



National Patient Experience Survey 2017

Cork University Hospital (CUH)

We're committed to excellence in healthcare

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 Health
Information
and Quality
Authority
An tAidias Um Fhianais
agus Caliocht Sláinte

 Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

 An Roinn Sláinte
DEPARTMENT OF HEALTH



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.

Very good 9 - 10

Good 7 - 8

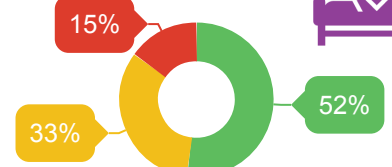
Fair to poor 0 - 6

Stages of care

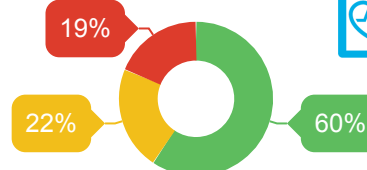
Admission



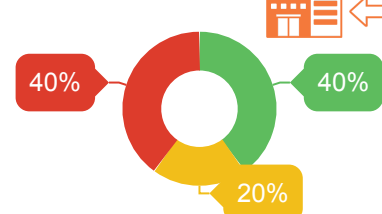
Care on the ward



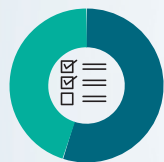
Examinations, diagnosis & treatment



Discharge or transfer



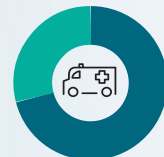
* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.



55%
of 1641 eligible
patients took part



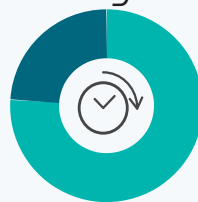
51% female
49% male



71%
entered hospital on
an emergency basis

Average age:
62 years

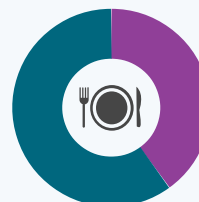
Waiting time



76%

waited for more than
six hours before being
admitted to a ward.

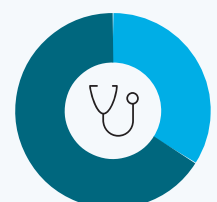
Food



40%

were not always
offered a replacement
meal when required.

Treatment



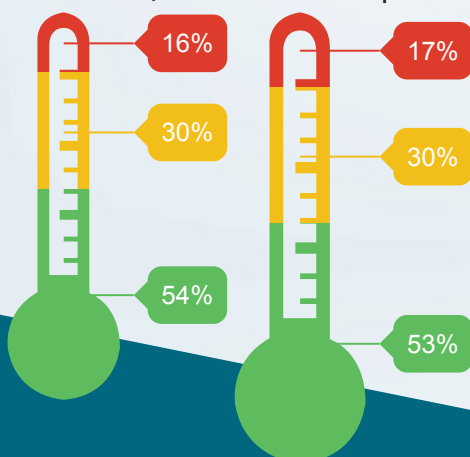
34%

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

Overall experience

Nationally

This hospital



Areas of good experience

83%
of people said

that they were mostly
given enough
information to manage
their condition at home.

Areas needing improvement

37%
of people said

that they were not
told about any
danger signals to
watch for at home.

Structure and content of this report

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This chapter presents the areas of good experience and the areas needing improvement in Cork University Hospital

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Chapter 1

Patients' experiences of acute hospital care in CUH

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 CUH during the month of May 2017. In total, 901 participants from CUH 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. The survey acknowledges both positive and negative experiences, as told by the 901 people from CUH. While many people 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

CUH is a public acute hospital, located in Co. Cork. There were 563 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 1,641 eligible discharges were recorded during this time. An emergency department is present in this 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 from the National Patient Experience Survey, based on the experiences of patients who stayed in CUH 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 CUH. A quality improvement plan will be developed by CUH 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?

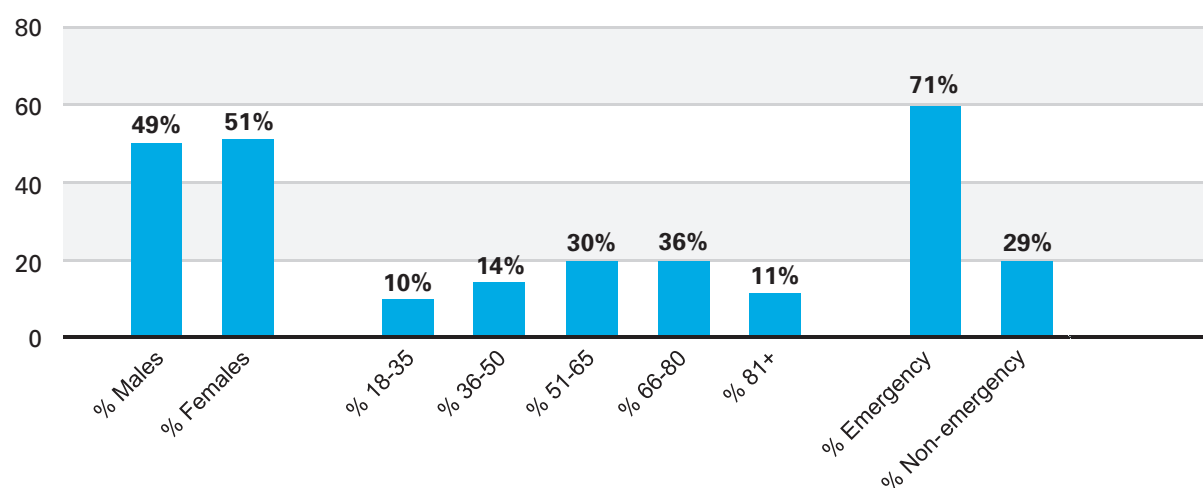
Description of the respondents who took part in the survey

1,641 people discharged from CUH during the month of May 2017 were invited to participate in the survey.

901 people completed the survey, achieving an overall response rate of 55%.

49% of people who responded to the survey in CUH were male and 51% were female. The majority of respondents (71%) entered the hospital through the emergency department. Figure 1. below shows information about the people who took part in the survey from CUH.

Figure 1. Survey participants from CUH by sex, age group and admission route



What were the main findings for CUH?



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

Patients reported positive experiences as regards the information they received on their condition and the emotional support available when they experienced worries and fears.

With the majority of respondents waiting for more than six hours to be admitted to a ward, waiting times in the emergency department is one area which requires improvement in CUH. Studies have shown that long delays in admitting patients to a ward can have negative consequences for their health. It was also found that there was a lack of privacy in the ward and emergency department while patients are being examined or treated.

Food is also an area which requires improvement, including the need for staff to support patients who may require assistance at meal times. The survey found that while most people in CUH were treated with respect and dignity it scored below the national average for this question. This result is important as people who said they were treated with respect and dignity were also like to say they had a positive overall experience.

These findings will serve to inform quality improvement initiatives in CUH.

Areas of good experience and areas needing improvement in CUH.

This section lists the areas where patients had positive experiences, and details those areas where there is the most room for improvement.

Appendix 3 explains how these areas were identified.

The areas of good experience in CUH are:

Patients had very positive experiences in several areas, particularly as regards receiving information about their condition.

Examinations, diagnosis and treatment | Q25.

Information about a condition or treatment

Out of 870 people, 717 (82%) reported that they were given the right amount of information about their condition or treatment.

Care on the ward | Q28.

Someone to talk to about worries and fears

Of 574 people who answered this question, 477 (83%) said that they were always or sometimes able to find a member of staff to talk to about their worries and fears.

Discharge or transfer | Q51.

Information on how to manage a condition

643 people (83% of those who answered this question) said that were definitely or to some extent given enough information to manage their condition at home.

The areas needing improvement in CUH are:

Patients highlighted areas needing improvement across each stage of care. Privacy in the emergency department and ward, and communication about the discharge process were problematic. Fewer patients reported being treated with respect and dignity in CUH compared to the national average.

Admissions | Q5.

Privacy while being examined or treated.

205 people (36%) said that they did not have, or only to some extent had enough privacy while being examined or treated in the emergency department in CUH.

Care on the ward | Q12.

Help from staff to get to the bathroom

Of the 559 people who said they needed help getting to the bathroom, 143 (26%) said they did not always get it.

Care on the ward | Q19.

Help from staff to eat meals

Of the 331 people who said they needed help from staff with their meals, 100 (30%) did not, or only sometimes received it.

Examinations, diagnosis and treatment | Q31.

Privacy when being examined or treated

148 (17%) of the 876 people who answered this question said they were not or only sometimes given enough privacy while being examined or treated. This is below that national average for this question.

Other aspects of care | Q47.

Danger signals to watch out for

239 people (37%) reported that they were not told about any danger signals to watch for after they went home.

Discharge or transfer | Q52.

Respect and dignity

161 people (18%) said that they were not or were only sometimes treated with respect and dignity. This is below that national average for this question.



Chapter 2

The patient journey through hospital

Qualitative and quantitative findings of 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.

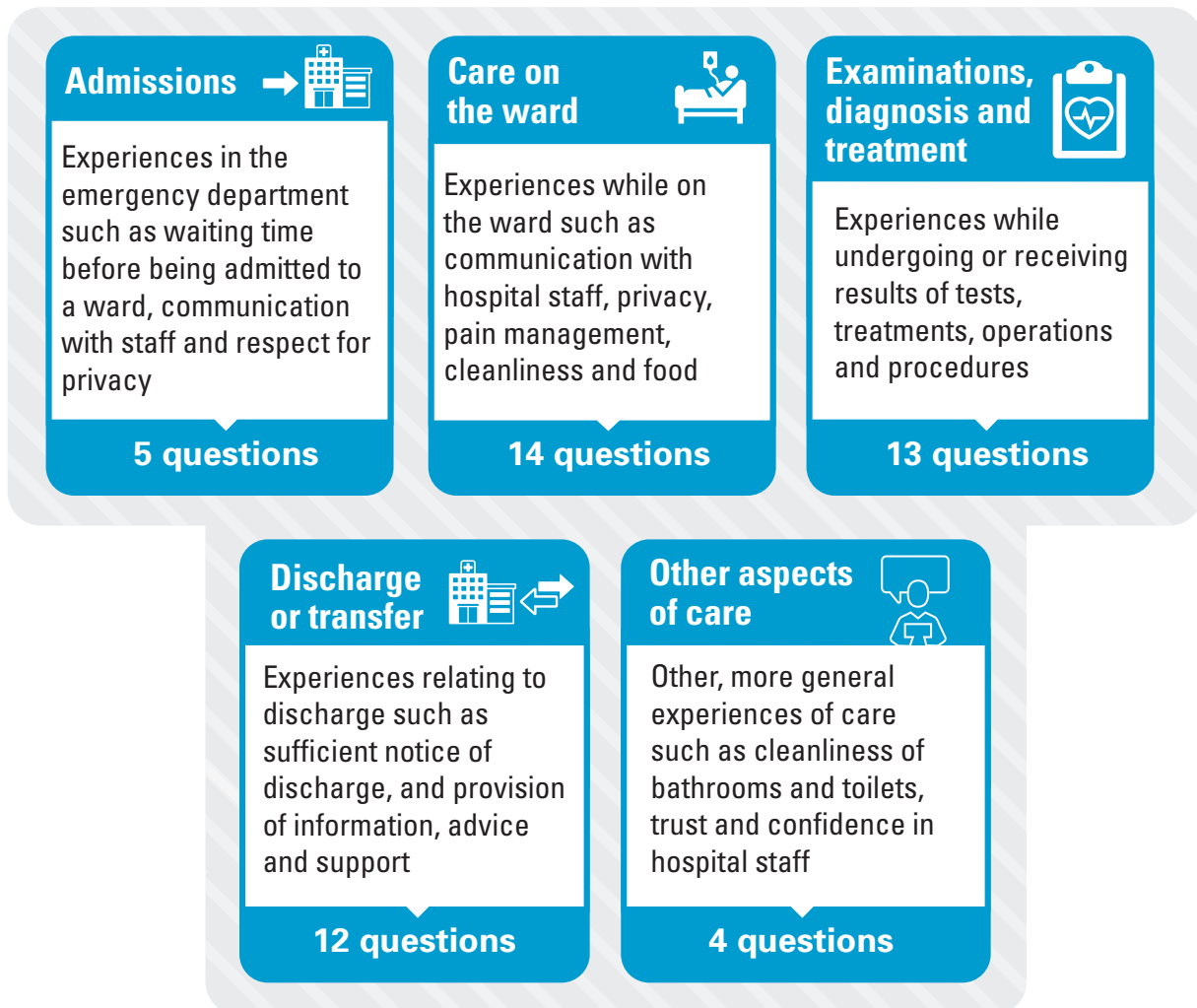
The survey questions were grouped into five stages along the patient journey:

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

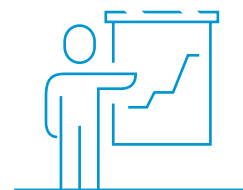
"I was looked after very well, could not have been better. Thank you."

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

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



How to interpret the results for the stages of care



While the results 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

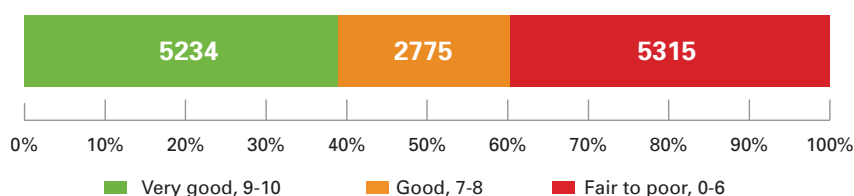
1 Experience rating for a stage of care

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.

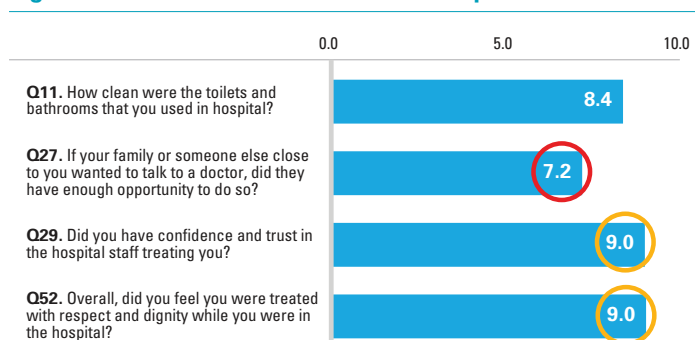
Example:

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

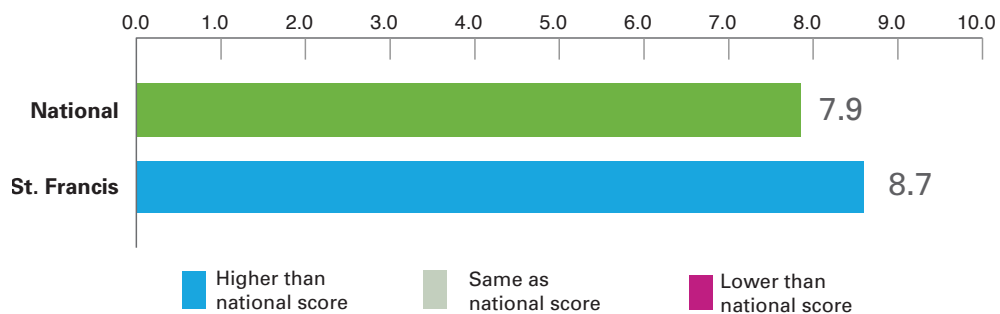


3 Comparisons

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

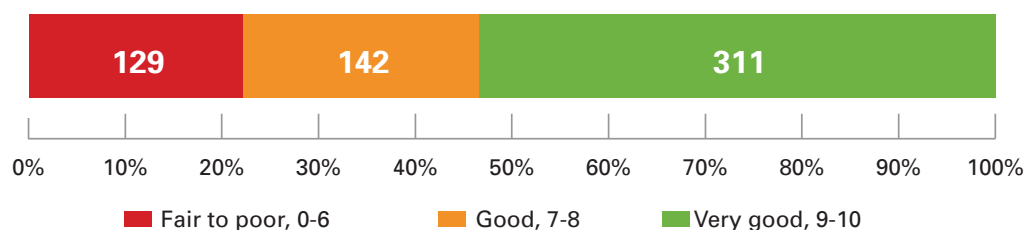


In summary: what were patients' experiences of the admissions process?

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

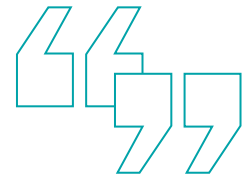
Of the 582 people who rated their experience of the admissions process in CUH, 129 (22%), reported a 'fair to poor' experience. 311 people (53%), who attended during the same period, rated their experience as 'very good'. Figure 4. below summarises these experience ratings.

Figure 4. Experience ratings for admissions



What were the key findings for admissions?

- 406 people (76%) reported that they waited for more than six hours in the emergency department before being admitted to a ward. Of the 406 people, 24 people reported waiting 48 hours or more before they were admitted
- Out of 572 people, 453 (79%) said that they were always treated with respect and dignity during their time in the emergency department in CUH.
- People made 295 comments about themes relating to the admissions stage of care. 145 comments (49%) offered suggestions for improvement.



The patient voice: what patients said about admissions

People made 295 comments about the following themes: 'dignity, respect and privacy', 'communication with the patient', 'emergency department management and environment' and 'emergency department waiting times'. 145 comments (49%) offered suggestions for improvement. Examples of these comments are provided below.

Dignity, respect and privacy

"From the moment I entered the hospital to the time I was discharged I had excellent treatment and care and every one of the staff treated me with the greatest respect. All round it was a good experience for which I am very grateful."

"The lying in trollies along the corridor and having urinary accidents and needing complete change of linen etc. It was 'appalling' and the most indignant I have ever witnessed! It was a scary place to be for decent people, some in their 90's after a life time of hard work for this country."

Communication with the patient

"Information with regard to prognosis, diagnosis and treatment is thankfully easily available and given in a way that is tasteful and understood."

"Communication could definitely be improved. I would go so far as to say that communication - or the absence of effective communication caused me to feel that I was ignored when decisions were made with regard to my treatment and discharge. Doctors were the poorest communicators."

Emergency department management or environment

"Doctors and nurses were run off their feet in A&E and I was very impressed how cool they all were under pressure and they made every effort to ensure all patients were dealt with in a very professional manner."

"[...] A&E disaster trollies all over the place, should not be this way. Curtains between me and patient in next bed got covered in blood stains and was still there 3 days later."

Emergency department waiting times

"[Patient Name], my brother was critically ill when we arrived at CUH. He was treated immediately. They brought in nurses during night so that he could have [Procedure Name] urgently. He was treated with the best care possible and I was kept informed of every movement."

"The waiting time in the ED is absolutely appalling - we had a 10 hour wait which apparently is not even that long! There is a triage system in place which again is not always correct, they did not notice that my mother had [Condition Type] hence she was left waiting and waiting to be seen by the doctor."

Quantitative results for questions on admissions

Five questions asked about admissions. Only people who were admitted through the emergency department were asked to answer these questions.

Q6, which asked about respect and dignity in the emergency department, was the highest scoring question for this stage of care. 453 people (79% of people who answered Q6) said that they were always treated with respect and dignity in the emergency department in CUH.

406 people (76%) reported that they waited more than six hours in the emergency department before being admitted to a ward, making Q8 the lowest scoring question for this stage. Further detail on waiting times is provided later in this section. Figure 5. presents the scores for CUH for questions related to admissions.

"I was on a trolley in A&E for nearly 12 hours. I wasn't offered a drink of water or anything."

Figure 5. CUH scores for questions on admissions

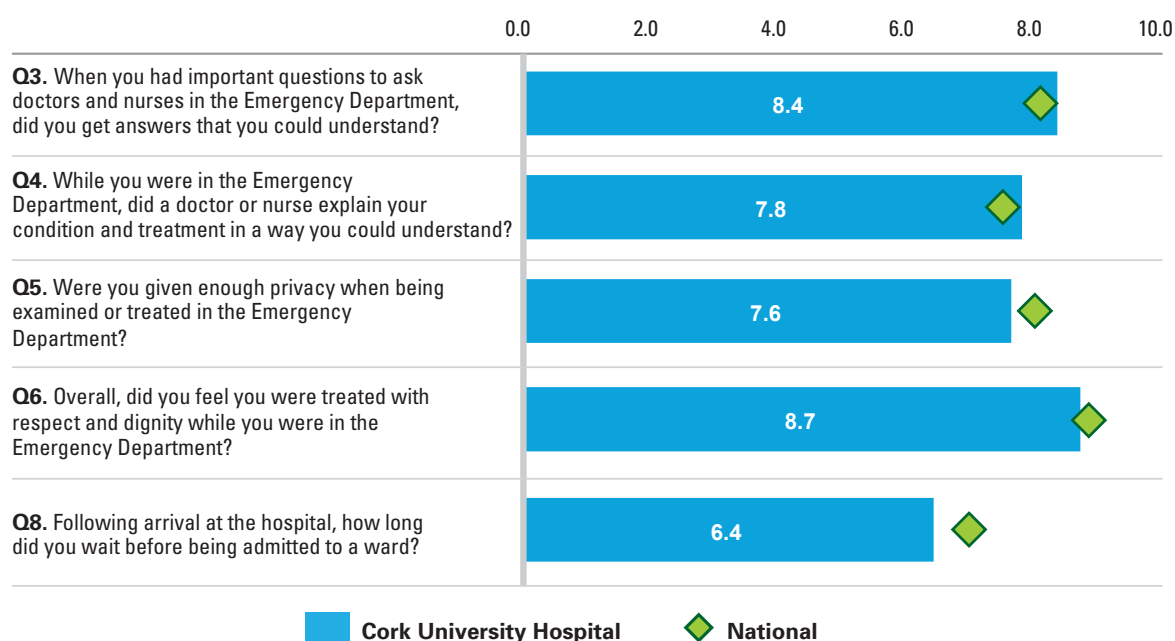
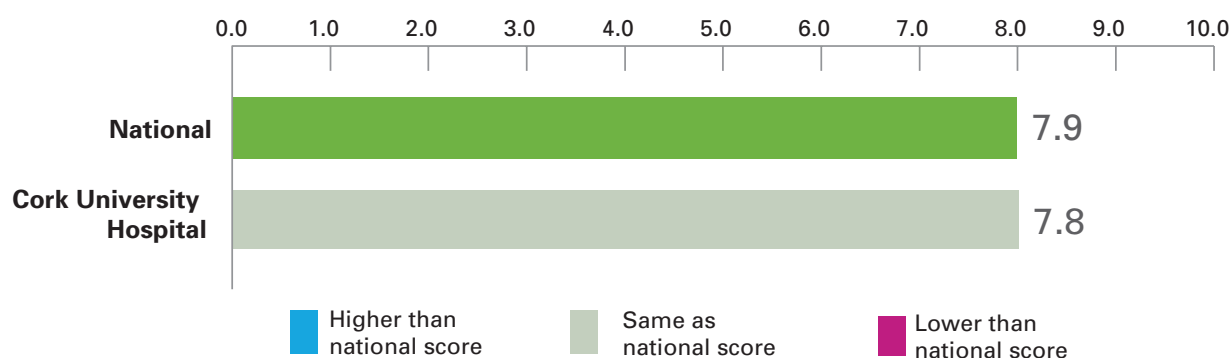


Figure 6. shows that, within the admissions stage, the average score for CUH (7.8 out of 10)¹ is around the same as the national average score (7.9 out of 10). This means that patients who attended CUH reported a similar experience for this stage of care as patients in other hospitals.

Figure 6. Comparison of CUH 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

Out of 534 people from CUH who answered the question on waiting times in the emergency department, 128 (24%) said they were admitted to a ward within six hours of arriving at the emergency department. 309 people (58%) reported waiting

1 Though the admissions score for CUH is lower 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>

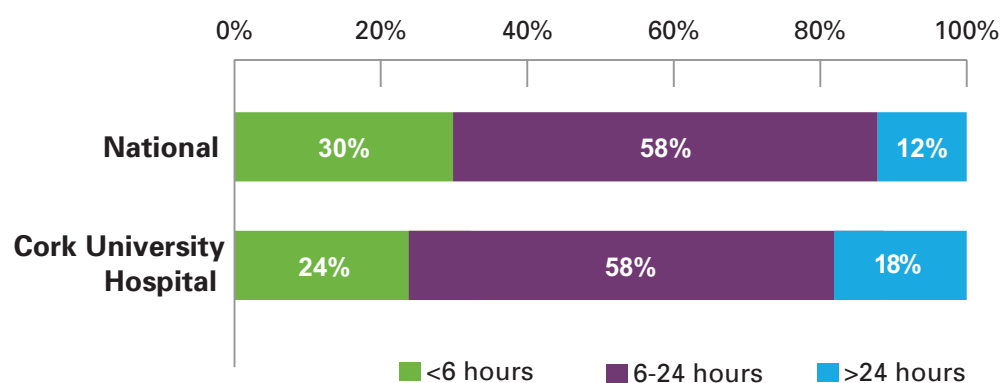
between six and 24 hours. 97 people (18%) said that they waited for 24 hours or more in the emergency department, with a total of 24 respondents reporting that they waited for 48 hours or more before being admitted to a ward.

Figure 7. outlines the waiting times in CUH, as experienced by patients, compared with the national average.

What does this mean for CUH?

With just 24% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that CUH performed below the reported national average, where 30% of people said that they were admitted within six hours of arriving. Patient-reported waiting times in CUH 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^(1,2).

Figure 7. Patient-reported emergency department waiting times for CUH and nationally



Admissions: what do these results mean?

While patients who attended CUH said that they were treated with respect and dignity in the emergency department, their experience of waiting times in the emergency department was less favourable; 76% of people reported that they waited in the emergency department for more than 6 hours before being admitted to a ward. CUH performed lower than the national average for emergency department waiting times and also fell well short of the targets set by the HSE.

Care on the ward

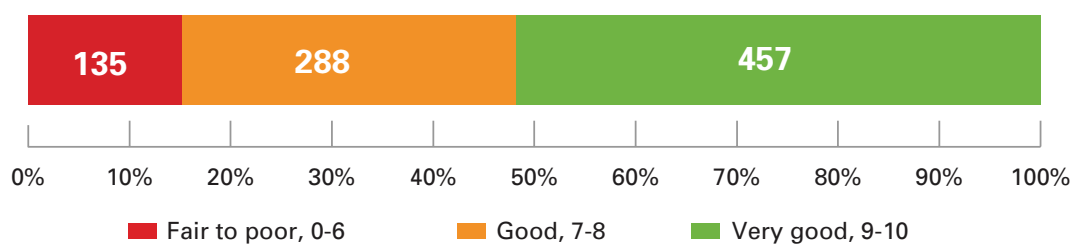


In summary: what were patients' experiences of care on the ward?

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

Out of the 880 people who rated their experience of care on the ward, 135 people (15%) reported having a 'fair to poor' experience during their stay in CUH in May 2017. On the other hand, 457 people (52%) reported having a very good experience during the same period. These experience ratings are summarised in Figure 8. below.

Figure 8. Experience ratings for care on the ward



What were the key findings for care on the ward?

- Out of 875 people, 671 (77%) said that the room or ward they were in was very clean.
- 857 people reported eating food in hospital with 191 people (22%) rating the food as 'fair', and 87 people (10%) rating it as 'poor'.
- 41% of comments offered suggestions for improvement.

"Nursing and medical staff, are so busy and always seen to be under pressure. More staff to assist nursing staff in particular would be beneficial."



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

In total, patients who attended CUH made 485 comments about: 'staffing levels', 'staff availability and responsiveness' 'other healthcare staff', 'other staff', 'food and drink', 'cleanliness and hygiene'. 41% of the comments offered suggestions for improvement.

Some examples of the comments received for this stage of care are provided below.

Staffing levels

Yes the doctors, nurses and domestic staff were very nice and helpful. They always had a smile and made you feel special in spite of their busy work schedule."

"Ward was understaffed, nurses were stressed and constantly in a rush. As I was in a very vulnerable state post surgery I would have liked to have been given more time and consideration."

Staff availability and responsiveness

"Must say the staff of [Ward Type] in CUH Cork were excellent in the care they gave me. It is an amazing ward. The staff go beyond the call of duty and are always pleasant and helpful."

"Nurses were so busy running & racing that I felt bad asking questions or for pain relief etc. More staff!!! No doctors saw me during my 3 day stay."

Other healthcare staff

"At all times the care team were warm and caring and made you feel you were one of the patients they had special care."

"[Staff Type] some were very good and caring while others weren't very patient. One carer interfered in patient's discharge and kept giving her opinion that he shouldn't go to a nursing home etc."

Other staff

"The catering, cleaning staff were always very friendly and helpful."

"The cleaning staff worked hard, but I would have liked to have seen more use of anti bacterial products. I think a menu slip should be given to all patients to choose food. I never received one. Food options very limited!"

Food and drink

"I was delighted with the care I got and the food was lovely. You would be looking forward to meal times. I love weak tea and I always got a pot of water and a pot of tea."

"Food could be better. At least 2 meals during my short stay included deep fried food. Would have preferred healthier options plus the option to have fruit / yoghurt with meals."

Cleanliness and hygiene

"Yes, the ward I was in was spotless and the beds changed every day and the ward was cleaned every day from corner to corner and only 4 beds in the ward — very comfortable."

"The toilets hygiene and ventilation should be much better, at times the smell was nauseous, and with faeces in the loo, making the stay in the room very difficult."

Quantitative results for questions on care on the ward

Fourteen questions asked about care on the ward.



Q10, which asked about cleanliness on the ward, was the highest scoring question for the care on the ward stage. 875 people answered this question, with 671 (77%) reporting that the room or ward they stayed on was very clean.

Q15 asked about hospital food, and was the lowest scoring question. 857 people reported eating food during their stay in CUH and, of these, 191 people (22%) rated the food as 'fair' and 87 people (10%) rated the food as 'poor'.

"The waiting around for tests etc. to be done could be improved. Better communication between departments is necessary."

Figure 9. below summarises the scores for CUH for the care on the ward stage

Figure 9. CUH scores for questions on care on the ward.

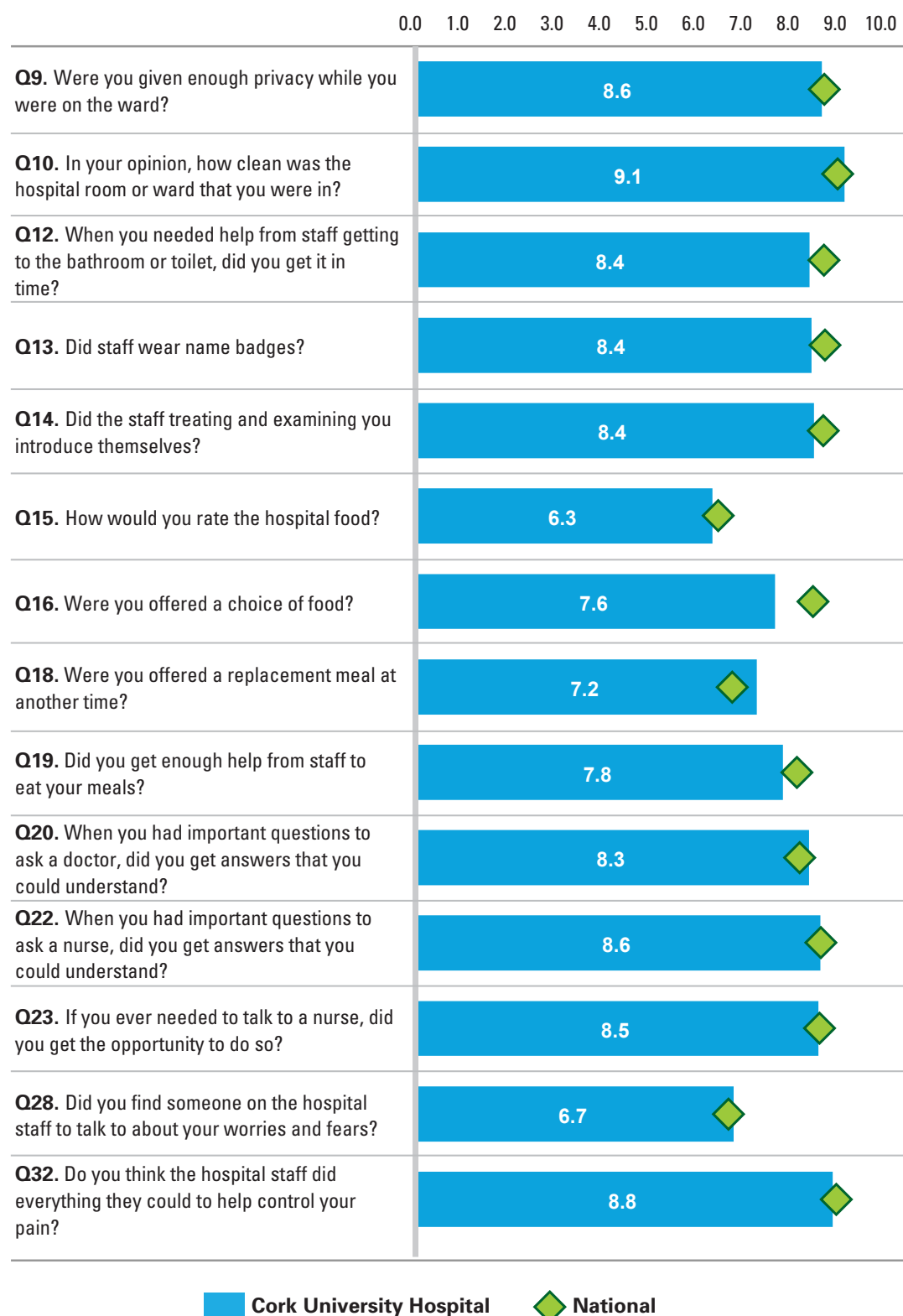


Figure 10. shows that, within the care on the ward stage, the average score for CUH (8.1 out of 10) is lower the national average score (8.3 out of 10). This means that patients who attended CUH in May 2017 reported a less positive experience than patients in other hospitals for this stage of care.

Figure 10. Comparison of CUH with the national average for care on the ward (out of a maximum of 10).



Care on the ward: what do these results mean?

CUH performed well as regards cleanliness on the wards and pain management, with patients having positive experiences in these areas. However, patients reported that the food was not of a very high standard. Patients also reported a below average choice of food and they did not always receive the help they needed to eat their meals.

Examinations, diagnosis and treatment

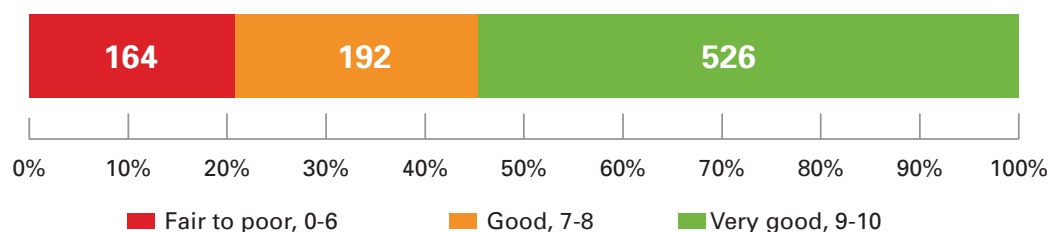


In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

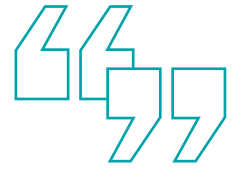
882 people rated their experience of examinations, diagnosis and treatment in CUH. 164 people (19%) reported that they had a 'fair to poor' experience. 526 (60%) rated their experience during this stage of care as 'very good'. These experience ratings are summarised in Figure 11. below.

Figure 11. Experience ratings for examinations, diagnosis and treatment



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

- Out of 876 people, 728 (83%) said that they were always given enough privacy when being treated in CUH in May 2017.
- 410 comments were made about this stage of care and 65% of them contained positive feedback.
- 201 people (34%) did not receive or only to some extent received information from hospital staff beforehand, about how they could expect to feel after their operation or procedure.



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

People made 410 comments from CUH about: 'nursing staff', 'doctors or consultants' and 'waiting times for planned procedures'. 71 of the comments (17%) were received for Q60, which asked for suggestions for improvement.

Some examples of the comments received for this stage of care are provided below.

Nursing staff

"Yes, all nurses were very kind, friendly, helpful, professional and treated me very well. I was very comfortable considering my condition."

"The nurses attitude towards patients their job is to help every patient, not pick and choose who they like to help, their wage is still the same. I understand they're busy but there's no need for nasty comments when it's clear you are sick."

Doctors or consultants

"The staff were so caring, helpful and understanding. My consultant and his team are brilliant, so knowledgeable and understanding. This makes overall hospital easier."

"Communication from my consultant was extremely limited and I felt he did not know what I was in for and didn't make any effort to improve my condition. It was a wasted visit."

Waiting times for planned procedures

"I was told I needed surgery quickly & I was called within 2 weeks of diagnosis. Staff, while very busy were very nice."

"Yes. More staff are needed in theatre, it is not fair for any patient to have to wait (in severe pain) for a week to have an operation. I was fasting each day ready to go to theatre and each day it was cancelled. Nobody should be treated that way."

Quantitative results for questions on examinations, diagnosis and treatment

Thirteen questions asked about examinations, diagnosis and treatment.

Q31 was the highest scoring question in this stage of care. Out of 876 people, 728 (83%) said they were always given privacy when being examined or treated in CUH. This area achieved an overall score of 9.0 out of 10. However, even though 66% of people said that they were told beforehand how they could expect to feel after their operation or procedure, 201 (34%) said that they were not or were only to some extent given such information.

Figure 12. CUH scores for questions on examinations, diagnosis and treatment

Cork University Hospital



National

Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for CUH (8.2 out of 10)³ is similar to the national average score (8.1 out of 10). This means that patients who attended CUH in May 2017 reported a similar experience to patients in other hospitals.

Figure 13. Comparison of CUH 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 CUH report a similar experience of this stage of care to the national average. Patients reported that they were given enough privacy when being examined and treated on the ward, but were less positive as regards communication from medical staff on how they could expect to feel following treatment.

³ Though the examination, diagnosis and treatment score for CUH is higher than the national score, the difference is not statistically significant. For further information see Appendix 4.

Discharge or transfer

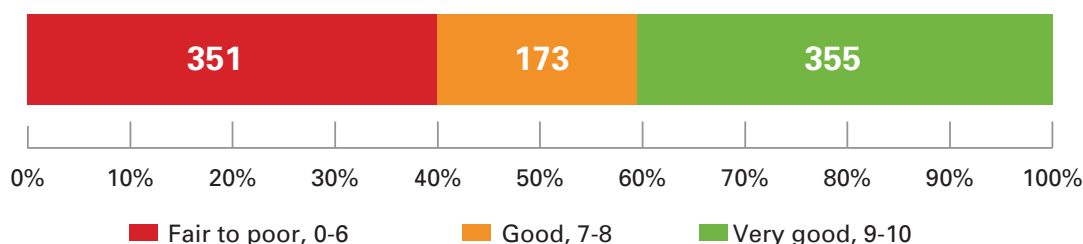


In summary: what were the experiences of patients during discharge or transfer from hospital?

'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 879 people who rated their experience of discharge or transfer from CUH, 351 (40%) said that their experience was 'fair to poor', while 355 people (40%) reported having a very good experience during the discharge or transfer process. Figure 14. below summarises these experience ratings.

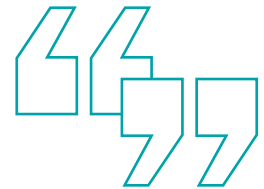
Figure 14. Experience ratings for discharge or transfer



What were the key findings for discharge or transfer?

- Out of 702 people, 478 (68%) said that a member of staff explained the purpose of the medicines they would need to take at home in a way they could understand.
- 238 people (38% of those who answered Q46) said they were not at all informed about the side effects of medication to watch for at home.
- 77 comments were made about the experience of discharge or transfer from CUH, and 40 (52%) of these contained suggestions for improvement.
- Discharge or transfer was the lowest performing stage of care for CUH.

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



In total, people from CUH made 77 comments in the 2017 survey about 'discharge and aftercare management'. The majority of comments (52%) suggested areas for improvement. Some examples of the comments received for this stage of care are provided below.

Discharge and aftercare

"I would certainly recommend your hospital. The care is excellent. There is no pressure on people to leave if they have no arrangements made after being discharged. Aftercare seems very important to the superiors"

"(1) Hospital prescription was totally messed up. They forgot to give some of medication in full time he was in there. (2) Gave no discharge letter for GP. (3) There's a lack of communication between doctors and GPs out there as GP is trying to make contact with them 3 weeks to sort a letter and prescription. Seems now its stopping all different meds etc and still no letter. So it would make you wonder why this health service is the way it is and why patients die".

"I think that the discharge room (departure room, as somebody called it) was an excellent idea, the fact that people collecting you didn't have to park and come into the building is excellent. The nurses and auxiliary staff were all excellent, very friendly and caring. Nothing was too much trouble."

"I got some infection after leaving the hospital. I wish I could have been informed of the danger of this and what precautions to take."

Quantitative results for questions on discharge or transfer from hospital

Twelve questions asked about discharge or transfer.

Q45 was the highest scoring question in this stage of care. Out of 702 people, 478 (68%) said that a member of staff explained the purpose of the medicines they were to take home in a way they could understand.

Q46 and Q47 were the lowest scoring questions in this stage. Out of 623 people, 238 (38%) said that they were not informed about potential side effects of medication to watch for when they went home, while 239 (37% of people who answered Q47) were not told about any danger signals to watch for when they went home.

"Discharge - it happened very fast and no-one at all asked about my home situation. I was lucky I had my wife to take care of me but other people are not so lucky and get sent home too quickly!"

Figure 15. CUH scores for questions on discharge or transfer

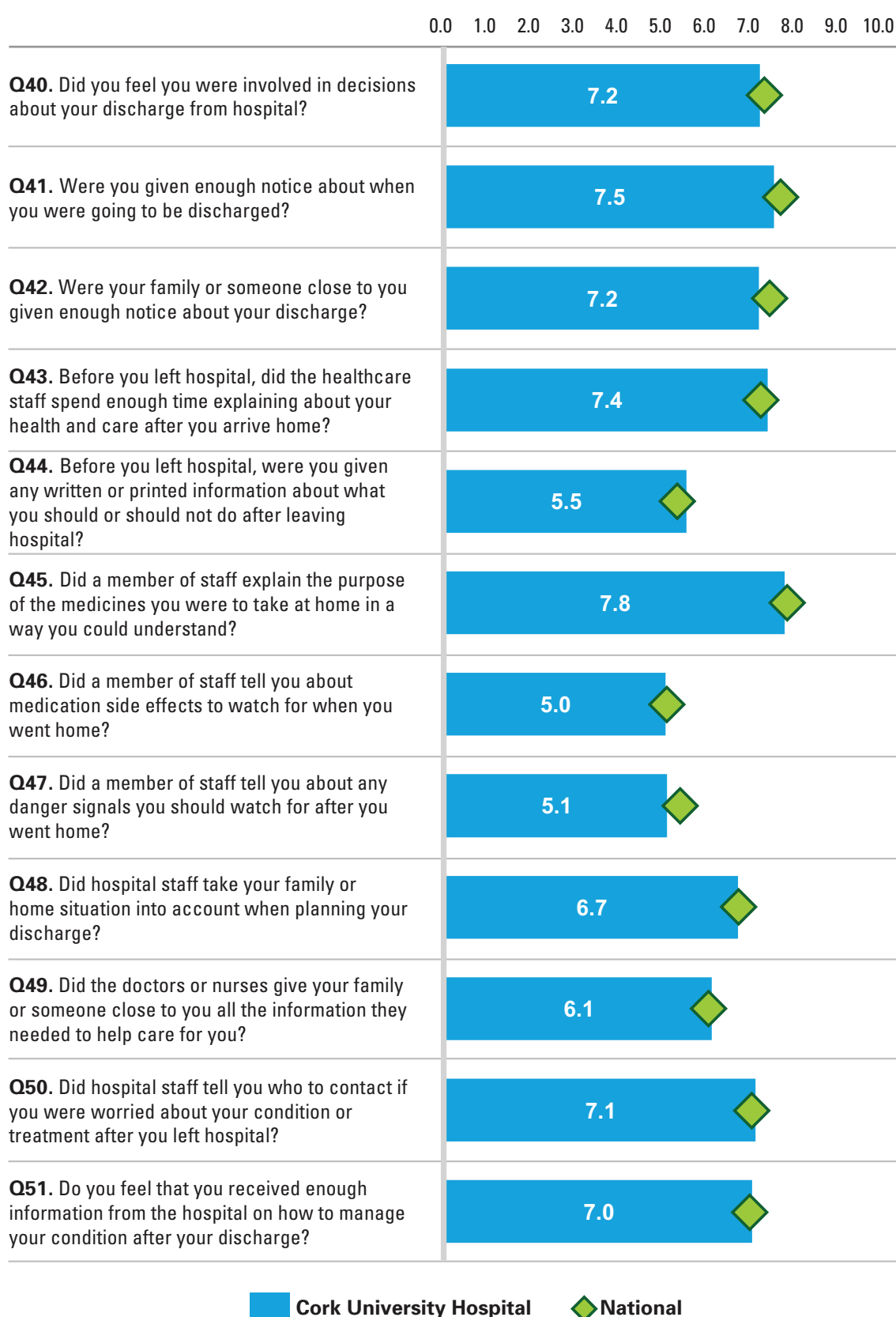


Figure 16. shows that as regards discharge or transfer from hospital, the average score for CUH (6.7 out of 10) is around the same as the national average (6.7 out of 10). This means that patients who attended CUH in May 2017 reported a similar experience to patients in other hospitals for this stage of care.

Figure 16. Comparison of CUH with the national average for discharge or transfer (out of a maximum of 10).



Discharge or transfer: what do these results mean?

CUH did not perform as well on this stage of care compared with the other stages. While patients reported being told about the purpose of the medicines they were to take at home, they reported a lack of communication about the side effects of medication and the danger signals to watch out for after leaving hospital. In general, the experiences of patients in CUH for this a stage of care were similar to those at a national level.

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?

- Q29 and Q52 were the highest scoring questions in terms of other aspects of care (both achieved an average score of 8.9 out of 10). Out of 869 people, 708 (81%) said that they were treated with respect and dignity in CUH. Out of 876 people, 717 (82%) said that they always had confidence and trust in hospital staff. However, both questions scored below the national average.
- Out of the 551 people who answered Q11, a total of 64% said that the toilets and bathrooms in CUH were very clean.
- Q27 was the lowest scoring question in other aspects of care, with an average score of 7.3 out of 10. Out of a total of 646 people, 87 (14%) reported that their family or friends did not have sufficient opportunity to talk to a doctor.

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



465 open-ended comments were about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'clinical information and history' and 'private health insurance'. 26% of these comments offered suggestions for improvement.

Staff in general

"Both myself and family could not speak more highly of the care that was received from all the consultants, doctors, nurses and staff who looked after me while I was in hospital and before while I was waiting to be called..."

"The attitudes of staff mainly in A&E the nurse that treated me in A&E was extremely unpleasant and did not help me in anyway."

Communication with family and friends

"As my mother had suffered a [Condition Type] previously and has [Condition Type] - the staff allowed us to be fully involved with my mother's care. Including staying overnight."

"We were not able to access a doctor/speak to one about my dad's condition at any point during my dad's stay."

Physical comfort

"It was clean and efficient. The room was quiet. I was well when I came out so the treatment was effective. The doctors on their rounds had more time to pay attention than the nurses."

"Was uneasy about other person's blood beside my bed which she rubbed into the floor. I told the nurse but nothing was done about it. Would like to see more attention to ward floor."

Hospital facilities

"I found the part of the hospital I was in was very up to date with new beds and machines. Clean bathrooms with seats in the showers. I thought the nurses and care staff were incredible even under extreme pressure."

"This will not surprise you. The hospital was badly under resourced - mainly for want of rooms. The ward lacks even the most basic privacy. The hospital system needs more funding to keep staff and provide better wards."

Clinical information and history

"I was on medication long term and this was not clarified with staff as I was off medication which I should not have been off while I was there and it did affect my recovery."

Private health insurance

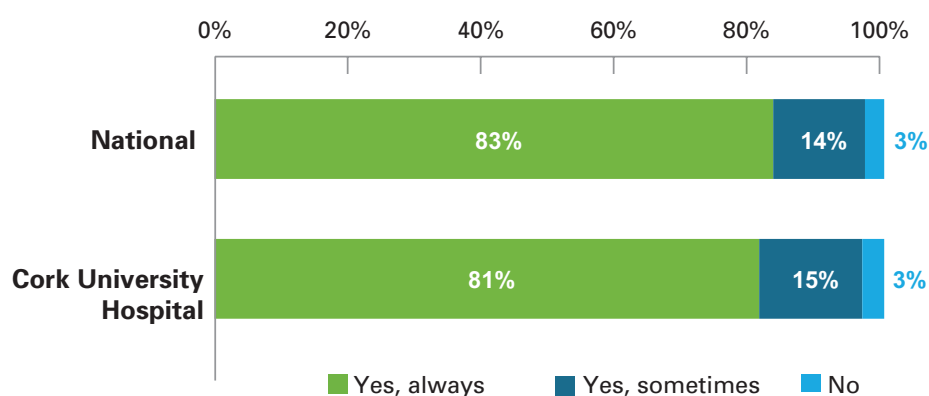
"I had private health insurance it made no difference to bed location even when cover for private room."

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 CUH in May 2017. Overall, 708 people (81%) said that they were always treated with respect and dignity while in hospital in May 2017, while 29 people (3%) said that they were not.

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

Figure 17. Ratings for dignity and respect

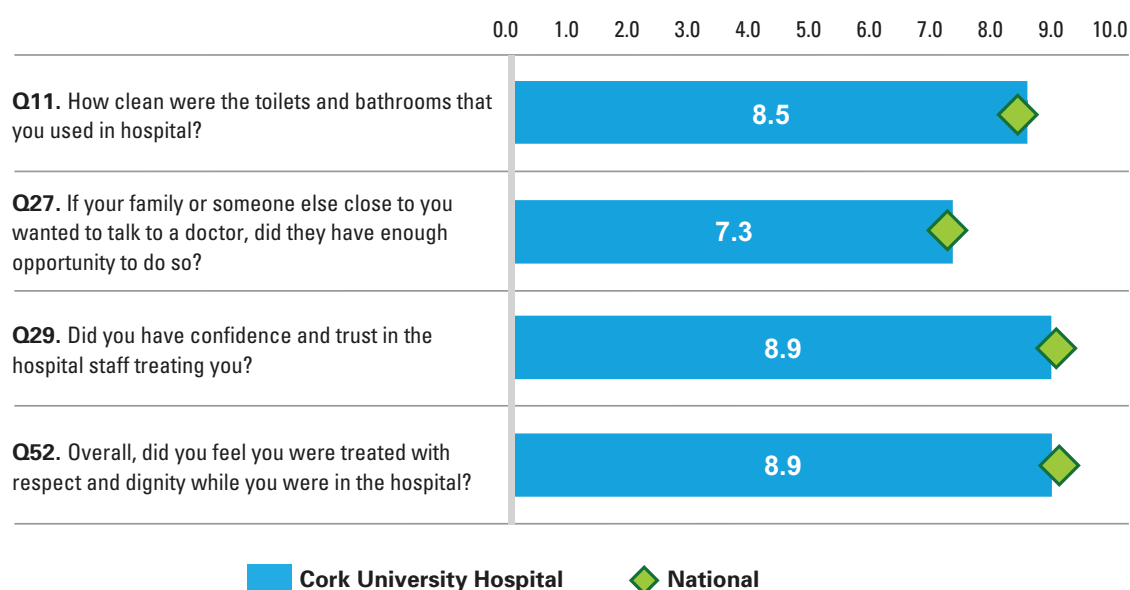


Question 29 asked people if they had confidence and trust in the hospital staff treating them. 717 people (82% of all people who answered Q29) said that they always had confidence and trust in the hospital staff treating them, while 29 people (3%) said that they did not.

Question 11 asked people about the cleanliness of the bathrooms and toilets in CUH. While 551 people (64% of all people who answered Q11) said that the bathrooms and toilets were very clean, 63 people (8%) 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 opportunity to talk to a doctor in CUH. Out of 646 people, 388 (60%) said that their family or people close to them had sufficient opportunities to talk to a doctor. However, 87 people (14%) said that their family or friends did not get the opportunity to talk to a doctor.

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

Figure 18. CUH scores for questions on other aspects of care

Other aspects of care: what do these results mean?

Most patients in CUH reported that they were treated with dignity and respect and had confidence and trust in the hospital staff who treated them. However CUH scored slightly below the national average for both of these questions. This is significant, as patients who have positive ratings of these questions typically said they had a positive overall experience. These areas should thus be a priority for improvement.



Chapter 3

Overall experience

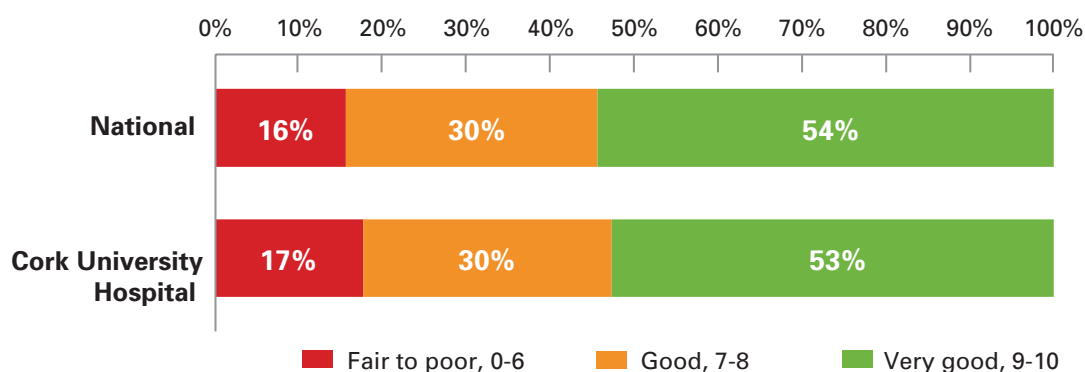
Ratings of overall experience

People 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.

Figure 19. below provides the average overall rating of hospital experience, reported by people who completed the survey in CUH, compared with the national average.

In general, over half of people (53%), who stayed in CUH in May 2017, reported having a very good experience in this hospital, whereas 17% of people indicated a fair to poor experience.

Figure 19. Overall rating of hospital experience for CUH and nationally





Chapter 4

Conclusion

How did patients experience hospital care in CUH in May 2017?

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

Positive experiences were reported by patients in relation to the information they received about their condition and also the support provided by staff when they experienced worries and fears during their time in hospital.

The majority of patients reported that they waited for longer than six hours in the emergency department, before being admitted to a ward, indicating a need for improvement in this area. Studies have shown that long delays in admitting patients to a ward can have negative consequences for their health. Many people also noted a lack of privacy on the ward and in the emergency department during examination or treatment.

The survey found that improvements are needed in the area of food, including the provision of support from staff to help patients who need assistance at mealtimes. It was also identified that CUH performed below the national average as regards treating patients with dignity and respect. This is an area needing improvement because people who said they were treated with dignity and respect were also likely to say they had a positive overall experience.

These findings will serve to inform quality improvement initiatives in CUH.

What happens next?

The HSE has committed to improving the quality of services provided in every hospital in Ireland. It has established a new governance structure, which includes an oversight group, to lead the development of a national plan to improve the quality of care in Irish hospitals. A quality improvement plan will also be developed by CUH, to outline a vision for the future of patient-centred care in the hospital and describe the steps that will be taken to get there. The quality improvement plans will be publically 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.

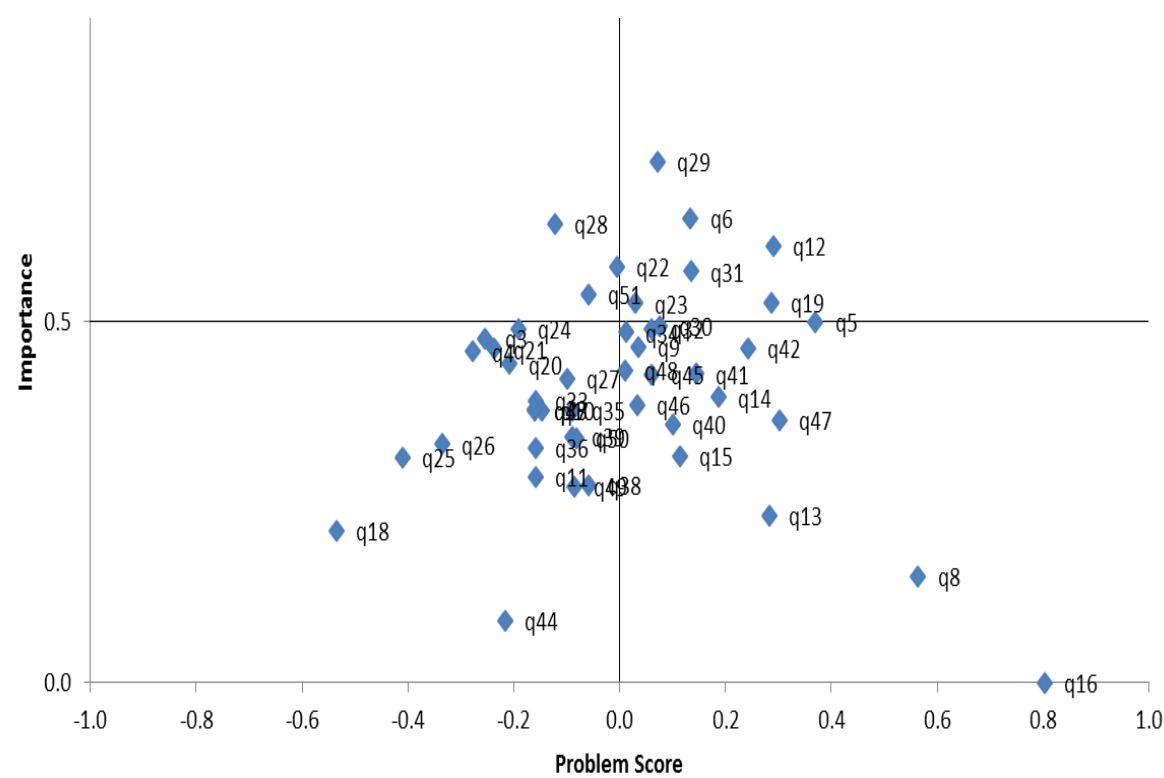
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected 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 CUH 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 CUH 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 CUH 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 CUH. 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 CUH.

Figure 20. Overall patient experience map for CUH



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

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.

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