



# The National Patient Experience Survey

Findings of the 2017  
inpatient survey

We're committed to excellence in healthcare





Thank you to the people who participated in the National Patient Experience Survey 2017, and to their families and carers. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve healthcare in Ireland. By putting the voice of the patient at the centre of acute healthcare, we can make sure that the needs and wishes of the people who matter most are met. The survey will be repeated annually, which will allow us to explore how the patient voice has helped shape changes in acute healthcare.

Thank you to the staff of all participating hospitals for contributing to the success of the survey, and in particular for engaging with and informing patients while the survey was ongoing.

The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups. The members of these groups are listed in Appendix 1.



# 40 participating hospitals

## Saolta Hospital Group

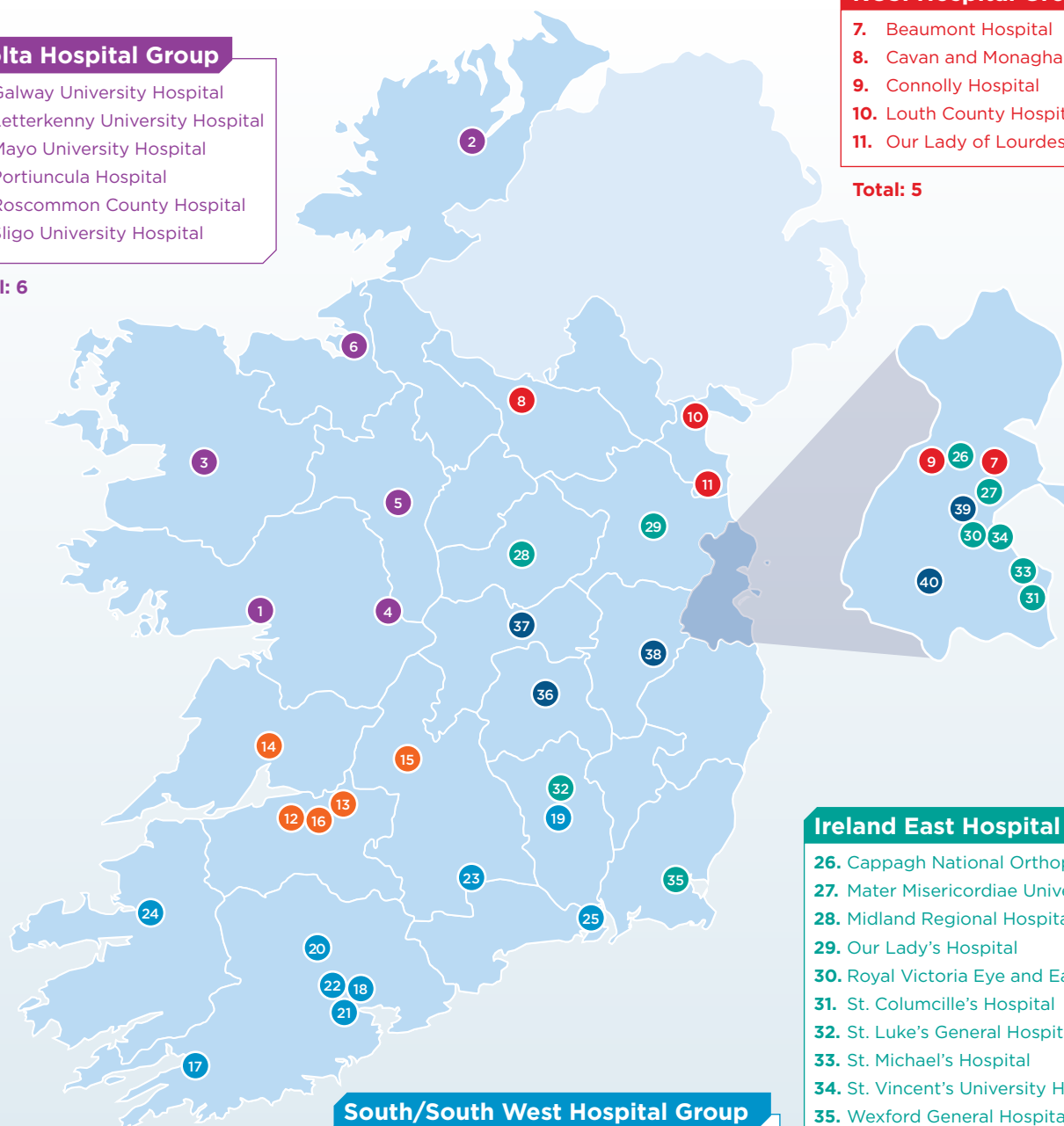
1. Galway University Hospital
2. Letterkenny University Hospital
3. Mayo University Hospital
4. Portiuncula Hospital
5. Roscommon County Hospital
6. Sligo University Hospital

Total: 6

## RCSI Hospital Group

7. Beaumont Hospital
8. Cavan and Monaghan Hospital Group
9. Connolly Hospital
10. Louth County Hospital
11. Our Lady of Lourdes

Total: 5



## Ireland East Hospital Group

26. Cappagh National Orthopaedic Hospital
27. Mater Misericordiae University Hospital
28. Midland Regional Hospital Mullingar
29. Our Lady's Hospital
30. Royal Victoria Eye and Ear Hospital
31. St. Columcille's Hospital
32. St. Luke's General Hospital
33. St. Michael's Hospital
34. St. Vincent's University Hospital
35. Wexford General Hospital

Total: 10

## Dublin Midlands Hospital Group

36. Midland Regional Hospital Portlaoise
37. Midland Regional Hospital Tullamore
38. Naas General Hospital
39. St. James' Hospital
40. Tallaght Hospital

Total: 5

## University of Limerick Hospital Group

12. Croom Orthopaedic Hospital
13. St. John's Hospital
14. UL Hospitals, Ennis
15. UL Hospitals, Nenagh
16. University Hospital Limerick

Total: 5

## South/South West Hospital Group

17. Bantry General Hospital
18. Cork University Hospital
19. Kilcreene Orthopaedic Hospital
20. Mallow General Hospital
21. Mercy University Hospital
22. South Infirmary Victoria University Hospital
23. South Tipperary General Hospital
24. University Hospital Kerry
25. University Hospital Waterford

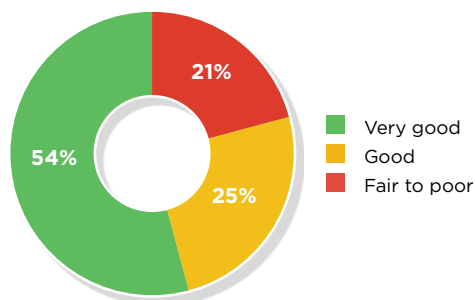
Total: 9

# Executive summary

40   
HOSPITALS TOOK PART

1

## Admission to hospital



**54%** rated their experience of admission to hospital as very good.

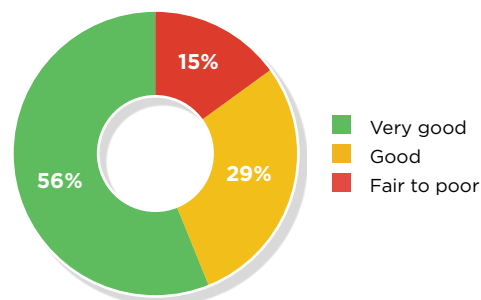
**70%** of people (5,910) said they waited for more than six hours before being admitted to a ward.

**78%** of the comments about admission to hospital included suggestions for improvement.

### SUGGESTION FOR IMPROVEMENT:

“ The A&E section seemed to be very under-staffed and very under-equipped, as in not enough chairs and trolleys.”

## Care on the ward



**56%** rated their experience of care on the ward as very good.

**49%** of people (4,132) said that they could not always find a member of hospital staff to talk to about their worries and fears.

**48%** of the comments about care on the ward included suggestions for improvement.

### SUGGESTION FOR IMPROVEMENT:

“ More nurses needed on the wards, nurses were run off their feet. Toilets and shower areas could be cleaner.”

# 13,706

PEOPLE RESPONDED, OUT OF AN ELIGIBLE POPULATION OF 26,635



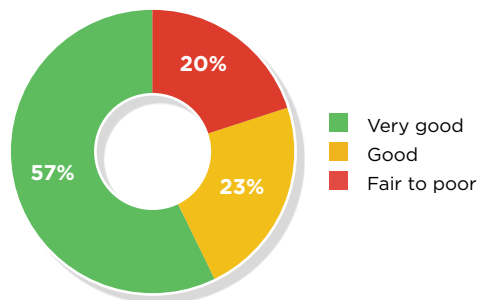
# 51%

RESPONSE RATE

3

4

## Examinations, diagnosis and treatment



**57%** rated their experience of examination, diagnosis and treatment as very good.

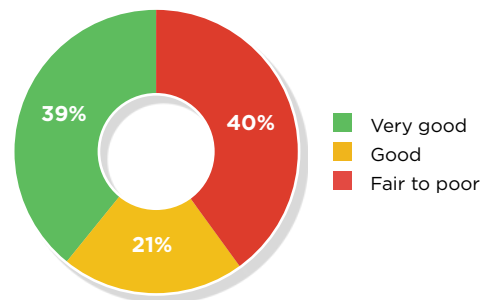
**40%** of people (5,277) said that they did not always have enough time to discuss their care and treatment with a doctor.

**45%** of the comments about examination, diagnosis and treatment included suggestions for improvement.

### SUGGESTION FOR IMPROVEMENT:

“ I was in the corridor of the ward for 2 days before I was given a bed and I should have been given more privacy for examination and treatments.”

## Discharge or transfer



**39%** rated their experience of discharge or transfer as very good.

**43%** of people (4,981) said that they did not receive enough information to manage their condition after they were discharged from hospital.

**85%** of the comments about discharge or transfer included suggestions for improvement.

### SUGGESTION FOR IMPROVEMENT:

“ Discharge doctor needs to spend a bit more time explaining condition and options available. Being discharged felt very rushed.”



# Executive summary

The National Patient Experience Survey is a nationwide survey that offers patients the opportunity to describe their experiences of public acute healthcare in Ireland. The survey is a partnership between the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. The survey was developed with the involvement of Patient Focus, a patient advocacy organisation, in order to ensure that patients were central to the design and execution of the survey.

During the month of May 2017, 26,635 people were invited to participate in the first ever National Patient Experience Survey in Ireland. In total, 13,706 people took part in this survey, resulting in a response rate of over 51%. This is an exceptional response rate compared to similar surveys in other countries, and indicates that patients in Ireland have a strong desire to talk about their experiences and to use their voice to improve our health service.

The aim of the survey is to ask patients about their experiences in public acute hospitals and to use their feedback to identify areas of good experience, and areas needing improvement. The findings of the survey will help inform the development, planning, design and delivery of improved patient-centred care in public hospitals. Every patient voice matters, and this report includes responses from patients who had experiences ranging from very negative to very positive.

## What is the purpose of this report?

This report presents the findings of the National Patient Experience Survey 2017, highlighting areas where patients had positive experiences and outlining where there is significant room for improvement. The HSE has committed to listening to the views of the patients who completed the survey and using this information to make improvements to the quality of care delivered in Irish hospitals. The Department of Health will use the information gathered to inform the development of policy in relation to acute healthcare. Finally, the findings of the survey will be used to develop HIQA's approach to the monitoring of hospitals.

## What were the main findings of the 2017 survey?

The response rate to the survey was high and the people who responded were similar in terms of sex, age and other characteristics to those who did not respond. This means that we can be confident that the survey results reflect the typical experience of patients in acute healthcare.

Overall, the results of the National Patient Experience Survey 2017 are generally positive. However, it is important to stress that for many people their experience of acute healthcare was not as good as it should have been. When asked to rate their overall experience, 6,677 people (54%) said they had a very good experience, with 3,685 (30%) saying they had a good experience. However, 1,907 (16%) said they had a fair to poor experience, which represents a very considerable group of patients.



In designing and delivering improved healthcare services it is extremely important to listen to the voices of all patients and strive to ensure that patients have as positive an experience of acute healthcare as possible.

The survey consisted of 61 questions about admission to hospital; care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other aspects of care. The results for each stage of care are presented below:

## Admission to hospital

For the 'admission to hospital' stage, 79% of patients had a very good or good experience. Indeed, 96% of respondents said they were always or sometimes treated with respect and dignity in the emergency department. However, long waiting times in the emergency department were highlighted as a problem. Only 30% of people said that they were admitted to a ward within the target waiting time of six hours, with 241 people (3%) saying that they waited 48 hours or more before being admitted to a ward. Long waiting times, in excess of the six hour target, have been linked with negative health outcomes and therefore pose a risk to patient safety.

## Care on the ward

85% of patients had a very good or good experience of 'care on the ward'. Patients were generally positive about the cleanliness and privacy on the ward. However, a large number of people said that they did not have a positive experience of communication while on the ward. Many patients said that they did not have enough time to talk with doctors about their care and treatment. Patients also had difficulty in accessing emotional support, with 48% saying they could not always find any member of hospital staff to talk to about their worries and fears.

## Examinations, diagnosis and treatment

For 'examinations, diagnosis and treatment', 79% had a very good or good experience and it was clear that most patients were happy with the care and treatment they received from hospital staff. In particular, patients felt that they could understand the answers they received from doctors and nurses. However, there was clear room for improvement in relation to involving patients in decisions about their care. 4,792 people (36%) said they were not always involved as much as they wanted to be in decisions about their care and treatment.

## Discharge or transfer

The 'discharge or transfer' stage of care was the lowest-rated stage, with only 60% saying they had a very good or good experience. Patients did not always receive enough information on how to care for themselves at home, and this was a source of concern for many patients. The four questions that received the lowest scores in the entire survey suggested that communication with patients before they left hospital was inadequate.

Thousands of patients said that they were not informed about the potential side effects of medication or the danger signals to watch out for after their discharge. A large number of patients also left hospital not knowing how to care for themselves at home. Often their families and friends were not given sufficient information about the care needed. Patients who leave hospital with insufficient information about how to recover at home are at a greater risk of experiencing complications and being re-admitted to hospital.

## Other aspects of care

The question which asked patients if they had confidence and trust in the hospital staff treating them was one of the highest ranking questions in the survey. Patients who had confidence and trust in the staff treating them were likely to give a positive overall rating of their experience of acute hospital care.

## What patients said

Patients made 21,528 comments in response to the three open-ended questions in the 2017 survey. Patients' comments provide an incredibly rich source of data which complements the information from the structured questions. The large majority of positive comments were about hospital staff, and thousands of patients acknowledged their hard work and dedication. When asked for suggestions for improvement, patients mostly commented on food and drink, communication between patients and healthcare staff, hospital facilities, staffing levels and waiting times in the emergency department.

## Conclusion

Most of the patients who completed the survey had positive experiences of acute healthcare. However, a large number of people had negative experiences during their time in hospital. By sharing these experiences, patients helped identify the areas where improvements are needed.

Clear communication with patients is extremely important as it empowers them to understand their condition and treatment, get involved in making decisions about their care, and understand how to look after themselves once they leave hospital. It is also important that members of hospital staff show empathy in their communication with patients. Spending time in hospital can be stressful and frightening for patients, and it is essential that they receive the emotional support they need throughout their time in hospital. Patients that are not adequately supported can be left feeling vulnerable and confused about their condition.

## What happens next?

The HSE has established a new governance structure to lead the development of a national plan to improve the quality of care in Irish hospitals. This quality improvement plan will describe the steps that the HSE will take to address the issues highlighted by the people who responded to the survey. Individual quality improvement plans will also be published by each hospital and hospital group that took part in the survey. The survey will be repeated annually and the findings will demonstrate whether or not patient experience has improved over time.

During the survey period, all participating hospitals had access to the real-time survey results. Through an online tool, general managers and hospital quality personnel could view their performance in the survey and identify areas where improvements could be made. Quality improvement initiatives have already started in many hospitals across the country.

Based on the survey findings, hospitals and hospital groups will prepare individual quality improvement plans, which will be available from [www.patientexperience.ie](http://www.patientexperience.ie) in December 2017.

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## Chapter 1

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# Patients' experiences of acute hospital care in Ireland

Qualitative and quantitative findings of the 2017 survey

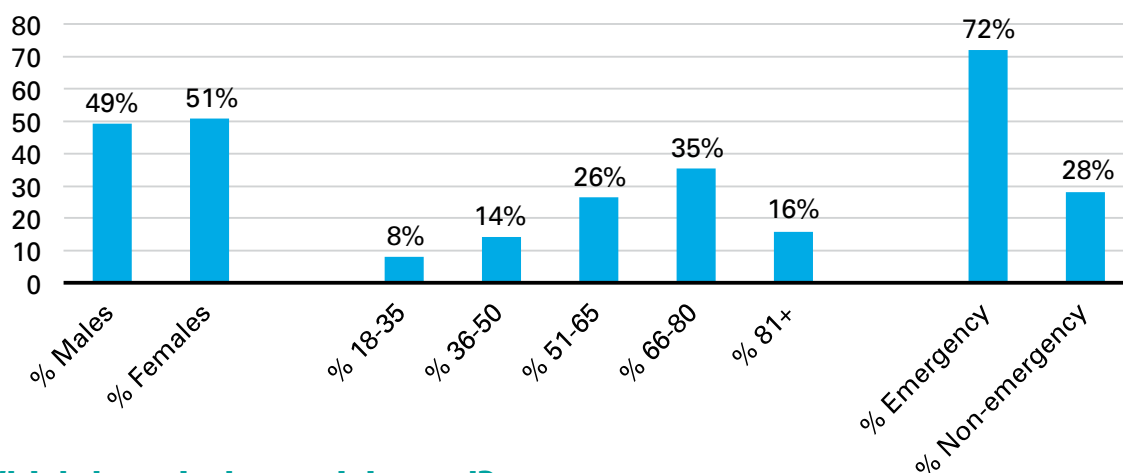
### In brief: the National Patient Experience Survey 2017

#### Who participated in the 2017 survey?

26,635 people discharged from a public acute hospital during the month of May 2017 were invited to participate in the survey. In total, 13,706 people returned a questionnaire.

6,740 males (49%) and 6,966 females (51%) participated in the survey. 10,653 people (77%) who participated were aged 51 years or older. Most people (72%) were admitted to hospital through the emergency department. Figure 1.1. shows the characteristics of people who participated in the 2017 survey, while Appendix 2 provides additional detail on those who took part. On average, participants spent seven days in hospital.

**Figure 1.1. Survey participants by sex, age group and admission route**



### Which hospitals participated?

40<sup>1</sup> public acute hospitals participated in the 2017 survey. Acute hospitals deliver emergency, non-emergency/elective and outpatient care to people who are ill or injured.

Public hospitals in Ireland belong to one of six<sup>2</sup> hospital groups:

- South/South West Hospital Group
- Ireland East Hospital Group
- Royal College of Surgeons in Ireland (RCSI) Hospital Group
- University of Limerick (UL) Hospital Group
- Saolta Hospital Group
- Dublin Midlands Hospital Group



### What did the National Patient Experience Survey measure?

The survey asked people about their experiences of their journey through hospital, from admission to discharge. On the basis of patients' feedback, areas of good experience and areas needing improvement were identified at the national level.

1 Even though 40 hospitals participated in the survey in 2017, only 39 hospital reports will be produced. Our Lady of Lourdes Hospital in Drogheda and Louth County Hospital in Dundalk asked for their results to be merged to ensure a sufficient response rate was achieved.

2 The Children's Hospital Group is the seventh hospital group in Ireland. Paediatric hospitals and children's services were not surveyed on this occasion.

## INCLUSION CRITERIA

**18+**

18 years of age or older



Discharged in May 2017 (the survey month)



Attended one of the 40 participating hospitals



Spent 24 hours or more in a public acute hospital



Held a **postal address** in the Republic of Ireland at the time of the survey

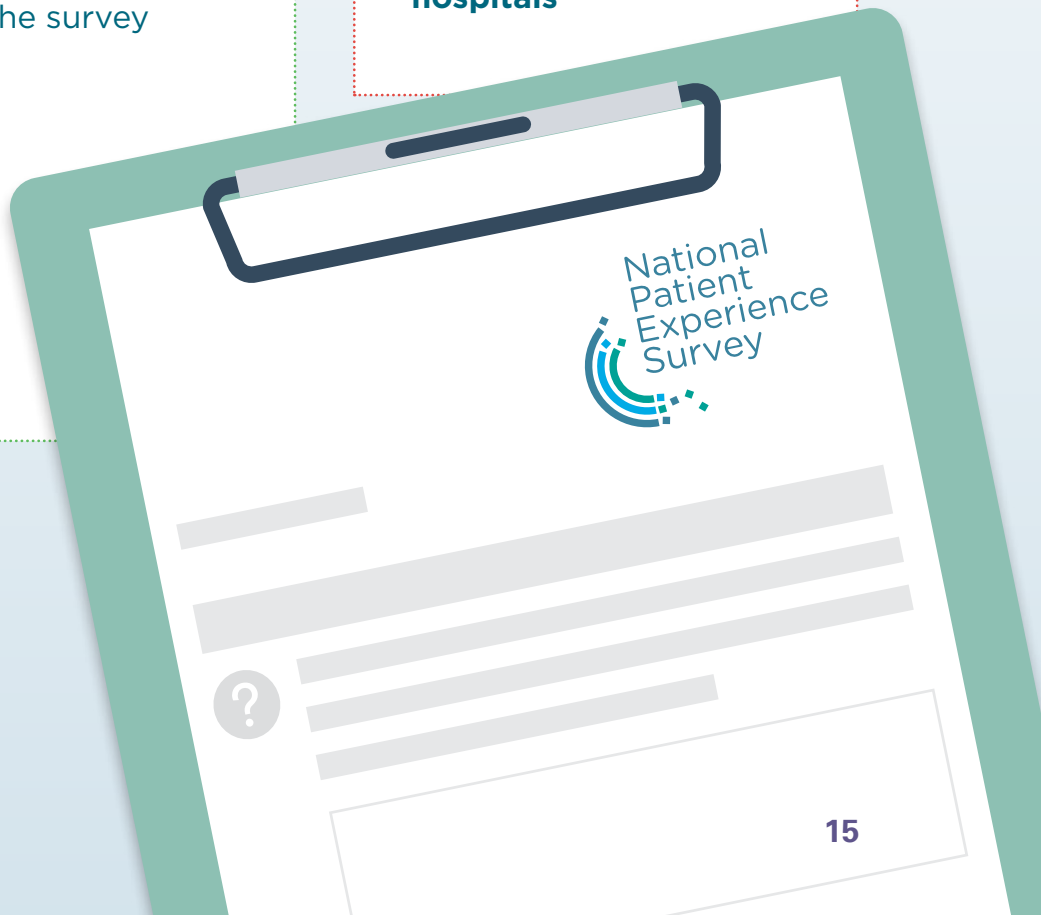
## EXCLUSION CRITERIA



Patients receiving services such as day care, maternity, psychiatric, paediatric and some other **specialist services**



Patients receiving care in **private hospitals**



## Why measure patient experience in Irish hospitals?

Patient experience is a good indicator of healthcare quality and performance.<sup>(1-3)</sup> Rather than asking about satisfaction with a service, surveys of patient experience ask for details about what happened when a person used a healthcare service.<sup>(4,5)</sup> Patient experience surveys are a useful way of finding specific problems in the delivery of healthcare, and provide hospital managers with detailed information on how to fix those problems.<sup>(4)</sup> Until 2017, patient experience had not been measured systematically in Ireland's public acute hospitals. Adult inpatient experience surveys are carried out in a number of countries, including the United Kingdom, New Zealand and the United States. These surveys offer a systematic way of gathering detailed information on patients' experiences of acute healthcare, and have been used to identify areas where improvements are needed. The National Patient Experience Survey has been informed by the approaches taken in other countries to ensure that it reflects international best practice.

The information gathered in the National Patient Experience Survey 2017 provides a clear picture of the quality of acute healthcare, as reported by patients themselves. As the survey is repeated over the coming years, it will be possible to measure how patients' experiences change over time.

The National Patient Experience Programme was granted ethical approval from the Royal College of Physicians in Ireland in January 2017. A Privacy Impact Assessment was conducted to ensure that controls to protect the privacy of participants were built into the design of the survey from an early stage.

## Who was eligible to take the survey and when were patients given the survey?

People aged 18 years or older, who spent more than 24 hours in a public acute hospital and who were discharged from hospital during the month of May 2017 were eligible to participate in the survey. They were sent a survey questionnaire in the post two weeks after they were discharged from hospital.

Asking people to complete a survey while they are still in hospital is likely to bias their answers since they have not had time to properly reflect on their experience. In order to give people time to think about their experience, patients were asked for feedback several weeks after their discharge.

## Who analysed the survey data?

The survey data was analysed by the National Patient Experience Survey team based in the Health Information and Quality Authority (HIQA). During the analysis, the team took advice from international experts in England and New Zealand who have conducted patient experience surveys over many years.



## What will the findings be used for?

The survey provides national decision-makers, healthcare regulators, hospitals and the public with important information about patients' experiences in public acute hospitals in Ireland. The findings will be used to build a national quality improvement plan to be implemented in all public acute hospitals. All reports and quality improvement plans will be published on the survey programme's website, [www.patientexperience.ie](http://www.patientexperience.ie).

Further information on the analyses, the background and the survey methodology, as well as the development of the questionnaire, has been included as appendices.

- Appendix 3 includes notes on the analyses.
- Appendix 4 describes the background and methodology for the 2017 survey.
- Appendix 5 explains how the survey questionnaire was developed and includes a list of all the survey questions.

## Ensuring the voice of the patient is heard



While many people in this survey said that they had a very good experience of acute hospital care in Ireland, it is also necessary to listen to people whose experiences were not as good. For example, even if thousands of people responded very positively to a question in the survey, it is important to note that for this same question, many hundreds and sometimes even thousands of people reported a negative experience of hospital care.

The National Patient Experience Survey equally values and seeks to represent every patient voice among the 13,706 who took part.

## Areas of good experience and areas needing improvement

This section lists the areas where patients had positive experiences, and details those areas where there is the most room for improvement. Appendix 3 explains how these areas were identified.

# Areas of good experience

The eight areas of good experience are provided below.

## RESPECT AND DIGNITY IN EMERGENCY DEPARTMENT

**82%** of people (7,410) who responded to this question said that they were always treated with respect and dignity in the emergency department.

“Doctors and nurses always treated me with dignity and respect, despite their heavy workload.”

## PRIVACY WHEN BEING EXAMINED OR TREATED

**85%** of people (11,325) who answered this question said that they were always given enough privacy when being examined or treated on the ward.

“Nurse's aide on ward was particularly warm and caring. I admired the way she helped elderly patients both male and female to shower and dress afterwards. She respected their privacy and personal space.”

## RESPECT AND DIGNITY

**83%** of people (11,003) who responded to this question said that they were always treated with respect and dignity throughout their stay in hospital.

“The household staff who gave me my meals treated me with dignity, and talked to me and expressed interest and concern about how I was feeling.”

## CLEAR ANSWERS FROM A DOCTOR

**94%** of people (11,693) said that doctors on the ward always or sometimes answered questions in a manner that they could understand.

“The doctor took time to answer my questions. I felt that I could ask him anything about my condition”



## CLEAR ANSWERS FROM A NURSE

**97%** of people (11,911) said that nurses on the ward always or sometimes answered questions in a manner that they could understand.

“The nursing staff were very attentive, helpful and caring – answered questions – never gave the impression that they were in a hurry despite being on a busy ward”

## CONFIDENCE AND TRUST IN HOSPITAL STAFF

**83%** of people (10,949) who answered this question said they always had confidence and trust in the hospital staff that treated them.

“I felt the surgeon communicated with me on a personal level, which gave me trust and built my confidence in facing surgery.”

## CLEANLINESS OF ROOM OR WARD

**96%** of people (12,747) who responded to this question said that the hospital room or ward that they were in was very clean or fairly clean.

“Hygiene standards were excellent. The agency cleaners do a great job and it was very noticeable that their supervisor regularly monitored them and their cleaning standards.”

## PAIN MANAGEMENT

**82%** of people (9,254) said that hospital staff definitely did everything they could to help control their pain.

“I was happy during my stay. I wasn't a sick patient. I was sore but I got enough medications to alleviate pain.”



# Areas needing improvement

The eight areas identified as in need of improvement are provided below.

## EMERGENCY DEPARTMENT WAITING TIMES

**70%** people (5,910) who came into hospital through the emergency department said that they waited longer than the target time of six hours before being admitted to a ward.

“*Waiting time in the emergency department is terrible and unacceptable. One doctor on duty is unsafe for both patients and doctors.*”

## TIME TO DISCUSS CARE AND TREATMENT WITH A DOCTOR

**40%** people (5,277) said that they did not always have enough time to discuss their care and treatment with a doctor.

“*The time the doctors spent at the bedside was far too quick. Sometimes I would be half asleep and miss what I was being told so I was left feeling rushed and anxious. I know the doctors are busy but a bit more time would have made understanding what I was being told easier.*”

## INVOLVEMENT IN DECISIONS ABOUT CARE AND TREATMENT

**36%** people (4,792) said they were not always involved enough in the decisions about their care and treatment.

“*When a decision was made to keep me in I wasn't informed or included in the decision.*”

## OPPORTUNITY FOR FAMILY OR FRIENDS TO TALK TO A DOCTOR

**43%** people (4,000) said that their families or people close to them did not always have sufficient opportunities to talk to a doctor.

“*Keep patient and family more informed about what's going on. My children felt that they were told nothing and constantly had to ask.*”





### OPPORTUNITY TO TALK TO HOSPITAL STAFF ABOUT WORRIES AND FEARS

**49%** people (4,132) said that they could not always find a member of hospital staff to talk to about their worries and fears.

“ I feel it would be very important to have a better support system to talk about the fears and worries I had due to my serious condition. No one had time.”

### WRITTEN OR PRINTED INFORMATION ON WHAT TO DO AFTER LEAVING HOSPITAL

**46%** people (5,929) said that they were not given any written or printed information about what they should or should not do after leaving hospital.

“ Before leaving the hospital I wish I had been given a printed sheet with all the information I should know for aftercare once I got home.”

### INFORMATION ON THE SIDE EFFECTS OF MEDICATION

While a large number of patients reported a positive experience, **40%** people (3,724) said that they were not adequately informed about the side effects of medication to watch for when they went home.

“ I could have been given more information on how I might cope when I got home. I could have been given more info on the new medication I was put on in hospital.”

### INFORMATION ON MANAGING A CONDITION AFTER DISCHARGE

**43%** people (4,981) said that they did not receive sufficient information to manage their condition after they were discharged from hospital.

“ I had major surgery and was naive about the level of care and the effects that the medication would have when I went home. I live alone and I felt this could have been explained better.”



## Chapter 2

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# The patient journey through hospital

Qualitative and quantitative findings of the 2017 survey

### The stages of care along the patient journey

The National Patient Experience Survey 2017 follows the patient journey through hospital from admission to discharge.

The survey questions were grouped into five stages along the patient journey:

- admissions
- care on the ward
- examinations, diagnosis and treatment
- discharge or transfer
- other aspects of care.

# The patient journey



## Admission to hospital\*

Experiences in the emergency department, such as waiting times and respect for privacy.

1



## Care on the ward

Experiences while on the ward, such as communication with hospital staff, privacy, pain management, cleanliness and food.

2



## Examinations, diagnosis and treatment

Experiences while undergoing or receiving the results of tests, treatments, operations and procedures.

3

4



## Discharge or transfer

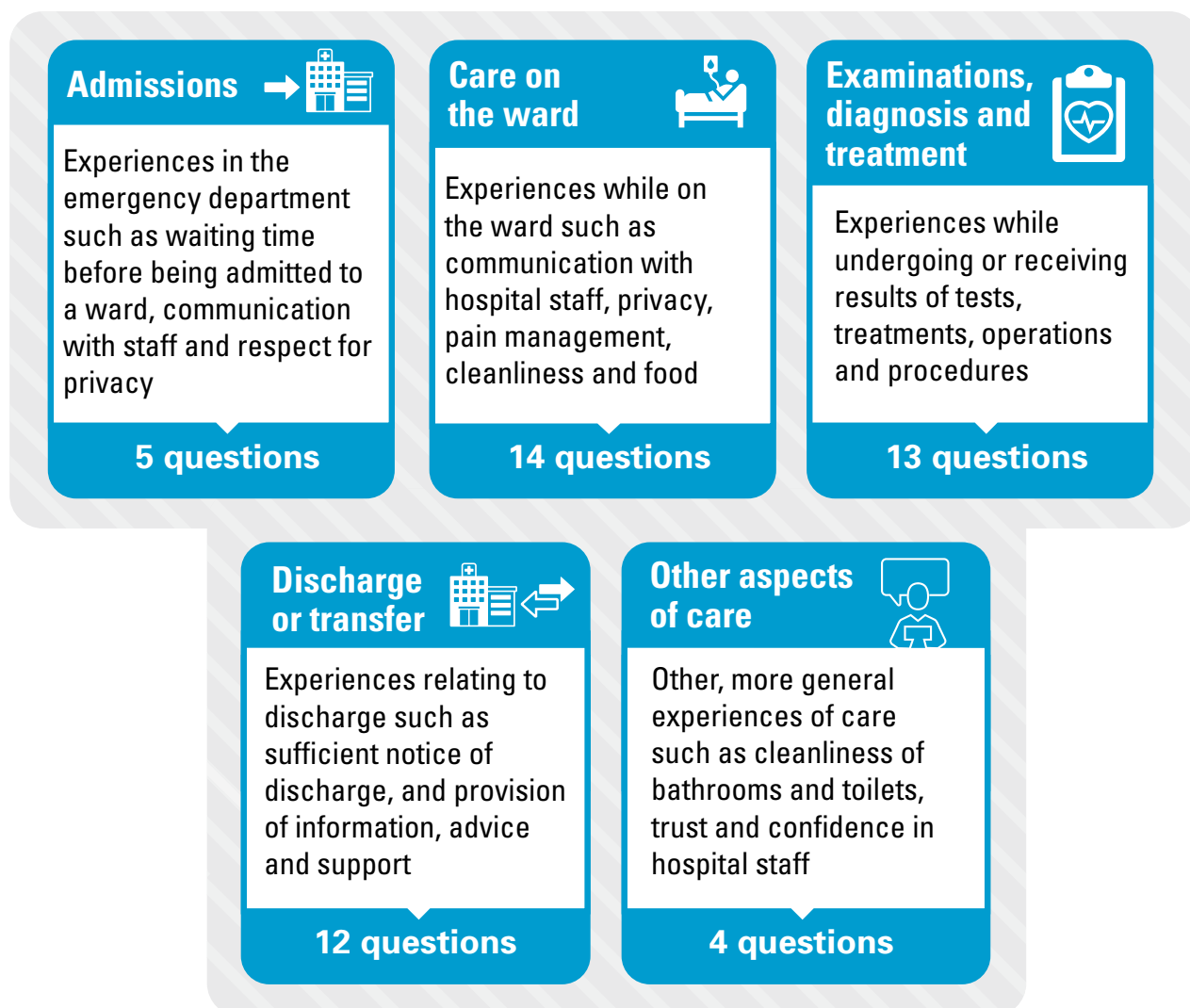
Experiences relating to discharge, such as sufficient notice of discharge, and the provision of information, advice and support.

\* Only patients who were admitted to a hospital with an emergency department answered questions on admission to hospital.

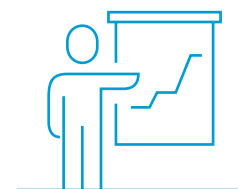
\*\* Information on 'other aspects of care' can be found on the following page and on page 66.

Figure 2.1. gives a short description of the stages along the patient journey. It also indicates how many questions in the survey relate to each stage.

**Figure 2.1. Description of stages of care along the patient journey**



## How to interpret the results for the stages of care



While the survey results show that a lot of people had a positive experience in hospital, it is important to listen to the many patients who had negative experiences. Listening to the voices of all patients allows hospitals to make improvements across the patient journey.



For each stage of care, the results are presented in the following way, as shown in Figure 2.2.:

1. Experience rating for a stage of care.
2. Breakdown of patient comments by theme.
3. Detailed responses for questions in the survey.
4. Scores out of 10.
5. Comparisons.

Figure 2.2. Guide to interpreting the results

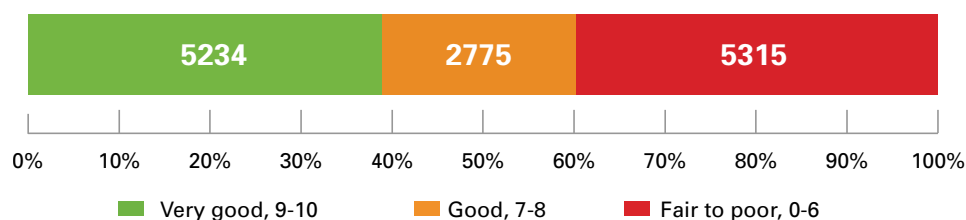
## 1. EXPERIENCE RATING FOR A STAGE OF CARE

The experience rating summarises the average patient experience for each stage of care. The graphs show how many people rated a particular stage as 'very good', 'good' or 'fair to poor'.

### Example:

The example below shows how many people rated the care they received on the ward as 'very good', 'good' and 'fair to poor'.

Figure 2.22 | Discharge or transfer ratings



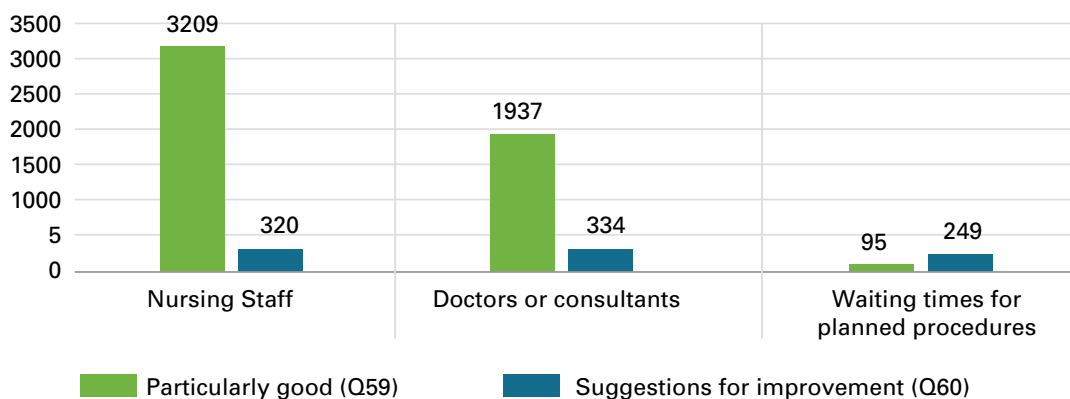
## 2. BREAKDOWN OF PATIENT COMMENTS BY THEME

Patients' comments for the three open-ended questions were summarised into themes. The number of comments received per theme is presented throughout the report. In total, nationally, patients made 21,528 comments.

### Example:

The example below shows how many positive comments and suggestions for improvement patients made about 'nursing staff', 'doctors or consultants' and 'waiting times for planned procedures'.

**Figure 2.18 | Number of patient comments received by theme**

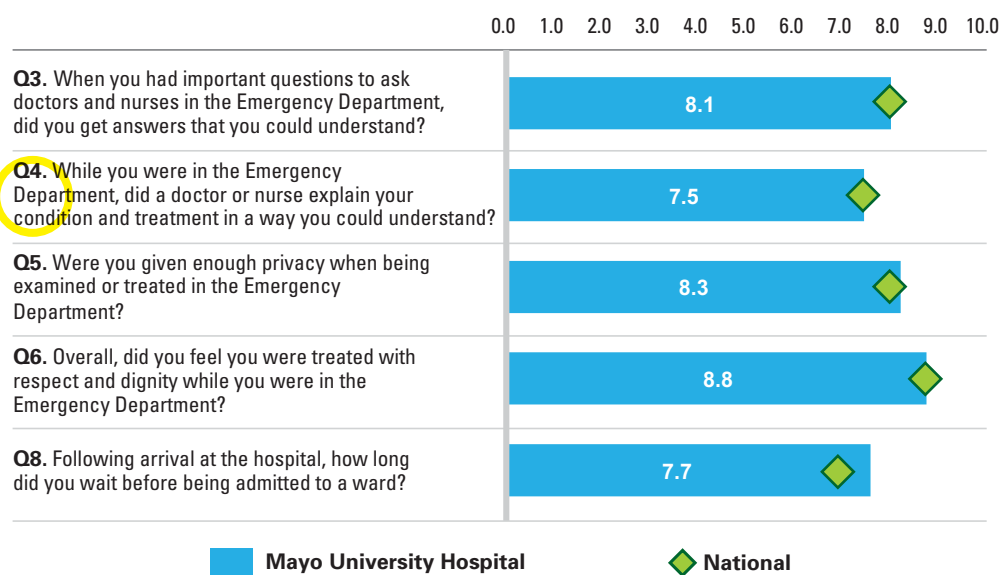


### 3. DETAILED QUESTION RESPONSES

A detailed breakdown of the response options is provided for a selection of survey questions. This shows exactly how many people gave a positive, mixed or negative answer.

#### Example:

The example below shows a detailed breakdown of what people said in response to Q4.



**Table 2.1. While you were in the emergency department, did a doctor or nurse explain your condition and treatment in a way you could understand? (Q4)**

Total number of responses: 9,016

Response option	Number of people	Percentage
Yes, completely	5,013	55.6%
Yes, to some extent	2,799	31.0%
No	718	8.0%
I did not need an explanation	486	5.4%

## 4. SCORES OUT OF 10

Scores out of 10 are given for each question belonging to a stage of care or a stage as whole. A score of 0 indicates a very negative experience and a score of 10 indicates a very positive experience.

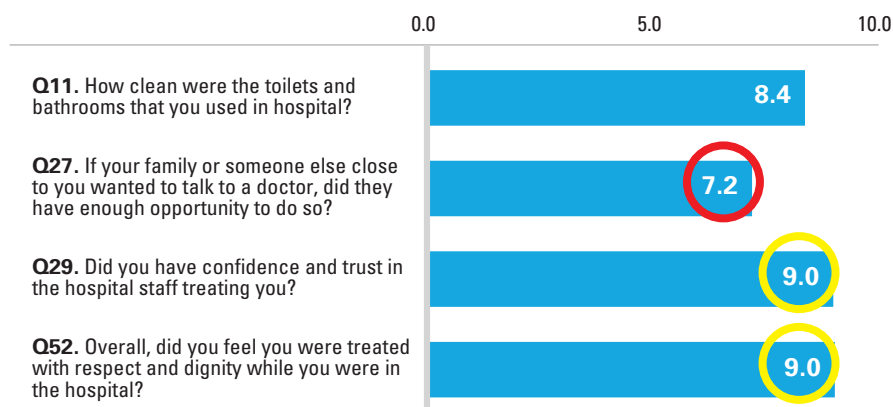
Sometimes questions are described as high or low ranking questions. These are questions with the highest or lowest score when compared to a set of questions.

### Example:

The example below shows the scores for four questions. Q52 and Q29 had the highest scores (9 out of 10). A score of 9 means that on average, people gave positive responses to these questions. Q27 is the lowest ranking question (score of 7.2 out of 10). This result shows that Q27 received more mixed or negative responses than Q52 and Q29.

Appendix 4 includes additional notes on interpreting these survey results. It also explains the methodology for the scoring of individual questions and stages of care.

**Figure 2.28. National scores for other aspects of care**



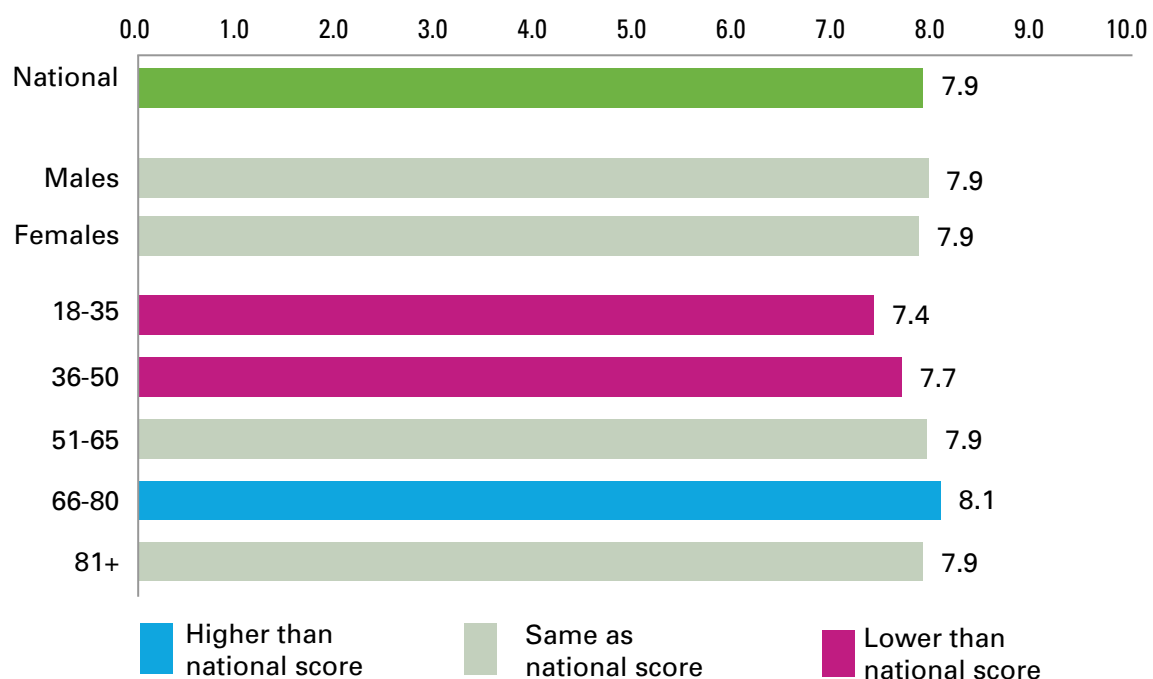
## 5. COMPARISONS

When males, females, age groups or hospital groups are compared with the national average, statistical tests were carried out to check if any differences were genuine or simply down to chance. Sometimes, scores appear to be the same and at other times differences exist that are not statistically significant. This is due to small margins and rounding of figures beyond the decimal point which can mask existing differences.

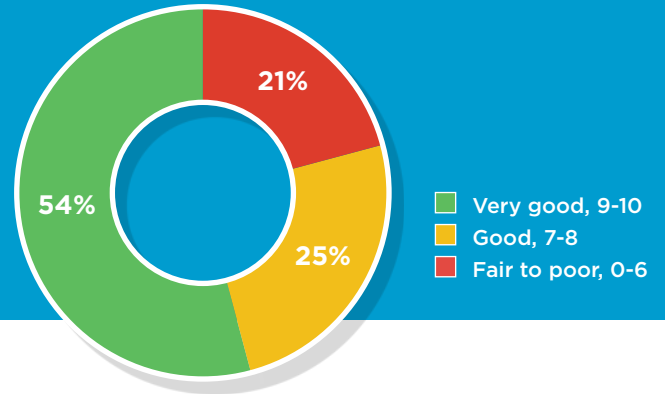
### Example:

The example below gives comparisons of scores between males and females and different age groups. The shading on each graph shows whether a difference exists between two scores and whether this difference is statistically significant. For instance, the shading for the South/South West Hospital Group tells us that the difference between the score for this hospital group and the national score is not statistically significant.

**Figure 2.10. Admission scores by sex and group**



# Admission to hospital



## LOWEST-RATED QUESTION

**?** Following arrival at the hospital, how long did you wait before being admitted to a ward?

**70%** of people (5,910) waited **6 or more hours** before being admitted to a ward.



of which:

17% waited 24+ hours

4% waited 48+ hours



## PATIENT COMMENTS

**1,624**

comments about admission to hospital

**78%**

included suggestions for improvement

### POSITIVE:

“Everything to do with my operation went smoothly from admission to discharge.”



### SUGGESTION FOR IMPROVEMENT:

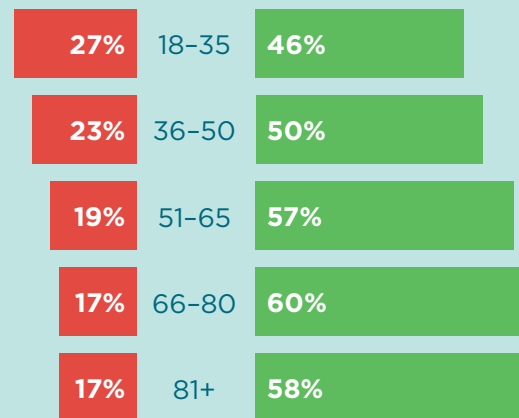
“From the time a bed was allocated on the ward it took hours to be moved there. I think this needs to be improved ASAP as it is a very common problem and needs to be addressed.”



## COMPARISONS BY AGE AND HOSPITAL GROUP

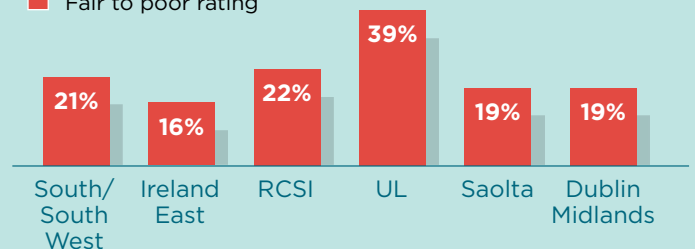
Younger people reported poorer experience of admission to hospital in comparison to older people.

Very good rating  
Fair to poor rating

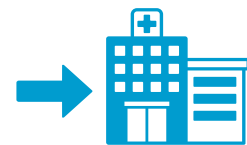


## ADMISSIONS

Fair to poor rating



# Admissions

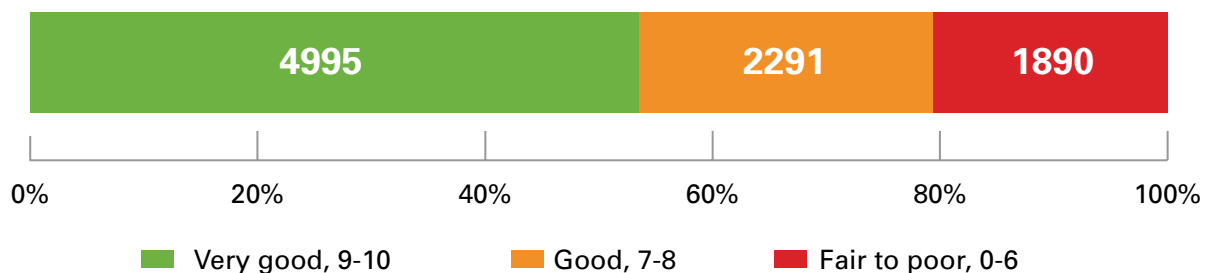


## In summary: what were patients' experiences of the admissions process?

'Admissions' refers to the period of time patients spent in the emergency department before getting to a ward. 4,995 people (54%) who spent time in the emergency department reported a very good experience of admissions, while 2,291 people (25%) rated their admission to hospital as good. 1,890 people (21%), however, experienced a fair to poor admission to hospital.

Figure 2.3. summarises patients' experiences of the admissions stage of the patient journey.

**Figure 2.3. Experience ratings for admissions**



## What were the key findings for admissions?

- Of the 8,425 people who answered the question on emergency department waiting times, only 2,515 people (30%) said they were admitted to a ward in less than six hours.
- When asked for suggestions for improvement (Q60), 724 people commented on the waiting times in the emergency department.
- Males were more likely to report waiting times of less than six hours (32% said they were admitted in under six hours), compared with females (28% said they were admitted in under six hours).
- People aged 18-35 years of age were least likely to be admitted to a ward within the target waiting time of six hours. In comparison, older people aged 66-80 and 81 years or older were most likely to be admitted within the first six hours of arriving at hospital.
- 9,061 people answered Q6, which asked about respect and dignity in the emergency department. 7,410 people (82%) reported that they were always treated with respect and dignity in the emergency department.

- Of the 8,530 people who needed an explanation, 718 (8%) responded to Q4 saying that doctors or nurses in the emergency department did not explain their conditions and treatments in a way that they could understand.
- People aged 50 years or younger reported more negative experiences of their admission to hospital than older age groups.

## The patient voice: what patients said about admissions



Of the 21,528 comments made overall, 3,641 were made on the following themes: 'dignity, respect and privacy', 'communication with patients', 'emergency department management and environment' and 'emergency department waiting times'. 2,505 (69%) of those comments offered suggestions for improvement (Figure 2.4.).

### Q59. Was there anything particularly good about your hospital care?

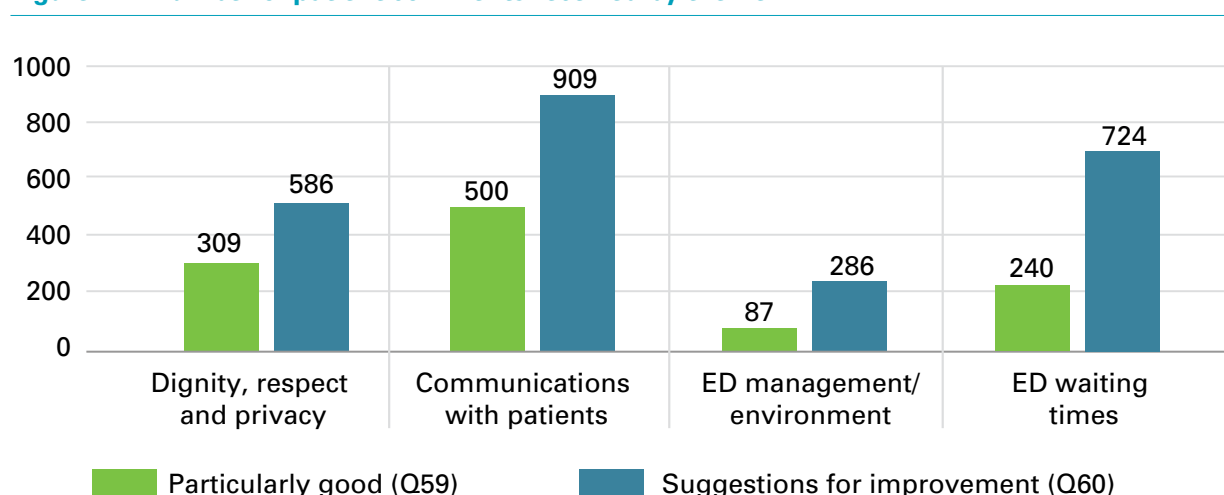
For every theme, there were more suggestions for improvement than positive comments. Most of the positive comments were about communication with patients.

### Q60. Was there anything that could be improved?

For question 60, 909 comments referred to communication with patients, 724 comments were about waiting times in the emergency department, while 586 comments related to dignity, respect and privacy.

Figure 2.4. shows the number of comments for questions 59 and 60 for each theme.

Figure 2.4. Number of patient comments received by theme



Below are some examples of comments about 'dignity, respect and privacy', 'communication with patients', 'emergency department management and environment' and 'emergency department waiting times' in the context of hospital admissions.



## Dignity, respect and privacy

"From the A&E department, to the [Ward Type] I stayed in for 2 weeks I have received the utmost dignity, respect, care and kindness. The staff up in [Hospital] were truly incredible. They made me feel safe and secure and at ease at one of the hardest times of my life. They are all the reason I made it home."

"The dignity in the A and E department was a disgrace. Left on a trolley to be examined, on a corridor with absolutely NO privacy at 77 yrs of age!"

"It is not okay with me to be treated and have my private medical details discussed in public areas such as corridors in A and E. There is no respect for dignity and privacy when that happens. I realised it's overcrowded and there is little choice in the matter but that does not make it okay."

"Overall was a good experience, staff were pushed to limits in the A&E dept. and worked very well to maintain patient care safety & dignity at all times."

## Communication with the patient

"There was a very efficient young female [Nationality] doctor in A&E who explained things clearly to me. The nurses and auxiliary staff in A&E and on [Ward Name] were very pleasant and helpful."

"When I was in A&E, the doctors did not explain what was happening. I felt I was in the dark. Also, when my sister tried to find out what was going on (as there was talk about transferring me) the nurse was so rude to her and asked her to leave."

## Emergency department management and environment

"I felt respected and cared for in a way I had not experienced at this hospital before. All was very efficient but kindly. All was so clean. I lost my big fear of emergency depts."

"My experience in the A&E was very upsetting. I was on a trolley and frozen for the night. I asked on two occasions for a blanket and never received it."

## Emergency department waiting times

Triage nurse in A&E was excellent. I was only waiting 10 mins and she got me a bed as she identified very quickly how ill I was. Without her quick response I would have gone into a [Condition Type]."

"The length of time spent in A&E!! I was on the corridor for 3 days before being admitted to a ward. There was no privacy whatsoever, people were passing the trolley 24/7. Considering I spent 8 days in hospital, the decision to move me to a ward should have been made much sooner!"

## Quantitative results for questions on admissions

Five survey questions asked about admissions.

Questions for this stage of care asked people about their experiences while in the emergency department, such as waiting time before being admitted to a ward, communication with hospital staff and respect for privacy.

People who did not come into hospital through the emergency department were not required to answer these questions.

### How did patients experience waiting times in the emergency department?

In the National Patient Experience Survey, patients who said that they went to the emergency department were asked how long they waited until they were admitted to a ward. Studies have shown that long waiting times in the emergency department after a decision has been made to admit a patient are linked with poorer patient outcomes.<sup>(6, 7)</sup> In Ireland, the target waiting time for people in the emergency department is six hours.

8,919 survey respondents reported going to the emergency department after they arrived at the hospital. In this survey, only 2,515 people (30%) reported waiting less than six hours in the emergency department before being admitted to a ward. The large majority, that is 5,910 people (70%), said that they waited more than six hours before being admitted. Of those, 241 people reported waiting 48 hours or more before they were admitted to a ward.

### What are the national waiting time targets?

The HSE sets targets for the performance of acute hospitals<sup>3</sup>, including targets that are relevant to waiting times in emergency departments, such as:

**75% of people** attending the emergency department **are discharged or admitted to a ward within six hours of registration** and none should wait for longer than nine hours.

A separate target has been set for patients aged 75 years or older who are attending an emergency department:

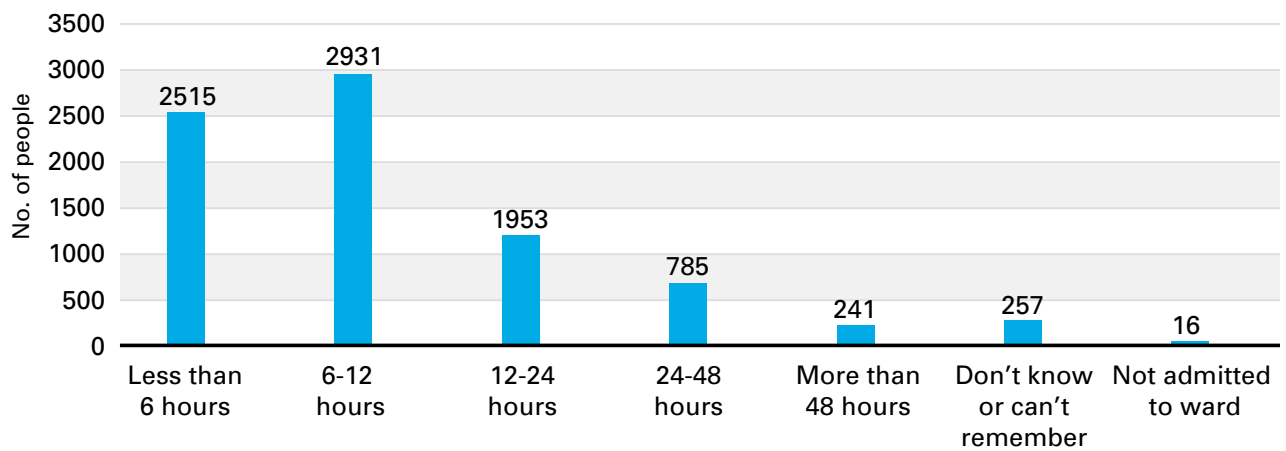
**95% of people** attending the emergency department **aged 75 years or older are discharged or admitted to a ward within six hours of registration** and none should wait for longer than nine hours.

The HSE measures emergency department waiting times differently to the survey, namely from the time a patient registers at the emergency department until they leave it. It is likely that there are some differences between survey findings and the official HSE figures.

3 The HSE 2017 targets can be viewed from <http://www.hse.ie/eng/services/publications/KPIs/Acute-Hospitals-KPIMetadata-2017.pdf>.

Figure 2.5. shows patient-reported emergency department waiting times.

**Figure 2.5. Following arrival at the hospital, how long did you wait before being admitted to a ward? (Q8)**



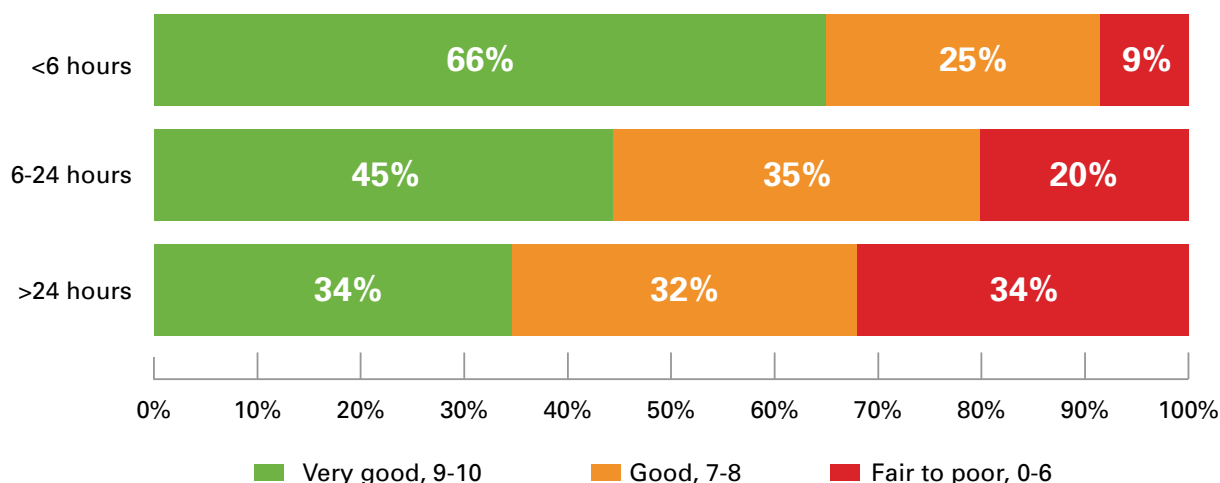
### Waiting times by overall experience

The 2017 survey also asked people to rate their overall experience in hospital on a scale from 0 to 10, with 10 being the most positive experience, and 0 being the most negative. Scores between 9 and 10 are 'very good', between 7 and 8 are 'good', and between 0 and 6 are 'fair to poor'. A 'fair to poor' rating means there is significant room for improvement.

34% of people who had to wait longer than 24 hours rated their overall experience as fair to poor, compared with 9% of people who said they were admitted within the six hour target time frame. This means that people who said they waited longer to be admitted to a ward were more likely to have a negative experience overall (Figure 2.6.).

**“Waiting time in the A+E Department was not acceptable at all. I have [Condition Type] and sitting on a hard chair for 10 hours did not help and then I was on a hard trolley for 15.5 hours which only aggravated my chronic problem further.”**

**Figure 2.6. Patient-reported emergency department waiting times and overall experience**

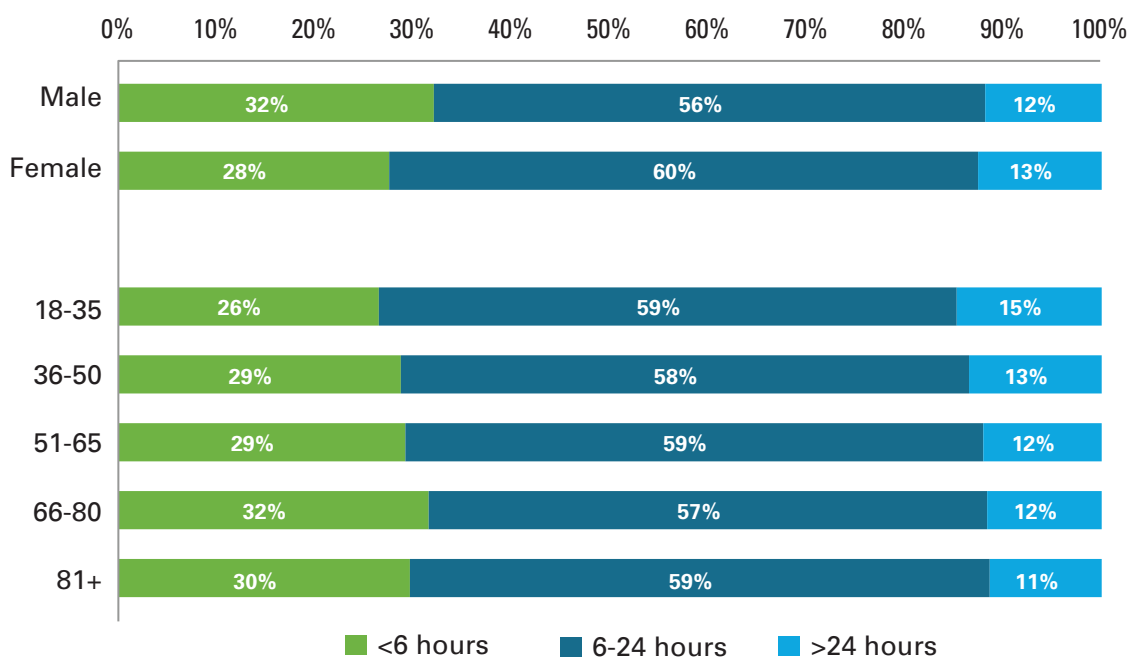


### Patient-reported waiting times for males, females and age groups

Males were more likely to report shorter waiting times than females; 32% of males reported waiting less than six hours, compared with 28% of females (Figure 2.7.).

People aged 66 years or older were most likely to report waiting times of less than six hours. Nonetheless, only 32% of people aged 66-80 and 30% of people aged 81 years or older reported being admitted to a ward within the first six hours of entering hospital. Younger people aged 18-35 were least likely to be admitted within the target time frame, with only 26% reporting waiting times of less than six hours. Waiting times of 24 hours or more were reported by 15% of people aged 18-35 years old. As shown in Figure 2.3., this percentage was lower for older age groups and lowest for people aged 81 years or older (11%).

**Figure 2.7. Patient-reported emergency department waiting times by sex and age group**



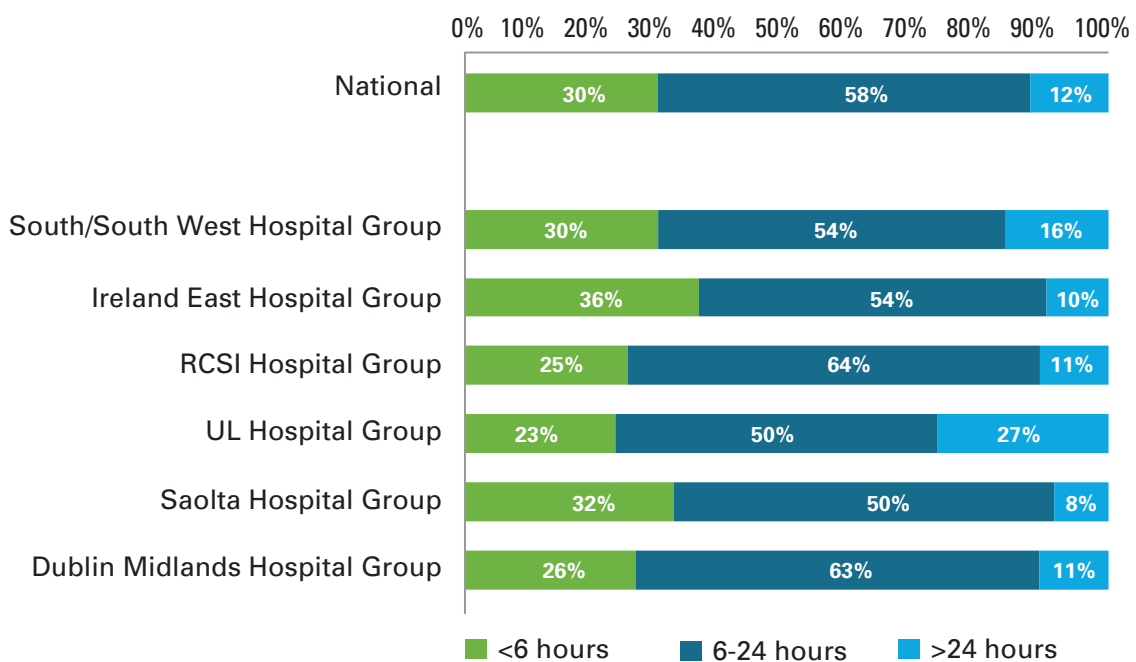
## Patient-reported waiting times in the six hospital groups

36% of people who attended an emergency department in the Ireland East Hospital Group said they were admitted to a ward within six hours of arriving at a hospital, compared with only 23% of patients in the University of Limerick Hospital Group.

In the University of Limerick Hospital Group, 27% of people said they waited for at least 24 hours in the emergency department, compared with 8% in the Saolta Hospital Group.

Figure 2.8. presents the national emergency department waiting times by hospital group.

**Figure 2.8. Patient-reported emergency department waiting times by hospital group**



With a score of 8.8 out of 10, question 6 was the highest ranking question on admissions (Figure 2.9.). This question asked if people felt that overall they were treated with respect and dignity in the emergency department. 82% of people said that they were always treated with respect and dignity in the emergency department, while 408 people (5%) said that they were not.

Q4 received the lowest score for the admissions stage of the patient journey (score of 7.5 out of 10). This question asked if doctors or nurses in the emergency department explained patients' conditions and treatments in a way that they could understand (Figure 2.9.). 718 people said that doctors or nurses did not give them a clear explanation of their condition or treatment (Table 2.1.).

**“Emergency department nurses and doctors work miracles in very difficult and overcrowded conditions. They treat everyone with equal dignity.”**

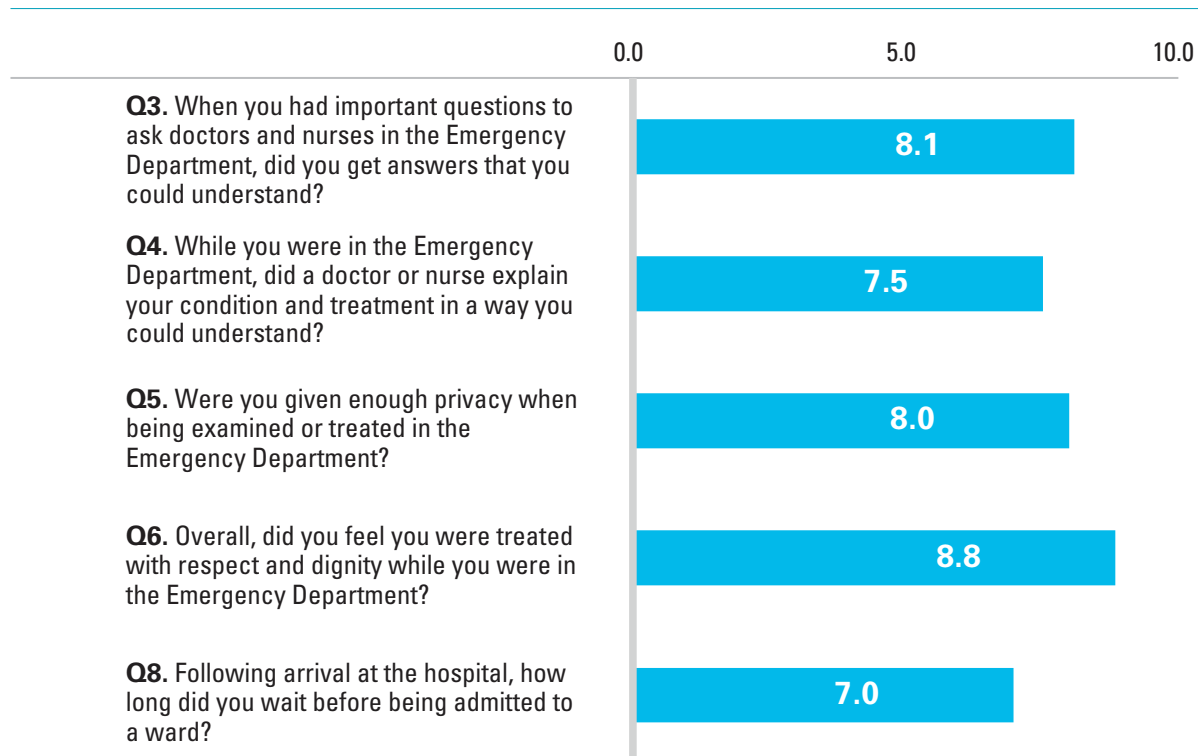
**Table 2.1. While you were in the emergency department, did a doctor or nurse explain your condition and treatment in a way you could understand? (Q4)**

Total number of responses: 9,016

Response option	Number of people	Percentage
Yes, completely	5,013	55.6%
Yes, to some extent	2,799	31.0%
No	718	8.0%
I did not need an explanation	486	5.4%

Figure 2.9. presents the national scores for the four questions related to hospital admissions.

**Figure 2.9. National scores for questions on admissions**

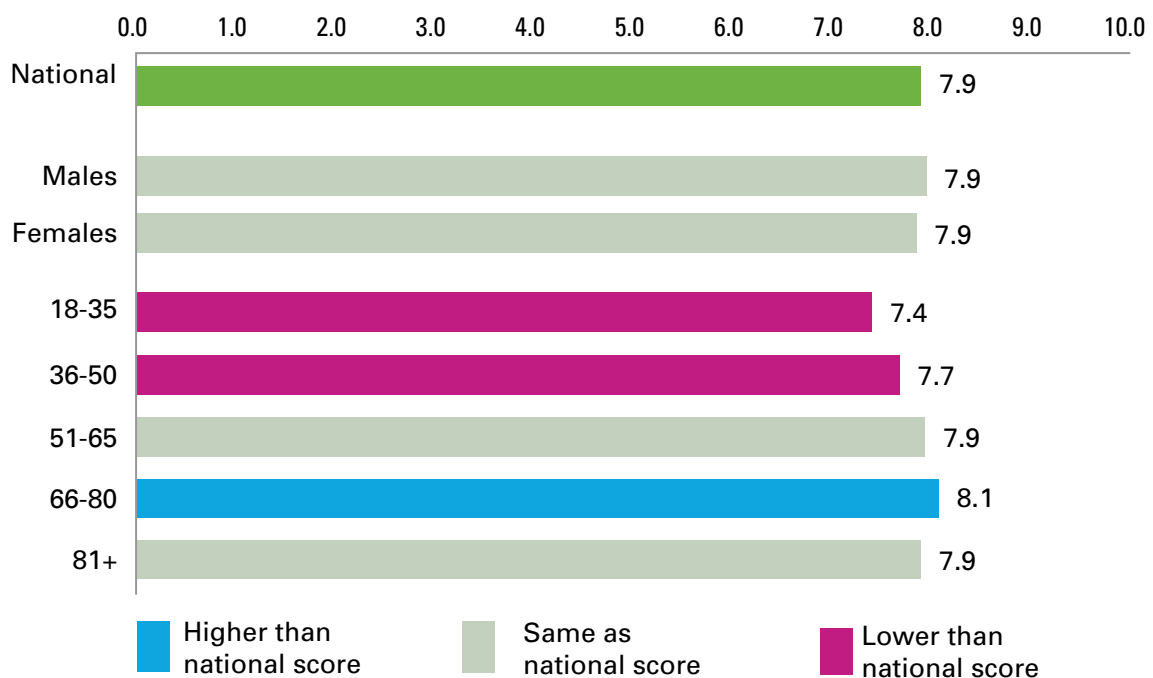


## Experience of admissions for males, females and different age groups

Nationally, the admissions part of the patient journey scored 7.9 out of 10. There was no difference in the average scores of men and women. However, some differences were found between people of different ages. Younger people aged 18-35 years gave the least positive answers to questions on admissions (score of 7.4 out of 10), followed by people aged 36-50 years (score of 7.7 out of 10). Scores for admissions increased with age, with people aged 66 to 80 years giving the highest average score (score of 8.1 out of 10).

Figure 2.10. shows the national scores for hospital admissions by sex and age group compared with the national average.

**Figure 2.10. Admissions scores by sex and age group**

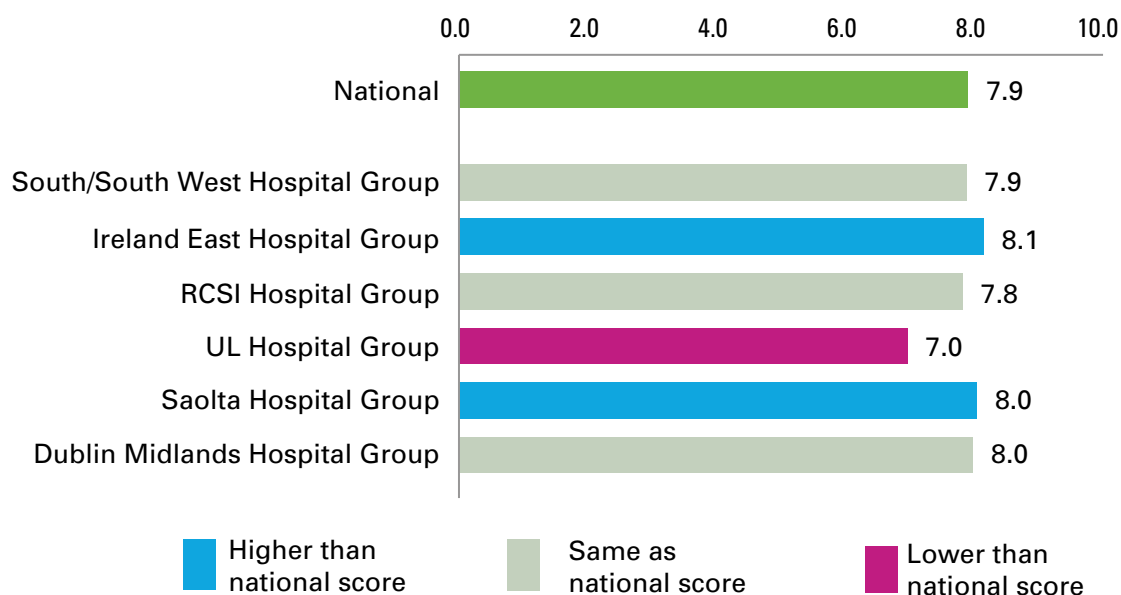


## Experience of admissions in the six hospital groups

The Ireland East Hospital Group scored highest on hospital admissions (score of 8.1 out of 10), followed by the Saolta Hospital Group (score of 8 out of 10). The University of Limerick Hospital Group recorded the lowest performance (score of 7 out of 10) on questions related to hospital admissions.

Figure 2.11. presents admissions scores for each hospital group compared with the national average.

**Figure 2.11. Admissions scores by hospital group**



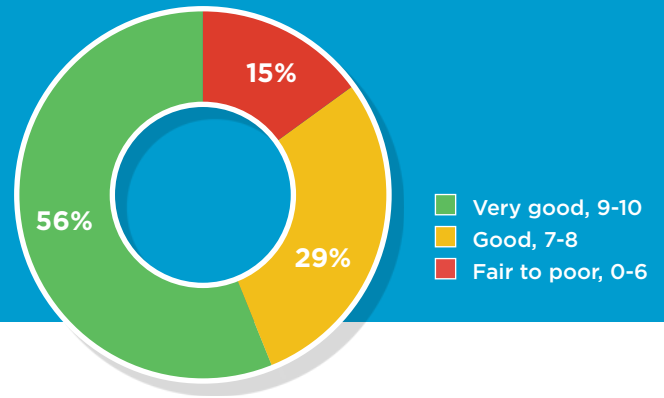
### Admissions: what do these results mean?

Of the 8,425 people who reported waiting times in the emergency department, 70% said that they waited longer than the six hour target waiting time. Of those, 241 people said that they waited for 48 hours or longer. Even though older people aged 66-80 and 81 years or older were slightly more likely to report waiting times of less than six hours compared with younger age groups, less than a third in each group reported getting to a ward within the target six hour time frame. People who said they waited longer than six hours also had a poorer experience overall. Studies have shown that long waiting times in the emergency department can have negative consequences for patients' health.

Most people reported that they were treated with dignity and respect in the emergency department. However, there were problems with communication, and patients made a large number of comments suggesting improvements in this area. Almost half of those who answered Q4 said that a doctor or nurse did not explain their condition or treatment in a way they could understand. Furthermore, people under the age of 50 had a less positive experience of admissions than older patients.



# Care on the ward



## LOWEST-RATED QUESTION

**?** How would you rate the hospital food?

**31%** of people (3,987) people rated the food as 'fair' or 'poor'.



## PATIENT COMMENTS

**20,735** **48%**

comments about care on the ward

included suggestions for improvement

### POSITIVE:

“Nurses on my ward were very good and looked after me very well.”



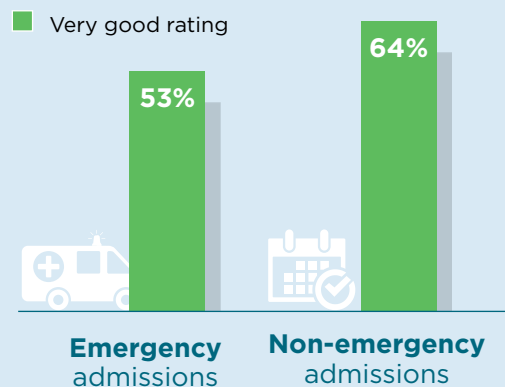
### SUGGESTION FOR IMPROVEMENT:

“Definitely the food needs to be improved. Less fried food, and not microwaved to such a high temperature.”



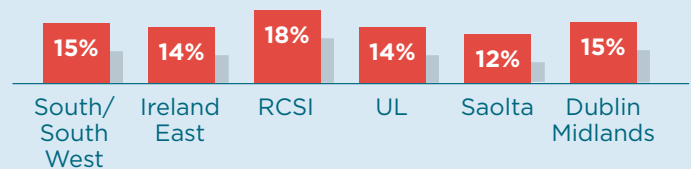
## COMPARISONS BY ADMISSION ROUTE AND HOSPITAL GROUP

People who were admitted to hospital in an emergency gave lower ratings of 'care on the ward' than people whose stay in hospital was planned in advance.



## CARE ON THE WARD

Fair to poor rating



# Care on the ward

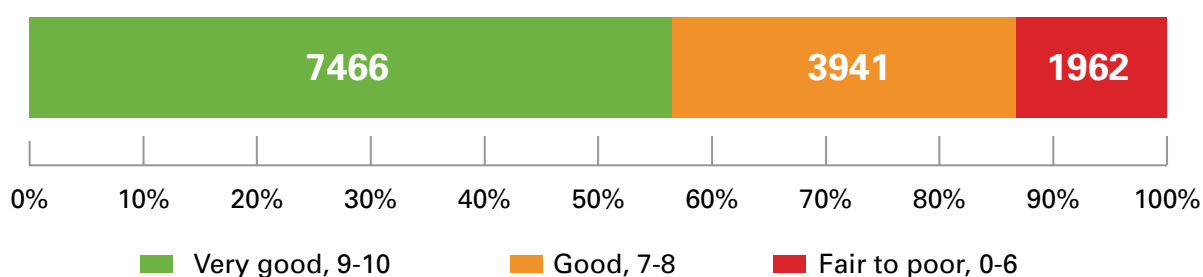


## In summary: what were patients' experiences of care on the ward?

7,466 people (56%) rated the care they received on the ward as very good, with 3,941 people (29%) saying the care was good. While the majority of patients had a positive experience on the ward, 1,962 people (15%) said that the care on the ward was fair to poor.

Figure 2.12. summarises patients' experiences of the care on the ward.

**Figure 2.12. Care on the ward ratings**



## What were the key findings for care on the ward?

- The questions on pain management and cleanliness on the ward were the two highest ranking questions on the theme of care on the ward (score of 8.9 out of 10). However, in the open-ended questions, people were more likely to make suggestions for improving cleanliness and hygiene in hospital than they were to make a positive comment on this theme.
- Of the 12,893 people who reported eating food in hospital, 2,684 people rated the food as fair and 1,303 rated it as poor. Food and drink was also an issue in the open-ended questions. People made 1,054 suggestions for improvement on this topic.
- Q28 asked about the availability of hospital staff to offer emotional support. 1,552 out of 8,503 people who experienced worries or fears said that they could not find a member of hospital staff to talk to about them.
- People aged 50 years or younger reported more negative experiences of the care on the ward than older age groups.

## The patient voice: what patients said about the care on the ward



6,527 of the 21,528 comments made in the survey were about the following themes: 'staffing levels', 'staff availability and responsiveness', 'other healthcare staff', 'other staff', 'food and drink' and 'cleanliness and hygiene'. 3,399 (52%) comments received on these themes had something positive to say about hospital care. 3,128 (48%) comments were suggestions for improvement (Figure 2.13.).

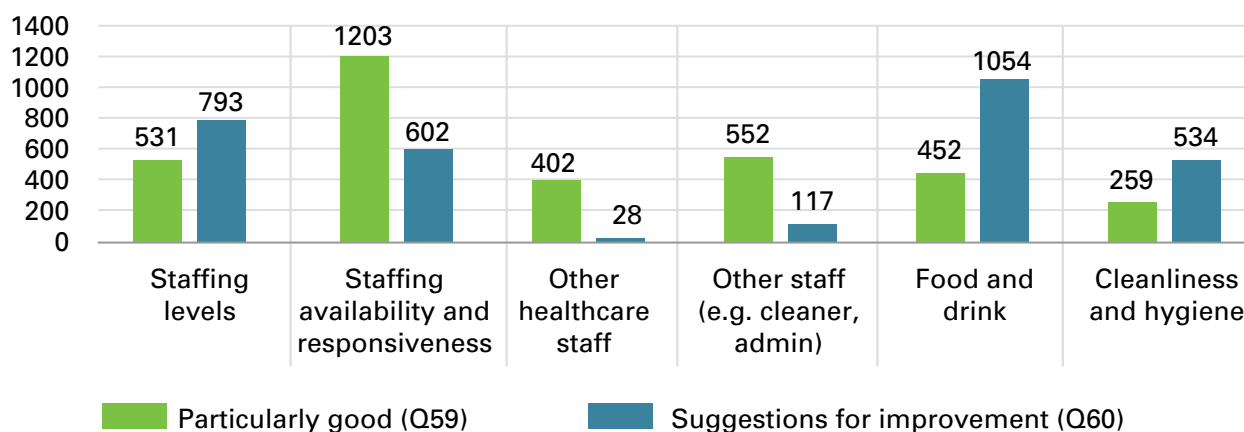
### Q59. Was there anything particularly good about your hospital care?

1,203 positive comments were made about staff availability and responsiveness. Other healthcare staff, such as physiotherapists, care assistants or speech therapists, were referenced in 402 positive comments. An additional 552 positive comments were made about other staff such as cleaners, administrative staff, or porters.

### Q60. Was there anything that could be improved?

793 suggestions for improvement were about staffing levels in the hospitals, while 1,054 referred to the food in hospital. On this theme, there were twice as many suggestions for improvement than there were positive comments. A further 534 suggestions for improvement related to cleanliness and hygiene.

Figure 2.13. Number of patient comments received by theme



Below are some examples of comments about 'staffing levels', 'staff availability and responsiveness', 'other healthcare staff', 'other staff', 'food and drink', 'cleanliness and hygiene' in the context of care on the ward.

### Staffing levels

"Nurses and doctors are doing their utmost to provide care to the best of their ability in poor conditions regarding staffing levels. One poor nurse was expected to provide care to 13 patients on her own. Management needs sorting out."

"Please employ more nurses and care assistants. Doctors and nurses are all overworked day and night they deserve better conditions."

### Staff availability and responsiveness

"Yes got help when needed [...] there was not too many patients on the ward to deal with and that I was right beside the nurses desk in case of an emergency."

"While I was in the ward, other patients needed help getting in and out of bed, opening food and pouring tea. No sign of nurses on numerous occasions even after ringing bell. So I as a patient myself, was forced to get out of bed and help other patients before they fell or spilt drinks over themselves. Hospital clearly very understaffed."

### Other healthcare staff

"Health care assistants and auxiliary staff [were] superb, given much more responsibility for patient care than I would previously thought."

"I would have liked more time with the physio before discharge as I just seen her once for a few minutes and I had a [Injury] so needed more before discharge. [...]."

### Other staff (e.g. cleaner, admin.)

"The staff in the wards were the most caring, kind and wonderful people from the [Nurse Type] to the catering staff and cleaners. I had major surgery and was very emotional during my stay. They made it easier. There are no words to describe how good they were."

"If there's anything I feel could be improved is some staffs attitudes towards patients. I am referring to some of the catering staff. I realise that patients can be hard to deal with and kitchen staff are dealing with a lot of patients but there's ways and means of dealing with people."

## Food and drink

"Surprised by quality of food and how staff went out of their way to help when hungry after my operation."

"Meal times - elderly patients may need help in feeding themselves. No record is kept of food and liquid intake and often my father did not eat his meals or drink enough fluids."

## Cleanliness and hygiene

"1. Staff at all levels were polite and courteous. 2. Attention from staff i.e. nursing staff and catering staff was very good. 3. Levels of cleanliness were high on the ward and in toilets."

"The contract cleaning staff have obviously received no training in Aseptic protocols. They cleaned the room on a daily basis and used "J" cloths to clean everything including the stainless steel trolley used for the IV drug administration. The same cloth was used to clean the walls, tops of the pedal bins, nozzles of the hand sanitisers, water taps, blood pressure and other medical instruments. In fact they used the same cloths for cleaning everything in sight. The infection control team please take note."

## Quantitative results for questions on care on the ward

Fourteen survey questions asked about care on the ward.

Questions on this stage of care asked people about their experiences while on the ward, such as communication with hospital staff, privacy, pain management, cleanliness and food.

All survey respondents answered these questions, except question 18, which was answered only by people who said that they had missed a meal, for example, due to an operation.

Q10 and Q32 were the highest ranking questions on care on the ward (Figure 2.14.). People were very positive about the cleanliness of the ward they stayed on (score of 8.9 out of 10). 9,729 people said that the hospital room or ward that they were in was very clean, compared with 421 people who said that their room was not very clean and 93 who said it was not clean at all.

Survey respondents were also mostly positive about how their pain was managed when they were on the ward (score of 8.9 out of 10) (Figure 2.14.). 9,254 people said that the hospital staff definitely did everything they could to help control their pain.

Two questions asked about communication with doctors and nurses. Q20, which asked if doctors gave answers patients could understand, scored 8.1 out of 10 (Figure 2.14.). Q22 (score of 8.6 out of 10) asked if nurses gave answers patients could understand. 9,254 people said that they could always understand answers they received from nurses.

However, patients had a less positive experience of one particular aspect of communication; 1,552 people said that they could not find a member of hospital staff to talk to about their worries and fears. Q28 on this issue received a low score of 6.6 out of 10 (Figure 2.14.).

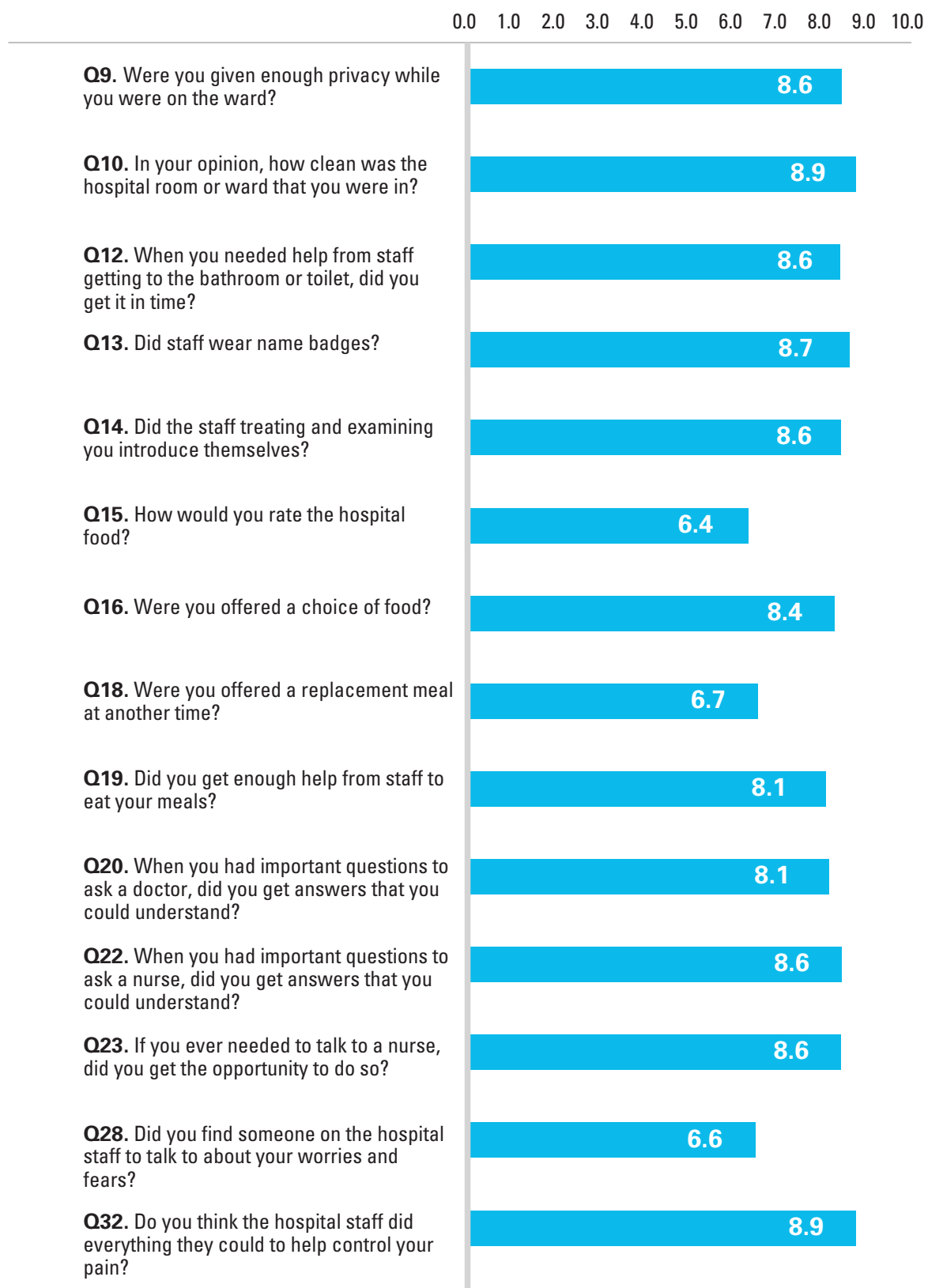
Questions about the food in hospital received two of the lowest scores in this section. Participants in this survey rated the hospital food 6.4 out of 10 (Figure 2.14.). While 4,376 people rated the food as very good, 2,684 said it was fair, while 1,303 people said that it was poor (Table 2.2.).

**Table 2.2. How would you rate the hospital food? (Q15)**

Total number of responses: 13,268

Response options	Number of people	Percentage
Very good	4376	33.0%
Good	4530	34.1%
Fair	2684	20.2%
Poor	1303	9.8%
I did not have any hospital food	375	2.8%

**Figure 2.14. National scores for questions on care on the ward**



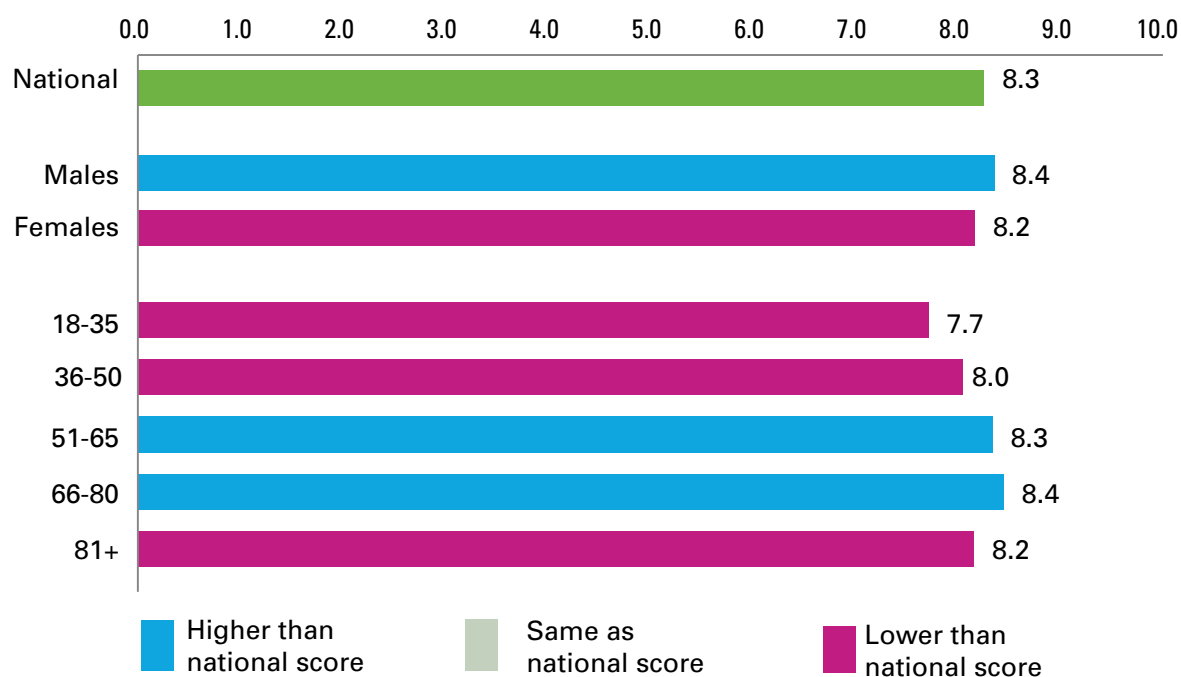
## Experience of care on the ward for males, females and different age groups

Nationally, care on the ward scored 8.3 out of 10. Males reported slightly more positive experiences (score of 8.4 out of 10) of care on the ward than females (score of 8.2 out of 10).

People of different ages also had slightly different experiences of care on the ward. Those in the two youngest age groups (18-35 and 36-50 years) and those aged 81 years or older reported more negative experiences of care on the ward than people aged 51-65 and 66-80 years of age. People aged 18-35 had the worst experience of care on the ward (score of 7.7 out of 10).

Figure 2.15. shows the scores for care on the ward by sex and age group compared with the national average.

**Figure 2.15. Scores for care on the ward by sex and age group**



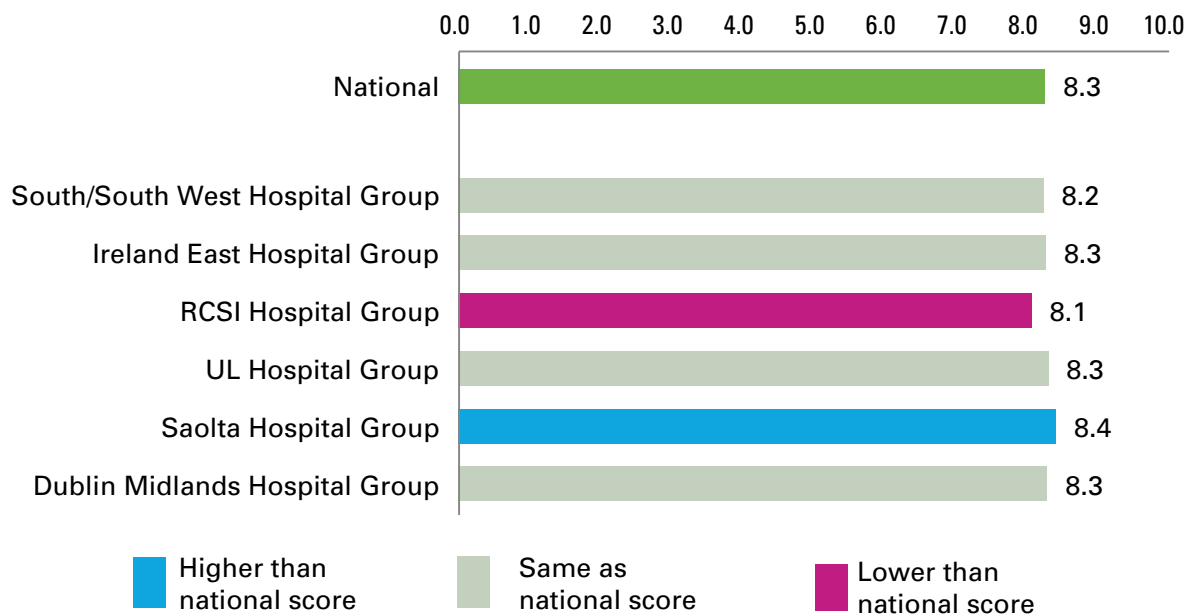


## Experience of care on the ward in the six hospital groups

With a score of 8.4 out of 10, the Saolta Hospital Group was the best performing hospital group as regards care on the ward. The RCSI Hospital Group, on the other hand, recorded the lowest average score (score of 8.1 out of 10).

Figure 2.16. presents the scores for care on the ward for the six hospital groups compared with the national average.

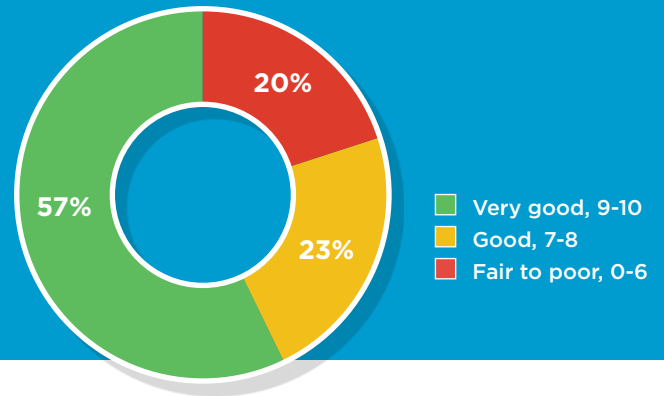
**Figure 2.16. Scores for care on the ward by hospital group**



### Care on the ward: what do these results mean?

People had mixed experiences of care on the ward. In general, people had positive interactions with doctors, nurses and other staff. Staff answered questions in a way that people could understand, and managed patients' pain effectively. However, members of staff were not always available to talk to people about their worries and fears. Many people said that the food was not very good and needed to be improved. People under the age of 50 and over the age of 80 had less positive experiences of care on the ward.

# Examinations, diagnosis and treatment



## LOWEST-RATED QUESTION

**?** Did you feel you had enough time to discuss your care and treatment with a doctor?

**40%** of people (5,277) said that they did not always have enough time to discuss their care and treatment with a doctor.



## PATIENT COMMENTS

**18,261** **45%**

comments about examinations, diagnosis and treatments

included suggestions for improvement

### POSITIVE:

**“** The procedure was carried out successfully and professionally. I was very happy with care and treatment provided to me.”



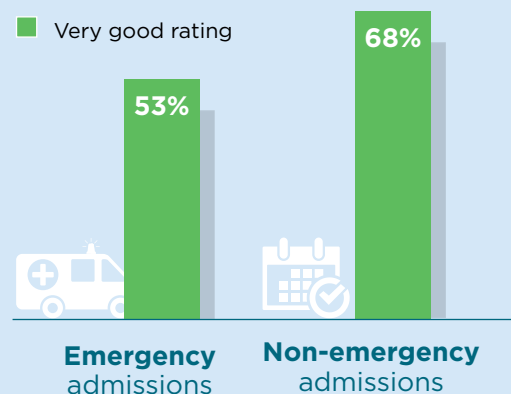
### SUGGESTION FOR IMPROVEMENT:

**“** I feel that when doctors/nurses are talking with patients, discussing their procedure/treatment, there could be some more privacy. I could hear everything being discussed, both in the day surgery waiting area and in the ward.”

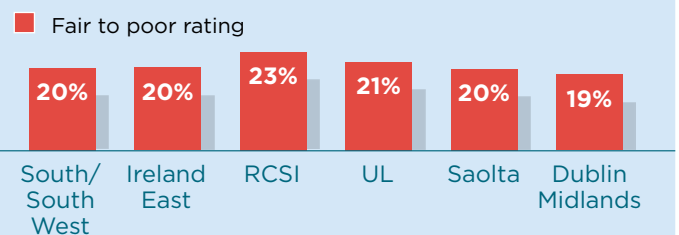


## COMPARISONS BY ADMISSION ROUTE AND HOSPITAL GROUP

People who were admitted to hospital in an emergency gave lower ratings of ‘examinations, diagnosis and treatment’ than people whose stay in hospital was planned in advance.



## EXAMINATIONS, DIAGNOSIS AND TREATMENT



# Examinations, diagnosis and treatment

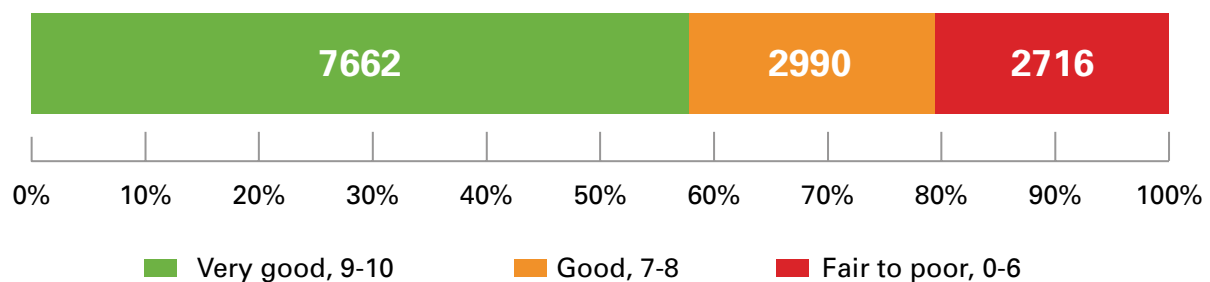


## In summary: what were patients' experiences of examinations, diagnosis and treatment?

7,662 people (57%) rated their experience of examinations, diagnosis and treatment as very good. 2,990 people (22%) rated their experience as good, whereas 2,716 patients (20%) rated their experience of this stage of care as fair to poor.

Figure 2.17. summarises patients' experiences of examinations, diagnosis and treatment.

Figure 2.17. Examinations, diagnosis and treatment ratings



## What were the key findings for examinations, diagnosis and treatment?

- Q31, which asked about privacy when being examined or treated, was the highest ranking question on examinations, diagnosis and treatment (score of 9.1 out of 10).
- 1,367 out of 13,187 patients who answered Q21 said that they did not feel they had enough time to discuss their care and treatment with a doctor.
- Many patients reported a lack of involvement in their care and treatment. Out of 13,180 people who answered Q24, 1,076 said they were not involved in the decisions about their care and treatment as much as they wanted to be.
- People aged 50 years or younger and people aged 81 or older reported more negative experiences of this stage of care, compared with people aged 51-80 years.

## The patient voice: what patients said about examinations, diagnosis and treatment



6,144 of the 21,528 comments in the 2017 survey were made about the following themes: 'nursing staff', 'doctors or consultants' and, 'waiting time for planned procedures'. 5,241 (85%) of these comments were positive (Figure 2.18.).

### Q59. Was there anything particularly good about your hospital care?

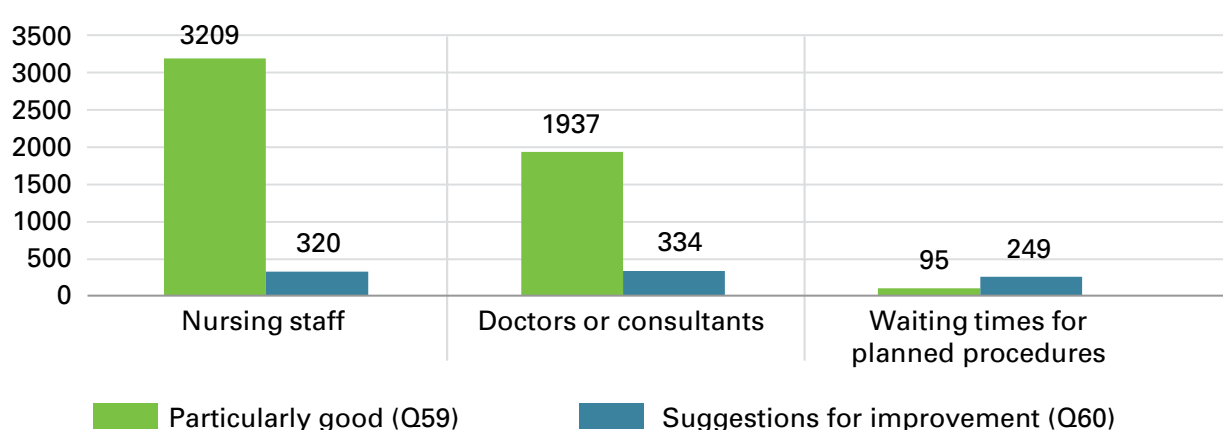
3,209 comments in response to this question referred positively to nursing staff, while 1,937 talked in positive terms about doctors or consultants.

### Q60. Was there anything that could be improved?

In response to Q60, 320 comments referred to nursing staff, while 334 comments mentioned doctors or consultants. 249 suggestions for improvement were made regarding the waiting times for planned procedures.

Figure 2.18. shows the number of comments for Q59 and Q60 for each theme.

Figure 2.18. Number of patient comments received by theme



Below are some examples of comments about 'nursing staff', 'doctors or consultants' and 'waiting times for planned procedures' in the context of examinations, diagnosis and treatments.

### Nursing staff

"The nurses were very kind and did everything they could for you, if they had the time. Treated you with respect and listened to you about any worries and concerns"

"More nurses on the ward. Nurses there were very much overworked."

### Doctors or consultants

"My consultant and his team of doctors were excellent in their care and attention."

"After my operation, while only a small operation, I did not see any doctor. I think a doctor should have had the manners to come back and see me and explain what happened and not just leave it to a nurse to tell me I can go home."

### Waiting times for planned procedures

"Each procedure was done as soon as possible and monitored constantly for safety. All staff were friendly and helpful."

"Appointment scheduling and notification could use some improvement. I did not receive a letter for my appointment in May. I had to ring the hosp to get information on my appointment and what to do before going in."

## Quantitative results for questions on examinations, diagnosis and treatment

Thirteen survey questions focused on examinations, diagnosis and treatment.

Questions for this stage of care asked people about their experiences while undergoing or receiving the results of tests, treatments, operations and procedures.

While everyone who completed the survey saw these questions, they only applied to those who had undergone tests, treatments, operations and or procedures while in hospital.

Q31, which asked if people were given enough privacy when being examined or treated, was the highest ranking question on examinations, diagnosis and treatment (score of 9.1 out of 10) (Figure 2.19.). 11,325 people said that they were always given enough privacy when being examined or treated. In contrast, 416 people said that they were not given enough privacy when being examined or treated.

With a score of 7.5 out of 10, Q21 was the lowest ranking question on examinations, diagnosis and treatment (Figure 2.19.). 1,367 people (10%) said they did not have enough time to discuss their care and treatment with a doctor (Table 2.3.).

**“Nurses aid on ward was particularly warm and caring. I admired the way she helped elderly patients both male and female to shower and dress afterwards. She respected their privacy and personal space.”**

**Table 2.3. Did you feel you had enough time to discuss your care and treatment with a doctor? (Q21)**

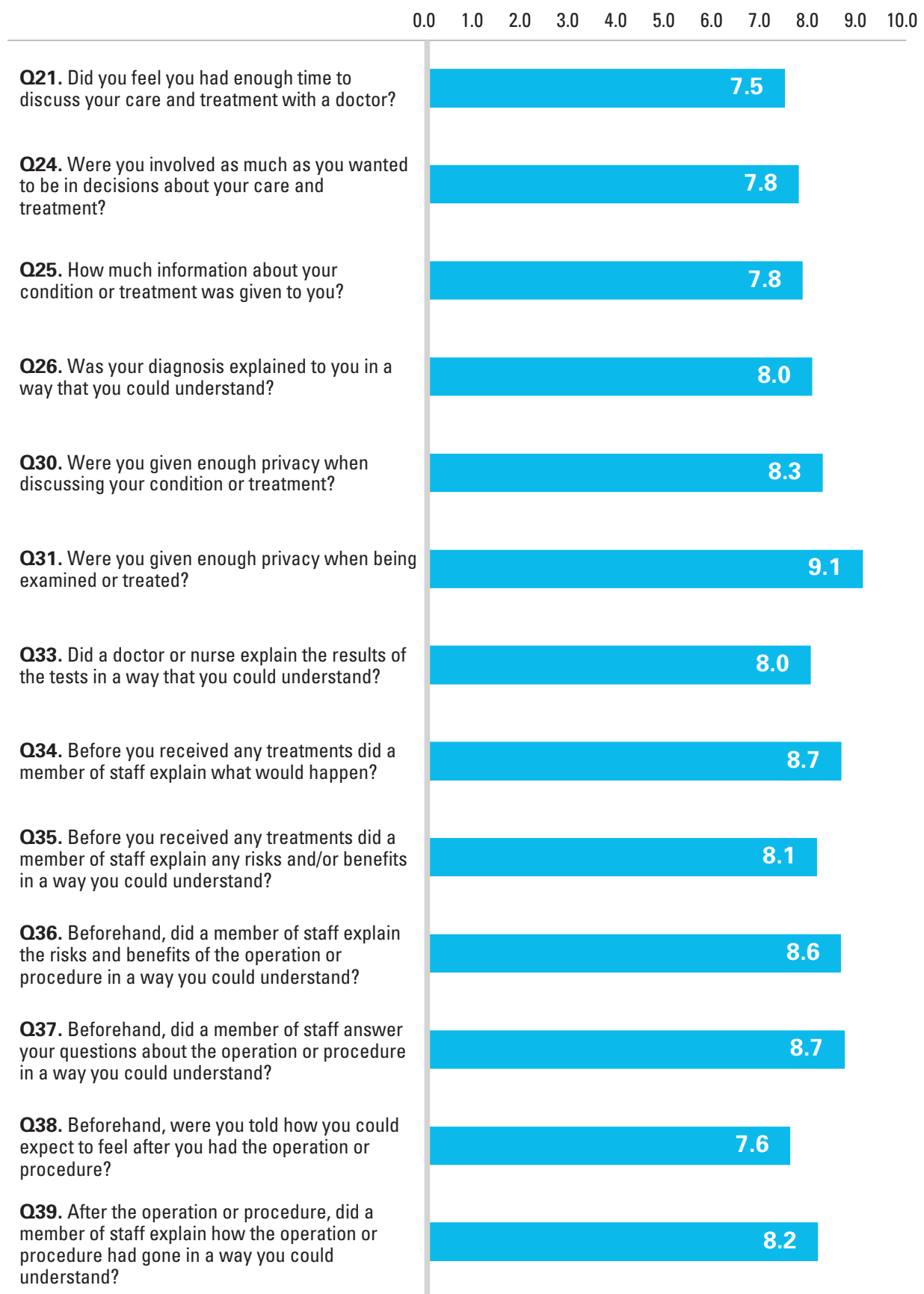
Total number of responses: 13,187

Response options	Number of people	Percentage
Yes, definitely	7910	60.0%
Yes, to some extent	3910	29.7%
No	1367	10.4%

Involving patients in decisions about their care and treatment is very important in delivering patient- or person-centred care. Q24 asked about patient involvement in decisions about care and treatment and resulted in a score of 7.8 out of 10. While 8,388 people said they definitely felt involved in this decision-making process, 1,076 said that they did not.

Figure 2.19. shows the national scores for all the questions referring to examinations, diagnosis and treatment.

**Figure 2.19. National scores for examinations, diagnosis and treatment**



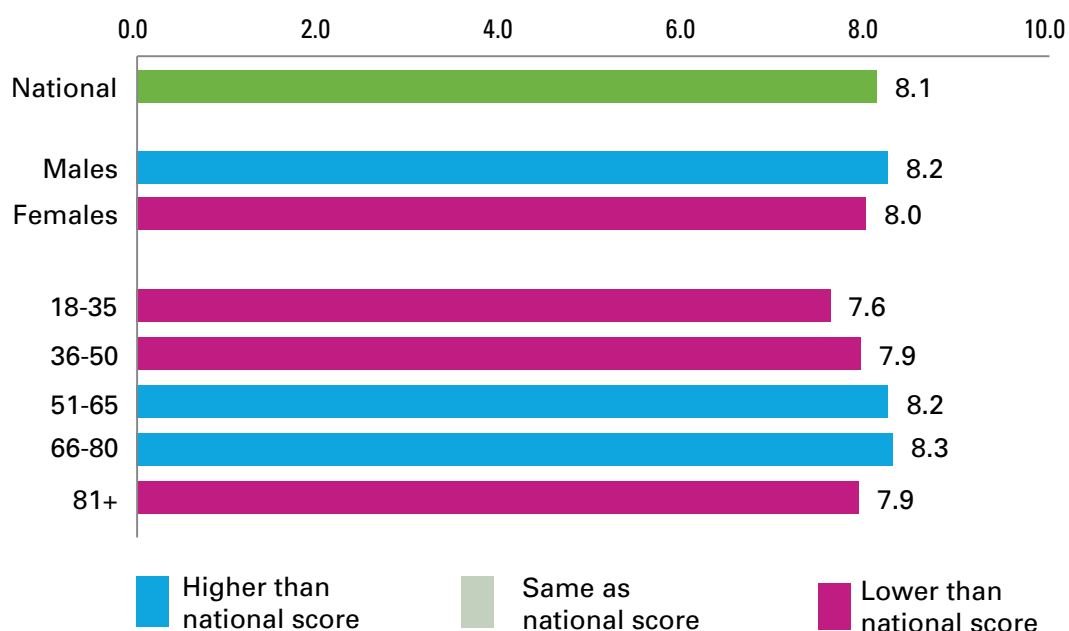
## Experience of examinations, diagnosis and treatment for males, females and different age groups

Nationally, examinations, diagnosis and treatment scored 8.1 out of 10. Males reported a slightly more positive experience of this stage of care (score of 8.2 out of 10) compared with females (score of 8 out of 10).

Younger and older patient groups also reported different experiences of examinations, diagnosis and treatment. People aged 18-35 and 36-50, as well as people aged 81 years or older, reported more negative experiences than people aged 51-65 and 66-80. Furthermore, the average experience of people aged 18-35 (score 7.6 out of 10) was below the national average.

Figure 2.20. presents the scores for examinations, diagnosis and treatment by sex and age group and compared with the national average.

**Figure 2.20. Examinations, diagnosis and treatment scores by sex and age group**

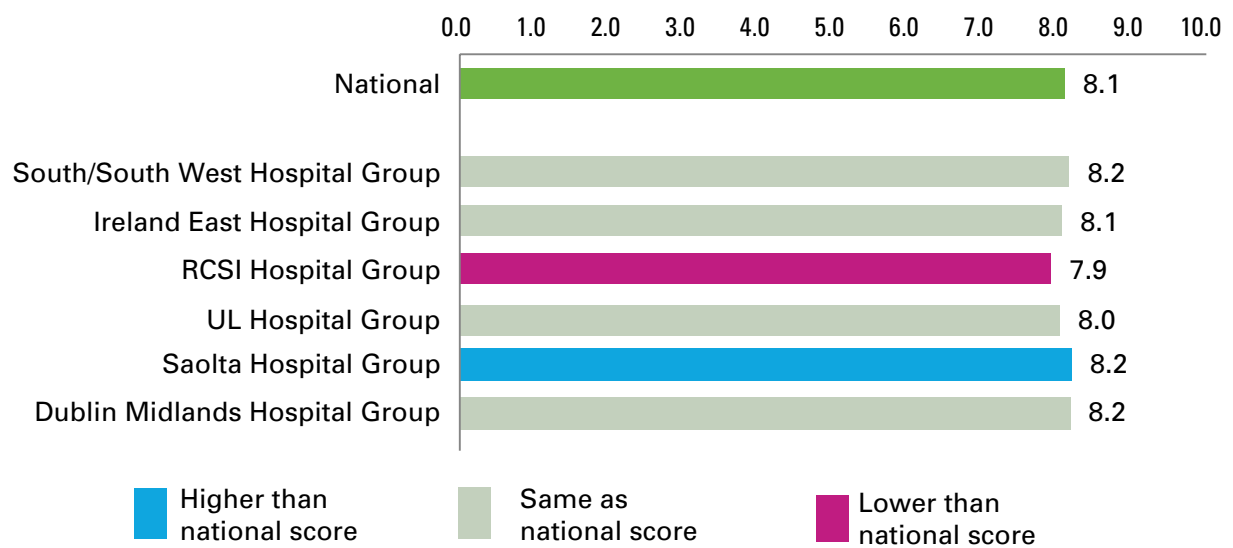


## Experience of examinations, diagnosis and treatment in the six hospital groups

With a score of 8.2 out of 10, the Saolta Hospital Group achieved the best performance on examinations, diagnosis and treatment, while the RCSI Hospital Group scored the lowest with 7.9 out of 10. Figure 2.21. presents the scores for examinations, diagnosis and treatment for each hospital group.



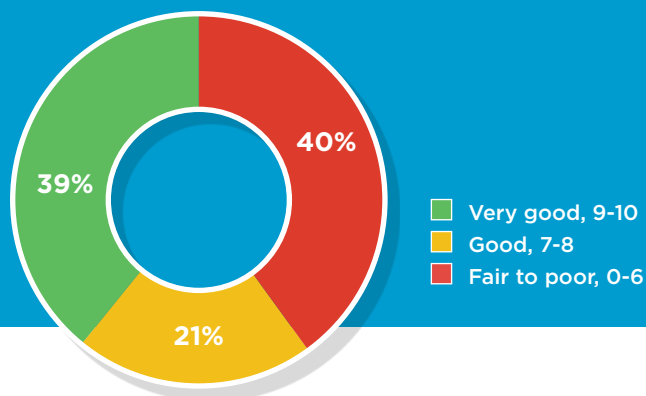
Figure 2.21. Examinations, diagnosis and treatment scores by hospital group



### Examinations, diagnosis and treatment: what do these results mean?

Most people said that they had enough privacy when being examined or treated, and a very large number of comments praised the competency of doctors and nurses. However, people were less positive about the amount of time allocated to talk about their treatment, and their involvement in making decisions about their care. This suggests that care was not as patient-centred as it should be, and that more effort is needed to ensure that patients feel that their voices are heard. People under the age of 50 and over the age of 80 had less positive experiences of examinations, diagnosis and treatment.

# Discharge or transfer



## LOWEST-RATED QUESTION

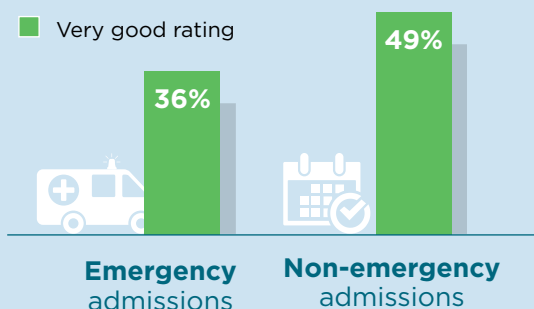
**?** Did a member of staff tell you about medication side effects to watch for when you went home?

**40%** of people (3,724) people said they were not told what medication side effects to watch out for.

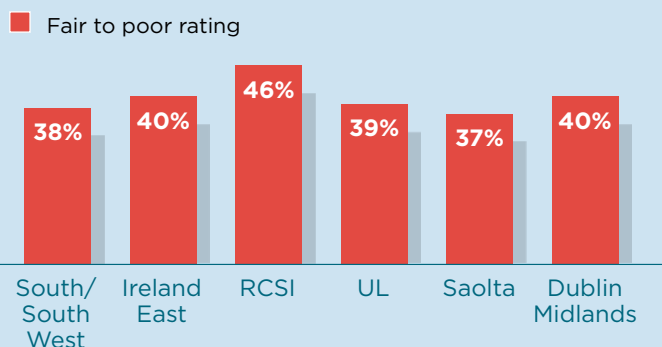


## COMPARISONS BY ADMISSION ROUTE AND HOSPITAL GROUP

People who were admitted to hospital in an emergency gave lower ratings of 'discharge or transfer' than people whose stay in hospital was planned in advance.



## DISCHARGE OR TRANSFER



## PATIENT COMMENTS

**1,624** **78%**

comments about admission to hospital

included suggestions for improvement

### POSITIVE:

“The diligence/care of the staff was excellent. A follow up call from the A&E doctor the day following discharge made me feel my wellbeing and recovery was the priority of all the staff I encountered.”



### SUGGESTION FOR IMPROVEMENT:

“Discharge doctor needs to spend a bit more time explaining condition and options available. Being discharged felt very rushed.”



# Discharge or transfer

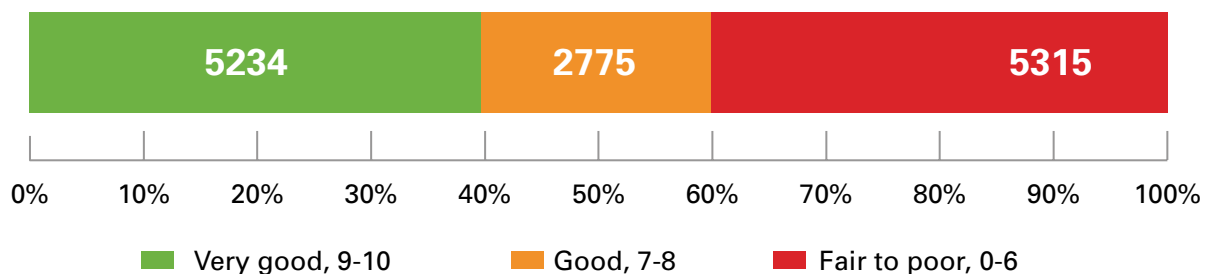


## In summary: what were patients' experiences of

5,234 people (39%) reported a very good experience of discharge or transfer from hospital, while 2,775 people (21%) said it was good. 5,315 people (40%) reported a fair to poor experience in this area.

Figure 2.22. summarises patients' experiences of the discharge or transfer stage of the patient journey.

**Figure 2.22. Discharge or transfer ratings**



## What were the key findings for discharge or transfer?

- 666 comments on discharge and aftercare management were made and 553 of those contained suggestions for improvement.
- Q45 asked if patients received explanations they could understand about the purpose of the medicines they were to take at home. This was the highest ranking question on discharge or transfer (score of 7.8 out 10).
- Q44, Q46 and Q47 asked whether patients were given sufficient information about how to manage their care, the side effects of medication and the danger signals to watch out for after they went home. These were the three lowest ranking questions in the entire survey.
- Out of the 11,583 people who said they needed help to manage their condition, 2,032 responded to Q51 saying that they did not receive enough information from the hospital on how to manage their condition after discharge.
- Females reported more negative experiences than men for this stage of care.
- People aged 50 years or younger and people aged 81 or older reported more negative experiences of discharge or transfer compared with people aged 51-80 years.

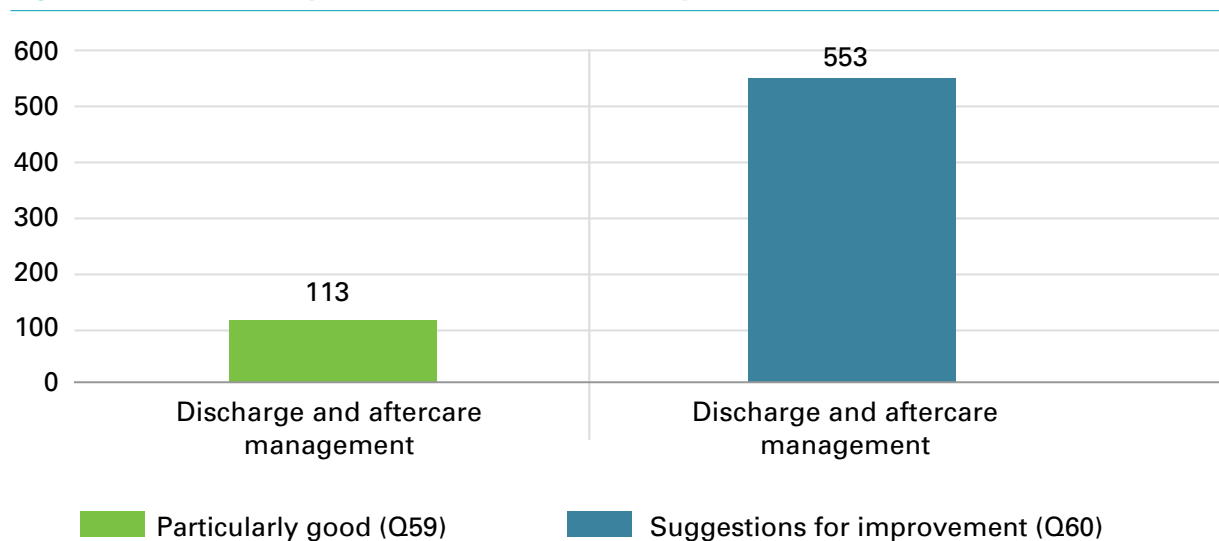
## The patient voice: what patients said about discharge or transfer



666 comments in the 2017 survey referred to 'discharge and aftercare management'. 553 (83%) of these contained suggestions for improvement, while 113 positive comments were made.

Figure 2.23. shows the number of comments provided in response to Q59 and Q60 for this theme.

**Figure 2.23. Number of patient comments received by theme**



Below are some examples of comments about 'discharge and aftercare management'.

"Overall I found the level of hospital care to be very good. I found the level of professionalism exhibited by both the doctors and nurses to be excellent. The advice and booklets (including dedicated names and contact numbers) provided prior to discharge and the support / follow up since discharge has also been excellent. Finally the care was and continues to be provided in a friendly, empathetic and supportive fashion."

"Discharge arrangements. I was taken at 8:30am to a waiting room in my night clothes, to wait till 1:30pm. I hadn't got my morning tabs. My belongings were just thrown in bags by a porter. As a frail 88 year old [Condition Name] I was upset."

"The diligence/care of the staff was excellent. A follow up call from the A&E doctor the day following discharge made me feel my wellbeing and recovery was the priority of all the staff i encountered. A revisit after 24 hours and again 7 days later for reconstructive surgery were both good experiences for me."

"More information needs to be given to either the patient or their family when being discharged about helping the patient when at home. Also if medication is being changed, the new medication needs to be explained to the patient and their family."

"I think that the discharge room (departure room, as somebody called it) was an excellent idea, the fact that people collecting you didn't have to park and come into the building is excellent."

"The discharge process was uncomfortable and rushed. I was moved from the bed within five minutes of seeing the specialist who I had been waiting to see for nearly a week. I wasn't packed and I didn't have the chance to tell a family member to come and collect me. I was told to quickly go to the transit lounge where there was no phone signal and there was confusion between the doctors looking after me and the specialist's over further procedures I would need."

## Quantitative results for questions on discharge or transfer

Twelve survey questions asked about discharge or transfer.

Questions for this stage of care asked people about their experiences relating to discharge, such as notice given of discharge and the provision of information, advice and support to manage patients' conditions.

Q45 and Q46 were only answered by people who were prescribed medicines to take following discharge.

Q45 was the highest ranking question on discharge or transfer (score of 7.8 out of 10) (Figure 2.24.). 7,223 (56%) people said that they received explanations that they could completely understand about the purpose of the medicines they were to take at home, while 2,126 people (16%) said that they received an explanation that they could understand to some extent. An additional 1,206 (9%) people said that they did not receive any explanation at all.

Q44, Q46 and Q47 were the three lowest ranking questions on discharge or transfer. They were also among the lowest ranking questions in the entire 2017 survey. Q46, which asked about the information provided by staff on the medication side effects to watch for after discharge, scored 5.1 out of 10 (Figure 2.24.). Indeed, 3,724 people (32%) reported that they were not told about the potential side effects of medication.

Q44, which asked if people were given written or printed information about what they should or should not do after leaving hospital, received a low score of 5.3 out of 10 (Figure 2.24). 5,929 people (46%) said that they were not given any written or printed information (Table 2.4.).

**"It would have been great if someone had told me about the possible side effects of this operation - I had to inform myself with help from online sources."**

**Table 2.4. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital? (Q44)**

Total number of responses: 12,786

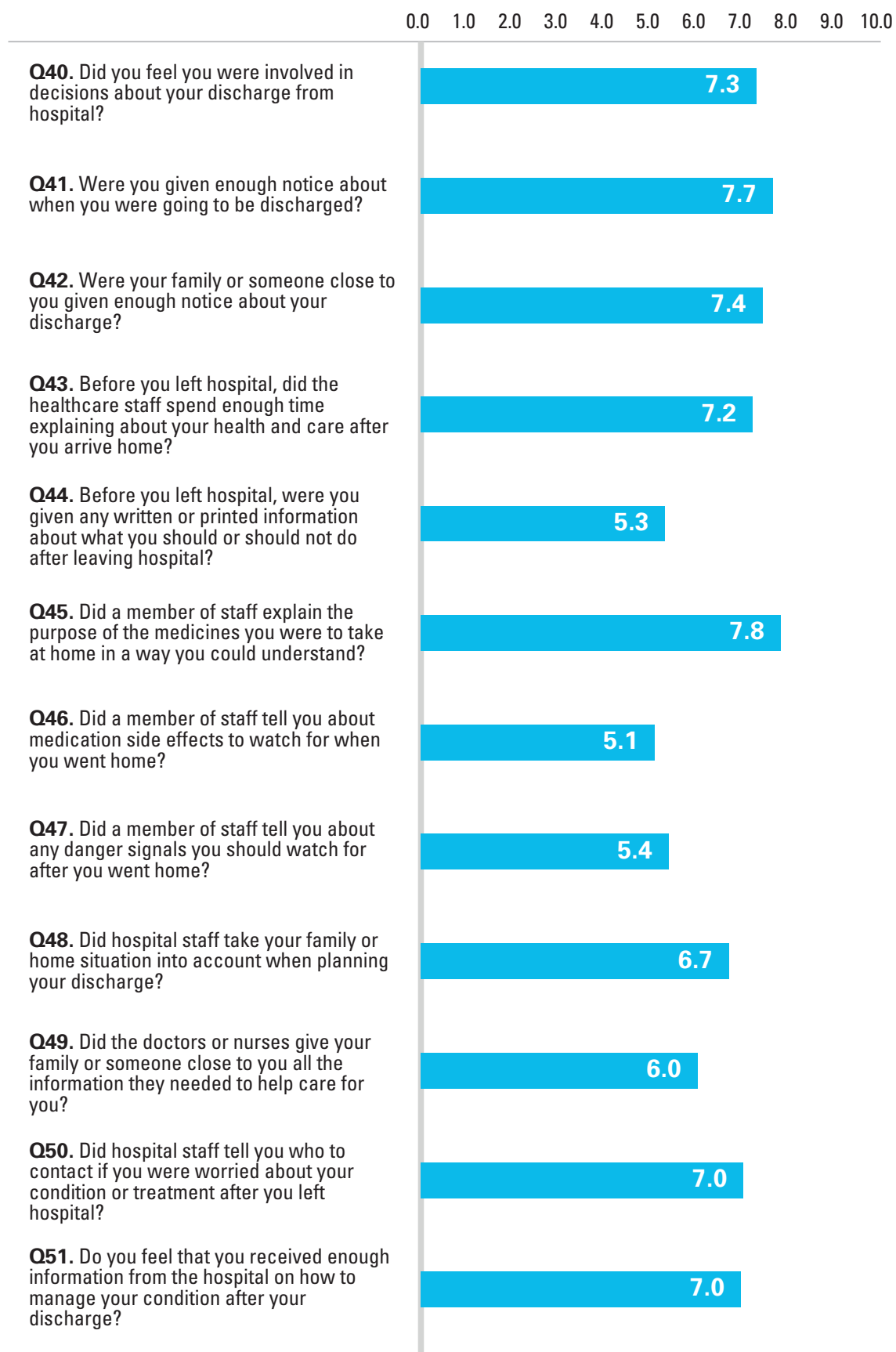
Response options	Number of people	Percentage
Yes	6857	53.6%
No	5929	46.4%

Q47 scored 5.4 out of 10. This question asked if people were told about danger signals they should watch for after they went home. 4,483 people said that they were completely informed, while 1,979 people said that they received some information to this effect. 3,638 people in this survey (28%) said that they were not told about any potential danger signals.

Q51 scored 7 out of 10. This question asked whether patients received enough information from the hospital on how to manage their condition after discharge. 2,032 people (16%) said that they did not receive sufficient information to manage their condition.

Figure 2.24. presents the national scores for all the questions relating to discharge or transfer.

**Figure 2.24. National scores for questions on discharge or transfer**



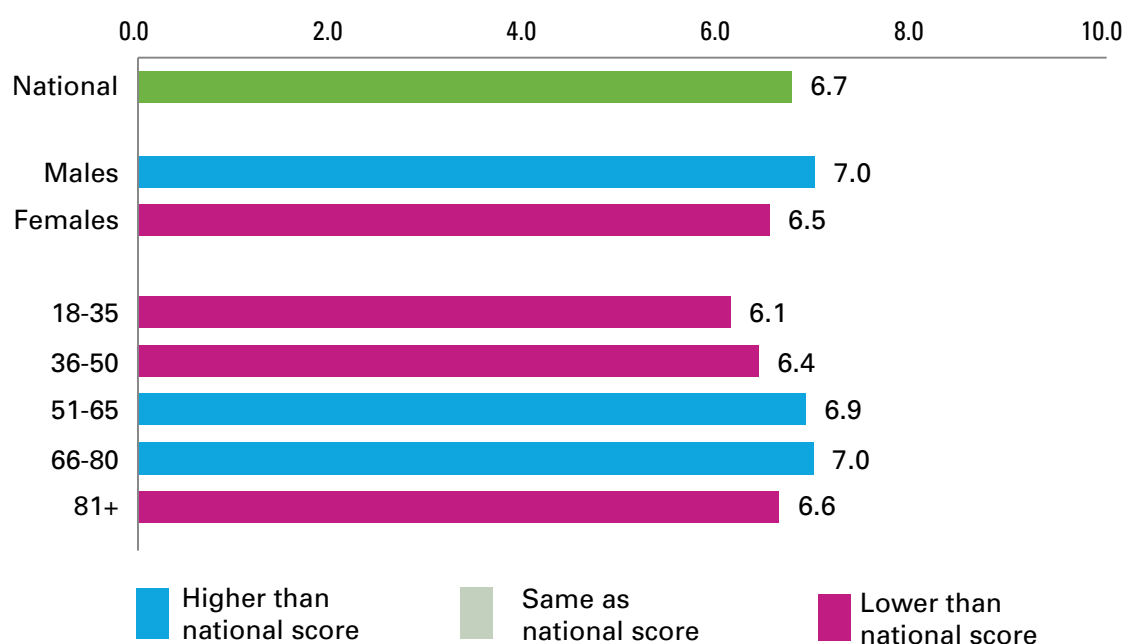
## Experience of discharge or transfer for males, females and different age groups

Nationally, discharge or transfer scored 6.7 out of 10. On average, men had a more positive experience of discharge or transfer from hospital (score of 7 out of 10), than women (score of 6.5 out of 10).

Younger age groups (18-35 and 36-50 years) as well as people aged 81 years or older reported more negative experiences of discharge or transfer, than people aged 51-65 and 66-80 years. Younger people (18-35 years) reported the most negative experience of any age group (score of 6.1 out of 10), whereas people aged 66-80 gave the highest rating for this stage of care (score of 7 out of 10).

Figure 2.25. shows the national discharge or transfer scores by sex and by age group and compared with the national average.

**Figure 2.25. Discharge or transfer scores by sex and age group**



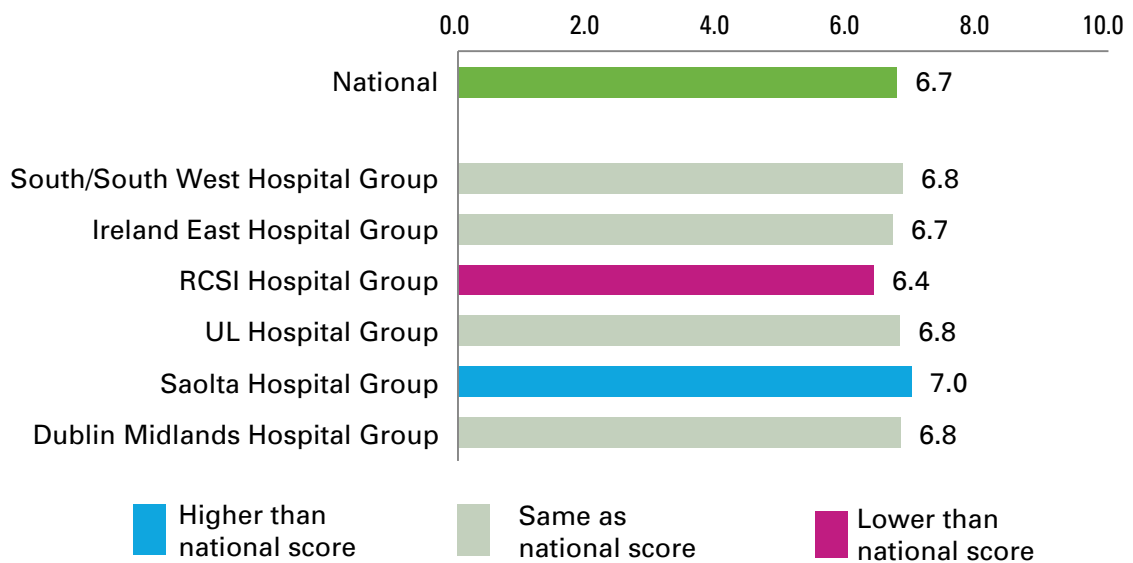


## Experience of discharge or transfer on the ward in the six hospital groups

Nationally, the Saolta Hospital Group received the best score on discharge or transfer (score of 7 out of 10). The RCSI hospital group recorded the lowest performance of 6.4 out of 10.

Figure 2.26. displays the discharge or transfer scores for each hospital group compared with the national average.

**Figure 2.26. Discharge or transfer scores by sex and age group**



### Discharge or transfer: what do these results mean?

People did not have very positive experiences of discharge or transfer compared to the other stages of care. It was clear that many patients felt they did not get enough information on how to safely care for themselves when they left hospital. Patients who are not sufficiently informed about their condition, their medication regime and how to care for themselves at home are at a higher risk of complications and being re-admitted to hospital.(8-10) People under the age of 50 and over the age of 80 had less positive experiences of discharge or transfer than those in other age groups.

# Other aspects of care



## In summary: what were patients' experiences of other aspects of care?

### What were the key findings for other aspects of care?

- Q52 and Q29 were the highest ranking questions on other aspects of care (both scored 9 out of 10). 83% percent of people said that they were treated with respect and dignity while they were in hospital (Q52). 83% of people said that they always had confidence and trust in the people treating them (Q29).
- Q27, which asked whether family or friends had sufficient opportunity to talk to a doctor, was the lowest ranking question on other aspects of care (score of 7.2 out of 10).
- 895 people made comments suggesting that hospital facilities should be improved.

### What are other aspects of care?

The 'other' aspects of care referred to in this section are additional, more general, experiences of care. Questions on this stage of care are not related to a specific stage of care such as admission, but rather, they apply throughout the patient journey.

## The patient voice: what patients said about other aspects of care



5,754 comments in the 2017 survey related to 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'parking facilities', 'clinical information and history' and 'private health insurance'. 3,708 (64%) positive comments were made on these themes (Figure 2.27.).

### Q59. Was there anything particularly good about your hospital care?

Most of the positive comments related to staff in general (3,248). A further 220 positive comments were made in relation to physical comfort, for example noise levels and pain management. There were also 159 positive comments about hospital facilities, for instance the quality of hospital buildings and hospital facilities such as canteens.

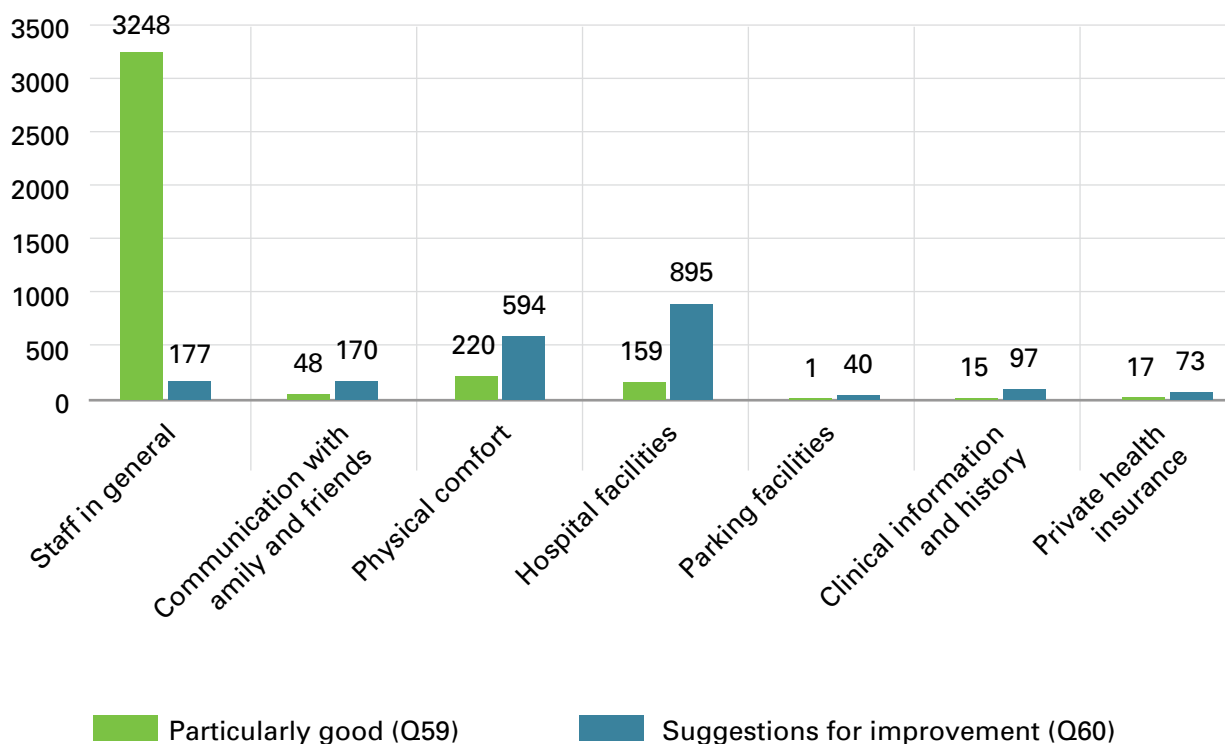
### Q60. Was there anything that could be improved?

895 comments suggested improvements to hospital facilities, including 594 on physical comfort and 177 on staff in general. 170 people would like to see improvements as regards staff communication with family and friends.

97 comments related to clinical information and history. Comments on this theme mentioned poor handling of clinical or medical details, for example, instances where a wrong chart was used, or a person’s medical history was not taken into account. 73 comments referred to private health insurance. These comments were made by patients with private health insurance and talked about the care they did or did not receive.

Figure 2.27. shows the number of comments for Q59 and Q60 on each theme.

**Figure 2.27. Number of patient comments received by theme**



Below are some examples of comments about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'parking facilities', 'clinical information and history' and 'private health insurance'.

### Staff in general

"I was very happy with the care the doctors, the nurses and all the staff gave me. They were very understanding and very kind and helpful as I am over 80 years I need a lot of help which they all gave me."

"Communication is seriously lacking, doctors were not available no one informed me of the duration of my stay, no doctors was available over the weekend, I felt doctors were arrogant and communicated with each other rather than patients. I was in a ward with five other patients. A number of them were elderly and needed more care than I did, impossible to sleep, hygiene was deplorable, nurses were over stretched, over five days I seen a number of incidents with older patients that were unsatisfactory."

### Communication with family and friends

"I am the patient's daughter. My family were delighted with his care. We live in [Country Name] and they communicated well with us. The [...] understood our situation and made allowances for them, which we will always be grateful for. Thank you [...]."

"Nurses and doctors treated question from next of kin with great reluctance - loath to give info. Doctors on wards tended to have a brusque, impersonal, manner that did not invite questions and that was quite arrogant and dismissive."

### Physical comfort

"The staff, nurses and doctors all treated me with great care and made sure I was as comfortable as I could possibly be. They also made sure I understood and they checked on me for the entire time I was a patient. I was seen to straight away in A&E."

"I was left crying in severe pain for long periods of time. I had asked for medication but was forgotten about on more than one occasion by one nurse in particular who unfortunately was working a lot over my 9 day period on that ward. Body language made it obvious that helping people wasn't her main priority. I was in a room with 3 men that tried to comfort me when I was crying. Other than this I found my stay faultless."

## Hospital facilities

"Having a private room was great - facilities were excellent and really clean. Friendliness of staff, always willing to talk to you, including nurses, porters, kitchen staff, cleaning staff. Food was very good, hot and good variety on menu."

"Bathroom facilities. Shower area and toilet unsuitable for mobility impaired. Also only one shower seat for ward - very bad. Told use ordinary chair quite dangerous and unhygienic - very poor need proper facilities."

## Parking facilities

"Parking I found no problem."

"Improve the car parking, I do understand that it's a private company running it, but if kept in hospital the € you pay for 24 hour ticket should cover you while you're in hospital instead of having to pay another €3 on top of it, even my local hospital will let you stay free of charge once you pay € and it's the same company."

## Clinical information and history

"The medical staff could access my medical history and I didn't have to keep answering the same questions over and over. The staff were warm and kind. I was given something to eat and a useful emergency pack."

"Yes, information not passed on correctly. Medical history had to be given at each transfer from one department to next, and on transfer to another hospital. No information was passed on even though I asked if I needed to take same with me."

## Private health insurance

"I spent 1 week in [County Name] [Hospital] while waiting on a bed. The level of care I received in the [other Hospital] was as if I had private insurance. They were all experts and extremely professional and understanding of my case. I felt safe knowing I was in their care."

"I objected to being asked aggressively to sign a claims form against my health insurance while I was on a trolley. I refused to sign until I was in a ward and then reluctantly as it is a public hospital. No wonder health insurance is the price it is."

## Quantitative results for questions on other aspects of care

Four survey questions asked about other, more general aspects of care that are not specific to a particular stage of care, but rather, apply throughout the hospital journey.

Questions related to other aspects of care asked people about general experiences of care such as the cleanliness of bathrooms and toilets, trust and confidence in hospital staff.

These questions applied to all people who took part in the survey.

**Question 52**, which asked people whether, overall, they felt that they were treated with respect and dignity while in hospital, scored 9 out of 10 (Figure 2.28); 11,003 people (83%) said that they were always treated with respect and dignity (Table 2.5). Being treated with respect and dignity is very strongly linked with patients having a positive experience overall.

**Table 2.5. Overall, did you feel you were treated with respect and dignity while you were in the hospital? (Q52)**

Total number of responses: 13,182

Response options	Number of people	Percentage
Yes, always	11003	83.4%
Yes, sometimes	1801	13.7%
No	378	2.9%

**Question 29** asked about whether patients had confidence and trust in the hospital staff that treated them. With a score of 9 out of 10, Q29 was among the highest ranking questions on other aspects of care (Figure 2.28.). 10,949 people (83%) said that they always had confidence and trust in the hospital staff treating them. 1,962 said that they sometimes had confidence and trust, while 343 said that they did not.

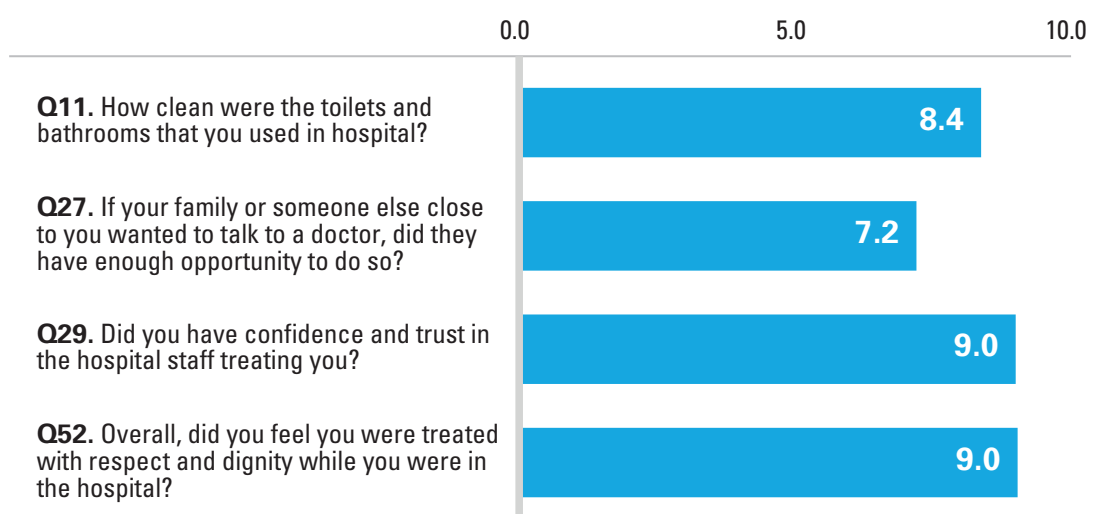
**“I had every confidence in my surgeon and placed myself in his care. The nurses and all members of staff were absolutely wonderful. I felt nervous entering the hospital but the nurses very quickly put me at ease.”**

**Question 27**, which asked if patients’ family or people close to them had sufficient opportunities to talk to a doctor, scored 7.2 out of 10 (Figure 2.28.). 41% of people said that their family or friends always got to talk to a doctor, while 1,230 people (9%) said that they did not get this opportunity.

Figure 2.28. presents the national scores for the four questions on other aspects of care.

**“It is very hard for members of family (next of kin) to make contact with the doctors, especially important, when the patient is disorientated and can’t remember instructions and explanations.”**

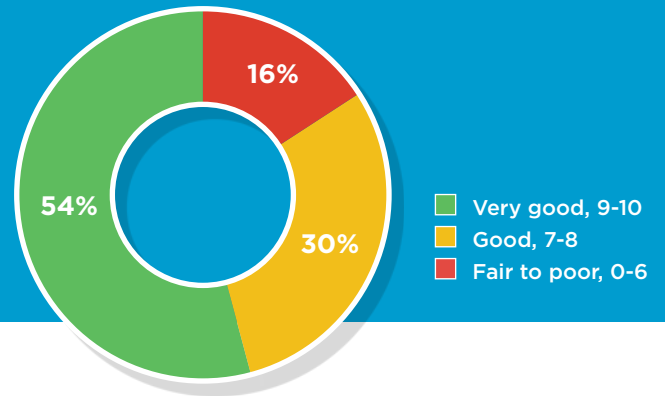
**Figure 2.28. National scores for other aspects of care**



**Other aspects of care: what do these results mean?**

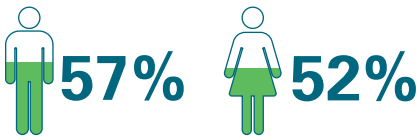
Most people said that they were treated with respect and dignity, and had confidence in the hospital staff treating them. These areas are strongly linked with patients reporting a positive overall experience, and are thus a very good result for acute healthcare in Ireland. However, people had less positive views on the level of communication between hospital staff and their friends or family. Many people also commented on the need for improvement in hospital facilities such as toilets and bathrooms.

# Overall experience



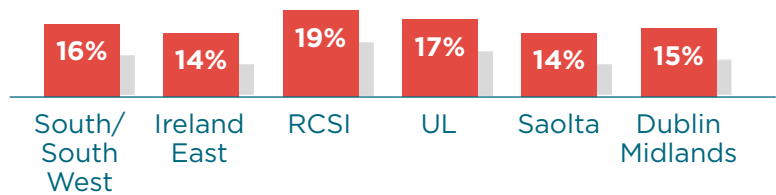
## OVERALL EXPERIENCE OF CARE by gender

Very good rating



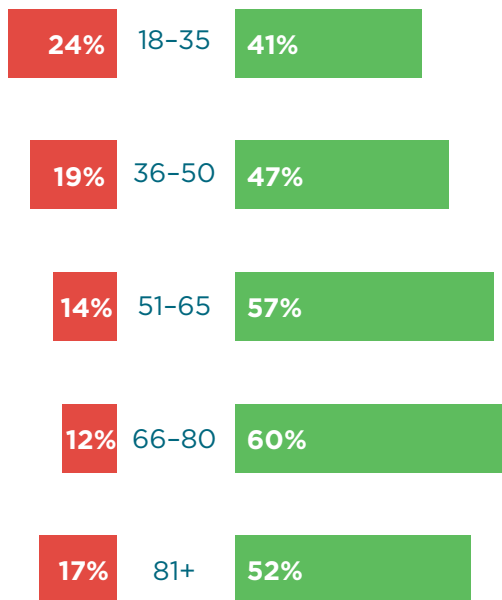
## OVERALL EXPERIENCE SCORES per hospital group

Fair to poor rating



## OVERALL EXPERIENCE OF CARE by age group

Fair to poor rating (red) Very good rating (green)



People who were admitted to hospital in an emergency gave

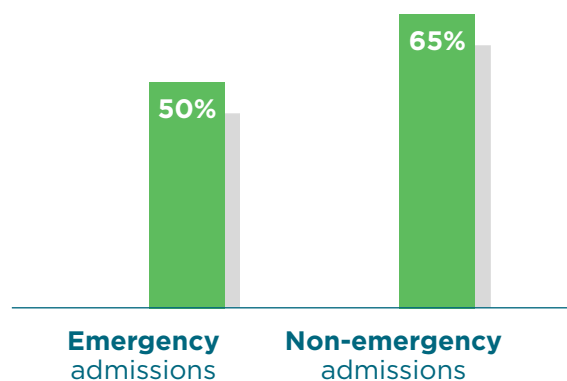


lower ratings of 'overall experience of care'

than people whose stay in hospital was planned in advance

## OVERALL EXPERIENCE OF CARE per admission route

Very good rating







## Chapter 3

# Overall experience

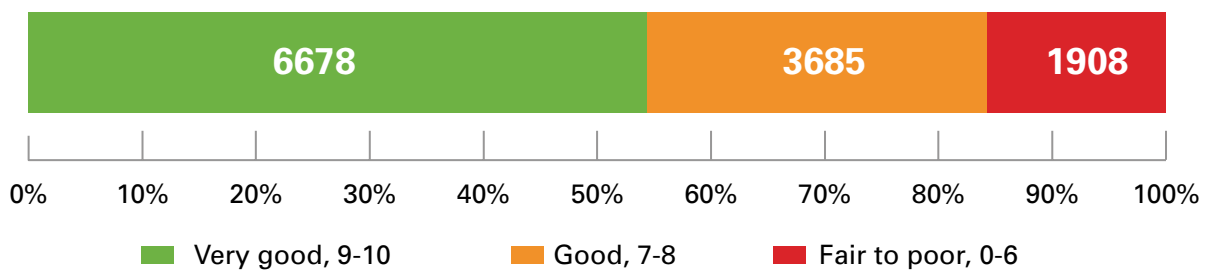
## Ratings of overall experience

### In summary: what was the overall experience of patients in May 2017?

The 2017 National Patient Experience Survey asked people to rate their overall hospital experience on a scale from 0 to 10, with 0 indicating a very negative and 10 indicating a very positive experience. Nationally, 6,678 people (54%) said that they had a very good experience in hospital (overall rating between 9 and 10), 3,685 people (30%) rated their hospital experience as good (overall rating of 7-8), whereas 1,908 people (16%) said that their stay in hospital was fair to poor (overall rating of 0-6).

Figure 3.1. summarises patients' overall experiences.

**Figure 3.1. Overall patient experience rating**



## What were the key findings?

- Males were more likely to report a very good overall experience than females.
- People aged 18-35 were much less likely to report a very good experience overall, compared with any other age group.
- People who required an emergency admission were more likely to report a fair to poor overall experience compared with people whose stay was planned in advance.
- People who stayed in hospital for 11 days or more were most likely to report a fair to poor experience overall.

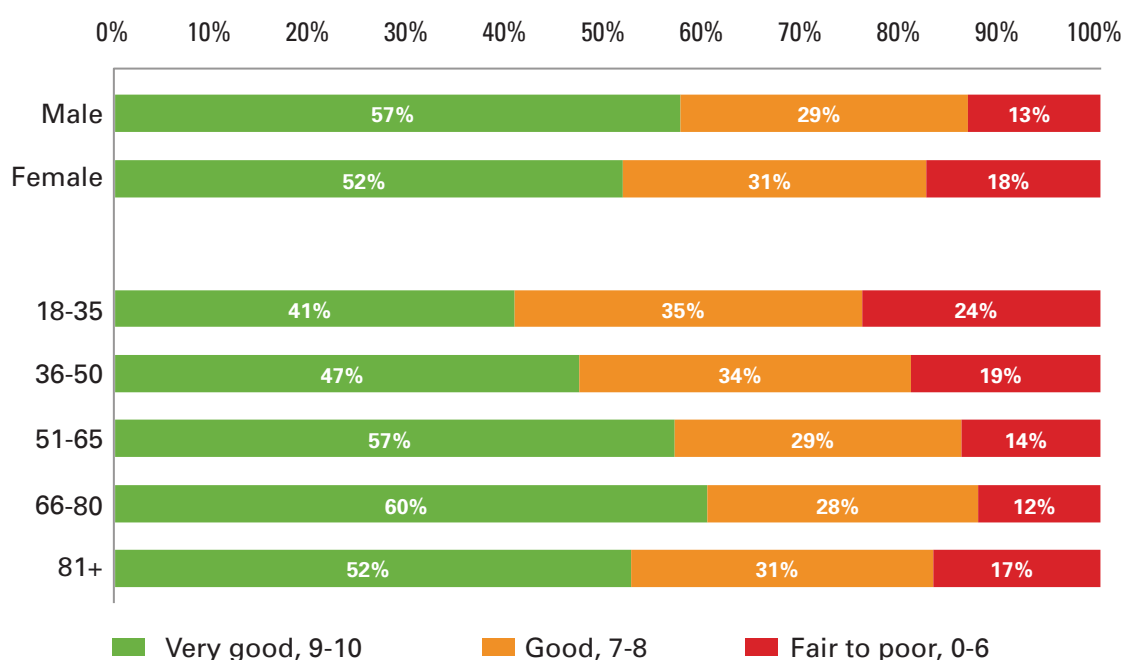
### Overall experience for males, females and different age groups

57% of males had a very good patient experience, compared with 52% of females. Women were more likely than men to describe their experience as fair to poor; 18% of women reported an overall fair to poor experience compared with only 13% of men.

57% of people aged 51-65 years, 60% of people aged 66-80 and 52% of people aged 81 years or older rated their experience in hospital as very good overall. Younger people were much less likely to report a very good experience and more likely to report a fair to poor experience overall. 41% of people aged 18-35 said they had a very good hospital experience, while 24% of people in this age group said they had a fair to poor experience. In comparison, only 12% of people aged 66-80 years reported a fair to poor experience overall.

Figure 3.2. presents the ratings of overall patient experience for males, females and by age group.

**Figure 3.2. Ratings of overall experience by sex and age group**

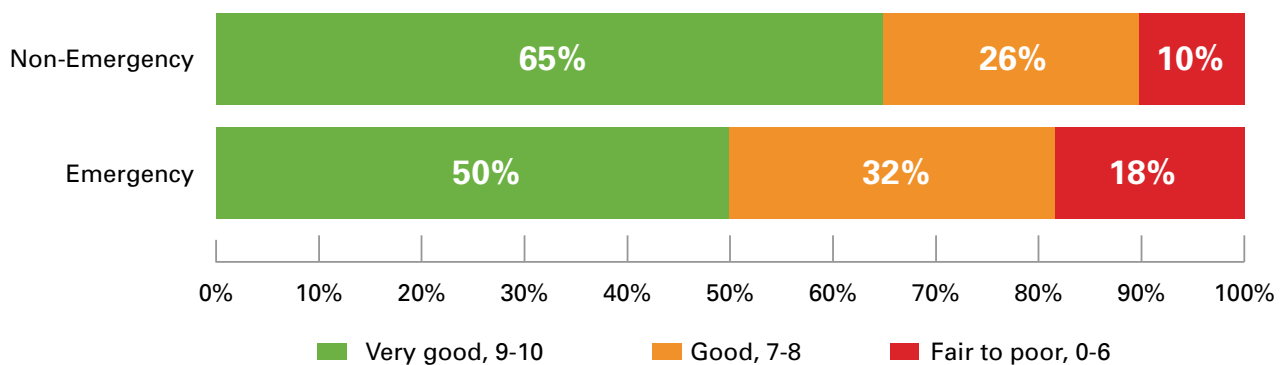


## Overall experience for emergency and non-emergency patients

People whose hospital visit was planned in advance were more likely to report a very good hospital experience overall; 65% of non-emergency patients reported a very good experience compared with 50% of people who required an emergency admission. 18% of emergency patients described their experience as fair to poor, compared with 10% of non-emergency admissions.

Figure 3.3. presents the ratings of overall experience for emergency and non-emergency admissions.

**Figure 3.3. Ratings of overall experience by admission route**



## Overall experience by length of stay

People who participated in the National Patient Experience Survey 2017, stayed in hospital for seven days on average. This is significantly higher than the national target of 4.3 days. 54% of short-term patients (1-2 days) and 56% of people who stayed in hospital between three and ten days indicated that they had a very good hospital experience overall. 50% of long-term patients who were in hospital for 11 days or more rated their overall experience as very good. Out of any patient group, long-term patients were most likely to report a fair to poor experience. There were only minor differences between patient groups who stayed in hospital for shorter periods of time.

Figure 3.4. shows the ratings for patients' overall experiences by length of stay in the hospital.

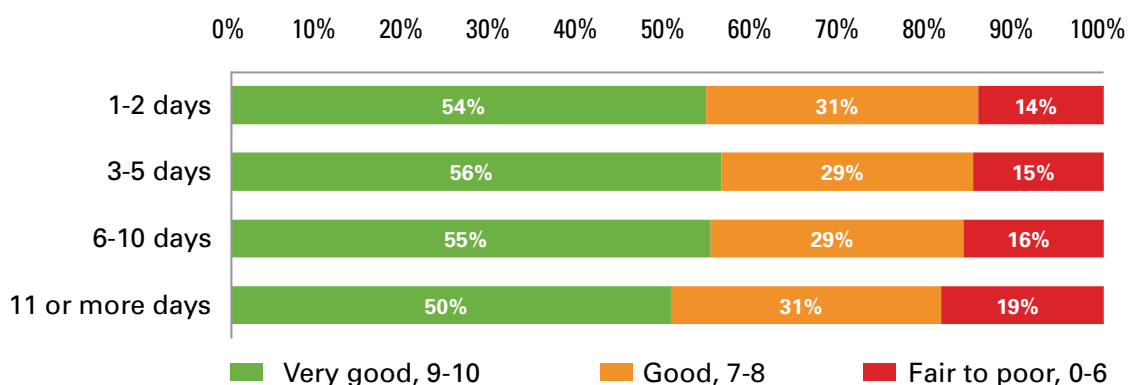
### What is the national target for length of stay?

In 2017, the national performance target for average length of stay in hospital was 4.3 days\*.

Length of stay is measured from the time a person is first admitted to an inpatient bed until the time of discharge. The length of stay is important in determining costs and efficiency of hospital care.

\* The HSE 2017 targets can be viewed from <http://www.hse.ie/eng/services/publications/KPIs/Acute-Hospitals-KPI-Metadata-2017.pdf>.

**Figure 3.4. Ratings of overall experience by length of stay**

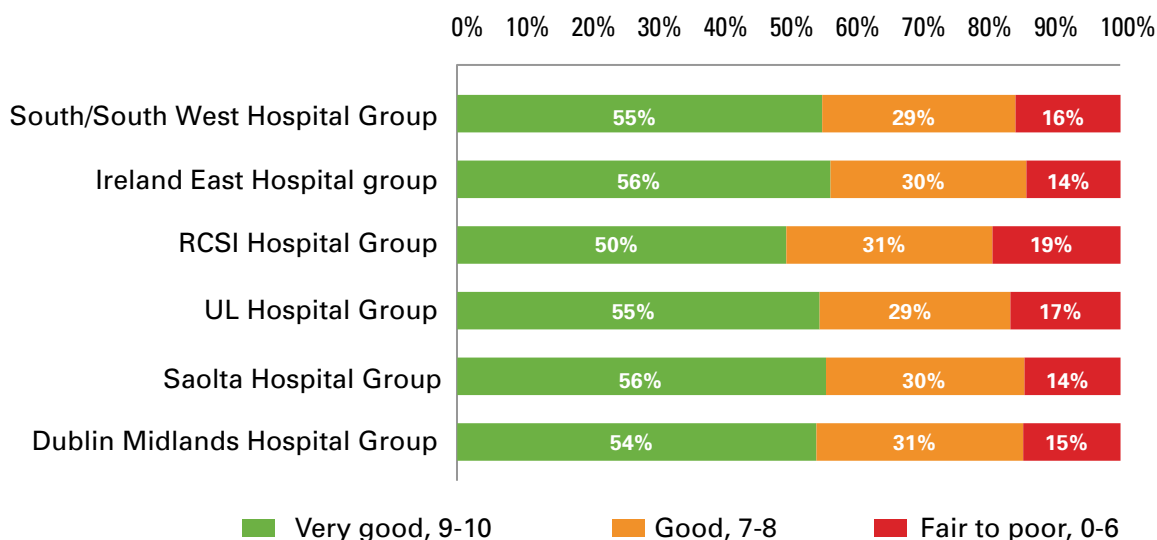


### Overall experience in the six hospital groups

In every hospital group, at least half of patients rated their overall experience as very good. The Ireland East and Saolta hospital groups had the highest percentage of very positive ratings, with 56% of people saying that their stay very good.

Figure 3.5. shows the ratings of overall patient experience for the six hospital groups.

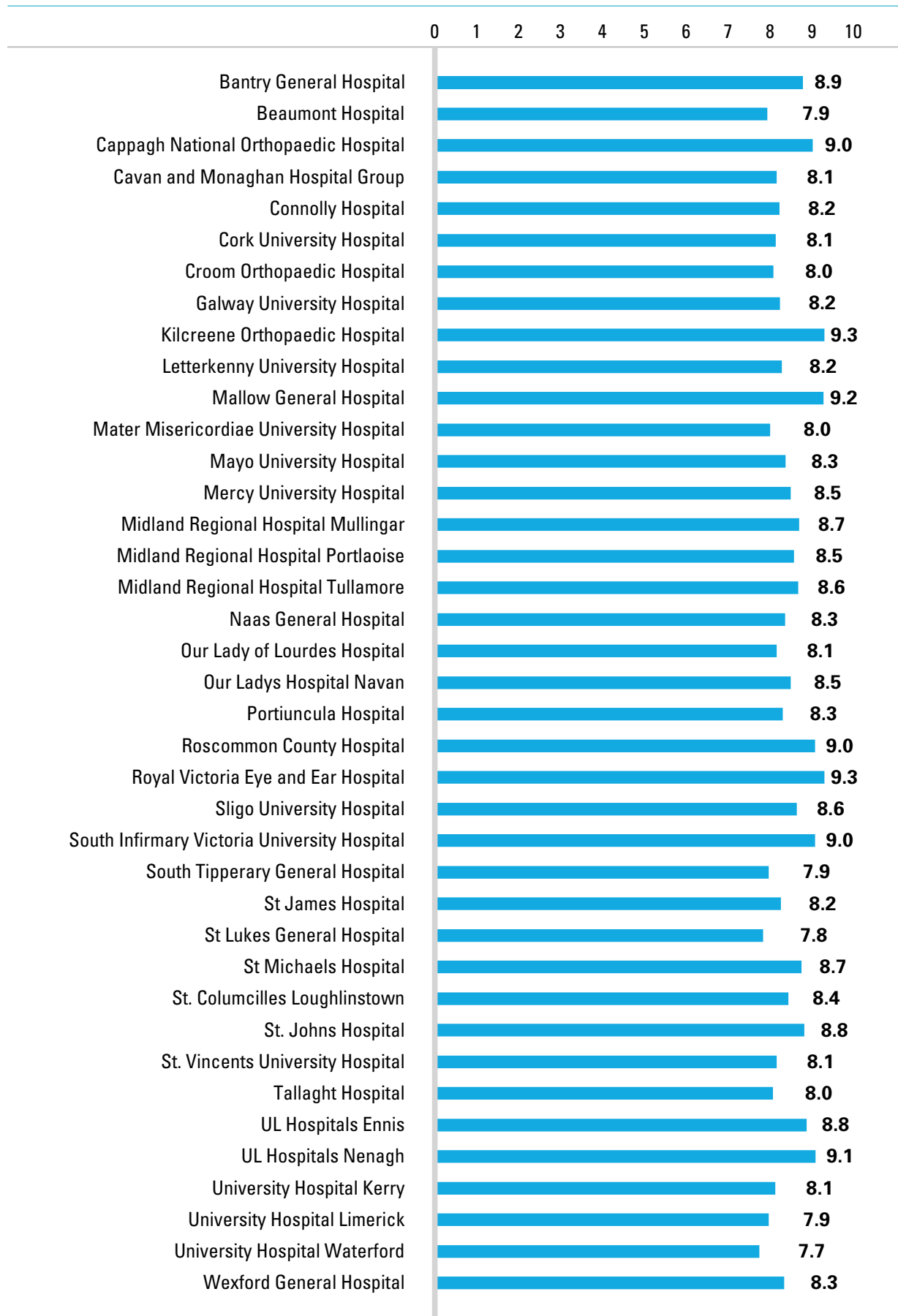
**Figure 3.5. Ratings of overall experience by hospital group**



### Overall experience in hospitals

There were differences in patient ratings of overall experience across participating hospitals (Figure 3.6.). Patients in smaller hospitals and hospitals that do not provide emergency care gave higher ratings than patients who attended larger hospitals, where many patients entered hospital through the emergency department. Full reports for each hospital can be found at [www.patientexperience.ie](http://www.patientexperience.ie).

Figure 3.6. Ratings of overall experience by hospital



# 4

## Chapter 4

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# Conclusion

## What were patients' experiences of hospital care in May 2017?

The findings of the National Patient Experience Survey 2017 show that patients had a wide variety of experiences, both positive and negative, across their acute healthcare journey. The response rate of over 51% compares very favourably with surveys in other countries, and indicates that patients in Ireland have a strong desire to talk about their experiences and to use their voice to improve acute healthcare. It is thus of great importance that this enthusiasm is harnessed and patient feedback is used to provide an acute healthcare service that meets the needs of patients.

Questions on dignity, respect and privacy at any stage of the patient journey achieved some of the highest scores in this survey. Questions which asked whether people received answers they could understand also scored highly. In addition, patients reported positive experiences of physical comfort, particularly in relation to the cleanliness on the ward and pain management. Staff competence and care were also very highly rated by patients. In particular, people in this survey expressed high levels of confidence in the hospital staff treating them.

In contrast, a large number of patients highlighted issues around waiting times in the emergency department. 70% of people in this survey reported waiting longer than the target waiting time of six hours before being admitted to a ward. Even though older people in this survey (aged 66 years or older) were more likely to report shorter waiting times than younger people, overall, only a small fraction of this age group were admitted to a ward within six hours of arriving at the hospital.

Many people also reported negative experiences of communication throughout their patient journey. In particular, questions on the information that patients received before being discharged or transferred from hospital received some of the lowest scores in the survey. The issues identified relate to patients receiving insufficient information on the side effects of medication, danger signals to watch out for and how to manage their condition after they left hospital.

The survey also highlighted issues around accessing support from healthcare staff. Many patients said that they could not find a member of hospital staff to talk to about their worries and fears. Patients said that doctors did not have enough time to discuss their care and treatment. Many patients also said that their family did not have sufficient opportunities to talk to a doctor.

The survey found that several patients did not feel involved in the decisions about their care and treatment, despite the fact that patient involvement is a fundamental principle of patient-centred care.

Differences in patient experience were notable among people of different ages. Younger people, that is those below the age of 50, consistently reported more negative experiences of care than older age groups. The same also applied to people aged 81 or older who rated their care at below the national average for every stage of care, with the exception of admissions. On the other hand, people aged 51-65 and 66-80 generally reported more positive experiences of care.

Differences in patient experience were also found between Ireland's hospital groups. The Saolta Hospital Group emerged as the best performing hospital group as regards care on the ward, examinations, diagnosis and treatment and discharge or transfer. The RCSI Hospital Group, by contrast, had the lowest patient scores for the same three stages of care. The Ireland East Hospital Group achieved the highest rating for admissions, while the UL Hospital Group had the lowest score for this stage of the patient journey.

The findings of the National Patient Experience 2017 are generally positive and show how hard members of hospital staff work to care for their patients. Patients typically had positive experiences of the standard of treatment and professionalism provided by hospital staff. However, it was clear that patients were not always happy with the level of communication and their involvement in decisions, particularly in relation to their discharge from hospital. Many patients felt that they did not receive enough information about their condition, or time to discuss their care with doctors and nurses.

13,706 people chose to share their experience in this survey. This is the first time that such a large number of people were given the opportunity to voice their opinion of the quality and standard of care they received. It is only by listening to and acting on what patients said that a culture of patient-centred care can grow and come to define the Irish healthcare system. Every positive response is a testimony to the work of hospital staff and every negative experience means that there is still room for improvement. It is extremely important that the voice of every patient is heard, and changes are made to ensure that the issues highlighted in this survey are addressed.

### What happens next?

The HSE has committed to using the survey results to create a national quality improvement plan. This quality improvement plan will describe the steps that the HSE will take to address the issues highlighted by the people who responded to the survey. The survey will be repeated in the coming years and the findings will demonstrate whether or not patient experience has improved over time.

Quality improvement initiatives have already started in many hospitals across the country. Quality improvement plans at the national, hospital group and hospital-level will be available from [www.patientexperience.ie](http://www.patientexperience.ie) in December 2017. The Department of Health will use the information gathered to inform the development of policy in relation to acute healthcare. Finally, the findings of the survey will be used to develop HIQA's approach to monitoring of hospitals.



# Appendices

## Appendix 1

### Members of the National Patient Experience Survey governance groups

#### **NPE Survey Steering Group**

Phelim Quinn (Chair), Chief Executive Officer, HIOA  
Angela Fitzgerald, Assistant National Director of Acute Hospitals, HSE  
Rachel Flynn, Director of Health Information and Standards, HIOA  
Patrick Lynch, National Director Quality Assurance and Verification, HSE  
Kathleen MacLellan, Director of the National Patient Safety Office, DoH  
Sheila O' Connor, Coordinator Patient Focus, Patient Focus  
Joan Regan, Principal Officer, Acute Hospitals Division, DoH

#### **NPE Survey Delivery Group**

Tracy O'Carroll (Chair)  
June Boulger  
Yvonne Cantwell  
Jude Cosgrove  
*(to June 2017)*  
Conor Foley  
*(from June 2017)*  
Rachel Flynn  
Cora Herbert  
David Keating  
Nuala King  
Meg Laffan  
Ann Martin  
Robert Murphy  
*(up to June 2017)*  
Sheona Gilsean  
*(from June 2017)*  
Suzanne O'Brien  
Kevin O'Carroll  
Donnacha O'Ceallaigh  
Chris Rudland  
Tess Huss  
Tina Boland  
Conor Teljeur

#### **NPE Survey Advisory Group**

Rachel Flynn (Chair)  
Jude Cosgrove  
*(to June 2017)*  
Conor Foley  
*(From June 2017)*  
Colette Cowan  
Fionnuala Duffy  
Sean Egan  
Damien Lenihan  
Margaret Lux  
Patrick Lynch  
Teresa Maguire  
Stephen McMahon  
Tracy O'Carroll  
Donnacha O'Ceallaigh  
Brian Place  
Gregory Price

## Appendix 2

# Who took part in the National Patient Experience Survey 2017?

### People invited to take part

26,635 people met the eligibility criteria for the National Patient Experience Survey 2017 and were invited to participate. A total of 556 people opted out of the survey. In total, 13,706 people returned a valid survey. This represents a national response rate of 51.5%.

The South/South West Hospital Group had the highest response rate with 55% of its patients returning a questionnaire, while the RCSI Hospital Group had the lowest response rate (48%). All hospital groups exceeded the minimum response rate of 20% (or 400 responses for each group) required to ensure the reliability of results.

Table A. shows the number of people eligible and invited to take in the 2017 survey. It also indicates how many people took part and gives the corresponding response rate for each hospital group.

**Table A. Number of people invited to participate, response numbers and response rate by hospital group**

Group	Number invited to take part	Number taking part	Response rate (%)
<b>National (Total)</b>	26,635	13,706	51.5%
<b>By Hospital Group</b>			
South/South West Hospital Group	5144	2804	54.5%
Ireland East Hospital Group	5661	2937	51.9%
RCSI Hospital Group	4248	2033	47.9%
UL Hospital Group	2036	1074	52.8%
Saolta Hospital Group	4649	2412	51.9%
Dublin Midlands Hospital Group	4897	2446	49.9%

## Characteristics of survey respondents

To get a better understanding of who participated in the 2017 survey, the questionnaire asked four personal questions. This information was important to establish if the people who responded to the survey represented all sections of society.

49.2% of respondents were male and 50.8% were female. People aged 66 or older accounted for 51% of survey respondents, of which 16% were aged 81 or older. People aged 51-65 years represented 26% of respondents. Participants in the younger age groups (18-35 and 36-50 years old) together make only 22% of survey respondents.

The vast majority of respondents (91%) indicated having a white, Irish background.

Tables B. summarises the characteristics of the 2017 survey respondents by sex, age and ethnic group.

**Table B. Respondent characteristics nationally by sex, age and ethnic group**

Group	Number taking part	Percentage
<b>Sex</b>		
Males	6,740	49.2%
Females	6,966	50.8%
<b>Age group</b>		
18-35	1112	8.1%
36-50	1941	14.2%
51-65	3621	26.4%
66-80	4852	35.4%
81+	2180	15.9%
<b>Ethnic group*</b>		
White, Irish	12191	91.3%
Irish Traveller	58	0.4%
Any other White background	821	6.2%
Black, African	77	0.6%
Any other Black background	12	0.1%
Asian, Chinese	18	0.1%
Any other Asian background	90	0.7%
Other ethnic background	82	0.6%

\*357 people did not indicate an ethnic group.

72% of survey respondents entered the hospital through the emergency department. For 28% of respondents, their stay in hospital had been planned in advance, or as a result of something else. Over half of all respondents were hospitalised for less than five days, of which 35% were in hospital for one or two days and 28% required a stay of three to five days. 21% of respondents remained in hospital for between six and ten days, whereas 16% were hospitalised for 11 days or more. 70% of respondents reported holding a medical card.

Table C. shows the characteristics of survey respondents by admission route, length of stay and medical card status.

**Table C. Respondent characteristics nationally by admission route, length of stay and medical card status\***

Group	Number taking part	Percentage
<b>Admission route</b>		
Emergency	9871	72.0%
Non-emergency	3835	28.0%
<b>Length of stay</b>		
1-2 days	4794	35.0%
3-5 days	3855	28.1%
6-10 days	2865	20.9%
11 or more days	2192	16.0%
<b>Medical card status*</b>		
Medical card	9261	69.6%
No medical card	4042	30.4%

\*403 people did not indicate a medical card status.

75% of surveys were filled in by the patient themselves. A small proportion of surveys (8.8%) were filled in by a friend or relative on behalf of the patient. 15.4% of surveys were completed by the patient together with a friend or relative and only a very small proportion of surveys (0.9%) were filled in by the patient with the help of a health professional.

Table D. summarises information on who filled in the questionnaire.

**Table D. Who filled in the survey questionnaire?\***

Respondent	Number taking part	Percentage
Patient	10045	74.9%
Friend or relative	1180	8.8%
Both patient and friend or relative	2065	15.4%
Patient and health professional	118	9%

\*298 people did not reply to this question.

### Non-response, opt-out and mode of completion

Table E below provides more detailed information on responses and non-responses by sex, age group, length of stay and admission route. It also details how many people passed away, opted out or chose not to reply during the survey. In addition, the table gives a breakdown of online and paper responses. Lastly, response rates are calculated nationally for all respondents and for different sub-groups of participants.

Response rates were calculated by dividing the number of valid surveys received by the number of initial invitations sent, minus the number of people who passed away during the survey month.

The response rates for men (51%) and women (52%) were broadly similar with a one percent difference between the two. People aged 66-80 years had the highest response rate (60%) of any age group. People aged 35 or younger were least likely to respond to the survey, with only 32% of those invited returning a valid survey questionnaire.

Respondents were much more likely to return a paper-based questionnaire than they were to complete the survey online. Only 1,152 surveys were complete online, compared with 12,554 paper questionnaires.

**Table E. Response and non-response composition for the National Patient Experience Survey 2017**

Group	Total discharged	Deceased	Opted out	No response	Completed (paper)	Completed (online)	Response rate (%)
All respondents	27077	442	556	12372	12554	1152	51%
<b>Sex</b>							
Males	13579	226	283	6312	6134	623	51%
Females	13498	216	273	6060	6420	529	52%
<b>Age group</b>							
18-35	3181	2	37	2129	800	210	32%
36-50	4204	23	38	2279	1561	303	45%
51-65	6069	60	85	2512	3093	319	57%
66-80	8403	178	202	3096	4693	236	60%
81 years or older	5220	179	194	2356	2407	84	49%
<b>Length of stay</b>							
Length of stay 1-2 days	9166	50	153	4274	4204	485	51%
Length of stay 3-5 days	7248	78	136	3111	3613	309	55%
Length of stay 6-10 days	5552	115	140	2406	2679	212	53%
Length of stay 11 or more days	5111	199	127	2581	2058	146	45%
<b>Admission route</b>							
Elective	3749	26	59	1359	2091	214	62%
Emergency	16463	315	361	7972	7155	658	48%
Other	6865	101	136	3041	3308	280	53%
Total	27077	442	556	12372	12554	1152	

## Appendix 3

# A technical note on analyses and interpretation

### Preliminary note

Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

### Scoring methodology

The scores for the patient journey were calculated by grouping survey questions into five stages of care<sup>4</sup>: admissions; care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other stages of care. Scores are presented for individual questions making up a stage of care. The responses to all questions in each stage were also summarised to form overall scores ranging from 0-10.

The National Patient Experience Survey scoring methodology is based on the methodology adopted by the Care Quality Commission on behalf of the National Health Service (NHS) in England.<sup>(11)</sup>

Figure A is an example of how response options were converted into scores in the 2017 survey. It should be noted that only evaluative questions could be scored, that is questions which assessed an actual experience of care. Routing or demographic questions were not scored. More 'positive' answers were assigned higher scores than more 'negative' ones. In the example 'No' was given a score of 0, 'Yes, sometimes' was given a score of 5 and 'Yes, always' was given a score of 10. The last response option, 'I had no need to ask/I was too unwell to ask any questions' was categorised as 'missing'. It was not scored as it cannot be evaluated in terms of best practice.

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4 There were 48 questions relating to the patient journey stages of care. Filter questions, that is, questions whose main purpose it was to route respondents to the next applicable question, were excluded from this categorisation.

**Figure A. Example of a scored question in the 2017 survey**

### The Emergency Department

**Q3. When you had important questions to ask doctors and nurses in the Emergency Department, did you get answers that you could understand?**

- 10  Yes, always
- 5  Yes, sometimes
- 0  No
- 5  I had no need to ask / I was too unwell to ask any questions

The table below shows how scores were calculated for a specific question. In this example, the scores of five respondents are presented. The score for Q3 is calculated by adding the scores in the right hand column (10+10+5+0+5), before dividing them by the number of people who responded to this question (30/5=6). Thus, the average score for Q3 is 6 out of 10.

Q3. When you had important questions to ask doctors and nurses in the Emergency Department, did you get answers that you could understand?	
Respondent	Score
1	10
2	10
3	5
4	0
5	5
<b>Sum of scores</b>	<b>30</b>

Scores for the stages of care (scales) were constructed by calculating the average scores for all the questions belonging to that stage.



## Identifying areas of good experience and areas needing improvement

National areas of strength and priorities for improvement were identified in two ways.

1. The most basic way involved ranking all the questions in the survey. Questions that received the highest and lowest scores in the entire survey were highlighted as areas of good experience and areas needing improvement. The questions which were selected in this manner were: Q10, Q31, Q29, Q32, Q52, Q44 and Q46.
2. The second method involved looking at the relationship between each question and patients' overall experience of care. This method is explained in greater detail below.

### Question scores and their relationship with overall experience

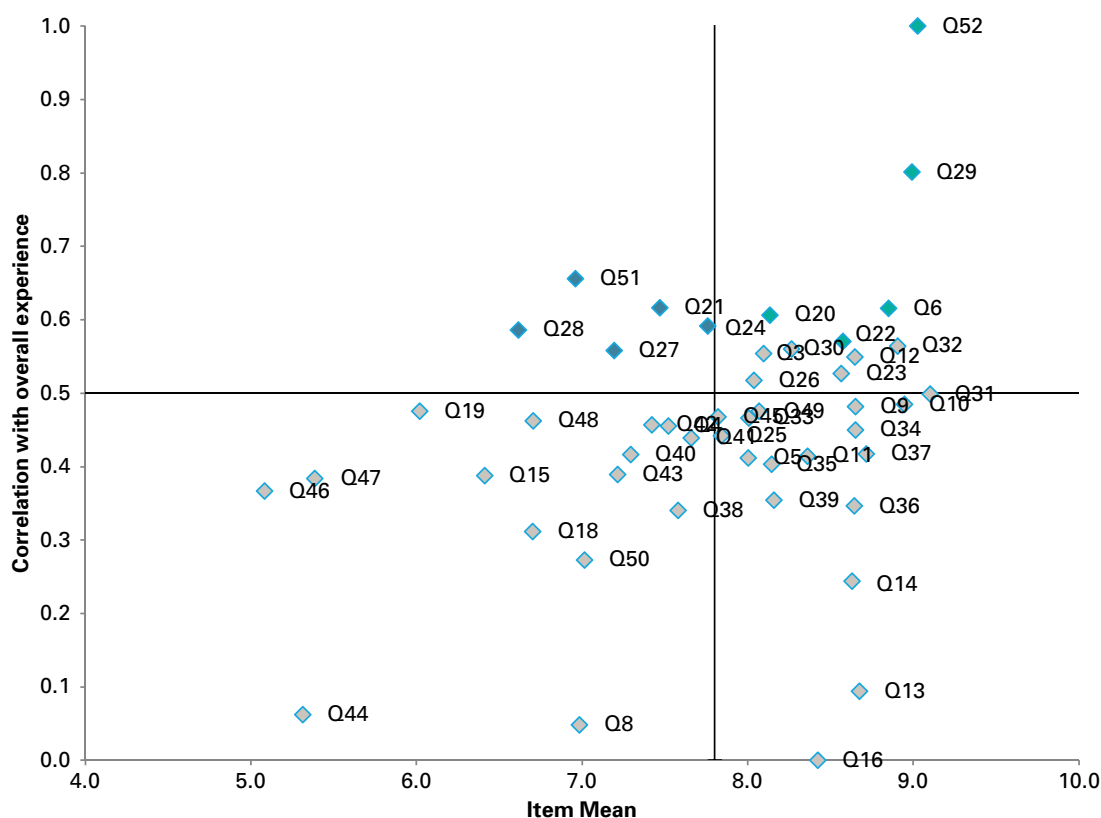
Some questions are more strongly related to patients' ratings of overall experience than others. Figure B. below shows a map of all the survey questions based on how strongly each question relates to overall experience. This map helped identify some of the areas of good experience nationally and the areas needing improvement, as presented in Chapter 1.

The strength of the relationship is given as a number between 0 and 1, with 1 being the strongest possible relationship. Questions with high scores that are strongly related to positive overall experience appear in the top right section of the map. These are some of the areas of good experience. Questions with low scores that are moderately or strongly related to overall experience can be found in the top left-hand section of the map. These are the areas needing improvement.

### What matters to patients? Interpreting Figure B

Question 21, which asked if patients had enough time to discuss their care and treatment with a doctor, scored higher (7.5 out of 10) than question 15 which asked about hospital food (score of 6.4 out of 10). Yet, question 21 is much more strongly related to patients' overall experience than question 15. Question 21 is an area needing improvement; it is located in the left hand section of the map. Question 15, on the other hand is not strongly related to overall experience; it can be found in the lower bottom left section of the map.

Figure B. Overall patient experience map



### High ranking questions that are strongly related to overall experience:

- Q52.** Overall, did you feel you were treated with respect and dignity while you were in the hospital?
- Q29.** Did you have confidence and trust in the hospital staff treating you?
- Q6.** Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department?
- Q20.** When you had important questions to ask a doctor, did you get answers that you could understand?
- Q22.** When you had important questions to ask a nurse, did you get answers that you could understand?

## Low ranking questions that are moderately or strongly related to overall experience:

- Q51.** Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?
- Q21.** Did you feel you had enough time to discuss your care and treatment with a doctor?
- Q24.** Were you involved as much as you wanted to be in decisions about your care and treatment?
- Q28.** Did you find someone on the hospital staff to talk to about your worries and fears?
- Q27.** If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?

## Comparing groups

### Adjusting results for fair comparison

The survey findings were standardised for individual question and stage scores. Demographic attributes (such as age and gender, for example) often influence how a person responds to a survey.<sup>(12)</sup> Bearing in mind that the participating hospitals and hospital groups have different patient profiles, it is important to minimise or standardise such differences to allow for fairer comparisons.

The statistical analyses have applied an adjustment weight that accounts for differences between hospitals and hospital groups in the distribution of patients by age group and admission route (that is 'emergency admission' or 'other'). This adjustment is made to provide fairer comparisons between groups of patients and hospitals.

### When is a difference a 'real' difference?

Statistical tests were carried out to examine if there were significant differences in patient experience across patient groups (that is men and women, and different age groups) and hospital groups.

A 'z-test' was used to compare patient experience data at the 99% confidence level. A z-test is a statistical test used to examine whether two population mean scores are different, when the variances are known and the sample size is large. A statistically significant difference means it is very unlikely that results were obtained by chance alone if there was no real difference. Therefore, when a score is 'higher than' or 'lower than' the national average, this is highly unlikely to have occurred by chance.

The National Patient Experience Survey 2017 technical report, available in 2018 at [www.patientexperience.ie](http://www.patientexperience.ie), provides details on all aspects of the analyses, including response rates, mapping of questions to reporting themes, computation of patient journey scores, statistical comparisons, and application of adjustment weights.

## How was the survey data analysed and reported?

Quantitative survey data was analysed using the statistical package SPSS (Version 24).

The responses to the open-ended questions were transcribed and anonymised. All references to names of patients or hospital staff, places, nationalities, wards, specific health conditions, operations and procedures were removed from patients' comments before they were thematically analysed and coded.

## Analysing open-ended comments

The last three questions (questions 59-61) of the 2017 survey encouraged participants to provide additional information, in their own words, on their experience in hospitals. The free-text comments were very useful as they allowed people to give a more in-depth description of their experience. It also allowed them to talk about various things (good or bad) that could not be captured by the structured questions. In total, 29,567 comments were received in response to the open-ended questions in the 2017 survey.

A coding framework was developed to carry out a thematic analysis of the open-ended responses to the free-text questions at the end of the questionnaire. All open-ended-questions were analysed and multi-coded using the following 20 codes:

- Dignity, respect and privacy
- Communication with the patient
- Emergency department management and environment
- Emergency department waiting times
- Staffing levels
- Staff availability and responsiveness
- Other healthcare staff
- Other staff
- Food and drink
- Cleanliness and hygiene
- Nursing staff
- Doctors or consultants
- Waiting times for planned procedures
- Discharge and aftercare management
- Staff in general
- Communication with family and friends
- Physical comfort
- Hospital facilities
- Parking facilities
- Clinical information and history
- Private health insurance.

## Appendix 4

# Background and survey methodology

### What is patient experience and how is it measured?

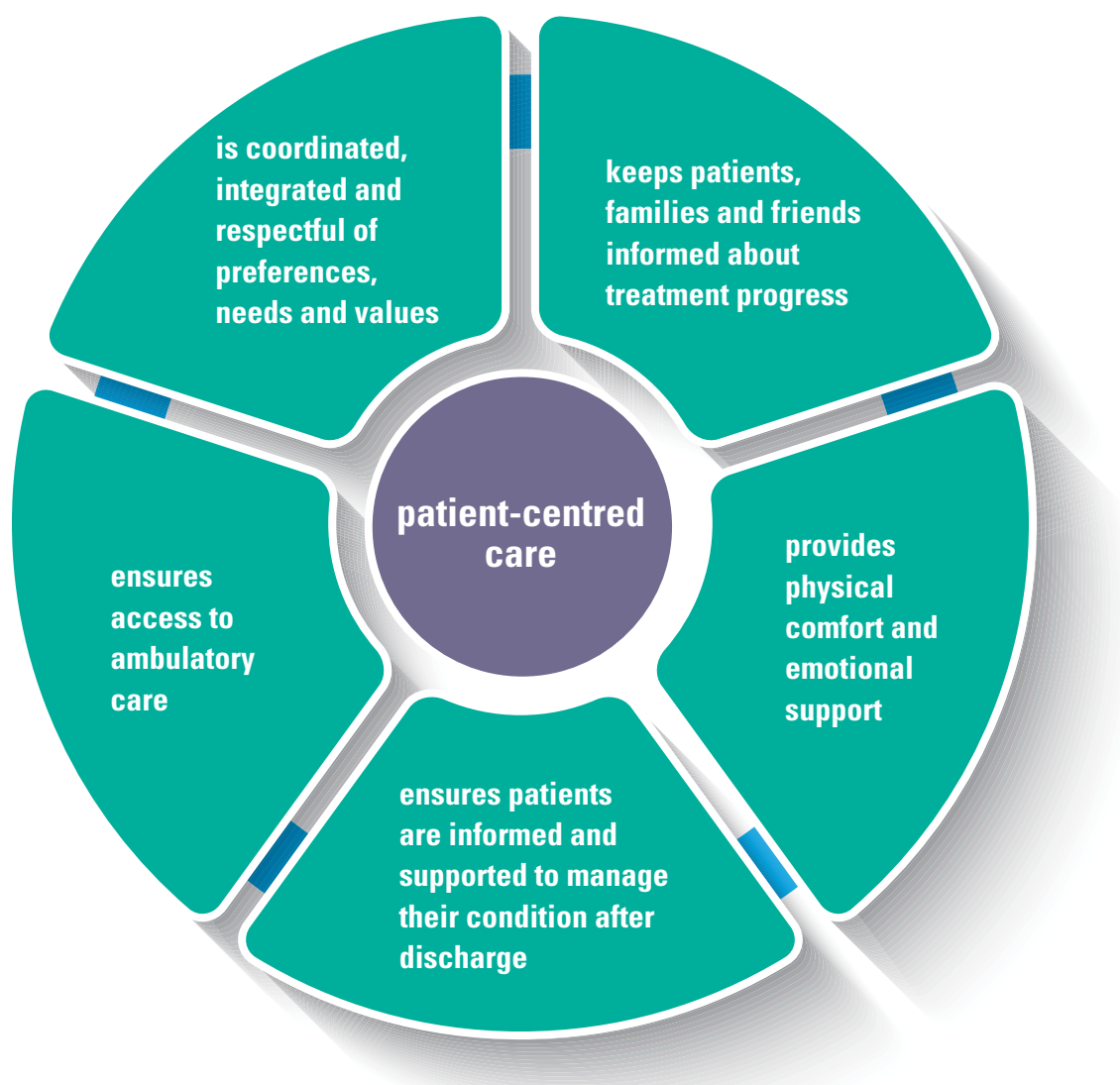
The Beryl Institute<sup>(13, 14)</sup> defines patient experience as:

*“The sum of all interactions, shaped by an organisation’s culture, that influence patient perceptions, across the continuum of care”.*

According to this definition, the patient experience of care is shaped by what individuals feel, observe, perceive, recognise, understand and remember about their medical care and treatment, the people they interact with and the facilities they visit. The patient experience is formed over time, from the moment an ambulance is called, to the time of discharge from a hospital and aftercare in the community. How a person experiences healthcare depends on personal values, beliefs and expectations. It is also influenced by the wider culture of the organisation delivering healthcare.

Patient experience surveys measure the extent to which care is person or patient-centred.<sup>(3)</sup> The delivery of patient centred-care has been linked to improved patient outcomes, as well as more effective and efficient healthcare.(15-17) Figure C. depicts the different aspects of patient-centred care.

Figure C. Aspects of patient-centred care<sup>5</sup>



### Who was eligible to participate in the 2017 survey?

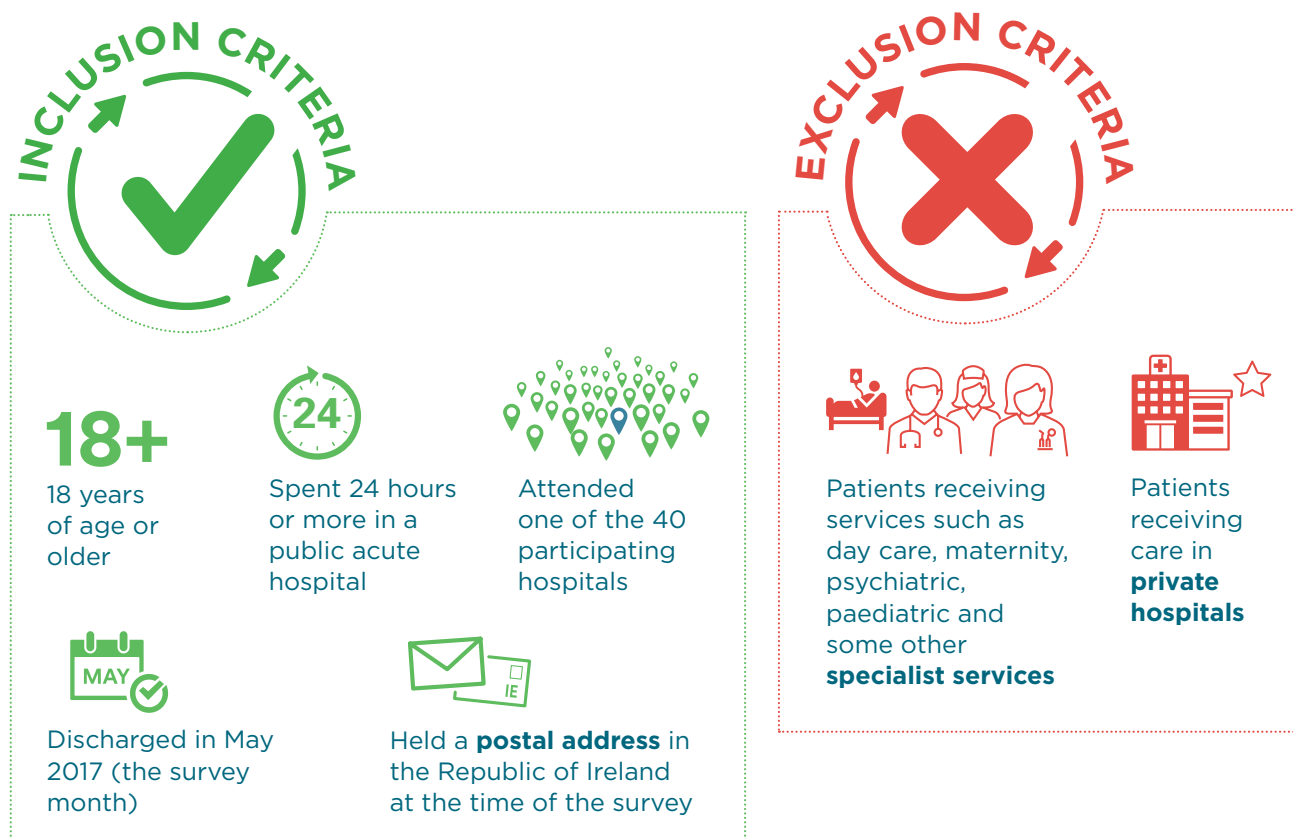
All adult patients discharged between 1 and 31 May 2017, who spent 24 hours or more in a public acute hospital and who held an address in the Republic of Ireland were eligible to take part in the National Patient Experience Survey. In total, 40 public acute hospitals participated.

Maternity, cancer, paediatric, psychiatric and day (less than 24 hours stay) hospital services, as well as private hospitals, were not part of the survey on this occasion.

Figure D. summarises the eligibility criteria for participation in the National Patient Experience Survey 2017.

<sup>5</sup> The following description of patient-centred care is based on the Picker Principles of Patient Centred Care. The principles are described in more detail at [http://cgp.pickerinstitute.org/?page\\_id=1319](http://cgp.pickerinstitute.org/?page_id=1319).

Figure D. Included and excluded patients, services and hospitals



## What was the model and methodology of the 2017 survey?

The National Patient Experience Survey 2017 allowed participants to complete the survey online (on a computer, laptop, mobile phone or tablet) or by returning a paper-based questionnaire in the post. The mode of contact, however, was by post only. Participants received a survey pack in the post two weeks after their discharge from hospital. The invitation letter provided recipients with the choice of completing the survey online or on paper.

Two reminder letters were sent to people who were invited to participate but had not yet returned a survey. Internationally, the second reminder has been shown to increase response rates significantly.<sup>(18)</sup>

Participation in the survey was voluntary and confidential. Participants could also opt out of the survey while they were still in hospital or after discharge.

The administration and survey fieldwork were carried out by Behaviour & Attitudes<sup>6</sup> on behalf of the partner organisations. The 2017 survey cycle closed on 26 July 2017.

6 Behaviour & Attitudes is a market research agency. More information on the company can be found on their website [www.banda.ie](http://www.banda.ie).

## Appendix 5

# Development of the 2017 National Patient Experience Survey Questionnaire

The 61 survey questions (with a few exceptions<sup>7</sup>) originate from a library of questions originally formulated by the Picker Institute in the United States.<sup>(19)</sup> The questions measure the quality of healthcare in relation to particular aspects or domains of care.<sup>(20)</sup> Given that many countries have adopted the Picker Institute library of questions,<sup>(18)</sup> and as many of the questions have been validated internationally, it will be possible to compare the experiences of Irish patients with those internationally.<sup>(21)</sup>


The 2017 National Patient Experience Survey questionnaire was adapted to the Irish context. This required a few minor changes to the original Picker Institute question and response option wordings. In selecting the questions for the 2017 Survey, a variety of methods were employed seeking the input from as many people as possible, particularly from patients.

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7 The following questions are not from the Picker Institute library of questions: Q7, Q57 and Q58. A sample copy of the 2017 questionnaire can be viewed at <https://www.patientexperience.ie/app/uploads/2017/03/NPE-Survey-Sample-Questionnaire-2017.pdf>.



The selection of survey questions and the development of the questionnaire were carried out in five steps<sup>8</sup>.

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- 1** An international review of patient experience surveys<sup>(18)</sup> was conducted in 2016, which found that Scotland, England and New Zealand used questions developed by the Picker Institute.
  - 2** Six patient focus groups were conducted over a three-week period in May and June 2016.<sup>(22)</sup> Two additional focus groups were conducted with people who would be working with the survey findings. The purpose of the focus groups was to determine the most important questions in the Irish context.
  - 3** A two-round Delphi<sup>9</sup> study was carried out to identify 60 priority questions for the survey.<sup>(23)</sup>
  - 4** The Picker Institute Europe<sup>10</sup> reviewed the results of the Delphi study and recommended a small number of changes to improve the overall measurement quality of the survey instrument.<sup>(24)</sup>
  - 5** Cognitive interviews were conducted with ten patients and patient representatives to identify problems with the questionnaire.<sup>(25)</sup>

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8 Each step of the questionnaire development for the National Patient Experience Survey has been documented and the various reports can be downloaded from <https://www.patientexperience.ie/about-the-survey/survey-model-methodology/>.

9 The Delphi methodology seeks to gain consensus on a particular research question. The Delphi study conducted for the National Patient Experience Survey Programme employed a two-round survey design to seek consensus on the most important questions for inclusion in the 2017 survey among a large panel of expertise.

10 Picker Institute Europe provides a range of services, including research, surveys, analysis and reporting. The Institute designed and delivered the first national patient experience survey for the National Health Service in England and coordinated the largest workforce survey in Europe. More information on the Picker Institute Europe can be found on the Institute's website: <http://www.pickereurope.org/>.

## National Patient Experience Survey 2017 questions

No.	Question
1.	Was your most recent hospital stay planned in advance or an emergency?
2.	When you arrived at the hospital, did you go to the Emergency Department (also known as the A&E Department or Casualty)?
3.	When you had important questions to ask doctors and nurses in the Emergency Department, did you get answers that you could understand?
4.	While you were in the Emergency Department, did a doctor or nurse explain your condition and treatment in a way you could understand?
5.	Were you given enough privacy when being examined or treated in the Emergency Department?
6.	Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department?
7.	Did you remain in the Emergency Department for the entire time of your stay?
8.	Following arrival at the hospital, how long did you wait before being admitted to a ward?
9.	Were you given enough privacy while you were on the ward?
10.	In your opinion, how clean was the hospital room or ward that you were in?
11.	How clean were the toilets and bathrooms that you used in hospital?
12.	When you needed help from staff getting to the bathroom or toilet, did you get it in time?
13.	Did staff wear name badges?
14.	Did the staff treating and examining you introduce themselves?
15.	How would you rate the hospital food?
16.	Were you offered a choice of food?
17.	Were you ever unable to eat during mealtimes (e.g. because you were away from the ward, recovery from surgery etc.)?
18.	Were you offered a replacement meal at another time?

No.	Question
19.	Did you get enough help from staff to eat your meals?
20.	When you had important questions to ask a doctor, did you get answers that you could understand?
21.	Did you feel you had enough time to discuss your care and treatment with a doctor?
22.	When you had important questions to ask a nurse, did you get answers that you could understand?
23.	If you ever needed to talk to a nurse, did you get the opportunity to do so?
24.	Were you involved as much as you wanted to be in decisions about your care and treatment?
25.	How much information about your condition or treatment was given to you?
26.	Was your diagnosis explained to you in a way that you could understand?
27.	If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?
28.	Did you find someone on the hospital staff to talk to about your worries and fears?
29.	Did you have confidence and trust in the hospital staff treating you?
30.	Were you given enough privacy when discussing your condition or treatment?
31.	Were you given enough privacy when being examined or treated?
32.	Do you think the hospital staff did everything they could to help control your pain?
33.	Did a doctor or nurse explain the results of the tests in a way that you could understand?
34.	Before you received any treatments did a member of staff explain what would happen?
35.	Before you received any treatments did a member of staff explain any risks and/or benefits in a way you could understand?

No.	Question
36.	Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?
37.	Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?
38.	Beforehand, were you told how you could expect to feel after you had the operation or procedure?
39.	After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?
40.	Did you feel you were involved in decisions about your discharge from hospital?
41.	Were you given enough notice about when you were going to be discharged?
42.	Were your family or someone close to you given enough notice about your discharge?
43.	Before you left hospital, did the healthcare staff spend enough time explaining about your health and care after you arrive home?
44.	Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?
45.	Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?
46.	Did a member of staff tell you about medication side effects to watch for when you went home?
47.	Did a member of staff tell you about any danger signals you should watch for after you went home?
48.	Did hospital staff take your family or home situation into account when planning your discharge?
49.	Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?
50.	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

No.	Question
51.	Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?
52.	Overall, did you feel you were treated with respect and dignity while you were in the hospital?
53.	Overall... (please circle a number from 0 to 10 that summarises your experience. 0 represents a very poor experience, 10 represents a very good experience.)
54.	Who was the main person or people that filled in this questionnaire?
55.	Are you male or female?
56.	What is your month and year of birth?
57.	What is your ethnic or cultural background?
58.	Do you currently have: A medical card; Private health insurance; Both medical card and private health insurance; Neither medical card nor private health insurance
59.	Was there anything particularly good about your hospital care?
60.	Was there anything that could be improved?
61.	Any other comments or suggestions?

# Glossary

**Acute hospital:** a hospital that delivers emergency, non-emergency/elective and outpatient care to people who are ill or injured.

**Emergency care:** refers to life-saving care. People who present to hospital with a medical emergency may need to be admitted to hospital.

**Emergency department:** an area in a hospital where patients can access emergency care 24 hours a day, seven days a week. The emergency department is also sometimes known as 'Accident and Emergency' (A&E) or 'casualty'.

**Hospital groups:** all public hospitals in Ireland are organised into seven hospital groups, six of which participated in the 2017 survey. The Children's Hospital Group is the seventh hospital group in Ireland. Paediatric hospitals and children's services were not surveyed on this occasion.

**Inpatient:** a person who is admitted to hospital to receive medical or surgical treatment and stays at least one night.

**Non-emergency/elective care:** care that is not usually urgent, but rather is planned in advance by the patient and a doctor.

**Patient experience of hospital care:** what a person feels, observes, perceives, recognises, understands and remembers about their medical care and treatment in hospital.

**Patient journey:** the patient's progression through hospital from admission to discharge.

**Patient or person-centred care:** care that is centred on the needs, values and preferences of the patient/person. Essential to this definition is the promotion of kindness, dignity, privacy and autonomy.

**Stages of care:** refers to specific points along the patient journey. The stages of care are: admissions; care on the ward; examinations, diagnosis and treatment; and discharge or transfer.

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