patients/visitors to the reception area?	
Yes - Correct - This is an important part of orientation to the site.	
■ <b>No</b> - This is an important part of orientation to the site. Signs that are in large font with good contrast, and are consistent with those used inside the facility, should be used. Consider also using 'you are here' style maps.	
□ N/A	
Notes	

