



National Patient Experience Survey 2017

Cavan and Monaghan Hospital

We're committed to excellence in healthcare



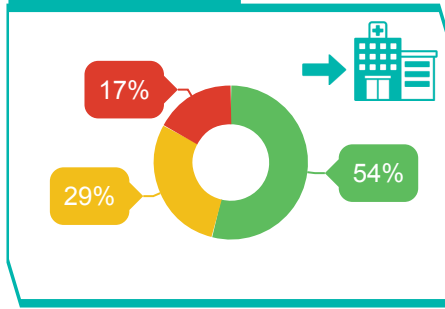
Thank you to the people who participated in the National Patient Experience Survey 2017, and to their families and carers. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve 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 in the future, 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.

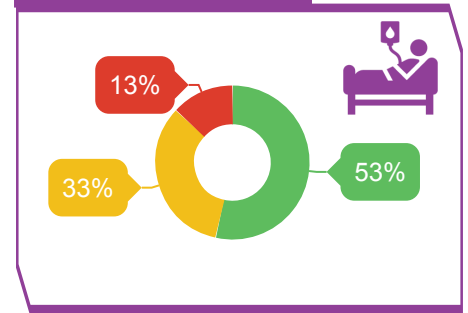
The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups.

Stages of care

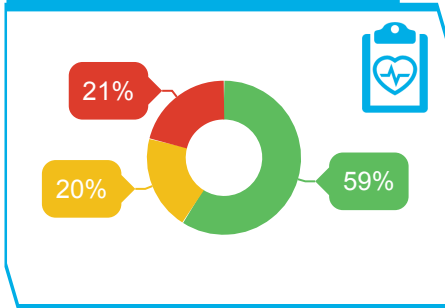
Admission



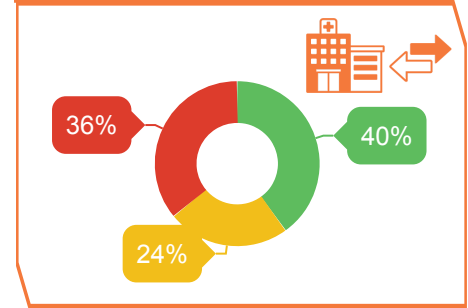
Care on the ward



Examinations, diagnosis & treatment

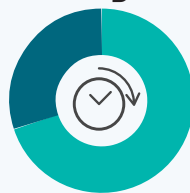


Discharge or transfer



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

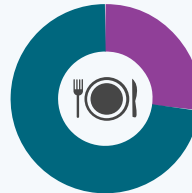
Waiting time



70%

waited longer than six hours before being admitted to a ward.

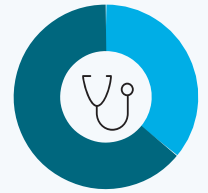
Food



27%

rated the food as poor or fair.

Examination



36%

were not always told how they could expect to feel after an operation or procedure.



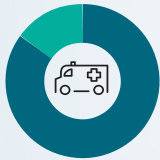
Cavan and Monaghan



45% of 649 eligible patients took part



50% female
50% male



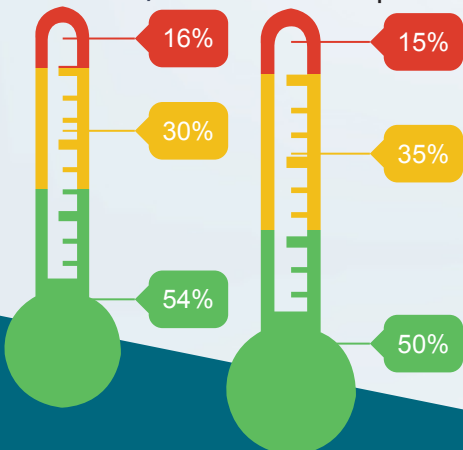
85% entered hospital on an emergency basis

Average age:
66 years

Overall experience

Nationally

This hospital



Areas of good experience

92% of people said

that they always had enough time to discuss their care and treatment with a doctor.

Areas needing improvement

39% of people said

that they were not informed about the danger signals to watch for at home.

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Chapter 1

Patients' experiences of acute hospital care in Cavan and Monaghan Hospital

Areas of good experience and areas needing improvement

About the National Patient Experience Survey 2017

The National Patient Experience Survey is a new national survey, asking people for feedback on their recent stay in a public acute hospital. This survey will run on an annual basis and 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.

Nationally, 26,635 people were invited to participate in the first National Patient Experience Survey in 2017. In total, 13,706 people took part. The results outlined in this report reflect the experiences of patients who were discharged from Cavan and Monaghan Hospital during the month of May 2017. In total, 289 participants from Cavan and Monaghan Hospital took part in the survey.

The survey asked 61 questions, based on five stages of care along the patient journey in hospital: admissions; care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other aspects of care. Three of the questions asked respondents for written comments about what was good about the care they received and what could be improved. The list of questions from the National Patient Experience Survey can be found in Appendix 1. It is important to note that patients did not always answer every question so there is variation in the number of responses to each question.

This survey is part of the National Patient Experience Survey Programme, which aims to help improve the quality and safety of healthcare services provided to people in Ireland. A more detailed background to the survey programme can be found in Appendix 2. Please note that patients did not always answer every question so there is variation in the number of responses to each question.

The National Patient Experience Survey values and seeks to represent the patient voice, which is a fundamental principle of patient-centred care. The survey acknowledges both positive and negative experiences, as told by the 289 patients from Cavan and Monaghan Hospital who completed the survey. While thousands of people surveyed nationally said that they had a very good experience of acute hospital care, it is important also to listen to those people who identified areas for improvement. These voices and experiences will play a key role in shaping the future of patient-centred care in Ireland.

Hospital profile

Cavan and Monaghan Hospital is a public acute hospital, located in Co. Cavan. All acute inpatient services are based in Cavan General Hospital. Monaghan Hospital's primary role includes the continuing care for medically discharged patients requiring inpatient stepdown and rehabilitation care. There were 240 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 649 eligible discharges were recorded during this time. An emergency department is present in the hospital.

Purpose of this report

The purpose of this report is to present the key findings of the National Patient Experience Survey, based on the experiences of patients who stayed in Cavan and Monaghan Hospital in May 2017. The report highlights areas where patients had positive experiences and outlines where there is significant room for improvement.

The Health Service Executive (HSE) is committed to using the findings of the survey to make improvements to the quality of care provided to patients and to outline a direction for the future of patient-centred care in Cavan and Monaghan Hospital. A quality improvement plan will be developed for Cavan and Monaghan Hospital in response to the survey results and will be publicly available from 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.



Who took part in the survey?

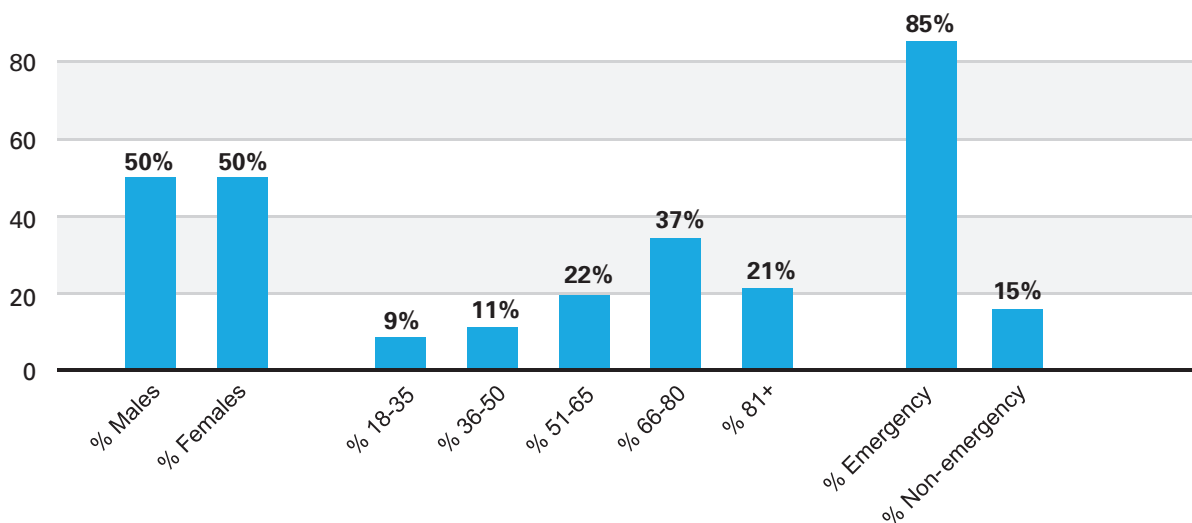
Description of the respondents who took part in the survey

649 people discharged from Cavan and Monaghan Hospital during the month of May 2017 were invited to participate in the survey.

289 people completed the survey, achieving a response rate of 45%.

50% of people who responded to the survey were male and 50% were female. Most respondents (85%) said they entered the hospital through the emergency department; the remaining 15% had planned procedures. Figure 1. Below shows information about the respondents who took part in the survey from Cavan and Monaghan Hospital.

Figure 1. Survey participants from Cavan and Monaghan Hospital by sex, age group and admission route



What were the main findings for Cavan and Monaghan Hospital?



Overall patients' ratings of their experience in Cavan and Monaghan Hospital were slightly above the national average. 85% of patients at Cavan and Monaghan hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

The survey found that, overall, people in Cavan and Monaghan Hospital were generally given privacy when discussing or receiving treatment. People also reported that, in general, staff always did their best to help control pain and offered a replacement meal if the patient missed a mealtime while they were away from the ward.

Several areas across each stage of care were identified as needing improvement. In relation to admissions, the large majority of patients reported waiting more than six hours in the emergency department. Many patients also reported negative experiences as regards hospital food and lack of opportunities to talk to someone on the hospital staff about their worries and fears. Other questions relating to communication were also negatively rated, with some patients reporting, for example, that they were not completely informed about how they could expect to feel after their procedure.

Communication in relation to discharge was also highlighted as requiring improvement, with many patients reporting that did not receive sufficient information on how to care for themselves at home, for example, medication side effects and the danger signals to watch out for. The survey also identified a lack of that information was provided to family members to help them in caring for and supporting the patient at home.

These findings will serve to inform quality improvement initiatives in Cavan and Monaghan Hospital.

Areas of good experience and areas needing improvement in Cavan and Monaghan Hospital

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

The areas of good experience in Cavan and Monaghan Hospital are:

Patients had positive experiences in several areas, particularly as regards privacy in the emergency department, and overall respect and dignity from staff.

People also remarked positively on the time given to discuss care and treatment with doctors and the explanations given by doctors or nurses in relation to patients' condition and treatment.

Admissions | Q5.

Privacy while being examined or treated

158 people (72%) said that they were always given enough privacy when being examined or treated while in the emergency department.

Examinations, diagnosis and treatment | Q21.

Time to discuss care and treatment with a doctor

Out of 275 people, 254 (92%) said that they always, or to some extent, had enough time to discuss their care and treatment with a doctor.

Examinations, diagnosis and treatment | Q36.

Clear explanation of the risks/benefits of an operation or procedure

Out of 115 people who answered this question, 91 (79%) said that, beforehand, a member of staff always explained the risks and benefits of the operation or procedure in a way they could understand.

Examinations, diagnosis and treatment | Q39.

Clear explanation of the outcome of an operation or procedure

Out of 107 people, 76 (71%) said that, after the operation or procedure, a member of staff explained how it had gone in a way they could understand.

Other aspects of care | Q52.

Respect and dignity

Out of 274 people, 228 (83%) said that overall they were always treated with respect and dignity while in Cavan and Monaghan Hospital in May 2017.

The areas needing improvement in Cavan and Monaghan Hospital are:

Patients highlighted areas needing improvement, for example, as regards privacy on the ward and help from staff to eat meals. Patients were not always positive about communication with doctors and nurses, and highlighted challenges about the explanations received as regards how they could expect to feel after a procedure. Communication prior to discharge is a key area for improvement for Cavan and Monaghan Hospital, with patients indicating a lack of information about the danger signals to watch out for at home, in particular.

Care on the ward | Q9.

Privacy on the ward

57 people (21% of those who answered this question) said that they were not, or only sometimes, given enough privacy while they were on the ward.

Care on the ward | Q19.

Help from staff to eat meals

Of the 99 people who needed help from staff to eat their meals, 33 (33%) said that they were not, or only sometimes, given help at mealtimes.

Care on the ward | Q20.

Clear answers from a doctor

Out of 258 people who had important questions to ask a doctor, 98 (38%) reported some difficulties in understanding the answers received.

Care on the ward | Q23.

Opportunity to talk to a nurse

Out of 249 people who needed to talk to a nurse, 69 people (28%) said that they did not, or only sometimes, have an opportunity to do so.

Examinations, diagnosis and treatment | Q30.

Privacy when discussing condition or treatment

274 people answered this question and 73 (27%) said that they were not, or only sometimes, given enough privacy when discussing their condition or treatment in hospital.

Examinations, diagnosis and treatment | Q38.

Information on the expected outcome of an operation or procedure

Out of 113 people, 41 (36%) said that they were not, or only to some extent, told beforehand how they could expect to feel after their operation or procedure.

Discharge or transfer | Q47.

Danger signals to watch out for

75 people (39% of those who answered this question) said that they were not informed about the danger signals to watch out for at home.



Chapter 2

The patient journey through hospital

Qualitative and quantitative findings from the 2017 survey

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.

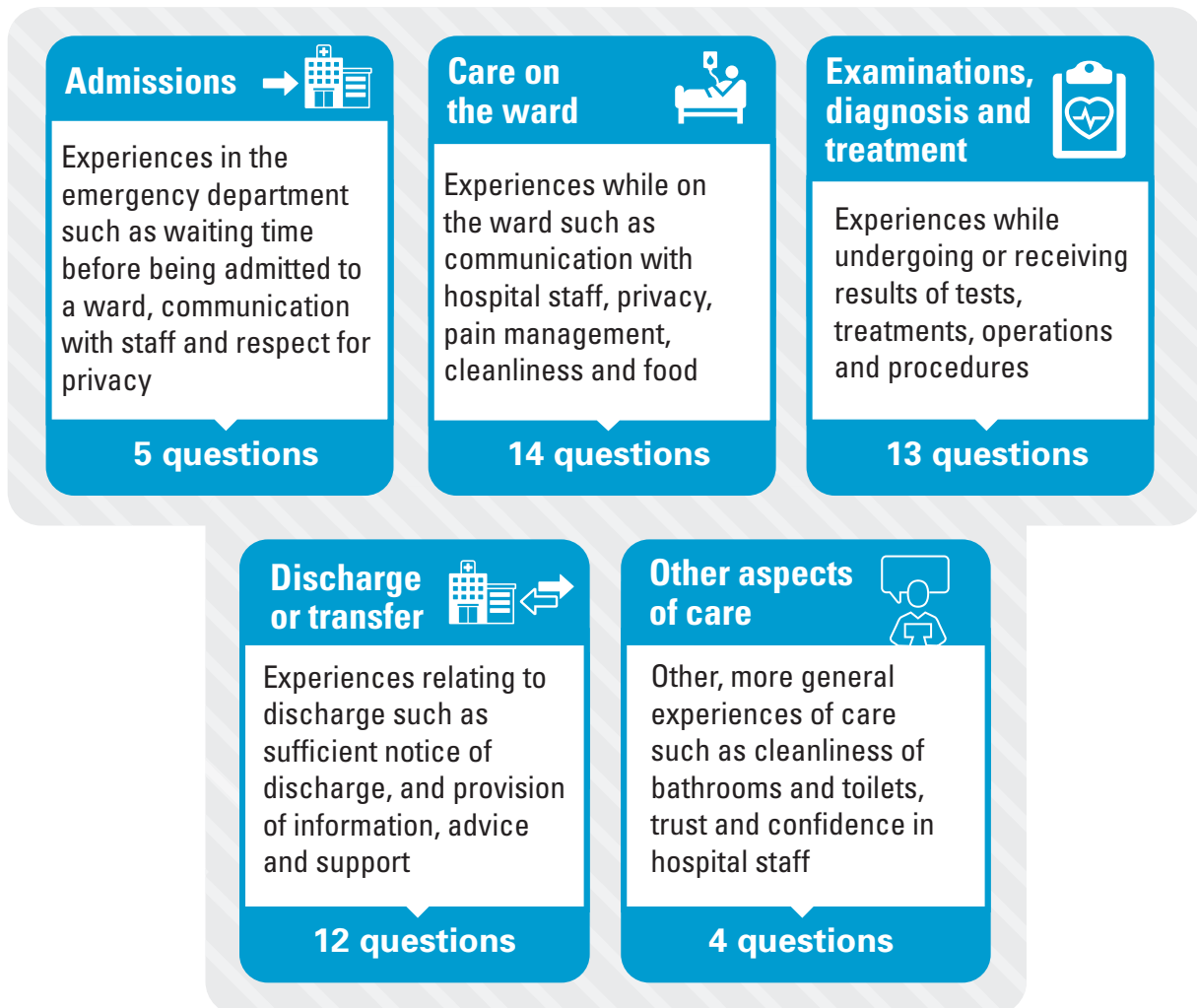
The survey questions were grouped into five stages along the patient journey:

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

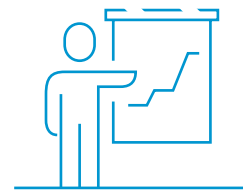
“I thought the nurses and doctors did everything they could for me. Very nice people - helpful - my hospital stay was satisfactory.”

Figure 2. provides a brief description of the stages along the patient journey. It also indicates how many questions in the survey relate to each stage.

Figure 2. Description of stages of care along the patient journey



How to interpret the results for the stages of care



While the results for many questions show that many people had a positive experience in hospital, it is important to listen to those 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 3:

1. **Experience rating for a stage of care.**
2. **Scores out of 10.**
3. **Comparisons.**

Figure 3. Guide to interpreting the results

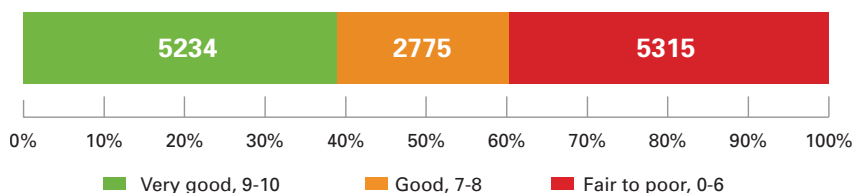
1. Experience rating for a stage of care

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. 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.

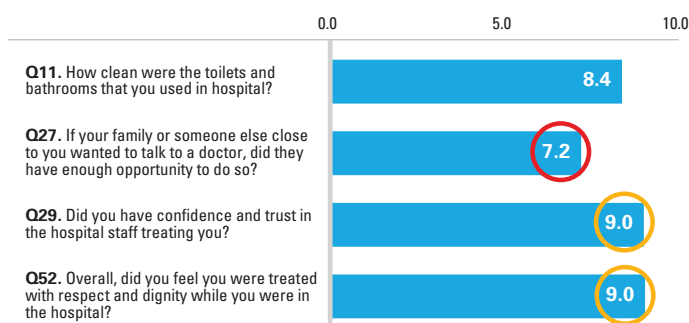
Example:

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 score for other aspects of care

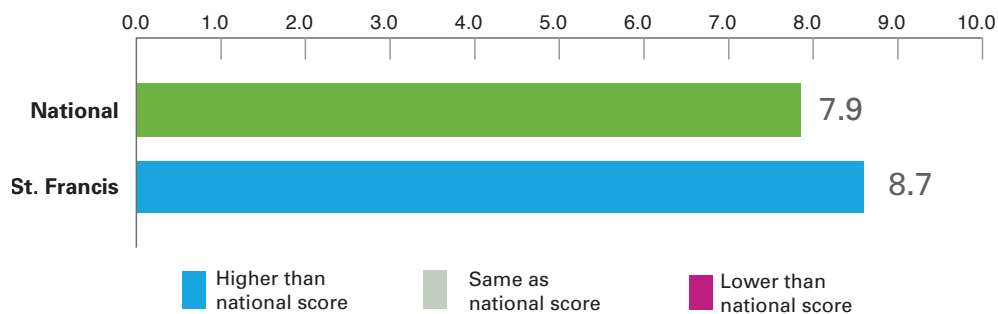


3. Comparisons

When hospital scores are compared with the national average, statistical tests were carried out to check if any differences were genuine or simply down to chance. The way hospital scores are calculated is explained in Appendix 4.

Example:

The example below compares the scores for the fictional St. Francis Hospital and the national score for the 'admissions' stage of care. The shading on the graph shows whether a difference exists between the two scores and whether this difference is statistically significant. The shading for the hospital score tells us that it is significantly higher than the national score.



Admissions

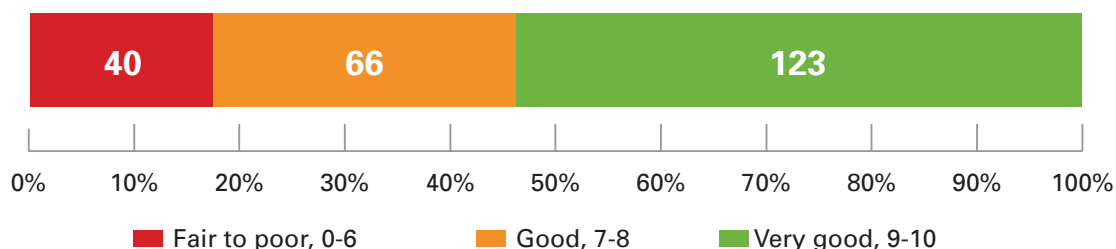


In summary: what were patients' experiences of the admissions process?

'Admissions' refers to the period that patients spent in the emergency department up to the point of getting to a ward.

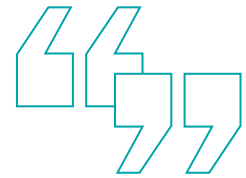
40 people (17%) had a fair to poor experience of admission to Cavan and Monaghan Hospital. However, 123 (54%) people rated their experience as very good. The findings are summarised in Figure 4.

Figure 4. Experience ratings for admissions



What were the key findings for admissions?

- Waiting times in the emergency department was the lowest scoring question, with 70% of people saying they waited longer than six hours before being admitted to a ward.
- 83% of respondents who spent time in the emergency department said that they were always treated with respect and dignity there.
- 94 respondents (45%) said that their condition and treatment was not explained in a way that they could completely understand while in the emergency department.
- Cavan and Monaghan Hospital scored 8.0 out of 10 overall for this stage of care, which is around the same as the national score of 7.9 out of 10.



The patient voice: what patients said about admissions

Respondents from Cavan and Monaghan Hospital made 90 open-ended comments related to the following themes: 'dignity, respect and privacy', 'communication with the patient', and 'emergency department environment or waiting times'. 46 of the comments were made in response to Q60 which asked for suggestions for improvement. Examples of these comments are provided below.

Dignity, respect and privacy

"Yes I was treated with respect with my stay in the hospital."

"Privacy was disgraceful. I was in a six-bed ward. I was unable to discuss my condition with any degree of privacy. Visitors were in and out during doctor's rounds. All my medical history & my proposed surgery were within earshot of the whole ward. Embarrassing & disgraceful."

Communication with the patient

"Staff and Doctors very friendly and understanding and explained everything in detail."

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

Emergency department environment or waiting times

"On my dads arrival at A&E he was attended to promptly with courtesy and care."

"The long wait in corridors while getting assessed for medical admittance after being sitting in a corridor from 4.30 taken in by ambulance and admitted at 2am suffering from [Condition Type] and [Condition Type] got a [Procedure Name] at 6pm and still did not know result till 11 pm after sitting in corridor waiting."

Quantitative results for questions on admissions

Five questions asked about admissions. Respondents who did not come into hospital through the emergency department did not answer these questions.

70% of people who answered Q8 had to wait longer than 6 hours before being admitted to a ward. More detail on waiting times is provided later in this section.

187 respondents (83%) from Cavan and Monaghan Hospital said that they were always treated with respect and dignity in the emergency department. With a score of 9.1 out of 10 this is the highest performing area of the admissions stage.

94 respondents (45%) said that their condition and treatment was not explained in a way that they could completely understand while in the emergency department.

“Very long time in A&E for doctors and nurses did not have enough rooms to treat all the people that came into A&E.”

Figure 5. summarises the scores for Cavan and Monaghan Hospital for the admissions stage of care.

Figure 5. Cavan and Monaghan Hospital scores for questions on admissions

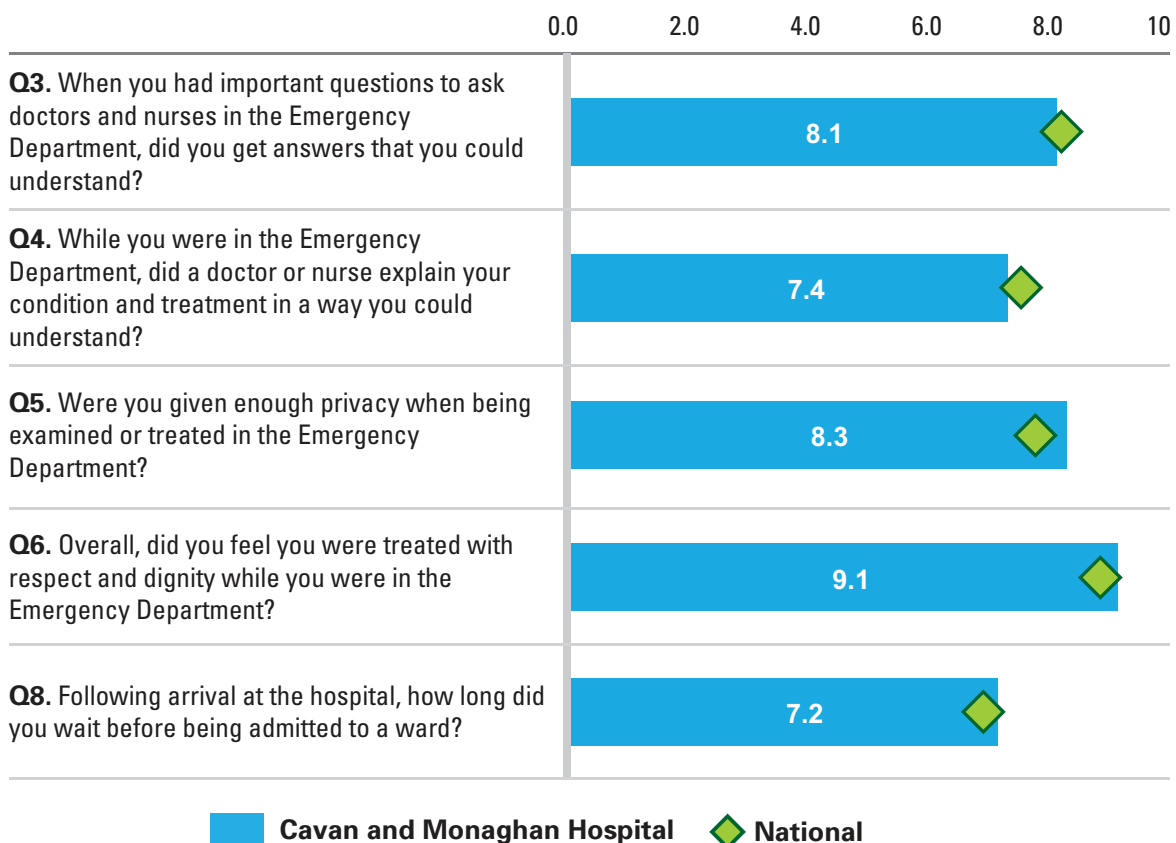
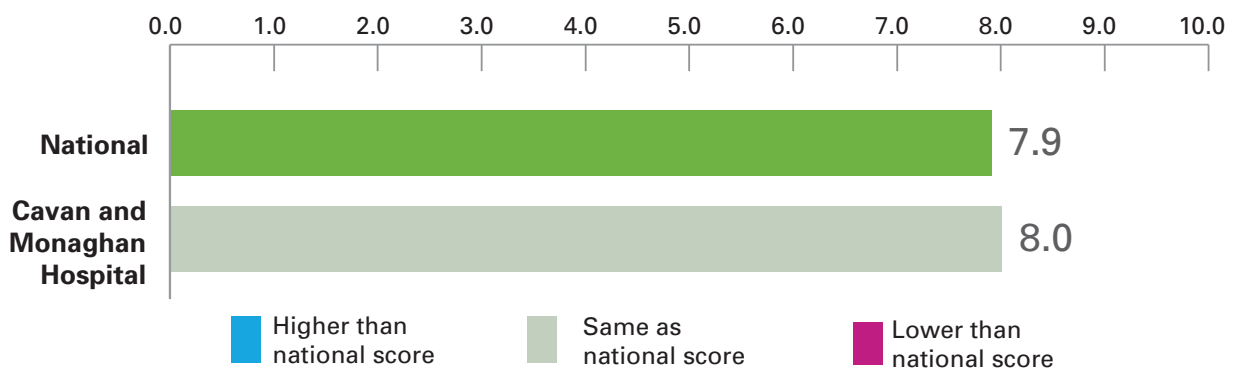


Figure 6. shows that, within the admissions stage, the average score for Cavan and Monaghan Hospital (8 out of 10) is around the same as the national average (7.9 out of 10)¹. This means that patients in the hospital had similar experiences to the national average for this stage of care.

Figure 6. Comparison of Cavan and Monaghan Hospital with the national average for admissions (out of a maximum of 10).



Emergency department waiting times

The HSE sets targets for the performance of acute hospitals, 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.²

Waiting time before being admitted to a ward

In Cavan and Monaghan Hospital, 64 respondents (30%) said they were admitted to a ward within six hours of arriving at the emergency department, while 126 respondents (59%) reported waiting between six and 24 hours. 23 patients (11%) reported waiting 24 hours or more before being admitted to a ward in Cavan and Monaghan Hospital with seven people saying they waited more than 48 hours.

¹ Though Cavan and Monaghan Hospital's admission score is higher than the national score, the difference is not statistically significant. For further information see Appendix 4.

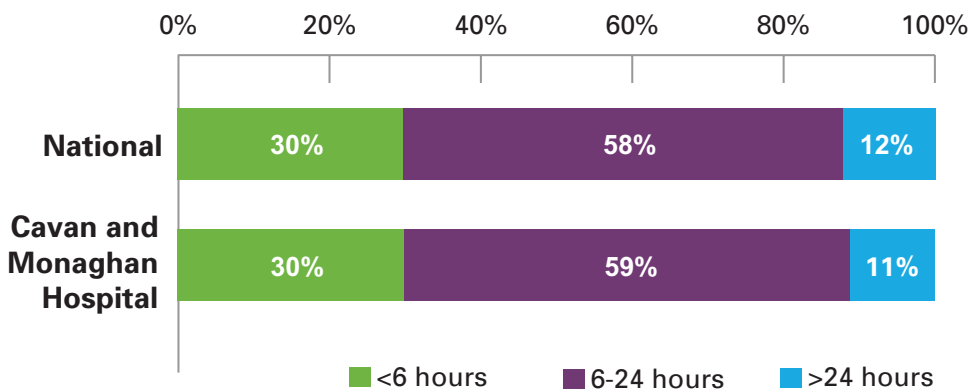
² The HSE 2017 targets can be viewed at: <https://www.hse.ie/eng/services/publications/KPIs/Acute-Hospitals-KPI-Metadata-2017.pdf>

Figure 7. outlines the patient-reported waiting times in Cavan and Monaghan Hospital compared with the national average.

What does this mean for Cavan and Monaghan Hospital?

With just 30% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that Cavan and Monaghan Hospital performed around the same as the reported national average, where 30% of people said that they were admitted within six hours. Similar to the national average, patient-reported waiting times in Cavan and Monaghan Hospital also fell short of the HSE target for waiting times. Studies have found that long waiting times in the emergency department after a decision has been made to admit a patient can have negative consequences for patients' health^(1,2).

Figure 7. Patient-reported emergency department waiting times for Cavan and Monaghan Hospital and nationally



Admissions: what do these results mean?

The large majority of patients reported waiting longer than six hours in the emergency department, performing around the same as the national average and below the targets set by the HSE. Lengthy waiting times are associated with poor outcomes for patients. The majority of the respondents said that they were always treated with dignity and respect while they were in the emergency department.

Care on the ward

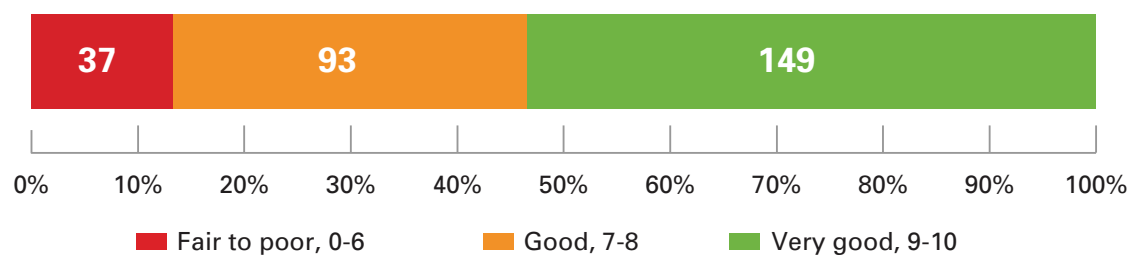


In summary: what were patients' experiences of care on the ward?

'Care on the ward' refers to people's experiences while on the ward, such as communication with hospital staff, privacy, pain management, cleanliness and food.

37 respondents (13%) said that their experience of care on the ward was fair to poor. However, 149 respondents (53%) reported having a very good experience during their stay on a ward in Cavan and Monaghan Hospital. Figure 8. summarises patients' experiences of care on the ward.

Figure 8. Experience ratings for care on the ward



What were the key findings for care on the ward?

- Many people said that staff did everything they could to help control their pain, with a score of 9.2 out of 10 for this question.
- Food and drink was the lowest rated area, scoring 6.5 out of 10. 27% of respondents rated the food as 'poor' or 'fair'.
- Of 175 people, 91 (52%) experienced difficulties in finding a member of staff to talk to about their worries and fears.
- Cavan and Monaghan Hospital scored 8.3 out of 10 for care on the ward, which is the same as the national average score of 8.3 out of 10.

"Cavan General often receives negative reports in the media. The care and attention I received was first class."



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

138 open-ended comments from Cavan and Monaghan Hospital related to the following themes: 'staffing levels', 'staff availability and responsiveness', 'other healthcare staff', 'other staff', 'food and drink', and 'cleanliness and hygiene'. 51 of the comments offered suggestions for improvement. Some examples are provided below.

Staffing levels

"Actually even though the experience was not excellent overall the staff ie nurses, carers etc do their best under difficult circumstances."

"More staff (Nurses, healthcare assistants) some elderly patients were left hungry as no staff to help them so us patients in the ward helped out. No bed linen."

Staff availability and responsiveness

"Nurses in particular were very helpful and pleasant. They were willing to talk and listen, and despite being always busy and practically running around they always had a pleasant word, and always asked if I needed anything done and if I was comfortable."

"Elderly patients who needed help with toilet visits and feeding were not attended to for long periods. No record seemed to be taken of the fact that someone didn't eat a meal."

Other staff

"Everyone working on the ward doctors, nurses and kitchen staff were all very friendly and helpful."

Food and drink

"The nurses and doctors were excellent. They were very helpful at all times. The meals were wonderful - The cooks went out of their way to satisfy us even outside of meal times."

"The food was awful, the waste was even worse. Atrocious stuff. Definently needs someone to look at this problem."

Cleanliness and hygiene

"Very clean."

"The toilets: I had to get my wife to bring in cleaning material as they were filthy for such a new hospital. Sadly this is not my first bad experience of the hygiene in 2015 I ended up with a secondary infection because of the filthy toilets. Thankfully showers were excellent."

Quantitative results for questions on care on the ward

Fourteen questions asked about care on the ward.



Figure 9. shows the scores out of 10 for each question. 188 respondents (84%) from Cavan and Monaghan Hospital said that hospital staff definitely did everything they could to help control their pain.

Q15, which asked about hospital food, was one of the lowest scoring questions (6.5 out of 10). A total of 73 respondents (27%) said that the food was 'poor' or 'fair' in Cavan Monaghan Hospital.

With a score of 6.5 out of 10, Q28 was also one of the lowest scoring questions. Out of 175 people, 91 (52%) reported challenges as regards finding someone to talk to about their worries and fears.

"Food was dry every day, the main courses that is, unfortunately. The bathrooms, could have been checked more frequent, specially with a full ward."

Figure 9. Cavan and Monaghan Hospital scores for questions on care on the ward

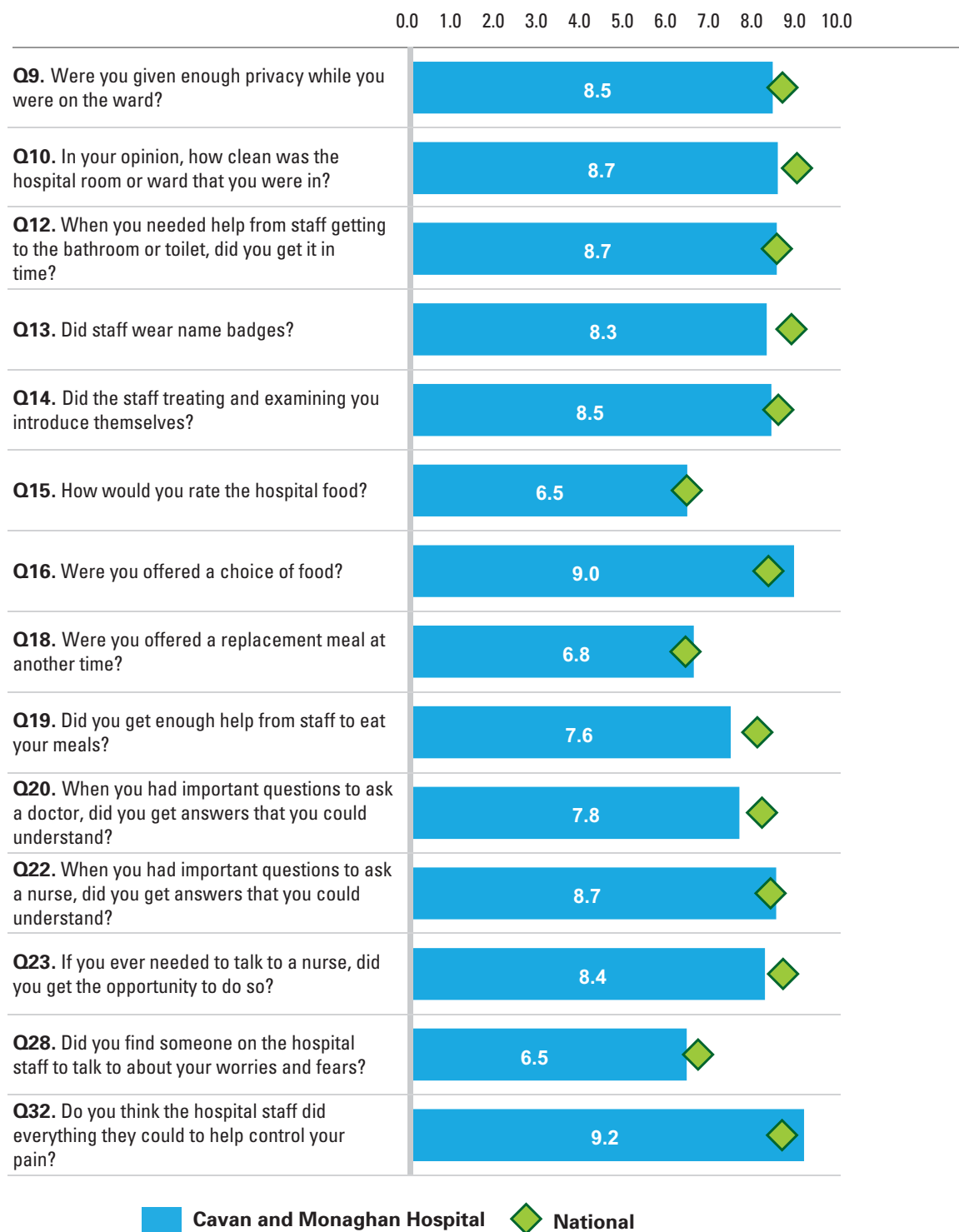
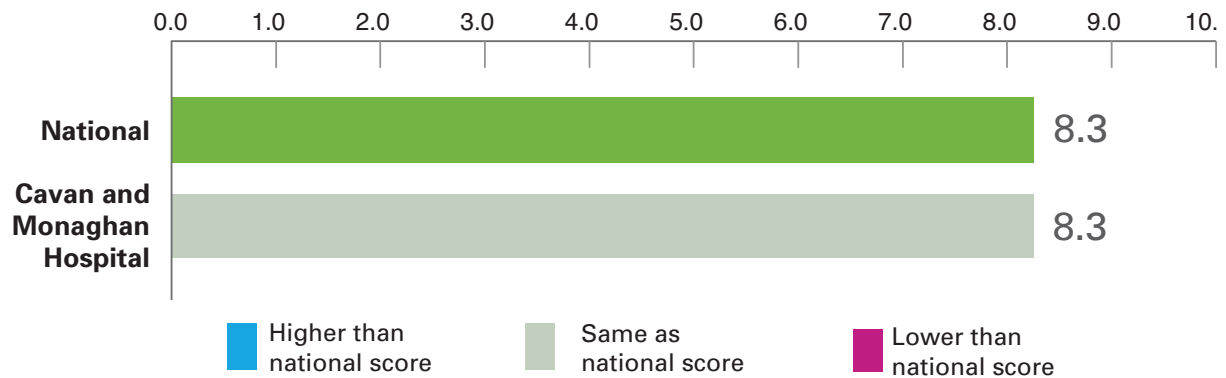


Figure 10. shows that, within the care on the ward stage, the average score for Cavan and Monaghan Hospital (8.3 out of 10) is around the same as the national average (8.3 out of 10). This means that patients in the hospital had similar experiences to the national average for this stage of care.

Figure 10. Comparison of Cavan and Monaghan Hospital with the national average for care on the ward (out of a maximum of 10).



Care on the ward: what do these results mean?

People had mixed experiences of care on the ward in Cavan and Monaghan Hospital. They reported most positively on their experience of pain management while in hospital and also the choice of food that was offered. However, people did not have positive experiences in relation to the standard of food they received. Patients also reported challenges as regards finding a member of staff to talk to about their worries and fears.

Examinations, diagnosis and treatment

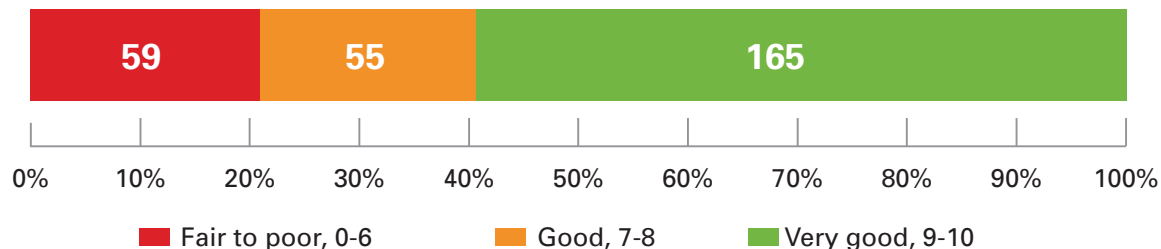


In summary: what were patients' experiences of examinations, diagnosis and treatment?

'Examinations, diagnosis and treatment' refers to people's experiences in the hospital while undergoing or receiving the results of tests, treatments, operations and procedures.

59 respondents (21%) said that their experience of examinations, diagnosis and treatment in Cavan and Monaghan Hospital was fair to poor. However, 165 respondents (59%) reported having a very good experience. Figure 11. summarises patients' experiences of examinations, diagnosis and treatment.

Figure 11. Experience ratings for examinations, diagnosis and treatment

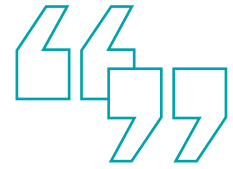


What were the key findings for examinations, diagnosis and treatment?

- Many people said that they were given enough privacy when they were being examined or treated, with a score of 9.1 out of 10 for this question.
- The lowest rated question asked patients whether people were told how they could expect to feel after their operation or procedure; 41 people (36%) said they were not told, or only sometimes told how they could expect to feel.
- Cavan and Monaghan Hospital scored 8.1 out of 10 for examinations, diagnosis and treatment, which is around the same as the national average score of 8.1 out of 10.

"Lovely caring nurses looked after me. Doctor was being very careful before letting me home, making sure I was ok."

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



113 open-ended comments were made about the following themes: 'nursing staff', 'doctors or consultants', 'waiting time for planned procedures'. 19 of these comments were in response to Q60 which asked for suggestions for improvement. Some examples of these comments are provided below.

Nursing staff

"The nurses were absolutely excellent. Lovely and friendly but they do nothing only running from one patient to another. A lot of pressure on them."

"Some of the nurses bedside manner not introducing themselves."

Doctors or consultants

"Yes, the doctors in A&E were very helpful. They gave everything to their job. My doctors kept me updated on everything they were going to do in the ward also."

"Top doctors should listen to patients more and their suggestions. I had to be very strong with suggestions which was often met with ridicule. Then result would come to support my suggestion and still ignored."

Waiting times for planned procedures

"Hospital care was excellent. All possible tests and scans were carried out relatively quickly."

Quantitative results for questions on examinations, diagnosis and treatment

Thirteen questions asked about examinations, diagnosis and treatment.

Figure 12. shows the scores out of 10 for each question in this stage. 240 (87%) of respondents who answered the question said they always received enough privacy when being examined or treated. This was the highest scoring question for the stage, at 9.1 out of 10 overall.

"Doctors not all on the same wavelength."

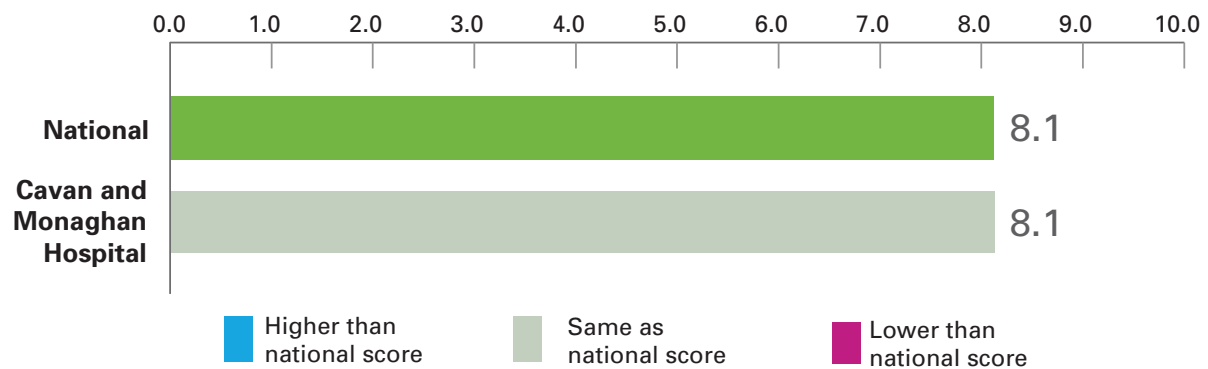
The lowest scoring question (Q38) asked people whether they had been told how they could expect to feel after an operation or procedure. 41 people (36%) said they were not told, or only sometimes told how they could expect to feel.

Figure 12. Cavan and Monaghan Hospital scores for questions on examinations, diagnosis and treatment



Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for Cavan and Monaghan Hospital (8.1 out of 10) is around the same as the national average (8.1 out of 10). This means that patients in the hospital had similar experiences to the national average for this stage of care.

Figure 13. Comparison of Cavan and Monaghan Hospital with the national average for examinations, diagnosis and treatment (out of a maximum of 10).



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

The majority of patients reported that they were always given enough privacy when they were being examined or treated on the ward. They also reported positively on the information they received about the risks and benefits of the operation or procedure. However, patients were less positive about the amount of time allocated by hospital staff to talk about their treatment, and the amount of information given to them about their condition or treatment.

Discharge or transfer

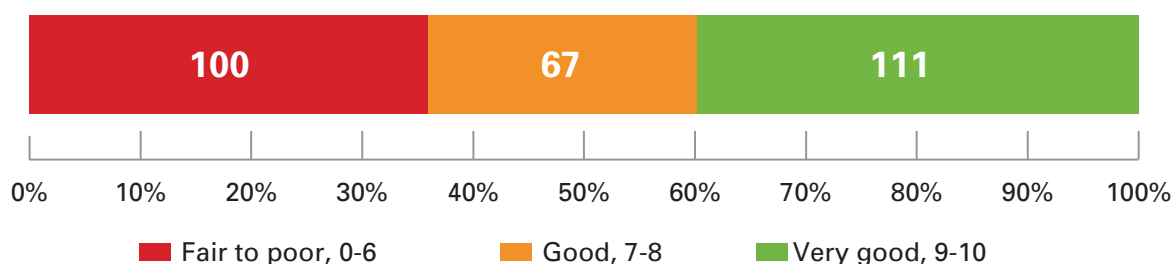


In summary: what were the experiences of patients during discharge or transfer from hospital?

'Discharge or transfer' refers to people's experiences of the discharge process, such as notice given of discharge and the provision of information, advice and support to manage patients' conditions.

Out of the 278 people who rated their experience of discharge or transfer from Cavan and Monaghan Hospital, 100 (36%) said that their experience was 'fair to poor'. On the other hand, 111 (40%) reported having a very good experience of being discharged or transferred from Cavan and Monaghan Hospital. Figure 14. below summarises these experience ratings.

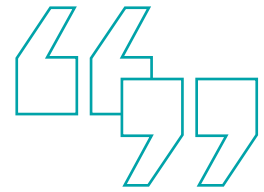
Figure 14. Experience ratings for discharge or transfer



What were the key findings for discharge or transfer?

- Out of 212 people, 149 (70%) said that a member of staff completely explained, in a way they could understand, the purpose of the medicines they were to take at home.
- 75 people (39%) who answered Q47 said that they were not informed about any danger signals to watch out for at home.
- Cavan and Monaghan Hospital performed around the same as the national average for this stage of care, with an overall score of 6.9 out of 10. This means that the experiences of patients in this hospital were similar to the national average for this stage of care.

The patient voice: what patients said about discharge or transfer from hospital



In total, patients from Cavan and Monaghan Hospital made 30 comments in the 2017 survey about 'discharge and aftercare management'. 19 of these comments were in response to Q60, which asked for suggestions for improvement. Some examples are provided below.

Discharge and aftercare

"Yes the [nurse type] supported my family to arrange an adequate homecare package. Yes, thankfully the hospital moved me from patient to home nursing which gave my family time to prepare with equipment /home care package - Thank you."

"Discharging me home, without speaking to family members first. I live alone and had no one to look after me. My son organised 2 weeks respite in nursing home. Felt like I was being rushed out as it was the weekend and they wanted to clear out the ward."

Quantitative results for questions on discharge or transfer from hospital

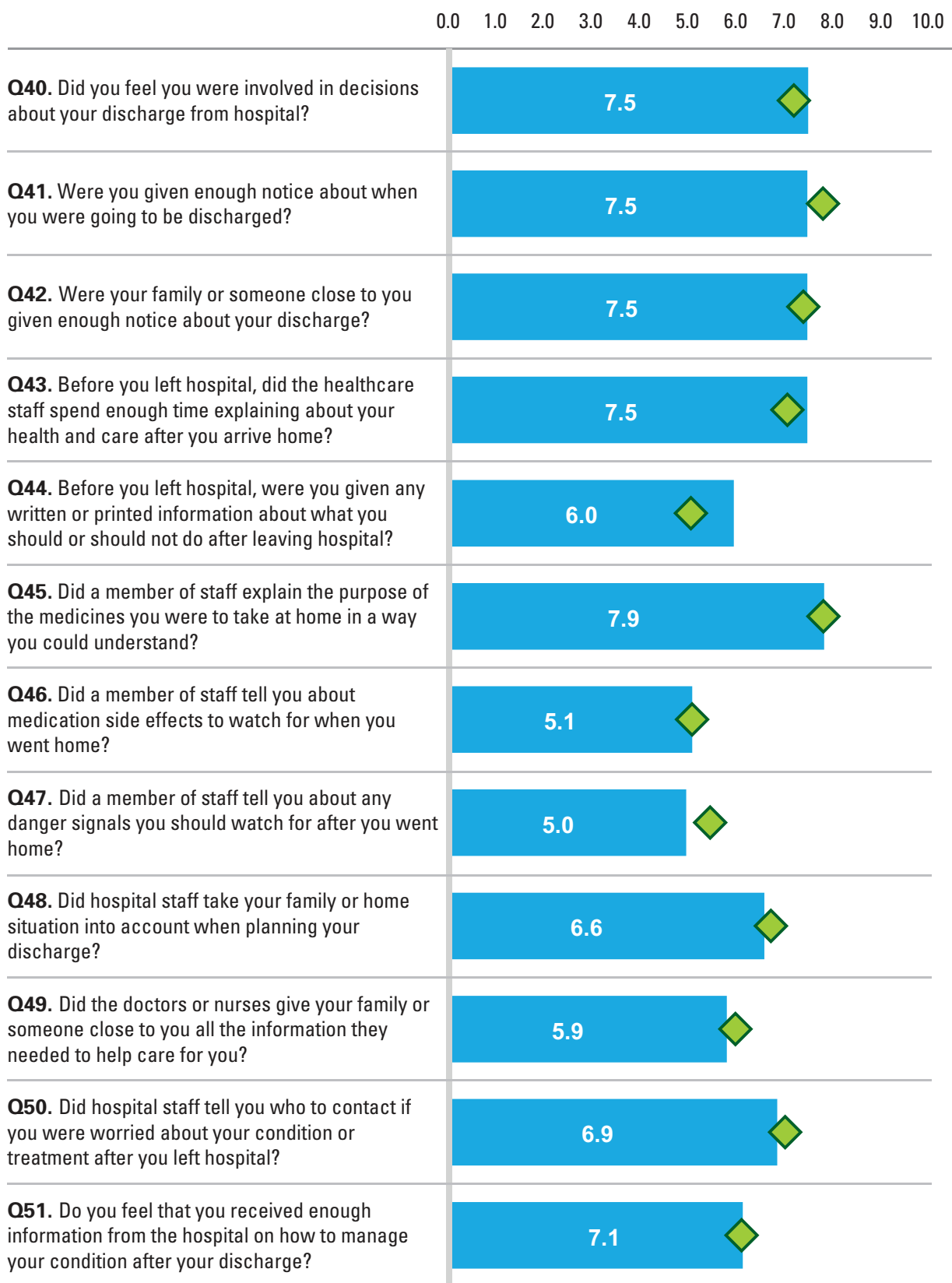
Twelve questions asked about discharge or transfer.

Out of 212 people, 149 (70%) said that a member of staff completely explained the purpose of the medicines they were to take at home in a way they could understand.

75 people (39%) who answered Q47 said that they were not informed about any danger signals to watch for after they went home.

Figure 15. summarises the scores for Cavan and Monaghan Hospital for questions on discharge or transfer from the hospital.

Figure 15. Cavan and Monaghan Hospital scores for questions on discharge or transfer



Cavan and Monaghan Hospital National

Figure 16. shows that within the discharge or transfer from hospital stage the average score for Cavan and Monaghan Hospital (6.9 out of 10) is around the same as the national average (6.7 out of 10)³. This means that patients who attended Cavan and Monaghan Hospital in May 2017 reported a similar experience to the national average for this stage of care.

Figure 16. Comparison of Cavan and Monaghan Hospital with the national average for discharge or transfer (out of a maximum of 10).



Discharge or transfer: what do these results mean?

Cavan and Monaghan Hospital did not perform as well on this stage of care, compared with other stages, indicating a need for overall improvement in this particular area. Patients require more information and support as regards leaving hospital and caring for themselves at home.

³ Though Cavan and Monaghan Hospital's discharge or transfer score is higher than the national score, the difference is not statistically significant. For further information see Appendix 4.

Other aspects of care



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

'Other aspects of care' refers to the more general aspects of care that are not specific to a particular stage of care, but rather, apply throughout the hospital journey.

What were the key findings for other aspects of care?

- Q52 and Q29 were the highest ranking questions on other aspects of care (score of 9.0 out of 10). 83% of people said that they were always treated with respect and dignity while they were in hospital. 82% of respondents said that they always had confidence and trust in the people treating them.
- Q27 was the lowest ranking question on other aspects of care (score of 7.3 out of 10). 40% of patients who wanted their family to be involved said their families were not, or were only to some extent, given sufficient opportunities to talk to a doctor.

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



132 open-ended comments asked about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'clinical information and history' and 'private health insurance'. 33 of these comments were in response to Q60, which asked for suggestions for improvement.

Staff in general

"All staff were all courteous, respectful and caring, and were willing to answer any queries which I had/may have had at all times. Care I received was excellent during my stay even though environment extremely busy."

"Waiting time caused by lack of staff numbers as I simply felt the nurses were run off their feet."

Communication with family and friends

"Friendly staff. Family spoken to often and were consulted."

"Communication. My wife asked to speak to the consultant or one of his team. This did not happen before discharge."

Physical comfort

"As my mother currently has [Condition Type], the hospital staff kindly placed a radio in her room on her last stay in the hospital, this has never been done before and both our mother and ourselves were very grateful to this."

"Waiting time in emergency department - 6 -8 hours unacceptable. Lack of seating for patients - no provision for relatives sick people left sitting for hours on uncomfortable chairs. Senior citizens in wheelchairs for up to 8 hrs. No ventilation. Lack of facilities - same filthy. No fluids available if unable to leave and go to shop - tea/coffee machine broken."

Hospital facilities

"Electronic bed was a great change from last time I had to be admitted to hospital. Helping staff was very very nice and polite. Catering ladies very nice and helpful."

"Access to locker/ wardrobe/trolley for immobile patients. Availability of bell close by to call for attention bell often out of reach."

Clinical information and history

"Staff were just very busy. At all times in A&E and on the ward you could see where errors could be made due to constant busyness, thankfully none occurred. But another patient on ward had not been prescribed eye drops he should have been getting as was on them at home! "

Private health insurance

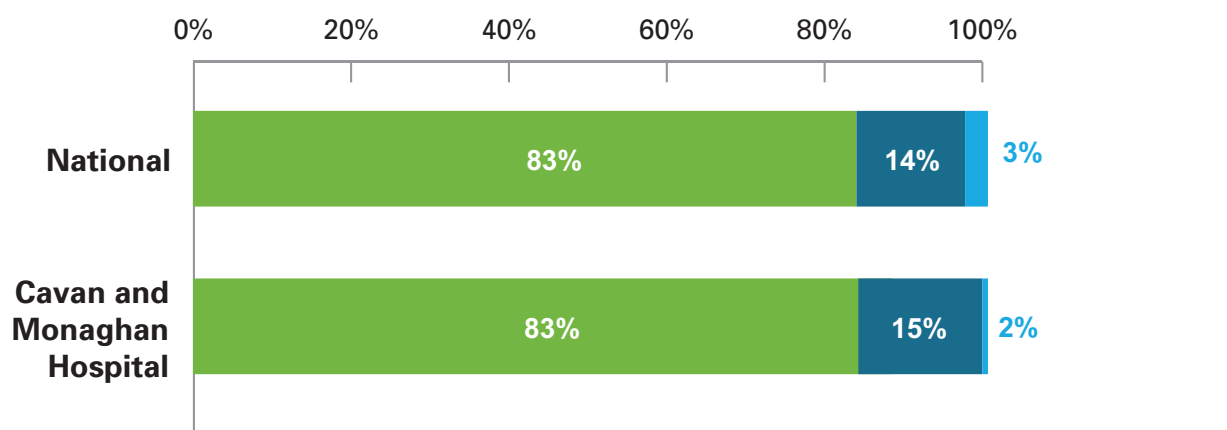
"Senior doctors should pay more attention to medical card holders after major surgery. They are very good at their job but they seem to favour their own private patients or course they are cash customers, I don't believe a senior doctor with a contract to the hosp should be allowed private clinics and med card holders would get the attention they need."

Quantitative results for questions on other aspects of care

Question 52 asked people if they felt that they were treated with respect and dignity while in Cavan and Monaghan Hospital in May 2017. Overall, 228 people (83%) said that they were always treated with respect and dignity, while 46 people (17%) said that they were not, or only sometimes. This question scored an average of 9.0 out of 10, meaning that, in general, people reported a positive experience of this aspect of care.

Figure 17. below shows patients’ ratings of the level of dignity and respect they were shown in hospital.

Figure 17. Ratings for dignity and respect in Cavan and Monaghan Hospital



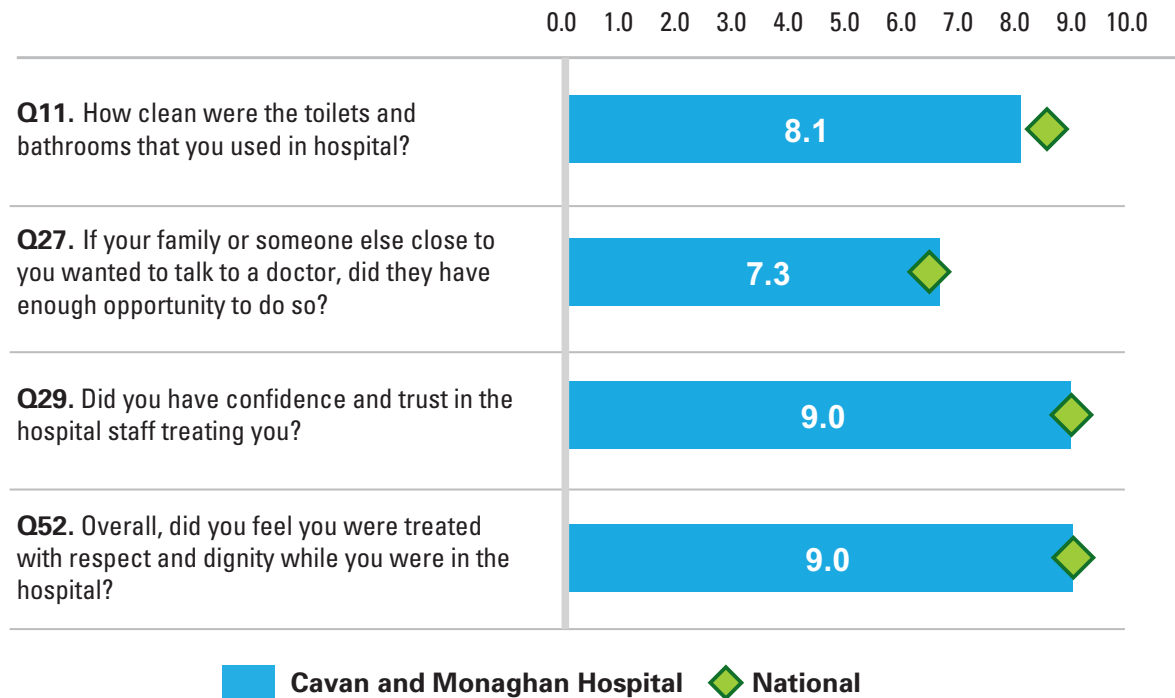
Question 29 asked people if they had confidence and trust in the hospital staff treating them. 228 people (82% of all people who answered Q29) said that they always had confidence and trust in the hospital staff, while 49 people (18%) said that they did not or only sometimes had confidence and trust.

Question 11 asked people about the cleanliness of the bathrooms and toilets in Cavan and Monaghan Hospital. While 157 people (57% of people who answered Q11) said that the bathrooms and toilets were very clean, 20 people (7%) said that they were not very clean or not at all clean.

Question 27 asked people if their family or someone close to them had sufficient opportunities to talk to a doctor in Cavan and Monaghan Hospital. Out of 214 people, 130 (61%) said that their family or people close to them definitely had sufficient opportunities to talk to a doctor. However, 84 people (39%) said that their family or friends did not, or only had opportunities to some extent.

Figure 18. summarises the scores for Cavan and Monaghan Hospital for questions about other aspects of care.

Figure 18. Cavan and Monaghan Hospital scores for questions on 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. However, patients reported that toilets and bathrooms were not as clean as the national average and also indicated difficulties as regards opportunities for family members to talk to a doctor.



Chapter 3

Overall experience

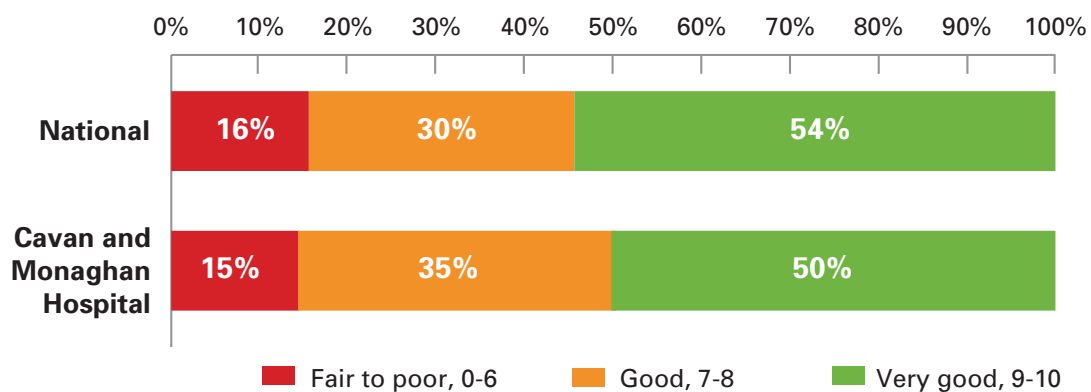
Ratings of overall experience

Respondents were also asked to rate their overall hospital experience on a scale of 0 to 10, with 10 being the most positive experience, and 0 the most negative experience.

In Figure 19. below, the average overall rating of hospital experience for Cavan and Monaghan Hospital is provided and compared with the national average.

125 people (50%), reported having a very good experience in this hospital, while 15% of respondents indicated a fair to poor experience in Cavan and Monaghan Hospital.

Figure 19. Overall rating of hospital experience for Cavan and Monaghan Hospital and nationally



4

Chapter 4

Conclusion

How did patients experience hospital care in Cavan and Monaghan Hospital in May 2017?

Overall patients' ratings of their experience in Cavan and Monaghan Hospital were slightly above the national average. 85% of patients at Cavan and Monaghan hospital said they had a 'very good' or 'good' experience, compared with 84% nationally implying that on average they had a slightly better experience than average in Cavan Monaghan Hospital.

A number of areas of positive experience were identified. Patients in Cavan and Monaghan Hospital were generally given privacy when discussing or receiving treatment. The majority of patients also reported that staff always did their best to help manage their pain. Patients were typically offered a replacement meal if the patient missed a mealtime.

The survey identified areas across each stage of the patient journey that required improvements. In relation to admissions, most patients who entered the hospital through the emergency department reported waiting more than six hours to be admitted to a ward. Many patients also reported negative experiences as regards hospital food and lack of opportunities to talk to a member of medical staff about their worries and fears. Some patients also said that they were not completely informed about how they could expect to feel after their procedure.

As in a number of other hospitals, the discharge process was found to be problematic in Cavan and Monaghan Hospital. Many patients reported that they did not receive sufficient information on how to care for themselves at home, and were not informed about medication side effects and other danger signals to watch out for. It was also found that family members were not always given enough information to help them in caring for and supporting the patient at home.

These findings will serve to inform quality improvement initiatives in Cavan and Monaghan Hospital.

What happens next?

The HSE has committed to using the findings of the National Patient Experience Survey 2017 to support wide ranging quality improvements in every public hospital in Ireland. In direct response to what people have said in this survey, the HSE will develop and publish a national quality improvement plan, which will outline a vision and direction for the future of patient-centred care in Ireland.

The HSE has also set up a governance structure, including an oversight group to lead the development of a national quality improvement plan, which will be made publicly available on 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.

Appendix 1:

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?
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?

No.	Question
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?
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?

No.	Question
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?
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?

Appendix 2:

Background to the National Patient Experience Survey Programme

The National Patient Experience Survey Programme is a partnership between the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. The aim of the National Patient Experience Survey Programme is to engage with and understand the experience of patients, and use this feedback to inform the future development, planning, design and delivery of improved patient-centred care in Irish hospitals.

The objectives of the programme are to provide patients with the opportunity to share their experiences, helping the partner organisations to:

- determine the quality of healthcare delivery in Ireland
- identify areas of best practice in Irish healthcare, as well as areas in need of improvement
- provide measures of patient experience which will inform the future planning and delivery of healthcare
- allow for comparisons of patient experiences nationally and internationally, and
- develop and build quality and safety improvement initiatives.

The programme is governed by a steering group, which is made up of patient representatives and senior decision-makers from each of the partner organisations. A delivery group and an advisory group were also set up to oversee the development and implementation of the National Patient Experience Survey.

Further information on the management of the survey is available at www.patientexperience.ie.

Appendix 3:

Identifying areas of good experience and areas needing improvement

Two methods were combined to identify the areas of good experience and the areas needing improvement.

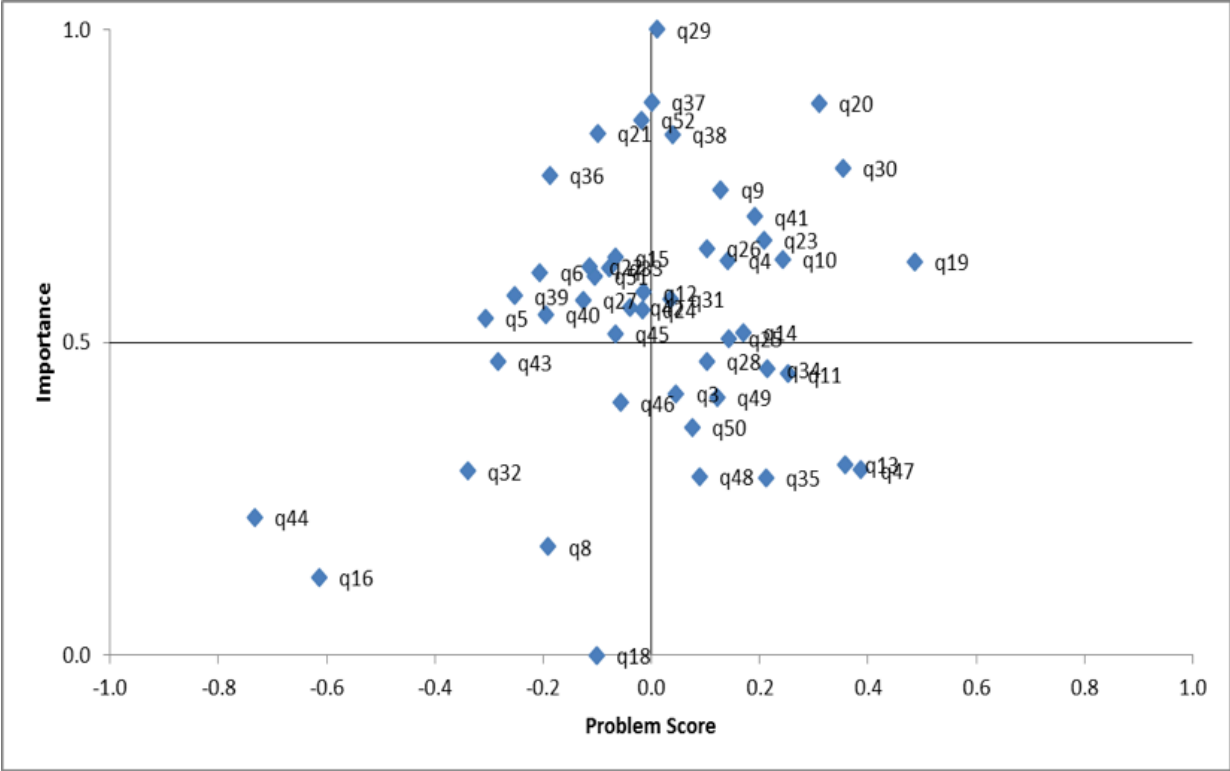
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected as areas of good experience or areas needing improvement. Further detail on this process is provided below:

Some questions were more important to patients' ratings of overall experience. For example, a question on being treated with dignity and respect may have a stronger relationship with overall experience than a question on patient ratings of the hospital food.

Figure 20. below, shows a map of the survey questions based on how strongly each question is connected to overall experience. The map also shows the difference between the score for each question in Cavan and Monaghan Hospital and the score for each question nationally. This map helps to identify some of the areas of positive experience and areas needing improvement presented in Chapter 1. The importance of the relationship between each question and overall experience is given as a number between 0 and 1, with 1 being the most important possible relationship. The difference between question scores for Cavan and Monaghan Hospital and national scores is described as a 'problem score'. If a question has a problem score with a value greater than zero, it means that Cavan and Monaghan Hospital has scored less than the national average for that question. For example, if a hospital scored 8.8 for Q52 which is lower than the national average of 9.0, this would mean it had a problem score of 0.2 for this question.

Questions that have high problem scores and are important to patients' overall experience appear in the top right section of the map - these are areas needing improvement in Cavan and Monaghan Hospital. Questions that have low problem scores and are important to patients' overall experience can be found in the top left-hand section of the map - these are areas of good experience, as reported by patients of Cavan and Monaghan Hospital.

Figure 20. Overall patient experience map for Cavan and Monaghan Hospital



Appendix 4:

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 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.

The scores for the patient journey were calculated by grouping survey questions into five stages of care⁴: 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 questions in each stage were also summarised to form overall scales ranging from 0-10.

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 assess an actual experience of care. Routing or demographic questions were not scored. More 'positive' answers were assigned higher scores than more negative response options. 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 not scored, as it cannot be evaluated in terms of best practice.

4 There are 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 are calculated for a specific question. In this example the scores of five respondents are presented. The score for Q3 is calculated by summing 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). 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
Sum of scores	30

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

Comparing groups

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).

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. Therefore, when a score is significantly 'higher than' or 'lower than' the national average, this is highly unlikely to have occurred by chance.

To protect anonymity of people who took part in the survey, and to allow for strong comparisons, sample sizes of less than 30 were not reported.

The National Patient Experience Survey 2017 technical report, available in 2018 at 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 the qualitative 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. Nationally, a total of 21,528 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
- Hospital facilities
- Parking facilities
- Clinical information and history
- Private health insurance.

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.

References

1. Singer AJ, Thode Jr HC, Viccellio P, Pines JM. The Association Between Length of Emergency Department Boarding and Mortality. *Academic Emergency Medicine*. 2011;18(12):1324-9.
2. Plunkett PK, Byrne DG, Breslin T, Bennett K, Silke B. Increasing wait times predict increasing mortality for emergency medical admissions. *European Journal of Emergency Medicine*. 2011;18(4):192-6.