Dementia Inclusive Hospitals from a Universal Design Approach

Audit Toolkit 2020

Developed by:

TrinityHaus
www.tcd.ie/trinityhaus

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Tallaght University Hospital
Ospidéal Ollscoile Thamhlachta
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dementia understand together

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Leadership, Integration and Innovation

Centre for Excellence in Universal Design
Údarás Náisiúnta Míchumais
National Disability Authority

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Dementia Friendly Hospitals from a Universal Design Approach:

Audit Toolkit

Introduction and Instructions 2020

Funding Scheme: HSE Research Awards on Ageing 2017

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Priority Area: Health Inequities and Inequalities as we Age in Ireland

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A PDF version of this audit tool, can be downloaded from the following link:

- https://www.tcd.ie/trinityhaus/assets/pdfs/dfh-audit-tool.pdf

The Dementia Friendly Hospitals from a Universal Design Approach - Design Guidelines 2018 can be downloaded from the following links:

- https://www.lenus.ie/handle/10147/628177
- https://www.tcd.ie/trinityhaus/assets/pdfs/dfh-guidelines.pdf

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The development of this toolkit was co-funded by the HSE, Department of Health and Atlantic Philanthropies through the Healthy and Positive Ageing Initiative (HaPAI) partnership. This funding programme is part of the HSE Research Awards on Ageing 2017, set up to promote and sustain the use of research and evidence to explore "Health Inequities and Inequalities as we Age in Ireland".

The research team included TrinityHaus, Trinity College Dublin (TCD), University College Cork (UCC), Tallaght University Hospital (TUH), and the Centre for Excellence in Universal Design (CEUD) at the National Disability Authority (NDA). Furthermore, the project was supported by collaborators and a national and international project steering committee.

Steering Committee

We are grateful to the members of the Project Steering Committee for their expert advice and guidance throughout this project. The Steering Committee included the following:

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[1] Tallaght University Hospital and TCD
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[7] Alzheimer's Society of Ireland
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Hospital Staff and Management

We are also grateful to the staff of the following hospitals for their engagement and support during the on-site testing of this prototype toolkit:

- Connolly Hospital, Blanchardstown, Co. Dublin
- Cork University Hospital, Co. Cork
- Ennis Hospital, Co. Clare
- Mayo General Hospital, Castlebar, Co. Mayo
- Mercy University Hospital, Co. Cork
- Midland Regional Hospital Mullingar, Co. Westmeath
- Midland Regional Hospital Tullamore, Co. Offaly
- Naas General Hospital, Co. Kildare
- Sligo University Hospital, Co. Sligo
- St James's Hospital, Co. Dublin
- St. Columcille's Hospital, Loughlinstown, Co. Dublin
- Tallaght University Hospital, Co. Dublin
- University Hospital Galway, Co. Galway
- University Hospital Limerick, Co. Limerick
- Wexford General Hospital, Co. Wexford

Contents

1. Introduction

2. Dementia Inclusive Hospitals and Universal Design

3. Key Design Features

4. Applying the Key Issues across Spatial Scales

5. Auditing existing settings and designing new buildings

6. Instructions and Key Features of the toolkit

7. Overview of the Audit Tools

   - Audit 1: Wayfinding across the full hospital
   - Audit 2: Site location, approach and entry
   - Audit 3: Campus Design and Site Circulation
   - Audit 4: Building entry and Internal circulation
   - Audit 5.1 Public Common Areas
   - Audit 5.2 Outpatients Departments
   - Audit 5.3 Emergency Departments
   - Audit 5.4 Age Related Day Services
   - Audit 5.5 Inpatient Ward
   - Audit 5.6 External Spaces

8. Links to the Design Guidelines and online Dementia Inclusive Hospitals Course (MOOC)

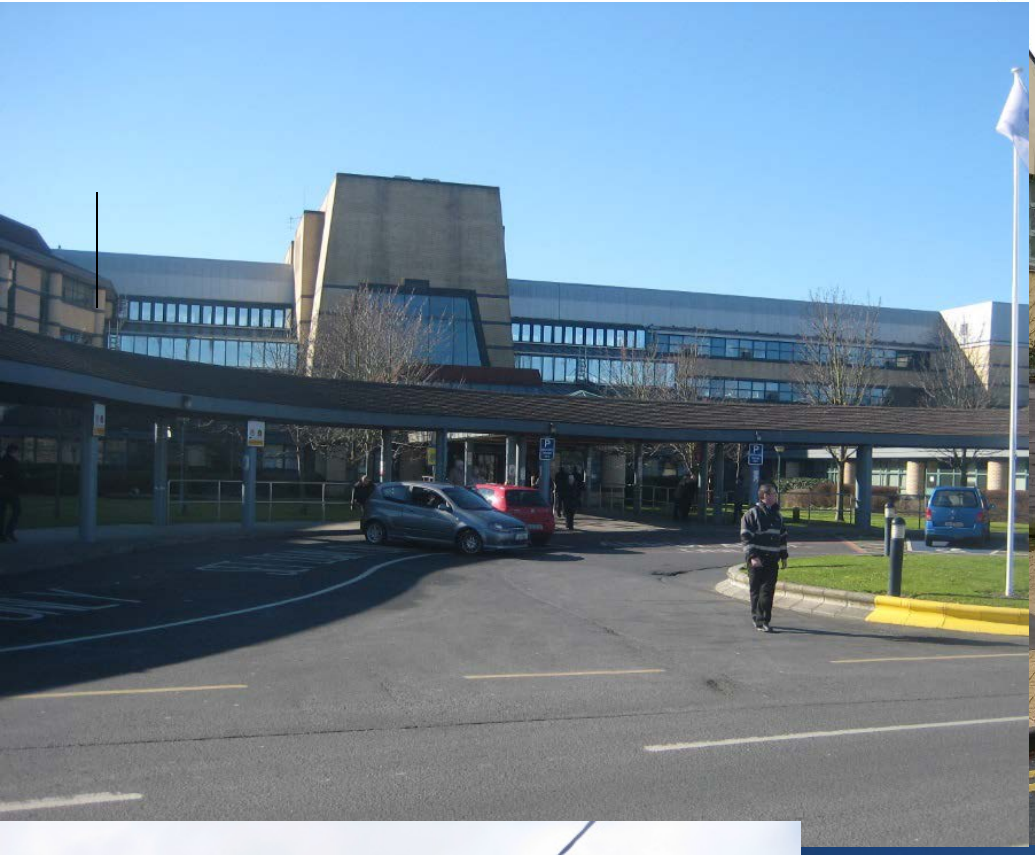
9. Useful Resources and Organisations

Foreword

The importance of the design of the physical environment has been increasingly recognized by clinicians who work with people living with - dementia and their families. Translating the interdisciplinary knowledge of designers and dementia specialists has been a missing piece of the toolbox for nurses, doctors and other health and social care professionals to work on improving the hospital environment so as to make it more supportive for the journey for those living with dementia and their families, by extension changes that will benefit all users of hospitals. This audit tool represents an important advance to empower those working in these setting to assess and measure the appropriateness of the hospital environment within which they work and to plan adaptation, retrofitting and involvement in new design and reconfiguration.

Grounded in both the insights of service users and staff as well as the developing knowledge base of design and dementia, we hope that this audit tool will provide a catalyst for an imaginative and therapeutic rethink of our hospital spaces to support all of us with barriers of memory, perception and praxis to feel more comfortable, secure and supported in our experiences of hospital.

Professor Desmond O'Neill **Tallaght University Hospital and TCD**
Dr. Suzanne Timmons **University College Cork**
(Principal Investigators)



MAIN ENTRANCE
AMBULANCE

CONNOLLY HOSPITAL

Hospital Entrance

WARNING
ST JAMES'S HOSPITAL
Closed to Through
Traffic. Emergency
Access Only.
NO THROUGH ROAD
Hospital Business Only
SLOW
St. James's Hospital

Introduction and Instructions

1. Introduction

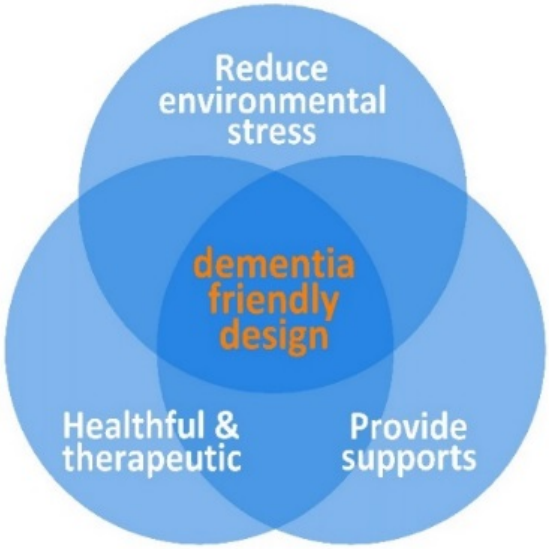
This **Dementia-Inclusive Hospital Design Audit Tool**[1] has been designed to support the 2018 **Dementia Friendly Hospitals from a Universal Design Approach** (DFH-UD): Design Guidelines[2]. These guidelines describe overall design issues and considerations and provide specific Universal Design (UD) based dementia inclusive design guidance to ensure that hospitals support all people regardless of age, size, ability or disability. The design guidelines are aimed not only at new build projects, but also at extensions and the retrofit of existing hospitals.

The guidelines also look at the hospital in its entirety, from location and campus entrance, through site circulation and building entry, down to the design of individual spaces and rooms. This audit tool aligns with the guidelines to provide a companion document that evaluates the hospital setting, encourages collaboration, supports learning, provides space for observation and ideas, and facilitates an action plan for improving the built environment of the hospital.

2. Dementia Inclusive Hospitals and Universal Design

In the context of the DFH-UD guidelines and this audit tool, a UD Dementia Inclusive Hospital is defined as:

- **Accessible, understandable and easy to use for all occupants**
- **Recognise the cognitive, behavioural and psychological, physical, and sensory difficulties that a person with dementia may experience as a patient or visitor to the hospital; and**
- **Reduce hospital related environmental stress**
- **Provide a prosthetic or enabling environment to account for dementia-related disability**
- **Create a healthful and therapeutic setting to promote healing; and,**
- **Recognise that dementia inclusive design, not only supports people with dementia, but also supports accompanying persons, visitors and staff in their caring role.**



[1] a PDF version of the audit tool, can be downloaded at the following link: https://www.tcd.ie/trinityhaus/assets/pdfs/dfh-audit-tool.pdf

[2] the Dementia Friendly Hospitals Guidelines from a Universal Design Approach was the output from a Health Research Board Project completed in 2018. The Guidelines are available from https://www.lenus.ie/handle/10147/628177 or https://www.tcd.ie/trinityhaus/

3. Key Design Issues

A UD Dementia Inclusive Hospital approach relates to key design issues including:

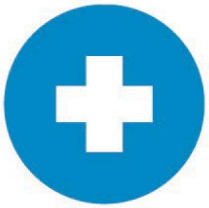
A. Engagement and participation

1. Promote engagement with friends and family, staff and community.
2. Provide space and supports for accompanying persons.
3. Promote a participatory design approach.

B. Provide a people-centred environment

4. Soften the institutional environment.
5. Familiar or recognisable design that is easily understood and intuitive.
6. Facilitate personalisation and opportunities to add personal belongings.

C. Support patient safety and health

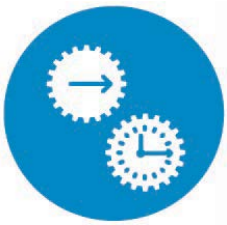


7. Provide a safe environment through unobtrusive safety measures.
8. Support diet, nutrition and hydration.
9. Support meaningful physical and social activities including ADLs.

D. Balance sensory stimulation

10. Optimise positive sensory stimulation and minimize negative stimulation.
11. Provide indoor and outdoor contact with nature, and access to the outdoors

E. Support orientation and navigation



12. Support orientation to date, time, location, and improve spatial cognition.
13. Provide good way-finding that supports navigation.
14. Provide good visibility and visual access.

F. Adequate space to support the needs of a person with dementia

15. Bays or single rooms with space for personal belongings and visitors.
16. Retreat spaces in multi-bed wards or communal areas in single-bed wards.
17. Provide space and supports for patient mobilisation and activities.

G. Appropriate use of technology

18. Appropriate use of technology for care delivery, safety, therapy, communication, and entertainment.

4. Applying the Key Issues across Spatial Scales

This audit toolkit aligns with the spatial structure contained in the DFH-UD guidelines to ensure that the hospital as a whole, and each part of the hospital is examined as part of a UD dementia inclusive design approach. These scales include:

Section 1: Experiencing the Hospital as a Whole

This deals with the hospital in its entirety and some cross-cutting issues such as the main external and internal patient routes that span across all key spatial scales.

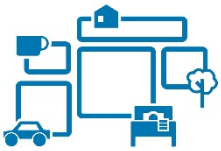
(Use **Audit 1: Wayfinding across the full hospital** for this section)

Section 2: Site Location, Approach and Entry

This section covers the main issues around hospital location (including location on the wider campus), approach routes to the hospital site, and key pedestrian, cycling, or vehicular access points.

(Use **Audit 2: Site location, approach and entry** for this section)

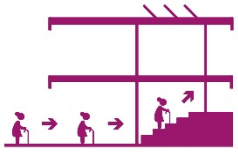
Section 3: Campus Design and Site Circulation



Section 3 deals with the overall campus design and layout including the main outdoor public spaces, key onsite circulation routes, and parking.

(Use **Audit 3: Campus Design and Site Circulation** for this section)

Section 4: Approach Entry and Internal Circulation



The key building approach routes, the main building entrances, entrance lobbies, and overall internal circulation areas are covered in Section 4.

(Use **Audit 4 - Building entry & Internal circulation** for this section)

Section 5: Key Internal and External Spaces

Section 5 deals with all the main internal spaces, from the public common areas including shops and cafes, to the main departments such as the Emergency Department or Inpatient Wards. It also covers the key external areas associated with these common areas, departments, or wards.

(Use **Audits 5.1 to 5.6** for this section)

The DFH-UD guidelines also contain **Section 6: Building Components; Section 7: Technology**; and **Section 8: Internal Environment**. While these guideline sections do not have dedicated audits within this toolkit, there are questions within Audits 1 to 5.6 that deal with many of the key issues in these sections (e.g. finishes, lighting, artwork, etc.).

5. Auditing Existing Settings and Designing New Buildings

This audit tool can be used to evaluate existing buildings or as part of the design process for new-build, retrofit, or refurbishment/upgrade projects. The evaluation of existing buildings will require a walk-through survey of the relevant part of the hospital, this will also be applicable to refurbishment and upgrade projects where the tool is being used to identify areas of improvement.

The tool can assess proposed new-build or retrofit projects based on design drawings and specifications. In these scenarios, the tool may have to be used at different stages of the design process to ensure that the fundamental aspects of the design are aligned with a universal design and a dementia-inclusive design approach.

6. Instructions and Key Features of the Toolkit

6.1. Structure and format of the audit toolkit

As outlined earlier, the audit toolkit is broken down into various spatial scales, while also considering the hospital as a whole. In this regard, the first section of the tool looks at wayfinding as a specific issue across the full hospital, then the subsequent sections look at each individual scale. For certain sections, such as Section 5: Key Internal and External Spaces, there are a number of sub-sections looking at the Emergency department, Outpatients department, Day services, and Inpatients wards. While there is some repetition between these areas, it is important to cover issues unique to each of these departments or wards. These sub-sections are formatted so they are standalone within the overall tool and users can therefore just select the part of the tool that is relevant to them.

6.2. A route-based audit

The Therefore, depending on the scale and complexity of the hospital, it may be necessary to complete an audit based on a particular route, across the campus, or through the hospital, to a specific destination. For instance, a route could be selected from the site entrance to an Outpatient Department, and this route could be audited. This process could be repeated for other key routes and destinations such as to the Emergency Department, or an inpatient ward.

6.3. Assessment Methodology and Scoring

This audit toolkit is designed to provide an indicative mark or score for each section and sub-section, which can be combined to provide an overall score.

Calculating a score for each section

1. Each question can be given the following score: **0 = No; 1= Partially; 2 = Yes**
2. Add up each question score to get the total score and insert into **Overall Score (A).**
3. **The Maximum Score (B)** for this section will have already been inserted.
4. Divide A by B and multiply by 100 to get a percentage score for this section of the audit.

Example

Q.		5.5.4.A: Room Entry	Score
1.		Is there large format signage, colour, or similar identifying the day room entrance?	2
2.		Is there a large format room name that is clearly visible at the entrance to the day room?	1
3.		Does the location of the day room act as a destination point (i.e., encourage exercise for patients for whom it is safe to move around the ward)?	2
4.		Is the entry door visible and easy to find on approach for all users?	1
5.		Is the door to the room easy to use for all users?	1
		A. Overall Score	7
		B. Maximum Score	10
		Total % score for this area = A÷B x 100	70%

Calculating a final score

1. The **Total Scores** and the **Total Available** for each sub-section will be inserted into a Scoring Matrix (see below)
2. Add up each **Subsection Total Score** and insert in the Total Section Score box.
3. Add up each **Subsection Total Score Available** and insert in the **Total Section Score Available** box.
4. The Total percentage is calculated by dividing **Total Section Score by the Total Section Score Available.**

Example

Final Overall Score for Inpatient Ward					
		Room no. or name	Score	Score Avail.	%
5.5.1	**Overall Ward Design**	xx	20	30	66
5.5.2	**Single Patient Rooms**				
	Room 1	xx	5	7	71
	Room 2	xx	4	6	66
5.5.3	**Multi Patient Room**				
	Room 1	xx	10	15	66
	Room 2		12	15	80
5.5.4	**Day Room**	xx	8	10	80
		Totals	A 59	B 83	
		Total % score = A÷B	**71**		

Presenting a final score

The marks will be presented on a 100 point rating scale from 0 to 100%. This will also be colour coded and will use 'smiley faces' to represent the dementia inclusiveness of the space being audited. Red is least dementia inclusive, while green is most dementia inclusive.

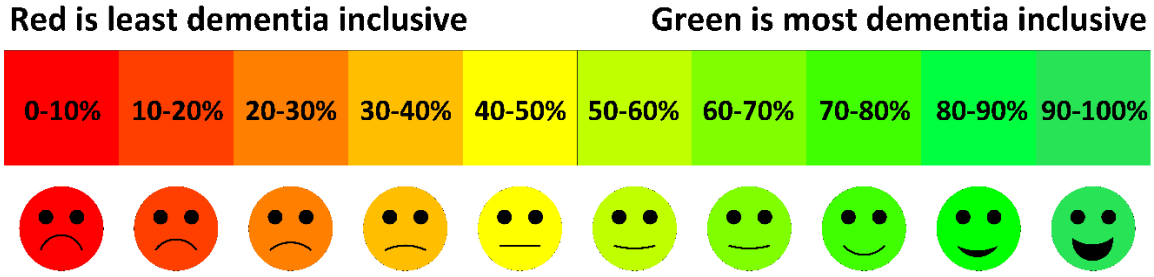


Figure 1. Indicative rating scale

6.4. Observations and Key recommendations

Observations: In addition to evaluating and rating the hospital physical environment, the tool can be used to capture impressions of the hospital and identify areas of good practice that can be replicated elsewhere. To enable the user to capture this, boxes with space and prompt questions are provided after each section.

Recommendations: While the tool will capture the strengths and weaknesses of the built environment, it is important to identify key recommendations to improve the setting. The DFH-UD-2018 guidelines set out five levels of design, interventions, or adaptations that may apply across a range of projects. These five design levels (see Figure 2 below) are as follows:

1. **Labelling, signage, painting, artwork or planting**: Low cost and low disturbance solutions that can be considered in all scenarios, whether this involves a retrofit, or a new build project.
2. **Assistive Technology, Ambient Assisted Living, Telecare, or Telehealth**: Given the variety of technology available, including wireless, this could represent a low disruption option.
3. **Interior and exterior furniture, fixtures and fittings** (F, F&F): This level will allow dementia inclusive design to inform ongoing upgrades/maintenance and replacement programmes.
4. **Building fit-out including external windows and doors**: may also involve the fitting of a level access shower or the widening of door openings.
5. **New Buildings and spatial/structural changes to existing building**: This applies to all new build or projects with major renovations. It involves spatial considerations such as room location, orientation or size, along with all associated structure and design elements such as windows, doors, etc.

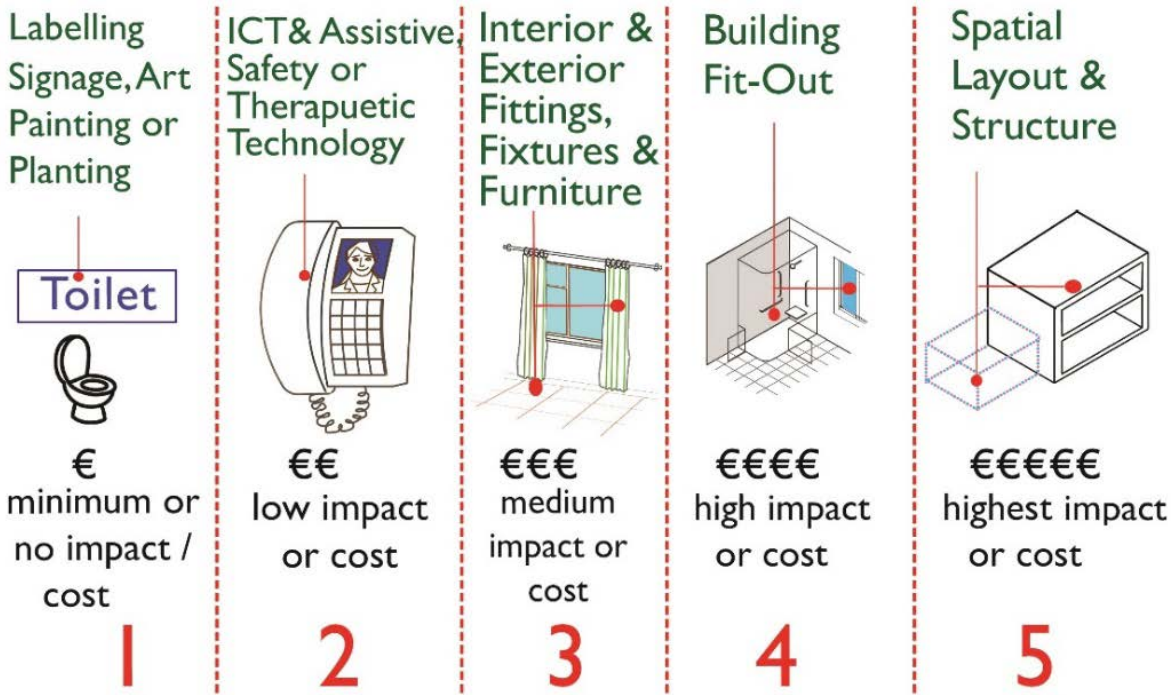


Figure 2. Five Design Levels

To enable the user to identify these recommendations, boxes with space and prompt questions are provided. In these boxes, the user is provided with columns number 1 to 5 so that they can mark in what level of design the recommendation aligns with approximately. This does not have to be precise, but it is a useful way to organise the recommendations into minimum, low, medium, high or highest cost/disruption measures. This may also assist in determining short, medium, and long-term actions.

7. Overview of the Audit Tools

This toolkit contains 10 audit tools that relate to different spatial scales or key areas within the hospital as follows:

1. Audit 1: Wayfinding across the full hospital

Focuses specifically on 'External and Internal Wayfinding' throughout the hospital as a whole.

2. Audit 2: Site location, approach and entry

Examines the location and access to the hospital, while also asking questions about the adjacent public spaces and the campus entry points.

3. Audit 3: Campus Design and Site Circulation

Investigates how well the overall campus layout, key circulation routes, and open onsite areas support patients, accompanying persons, and visitors.

4. Audit 4: Building entry and Internal circulation

Focusses on the key building entry points and the main internal circulation areas within the hospital including primary routes such as an atrium, hospital street or similar.

The next six tools relate to the key internal areas including public common areas such as shops and cafes, and the main departments such as the Emergency Department or Inpatient Wards. It also covers the key external spaces associated with these areas of the hospital.

5. Audit 5.1 Public Common Areas

Cafés or restaurants, shops, and publicly accessible toilets within the main common areas.

6. Audit 5.2 Outpatients Departments

Outpatients Department and associated reception, waiting areas, toilets, and consulting rooms.

7. Audit 5.3 Emergency Departments (ED)

Emergency Department including reception, waiting, toilets, nurses' stations, and ED bays.

8. Audit 5.4 Age-Related Day Services

Age-related day services including main circulation area/corridors, reception, toilets, dayrooms, and consulting or treatment rooms.

9. Audit 5.5 Inpatient Ward

Inpatient wards including main circulation area/corridors, reception, toilets, dayrooms, single patient rooms, and multi-patient rooms

10. Audit 5.6 Outdoor spaces

Outdoor spaces primarily connected to the hospital common areas or accessed directly from key areas such as Day Services or Inpatient Wards. These outdoor spaces can include gardens and courtyards, or balconies and terraces.

Each of these tools are designed as standalone audits that can be completed individually for one part of the hospital or completed as a set if more than one area in the hospital is being examined. Each tool can be duplicated to cover different routes or key parts of the hospital.

It is envisaged that additional audit tools for specific areas not covered in this current version can be added as required. In this way, the toolkit is seen as an evolving set of documents that can be expanded over time.

8. Links to the Audit tool, Design Guidelines and online Dementia Inclusive Hospitals Course (MOOC)

A PDF version of the audit tool, can be downloaded from the following link:

- https://www.tcd.ie/trinityhaus/assets/pdfs/dfh-audit-tool.pdf

The Dementia Friendly Hospitals from a Universal Design Approach - Design Guidelines 2018 can be downloaded from the following links:

- https://www.lenus.ie/handle/10147/628177
- https://www.tcd.ie/trinityhaus/research-areas/dfhospital-guidelines/index.php

The research team and partners have also developed a free online course or MOOC (Massive Open Online Course) called 'Dementia Inclusive Hospitals from a Universal Design Approach'. This is available at:

- https://www.futurelearn.com/courses/dementia-inclusive-hospitals-from-a-universal-design-approach

9. Useful Resources and Organisations (In alphabetical order)

- **Alzheimer Society of Ireland** - www.alzheimer.ie
- **Dementia Pathways** - The National Dementia Office – https://dementiapathways.ie/
- **Dementia Services Information and Development Centre** (DSIDC) - www.dementia.ie
- **Dementia Friendly Hospitals Guidelines from a Universal Design Approach**- 2018 - https://dementiapathways.ie/care-pathways/acute-hospital-care/environmental-design
- **Engaging Dementia | Formerly Sonas APC** - https://engagingdementia.ie/
- **HBS Estates, Health Service Executive** (HSE) www.hse.ie/eng/about/who/healthbusinessservices/estates
- **HSE / Healthy and Positive Ageing Initiative** (HaPAI) - www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/positive-ageing/
- **Irish National Audit of Dementia Care** (INAD-2 -2019) - https://dementiapathways.ie/care-pathways/acute-hospital-care/acute-hospitalaudit/inad-2
- **Irish Dementia Working Group** - c/o www.alzheimer.ie or www.dementiavoices.org.uk/group/irish-dementia-working-group/
- **The Centre for Excellence in Universal Design at the National Disability Authority** - www.universaldesign.ie
- **The National Dementia Office** (NDO) - www.understandtogether.ie/national-dementia-office
- **TrinityHaus Research Centre**, Trinity College Dublin – https://www.tcd.ie/trinityhaus/
- **UCC - Irish National Audit of Dementia (INAD)** – https://www.ucc.ie/en/inad/

Notes

Dementia Inclusive Hospitals from a Universal Design Approach

Audit Tools

Audit Tools 1 to 5.6

2020

Funded by:

Supported by:

List of Audit Tools

- **Audit 1: Wayfinding across the full hospital**
- **Audit 2: Site location, approach and entry**
- **Audit 3: Campus Design and Site Circulation**
- **Audit 4: Building entry and Internal circulation**
- **Audit 5.1 Public Common Areas**
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Dementia Inclusive Hospitals from a Universal Design Approach

Audit 1
Wayfinding across the full hospital

Audit 1: Wayfinding across the full hospital

The hospital as a whole is experienced when a patient, accompanying person, or visitor enters from the community and travels across the hospital grounds, through the building entrance and main public areas, into a specific department, and finally to the room or destination they are seeking. A dementia inclusive hospital should provide a calm, orientating and easily navigated environment throughout to support people as they enter, move around, and leave.

Wayfinding across the full hospital: A route-based audit

While the UD-DFH 2018 guidelines address a number of cross-cutting issues that affect the experience of the hospital in its entirety, this section focuses specifically on **External and Internal Wayfinding throughout the Hospital as a whole** (see page 77 UD-DFH 2018).

To ensure that wayfinding is fully considered across the full hospital it is examined under key spatial scales, from **Site Location**, **Approach and Entry**, down to the **Internal Environment**.

A route or journey-based approach

Depending on the scale and complexity of the hospital it may be necessary to complete this wayfinding audit for a particular route through the hospital to a specific destination. For instance, a wayfinding audit from the site entrance to an outpatient department could be completed, and this process could be repeated for other key destinations such as the ED, an inpatient ward, and external spaces (i.e., to a garden space).

The importance of unbroken wayfinding

Good wayfinding depends on a continuous and consistent approach throughout the hospital and relies on a good 'travel chain' that takes the user from 'A' to 'B'. A wayfinding breakdown along the way disrupts this travel chain and may result in a person getting lost, disorientated and/or stressed.

Things to remember when answering the questions

When answering the questions consider the needs of a wide diversity of users and bear in mind that a dementia inclusive hospital should be:

Easily accessed, understood, and used: A supportive environment should not only be accessible; it should also be clearly understood and easily used. **Universal Design** is achieved when all three of these are achieved.

For all users: When answering questions consider the needs of a wide diversity of users and make sure that the various aspects of the built environment support all people regardless of age (e.g., old and young), size (e.g., tall, shorter stature), ability or disability (e.g., physical, sensory, or cognitive).

Scoring each Section and Obtaining a Final Score

Space is provided at the end of each subsection to allow each of these sub-sections to be scored individually. A score for the wayfinding across the full hospital can also be obtained by combining the scores for each subsection and using these to determine an overall % score. This percentage can then be mapped against the Dementia Inclusive Hospital rating scale to see how it performs.

A. Site location, approach and entry

Start this section of the audit a few minutes' walk away from the main hospital entrance to get a sense of the approach area and to understand the perspective of users as they enter from the community.

Hospital:	Route name:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q			Score
1.		Is the main public site entrance in a logical location and clearly visible upon approach?	
2.		When approaching the hospital from the public road or street, is there clear signage along the road that provides direction to the main site entrance?	
		Are the main site entrance points clearly identified using signage/graphics:	
3.		a) for pedestrians?	
4.		b) for cyclists?	
5.		c) for drivers?	
6.		Is artificial lighting used to highlight and illuminate the site entrances in low light or darkened conditions? (May need to be checked when it's dark outside)	
		A. Overall Score for this area	
		B. Maximum score	12
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

B. Campus design and onsite circulation

Bear in mind that this audit is best applied to one route, therefore this section should be based upon a chosen route that takes you from the main hospital site entrance to the main building entrance (i.e., main public entrance, entrance to ED or similar).

If this route takes you directly from the street without having to pass through part of the external site, then ignore this section and omit from the **Final Overall Score for Wayfinding.**

Hospital:	Route name:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q			Score
1.		When you enter the site, is there a space on campus that provides orientation and information about the key external routes?	
2.		Are the relative locations of different key facilities and key building entrances easy to understand?	
3.		Does the overall site layout provide clear and legible public circulation routes?	
4.		Is there wayfinding signage providing directions to key facilities and key building entrances?	
		Is there a hospital site map that gives a good overview of the site and provides a 'You are here' location mark for:	
5.		a) Pedestrians?	
6.		b) Cyclists?	
7.		c) Drivers?	
8.		Is there a clearly visible, comfortable, and safe path that leads from the campus entrance to the main entrance you are looking for (e.g., main public entrance, entrance to ED or similar)?	
9.		Are there significant visual landmarks such as key buildings, sculptures, trees, or distinctive planting to help people find their way to their location?	
10.		Are there distinct and specific spaces (e.g., courtyards, seating areas etc.) along the way to help people recognise where they are or highlight key external junctions or decision points?	
11.		Are there high levels of artificial lighting illuminating the main public routes during low light and darkened conditions? (May need to be checked when it's dark outside)	
		A. Overall Score	
		B. Maximum Score	22
		Total % score for this area = (A÷B)*100	

Observations and Recommendations

C. Building approach and entry

Following your chosen route, examine the approach spaces, footpaths, and other areas that lead up to the building entrance. This section also applies to the entry doors and entrance/arrival area within the hospital building.

Hospital:	Route name:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q			Score
1.		Is the main entrance in a logical location and clearly visible as you approach?	
2.		Is the main entrance clearly marked and identified with signage or graphics?	
3.		Is artificial lighting used to highlight and illuminate the building entrance in low light or darkened conditions? (May need to be checked when it's dark outside)	
4.		Upon immediate entry to the building, is there a space that provides orientation and information about the key internal routes?	
5.		Is the wayfinding signage easy to identify?	
6.		Is there a reception or information desk within close proximity to the entrance once inside?	
7.		Is the reception clearly visible and easily accessed upon entry?	
8.		Is the building broken down into simple parts or key facilities so that a person can easily find their way to their destination?	
9.		Is there a main organising structure or landmark space (i.e., an atrium, hospital street or similar) that provides a distinct route to the destination within the building?	
10.		Is there a hospital building map located near the entrance that gives a good overview of the hospital and provides a 'You are here' location mark?	
		A. Overall Score for this area	
		B. Maximum score	20
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

D. Main Hospital Internal Circulation

This section refers to the main hospital 'street' or similar main circulation spine and the corridors that form the route to the chosen destination.

Hospital:	Route name:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

			Score
1.		Does the overall building layout provide easily identified primary and secondary routes leading to your destination?	
2.		Is there wayfinding signage that is easy to see providing directions to major zones or key destination points?	
3.		Is there wayfinding signage at key decision junctions along circulation route?	
4.		Are the stairs and lifts clearly visible and easily identified upon entry?	
5.		Are the public toilets clearly visible and easily identified upon entry?	
6.		Are there significant internal visual landmarks such as prominent building features, sculptures, trees, or distinctive planting within the building to help people find their way to their destination?	
7.		Are there external views that provide visual landmarks or help with orientation?	
8.		Is colour used within the main circulation areas to distinguish key areas, zones, or decision junctions?	
9.		Are key elements highlighted with colour to contrast with the background and make them clearly visible?	
10.		Are there high levels of evenly distributed natural and artificial light within the circulation areas so that people can see clearly read signage?	
11.		Is artificial light used to highlight key spaces, entrances, or the main public route to follow (people follow the light)? (May need to be checked when it's dark outside)	
		A. Overall Score for this area	
		B. Available Score	22
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

E. Key Internal Space

This section refers to the main destination space at the end of the chosen route (e.g., department, suite, or ward).

Hospital:	Route name:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q			Score
1.		Is the main entrance to key internal space (e.g., department, suite or ward) in a logical location and clearly visible as you approach?	
2.		Is this entrance point clearly marked, easily identified, and differentiated from adjacent entrances using signage or graphics?	
3.		Once inside the entrance is there a reception area or nurses' station clearly visible?	
4.		Is there wayfinding signage providing directions to key areas?	
5.		Does the overall department, suite or ward layout provide easily identified and legible routes?	
6.		Are there internal visual landmarks such as special places, views, features, artwork or planting within the ward to help people find their way?	
7.		Are there high levels of evenly distributed natural or artificial light within the circulation areas so that people can see clearly and read signage?	
8.		Is artificial light used to highlight key spaces, entrances, or the main route to follow within the main destination point? (May need to be checked when it's dark outside)	
9.		Are the public toilets within the department, suite, or ward clearly visible and easily identified from the main circulation route?	
		Within the department, suite, or ward are the entry doors to the main patient rooms (including inpatient rooms, consulting rooms etc):	
10.		a) clearly visible and easily identified?	
11.		b) differentiated from adjacent entrances?	
12.		c) identified by signage?	
13.		Within shared inpatient rooms, are the individual patient bed bays easily identified and differentiated from adjacent bays?	
14.		Within shared inpatient rooms, are the toilets clearly visible and easily identified?	
15.		Within single inpatient rooms, are the toilets clearly visible and easily identified?	
		A. Overall Score for this area	
		B. Available Score	30
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

F. External area associated with Key Internal Space

Use this section of the audit to examine any external space associated with the chosen route or destination space (e.g., department, suite, or ward).

If there is an external space, score accordingly and duplicate this section if there is more than one. If there is no external space, then ignore this section and omit from the **Final Overall Score for Wayfinding**

Hospital:	Route name:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q			Score
1.		Are the main access doors to the key external space in a logical location and clearly visible as you enter and exit the space?	
2.		Are these access doors clearly marked, easily identified, and differentiated from adjacent entrances/exits using signage or graphics?	
3.		Once you enter the external space does the layout provide an easily identified and legible route?	
4.		Does this route lead back to the same access point that was used to enter the space?	
5.		From within the external space, are the access/exit doors clearly marked and easily identified?	
6.		Is there wayfinding signage providing directions to key areas within the external space (i.e., seating, raised garden beds, objects of interest)?	
7.		Is artificial light used to highlight key spaces, entrances, or the main route to follow within the external space? (May need to be checked when it's dark outside)	
		A. Overall Score for this area	
		B. Available Score	14
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

G. Overall Wayfinding Issues

This section refers to issues that may span across all spaces along the route and is best answered after the previous sections are complete and you have had time to reflect on the overall journey.

Hospital:	Route name:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q			Score
1.		Is the overall wayfinding signage and visual cues clear, concise, and coherent?	
2.		Is the information included necessary and appropriate for its location?	
3.		Does the wayfinding strategy extend from the campus, into the building, and through to key destinations in a clear, consistent, and easily understood manner?	
4.		Does the wayfinding signage lettering (size and typeface) and visual contrast make the signage easy to read?	
5.		If the hospital uses colour coded zones, does the signage align with this?	
6.		Does the wayfinding signage avoid information overload by providing only enough information to get people to the next key decision point?	
7.		Is the wayfinding signage use in a consistent format or style across the full hospital route you have undertaken? (e.g., are the names of areas or colours used consistent?)	
8.		Is the wayfinding signage visually distinct from other categories of signage such as health and safety, health promotion, infection control, patient charters, or visiting notices?	
9.		Is the signage located and facing towards the main direction of travel?	
10.		When leaving the hospital having visited a destination within the hospital, is the return journey supported by good wayfinding?	
11.		Does the lighting make the key routes and signage clearly visible?	
12.		If technology is used for wayfinding (e.g., smart phone app), is it easy to use and understand for all people?	
13.		If automated check-in kiosks are used, are these easily located and clearly visible upon entry?	
14.		Are these kiosks easy to use and understand for all people?	
		A. Overall Score for this area	
		B. Available Score	28
		Total % Score for this area = (A÷B)*100	

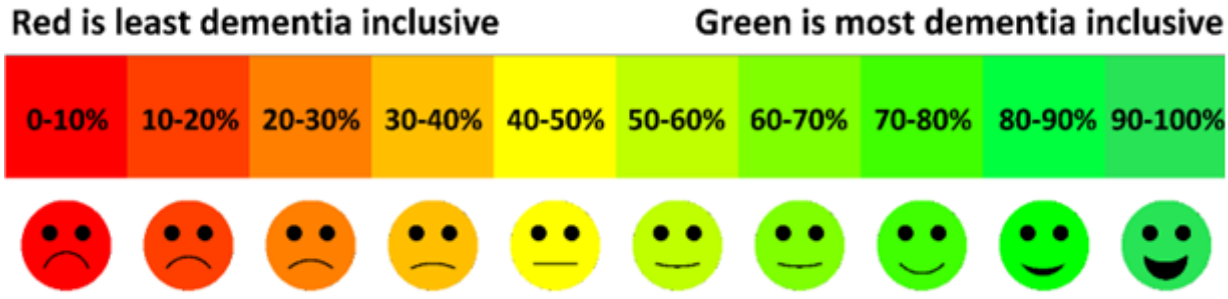
Observations and Recommendations

Final Overall Score for Wayfinding across the Hospital

Hospital:	Route name:	Date:	Time:
Notes:			

	Key Area/Part of the Route	Exists Y or N	Score	Max. Score	%
1. A	**Site location, approach and entry**			12	
1. B Omit if not applicable	**Campus design and site circulation**			22	
1. C	**Building approach and entry**			20	
1. D	**Main Hospital Internal Circulation**			22	
1. E	**Key Internal Space**			30	
1. F Omit if not applicable	**External Area associated with Key Internal Space**			14	
Or add spaces if required					
1. G	**Overall Wayfinding Issues**			28	
		Totals	A	B - 148	
	Total % score = (A÷B)*100				

Use this final **Total % score** to mark the current Dementia Inclusive Hospital rating for this part of the hospital.



A PDF version of this audit tool, can be downloaded at the following link:

- https://www.tcd.ie/trinityhaus/assets/pdfs/dfh-audit-tool.pdf

The Dementia Friendly Hospitals from a Universal Design Approach - Design Guidelines 2018 can be downloaded from the following links:

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Dementia Inclusive Hospitals from a Universal Design Approach

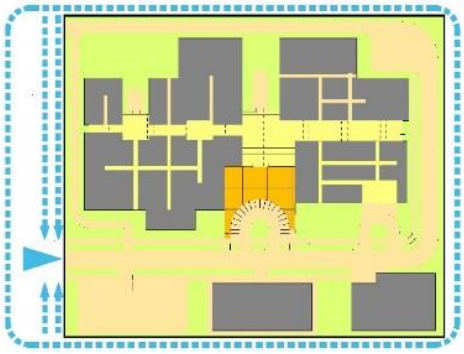
Audit 2
Site location, approach and entry

Audit 2: Site location, approach and entry

How does the location and access to the hospital serve the patients, accompanying persons and visitors? Are the adjacent public spaces calm, easily navigated and supportive? Are the campus entry points clearly visible and welcoming?

Key Areas to consider

This section is broken down into the following areas:



2.1 Hospital location and ease of access for hospital users: Accessible location and ease of approach and entry are the starting points for a Dementia Inclusive Hospital. The integration, interface, and transition from the community to the hospital is a vital part of a supportive public realm for any dementia inclusive hospital.

2.2 Adjacent Public Spaces and Access Points: The quality of the adjoining public spaces, and the accessibility, usability and easy understanding of the main hospital approach and entry points are vital to a high-quality public realm that supports hospital users that are living with dementia.

A route-based audit

Depending on the scale and complexity of the hospital it may be necessary to complete this section of the audit based on a particular route through the hospital to a specific destination. For instance, a route could be chosen from the site entrance to an outpatient department and could be completed, and this process could be repeated for other key routes and destinations such as the ED.

Things to remember when answering the questions

When answering the questions consider the needs of a wide diversity of users and bear in mind that a dementia inclusive hospital should be:

Easily accessed, understood, and used: A supportive environment should not only be accessible, it should also be clearly understood and easily used. Universal Design is achieved when all three of these are achieved.

For all users: When answering questions consider the needs of a wide diversity of users and make sure that the various aspects of the built environment support all people regardless of age (e.g., old and young), size (e.g., tall, shorter stature), ability or disability (e.g., physical, sensory, or cognitive)

Scoring each Section and Obtaining a Final Score

Space is provided at the end of each subsection to allow each of these sub-sections to be scored individually. A score for the full ward can also be obtained by combining the scores and available scores for each subsection and using these to determine an overall % score for the ward. This percentage can then be mapped against the Dementia Inclusive Hospital rating scale to see how it performs.

2.1. Location and siting of key buildings

When completing this section start a few minutes' walk away from the main hospital entrance to get a sense of the approach area and to understand the perspective of users as they enter from the community. Once you are familiar with the overall route repeat the journey to answer the questions accurately.

Hospital:	Route name:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q			Score
1.		Is the hospital, or specific hospital building, located close to local services, public transport and local amenity spaces?	
2.		Does the siting of the hospital provide opportunities for informal social interaction between the hospital and the local community?	
3.		Does the siting of the hospital support passive security for those entering and leaving the hospital?	
4.		When viewed from outside the campus, does the hospital design engender an open and integrated relationship with the community?	
5.		Is the hospital located away from major sources of excessive noise such as train lines or motorways?	
		A. Overall Score for this area	
		B. Maximum Score	10
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

2.2 Adjacent Public Spaces and Access Points

To complete this section, bear in mind the quality of pedestrian routes, adjacent roads, public spaces, signage, and availability of street furniture and quality of lighting.

Hospital:	Route name:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q		2.2.1: Adjacent Roads, Streets and Pavements	Score
1.		Are the adjacent roads and streets relatively calm and is traffic volume and speed reduced as much as possible?	
2.		Are the main public footpaths flat, even, and sufficiently wide to allow the safe and comfortable passage of groups of pedestrians?	
3.		Are the footpath surfaces non-slip, non-glare, and do they avoid strong patterns or sharp tonal or colour contrast?	
		2.2.2: Public Transport Stops, Street Furniture, and Lighting	
4.		If there are public transport stops adjacent to the hospital, are these located near the main campus entrance?	
5.		Is there seating and shelters provided at public transport stops to provide greater levels of comfort and safety?	
6.		When approaching the hospital from the public road or street, is there clear signage that provides direction to the hospital?	
7.		Does artificial lighting provide even illumination along exterior paths, while highlighting key areas such as building entrances, steps, and ramps?	
8.		Along the public paths, is there comfortable seating with back and arm rests every 100m to 125m?	
		2.2.3: Access Points to the Hospital Grounds	
9.		Are the main public site entrances in a logical location and clearly visible upon approach?	
10.		When approaching the hospital from the public road or street, is there clear signage that provides direction to the main site entrance?	
		Are the main site entrance points clearly identified using signage/graphics:	
11.		a) for pedestrians?	
12.		b) for cyclists?	
13.		c) for drivers?	
14.		Is artificial lighting used to highlight and illuminate the site entrances in low light or darkened conditions? (May need to be checked when it's dark outside)	
		Overall Score for this area	
		Max. Score	28
		Total % Score for this area = (A÷B)*100	

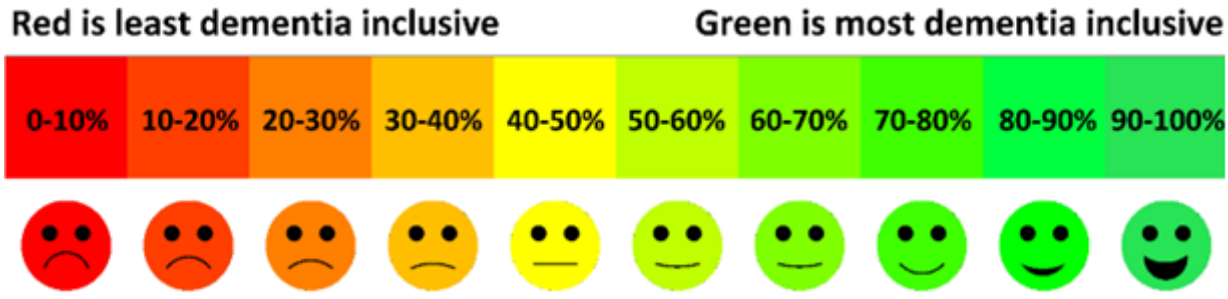
Observations and Recommendations

Final Overall Score for Site location, approach & entry

Hospital:	Route name:	Date:	Time:
Notes:			

	Key Area/Part of the Route	Exists Y or N	Score	Max. Score	%
2.1	Location and siting of key buildings			10	
2.2.	Adjacent Public Spaces and Access Points			28	
		Totals	A	B - 38	
	Total % score = (A÷B)*100				

Use this final **Total % score** to mark the current Dementia Inclusive Hospital rating for this part of the hospital.



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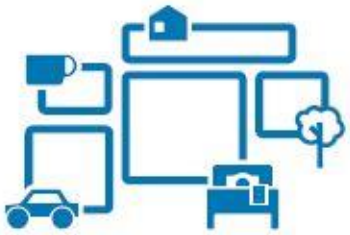
Notes

Dementia Inclusive Hospitals from a Universal Design Approach

Audit 3
Campus Design and Site Circulation

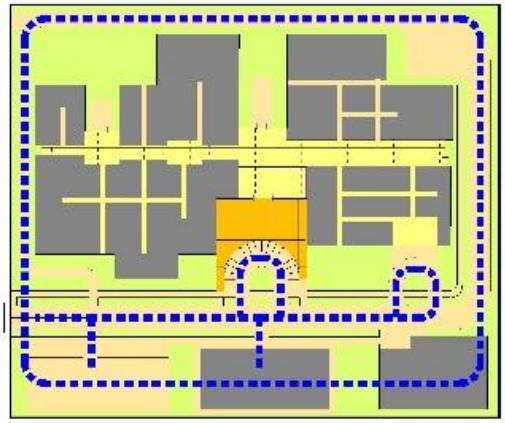
Audit 3: Campus Design and Site Circulation

How well does the overall campus layout and circulation areas support patients, accompanying persons, and visitors? Is the campus a pleasant, calm, and supportive environment as people enter and leave the hospital building?



Key areas to consider

This section is broken down into the following areas:



3.1 Overall Campus Design: The campus and onsite circulation determine the quality of the hospital's public realm, pedestrian paths, cycle and vehicle routes, and external social areas.

3.2 Onsite Patient Movement: In addition to shaping the pedestrian experience, the campus and onsite circulation design sets out the parking and drop-off strategy and therefore determines the accessibility, usability and understanding of the campus for patients and visitors arriving by car.

A route-based audit

Depending on the scale and complexity of the hospital it may be necessary to complete this section of the audit based on a particular route through the hospital to a specific destination. For instance, a route could be chosen from the site entrance to an outpatient department and could be completed, and this process could be repeated for other key routes and destinations such as the Emergency Department.

Things to remember when answering the questions

When answering the questions consider the needs of a wide diversity of users and bear in mind that a dementia inclusive hospital should be:

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For all users: When answering questions consider the needs of a wide diversity of users and make sure that the various aspects of the built environment support all people regardless of age (e.g., old and young), size (e.g., tall, shorter stature), ability or disability (e.g., physical, sensory, or cognitive)

Scoring each Section and Obtaining a Final Score

Space is provided at the end of each subsection to allow each of these sub-sections to be scored individually. A score for the overall area can also be obtained by combining the scores for each subsection and using these to determine an overall % score for this part of the hospital. This % can then be mapped against the Dementia Inclusive Hospital rating scale to see how it performs.

3.1: Overall Campus Design and Key External Spaces

It may be best to base this section on a chosen route from the main hospital site entrance to a main building entrance (i.e., main public entrance, entrance to Emergency Department or similar).

Hospital:	Route name:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q			Score
1.		Overall, does the campus create a calm, legible setting?	
2.		Does the campus provide gathering and meeting spaces to help reinforce orientation, create resting points, and provide spaces for social interaction?	
3.		Is there some form of entrance plaza or similar public space adjacent to the main public access point that provides a space for social interaction and a transition between the campus and the hospital building?	
		A. Overall Score for this area	
		B. Maximum Score	6
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

3.2. Onsite Patient Movement

As above, it is advisable to base this section of the audit on a particular route.

Hospital:	Route name:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q		3.2.1: Main Pedestrian Circulation Routes	Score
1.		Are the main exterior pedestrian circulation areas calm and do they avoid excessive traffic volume and speed?	
2.		Where the main building entrance is located at a distance from the site entrance, is there is a clear and easily identified pedestrian route from site entrance to the building entrance?	
3.		Are the external pedestrian circulation paths segregated from emergency vehicles and service traffic?	
4.		Where the onsite pedestrian route crosses a road, are there appropriate pedestrian crossing points with dropped curbs, tactile warning surface indicators (TWSIs), and road crossing markings to safely guide people across the road?	
		Score for this area	
		3.2.2 Wayfinding	
5.		When you enter the site, is there a space that provides orientation and information about the key external routes?	
6.		Are the relative locations of different key facilities and key building entrances easy to understand?	
7.		Does the overall site layout provide clear and legible public circulation routes?	
8.		Is there wayfinding signage providing directions to key facilities and key building entrances?	
		Is there a hospital site map that gives a good overview of the site and provides a 'You are here' location mark for:	
9.		a) Pedestrians?	
10.		b) Cyclists?	
11.		c) Drivers?	
12.		Are there significant visual landmarks such as key buildings, sculptures, trees or distinctive planting to help people find their way?	
13.		Are there distinct and specific spaces (e.g., courtyards, seating areas etc.) along the way to help people recognise where they are or highlight key external junctions or decision points?	
		Score for this area	

Observations and Recommendations

3.2. Onsite Patient Movement-Continued…			
Hospital:	Route name:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q		3.2.3. External Lighting and Street Furniture	Score
1.		Are there high levels of artificial lighting illuminating the main public routes during low light and darkened conditions?	
2.		Is artificial light used to highlight key spaces, entrances or the main public route to follow (people follow the light)?	
3.		Is there comfortable seating with back and arm rests every 100m to 125m to offer people rest points and opportunities to stop and orientate themselves?	
		Score for this area	
		3.2.4. Ramps, Steps, Landings, and Handrails	
4.		If ramps are provided, are they in a location that is obvious and convenient to use?	
5.		If there are steps along a pedestrian route, are they easy to see and comfortable to use?	
6.		Where handrails are provided, do they visually contrast with the background, so they are legible and easy to see?	
		Score for this area	
		3.2.5. Planting	
7.		Is planting successfully used to produce a calm and therapeutic external environment?	
8.		Is distinctive planting used to create landmarks and visual cues to support orientation and navigation?	
		Score for this area	
		3.2.6 Vehicle Circulation, Set down and Parking	
9.		Does the overall site layout provide clear and legible vehicle circulation routes for members of the public?	
10.		Is there sufficient designated accessible car parking spaces as close as possible to the main building entrance (the number of spaces will depend on the size of the facility)?	
11.		Do the location and proximity of the main car parks account for mobility difficulties that may be experienced by many patients and visitors, particularly older people or those with a disability?	
12.		Are there sufficient and adequate drop-off facilities at the main building entrance of the hospital?	
13.		Are there convenient set-down areas provided so that an accompanying person can drop-off a patient, park close by and return quickly to escort the patient to their appointment?	
14.		Is there some form of valet service where the patient can be escorted to a supervised waiting area while the accompanying person parks the car?	
		Score for this area	
		Overall Score for these areas	
		Maximum Score	54
		Total % Score for this area = (A÷B)*100	

Audit 3 - Campus Design and Site Circulation

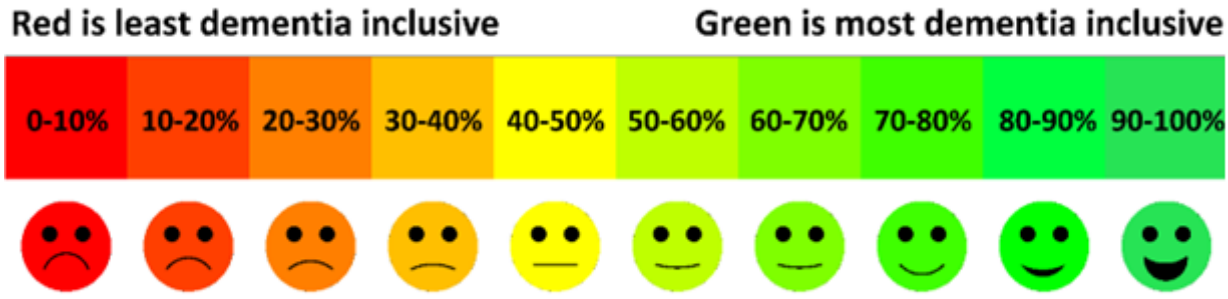
Observations and Recommendations

Final Overall Score for Campus Design and Site Circulation

Hospital:	Route name:	Date:	Time:
Notes:			

	Key Area/Part of the Route	Exists Y or N	Score	Max. Score	%
3.1	**Overall Campus Design and Key External Spaces**			6	
3.2.	**Onsite Patient Movement**			54	
		Totals	A	B - 60	
		Total % score = (A÷B)*100			

Use this final **Total % score** to mark the current Dementia Inclusive Hospital rating for this part of the hospital.



A PDF version of this audit tool, can be downloaded from the following link:

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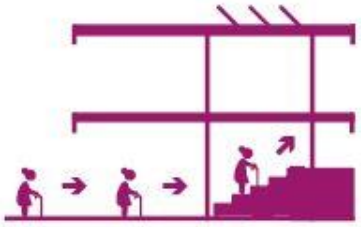
Notes

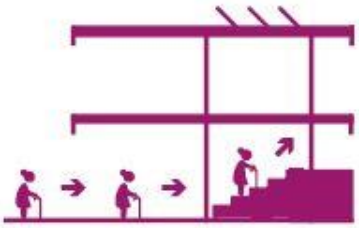
Dementia Inclusive Hospitals from a Universal Design Approach

Audit 4
Building entry and Internal



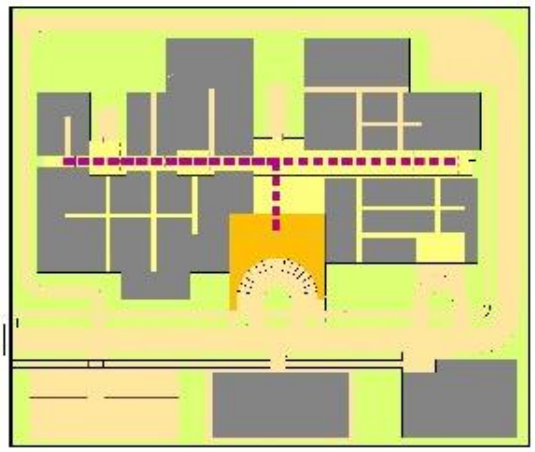
Audit 4: Building entry and Internal circulation

The entry and main internal circulation areas of the hospital are important parts of the patient experience, and through a strong and coherent connective tissue of spaces can help manage the scale, complexity and busy nature of a typical acute hospital.



Key Areas to consider

This section is broken down into the following areas:



4.1 Building Entry: Is the main entrance in a logical and visible location? Is the entrance welcoming and does it create a calm first impression for the patient as they enter? Are the main entry doors comfortable and easy to use?

4.2 Internal Circulation: A legible spatial structure with clear paths or routes, distinct zones, and clear landmarks, will provide a sense of orientation and help with wayfinding throughout the hospital.

A route-based audit

Depending on the scale and complexity of the hospital it may be necessary to complete this section of the audit based on a particular route through the hospital to a specific destination. For instance, a route could be chosen from the site entrance to an outpatient department and could be completed, and this process could be repeated for other key routes and destinations such as the ED.

Things to remember when answering the questions

When answering the questions consider the needs of a wide diversity of users and bear in mind that a dementia inclusive hospital should be:

Easily accessed, understood, and used: A supportive environment should not only be accessible, it should also be clearly understood and easily used. Universal Design is achieved when all three of these are achieved.

For all users: When answering questions consider the needs of a wide diversity of users and make sure that the various aspects of the built environment support all people regardless of age (e.g., old and young), size (e.g., tall, shorter stature), ability or disability (e.g., physical, sensory, or cognitive)

Scoring each Section and Obtaining a Final Score

Space is provided at the end of each subsection to allow each of these sub-sections to be scored individually. A score for the overall area can also be obtained by combining the scores for each subsection and using these to determine an overall % score for this part of the hospital. This % can then be mapped against the Dementia Inclusive Hospital rating scale to see how it performs.

4.1 Building Entry

Depending on the size or complexity of the hospital and the chosen route, this section will apply to one main public entrance. Where there is more than one main entrance, this section will need to be duplicated and applied to any other key entrances.

Hospital:	Route name:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q			Score
1.		Is the main entrance in a logical location and clearly visible as you approach?	
2.		Is the main entrance clearly marked and identified with signage or graphics?	
3.		Is artificial lighting used to highlight and illuminate the building entrance in low light or darkened conditions?	
4.		Upon immediate entry to the building, is there a space that provides orientation and information about the key internal routes?	
5.		Is the wayfinding signage easy to identify?	
6.		Is there a reception or information desk within close proximity to the entrance once inside?	
7.		Is the reception clearly visible and easily accessed upon entry to the building?	
8.		Is the building broken down into simple parts or key facilities so that a person can easily find their way?	
9.		Is there a main organising structure or landmark space (i.e., an atrium, hospital street or similar) that provides a distinct route within the building?	
10.		Is there a hospital building map located near the entrance that gives a good overview of the hospital and provides a 'You are here' location mark?	
		A. Score for this area	
		B. maximum score	20
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

4.2 Internal Circulation

As above, it is advisable to base this section of the audit on a particular route.

Hospital:	Route name:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q			Score
1.		Does the overall building layout provide easily identified primary and secondary routes?	
2.		Is there wayfinding signage that is easy to see, providing directions to major zones or key destination points?	
3.		Is there wayfinding signage at key decision junctions along circulation route?	
4.		Are the stairs and lifts clearly visible and easily identified upon entry?	
5.		Are the public toilets clearly visible and easily identified upon entry?	
6.		Are there significant internal visual landmarks such as prominent building features, sculptures, artworks, trees, or distinctive planting within the building to help people find their way?	
7.		Are there external views that provide visual landmarks or help with orientation?	
8.		Is colour used within the main circulation areas to distinguish key areas, zones, or decision junctions?	
9.		Are key elements highlighted with colour to contrast with the background and make them clearly visible?	
10.		Are there high levels of evenly distributed natural and artificial light within the circulation areas so that people can see clearly see and read signage?	
11.		Is artificial light used to highlight key spaces, entrances, or the main public route to follow (people follow the light)?	
		Overall Score for this area	
		Available Score	22
		Total % Score for this area = (A÷B)*100	

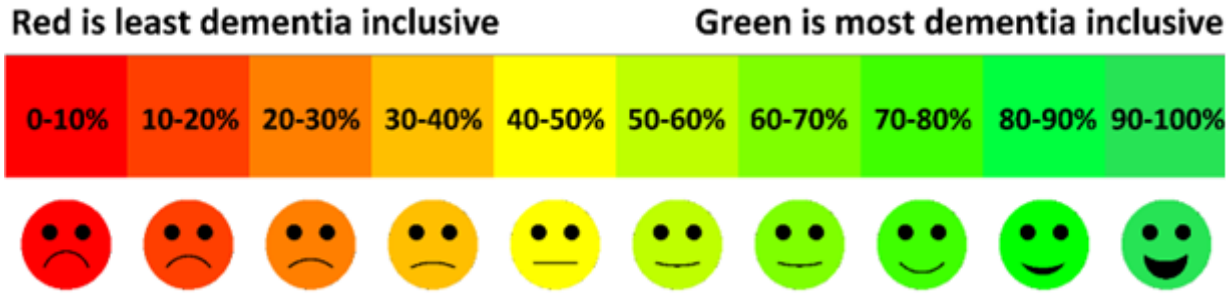
Observations and Recommendations

Final Overall Score for Building entry and Internal circulation

Hospital:	Route name:	Date:	Time:
Notes:			

	Key Area/Part of the Route	Exists Y or N	Score	Max. Score	%
4.1	**Building Entry**			20	
4.2.	**Internal Circulation**			22	
		Totals	A	B - 42	
		Total % score = (A÷B)*100			

Use this final **Total % score** to mark the current Dementia Inclusive Hospital rating for this part of the hospital.



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Notes

Dementia Inclusive Hospitals from a Universal Design Approach

5 - Key internal and External Spaces

Audit 5.1 Public Common Areas

Audit 5.1: Public Common Areas

Cafés, restaurants, shops and other public areas within the hospital are some of the most frequented spaces in the hospital. Beyond their obvious role of selling food or goods, they provide valuable places for patients, visitors, and staff to socialise, enjoy activities of daily living, or simply get away from the ward environment.

Key areas to consider

This section consists of the following sub-sections:

5.1.1A: Cafés or Restaurants

5.1.1B: Shops

5.1.2: Public accessible toilets

Identifying the key space to audit

Depending on the scale and complexity of the hospital it may be necessary to identify the main café/restaurant, shop, or public toilet. If there is a need to include more than one of these key areas the individual sections (i.e., 5.1.1 A, 5.1.1B, or 5.1.2) can be duplicated and the audit can be repeated for these areas.

Things to remember when answering the questions

When answering the questions consider the needs of a wide diversity of users and bear in mind that a dementia inclusive hospital should be:

Easily accessed, understood, and used: A supportive environment should not only be accessible, it should also be clearly understood and easily used. Universal Design is achieved when all three of these are achieved.

For all users: When answering questions consider the needs of a wide diversity of users and make sure that the various aspects of the built environment support all people regardless of age (e.g., old and young), size (e.g., tall, shorter stature), ability or disability (e.g., physical, sensory, or cognitive)

Scoring each Section and Obtaining a Final Score

Space is provided at the end of each subsection to allow each of these sub-sections to be scored individually. A score for the overall Public Common Areas can also be obtained by combining the scores for each subsection and using these to determine an overall % score for this part of the hospital. This % can then be mapped against the Dementia Inclusive Hospital rating scale to see how it performs.

5.1.1A Café or Restaurant

If there is a separate cafe and restaurant duplicate this section as required and score each space. Alternatively, if there is no cafe or restaurant ignore this section and omit from the **Final Overall Score for the Public Common Areas**.

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

		5.1.1A.1: Location, Approach and Entry	Score
Q		**Walk to the café or restaurant from the main hospital entrance or main circulation route. Once you are familiar with the overall route repeat the journey to answer the questions accurately.**	
1.		Is this space (i.e., café, restaurant, or shop) within easy reach or walking distance of the main hospital entrance?	
2.		Is there a clearly legible route leading to the entrance of this space from the main hospital entrance or circulation area?	
3.		Is there clear and consistent wayfinding signage leading to the entrance?	
4.		Is there a good level of artificial light along the approach route?	
5.		Is the entrance door visible and easy to find on approach for all users?	
6.		Is there large format signage, colour, or similar identifying the entrance?	
7.		If the entrance is approached from the side, is there projecting (i.e., 90˚) signage? (If non-applicable insert 2 marks).	
8.		Is there a large format name that is clearly visible upon approach?	
9.		Is the door handle/push plate or similar easy to see on both sides of the door? (If there is no door or it is automatic score this 2)	
10.		Is the opening or operation of the door easy to understand? (If there is no door or it is automatic score this 2)	
11.		Is the door and door handle easy to use? (If there is no door or it is automatic score this 2)	
12.		Does the door threshold/floor at the entrance avoid an abrupt colour change?	
		A. Overall Score for this area	
		B. Maximum Score	24
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.1.1A Café or Restaurant Continued…			
Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

		5.5.1A.2: Layout and key design features	Score
Q		**To complete this section, start from the main entrance to the space and complete a walk-through using the questions below to guide your observations. Repeat the journey to answer the questions accurately.**	
1.		Is the overall layout of the space simple to understand and navigate for all users?	
2.		Upon entry, are the key spaces (e.g., food counters, tills, payment zones) easy to find?	
3.		Are the main circulation routes (passageways or paths) in the space wide enough to allow people (including those using rollators, canes, wheelchairs) to move around in comfort?	
4.		Are these circulation routes calm and uncluttered?	
5.		Is there clear and consistent wayfinding signage helping people find their way around the space? (If this is a small space and signage is not required score 2)	
6.		Does the wayfinding signage use straightforward and consistent terminology? (See above, if no signage required score 2)	
7.		Are there handrails or grabrails in the circulation areas for people who require support?	
8.		Are there good views to the outside from the café or restaurant?	
9.		Is there access to an outside space from the café or restaurant or is there access to an outdoor space in close proximity?	
10.		Are the floors throughout the space non-slip and non-glare?	
11.		Are strong patterns/abrupt colour changes avoided on the floors?	
12.		Is there good colour contrast between walls, floors, other building elements?	
13.		Are there large format clocks and calendars for orientation?	
14.		Are there images and artwork of the local context?	
15.		Are there good levels of natural light in the circulation area?	
16.		Are there good levels of artificial light in the circulation area?	
17.		Is there a good acoustic environment in the space (i.e., not too noisy)?	
18.		Is there a good thermal environment in the space (i.e., not too hot or cold)?	
19.		Is there good air quality throughout the space (i.e., does the space smell fresh)?	
20.		Are there plants or images of nature within the space to offer contact with nature?	
		A. Overall Score for this area	
		B. Maximum Score	40
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.1.1A Café or Restaurant Continued…			
Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

		5.5.1A.3: Key Areas in the Café or Restaurant	Score
Q		**To complete this section, start from the main entrance to the space and complete a walk-through using the questions below to guide your observations. Repeat the journey to answer the questions accurately.**	
1.		Is there an accessible toilet within easy reach and visible from the entrance area, tills, or main circulation area?	
2.		Is there clear and consistent wayfinding signage to help people find the toilet?	
3.		Is the door to the toilet clearly identified with wayfinding signage?	
4.		Does the colour of the toilet door clearly contrast with the background?	
5.		Are the tills and food serving areas clearly visible and easily understood?	
6.		Is there a lower section of the food counter or self-service counter to accommodate a person in a wheelchair or a person of smaller stature?	
7.		Is there a space, shelf or similar for a person to rest their bag or place a walking aid (e.g., walking stick) while they retrieve their wallet or pay?	
8.		Are the dining areas spacious enough for people to feel calm and comfortable?	
9.		Is the seating in the dining area comfortable?	
10.		Does the seating and table layout/design create a more home-like and less institutional environment in the cafe (e.g., a combination of lounge seating with coffee tables)?	
11.		Is there good colour contrast between the tables and chairs, and the background finishes (i.e., floor or walls)?	
12.		Is there good colour contrast between the cutlery and the plates/dining ware?	
13.		If there is a TV or radio in the dining area, are they used in a way that creates a calm environment?	
		A. Overall Score for this area	
		B. Available Score	26
		Total % Score for this area = A÷B	

Observations and Recommendations

5.1.1A Café or Restaurant Continued…			
Hospital:	Name of area:	Date:	Time:
Notes:			

Total Score for the Café or Restaurant		Score
5.5.1A.1	Location, Approach and Entry (Max score 24)	
5.5.1A.2	Layout and key design features (Max score 40)	
5.5.1A.3	Key Areas in the Café or Restaurant (Max score 26)	
	A. Total Score	
	B. Maximum score	**90**
	Total % score for this area = (A÷B)*100	

Observations and Recommendations

5.1.1B Shop

If there is more than one shop duplicate this section as required and score each space as required. Alternatively, if there is no shop ignore this section and omit from the **Final Overall Score for the Public Common Areas**.

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

		5.1.1B.1- Shop Location, Approach and Entry	Score
Q		**Walk to the shop from the main hospital entrance or main circulation route. Once you are familiar with the overall route repeat the journey to answer the questions accurately.**	
1.		Is this shop within easy reach or walking distance of the main hospital entrance?	
2.		Is there a clearly legible route leading to the entrance of this space from the main hospital entrance or circulation area?	
3.		Is there clear and consistent wayfinding signage leading to the entrance?	
4.		Is there a good level of artificial light along the approach route?	
5.		Is the entrance door visible and easy to find on approach for all users?	
6.		Is there large format signage, colour, or similar identifying the entrance?	
7.		If the entrance is approached from the side, is there projecting (i.e., 90˚) signage? (If non-applicable insert 2 marks).	
8.		Is there a large format name that is clearly visible upon approach?	
9.		Is the door handle/push plate or similar easy to see on both sides of the door? (If there is no door or it is automatic score this 2)	
10.		Is the opening or operation of the door easy to understand? (If there is no door or it is automatic score this 2)	
11.		Is the door and door handle easy to use? (If there is no door or it is automatic score this 2)	
12.		Does the door threshold/floor at the entrance avoid an abrupt colour change?	
		A. Overall Score for this area	
		B. Maximum Score	24
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.1.1 Shop Continued…			
Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

		5.5.1B.2: Shop Layout and key design features	Score
Q		**This section refers to the overall layout of the shop and the key areas such as the till.**	
1.		Is the overall layout of the space simple to understand and navigate for all users?	
2.		Upon entry, is the till easy to find?	
3.		Is the till clearly visible, accessible, and easily understood?	
4.		Is there a space, shelf or similar for a person to rest their bag or place a walking aid (e.g., walking stick) while they retrieve their wallet or pay?	
5.		Is there a lower section of the till or counter to accommodate a person in a wheelchair or a person of smaller stature?	
6.		Are the aisles or passageways wide enough to allow people (including those using rollators, canes, wheelchairs) to move around in comfort?	
7.		Are these aisle routes calm and uncluttered?	
8.		Is there clear and consistent wayfinding signage helping people find their way around and the things they are looking for? (If this is a small space and signage is not required score 2)	
9.		Does this wayfinding signage use consistent and straightforward terminology? (See above, if no signage required score 2)	
10.		Are there handrails or grabrails in the circulation areas for people who require support?	
11.		Are the floors throughout the space non-slip and non-glare?	
12.		Are strong patterns/abrupt colour changes avoided on the floors?	
13.		Is there good colour contrast between walls, floors, other building elements?	
14.		Are there good levels of natural light within the shop?	
15.		Are there good levels of artificial light within the shop?	
16.		Is there a good acoustic environment in the space (i.e., not too noisy)?	
17.		Is there a good thermal environment in the space (i.e., not too hot or cold)	
18.		Is there good air quality throughout the space (i.e., does the space smell fresh)?	
		A. Overall Score for this area	
		B. Available Score	36
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.1.1B Shop Continued…			
Hospital:	Name of area:	Date:	Time:
Notes:			

Total Score for Shop		Score
5.5.1B.1	Shop Location, Approach and Entry (Max score 24)	
5.5.1B.2	Shop Layout and key design features (Max score 36)	
	A. Total Score	
	B. Maximum score	**60**
	Total % score for this area = (A÷B)*100	

Observations and Recommendations

5.1.2: Public Toilets

If there is more than one set of public toilets, choose the main one or duplicate this section as required and score each space.

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

		5.1.2.1: Location, Approach and Entry	Score
Q		**To complete this section, start your journey from the main hospital entrance taking note of the environment and the questions below as you travel. Once you are familiar with the overall route repeat the journey to answer the questions accurately.**	
1.		Is this toilet within easy reach/walking distance of the main hospital entrance?	
2.		Is there a clearly legible route leading to the entrance of the toilet from the main hospital entrance or circulation area?	
3.		Is there clear and consistent wayfinding signage leading to the toilet door?	
4.		Is there a good level of artificial light along the approach route?	
5.		Is the door to the toilet visible and easy to find on approach for all users?	
6.		Is there large format signage, colour, or similar identifying the toilet door?	
7.		Is there a large format toilet sign that is clearly visible upon approach?	
8.		If the toilet entrance is approached from the side, is there projecting (i.e., 90˚) signage? (If non-applicable insert 2 marks).	
9.		Is the door handle/push plate or similar easy to see on both sides of the door?	
10.		Is the opening or operation of the door easy to understand?	
11.		Is the door and door handle easy to use?	
12.		Does the door threshold/floor at the entrance avoid an abrupt colour change?	
		A. Overall Score for this area	
		B. Maximum Score	24
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.1.2 Toilet Continued…			
Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q		5.1.2.2: Public Toilet Layout and Key Features	Score
1.		Is the door handle/push plate or similar easy to see on both sides of the door?	
2.		Is the opening or operation of the door easy to understand?	
3.		Is the door and door handle easy to use?	
4.		Is the light switch easy to find, reach and use? (Score 2 if the light is automatic).	
5.		Is there a good level of natural lighting in the toilet?	
6.		Is there a good level of artificial lighting in the toilet?	
7.		Does the door threshold/floor at the entrance avoid an abrupt colour change?	
8.		Are the floors in the toilet non-slip?	
9.		Are the floors in the toilet non-glare and non-reflective?	
10.		Is the toilet room accessible for all users including people in wheelchairs?	
11.		Is there enough space in the toilet to allow someone to assist a patient?	
12.		Is there adequate support in the WC in the form of vertical grabrails, horizontal grabrails, and drop-down rails?	
13.		Is the WC (toilet) seat at height that makes it easy to get on and off (at least 480mm above floor level)? This may also take the form of a seat riser.	
14.		Do the fittings (e.g., toilet seat, toilet roll holder, grabrails, washbasin, hand dryer) visually contrast with the background so that they are clearly visible?	
15.		Are these fittings accessible, understandable, and easy to use for all users?	
16.		Is there a call alarm button or pull cord clearly visible and within easy reach? To be clearly visible and reachable the pull chord should have two red bangles (approx. 50mm diameter), one at the end of the chord (within 100mm of the floor) and another a height of 800 to 1000mm above the floor.	
17.		Is there a good acoustic environment in the toilet (i.e., not too noisy)?	
18.		Is there a good thermal environment in the toilet (i.e., not too hot or cold)	
19.		Is there good air quality throughout the toilet (i.e., does the space smell fresh)?	
		A. Score for this area	
		B. Maximum score	38
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.1.2 Public Toilet Continued…			
Hospital:	Name of area:	Date:	Time:
Notes:			

Total Score for the Public Toilet		Score
5.1.2.1	Location, Approach and Entry (Max score 24)	
5.1.2.1	Public Toilet Layout and Key Features (Max score 38)	
	C. Total Score	
	D. Maximum score	**62**
	Total % score for this area = (A÷B)*100	

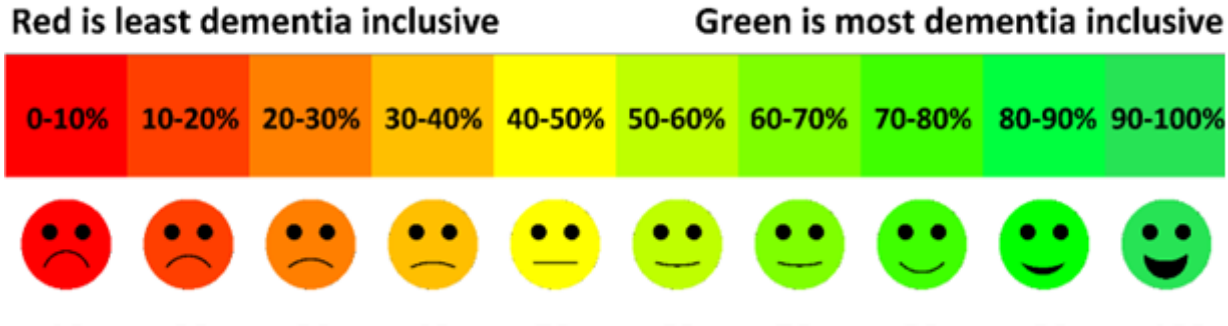
Observations and Recommendations

Final Overall Score for Public Common Areas

Hospital:	Name of area:	Date:	Time:
Notes:			

	Key Area	Exists Y or N	Score	Max. Score	%
5.1.1A Omit if not applicable	**Café or Restaurant**			90	
Or add space if required					
5.1.1B Omit if not applicable	**Shop**			60	
Or add space if required					
5.1.2	**Public Toilet**			62	
Or add space if required					
		Totals	A	B - 212	
		Total % score = (A÷B)*100			

Use this final **Total % score** to mark the current Dementia Inclusive Hospital rating for this part of the hospital.



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Notes

Dementia Inclusive Hospitals from a Universal Design Approach

5 - Key internal and External Spaces

Audit 5.2 Outpatients Department

Audit 5.2: Outpatients Department

Many older people will have regular visits to the Outpatients Department (OPD) and therefore the environment of the OPD must be responsive to their needs, while also supporting accompanying persons and staff in their caring role. Creating more supporting environments involves a number of external and internal measures as outlined below.

Key areas to consider

This section is broken down into the following areas:

5.2.1 Approach & entry

5.2.2 Layout & circulation

5.2.3 Reception

5.2.4 Waiting Areas

5.2.5 Toilets

5.2.6 Consulting Rooms

Things to remember when answering the questions

When answering the questions consider the needs of a wide diversity of users and bear in mind that a dementia inclusive hospital should be:

Easily accessed, understood, and used: A supportive environment should not only be accessible, it should also be clearly understood and easily used. Universal Design is achieved when all three of these are achieved.

For all users: When answering questions consider the needs of a wide diversity of users and make sure that the various aspects of the built environment support all people regardless of age (e.g., old and young), size (e.g., tall, shorter stature), ability or disability (e.g., physical, sensory, or cognitive)

Scoring each Section and Obtaining a Final Score

Space is provided at the end of each subsection to allow each of these sub-sections to be scored individually. A score for the full OPD can also be obtained by combining the scores and available scores for each subsection and using these to determine an overall % score for the OPD. This percentage can then be mapped against the Dementia Inclusive Hospital rating scale to see how it performs.

5.2.1 OPD Approach and Entrance

When completing this section start your journey from the main hospital corridor (i.e., main hospital 'street' or atrium) taking note of the environment and the questions below as you travel. Once you are familiar with the overall route repeat the journey to answer the questions accurately.

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q			Score
1.		Is there a clearly legible route leading to the entrance of the OPD from the main hospital entrance or circulation area?	
2.		Is there clear and consistent wayfinding signage leading to the entrance?	
3.		Is there a good level of artificial light along the approach route?	
4.		Is the entrance door visible and easy to find on approach for all users?	
5.		Is there large format signage, colour, or similar identifying the entrance?	
6.		If the entrance is approached from the side, is there projecting (i.e., 90˚) signage? (If non-applicable insert 2 marks).	
7.		Is there a large format name that is clearly visible upon approach?	
8.		Does the colour of the door or doorframe/architrave clearly contrast with the background, so it is easy to see?	
9.		Is the door handle/push plate or similar easy to see on both sides of the door? (If there is no door or it is automatic score this 2)	
10.		Is the opening or operation of the door easy to understand? (If there is no door or it is automatic score this 2)	
11.		Is the door and door handle easy to use? (If there is no door or it is automatic score this 2)	
12.		Does the door threshold/floor at the entrance avoid an abrupt colour change?	
		A. Overall Score for this area	
		B. Maximum Score	24
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.2.2 OPD Layout and Circulation Areas (i.e., corridors)

To complete this section, start from the main OPD entrance and walk through the OPD using the questions below to guide your observations. Repeat the journey to answer the questions accurately

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q			Score
1.		Is the layout of the OPD simple to understand and navigate for all users?	
2.		Are the key spaces (e.g., reception, toilets, waiting areas) easy to find?	
3.		Is there clear and consistent wayfinding signage to help people find their way to these key spaces and around the OPD?	
4.		Are the doors to the key spaces (e.g., toilets, consulting rooms) clearly identified with wayfinding signage?	
5.		Does the colour of the doors to these key spaces (e.g., toilets, consulting rooms) clearly contrast with the wall in which they are set?	
6.		Does the wayfinding signage use straightforward and consistent terminology?	
7.		Are the main corridors wide enough to allow people (including those using rollators, canes, wheelchairs) to move around in comfort?	
8.		Are the corridors calm and uncluttered?	
9.		Are there views from the corridor to outside (for stimulation/orientation)?	
10.		Is there direct access to a safe outdoor space from the corridor area or the waiting area (or similar space)?	
11.		Are there handrails in the corridors for people who require support?	
12.		Are the floors throughout the OPD non-slip and non-glare?	
13.		Are strong patterns/abrupt colour changes avoided on the floors?	
14.		Is there good colour contrast between walls, floors, other building elements?	
15.		Are there images and artwork of the local context in the circulation area?	
16.		Are there good levels of natural light in the corridor area?	
17.		Are there good levels of artificial light in the corridor area?	
18.		Is there a drinking water facility within easy access in the corridor area?	
19.		Is there Wi-Fi throughout the OPD?	
20.		Is there a good acoustic environment in the OPD (i.e., not too noisy)?	
21.		Is there a good thermal environment in the OPD (i.e., not too hot or cold)	
22.		Is there good air quality throughout the OPD (i.e., does the OPD smell fresh)?	
23.		Are there plants or images of nature on the OPD to offer contact with nature?	
		A. Overall Score for this area	
		B. Maximum Score	46
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.2.3 OPD Reception

An OPD may have more than one reception, however, this section applies to the main reception within the OPD

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q			Score
1.		Is the reception clearly visible upon entry to the OPD?	
2.		Is the reception easy to find from all parts of the OPD?	
3.		If the OPD is large or the reception is not visible from certain corridors, is there good wayfinding signage leading to the reception? (If the reception is clearly visible from most parts of the OPD and does not require wayfinding signage along the corridor, score this 2)	
4.		Is there signage at the reception to make it easy to find and recognise?	
5.		If the reception is approached from more than one direction (e.g., front and side), is there signage visible on approach? (if non-applicable score this 2)	
6.		Is there enough space around the reception to accommodate a number of people without it feeling crowded or noisy?	
7.		Does the design of the reception create a welcoming space?	
8.		Is there a lower section of the reception desk to accommodate a person in a wheelchair or a person of smaller stature?	
9.		Is there a large format graphic, a distinct colour, or similar visual cue used to identify and distinguish the reception?	
10.		Is there good colour contrast between the reception and the background so it is clearly visible?	
11.		Is there a good level of artificial light at the reception area?	
12.		Is the reception free of clutter?	
		A. Overall Score for this area	
		B. Maximum Score	24
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.2.4 OPD Waiting Areas

An OPD may have a number of waiting areas distributed throughout the department, these areas should be audited collectively.

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q			Score
1.		Are the waiting areas easy to find upon entry to the OPD?	
2.		Are the waiting areas easy to find from all parts of the OPD?	
3.		Are the waiting areas spacious enough for people to feel calm and comfortable?	
4.		Is there enough space and seating in the waiting areas for both patients and accompanying persons, including those with wheelchairs or walkers?	
5.		Is the seating in the waiting areas comfortable?	
6.		Does the seating create a more home-like and less clinical environment in the waiting area (e.g., a combination of lounge seating with coffee tables)?	
7.		Are there large format clocks and calendars in the waiting area?	
8.		Is there good colour contrast between walls, floors, other building elements?	
9.		Is there good colour contrast between the furniture and the background (i.e., walls and floors)?	
10.		Are there images and artwork of the local context in the waiting area?	
11.		Are there views from the waiting area to outside (for stimulation/orientation)?	
12.		If there is a TV or radio in the waiting area, are they used in a way that creates a calm environment?	
13.		Are the floors in the waiting area non-slip and non-glare?	
14.		Are strong patterns/abrupt colour changes avoided on the floors?	
15.		Is there a good level of natural light in the waiting area?	
16.		Is there a good level of artificial light in the waiting area?	
17.		Is there a drinking water facility within easy access of OPD waiting area?	
18.		Is there a good acoustic environment in the waiting area (i.e., not too noisy)?	
19.		Is there a good thermal environment (i.e., not too hot or cold)	
20.		Is there good air quality in the waiting area (i.e., does it smell fresh)?	
21.		Are there plants or images of nature on the OPD to offer contact with nature?	
		A. Overall Score for this area	
		B. Available Score	42
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.2.5 OPD Toilets

Identify the main public toilet within the OPD and use this section to evaluate it. If there is more than one, duplicate this section and score each toilet separately.

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q.			Score
1.		Is the toilet easy to find from the entrance, reception and waiting areas?	
2.		Are there signage/symbols to help a person identify the location of the toilet?	
3.		If the toilet door is approached from the side, is there projecting (i.e., 90˚) signage? (if non-applicable insert 2 marks).	
4.		Does the colour of the door or doorframe/architrave clearly contrast with the background, so it is easy to see?	
5.		Is the door handle/push plate or similar easy to see on both sides of the door?	
6.		Is the opening or operation of the door easy to understand?	
7.		Is the door and door handle easy to use?	
8.		Is the light switch easy to find, reach and use? (Score 2 if the light is automatic)	
9.		Is there a good level of natural lighting in the toilet?	
10.		Is there a good level of artificial lighting in the toilet?	
11.		Does the door threshold/floor at the entrance avoid an abrupt colour change?	
12.		Are the floors in the toilet non-slip?	
13.		Are the floors in the toilet non-glare and non-reflective?	
14.		Is the toilet room accessible for all users including people in wheelchairs?	
15.		Is there enough space in the toilet to allow someone assist a patient?	
16.		Is there adequate support in the WC in the form of vertical grabrails, horizontal grabrails, and drop-down rails?	
17.		Is the WC (toilet) seat at height that makes it easy to get on and off (at least 480mm above floor level)? This may also take the form of a seat riser.	
18.		Do the fittings (e.g., toilet seat, toilet roll holder, grabrails, washbasin, hand dryer) visually contrast with the background so that they are clearly visible?	
19.		Are these fittings accessible, understandable and easy to use for all users?	
20.		Is there a call alarm button or pull cord clearly visible and within easy reach? To be clearly visible and reachable the pull chord should have two red bangles (approx. 50mm diameter), one at the end of the chord (within 100mm of the floor) and another a height of 800 to 1000mm above the floor.	
21.		Is there a good acoustic environment in the toilet (i.e., not too noisy)?	
22.		Is there a good thermal environment in the toilet (i.e., not too hot or cold)	
23.		Is there good air quality throughout the toilet (i.e., does the space smell fresh)?	
		A. Score for this area	
		B. Maximum score	46
		Total % Score for this area = (A÷B)*100	

Audit 5.2 - Outpatients Departments

Observations and Recommendations

5.2.6 OPD Consulting Rooms

Examine the main consulting rooms within the OPD and use this section to collectively evaluate them. Alternatively, duplicate this section and score each room separately

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q			Score
1.		Are the consulting rooms within the OPD easily found?	
2.		Are the consulting rooms easy to reach from the waiting area?	
3.		Are there signage/symbols to help a person identify location of these rooms?	
4.		If the consulting room is approached from the side, is there projecting (i.e., 90˚) signage? (If non-applicable insert 2 marks).	
5.		Does the colour of the door or doorframe/architrave clearly contrast with the background, so it is easy to see?	
6.		Are the door handles/push plates or similar easy to see on both sides of door?	
7.		Is the door and door handle easy to use?	
8.		Does the door threshold/floor at the entrance avoid an abrupt colour change?	
9.		Are strong patterns/abrupt colour changes avoided on the floors?	
10.		Are the floors in the consulting rooms non-slip and non-glare?	
11.		Is there sufficient space and seating within consulting room to permit an accompanying person to remain by the patient's side without feeling like they are getting in the way?	
12.		Are the consulting rooms uncluttered?	
13.		Is there a good level of natural light in the consulting rooms?	
14.		Is there a good level of artificial light in the consulting rooms?	
15.		Is there good colour contrast between walls, floors, and other building elements?	
16.		Is there good colour contrast between the furniture and the background (i.e., walls and floors)?	
17.		Is there a good acoustic environment in the room (i.e., not too noisy)?	
18.		Is there a good thermal environment in the room (i.e., not too hot or cold)	
19.		Is there good air quality throughout the room (i.e., does the space smell fresh)?	
		A. Overall Score for this area	
		B. Maximum Score	38
		Total % Score for this area = (A÷B)*100	

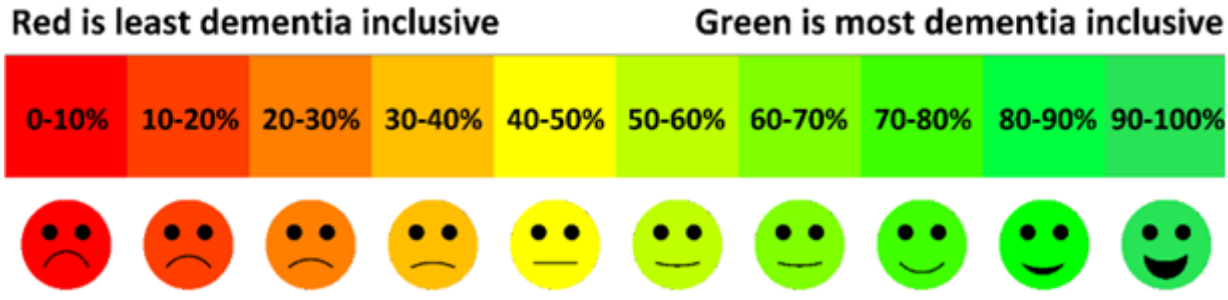
Observations and Recommendations

Final Overall Score for OPD

Hospital:	Name of area:	Date:	Time:
Notes:			

	Key Area in OPD	Exists Y or N	Score	Max. Score	%
5.2.1	**Approach & entry**			24	
5.2.2	**Layout & circulation**			46	
5.2.3	**Reception**			24	
Or add space if required					
5.2.4	**Waiting Areas**			42	
Or add space if required					
5.2.5	**Toilets**			46	
Or add space if required					
5.2.6	**Consulting Rooms**			38	
Or add space if required					
		Totals	A	B - 220	
		Total % score = (A÷B)*100			

Use this final **Total % score** to mark the current Dementia Inclusive Hospital rating for this part of the hospital.



A PDF version of this audit tool, can be downloaded from the following link:

- https://www.tcd.ie/trinityhaus/assets/pdfs/dfh-audit-tool.pdf

The Dementia Friendly Hospitals from a Universal Design Approach - Design Guidelines 2018 can be downloaded from the following links:

- https://www.lenus.ie/handle/10147/628177
- https://www.tcd.ie/trinityhaus/assets/pdfs/dfh-guidelines.pdf

Dementia Inclusive Hospitals from a Universal Design Approach

5 - Key internal and External Spaces

Audit 5.3 Emergency Department

Audit 5.3: Emergency Department

For an Emergency Departments (ED) to perform as more supportive settings for people with dementia, careful consideration must be given to measures that will create a calm, legible and supportive space for people who may not only be experiencing disorientation and stress, but may also be at their most vulnerable due to injury or illness. This involves measures both outside and within the ED.

Key areas to consider

This section is broken down into the following areas:

5.3.1: Approach, entry and circulation

5.3.2: Reception

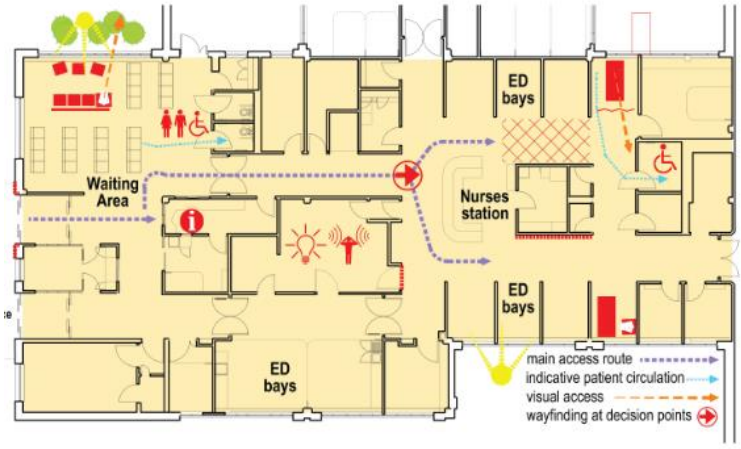
5.3.3: Waiting areas

5.3.4: Toilets

5.3.5: Central ED area layout

5.3.5: Central nurse's station

5.3.6: ED bays



Things to remember when answering the questions

When answering the questions consider the needs of a wide diversity of users and bear in mind that a dementia inclusive hospital should be:

Easily accessed, understood, and used: A supportive environment should not only be accessible, it should also be clearly understood and easily used. Universal Design is achieved when all three of these are achieved.

For all users: When answering questions, consider the needs of a wide diversity of users and make sure that the various aspects of the built environment support all people regardless of age (e.g., old and young), size (e.g., tall, shorter stature), ability or disability (e.g., physical, sensory, or cognitive)

Scoring each Section and Obtaining a Final Score

Space is provided at the end of each subsection to allow each of these sub-sections to be scored individually. A score for the full ED can also be obtained by combining the scores and available scores for each subsection and using these to determine an overall % score for the ED. This percentage can then be mapped against the Dementia Inclusive Hospital rating scale to see how it performs.

5.3.1 ED Approach and Entrance

The ED will have a dedicated entrance directly accessed from the hospital grounds and forms one of the other key access points to the hospital along with the main public entrance

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q			Score
1.		Is there a clearly legible route leading to the ED entrance from the hospital grounds and main external circulation route (i.e., main hospital access road)?	
2.		Is there clear and consistent wayfinding signage along this route to the ED?	
3.		Is there a good level of light along this route so that key features and signage are clearly visible?	
4.		Is there large format signage, colour, or similar identifying the ED entrance area?	
5.		Is there a space outside the ED entrance that provides a gathering/social or waiting area?	
6.		Is there seating provided in this area?	
7.		Is there a good level of artificial light in this area?	
8.		Is there planting in this area to promote a therapeutic and calm environment?	
9.		Is there a covered area or canopy providing shelter at the ED entrance?	
10.		Is the ED entrance door visible and easy to find on approach for all users?	
11.		Is the ED public entrance clearly differentiated from the ambulance entrance (or other adjacent entrances) through colour and/or other visual cues?	
12.		Is the door handle/push plate or similar easy to see on both sides of the door?	
13.		Is the door and door handle easy to use?	
		A. Overall Score for this area	
		B. Maximum Score	26
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.3.2 ED Entrance area and layout

To complete this section, start from inside the ED doors and walk past the ED reception and through the waiting area using the questions below to guide your observations. Repeat the journey to answer the questions accurately.

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q			Score
1.		Is the layout of this part of ED easy to understand and navigate for all users?	
2.		Are the key spaces (e.g., reception, toilets, waiting areas) easy to find upon entry?	
3.		Is there clear and consistent wayfinding signage to help people find their way to these key spaces and around this part of the ED?	
4.		Are the doors to the toilets clearly identified with wayfinding signage?	
5.		Does the colour of the doors to key spaces (e.g., toilets) clearly contrast with the wall in which they are set?	
6.		Does the wayfinding signage in the ED use straightforward terminology?	
7.		Is the wayfinding terminology used in a consistent way throughout the ED?	
8.		Are the main circulation spaces wide enough to allow people (including those using rollators, canes, wheelchairs) to move around in comfort?	
9.		Are these circulation areas calm and uncluttered?	
10.		Are there handrails or grabrails in corridor areas for people who require support?	
11.		Are the floors throughout this area non-slip and non-glare?	
12.		Are strong patterns/abrupt colour changes avoided on the floors?	
13.		Is there good colour contrast between walls, floors, other building elements?	
14.		Are there images and artwork of the local context in the circulation area?	
15.		Are there good levels of natural light in the circulation areas?	
16.		Are there good levels of artificial light in the circulation areas?	
17.		Is there a drinking water facility within easy access in the corridor area?	
18.		Are there Wi-Fi/internet facilities?	
19.		Is there a good acoustic environment (i.e., not too noisy)?	
20.		Is there a good thermal environment (i.e., not too hot or cold)	
21.		Is there good air quality in this part of the ED (i.e., does the ED smell fresh)?	
22.		Are there plants or images of nature in the ED to offer contact with nature?	
		A. Overall Score for this area	
		B. Available Score	44
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.3.3 ED Reception

This section of the audit refers to the main ED reception.

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q.			Score
1.		Is the reception visible upon entry to the ED?	
2.		Is the reception easy to find from all parts of the ED entrance and waiting area?	
3.		Is there enough space around the reception to accommodate a number of people without it feeling crowded or noisy?	
4.		Does the design of the reception create a welcoming space?	
5.		Is there a lower section of the reception desk to accommodate a person in a wheelchair or a person of smaller stature?	
6.		Is there good wayfinding signage leading to/from the reception?	
7.		Are there visual cues such as colour panels, artwork or graphics used to identify the reception?	
8.		Is there good colour contrast between the reception and the background so it is clearly visible?	
9.		Is there a good level of artificial light at the reception area?	
10.		Is the reception area free of clutter?	
11.		If there is a speaker or intercom used at the reception, is this easily found, within reach, and easy to operate for all users?	
		A. Overall Score for this area	
		B. Maximum Score	22
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.3.4 ED Waiting Areas

An ED may have a number of waiting areas within the entrance area/reception area, these areas should be audited collectively.

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q			Score
1.		Are the waiting areas easy to find upon entry to the ED?	
2.		Are the waiting areas easy to find from all other parts of the ED?	
3.		Are the waiting areas spacious enough for people to feel calm and comfortable?	
4.		Is there enough space and seating in the waiting areas for both patients and accompanying persons, including those with wheelchairs or walkers?	
5.		Is the seating in the waiting areas comfortable?	
6.		Are there large format clocks and calendars in the waiting areas?	
7.		Is there good colour contrast between walls, floors, other building elements?	
8.		Is there good colour contrast between the furniture and the background (i.e., walls and floors)?	
9.		Are there images and artwork of the local context in the waiting area?	
10.		Are there views from the waiting area to outside (for stimulation/orientation)?	
11.		If there is a TV or radio in the waiting area, are they used in a way that creates a calm environment?	
12.		Are the floors in the waiting area non-slip and non-glare?	
13.		Are strong patterns/abrupt colour changes avoided on the floors?	
14.		Is there a good level of natural light in the waiting area?	
15.		Is there a good level of artificial light in the waiting area?	
16.		Is there a drinking water facility within easy access of the waiting area?	
17.		Is there a dedicated waiting area (separate space or distinct area within the main waiting area with some level of separation) within the ED for people who may be more sensitive to the noise or activity in an ED.	
		A. Overall Score for this area	
		B. Maximum Score	34
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.3.5 Main Toilet in ED

Identify the main public toilets within the entrance/waiting area and use this section to collectively evaluate these.

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q.			Score
1.		Is the toilet easy to find from the entrance, reception and waiting areas?	
2.		Are there signage/symbols to help a person identify the location of the toilet?	
3.		If the toilet door is approached from the side, is there projecting (i.e., 90˚) signage? (If non-applicable insert 2 marks).	
4.		Does the colour of the door or doorframe/architrave clearly contrast with the background, so it is easy to see?	
5.		Is the door handle/push plate or similar easy to see on both sides of the door?	
6.		Is the opening or operation of the door easy to understand?	
7.		Is the door and door handle easy to use?	
8.		Is the light switch easy to find, reach and use? (Score 2 if the light is automatic)	
9.		Is there a good level of natural lighting in the toilet?	
10.		Is there a good level of artificial lighting in the toilet?	
11.		Does the door threshold/floor at the entrance avoid an abrupt colour change?	
12.		Are the floors in the toilet non-slip?	
13.		Are the floors in the toilet non-glare and non-reflective?	
14.		Is the toilet room accessible for all users including people in wheelchairs?	
15.		Is there enough space in the toilet to allow someone to assist a patient?	
16.		Is there adequate support in the WC in the form of vertical grabrails, horizontal grabrails, and drop-down rails?	
17.		Is the WC (toilet) seat at height that makes it easy to get on and off (at least 480mm above floor level)? This may also take the form of a seat riser.	
18.		Do the fittings (e.g., toilet seat, toilet roll holder, grabrails, washbasin, hand dryer) visually contrast with the background so that they are clearly visible?	
19.		Are these fittings accessible, understandable and easy to use for all users?	
20.		Is there a call alarm button or pull cord clearly visible and within easy reach? To be clearly visible and reachable the pull chord should have two red bangles (approx. 50mm diameter), one at the end of the chord (within 100mm of the floor) and another a height of 800 to 1000mm above the floor.	
21.		Is there a good acoustic environment in the toilet (i.e., not too noisy)?	
22.		Is there a good thermal environment in the toilet (i.e., not too hot or cold)	
23.		Is there good air quality throughout the toilet (i.e., does the space smell fresh)?	
		A. Score for this area	
		B. Maximum score	46
		Total % Score for this area = (A÷B)*100	

Audit 5.3 - Emergency Department

Observations and Recommendations

5.3.6 Central ED area layout

While the interior of the ED is a complex setting, providing a legible and easily understood layout will provide patients with a better sense of comprehensibility and manageability in a situation that is largely out of their control.

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q			Score
1.		Is the layout of the central ED area easy to understand and navigate for all users?	
2.		Are the key spaces (e.g., central nurse's station, toilets, or bathrooms) easy to find from the ED bays and the main circulation areas?	
3.		Is there clear and consistent wayfinding signage to help people find their way to these key spaces and around this part of the ED?	
4.		Are the doors to these spaces clearly identified with wayfinding signage?	
5.		Does the colour of the doors to key spaces (e.g., toilets, bathrooms) clearly contrast with the wall in which they are set?	
6.		Does the wayfinding signage in the ED use straightforward terminology?	
7.		Is the wayfinding terminology used in a consistent way throughout the ED	
8.		Are the main circulation spaces wide enough to allow people (including those using rollators, canes, wheelchairs) to move around in comfort?	
9.		Are these circulation areas calm and uncluttered?	
10.		Are there handrails or grabrails in the circulation/corridor areas for people who require support?	
11.		Are the floors throughout this area non-slip and non-glare?	
12.		Are strong patterns/abrupt colour changes avoided on the floors?	
13.		Is there good colour contrast between walls, floors, other building elements?	
14.		Are there good levels of natural light in the central ED area?	
15.		Are there good levels of artificial light in these areas?	
16.		Is there a drinking water facility within easy access of the ED bays?	
17.		Are there Wi-Fi/internet facilities in the central ED?	
18.		Is there a good acoustic environment (i.e., not too noisy)?	
19.		Is there a good thermal environment (i.e., not too hot or cold)	
20.		Is there good air quality in this part of the ED (i.e., does the ED smell fresh)?	
21.		Are there plants or images of nature in central ED to offer contact with nature?	
		A. Overall Score for this area	
		B. Maximum Score	42
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.3.7 ED Central Nurses' Station

The central ED may have more than one nurse's station, however, this section applies to the main nurses' station or staff base within this part of the ED.

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q.			Score
1.		Is the nurses' station easy to find from all parts of the central ED?	
2.		Is there enough space around the nurses' station to accommodate a number of people without it feeling crowded or noisy?	
3.		Does the design of the nurses' station create a welcoming space?	
4.		Is there a lower section of the nurses' station desk to accommodate a person in a wheelchair or a person of smaller stature?	
5.		Is there good wayfinding signage leading to/from the nurses' station?	
6.		Are there visual cues such as colour panels, artwork or graphics used to identify the nurses' station?	
7.		Is there good colour contrast between the nurses' station and the background so it is clearly visible?	
8.		Is there a good level of artificial light at the nurses' station area?	
9.		Is the nurses' station free of clutter?	
		A. Overall Score for this area	
		B. Maximum Score	18
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.3.8 ED Bays

This section may be applied to the ED bays in general or to a selected area designated for patients with dementia or these experiencing cognitive impairment

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q.			Score
1.		Are there select ED bays designated for distressed or disoriented patients?	
2.		If so, do these bays provide a balance between observation from the main nurses station, proximity to a toilet and a calm location?	
3.		Is there sufficient space and seating within the ED bays to permit an accompanying person to remain by the patient's side without getting in the way of medical staff?	
4.		Are the ED bays uncluttered?	
5.		Is the ED bay fitted with a privacy screen to provide some level of visual and acoustic separation from the ED floor?	
6.		Are the floors in the bay area non-slip and non-glare?	
7.		Are strong patterns/abrupt colour changes avoided on the floors?	
8.		Is there good colour contrast between walls, floors, and other elements in the bay?	
9.		Is there good colour contrast between the furniture and the background (i.e. walls and floors)?	
10.		Is there good daylight in the ED bays?	
11.		Is the artificial light within the ED bays easily controlled so that calm or darker lighting conditions can be achieved within the bay?	
		A. Overall Score for this area	
		B. Maximum Score	22
		Total % Score for this area = (A÷B)*100	

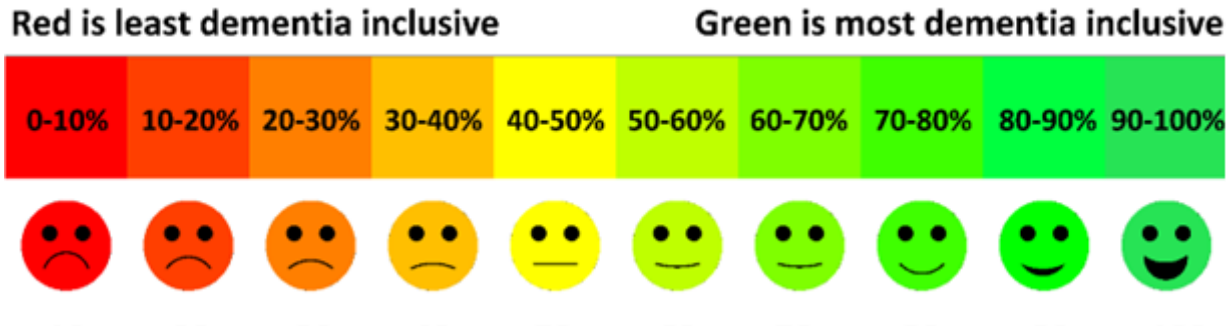
Observations and Recommendations

Final Overall Score for ED

Hospital:	Name of area:	Date:	Time:
Notes:			

	Key Area in ED	Exists Y or N	Score	Max. Score	%
5.3.1	**ED Approach & entry**			26	
5.3.2	**ED Entrance area & layout**			44	
5.3.3	**ED Reception**			22	
5.3.4	**ED Waiting Area**			34	
Or add space if required					
5.3.5	**Main Toilet**			46	
Or add space if required					
5.3.6	**Central ED area layout**			42	
5.3.7	**ED Central Nurses' Station**			18	
5.3.8	**ED Bays**			22	
			Totals	A	B - 254
			Total % score = (A÷B)*100		

Use this final **Total % score** to mark the current Dementia Inclusive Hospital rating for this part of the hospital.



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Dementia Inclusive Hospitals from a Universal Design Approach

5 - Key internal and External Spaces

Audit 5.4 Day Services

Audit 5.4: Day Services

An age-related Day Service (DS) is one of the most important places within the hospital; here a patient will receive care and support from specialist nursing staff, geriatricians, occupational therapists, dieticians, speech therapists, physiotherapists, and other clinical and medical social staff. The DS also acts as an important social space where patients can interact in a more casual way with staff, accompanying persons, other patients, and other visitors.

Key areas to consider

This section is broken down into the following areas:

5.4.1: Approach and Entry

5.4.2: Layout and Circulation

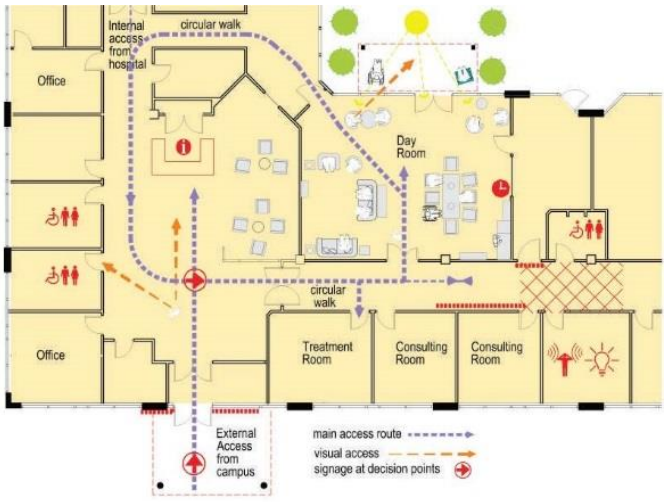
5.4.3: Reception

5.4.4: Waiting Area

5.4.5: Toilets

5.4.6: Day Room

5.4.7: Consulting Rooms



Things to remember when answering the questions

When answering the questions consider the needs of a wide diversity of users and bear in mind that a dementia inclusive hospital should be:

Easily accessed, understood, and used: A supportive environment should not only be accessible; it should also be clearly understood and easily used. Universal Design is achieved when all three of these are achieved.

For all users: When answering questions consider the needs of a wide diversity of users and make sure that the various aspects of the built environment support all people regardless of age (e.g., old and young), size (e.g., tall, shorter stature), ability or disability (e.g., physical, sensory, or cognitive)

Scoring each Section and Obtaining a Final Score

Space is provided at the end of each subsection to allow each of these sub-sections to be scored individually. A score for the full DS can also be obtained by combining the scores and available scores for each subsection and using these to determine an overall % score for the DS. This percentage can then be mapped against the Dementia Inclusive Hospital rating scale to see how it performs.

5.4.1 Day Services Approach and Entry

A Day Service (DS) will often have a dedicated entrance directly accessed from the hospital grounds. This section addresses some external issues related to the hospital grounds and parking, but for a more in-depth audit of these issues, see Audit 3.

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q.			Score
1.		Is there a clearly legible route leading to the DS entrance from the hospital grounds and main external circulation route (i.e., main hospital access road)?	
2.		Is there clear and consistent wayfinding signage along this route to the DS?	
3.		Is there a good level of light along this route so that key features, and signage are clearly visible?	
4.		Are there sufficient designated accessible car parking spaces as close as possible to the main building entrance (the number of spaces will depend on the size of the facility)?	
5.		Are there convenient set-down areas provided so that an accompanying person can drop-off a patient, park close by and return quickly to escort the patient into the DS?	
6.		Is there large format signage, colour, or similar identifying the DS entrance?	
7.		Is there a space outside the DS entrance that provides a gathering/social or waiting area?	
8.		Is there seating provided in this area?	
9.		Is there a good level of artificial light in this area?	
10.		Is there planting in this area to promote a therapeutic and calm environment?	
11.		Is distinctive planting used to create landmarks and visual cues to support orientation and navigation?	
12.		Is there a covered area or canopy providing shelter at the DS entrance?	
13.		Is the DS entrance door visible and easy to find on approach for all users?	
14.		Is the DS entrance clearly differentiated from other adjacent entrances through colour and/or other visual cues?	
15.		If the entry door to the DS is locked and controlled with an intercom, is it easy for all users to locate, reach, and operate the intercom panel?	
16.		Is the opening or operation of the door easy to understand?	
17.		Is the door handle/push plate or similar, easy to see on both sides of the door?	
18.		Is the door and door handle easy to use?	
19.		When leaving the DS, if the door is locked (see question 15), is the release mechanism for the door easy to understand and use?	
		A. Overall Score for this area	
		B. Maximum Score	38
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.4.2 Day Service Layout and corridors

To complete this section, start from the main Day service (DS) entrance and walk through the department using the questions below to guide your observations. Repeat the journey to answer the questions accurately.

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q.			Score
1.		Is the overall layout of DS simple to understand and navigate for all users?	
2.		Is there a reception area that is clearly visible upon entry (see 5.4.3 for detail)	
3.		Is there a waiting/seating area near the reception? (See 5.4.4 for detail)	
4.		Are the other key spaces (e.g., day room, toilets) easy to find?	
5.		Is there clear and consistent wayfinding signage to help people find their way to these key spaces and around the DS?	
6.		Are the doors to these key spaces (e.g., dayroom, toilets) clearly identified with wayfinding signage?	
7.		Does the colour of the doors to these key spaces (e.g., dayroom, toilets) clearly contrast with the wall in which they are set?	
8.		Does the wayfinding signage within the DS use straightforward terminology?	
9.		Is the wayfinding terminology used in a consistent way throughout the ward?	
10.		Is there a looped route to provide an internal walking/circulation area?	
11.		Are the main corridors wide enough to allow people (including those using rollators, canes, wheelchairs) to move around in comfort?	
12.		Are the corridors calm and uncluttered?	
13.		Are there views from the corridor to outside for views/orientation?	
14.		Is there direct access to outside from the circulation area or the dayroom?	
15.		Are there handrails/grabrails in the corridor for people who require support?	
16.		Are the floors throughout the ward non-slip and non-glare?	
17.		Are strong patterns/abrupt colour changes avoided on the floors?	
18.		Is there good colour contrast between walls, floors, other building elements?	
19.		Are there large format clocks and calendars in the circulation area?	
20.		Are there images and artwork of the local context in the circulation area?	
21.		Are there good levels of natural light in the corridor area?	
22.		Are there good levels of artificial light in the corridor area?	
23.		Is there a drinking water facility within easy access in the corridor area?	
24.		Are there Wi-Fi/internet facilities throughout the DS?	
25.		Is there a good acoustic environment in the DS (i.e., not too noisy)?	
26.		Is there a good thermal environment (i.e., not too hot or cold)	
27.		Is there good air quality throughout the DS (i.e., does the ward smell fresh)?	
28.		Are there plants or images of nature on the ward to offer contact with nature?	
		A. Overall Score for this area	
		B. Maximum Available Score	56
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.4.3 Day Service Reception

A Day Service (DS) will typically have a reception of some kind. This may exclusively serve the DS or form a shared reception with another department or ward. Either way use this section to audit the reception for the DS

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q.			Score
1.		Is the reception visible upon entry to the DS?	
2.		Is the reception easy to find from all parts of the DS?	
3.		Is there enough space around the reception to accommodate a number of people without it feeling crowded or noisy?	
4.		Does the design of the reception create a welcoming space?	
5.		Is there a lower section of the reception desk to accommodate a person in a wheelchair or a person of smaller stature?	
6.		Is there good wayfinding signage leading to/from the reception?	
7.		Are there visual cues such as colour panels, artwork or graphics used to identify the reception?	
8.		Is there good colour contrast between the reception and the background so it is clearly visible?	
9.		Is there a good level of artificial light at the reception area?	
10.		Is the reception area free of clutter?	
		A. Overall Score for this area	
		B. Maximum Score	20
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.4.4 Day Service Waiting Areas

If the Day Service has a waiting area as part of the reception area use this section to audit this space.

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q.			Score
1.		Is the waiting area within easy reach of the reception?	
2.		Is the waiting areas spacious enough for people to feel calm and comfortable?	
3.		Is there enough space and seating in the waiting areas for both patients and accompanying persons, including those with wheelchairs or walkers?	
4.		Is the seating in the waiting areas comfortable?	
5.		Does the seating create a more home-like and less clinical environment in the waiting area (e.g., a combination of lounge seating with coffee tables)?	
6.		Are there large format clocks and calendars in the waiting area?	
7.		Is there good colour contrast between walls, floors, other building elements?	
8.		Is there good colour contrast between the furniture and the background (i.e., walls and floors)?	
9.		Are there images and artwork of the local context in the waiting area?	
10.		Are the floors in the waiting area non-slip and non-glare?	
11.		Are strong patterns/abrupt colour changes avoided on the floors?	
12.		Is there a good level of natural light in the waiting area?	
13.		Is there a good level of artificial light in the waiting area?	
		A. Overall Score for this area	
		B. Maximum Score	26
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.4.5 Day Service Main Toilet

Identify the main toilets within the Day Service (DS) and use this section to collectively evaluate these.

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q.			Score
1.		Are the main toilets within the DS easy to find?	
2.		Are the toilets easy to reach from the reception/waiting area and the dayroom?	
3.		Is there clear wayfinding signage to help a person find their way to the toilets?	
4.		Does the colour of the toilet doors clearly contrast with the wall in which it is set?	
5.		Is there clear signage on the toilet doors (or adjacent to it) to identify it?	
6.		Are the door handles/push plates or similar easy to see on both sides of the door?	
7.		Is the opening or operation of the doors easy to understand?	
8.		Are the door and door handles easy to use?	
9.		Are the toilets accessible for all users including people in wheelchairs?	
10.		Are the floors in the toilets non-slip and non-glare?	
11.		Do the fittings (e.g., WC, toilet roll holder, washbasin. hand dryer) visually contrast with the background so that they are clearly visible?	
12.		Are these fittings accessible, understandable and easy to use for all users?	
13.		Is there enough space in the toilets to allow someone to assist a patient?	
14.		Is there a good level of artificial lighting in the toilets?	
15.		Are the light switches accessible, easy to understand and use for all users?	
16.		Is there a call/alarm button/pull cord visible and within easy reach in the toilet?	
		A. Overall Score for this area	
		B. Maximum Score	32
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.4.6 Day Service: Main Day Room

If the Day Service has a waiting area as part of the reception area use this section to audit this space.

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q.		5.4.6.1: Room Approach and Entry	Score
1.		Does the location of the day room act as a central hub within the DS	
2.		Is there large format signage, colour, or similar identifying the day room entrance on approach?	
3.		Is there a large format room name that is clearly visible at the entrance to the day room?	
4.		Is the entry door visible and easy to find on approach for all users?	
5.		Is the door handle/push plate or similar easy to see on both sides of the door?	
6.		Is the opening or operation of the door easy to understand?	
7.		Is the door and door handle easy to use for all users?	
		A. Overall Score	
		B. Available Score	14
		Total % score for this area = (A÷B)*100	

Observations and Recommendations

5.4.6 Day Service: Main Day Room Continued…			
Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q.		5.4.6.2: Day Room Layout and Key Features	Score
1.		Is there sufficient and uncluttered circulation space within the day room to allow people to move around comfortably?	
2.		Is there a retreat area within the day room (i.e., bench, or an alcove that creates a breakaway space with a sense of enclosure or protection where a person can sit alone or with another person)?	
3.		Is there a variation of lounge seating and different configurations of tables and chairs in the day room?	
4.		Is there a view to the outside from the day room?	
5.		Is there direct access to a safe outdoor space from the dayroom (See Audit 5.6 for External Spaces)?	
6.		Are there coffee/tea making facilities in the day room?	
7.		Are there handrails or grabrails within the day room for support?	
8.		Are the floors non-slip and non-glare?	
9.		Are strong floor patterns or abrupt colour changes in the flooring avoided?	
10.		Is there good colour contrast between the walls, floors, and doors?	
11.		Is there a large format clock and calendar in the day room?	
12.		In terms of furniture, fittings, window and door handles, and other building elements in the day room, is there good colour contrast used to make these items clearly visible?	
13.		Are the light switches easy to see and use?	
14.		Is there a drinking water facility within easy access of the day room?	
15.		Are there Wi-Fi/internet facilities in the day room?	
16.		Are there electrical sockets for re-charging electronic devices (i.e., iPads)?	
17.		If there is a TV or radio in the day room, are they used in a way that creates a calm environment?	
18.		If there is a TV/radio in the day room, is the TV/radio remote control/dial easy to use?	
19.		Are there images and artwork of the local context?	
20.		Is there a good level of natural light in the day room?	
21.		Is there a good level of artificial light in the day room?	
22.		Is there a good thermal environment in the room (i.e., not too hot or cold)	
23.		Is there a good acoustic environment in the room (i.e., not too noisy)?	
24.		Is there wayfinding signage to help people find the main toilet from the day room?	
		A. Overall Score for this area	
		B. Maximum Score	48
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.4.7 Day Service: Consulting Room

Examine the main consulting rooms within the DS and use this section to collectively audit them.

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q.			Score
1.		Are the consulting rooms within the DS easily found?	
2.		Are the consulting rooms easy to reach from the dayroom?	
3.		Are there signage/symbols to help a person identify the location of these rooms?	
4.		Are the door handles/push plates or similar easy to see on both sides of the door?	
5.		Is the door and door handle easy to use?	
6.		Is there sufficient space and seating within the consulting room to permit an accompanying person to remain by the patient's side without feeling like they are getting in the way?	
7.		Is there seating in the consulting room for 2 accompanying persons?	
8.		Are the floors in the consulting rooms non-slip and non-glare?	
9.		Are strong patterns/abrupt colour changes avoided on the floors?	
10.		Are the consulting rooms uncluttered?	
11.		Is there a good level of natural light in the consulting rooms?	
12.		Is there a good level of artificial light in the consulting rooms?	
13.		Is there good colour contrast between walls, floors, and other building elements?	
14.		Is there good colour contrast between the furniture and the background (i.e., walls and floors)?	
		A. Overall Score for this area	
		B. Maximum Score	28
		Total % Score for this area = (A÷B)*100	

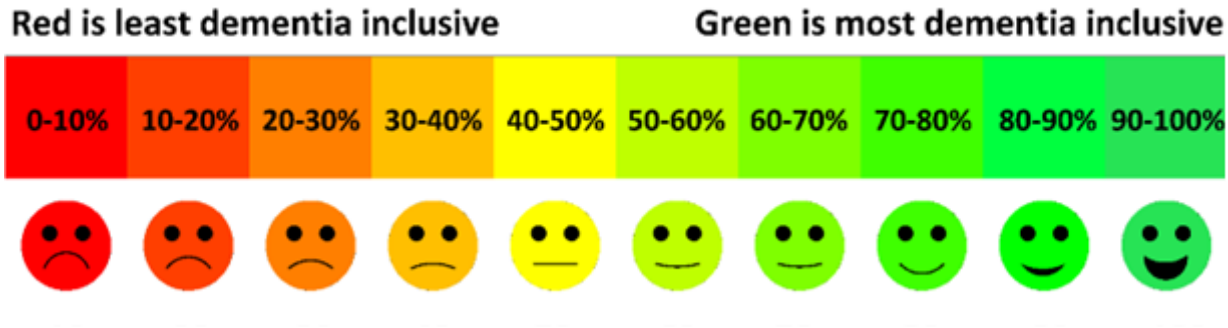
Observations and Recommendations

Final Overall Score for Day Services

Hospital:	Name of area:	Date:	Time:
Notes:			

	Key Area in Day Services	Exists Y or N	Score	Max. Score	%
5.4.1	Approach and entry			38	
5.4.2	Layout and Corridors			56	
5.4.3	Reception			20	
5.4.4	Waiting Areas			26	
5.4.5	Toilets			32	
5.4.6	Day Room			62	
5.4.7	Consulting Rooms			28	
	Totals		A	B - 262	
	Total % score = (A÷B)*100				

Use this final **Total % score** to mark the current Dementia Inclusive Hospital rating for this part of the hospital.



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Dementia Inclusive Hospitals from a Universal Design Approach

5 - Key internal and External Spaces

Audit 5.5 In-Patient Ward

Audit 5.5: In-Patient Ward

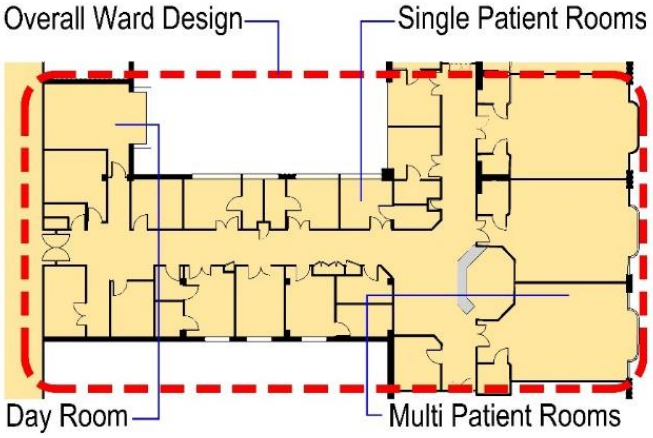
Key Spaces within the In-patient Ward

The In-Patient Ward is broken down into the following areas listed below.

5.5.1 Overall Ward Design: This looks at the ward approach, entrance, main layout and key circulation areas. It also includes sub-sections for the nurses' station, waiting areas, patient toilet on the ward corridor, and other issues.

5.5.2 Single Patient Room: This sub-section looks at individual single patient rooms including approach, entry, room layout, ensuite bathroom, and overall/other issues.

5.5.3 Multi Patient Room: This sub-section looks at individual multi-patient rooms, which are broken down into approach, entry, room layout, shared bathroom, and overall/other issues.



5.5.4 Day Room: Similar to the other key spaces on the ward, this looks at the entrance, room layout and key design features, along with overall/other issues.

Things to remember when answering the questions

When answering the questions consider the needs of a wide diversity of users and bear in mind that a dementia inclusive hospital should be:

Easily accessed, understood, and used: A supportive environment should not only be accessible, it should also be clearly understood and easily used. Universal Design is achieved when all three of these are achieved.

For all users: When answering questions consider the needs of a wide diversity of users and make sure that the various aspects of the built environment support all people regardless of age (e.g., old and young), size (e.g., tall, shorter stature), ability or disability (e.g., physical, sensory, or cognitive)

Using the Audit Sheets in the In-Patient Ward

A typical in-patient ward will contain multiple single and shared patient rooms. While some of these may be similar in terms of overall design, these rooms will often have different layouts or finishes and will require separate audits. In these scenarios use duplicate audit sheets to audit each room.

Scoring each Section and Obtaining a Final Score

Space is provided at the end of each subsection to allow each of these sub-sections to be scored individually. A score for the full ward can also be obtained by combining the scores for each subsection and using these to determine an overall % score for the ward. This percentage can then be mapped against the Dementia Inclusive Hospital rating scale to see how it performs.

5.5.1 Overall Ward Design

Hospital:	Ward:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

		5.5.1.1: Ward Approach and Entrance	Score
Q.		**When completing this section start your journey from the main hospital corridor (i.e., main hospital 'street' or atrium) or the main lifts/stairs on that floor taking note of the environment and the questions below as you travel. Once you are familiar with the overall route repeat the journey to answer the questions accurately.**	
1.		Is there a clear and legible route leading to the ward entrance from the main hospital circulation corridor (i.e., main hospital street, atrium, etc)?	
2.		Is there clear and consistent wayfinding signage along this route to the ward?	
3.		Is there a good level of light along this route so that key features and signage are clearly visible?	
4.		Is the entrance door visible and easy to find on approach for all users?	
5.		Is there a large format graphic, a distinct colour, or similar visual cue identifying the ward entrance?	
6.		Is there a large format signage with ward name clearly visible upon approach?	
7.		If the entrance is approached from the side, is there projecting (i.e., 90°) signage? (If non-applicable insert 2 marks).	
8.		Does the colour of the door or doorframe/architrave clearly contrast with the background, so it is easy to see?	
9.		If the entry door to the ward is locked and controlled with an intercom, is it easy for all users to locate, reach, and operate the intercom panel? (Give this a score of 2 if the doors are open or unlocked)	
10.		Is the opening or operation of the door easy to understand?	
11.		Is the door handle/push plate or similar easy to see on both sides of the door?	
12.		Is the door and door handle easy to use?	
13.		Does the door threshold/floor at the entrance avoid an abrupt colour change?	
14.		When leaving the ward, if the ward door is locked (see question 9), is the release mechanism for the door easy to understand and use? (Give this a score of 2 if the doors are open or unlocked)	
15.		Is there a designated patient exit alert? Score 2 if this is not a safety concern, score 0 if it is a concern but there is no alert, score 1 if the alarm sounds at the exit point, or score 2 if it discreetly alerts the nurse's station or a staff beeper.	
		A. Score for this area	
		B. Maximum score	30
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.5.1 Overall Ward Design Continued…			
Hospital:	Ward:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

		5.5.1.2: Ward Layout, Corridor Design, General Issues	Score
Q.		**To complete this section, start from the main ward entrance and walk through the ward using the questions below to guide your observations. Repeat the journey to answer the questions accurately.**	
1.		Is the overall layout of ward simple to understand and navigate for all users?	
2.		Are the key spaces (e.g., nurses' station, family room, toilet) easy to find?	
3.		Is there clear and consistent wayfinding signage to help people find their way to these key spaces and around the ward?	
4.		Are the entrances to the key spaces clearly identified with wall/door signage?	
5.		For key entrances that are approached from the side, is there projecting (i.e., 90˚) signage? (If non-applicable insert 2 marks).	
6.		Do the colour of the doors or doorframes/architraves to the key spaces (e.g., family rooms, toilets) clearly contrast with the wall in which they are set?	
7.		Is there a looped corridor to provide an internal walking/circulation area?	
8.		Are the main corridors wide enough to allow people (including those using rollators, canes, wheelchairs) to move around in comfort?	
9.		Are there seating areas available for rest, as destinations, or socialisation? (5.5.1.4 deals with larger or dedicated waiting/seating areas)	
10.		Are the corridors calm and uncluttered?	
11.		Is there a view from the corridor to the outside for views or orientation?	
12.		Is there access to an outside space from the corridor, family room, or similar?	
13.		Are there handrails on the corridor for people who require support?	
14.		Are the floors throughout the corridors non-slip?	
15.		Are the floors throughout the corridors non-glare and non-reflective?	
16.		Are strong patterns/abrupt colour changes avoided on the floors?	
17.		Is there good colour contrast between walls, floors, other building elements?	
18.		Are there large format clocks and calendars in the corridors?	
19.		Are there images and artwork of the local context in the corridors?	
20.		Are there good levels of natural light in the corridor area?	
21.		Are there good levels of artificial light in the corridor area when required?	
22.		Is there a good acoustic environment in the ward (i.e., not too noisy)?	
23.		Is there a good thermal environment in the ward (i.e., not too hot or cold)?	
24.		Is there good air quality throughout the ward (i.e., does the ward smell fresh)?	
25.		Are there plants or images of nature on the ward to offer contact with nature?	
26.		Is there a drinking water facility within easy access in the corridor area?	
27.		Is there Wi-Fi throughout the ward?	
		A. Score for this area	
		B. Maximum score	54
		Total % Score for this area = (A÷B)*100	

Audit 5.5 - In-Patient Ward

Observations and Recommendations

5.5.1 Overall Ward Design Continued…			
Hospital:	Ward:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

		5.5.1.3: Nurses' Station/Staff Base on the Ward	Score
Q.		**A ward may have more than one nurse's station; however, this section applies to the main nurses' station or staff base on the ward.**	
1.		Is the nurses' station clearly visible upon entry to the ward?	
2.		Is the nurses' station easy to find from all parts of the ward?	
3.		If the ward is large or the nurses' station is not visible from certain corridors, is there good wayfinding signage leading to the nurses' station? (If the nurse's station is clearly visible from most parts of the corridor and does not require wayfinding signage along the corridor, score this 2)	
4.		Is there signage at the nurses' station to make it easy to find and recognise?	
5.		If the nurses' station is approached from more than one direction (e.g., front and side), is there signage visible on approach? (If non-applicable score this 2)	
6.		Is there enough space around the nurses' station to accommodate a number of people without it feeling crowded or noisy?	
7.		Does the design of the nurses' station create a welcoming space?	
8.		Is there a lower section of the nurses' station desk to accommodate a person in a wheelchair or a person of smaller stature?	
9.		Is there a large format graphic, a distinct colour, or similar visual cue used to identify and distinguish the nurses' station?	
10.		Is there good colour contrast between the nurses' station and the background so it is clearly visible?	
11.		Is there a good level of artificial light at the nurses' station area?	
12.		Is the nurses' station free of clutter?	
		A. Score for this area	
		B. Maximum score	24
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.5.1 Overall Ward Design Continued…			
Hospital:	Ward:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

		5.5.1.4: Waiting/Seating Area on the corridor	Score
Q.		**A small waiting or seating area near the nurses' station or along the main corridor can provide space for a person to rest or wait until a staff member can speak to them.** If this area exists score accordingly, if not provide a score of 0	
1.		Is this area spacious enough for people to feel calm and comfortable?	
2.		Is there enough space and seating in the waiting area for both patients and accompanying persons, including those with wheelchairs or walkers?	
3.		Is the seating in the waiting area comfortable?	
4.		Does the seating create a more home-like and less clinical environment in the waiting area (e.g., a combination of lounge seating with coffee tables)?	
5.		Are the floors in the waiting/seating area non-slip?	
6.		Are the floors in waiting/seating area non-glare and non-reflective?	
7.		Are strong patterns/abrupt colour changes avoided on the floors?	
8.		Are there views to the outdoors from the waiting/seating area?	
9.		Is there a good level of natural light in the waiting/seating area?	
10.		Is there a good level of artificial light in the waiting/seating area when required?	
		A. Score for this area	
		B. Maximum score	20
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.5.1 Overall Ward Design Continued…			
Hospital:	Ward:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

		5.5.1.5: Toilet on the Main Ward Corridor	Score
Q.		**An accessible toilet along the main corridor is important for patients who need the toilet when they are walking or exercising on the corridor. Identify the main toilet and use this section to evaluate it.** If there's a toilet on the corridor score accordingly; if not provide score of **0.**	
1.		Is the toilet easy to find for patients who are out on the corridor?	
2.		Are there signage/symbols to help a person identify the location of the toilet?	
3.		If the toilet door is approached from the side, is there projecting (i.e., 90˚) signage? (If non-applicable insert 2 marks).	
4.		Does the colour of the door or doorframe/architrave clearly contrast with the background, so it is easy to see?	
5.		Is the door handle/push plate or similar easy to see on both sides of the door?	
6.		Is the opening or operation of the door easy to understand?	
7.		Is the door and door handle easy to use?	
8.		Is the light switch easy to find, reach and use? (Score 2 if light is automatic)	
9.		Is there a good level of natural lighting in the toilet?	
10.		Is there a good level of artificial lighting in the toilet?	
11.		Does the door threshold/floor at the entrance avoid an abrupt colour change?	
12.		Are the floors in the toilet non-slip?	
13.		Are the floors in the toilet non-glare and non-reflective?	
14.		Is the toilet room accessible for all users including people in wheelchairs?	
15.		Is there enough space in the toilet to allow someone to assist a patient?	
16.		Is there adequate support in the WC in the form of vertical grabrails, horizontal grabrails, and drop-down rails?	
17.		Is the WC (toilet) seat at height that makes it easy to get on and off (at least 480mm above floor level)? This may also take the form of a seat riser.	
18.		Do the fittings (e.g., toilet seat, toilet roll holder, grabrails, washbasin, hand dryer) visually contrast with the background so that they are clearly visible?	
19.		Are these fittings accessible, understandable and easy to use for all users?	
20.		Is there a call alarm button or pull cord clearly visible and within easy reach? To be clearly visible and reachable the pull chord should have two red bangles (approx. 50mm diameter), one at the end of the chord (within 100mm of the floor) and another a height of 800 to 1000mm above the floor.	
		A. Score for this area	
		B. Maximum score	40
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.5.1 Overall Ward Design Continued…			
Hospital:	Ward:	Date:	Time:
Notes:			

Total Score for Overall Ward Design		Score
5.5.1.1	Ward Approach and Entrance (Max score 30)	
5.5.1.2	Ward Layout, Corridor Design & General Issues (Max score 54)	
5.5.1.3	Nurses' Station/Staff Base on the Ward (Max score 24)	
5.5.1.4	Waiting/Seating Areas on the corridor (Max score 20)	
5.5.1.5	Toilet on the Main Ward Corridor (Max score 40)	
	A. Total Score	
	B. Maximum score	**168**
	Total % score for this area = (A÷B)*100	

Observations and Recommendations

5.5.2 Single Patient Room

If there are single rooms in the ward score accordingly and duplicate as required. If there are no single rooms ignore this section and omit from the **Final Overall Score for Ward**.

Hospital:	Ward:	Room No:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:		

Q.		5.5.2.1: Room Entry on Approach from Corridor	Score
1.		Is there a large format graphic, a distinct colour, or similar visual cue identifying the room entrance?	
2.		Is there a large format room name/number that is clearly visible upon approach?	
3.		If the room entrance is approached from the side, is there projecting (i.e., 90˚) signage? (If non-applicable insert 2 marks).	
4.		Does the colour of the door or doorframe/architrave clearly contrast with the background, so it is easy to see?	
5.		Is the door handle/push plate or similar easy to see on both sides of the door?	
6.		Is the opening or operation of the door easy to understand?	
7.		Is the door and door handle easy to use for all users?	
8.		Does the door threshold/floor at the entrance avoid an abrupt colour change?	
		A. Score for this area	
		B. Maximum score	16
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.5.2 Single Patient Room Continued…			
Hospital:	Ward:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q.		5.5.2.2: Room Layout and Key Features	Score
1.		Is there sufficient and uncluttered circulation space within the room?	
2.		Is there a view to outside from the patient bed?	
3.		Is there sufficient space beside the bed for patient and visitor seating?	
4.		Is there space beside the bed for a locker that can contain personal belongings?	
5.		Does the design and installation of the call/alarm button ensure that it is visible and within reach at the bedside if properly managed? (i.e., the call/alarm button may get moved around by the patient which is unavoidable).	
6.		Is there a family zone or similar space within the room?	
7.		Is there a pull couch/bed to allow a family member stay overnight?	
8.		Is the ensuite door clearly visible and easily accessed from the patient bed?	
9.		Is the colour of the ensuite door or door frame in contrast to the background?	
10.		Is there wayfinding signage or symbols to help people find the ensuite toilet?	
11.		Where the ensuite is approached from the side, is there projecting (i.e., 90˚) signage that is visible from the patient bed? (If non-applicable insert 2 marks).	
12.		Are there handrails or grabrails in key locations within the room for support?	
13.		Are the floors non-slip?	
14.		Are the floors non-glare and non-reflective?	
15.		Are strong floor patterns or abrupt colour changes in floor avoided?	
16.		Is there a good level of natural light in the room?	
17.		Is there a good level of artificial light in the room?	
18.		Is there good colour contrast between walls, floors, and doors?	
19.		Is there a large format clock and calendar in the room?	
20.		Are there images and artwork of the local area in the room?	
21.		Are the door, wardrobe, or other handles in the room easy to see and use?	
22.		Are the light switches in the room easy to see and use?	
23.		Is there drinking water within easy access of patient bed/bay?	
24.		Are there Wi-Fi/internet facilities in the room?	
25.		Are there enough electrical sockets for charging electronic devices (i.e. phone)?	
26.		Is the TV or radio in the room easily controlled by patients?	
27.		Is there a good acoustic environment in the room (i.e., not too noisy)?	
28.		Is there a good thermal environment in the room (i.e., not too hot or cold)?	
29.		Are there plants or images of nature in the room to offer contact with nature?	
		A. Score for this area	
		B. Maximum score	58
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.5.2 Single Patient Room Continued…			
Hospital:	Ward:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q.		5.5.2.3: Ensuite Toilet / Bathroom	Score
		If there is an ensuite in the room score accordingly, if not provide a score of **0.**	
1.		Is the door handle/push plate or similar easy to see on both sides of the door?	
2.		Is the opening or operation of the door easy to understand?	
3.		Is the door and door handle easy to use?	
4.		Is the light switch easy to find, reach and use? (Score 2 if the light is automatic)	
5.		Is there a good level of natural lighting in the toilet?	
6.		Is there a good level of artificial lighting in the toilet?	
7.		Does the door threshold/floor at the entrance avoid an abrupt colour change?	
8.		Are the floors in the toilet non-slip?	
9.		Are the floors in the toilet non-glare and non-reflective?	
10.		Is the toilet room accessible for all users including people in wheelchairs?	
11.		Is there enough space in the toilet to allow someone to assist a patient?	
12.		Is there adequate support at the WC in the form of vertical grabrails, horizontal grabrails, and drop-down rails?	
13.		Is the WC (toilet) seat at height that makes it easy to get on and off (at least 480mm above floor level)? This may also take the form of a seat riser.	
14.		Do the fittings (e.g., toilet seat, toilet roll holder, grabrails, washbasin, hand dryer) visually contrast with the background so that they are clearly visible?	
15.		Are these fittings accessible, understandable and easy to use for all users?	
16.		Is there a call alarm button or pull cord clearly visible and within easy reach? To be clearly visible and reachable the pull chord should have two red bangles (approx. 50mm diameter), one at the end of the chord (within 100mm of the floor) and another a height of 800 to 1000mm above the floor.	
		A. Score for this area	
		B. Maximum score	32
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.5.2 Single Patient Room Continued…			
Hospital:	Ward:	Date:	Time:
Notes:			

Total Score for Single Patient Room		Score
5.5.2.1	Room Entry on Approach from Corridor (Max score 16)	
5.5.2.2	Room Layout and Key Features (Max score 58)	
5.5.2.3	Ensuite Toilet / Bathroom (Max score 32)	
	A. Total Score	
	B. Maximum score	106
	Total % score for this area = (A÷B)*100	

Observations and Recommendations

5.5.3 Multi-Patient Room

If there are multi-patient rooms in the ward score accordingly and duplicate as required. If there are none rooms ignore this section and omit from the **Final Overall Score for Ward.**

Hospital:	Ward:	Room No:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:			

Q.		5.5.3.1: Room Entry on Approach from Corridor	Score
1.		Is there a large format graphic, a distinct colour, or similar visual cue identifying the room entrance?	
2.		Is there a large format room name/number that is clearly visible upon approach?	
3.		If the room entrance is approached from the side, is there projecting (i.e., 90˚) signage? (If non-applicable insert 2 marks).	
4.		Does the colour of the door or doorframe/architrave clearly contrast with the background, so it is easy to see?	
5.		Is the door handle/push plate or similar easy to see on both sides of the door?	
6.		Is the opening or operation of the door easy to understand?	
7.		Is the door and door handle easy to use for all users?	
8.		Does the door threshold/floor at the entrance avoid an abrupt colour change?	
		A. Score for this area	
		B. Maximum score	16
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.5.3 Multi Patient Room Continued…			
Hospital:	Ward:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q.		5.5.3.2: Multi-Patient Room Layout & Key Features	Score
1.		Is there sufficient and uncluttered circulation space within the multi-patient room to allow people to move around comfortably?	
2.		Is each bed bay identifiable and easily located through different colours, artwork or other visual cues behind each bed?	
3.		Is there sufficient space beside the bed for patient and visitor seating?	
4.		Is there space beside the bed for a locker that can contain personal belongings?	
5.		Does the design and installation of the call/alarm button ensure that it is visible and within reach at the bedside if properly managed? (i.e., the call/alarm button may get moved around by the patient which is unavoidable).	
6.		Is there a view to outside from the patient beds?	
7.		Is there a social area or break-out seating area within the multi-patient room?	
8.		Are there handrails or grabrails in key locations within the room for support?	
9.		Are the floors non-slip?	
10.		Are the floors non-glare and non-reflective?	
11.		Are strong floor patterns or abrupt colour changes in floor colour avoided?	
12.		Is there a good level of natural light in the multi-patient room?	
13.		Is there a good level of artificial light in the multi-patient room?	
14.		Is there good colour contrast between walls, floors, and doors?	
15.		Are there large format clocks and calendars in the multi-patient room that are visible from each bed?	
16.		Are there images and artwork of the local context?	
17.		Is there wayfinding signage or symbols to help people find the ensuite toilet?	
18.		Where the ensuite is approached from the side, is there projecting (i.e., 90˚) signage that is visible from the patient beds? (If non-applicable insert 2 marks).	
19.		Is the ensuite door clearly visible and easily accessed from each patient bed?	
20.		Is the colour of the ensuite door or door frame in contrast to the background?	
21.		Are the door, wardrobe, or other handles in the patient bays easy to use?	
22.		Are the light switches that control lighting to the bed easy to see and use?	
23.		Is there drinking water within easy access of the patient bed/bay?	
24.		Are there Wi-Fi/internet facilities in the room?	
25.		Are there enough electrical sockets for charging electronic devices (i.e., phone)?	
26.		Is there a calm environment in the ward i.e., if there is a TV or radio in the multi-patient room, are they used in a way that creates a calm environment?	
27.		Is there a good acoustic environment in the room (i.e., not too noisy)?	
28.		Is there a good thermal environment in the room (i.e., not too hot or cold)?	
29.		Are there plants or images of nature in the room to offer contact with nature?	
		A. Score for this area	
		B. Maximum score	58
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.5.3 Multi Patient Room Continued…			
Hospital:	Ward:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q.		5.5.3.3: Ensuite Toilet / Bathroom within room	Score
		If there is an ensuite in the room score accordingly, if not provide a score of **0.**	
1.		Is the door handle/push plate or similar easy to see on both sides of the door?	
2.		Is the opening or operation of the door easy to understand?	
3.		Is the door and door handle easy to use?	
4.		Is the light switch easy to find, reach and use? (Score 2 if the light is automatic).	
5.		Is there a good level of natural lighting in the toilet?	
6.		Is there a good level of artificial lighting in the toilet?	
7.		Does the door threshold/floor at the entrance avoid an abrupt colour change?	
8.		Are the floors in the toilet non-slip?	
9.		Are the floors in the toilet non-glare and non-reflective?	
10.		Is the toilet room accessible for all users including people in wheelchairs?	
11.		Is there enough space in the toilet to allow someone assist a patient?	
12.		Is there adequate support at the WC in the form of vertical grabrails, horizontal grabrails, and drop-down rails?	
13.		Is the WC (toilet) seat at height that makes it easy to get on and off (at least 480mm above floor level)? This may also take the form of a seat riser.	
14.		Do the fittings (e.g., toilet seat, toilet roll holder, grabrails, washbasin, hand dryer) visually contrast with the background so that they are clearly visible?	
15.		Are these fittings accessible, understandable and easy to use for all users?	
16.		Is there a call alarm button or pull cord clearly visible and within easy reach? To be clearly visible and reachable the pull chord should have two red bangles (approx. 50mm diameter), one at the end of the chord (within 100mm of the floor) and another a height of 800 to 1000mm above the floor.	
		A. Score for this area	
		B. Maximum score	32
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.5.3 Multi Patient Room Continued…			
Hospital:	Ward:	Date:	Time:
Notes:			

Total Score for Multi Patient Room		Score
5.5.3.1	Room Entry on Approach from Corridor (Max score 16)	
5.5.3.2	Multi-Patient Room Layout & Key Features (Max score 58)	
5.5.3.3	Ensuite Toilet / Bathroom within room (Max score 32)	
	A. Total Score	
	B. Maximum score	106
	Total % score for this area = (A÷B)*100	

Observations and Recommendations

5.5.4 Day Room / Family Room

Hospital:	Ward:	Room No:	Date:	Time:
Scores: 0 = No / 1 = Partially/ 2 = Yes		Notes:		
If there is a dayroom on the ward accordingly, if not provide a score of **0.**				

Q.		5.5.4.1: Day Room Entry	Score
1.		Is there a large format graphic, a distinct colour, or similar visual cue identifying the room entrance?	
2.		Is there a large format room name/number that is clearly visible upon approach?	
3.		If the room entrance is approached from the side, is there projecting (i.e., 90˚) signage? (If non-applicable insert 2 marks).	
4.		Does the colour of the door or doorframe/architrave clearly contrast with the background, so it is easy to see?	
5.		Is the door handle/push plate or similar easy to see on both sides of the door?	
6.		Is the opening or operation of the door easy to understand?	
7.		Is the door and door handle easy to use for all users?	
8.		Does the door threshold/floor at the entrance avoid an abrupt colour change?	
		A. Score for this area	
		B. Maximum score	16
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.5.4 Day Room / Family Room Continued…			
Hospital:	Ward:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q.		5.5.4.2: Day Room Layout and Key Features	Score
1.		Is there sufficient and uncluttered circulation space within the day room to allow people to move around comfortably?	
2.		Is there a retreat area within the day room (i.e., bench, or an alcove that creates a breakaway space with a sense of enclosure or protection where a person can sit alone or with another person)?	
3.		Is there a view to the outside from the day room?	
4.		Are there coffee/tea making facilities in the day room?	
5.		Is there a variation of lounge seating and different configurations of tables and chairs in the day room?	
6.		Are there handrails or grabrails within the day room for support?	
7.		Are strong floor patterns or abrupt colour changes in floor colour avoided?	
8.		Are the floors non-slip?	
9.		Are the floors non-glare and non-reflective?	
10.		Is there wayfinding signage or symbols to help people find the ward toilet from the day room?	
11.		Is there good colour contrast between walls, floors, and doors?	
12.		Is there a large format clock and calendar in the day room?	
13.		In terms of furniture, fittings, window and door handles, and other building elements in the day room, is there good colour contrast used to make these items clearly visible?	
14.		Are the light switches easy to see and use?	
15.		Is there a drinking water facility within easy access of the day room?	
16.		Is there Wi-Fi in the day room?	
17.		Are there electrical sockets for re-charging electronic devices (i.e., iPads)?	
18.		Is there a calm environment i.e., if there is a TV or radio in the day room are they used in a way that creates a calm environment?	
19.		Are there images and artwork of the local context?	
20.		Is there a good level of natural light in the day room?	
21.		Is there a good level of artificial light in the day room?	
22.		Is there a good thermal environment in the room (i.e., not too hot or cold)?	
23.		Is there a good acoustic environment in the room (i.e., not too noisy)?	
24.		Does the day room provide an overnight facility such as a pull-out couch, a small wardrobe, or access to an ensuite bathroom? (i.e., if a patient is in critical condition, or nearing the end of their life, is there space for family to stay overnight in the family room)?	
		A. Score for this area	
		B. Maximum score	48
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.5.4 Day Room / Family Room Continued…			
Hospital:	Ward:	Date:	Time:
Notes:			

Total Score Day Room / Family Room		Score
5.5.4.1	Room Entry on Approach (Max score 16)	
5.5.4.2	Room Layout and Key Features (Max score 48)	
	A. Total Score	
	B. Maximum score	64
	Total % score for this area =(A÷B)*100	

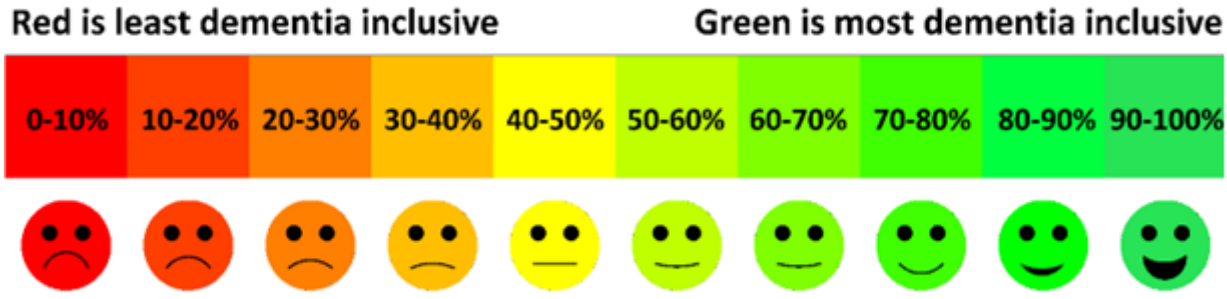
Observations and Recommendations

Final Overall Score for In-Patient Ward

Hospital:	Ward:	Date:	Time:
Notes:			

	Key Area within In-Patient Ward	Exists Y or N	Room no. or name	Score	Max. Score	%
5.5.1	**Overall Ward Design**				168	
5.5.2	**Single Patient Rooms**					
Omit if not applicable	**Room 1**				106	
	Room 2				106	
	Room 3				106	
Or add rooms if required						
5.5.3	**Multi Patient Room**					
Omit if not applicable	**Room 1**				106	
	Room 2				106	
	Room 3				106	
Or add rooms if required						
5.5.4	**Day Room**				64	
			Totals	A	B - 868	
			Total % score = (A÷B)*100			

Use this final **Total % score** to mark the current Dementia Inclusive Hospital rating for this part of the hospital.



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Notes

Dementia Inclusive Hospitals from a Universal Design Approach

5 - Key internal and External Spaces

Audit 5.6 External Spaces

Audit 5.6: External Spaces

Direct contact with nature and access to outdoor space is vital for people with dementia. If a person with dementia is admitted to a hospital for an extended period, access to nature and outdoor space is crucial their health and wellbeing. If the space is readily accessible and safe, it makes it easier for people with dementia to go outdoors independently, to enjoy nature, socialise, or carry out gardening. These activities have been shown to be therapeutic for people with dementia and are therefore important for dementia inclusive design in acute hospitals.

Key Types of External Spaces to consider

This section consists of the following sub-sections:

5.6.1: Gardens and Courtyards

5.6.2: Balconies and Terraces

Main users of the space/relationship to key internal hospital area

Consider what area of the hospital the outdoor space primarily serves and answer the questions in this context.

Things to remember when answering the questions

When answering the questions consider the needs of a wide diversity of users and bear in mind that a dementia inclusive hospital should be:

Easily accessed, understood, and used: A supportive environment should not only be accessible, it should also be clearly understood and easily used. Universal Design is achieved when all three of these are achieved.

For all users: When answering questions consider the needs of a wide diversity of users and make sure that the various aspects of the built environment support all people regardless of age (e.g. old and young), size (e.g. tall, shorter stature), ability or disability (e.g. physical, sensory, or cognitive).

Scoring each Section and Obtaining a Final Score

Space is provided at the end of each subsection to allow each of these sub-sections to be scored individually. A collective score for all these spaces can also be obtained by combining the scores and available scores for each subsection and using these to determine an overall % score for these spaces. This percentage can then be mapped against the Dementia Inclusive Hospital rating scale to see how it performs.

5.6.1 Gardens and Courtyards

Decide what internal area of the hospital the external space primarily serves and answer the questions in this context. Start the audit from the main circulation area or the key social space within this internal area.

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q.		5.6.1.1 Outdoor space approach and entry	Score
1.		Is there a clearly legible route leading to the garden entrance from the main circulation area/key social area of the internal space served by the garden?	
2.		Is there clear and consistent wayfinding signage leading to the garden entrance?	
3.		Is there a good level of artificial light in the approach space?	
4.		Is the entrance to the garden visible and easy to find on approach for all users?	
5.		Is there large format signage, colour, or similar identifying the garden entrance?	
6.		Is the door handle/push plate or similar easy to see on both sides of the door?	
7.		Is the opening or operation of the door easy to understand?	
8.		Is the door and door handle easy to use?	
9.		Is there a level access threshold to the garden?	
10.		Does the flooring at the threshold avoid a sharp tonal or colour change?	
		A. Overall Score for this area	
		B. Maximum Score	20
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.6.1 Gardens and Courtyards Continued…			
Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

Q.		5.6.1.2. Garden Layout and Circulation Areas	Score
		To complete this section, start from the main garden entrance and walk around the garden using the questions below to guide your observations. Repeat the journey to answer the questions accurately	
1.		Is the overall layout of garden simple to understand and navigate for all users?	
2.		Are the key spaces (e.g., seating areas, covered areas, amenities) easy to find?	
3.		Is there a looped route to provide a walking/circulation area?	
4.		Within the garden, is the entrance/exit clearly marked and easily identified?	
5.		Are the main paths or routes wide enough to allow people (including those using rollators, canes, wheelchairs) to move around in comfort?	
6.		Are there various spaces along the path for seating for rest or as destinations?	
7.		Are the circulation routes calm and uncluttered?	
8.		Is there clear and consistent signage helping people find their way around/	
9.		Are there handrails or things to hold on to for people who require support?	
10.		Are the ground surfaces throughout the garden non-slip and non-glare?	
11.		Are the ground surfaces solid (e.g., concrete or similar as opposed to gravel) flat, and smooth for wheelchair users and people who may shuffle?	
12.		Are strong patterns/abrupt colour changes avoided on the ground surfaces?	
13.		Is there good colour contrast between walls, ground surfaces, and other building elements?	
14.		Does the garden area in general receive a good level of natural light (i.e., not too much over shadowing by adjacent buildings)?	
15.		Is there a variety of sunny and shaded spaces/seating areas?	
16.		Is there a plentiful amount of interesting, multisensory, fragrant (e.g., lavender or jasmine) and tactile (e.g., camomile) planting in the garden?	
17.		Is the planting familiar (e.g., daisies, lilac, roses) to prompt reminiscence?	
18.		Is the planting native to the local area to support orientation?	
19.		Is there seasonal planting that will clearly reflect the time of year?	
20.		Are there bird tables or similar to attract wildlife?	
21.		Is there a gentle water feature to provide a soothing multisensory experience?	
22.		Is there a good acoustic environment in the garden (i.e., not too noisy)?	
23.		Is there artificial lighting in the garden that provides illumination along paths or seating/social areas during low light conditions?	
24.		Is there artificial lighting in the garden that illuminates key features to provide a pleasant view of the garden at night from inside?	
25.		Is there a drinking water facility within easy access in the garden area?	
		A. Overall Score for this area	
		B. Maximum Score	50
		Total % Score for this area = (A÷B)*100	

Audit 5.6 - Outdoor Spaces

Observations and Recommendations

5.6.1 Gardens and Courtyards Continued…			
Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

		5.6.1.3: Outdoor covered areas or verandas	Score
Q.		**This section refers to any covered outdoor spaces directly adjacent to the garden entrance or located within the garden. These provide valuable shelter and shade, along with a sense of protection or enclosure that may benefit many people.**	
1.		Is there a veranda or covered outdoor area directly outside the garden entrance that provides a transition space between inside and outside so that people do not have to go outside completely?	
2.		Within the garden are there any covered seating or social spaces where people can sit out in the garden but still receive some shelter, shade, or sense of enclosure?	
3.		Are there any sheds or glasshouses where people can carry out activities or spend time outside while being provided a degree of shelter?	
		A. Overall Score for this area	
		B. Maximum Score	6
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.6.1 Gardens and Courtyards Continued…			
Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

		5.6.1.4: Activity areas/objects of interest	Score
Q.		**This refers to areas, features or objects in the garden that would provide opportunities for activity or engagement.**	
1.		Are there any raised flower beds or accessible planters for people in wheelchairs or those who cannot bend down too far?	
2.		Is there an open and level area with solid non-slip surfaces that can be used for small group, or one-to-one seated or standing activities?	
3.		Are there objects of interest (e.g., milk churn, old clothes iron) or images of the local area (e.g., landscape or street scenes) that could spark conversation or reminiscence?	
4.		Are there any accessible potting tables, small tool-sheds or similar to allow a person carry out some gardening or domestic activities?	
		A. Overall Score for this area	
		B. Maximum Score	8
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.6.2 Balconies & Terraces

Decide what area of the hospital the balcony or terrace primarily serves and answer the questions in this context. Start the audit from the main circulation area or the key social area within this space. If the space is a large roof garden use Section 5.6.1 to audit the space

Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes	Notes:		

Q.		5.6.2.1: Approach and Entry/Exit	Score
1.		Is the entrance to the balcony or terrace visible and easy to find on approach for all users?	
2.		Is there large format signage, colour, or similar identifying the entrance?	
3.		Is the door handle/push plate or similar easy to see on both sides of the door?	
4.		Is the opening or operation of the door easy to understand?	
5.		Is the door and door handle easy to use?	
6.		Is there a level access threshold to the balcony or terrace?	
7.		Does the flooring at the threshold avoid a sharp tonal or colour change?	
		A. Overall Score for this area	
		B. Maximum Score	14
		Total % Score for this area = (A÷B)*100	

Observations and Recommendations

5.6.2 Balconies & Terraces Continued…			
Hospital:	Name of area:	Date:	Time:
Scores: 0 = No / 1 = Partially / 2 = Yes		Notes:	

		5.6.2.1: Layout and enclosure	Score
Q.		**This largely relates to the size of the balcony or terrace and the enclosure or protection provided guardrails or balustrades. As stated above, if this audit refers to a large roof garden use Section 5.6.1 to audit the space.**	
1.		Is the floor area of the balcony or terrace sufficient to allow a person in a wheelchair to use the space while being assisted by another person?	
2.		Are there handrails or things to hold on to for people who require support?	
3.		Are the ground surfaces non-slip and non-glare?	
4.		Are the ground surfaces solid (e.g., concrete or similar as opposed to gravel) flat, and smooth for wheelchair users and people who may shuffle?	
5.		Are strong patterns/abrupt colour changes avoided on the ground surfaces?	
6.		Is there good colour contrast between walls, ground surfaces, and other building elements?	
7.		Do the guard rails or balcony balustrade afford a good view from the space for a seated person?	
8.		Are the guard rails or balcony balustrade designed so they cannot be climbed?	
9.		Are the guard rails or balcony balustrade high enough to prevent a person climbing or falling over the edge? (where safety is a key concern guard rails or balcony screen of a minimum height of 1800mm may be necessary)	
		A. Overall Score for this area	
		B. Maximum Score	18
		Total % Score for this area = (A÷B)*100	

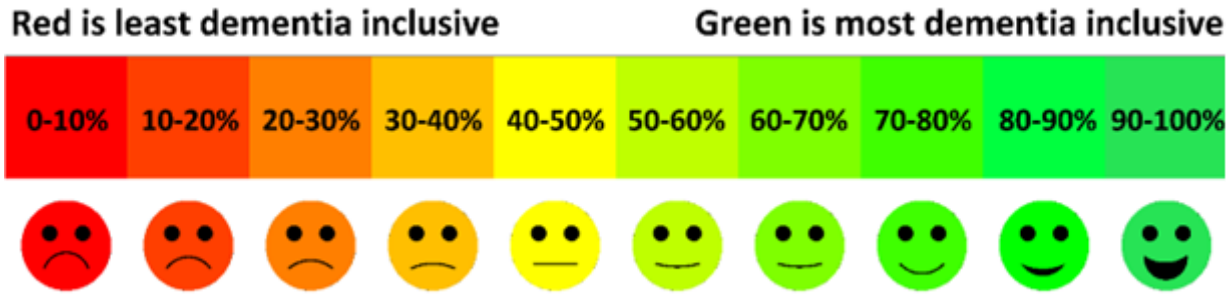
Observations and Recommendations

Final Overall Score for External Spaces

Hospital:	Name of Area:	Date:	Time:
Notes:			

	Key Area of External Space	Exists Y or N	Score	Max. Score	%
5.6.1	**Approach and entry**			84	
Omit or add spaces as required					
5.6.2	**Balconies & Terraces**			32	
Omit or add spaces as required					
	Totals		A	B - 116	
	Total % score = A÷B				

Use this final **Total % score** to mark the current Dementia Inclusive Hospital rating for this part of the hospital.



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- https://www.tcd.ie/trinityhaus/

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