

## National Patient Experience Survey 2017

# Connolly Hospital

We're committed to excellence in healthcare





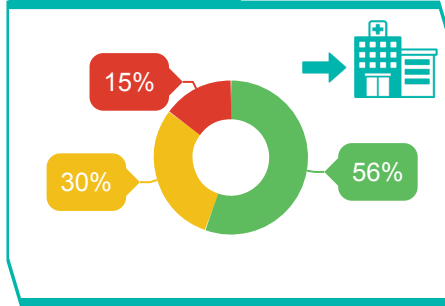
Thank you to the people who participated in the National Patient Experience Survey 2017, and to their families and carers. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve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

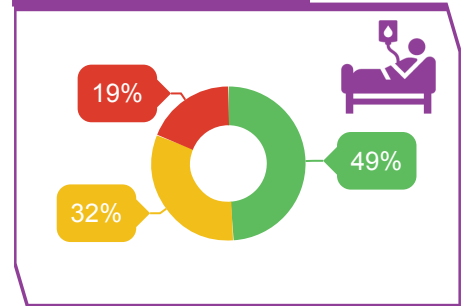
The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups.

## Stages of care

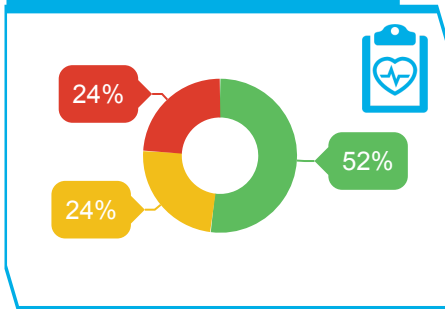
### Admission



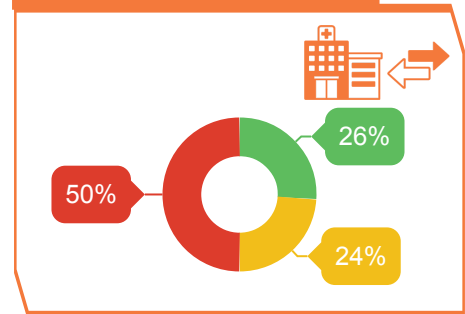
### Care on the ward



### Examinations, diagnosis & treatment



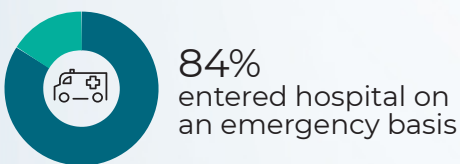
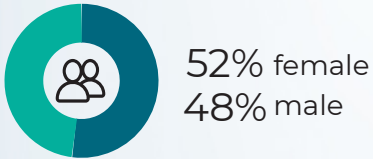
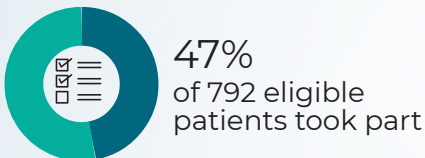
### Discharge or transfer



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

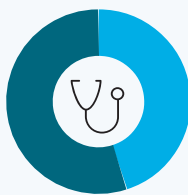


# Connolly Hospital



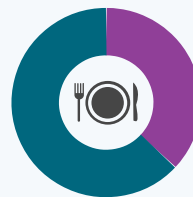
Average age:  
**62 years**

### Examination



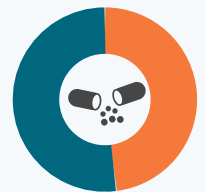
did not always have enough time to discuss their care or treatment with a doctor.

### Food



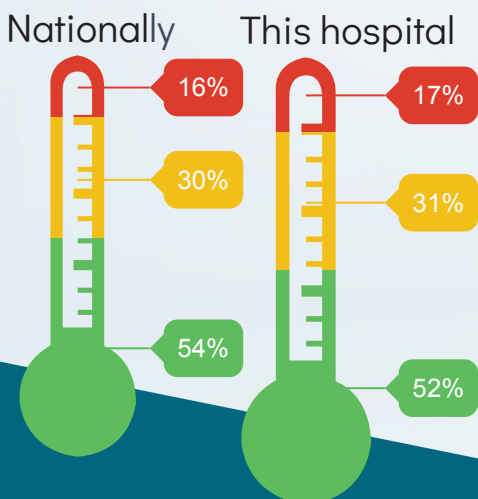
rated the food as poor or fair.

### Medication



were not informed about any medication side effects to watch for when they went home.

## Overall experience



## Areas of good experience

**87%** of people said that they were always given enough privacy when being examined or treated.

## Areas needing improvement

**80%** of people said they were not admitted to a ward within the recommended time of six hours.

# Structure and content of this report

## **Chapter 1: Patients' experiences of acute hospital care in Connolly Hospital** **4**

This chapter presents the areas of good experience and the areas needing improvement in Connolly Hospital.

About the National Patient Experience Survey 2017	4
Connolly Hospital profile	5
Purpose of the Report	5
Who took part in the survey?	6
What were the main findings?	7
Areas of good experience and areas needing improvement	8

## **Chapter 2: The patient journey through hospital** **10**

This chapter presents the findings of the 2017 survey.

The stages of care along the patient journey	10
How to interpret the results for the stages of care	11
Admissions	14
Care on the ward	19
Examinations, diagnosis and treatment	24
Discharge or transfer	28
Other aspects of care	32

## **Chapter 3: Overall experience** **36**

This chapter analyses patients' overall experiences in Connolly Hospital.

## **Chapter 4: Conclusion** **37**

This chapter summarises the findings of the 2017 survey.

## **Appendices** **39**

Appendix 1: National Patient Experience Survey 2017 questions
Appendix 2: Background to the National Patient Experience Survey Programme
Appendix 3: Identifying areas of good experience and areas needing improvement
Appendix 4: A technical note on analyses and interpretation

## **Glossary** **49**

## **References** **50**



## Chapter 1

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# Patients' experiences of acute hospital care in Connolly 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 Connolly Hospital during the month of May 2017. In total, 372 participants from Connolly 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.

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 372 patients from Connolly 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

Connolly Hospital is a public acute hospital, located in Dublin. There were 215 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 792 eligible discharges were recorded during this time. An emergency department is present in the hospital. Patients at this hospital were asked to answer questions across each stage of care.

## 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 Connolly 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 Connolly Hospital. A quality improvement plan will be developed for Connolly Hospital in response to the survey results and will be publicly 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 inform HIQA's approach to monitoring of hospitals.



## Who took part in the survey?

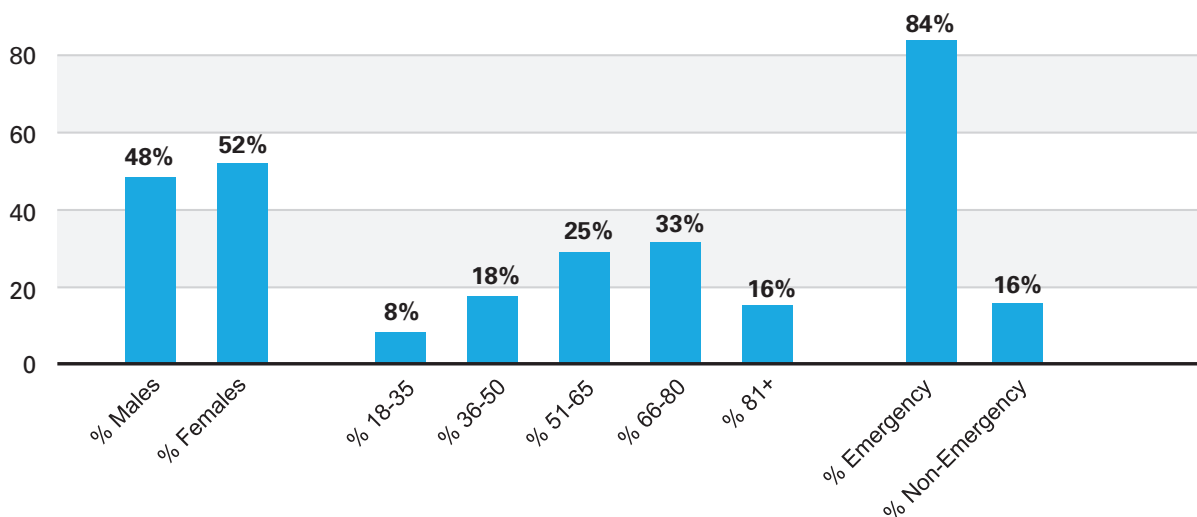
### Description of the respondents who took part in the survey

**792** people discharged from Connolly Hospital during the month of May 2017 were invited to participate in the survey.

**372** people completed the survey, achieving a response rate of 47%.

48% of people who responded to the survey were male and 52% were female. Most respondents (84%) said they entered the hospital through the emergency department. Figure 1. below shows information about the respondents who took part in the survey from Connolly Hospital.

**Figure 1. Survey participants from Connolly Hospital by sex, age group and admission route**





## What were the main findings for Connolly Hospital?

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Overall, patients' ratings of their experiences at Connolly Hospital were slightly below the national average. 83% of patients at Connolly Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

The survey found that, overall, people in Connolly Hospital were generally given privacy when discussing or receiving treatment. Patients also reported a positive experience of privacy both in the emergency department and on the ward. In addition, it was found that the majority of staff wore name badges and patients were usually offered a choice of food and, where necessary, were given help from staff to eat their meals.

Several areas across each stage of care were identified as needing improvement. In relation to admission, the large majority of patients reported waiting more than six hours in the emergency department. Many patients also rated the hospital food poorly, an area which performed below the national average. Several questions relating to communication were negatively rated, with some patients reporting, for example, challenges as regards finding someone to talk to about their worries and fears. Some people also found that they did not have enough time to discuss their care and treatment with a doctor and also felt as though they were not as involved in decisions about their care and treatment as much as they wanted to be.

Communication in relation to discharge was also highlighted as requiring improvement, with many patients feeling that staff did not provide sufficient information for both them and their family on managing their condition at home. While many indicated that they were treated with respect and dignity, Connolly Hospital performed below the national average for this question, which is strongly related to how patients rate their experience overall. It is thus a priority for improvement.

These findings will serve to inform quality improvement initiatives in Connolly Hospital.

## Areas of good experience and areas needing improvement in Connolly 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 Connolly Hospital are:

Patients had positive experiences in several areas, particularly as regards privacy when being examined or treated in the emergency department and while on the ward.

#### Admissions | Q5

### Privacy while being examined or treated in the emergency department

75% of the 291 people who answered this question said that they were given enough privacy when being examined or treated in the emergency department.

#### Admissions | Q6.

### Respect and dignity in the emergency department

86% of the 293 people who answered this question said that they were always treated with respect and dignity in the emergency department.

#### Examinations, diagnosis and treatment | Q31.

### Privacy when being examined or treated

301 people (87%) said that they were always given enough privacy when being examined or treated.

## The areas needing improvement in Connolly Hospital are:

Patients highlighted areas needing improvement, for example, as regards emergency department waiting times and opportunities to communicate with doctors and nurses. Communication during the discharge process is a key area for improvement, including greater involvement of family and friends to enable them to care for patients at home. Patients were also less positive in terms of the respect and dignity that they were shown; with Connolly Hospital scoring slightly lower than the national average in this regard.

### Admissions | Q8.

#### Emergency department waiting times

Out of 268 people, 215 (80%) said they were not admitted to a ward within the recommended time of six hours.

### Care on the ward | Q23.

#### Opportunity to talk to a nurse

102 (32%) of the 315 people who answered this question said that they did not get or only sometimes got an opportunity to talk to a nurse.

### Examinations, diagnosis and treatment | Q21.

#### Time to discuss care and treatment with a doctor

45% of the 346 people who answered this question said they did not have, or had only to some extent, enough time to discuss their care and treatment with a doctor.

### Discharge or transfer | Q48.

#### Consideration of home/family situation

Out of 240 people, 130 (54%) felt that hospital staff did not take or only to some extent took their family or home situation into account when planning discharge.

### Discharge or transfer | Q49.

#### Provision of information to family members

61% of the 236 people who answered this question said that the doctors or nurses did not give or only to some extent gave their family or someone close to them all the information they needed to help care for the patient at home.

### Discharge or transfer | Q51.

#### Information on how to manage a condition

163 (55%) of the 299 people who answered this question said that did not receive, or received only to some extent received, enough information on how to manage their condition after discharge from hospital.

### Other aspects of care | Q52.

#### Respect and dignity

62 (18%) of the 348 people who answered this question said they were not, or were only sometimes, treated with respect and dignity.



## 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.

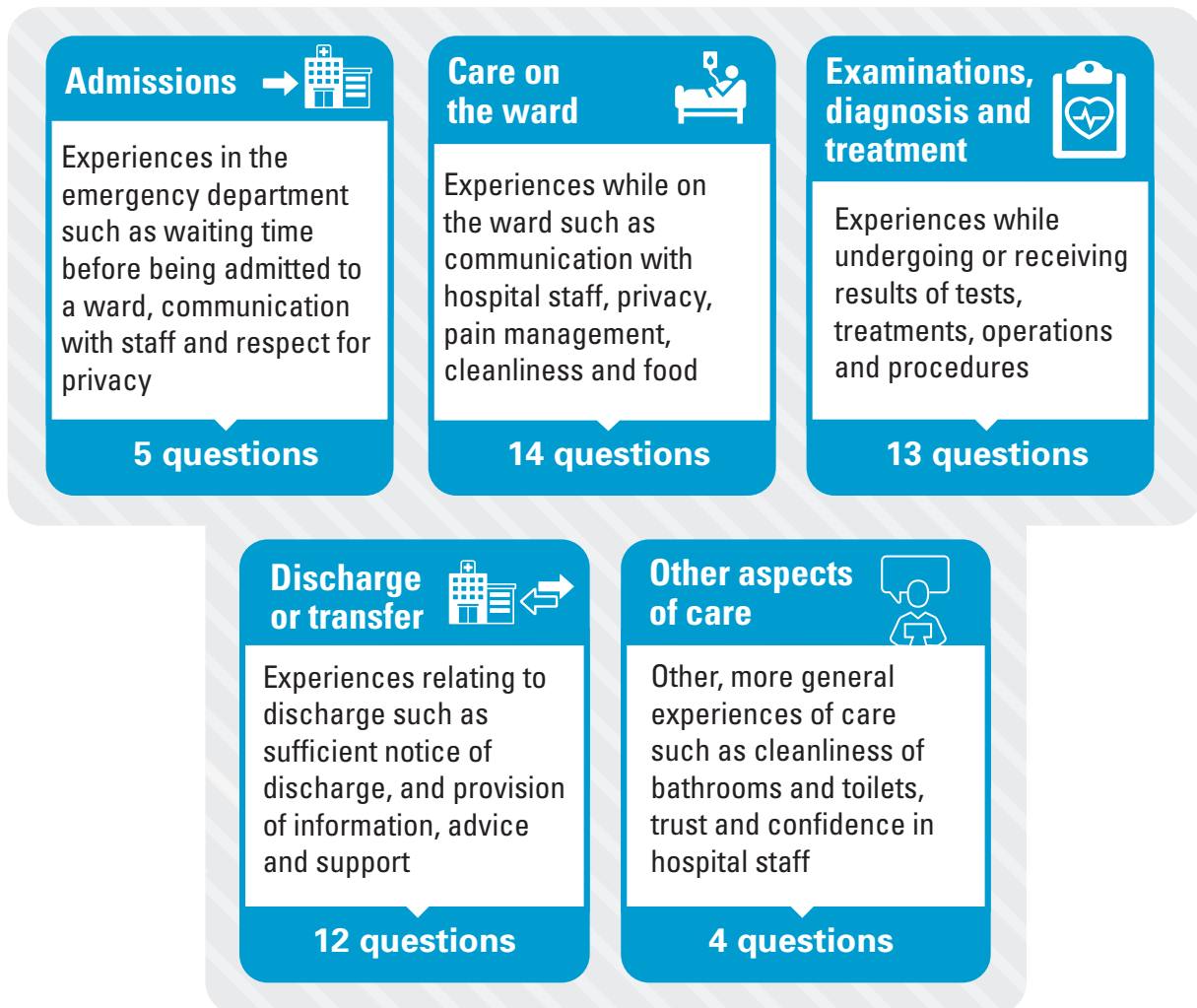
The survey questions were grouped into five stages along the patient journey:

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

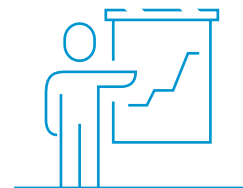
**“Yes, the doctors and nurses were very good and they looked after me very well from the minute I went in to the hospital, I cannot praise them enough.”**

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

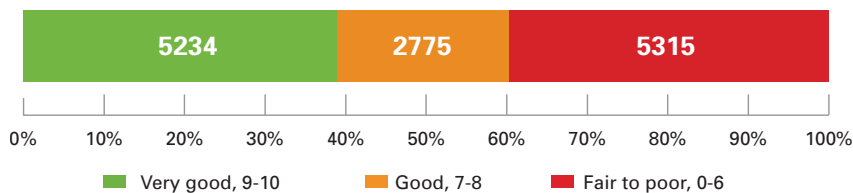
## 1. Experience rating for a stage of care

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.

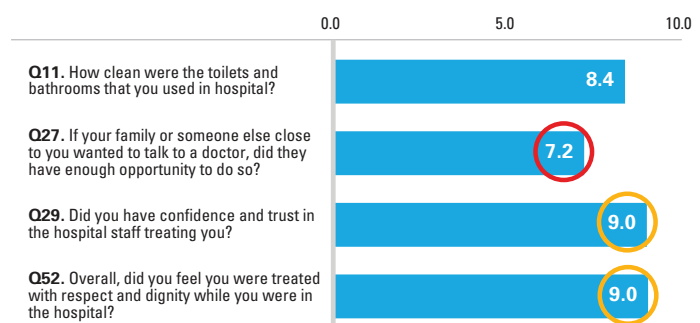
### Example:

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

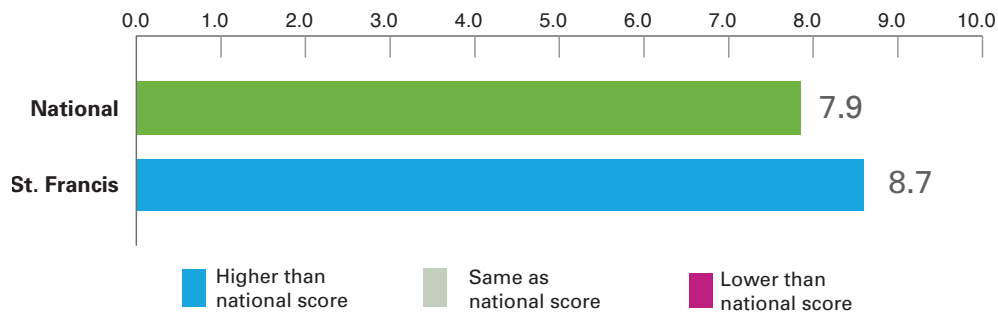


### 3. Comparisons

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

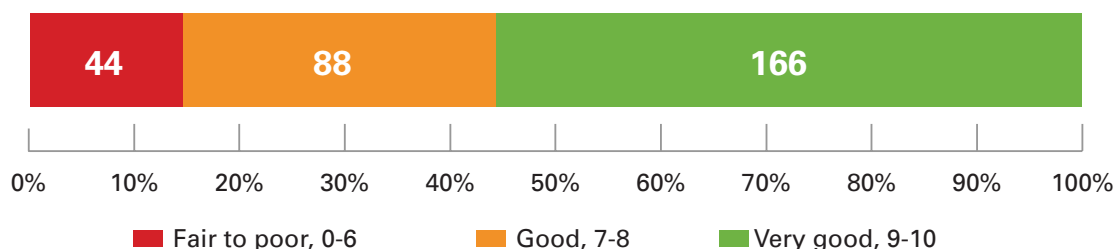


## In summary: what were patients' experiences of the admissions process?

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

44 people (15%) had a fair to poor experience of admission to Connolly Hospital. However, 166 (56%) people rated their experience as very good. The findings are summarised in Figure 4.

**Figure 4. Experience ratings for the admissions**



## What were the key findings for admissions?

- Waiting time in the emergency department was the lowest scoring question, with 80% of people saying they waited longer than six hours before being admitted to a ward.
- 86% of respondents who spent time in the emergency department said that they were always treated with respect and dignity there.
- 117 respondents (41%) said that their condition and treatment was not explained in a way that they could completely understand while in the emergency department.
- Connolly Hospital scored 8.1 out of 10 overall for this stage of care, which is higher than the national average score of 7.9 out of 10.





## The patient voice: what patients said about admissions

Respondents from Connolly Hospital made 128 open-ended comments related to the following themes: 'dignity, respect and privacy', 'communication with the patient', and 'emergency department environment or waiting times'. 64 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

"From the moment the ambulance arrived to take my husband to A&E. We could not have asked or needed better care by each and every member of your very professional staff and they showed my husband ultimate care and respect."

"Yes, after my operation [Condition Name] my bed was removed from the ward and I had to sit on a chair in a woman's ward. A nurse then moved me next door to the mens ward and there wasn't even a chair to sit on, I have very poor mobility."

### Communication with the patient

"The team called around the wards each morning and evening and gave an update on your condition and test. Great care was given."

"It would have been helpful if someone could have explained what was going on in the background. A lot of the time I was just either sitting or lying down waiting for the next thing to happen and I never knew what the next thing was. I didn't need a whole lot of information, just some idea of what was going on. In hindsight I can see that a lot of investigation was going on, but my family who were waiting with me sometimes felt that nothing was happening."

### Emergency department environment or waiting times

"Unfortunately like any other hospital A&E was very busy but in fairness I was so ill they took me in almost immediately even though it was very busy and under a lot of pressure."

"A&E could be improved. Seats are very hard to sit on especially if you are an older person. Also visitors spend many hours there also. Toilets could also be improved. People should be made to move from outside door that are smoking."

## 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.

80% 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.

252 respondents (86%) from Connolly Hospital said that they were always treated with respect and dignity in the emergency department. With a score of 9.2 out of 10 this is the highest performing area of the admissions stage.

117 respondents (41%) said that their condition and treatment was not explained, or only explained to some extent, in a way that they could understand while in the emergency department.

**“Get beds quicker and I was in [Ward Type] 15 hours on a chair before I got a trolley.”**

Figure 5. summarises the scores for Connolly Hospital for the admissions stage of care.

**Figure 5. Connolly Hospital scores for questions on admissions**

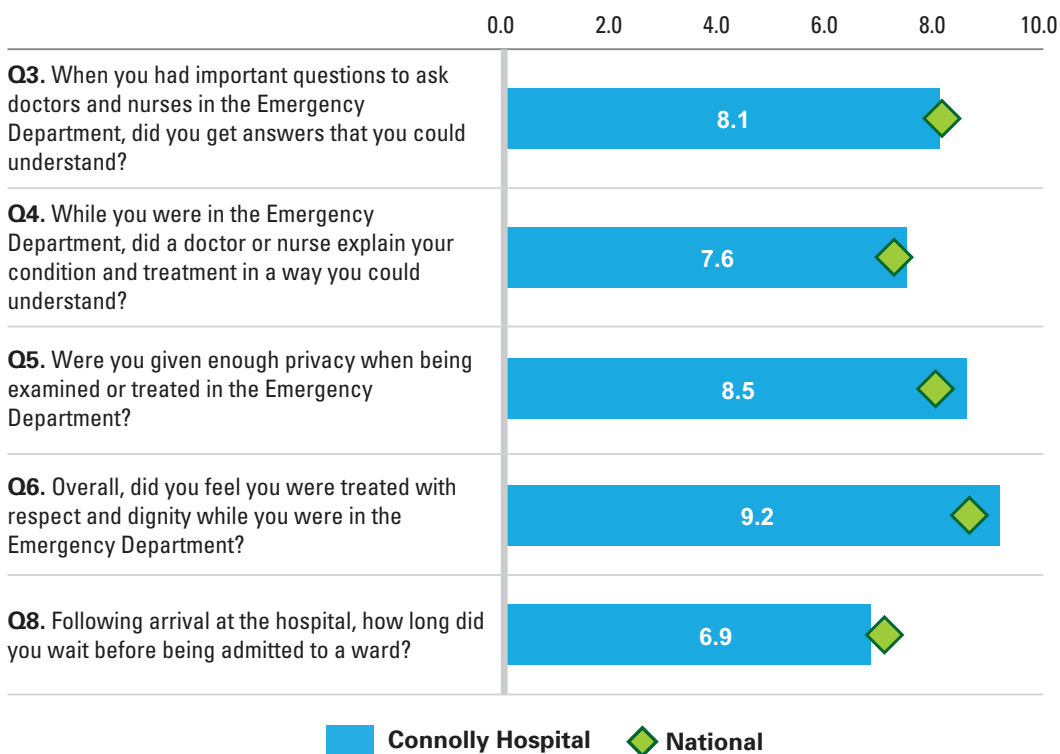
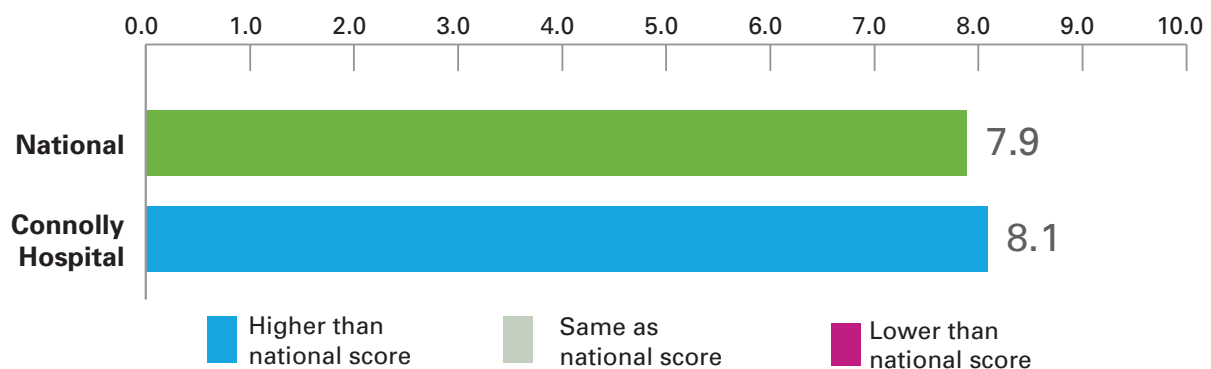


Figure 6. shows that, within the admissions stage, the average score for Connolly Hospital (8.1 out of 10) is significantly higher than the national average (7.9 out of 10). This means that patients who attended Connolly Hospital in May 2017 reported a more positive experience of this stage of care than patients in other hospitals.

**Figure 6. Comparison of Connolly Hospital with the national average score 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.<sup>1</sup>

### Waiting time before being admitted to a ward

In Connolly Hospital, 53 respondents (20%) said they were admitted to a ward within six hours of arriving at the emergency department, while 193 respondents (72%) reported waiting between six and 24 hours. 22 respondents (8%) reported waiting 24 hours or more before being admitted to a ward in Connolly Hospital, with two people saying they waited more than 48 hours.

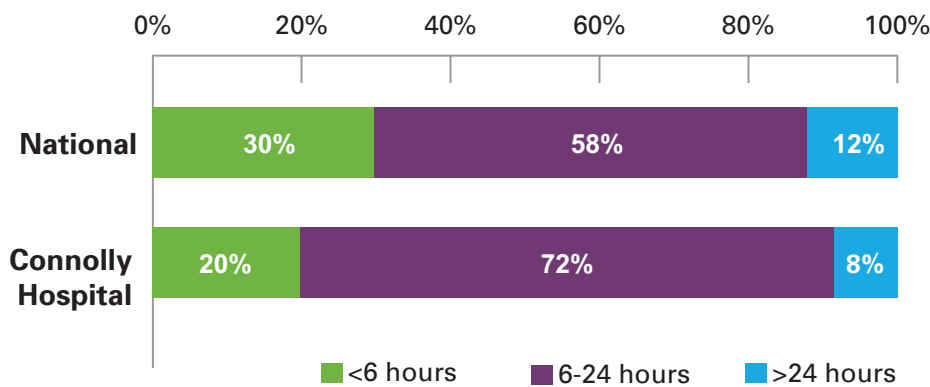
<sup>1</sup> The HSE 2017 targets can be viewed at: <https://www.hse.ie/eng/services/publications/KPIs/Acute-Hospitals-KPI-Metadata-2017.pdf>

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

### What does this mean for Connolly Hospital?

With just 20% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that Connolly Hospital performed below the reported national average, where 30% of people said that they were admitted within six hours. Patient-reported waiting times in Connolly 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 patient's health <sup>(1,2)</sup>.

**Figure 7. Patient-reported emergency department waiting times for Connolly Hospital and nationally**



### Admissions: what do these results mean?

The large majority of patients reported waiting longer than six hours in the emergency department, with performance below the national average and the targets set by the HSE. Lengthy waiting times are associated with poor outcomes for patients. However, the survey found that the majority of patients were treated with privacy, respect and dignity while in the emergency department.

# Care on the ward

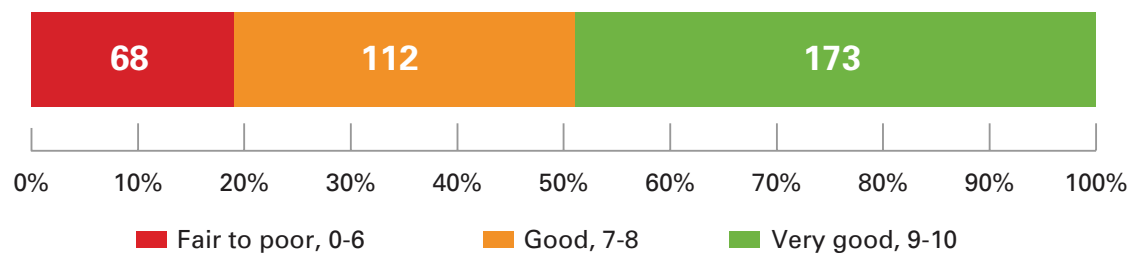


## In summary: what were patients' experiences of care on the ward?

'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.

68 respondents (19%) said that their experience of care on the ward was fair to poor. However, 173 respondents (49%) reported having a very good experience during their stay on a ward in Connolly 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 wore name badges, with a score of 9.0 out of 10 for this question.
- Food and drink was the lowest rated area, scoring 5.9 out of 10. A total of 37% of respondents rated the food as 'poor' or 'fair'.
- Connolly Hospital scored 8.1 out of 10 for care on the ward, which is not significantly different to the national average score of 8.3 out of 10.

**"Food could be improved, was always cold. Toilets could be cleaned more often because of frequent use by patients."**



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

176 open-ended comments from Connolly Hospital related to the following themes: 'staffing levels', 'staff availability and responsiveness', 'other healthcare staff', 'other staff', 'food and drink', and 'cleanliness and hygiene'. 75 of the comments offered suggestions for improvement. Some examples are provided below.

### Staffing levels

"The nursing staff were excellent and can't be praised highly enough. The doctors were good but I felt they were not able to give patients enough time as they were under pressure due to time and volume of patients."

"The nursing staff are overworked. More staff needed to aid patients especially the elderly."

### Staff availability and responsiveness

"Yes- the ward and any hospital was so clean and hygienic. The staff were so kind and approachable, never too busy especially the night staff on my first night post-op, when I had to call them many times. I was extremely impressed with James Connolly Hospital and would highly recommend it to anyone."

"Yes I think your night staff could do better while on duty, I was in very bad pain one of the nights and all night staff were on a break. I pressed the alarm button beside my bed I had to wait until they finished lunch. I was not impressed."

### Other staff

"Nurses, cleaning staff + catering staff were excellent constantly making sure that everything was ok. I found this very impressive considering how busy they all are."

"I felt the [Healthcare Professional] team could have advised me on after hospital care i.e. exercise programme while at home to speed up recovery."

### Food and drink

"I was put into a different ward for various reasons but what surprised me was the quality of the food. I was ready to shout it from the roof tops, and I told all who would listen just how good was the food in every ward and the care taken both to receive and clear away after the food was excellent and the serving staff were so very helpful and friendly."

"Yes, especially in relation to dietary needs as I felt that as someone who suffers from [Condition Type] my dietary needs weren't always catered for especially in relation to dairy alternatives such as soy or almond milk or in general just dairy replacements."

## Cleanliness and hygiene

"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. Ward staff on [Ward Name] were exceptionally good very caring and professional and good bedside manner."

"In over 3 weeks as an in-patient, I never saw the toilet or bathroom get cleaned once. There was constantly faeces around the seat from other patients. I caught an infection. Tap broken, not connected to sink. Toilets should be scrubbed once a day."

## 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. 244 respondents (83%) from Connolly Hospital said that all staff wore name badges. Question 10 was also one of the highest performing questions, with a score of 9.0 out of 10. A total of 340 people (96% who answered this question) said that the toilets or bathrooms that they used were 'very clean' or 'fairly clean'.

The lowest scoring question (Q15) relates to hospital food. 123 respondents (37%) rated the food as 'fair' or 'poor', with this question scoring 5.9 out of 10.

**"The team called around the wards each morning and evening and gave an update on your condition and test. Great care was given."**

**Figure 9. Connolly Hospital scores for questions on care on the ward**

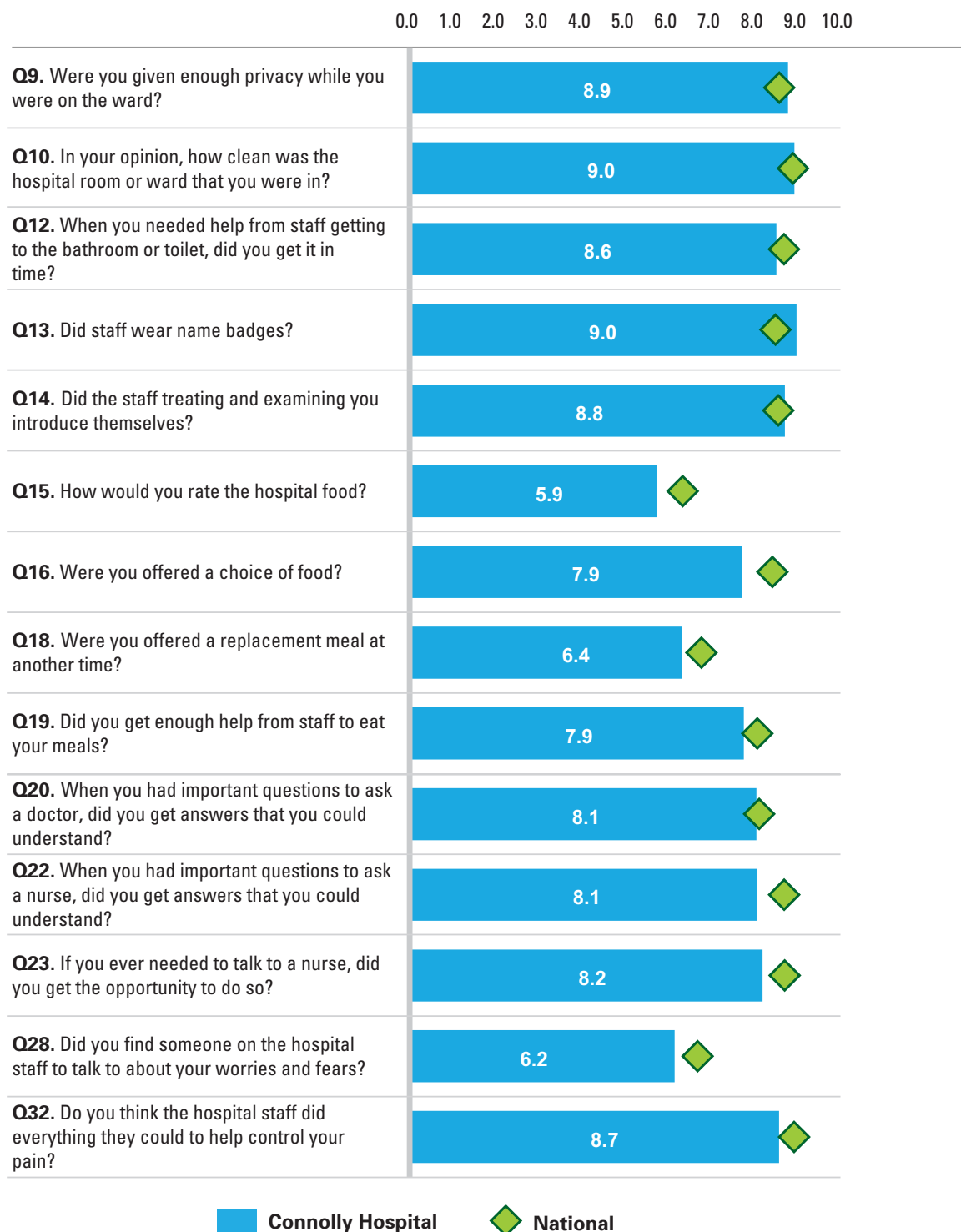




Figure 10. shows that, within the care on the ward stage, the average score for Connolly Hospital (8.1 out of 10) is similar to the national average (8.3 out of 10)<sup>2</sup>. This means that patients who attended Connolly Hospital in May 2017 reported a similar experience to patients in other hospitals for this stage of care.

**Figure 10. Comparison of Connolly Hospital with the national average score for care on the ward (out of a maximum of 10).**



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

Many patients did not have positive experiences in relation to the standard of food they received in Connolly Hospital; in the event of a patient missing a mealtime, many were not offered a replacement meal. Patients were not always able find a member of staff to talk to about their worries and fears. Overall, patients in Connolly Hospital reported a similar experience of care on the ward than the national average.

<sup>2</sup> Though Connolly Hospital's care on the ward score is lower than the national score, the difference is not statistically significant. For further information see Appendix 4.

# Examinations, diagnosis and treatment

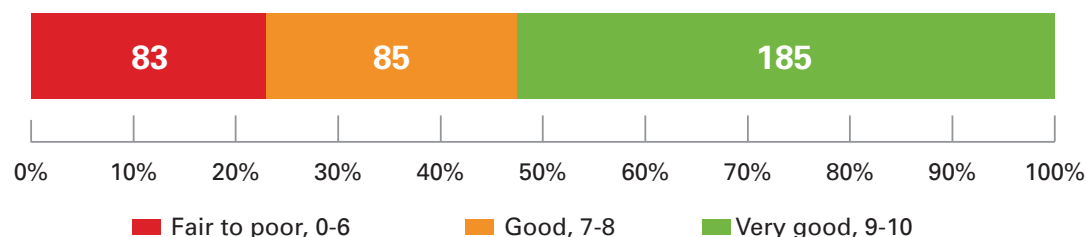


## In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

83 respondents (24%) said that their experience of examinations, diagnosis and treatment in Connolly Hospital was fair to poor. However, 185 respondents (52%) reported having a very good experience in Connolly Hospital in this regard. Figure 11. summarises patients' experiences of examinations, diagnosis and treatment.

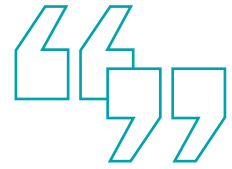
**Figure 11. Experience ratings for examinations, diagnosis and treatment**



## 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 9.3 out of 10 for this question.
- The lowest rated question asked patients whether they had enough time to discuss their care and treatment with a doctor, scoring 7.3 out of 10. 155 respondents (45%) said they did not always have enough discussion time
- 150 people (44%) said that they were not involved as much as they wanted to be in decisions about their care and treatment
- Connolly Hospital scored 8.0 out of 10 for examinations, diagnosis and treatment, which is similar to the national average score of 8.1 out of 10

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



132 open-ended comments were made about the following themes: 'nursing staff', 'doctors or consultants' and 'waiting time for planned procedures'. 54 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 went above and beyond my needs to make sure I was comfortable and happy. I hate hospitals and would prefer to avoid them at all costs but my nerves were eased due to the hard work of the nurses that looked after me."

"I understand nurses are busy (and as a visitor I never once saw a doctor on the ward in 10 weeks) but a bit more interaction from nurses would be helpful. Sometimes when they have come back on after leave, it's like they are treating the patient without even looking at the file- any question I had, whilst polite, went unanswered as they were never sure. There was one young nurse [Nurse Name] - was very helpful."

### Doctors or consultants

"[Doctor Name] whom my mother was under the care of was exceptional, in terms of his manner, medical attention & overall interest shown. The team of doctors under him were also very caring in terms of our dealings with them."

"The information given by the two teams of doctors often contradicted each other. Leaving me confused."

### Waiting times for planned procedures

"I was on a waiting list from August 2015 when [Procedure Name] were already abnormal, I had to use personal contact to finally get seen, when the condition had gotten a lot worse already. I then had to organise another [Procedure Name] myself since it was the fastest way to get it done and after consultant review I was operated on within 7 days. I could have ended up a lot worse if it wouldn't have been for personal favours that eventually got me seen. The consultant never saw a copy of first [Procedure Name] with referral letter and probably would have judged differently last year. Waiting lists are so dangerous and people could actually die while waiting to be seen! Not great experience until I actually got looked at."

## 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. 301 respondents (87%) 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 9.3 out of 10 overall.

"It would be helpful if doctors explained what health problem I had."

One of the lowest scoring questions (Q21) asked people whether they had enough time to discuss their care and treatment with a doctor. Only 191 people (55%) who answered this question answered 'yes, definitely', with the remaining 155 (45%) answering 'no' or 'yes, to some extent'.

With a score of 7.3 out of 10, question 24 was also one of the lowest scoring questions. 150 people (44%) said that they were not, or only to some extent, involved in decisions about their care and treatment.

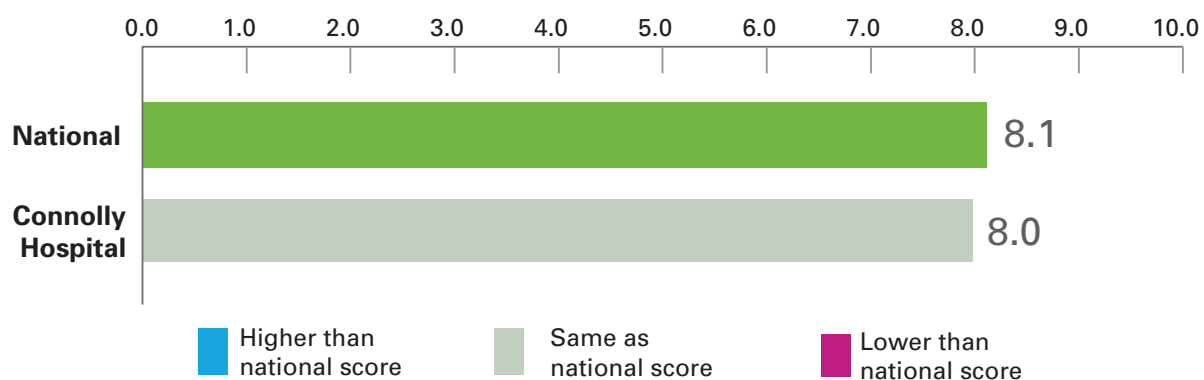
**Figure 12. Connolly Hospital scores for questions on examinations, diagnosis and treatment**



■ Connolly Hospital    ◆ National

Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for Connolly Hospital (8.0 out of 10) is around the same as the national average (8.1 out of 10)<sup>3</sup>. This means that patients who attended Connolly Hospital in May 2017 reported a similar experience to patients in other hospitals for this stage of care.

**Figure 13. Comparison of Connolly 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?

Patients in Connolly Hospital remarked very positively on the privacy they were given during examination or treatment. However, patients were less positive about the amount of time allocated by hospital staff to talk about their treatment. Patients also felt that they were not involved as much as they wanted to be in 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 by medical staff.

<sup>3</sup> Though Connolly Hospital's examinations, diagnosis and treatment score is lower than the national score, the difference is not statistically significant. For further information see Appendix 4.

# Discharge or transfer

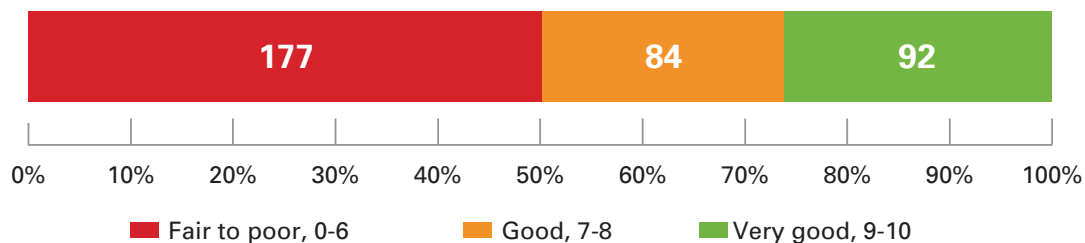


## In summary: what were the experiences of patients during discharge or transfer from hospital?

'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 353 people who rated their experience of discharge or transfer from Connolly Hospital, 177 (50%) said that their experience was 'fair to poor'. On the other hand, 92 (26%) reported having a very good experience of being discharged or transferred from the hospital. Figure 14. below summarises these experience ratings.

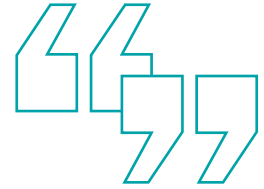
**Figure 14. Experience ratings for discharge or transfer**



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

- Out of 341 people, 207 (61%) said that they were definitely given enough notice about when they were going to be discharged from hospital.
- 115 people (48%) who answered Q46 said that they were not informed about any medication side effects to watch for when they went home.
- Connolly Hospital scored below the national average for this stage of care, with an overall score of 6.1 out of 10. This means that the experiences of patients in this hospital were less positive than the national average.

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



In total, patients from Connolly Hospital made 22 comments in the 2017 survey about 'discharge and aftercare management'. 11 of these comments were in response to Q60, which asked for suggestions for improvement.

### Discharge and aftercare

"[Doctor Name] told me how she was going to [Procedure Name]. She visited me next morning and told me how the operation had gone. Since then I have had check ups with [Doctor Name]. She is nice, friendly and caring. I would highly recommend her."

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

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## Quantitative results for questions on discharge or transfer from hospital

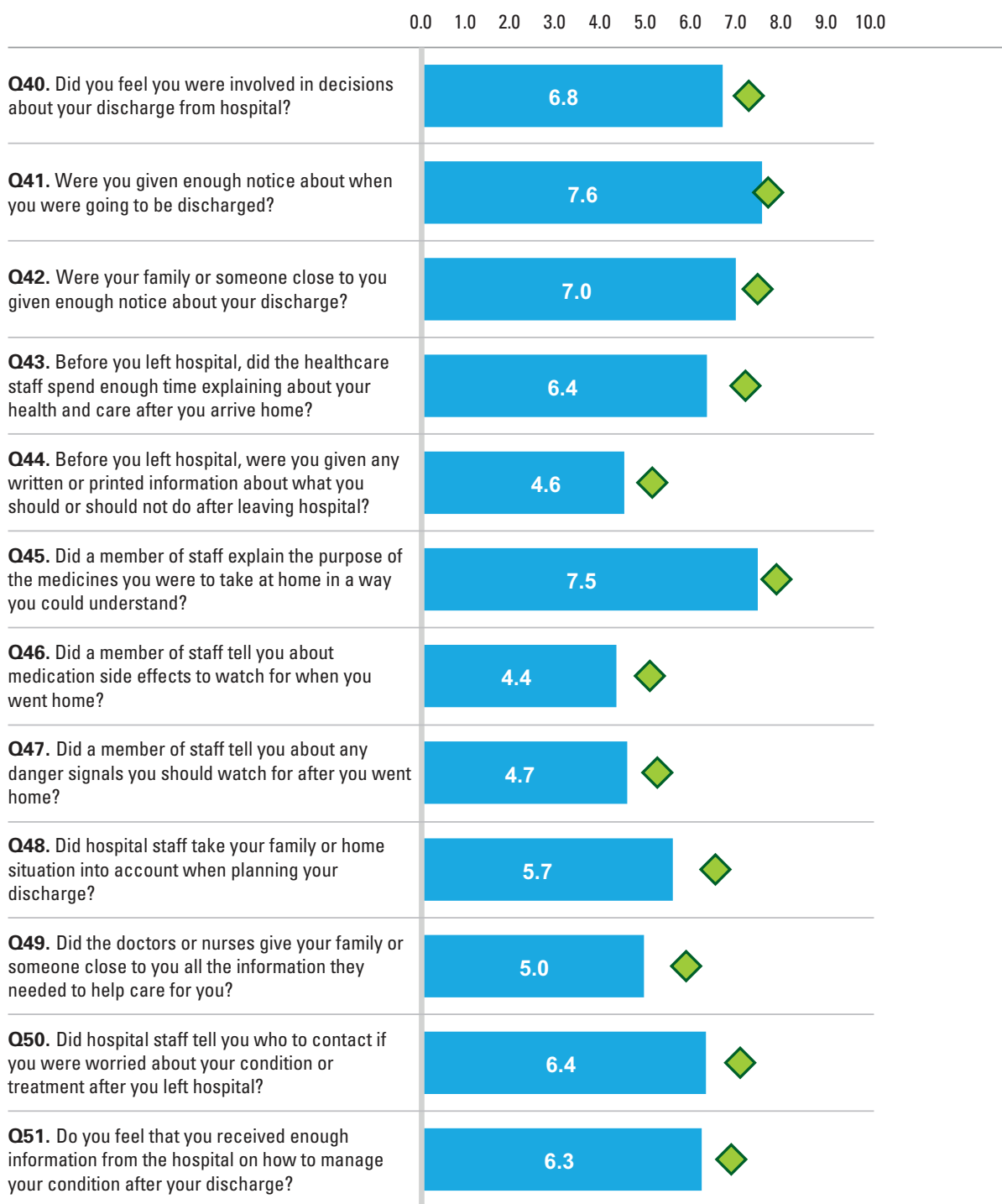
### Twelve questions asked about discharge or transfer.

Out of 341 people, 207 (61%) said that they were given enough notice about when they were going to be discharged from hospital.

115 people (48%) who answered Q46 said that they were not informed about any medication side effects to watch for when they went home.

Figure 15. summarises the scores for Connolly Hospital for questions on discharge or transfer from the hospital.

**Figure 15. Connolly Hospital scores for questions on discharge or transfer**



■ Connolly Hospital    ◆ National



Figure 16. shows that within the discharge or transfer from hospital stage the average score for Connolly Hospital (6.1 out of 10) is significantly lower than the national average (6.7 out of 10). This means that patients who attended Connolly Hospital in May 2017 reported less positive experiences in comparison to the national average for this stage of care.

**Figure 16. Comparison of Connolly Hospital with the national average score for discharge or transfer (out of a maximum of 10).**



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

Connolly Hospital scored below the average on all of the questions for this stage of care, suggesting that this stage is especially problematic for the hospital. While patients reported that they were given enough notice about when they were going to be discharged, the survey found that information was lacking, in particular, as regards medication side effects and the danger signals to watch out for at home.

# 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). 82% of people said that they were always treated with respect and dignity while they were in hospital. 81% 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 6.7 out of 10). 48% 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



212 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'. 52 of these comments were in response to Q60, which asked for suggestions for improvement.

### Staff in general

"Once in the A&E department (after the triage nurse), the staff were brilliant. They carried out appropriate and gentle assessments. Delivered efficient treatments and were on hand to answer any questions. Could not recommend the staff highly enough."

"Too much inconsistency with diagnosis, and bedside manner of consultants, wait times for scans and procedures in [Ward Type] very haphazard, never sure what time or day you are going down for same lack of staff and arguments at nurses' station about why no staff available heard by everyone, at change over of shift not very confident in staff treatment if that happens again."

## Communication with family and friends

"Better communication with family especially if elderly do not understand, better cleaning of rooms, better communication between social service + family Proper information to family regarding discharge + medication".

## Physical comfort

"When I got into the hospital I was only there 15 minutes when I was seen right away and I felt safe right away the nurse and doctors were great"

"I was refused a wheelchair on two occasions. The first by the ambulance staff and on the second occasion when I arrived to the hospital. I explained that I was in such an amount of pain that I couldn't walk and I was told there was no wheelchairs. I felt very unsupported and vulnerable. I did end up collapsing in the corridor of the hospital and woke up in an emergency bed."

## Hospital facilities

"Chronic bed shortage 1st send home on my admission day at 5pm. Very upsetting on return from [Ward Type] placed behind a door in crowded (chronically) ward after major surgery the day before."

"A ward size of 3 was very good."

## Clinical information and history

"Issues around medication. She was not getting her [ Medication ] during the stay + it was left off her discharge as a consequence. It was only that her daughter pointed out it was missing as she would not have got it in nursing home either. There needs to be a system to transfer medicines info more effectively and accurately."

## Private health insurance

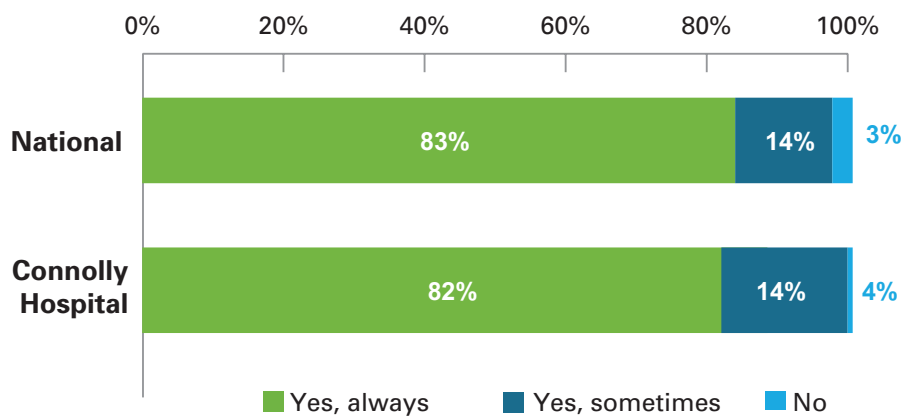
I went in as a private patient but wasn't treated like one.

## 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 Connolly Hospital. Overall, 286 people (82%) said that they were always treated with respect and dignity, while 62 people (18%) said that this was not always the case. 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 Connolly Hospital**



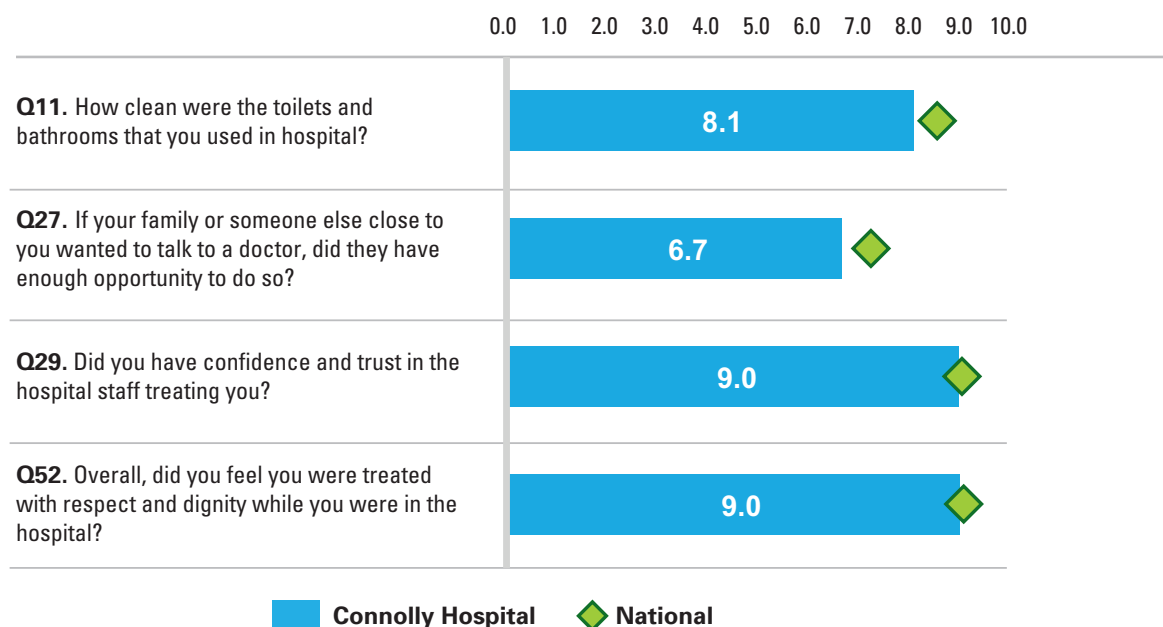
**Question 29** asked people if they had confidence and trust in the hospital staff treating them. 278 people (81% of all people who answered Q29) said that they always had confidence and trust in the hospital staff, while 67 people (19%) said that they did not.

**Question 11** asked people about the cleanliness of the bathrooms and toilets in Connolly Hospital. While 192 people (56% of people who answered Q11) said that the bathrooms and toilets were very clean, 35 people (10%) 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 Connolly Hospital. Out of 234 people, 121 (52%) said that their family or people close to them definitely had sufficient opportunities to talk to a doctor. However, 113 people (48%) said that their family or friends did not or only to some extent had.

Figure 18. summarises the scores for Connolly Hospital for questions about other aspects of care.

**Figure 18. Connolly 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. One area which needs improvement is opportunities for patients' family or someone close to them to talk to a doctor. The cleanliness of toilets and bathrooms was slightly below the national average.



## Chapter 3

# Overall experience

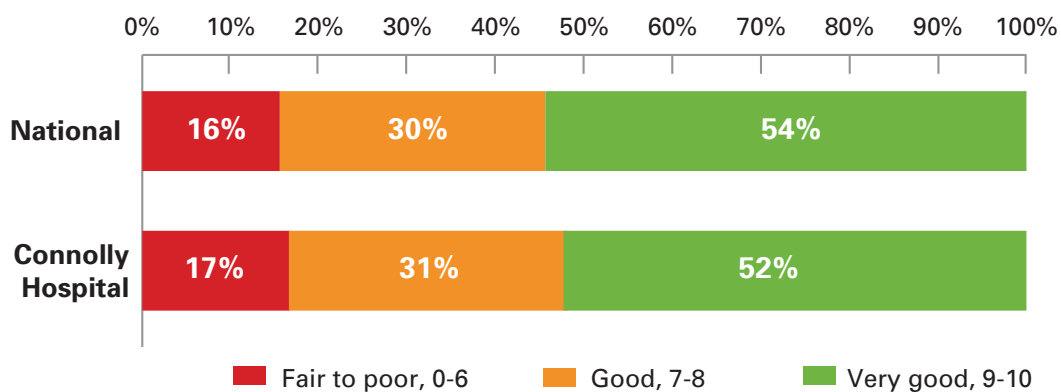
### Ratings of overall experience

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 Connolly Hospital is provided and compared with the national average.

171 people (52%), who stayed in Connolly Hospital in May 2017 reported having a very good experience in this hospital, while 55 (17%) of respondents indicated a fair to poor experience in Connolly Hospital.

**Figure 19. Overall rating of hospital experience for Connolly Hospital and nationally**



# 4

## Chapter 4 Conclusion

### How did patients experience hospital care in Connolly Hospital in May 2017?

Overall, patients' ratings of their experiences at Connolly Hospital were slightly below the national average. 83% of patients at Connolly Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

The results of the survey indicate that there are a number of areas requiring improvement in Connolly Hospital. In relation to admissions, a large number of patients said that they waited more than six hours in the emergency department. Patient ratings of the hospital food were found to be below the national average.

Several questions relating to communication were poorly rated. For example, some patients said that they could not find someone to talk to about their worries and fears. A number of patients said that they did not have enough time to discuss their care and treatment with a doctor and also felt as though they were not as involved in decisions about their care and treatment as much as they wanted to be.

Several questions in relation to the discharge process were below the national average, with many patients feeling that staff did not provide sufficient information for both them and their family on managing their condition at home. While many indicated that they were treated with respect and dignity, Connolly Hospital performed below the national average for this question, which is strongly related to how patients rate their experience overall. It is thus a priority for improvement.

Nevertheless, a number of areas of positive experience were identified. Patients in Connolly Hospital were generally given privacy when discussing or receiving treatment. Patients also reported a positive experience of privacy both in the emergency department and on the ward. In addition, it was found that the majority of staff wore name badges and patients were usually offered a choice of food and, where necessary, were given help from staff to eat their meals.

These findings will serve to inform quality improvement initiatives in Connolly 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. Each hospital will also produce a quality improvement plan to address the issues raised by its patients.

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](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 inform 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](http://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.

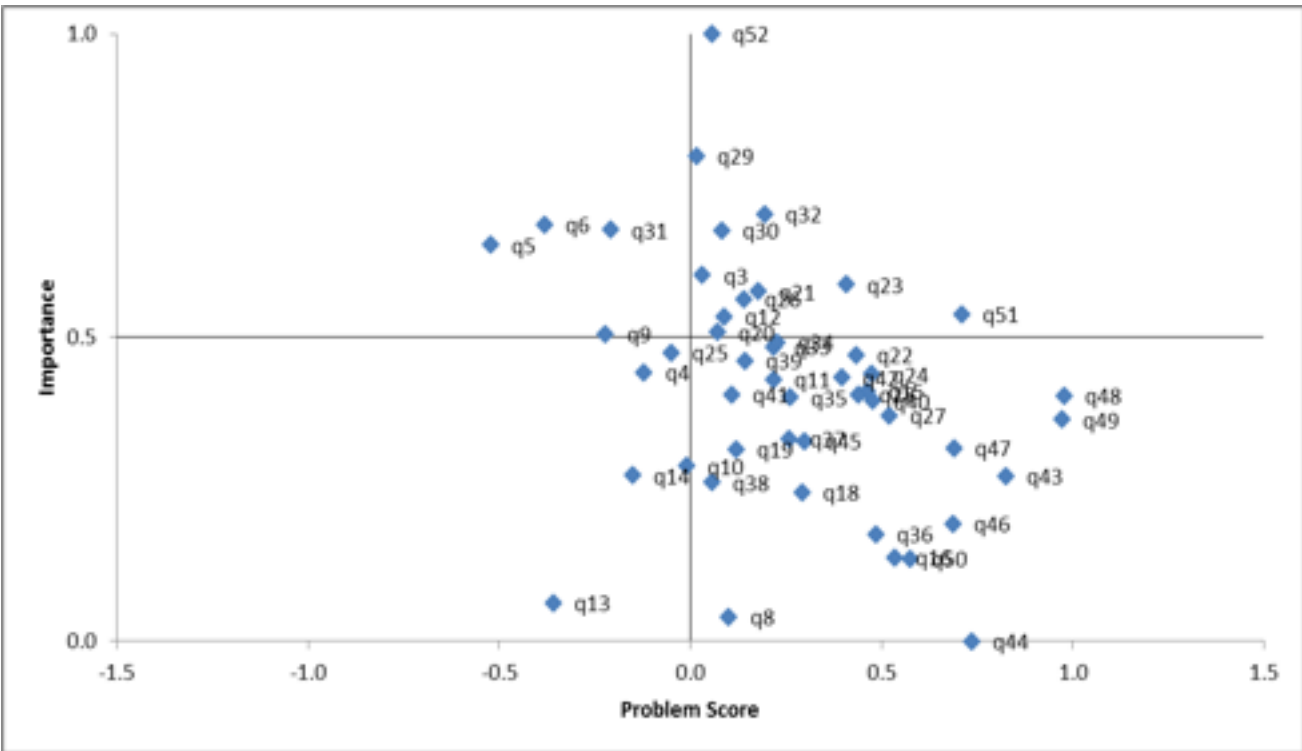
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected 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 Connolly 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 Connolly 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 Connolly 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 Connolly Hospital. Questions that have low problem scores and are important to patients' overall experiences can be found in the top left-hand section of the map — these are areas of good experience, as reported by patients of Connolly Hospital.

Figure 20. Overall patient experience map for Connolly 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 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 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.

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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
<b>Sum of scores</b>	<b>30</b>

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](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 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.