

# Sustainable Transport in Healthcare



## Project Outcomes and Learning Report

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Prepared for project partners:



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## Introduction

This report summarises the work and outcomes of the Sustainable Transport in Health Care project delivered on behalf of Department of Health, Peninsula Health and Eastern Health, and with involvement from Western District Health Service (WDHS). It describes the project outputs and presents reflections and learning from delivering the two work streams:

- Part A, which had three components:
  - A strategic review of the system-wide barriers and opportunities to health services developing and implementing sustainable travel plans.
  - Development of a decision-making framework to guide preparation of travel plans for health service sites.
  - A toolkit of resources to help develop and implement travel plans.
- Part B, which developed travel plans for four case study sites: two at Peninsula Health (Frankston Hospital and Rosebud Hospital); and two at Eastern Health (Maroondah Hospital and Lilydale Health Service).

## Project timeline

The project commenced in mid-March 2020 at the onset of the Covid-19 pandemic. The project's workplan was significantly altered in response to Covid-19 due to changed health service practices and priorities and reduced availability of the consultant and project team during lockdown events in Melbourne. In particular this delayed employee engagement, including travel surveys, until February 2020. This extended the overall project timeline by six months.

## Project outputs

The analysis and reporting outputs completed as part of this project are listed in the following table. The project team worked collaboratively to identify and shape the core resources to be included in the toolbox. The resources were developed alongside the survey delivery and development of the four workplace travel plans. This helped identify the resources that are helpful for each stage of developing a travel plan, especially for someone unfamiliar with the process.

A key expectation for this project was to produce resources that are relevant to and can be applied across all health service settings in Victoria, from regional to metropolitan locations. This expectation shaped the modular travel planning methodology (passive, active and comprehensive travel plans). Stakeholder feedback, particularly from WDHS, strongly informed the revision of the draft assessment framework into a one-page A3 guide, to make it applicable across different geographic and transport contexts and also make it easier to navigate.

It was also important that the materials could be understood and used by people within a health service who will most likely be new to transport projects and the concept of travel planning. This need expanded the toolbox resources to include more templates and examples, including the survey analysis report and travel plan strategic review, and an overview document, which helps people navigate the suite of 27 resources.

Timeline	Project output
June 2020	<ul style="list-style-type: none"> <li>• Project team workshop</li> <li>• Strategic review presentation</li> </ul>
September	<ul style="list-style-type: none"> <li>• Part A Strategic Review Recommendations Report draft</li> <li>• Travel Plan Assessment Tool draft</li> </ul>
November	<ul style="list-style-type: none"> <li>• Employee travel survey questionnaire</li> <li>• Health service stakeholder survey briefing presentation</li> <li>• Survey delivery stakeholder matrix</li> <li>• Travel Plan Actions Template draft</li> </ul>
December	<ul style="list-style-type: none"> <li>• Employee survey tool (set up in Survey Monkey pro)</li> <li>• Core travel plan toolkit resources confirmed</li> </ul>
February 2021	<ul style="list-style-type: none"> <li>• Site audits conducted at four case study hospitals</li> </ul>
March	<ul style="list-style-type: none"> <li>• Employee surveys delivered at four case study hospitals</li> <li>• Employee focus groups (Rosebud Hospital and Frankston Hospital staff)</li> <li>• Survey analysis reports and presentation for four case study hospitals</li> <li>• Employee home location catchment maps for four hospitals</li> <li>• Travel Plan toolkit resources first drafts</li> </ul>
May	<ul style="list-style-type: none"> <li>• Draft hospital travel plans: strategic documents and action plan templates for Maroondah, Lilydale, Rosebud and Frankston hospitals</li> <li>• Complete travel plan toolkit of resources (full draft) <ul style="list-style-type: none"> <li>○ 1.0 STHC Travel Plan Guide</li> <li>○ 1.1 Hospital travel plan case studies</li> <li>○ 1.2 Travel plan resources</li> <li>○ 2.0 Travel Plan assessment tool</li> <li>○ 2.1 Site Audit Template</li> <li>○ 2.2 Staff home location analysis</li> <li>○ 2.3 Simple staff travel survey</li> <li>○ 2.4 Survey delivery guide</li> <li>○ 2.5 Comprehensive staff travel survey</li> <li>○ 2.6 Survey delivery - example delivery plan</li> <li>○ 2.7 Stakeholder engagement matrix</li> <li>○ 2.8 Survey delivery - example communications copy</li> <li>○ 2.9 Stakeholder travel survey briefing pack example</li> <li>○ 2.10 Staff survey analysis report example</li> <li>○ 2.11 Focus groups - tips for how to run one</li> <li>○ 3.1 Objectives &amp; Targets examples</li> <li>○ 3.2 Travel Plan Actions Template</li> <li>○ 3.3 Travel plan template - strategic document</li> <li>○ 3.4 Interpreting results and identifying actions</li> <li>○ 4.1 'How to get to...' webpage examples</li> <li>○ 4.2 Example transport access guide - Royal North Shore Hospital</li> <li>○ 4.3 Creating a transport access guide</li> <li>○ 4.4 High quality end of trip facilities case study - The Alfred Hospital</li> <li>○ 4.5 Myki Commuter Club Policy example</li> <li>○ 4.6 Carpooling program - summary guide</li> <li>○ 4.7 Car parking policy example</li> </ul> </li> </ul>
June 2021	<ul style="list-style-type: none"> <li>• Part A Strategic Review Recommendations Report final</li> <li>• "Start here" one-page overview to navigate Travel Plan toolbox of resources</li> <li>• Final versions of all resources</li> <li>• Outcomes and learnings report</li> </ul>

## Staff travel survey delivery and reporting

A significant portion of time (both the consultant and project team) and project resources were used to deliver the four employee surveys. This included a survey delivery working group and weekly meetings with members of the project team and communications representatives from both Eastern Health and Peninsula Health.

### Learning – survey design and delivery

A valid sample is important to ensure results are reliable and can withstand internal scrutiny. It is challenging to encourage enough staff to complete the survey (to achieve a valid sample) without a burning platform for the organisation and employees, such as a major redevelopment or significant existing parking issues. This was the experience at Maroondah Hospital and Rosebud Hospital.

Another limitation to delivery is the potential disconnect between senior executive support for the survey and on-site management, who may consider it a low priority relative to pressing daily operational matters. This occurred at one of the project sites and impacted the online survey response rates and the ability to undertake staff focus groups.

Given the multiple sites within health regions, and the various buildings and service providers within a given healthcare site, it is important to build and test accurate location and organisation descriptors – these ensure correct screening of survey participants (making sure those, and only those, who are intended to complete the questionnaire do so). As the STHC travel survey was delivered across four distinct sites at the same time it made it difficult to ‘isolate’ communications about the survey to one location. This meant that some employees not related to these sites completed the survey. Removing these un-related employee responses reduced the sample for individual sites.

One benefit of Covid-19 management at each hospital meant that staff entries were limited and controlled. This made them good locations to promote the survey on census day and to encourage people to scan the QR code on arrival at work.

The following recommendations for survey design and delivery have been included in final versions of toolbox resources (survey delivery guide).

### Recommendations

1. Staff travel survey design:
  - Provide the opportunity for people to vent about known major issues (eg: car parking construction issues) to allow space for the data you really want
  - Prepare and design your survey as a document in Microsoft word (also for use in getting sign-off) before commencing online design
  - Don't forget to account for those who are working from home or remotely
2. Staff travel survey delivery:
  - Ensure the survey has strong executive AND local management awareness, endorsement and support
  - Confirm the resources available to support delivery before commencing (as this will determine the extent of design, communications resources and incentives)
  - Incentivise the survey (this can be as simple as chocolates handed out on the day or coffees/hot beverages to win) to boost staff responses.
  - Ensure communications stand out – this needs high visibility push messaging across multiple channels and media types. Face to face engagement at staff entries encouraging people to complete the survey is also useful.
  - Make it fun and create buy in – there should be a positive energy and visibility on the ground with champions and team members
  - Steer clear of times when other major surveys are held

- Communicate and share summary results with staff to boost likelihood of participation in future surveys
- Ensure you have the buy-in of your communications and media team to give your campaign sufficient share-of-voice.

### Learning – survey value versus effort

An effective employee travel survey (achieving a valid sample) takes significant time and resources, compared to other background analysis (such as employee location mapping and site audits). This makes it questionable whether it is worth including it as a requirement in the development of a travel plan for smaller sites or those more likely to develop only a passive plan.

Most passive travel plan actions can be identified without staff survey input. However, surveys do provide valuable information to clarify the relative priority of actions (eg upgrades to bike parking) based on staff feedback. They can also help to challenge misperceptions or generalisations about travel options, several of which were shown in results from STHC travel surveys:

- Perception: family/childcare commitments are a big influence on people choosing to drive
  - Survey data: between 73% and 79% of staff across the four sites said that family/childcare commitments did not influence their travel choice
- Perception: Hospital environments have varied travel times due to shift work, which makes them unsuitable to encourage car sharing
  - Survey data: up to 80% of staff working core hours, which may enable some of these people to car share

In this project the surveys also provided useful insights into staff satisfaction with their current travel, which was recognised as a significant influence (barrier) to changing travel options.

### Recommendations

3. A simple travel survey is useful to include as a standard part of the assessment/analysis steps for all settings, especially for larger sites (over 250 staff). Resources developed for this project note that small sites may not need to complete a survey and may collect data in other ways.
4. Incorporate 'ease of travel' and 'satisfaction with main travel option' as factors into the assessment framework to inform the travel plan level selection for a specific workplace.

## Annual surveys and standard reporting measures for transport

Department of Health's Environmental Sustainability Strategy (ESS) 2018-19 – 2022-23 requirement that metropolitan and large regional hospitals will have sustainable travel plans comes into effect in 2023. The next step is to report on progress and outcomes of these travel plans. This raises the question about how to track progress and measure change over time.

As discussed above, a regular travel survey is a significant effort for a health service to undertake but provides the data that can be used to track changes in travel mode share. It is recommended to minimise the reporting metrics, and potentially limit the requirement to only major sites (over certain EFT staff numbers). A basic question of "what travel option do you usually take to get to work (choose the option for the longest distance of your travel)" could be incorporated into other annual staff surveys that are being conducted by human resources.

Other data that could be drawn on is changes in parking occupancy but this can be unreliable due to a range of factors (eg staff still driving but parking off-site; not all sites having controlled parking) and likely skewed by growth in staff numbers; employee growth.

## Recommendations

5. Add one travel mode share question to a regular staff satisfaction survey (or other employee survey that is conducted annually) to avoid the burden of delivering a discrete travel survey each year.
6. Limit the number of sites required to report annually on this metric to the major hospital sites (at least in the short term)

## Factors influencing the success of employee travel plans

### Locational factors

The very poor availability of public transport and the ease of driving for shorter and longer trips in outer suburban and regional areas are major constraints on changing employee travel behaviours through travel plans. These locational factors have been highlighted through the background analysis work and in developing travel plans for the four case study sites.

The actual lack of public transport (eg services too far away from the hospital) or the significant increases in travel time compared to car travel were demonstrated across all four sites. While availability and access to public transport was reasonable at Maroondah, use was low due to the relative ease of driving. High satisfaction with current travel (driving) and relatively short travel times due to lack of congestion further inhibit people's interest in other travel options.

Hospital sites in central and middle city locations usually have higher levels of congestion. This reduces the ease and satisfaction of driving. It also reduces the difference in travel time between driving and public transport trips for some staff. Dissatisfaction with driving is a useful lever to encourage other modes. Other motivations, like a personal interest in being more active, become more influential when the status quo of driving is less satisfying and more unpredictable (due to variable level of congestion or challenges with finding a car park).

Given the limited potential to shift to public transport in regional and outer suburban areas, the focus on improving access for walking and bike riding becomes more important. The major hospital sites (Maroondah and Frankston) both had a high proportion of staff within a walking and riding distance.

### Recommendations

These learnings and recommendations have been incorporated in the Part A Strategic Recommendations Report and have informed the development of the travel plan assessment framework.

7. Advocate to Department of Transport to prioritise improvements to public transport, at least for Victoria's major hospital sites to help reduce the systemic limitations to reducing drive alone travel to health service sites.

### Organisational factors

Executive support and on-site management support are critical to the effective development and implementation of travel plans. As discussed in relation to the delivery of the staff travel surveys, efforts need to be supported at all health service levels for them to be effective.

A consistent theme and challenge for the outcomes of this project at each of the case study sites has been the limited resources (in staff time, capital and operational budgets) that are available to implement a travel plan in a hospital setting. It is important that any available resources are identified early in the travel plan process to inform the realistic efforts towards this activity. This constraint has informed the modular approach to the passive, active and comprehensive travel plan levels.

Travel plans that are primarily developed by a consultant, with limited input and participation from hospital stakeholders often have limited traction to be implemented. It will be important for the health service representatives to gain broader buy-in of the approach and priorities for each site-based travel plan, especially from colleagues who need to implement actions (such as facilities, parking management and human resources).

Engagement with local councils is also needed for the larger hospital travel plans (Maroondah and Frankston in particular) given the need to improve local walking access. While this may be seen as a very low priority relative to workplace-related priorities, it will assist in achieving broader outcomes. Establishing a positive working relationship between a hospital and its local council may help to facilitate a number of actions, including:

### Recommendations

8. Present travel plan strategic documents to health service executives and site-level management for endorsement.
9. Confirm available resources, travel plan coordinator (at a site-level and across a health service) and establish travel plan working groups (if needed. For example, it is unlikely a working group is needed for Lilydale given the main actions focus on improving information)
10. Present travel plans to each local council (especially Maroondah, Frankston and Mornington Peninsula councils) to highlight the collaboration needed in particular to improve walking and cycling access to these sites. Actions that councils may help with directly, or facilitate, include:
  - Walking access audits;
  - Wayfinding signs
  - Minor capital works improvements (eg missing footpath links; public bike racks)
  - Lead specific promotional activities, such as Ride to Work Day or other tailored events
  - Facilitating interactions with state agencies (eg DOT (VicRoads) and Public Transport Victoria) for minor improvements to public transport (eg adjustments to bus timetables) or signalised intersections (eg changes to pedestrian crossing timing/phasing)
  - Strengthen advocacy on larger transport access and planning issues (eg additional public transport services)



## Department of Health guidance and support

The STHC project has developed a comprehensive set of resources for health services to assess, develop and implement travel plans. Their relative use will depend in part on how well they are distributed and promoted, as well as the capacity building provided to health services to effectively apply the resources and share peer-to-peer knowledge.

Static web-based resources will only go so far in encouraging health services to design and implement travel plans. Additional support by the Department, particularly in supporting peer-to-peer knowledge sharing would assist the uptake.

Some of the most basic resources, recommended for all passive travel plans could be recommended by the Department as standard measures to implement by all health services. In particular the expansion of car parking management to 'transport and access' and updating 'how to get to...' health services webpages with information on all transport options. An additional standard measure for major hospitals would be to develop transport access guides for these sites and include all transport options in staff induction.

### Recommendations

11. Department of Health to support training and peer-to-peer knowledge sharing to encourage application of STCH travel planning toolkit.
12. Department of Health to recommend consistent transport and access information be included on all hospital webpages (using guide in STHC toolbox); and major hospitals to develop transport access guides and include 'all transport options' in staff induction.

## Table of recommendations

	Recommendation	Responsibility	Status
1	Staff travel survey design (recommendation details in report)	Health service implementing a staff survey	Recommendations included in toolbox resources
2	Staff travel survey delivery (recommendation details in report)	Health service implementing a staff survey	Recommendations included in toolbox resources
3	A simple travel survey is useful to include as a standard part of the assessment/analysis steps for all settings, especially for larger sites (over 250 staff). Resources developed for this project note that small sites may not need to complete a survey and may collect data in other ways	Dept Health to mandate; health services to implement	Recommendations included in toolbox resources
4	Incorporate 'ease of travel' and 'satisfaction with main travel option' as factors into the assessment framework	Health services to implement	Recommendations included in toolbox resources
5	Add one travel mode share question to a regular staff satisfaction survey (or other employee survey that is conducted annually) to avoid the burden of delivering a discrete travel survey each year	Dept Health to mandate; health services to implement	Under consideration
6	Limit the number of sites required to report annually on this mode share metric to the major hospital sites	Department of Health	Under consideration
7	Advocate to Department of Transport to prioritise improvements to public transport, at least for Victoria's major hospital sites to help reduce the systemic limitations to reducing drive alone travel to health service site	Department of Health (health services for individual sites)	Under consideration
8	Present travel plan strategic documents to health service executives and site-level management for endorsement.	Peninsula Health and Eastern Health	Frankston executive briefing 19 July Maroondah, not yet confirmed
9	Confirm available resources, travel plan coordinator and establish travel plan working groups (if needed). For example, it is unlikely a working group is needed for Lilydale	Peninsula Health and Eastern Health	Underway for Frankston Hospital; under consideration for other sites
10	Present travel plans to each local council (especially Maroondah, Frankston and Mornington Peninsula) to highlight the collaboration needed in particular to improve walking and cycling access to these sites	Peninsula Health and Eastern Health	Peninsula Health has briefed Frankston council; Eastern Health has been introduced to Maroondah council
11	Support training and peer-to-peer knowledge sharing to encourage application of STCH travel planning toolkit	Dept Health Environmental Programs	Identified in comms plan; other channels under consideration
12	Consistent transport and access information to be included on all hospital webpages (using guide in STHC toolbox); and major hospitals to develop transport access guides and include 'all transport options' in staff induction	Dept Health to mandate; health services to implement	Under consideration