



## National Patient Experience Survey 2017

# University of Limerick (UL) Hospitals, Ennis

We're committed to excellence in healthcare





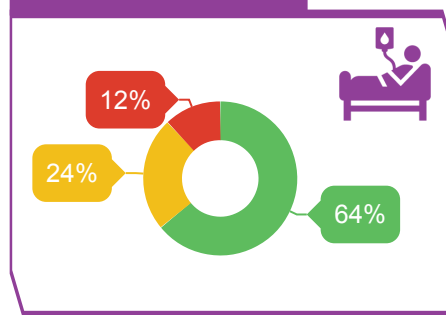
Thank you to the people who participated in the National Patient Experience Survey 2017, and to their families and carers. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve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

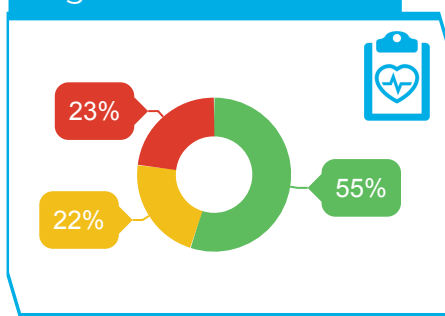
The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups.

## Stages of care

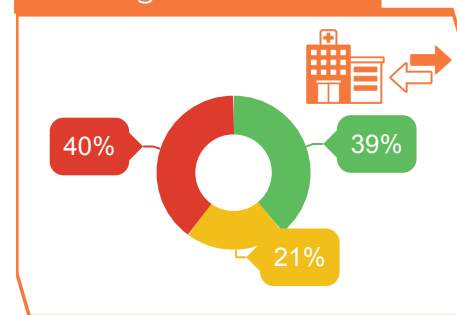
### Care on the ward



### Examinations, diagnosis & treatment

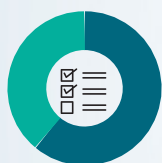


### Discharge or transfer

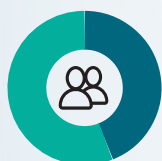


\* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

# UL Hospitals, Ennis



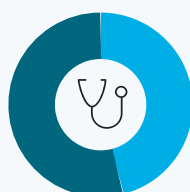
61% of 142 eligible patients took part



44% female  
56% male

Average age:  
**74 years**

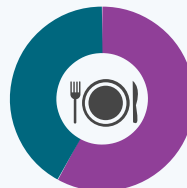
### Treatment



**46%**

could not always understand a doctor's explanation of how their operation or procedure had gone.

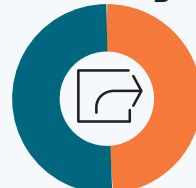
### Food



**58%**

of patients unable to eat at mealtimes were not always offered a replacement meal.

### Discharge



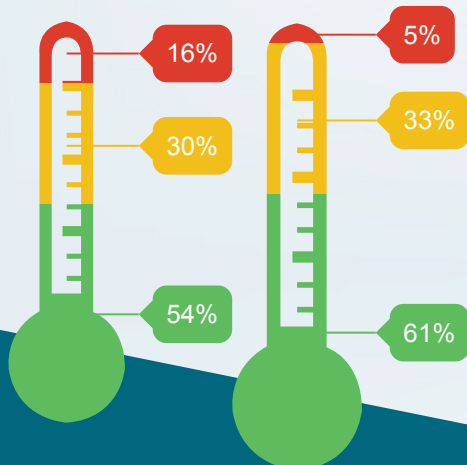
**49%**

were not fully informed about any danger signals to watch for at home.

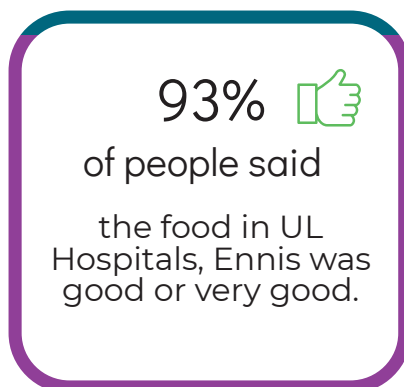
## Overall experience

Nationally

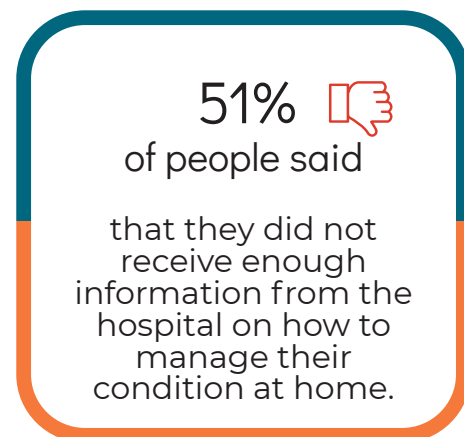
This hospital



## Areas of good experience



## Areas needing improvement



# Structure and content of this report

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This chapter presents the areas of good experience and the areas needing improvement in UL Hospitals, Ennis.

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## Chapter 1

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# Patients' experiences of acute hospital care in UL Hospitals, Ennis

## 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 UL Hospitals, Ennis during the month of May 2017. In total, 87 participants from UL Hospitals, Ennis took part in the survey.

The survey asked 61 questions, based on five stages of care along the patient journey in hospital: admissions<sup>1</sup>; 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.

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<sup>1</sup> As UL Hospitals, Ennis does not have an emergency department, survey participants did not answer the questions on Admissions.

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 87 patients from UL Hospitals, Ennis who completed the survey. While thousands of people surveyed 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

UL Hospitals, Ennis is a public acute hospital, located in Co. Clare. There were 50 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 142 eligible discharges were recorded during this time. UL Hospitals, Ennis does not have an emergency department. This means that patients admitted to this hospital were not required to answer questions on the 'admissions' 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 UL Hospitals, Ennis 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 UL Hospitals, Ennis. A quality improvement plan will be developed by UL Hospitals, Ennis 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 develop HIQA's approach to monitoring of hospitals.



## Who took part in the survey?

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

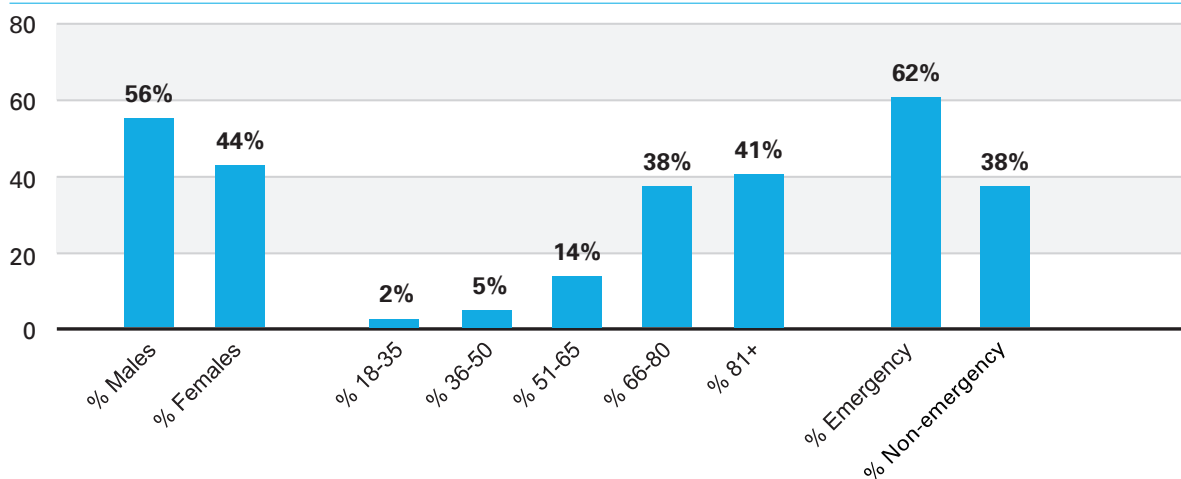
**142** people discharged from UL Hospitals, Ennis during the month of May 2017 were invited to participate in the survey.

**87** people completed the survey, achieving a response rate of 61%.

56% of people who responded to the survey were male and 44% were female. 54 respondents (62%) said they entered hospital on an emergency basis<sup>2</sup>.

Figure 1. below shows information about the respondents who took part in the survey from UL Hospitals, Ennis.

**Figure 1. Survey participants from UL Hospitals, Ennis by sex, age group and admission route**



<sup>2</sup> Patients were asked if their hospital stay was planned in advance or an emergency. While UL Hospitals, Ennis does not have an emergency department, patients may have felt that their condition was an emergency. It is also possible that these patients were originally admitted to a hospital with an emergency department before being transferred to UL Hospitals, Ennis.



## What were the main findings for UL Hospitals, Ennis

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Overall, patients' ratings of their experiences at UL Hospitals, Ennis were above the national average. 95% of patients at UL Hospitals, Ennis said they had a 'very good' or 'good' experience, compared with 84% nationally.

The majority of people said that they were treated with respect and dignity in UL Hospitals, Ennis, with most patients reporting that they had confidence and trust in the hospital staff who treated them. Positive experiences were reported as regards the food in the hospital, in particular the choice of food offered to patients. People also remarked positively on the amount of privacy they were given when discussing or receiving treatment while on the ward.

However, communication with patients prior to their discharge from hospital is a key area needing improvement in UL Hospitals, Ennis. Some patients reported that they did not receive any printed information on how to manage their condition at home and were also not informed about danger signals to watch out for or medication side effects. The hospital performed below the national average on many questions on this stage of care.

The survey also found that a number of patients reported that they did not always receive an explanation from staff that they could understand in response to a question about their diagnosis or an operation or procedure. This indicates that communication between staff and patients requires improvement. Challenges as regards opportunities for patients' families or someone close to them to talk to a doctor were also noted in this survey.

Some patients reported that many staff members did not wear name badges, while others did not introduce themselves before examining or treating a patient in hospital. UL Hospitals, Ennis performed below the national average in this area, indicating an evident need for improvement.

These findings will serve to inform quality improvement initiatives in UL Hospitals, Ennis.

## Areas of good experience and areas needing improvement in UL Hospitals, Ennis

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 UL Hospitals, Ennis are:

Patients had positive experiences in several areas, particularly as regards the food on offer and the help provided by staff to help them eat meals, where necessary. Positive experiences were also reported in terms of the cleanliness of the toilets and bathrooms in UL Hospitals, Ennis. The majority of people said that they were always treated with dignity and respect while in hospital, and always had confidence and trust in the staff who treated them.

#### Care on the ward | Q15

##### Food rating

93% of the 85 people who answered this question rated the food in UL Hospitals, Ennis as 'good' or 'very good'.

#### Care on the ward | Q19

##### Help from staff to eat meals

Out of the 38 people who needed help at mealtimes, 30 (79%) said that, when required, they always received help from staff to eat their meals.

#### Discharge or transfer | Q42

##### Family given sufficient notice of discharge

75% of the 76 people who answered this question said that their family or someone close to them were given enough notice of their discharge.

#### Other aspects of care | Q11

##### Cleanliness of toilets and bathrooms

93% of the 85 people who answered this question said that the toilets and bathrooms in the hospital were 'very clean'.

#### Other aspects of care | Q29.

##### Confidence and trust in hospital staff

Out of 86 people, 73 (85%) said they always had confidence and trust in the hospital staff who treated them in UL Hospitals, Ennis.

#### Other aspects of care | Q52

##### Respect and dignity

71 (87%) out of 82 people said that they were always treated with respect and dignity.

## The areas needing improvement in UL Hospitals, Ennis are:

Patients highlighted areas needing improvement, for example relating to communication from hospital staff both during their time in hospital and prior to discharge.

### Care on the ward | Q14 .

#### Staff introductions

33% of the 85 people who answered this question reported that not all of the staff introduced themselves before treating or examining them.

### Examinations, diagnosis and treatment | Q26

#### Clear explanation of a diagnosis

41 (48%) of the 85 people who answered this question said that their diagnosis was not explained in a way that they could fully understand.

### Discharge or transfer |Q46

#### Information on the side effects of medication

28 (50%) people who answered this question reported that they were not informed about any medication side effects to watch out for at home.

### Discharge or transfer |Q47

#### Danger signals to watch out for

26 (49%) of the 53 people who answered this question reported that they were not told about any danger signals to watch out for when they went home.

### Discharge or transfer |Q51

#### Information on how to manage a condition

51% of the 68 people who answered this question said that they did not receive, or received only to some extent, enough information from the hospital on how to manage their condition at home.



## Chapter 2

# The patient journey through hospital

Qualitative and quantitative findings of the 2017 survey

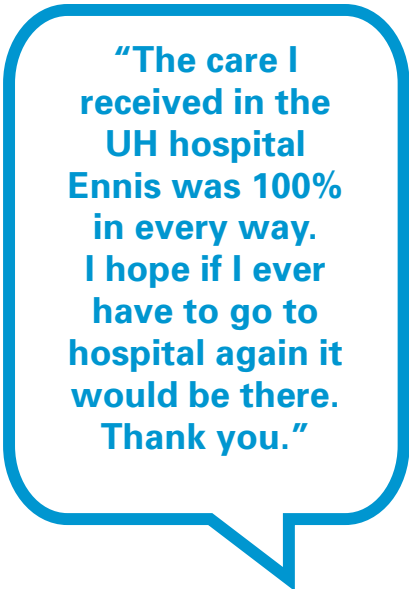
## Findings of the 2017 survey

### 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<sup>3</sup>**
- **care on the ward**
- **examinations, diagnosis and treatment**
- **discharge or transfer**
- **other aspects of care.**

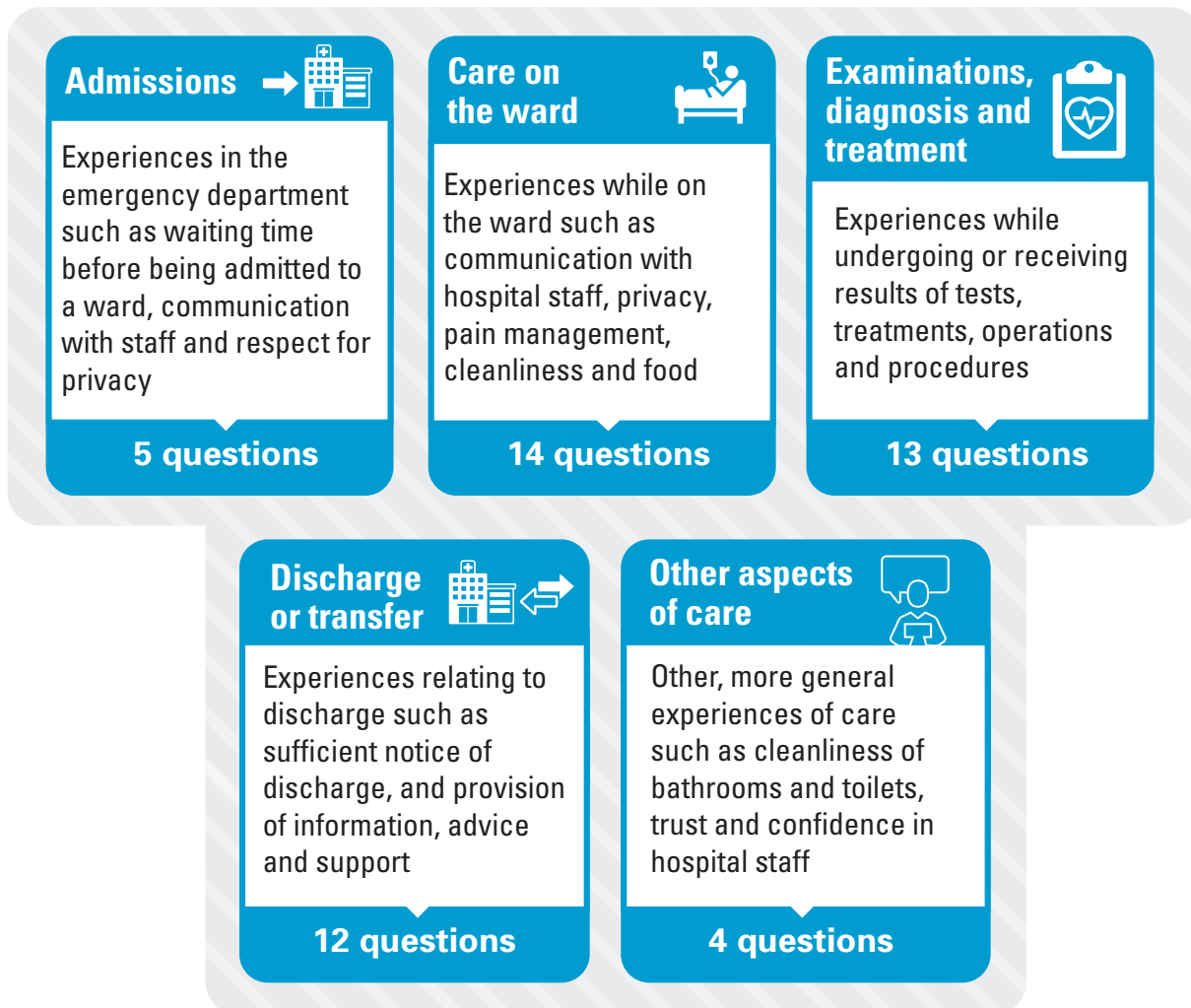


**“The care I received in the UH hospital Ennis was 100% in every way. I hope if I ever have to go to hospital again it would be there. Thank you.”**

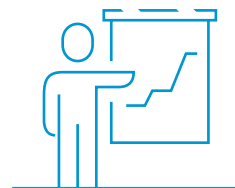
<sup>3</sup> As UL Hospitals, Ennis does not have an emergency department survey participants did not answer the questions on admissions.

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

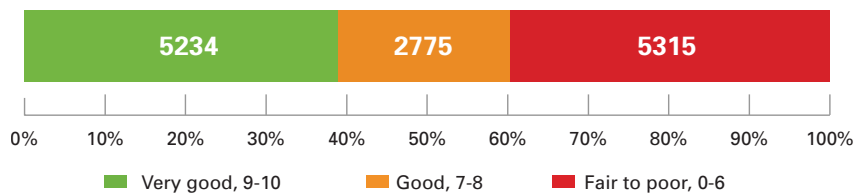
## 1. Experience rating for a stage of care

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. Breakdown of patient comments by theme

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.

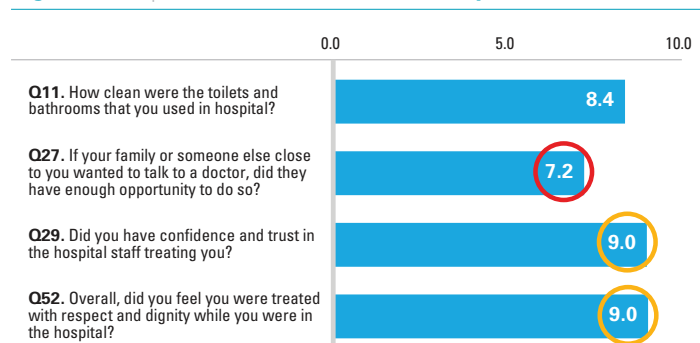
### Example:

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

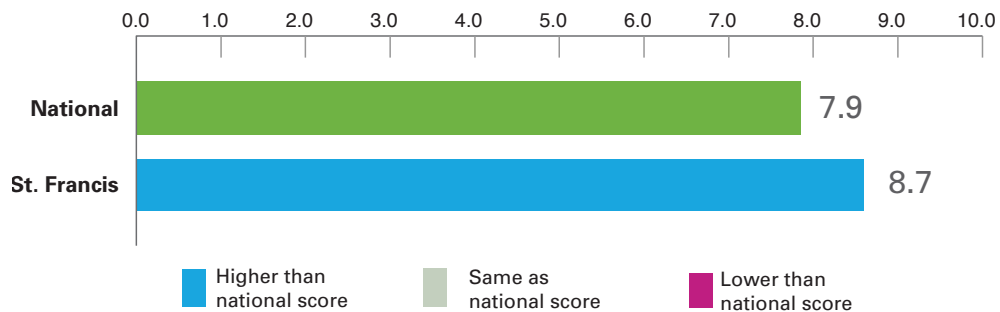


### 3. Detailed question responses

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.



# Care on the ward

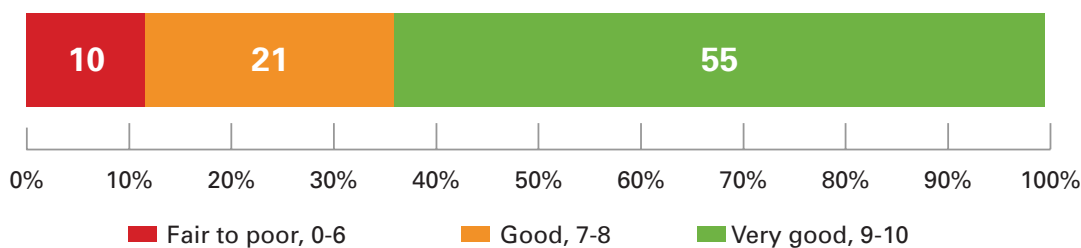


## In summary: what were patients' experiences of care for patients?

'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.

10 respondents (12%) said that their experience of care on the ward was fair to poor. However, 55 respondents (64%) reported having a very good experience during their stay on a ward in UL Hospitals, Ennis. Figure 4. summarises patients' experiences of care on the ward.

**Figure 4. Experience ratings for care on the ward**



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

- Many people said the room or ward they stayed in was 'very clean', with a score of 9.7 out of 10 for this question.
- Q18 which asked whether patients received a replacement meal when required was the lowest rated question, scoring 6.6 out of 10.
- UL Hospitals, Ennis scored 8.7 out of 10 for care on the ward, which is higher than the national average score of 8.3 out of 10.

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



35 open-ended comments from UL Hospitals, Ennis related to the following themes: 'staffing levels', 'staff availability and responsiveness', 'other healthcare staff', 'other staff', 'food and drink' and 'cleanliness and hygiene'. 9 of the comments offered suggestions for improvement. Some examples are provided below.



**Staffing levels**

"Have enough staff on duty to provide proper care for patients who need it especially at night time."

**Staff availability and responsiveness**

"The staff at UL Ennis could not do enough for me. They were excellent and looked after every need. They were quick to notice any distress and sit and talk to me. I had serious illness and serious surgery in Limerick but Ennis staff were outstanding."

"The story of the hospital was different. There seemed to be a shortage of nurses. Nurses on duty seemed under pressure and attention was poor. Calling bells were very slow in being answered."

**Other staff**

"All staff were very good to talk to me and make me comfortable. This included porters, cleaning staff, dinner lady, nurses and doctors."

**Food and drink**

"All the staff were extremely friendly and helpful. The food was excellent."

**Cleanliness and hygiene**

"Staff were lovely. Busy but were available when I needed them. The room was immaculate, cleaned daily from top to bottom."

**Quantitative results for questions on care on the ward****Fourteen questions asked about care on the ward.**

Figure 5. shows the scores out of 10 for each question. 78 respondents (92%) from UL Hospitals, Ennis said that the room or ward they were in was 'very clean'.

"Yes, no one came to check on me at night, couldn't get anyone when I couldn't get my breath."

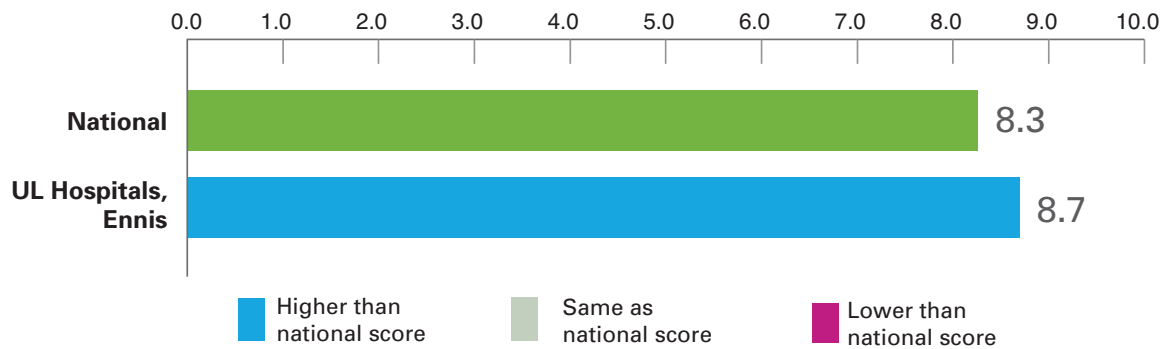
The lowest scoring question (Q18) relates to hospital food. Seven respondents (58%) said that, if they were unable to eat at mealtimes, they were not always offered a replacement meal.

**Figure 5. UL Hospitals, Ennis scores for questions on care on the ward**



Figure 6. shows that, within the care on the ward stage, the average score for UL Hospitals, Ennis (8.7 out of 10) is significantly higher than the national average (8.3 out of 10). This means that patients who attended UL Hospitals, Ennis in May 2017 reported more positive experiences for this stage of care, in comparison to the national average.

**Figure 6. Comparison of UL Hospitals, Ennis with the national average for care on the ward (out of a maximum of 10).**



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

Overall, UL Hospitals, Ennis, performed better than the national average for this stage of care. Patients reported that, in general, they were given enough privacy while on the ward and remarked positively on the cleanliness of the room they stayed in. However, UL Hospitals, Ennis performed lower than the national average for questions on the number of staff who wore name badges and who introduced themselves to patients, indicating a need for improvement in this area. Patients also found it difficult to find someone to talk to about their worries and fears. While food in general was rated quite positively by patients, those who were unable to eat at mealtimes reported that they were not always offered a replacement meal at another time.

# Examinations, diagnosis and treatment

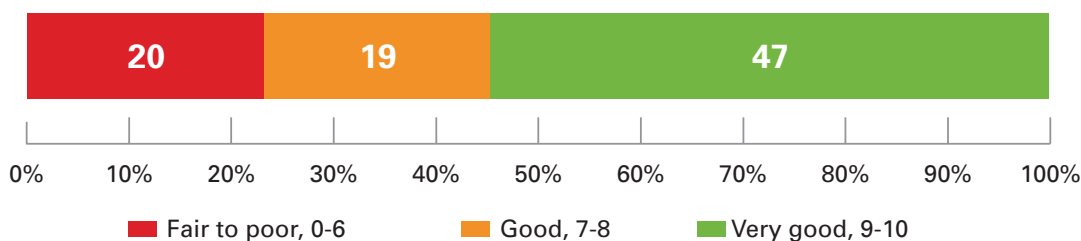


## In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

20 respondents (23%) said that their experience of examinations, diagnosis and treatment in UL Hospitals, Ennis was fair to poor. However, 47 respondents (55%) reported having a very good experience in this regard. Figure 7. summarises patients' experiences of examinations, diagnosis and treatment.

**Figure 7. Experience ratings for examinations, diagnosis and treatment**

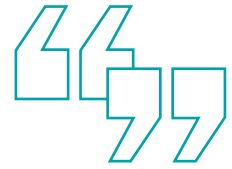


## What were the key findings?

- Most people said that they were given enough privacy when they were being examined or treated, with a score of 9.8 out of 10 for this question.
- The lowest rated question asked patients whether a member of staff explained how their operation or procedure had gone in a way they could understand. 11 (46%) said they did not always receive an explanation they could understand.
- UL Hospitals, Ennis scored 8.2 out of 10 for examinations, diagnosis and treatment, which is similar to the national average score of 8.1 out of 10.

**"Very clean, very good food, very good [Nurse Type], nursing care very good. Thank you!!"**

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



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

### Nursing staff

"Yes, on arrival I was met by 2 very pleasant nurses. Caring and considerate. I was admitted in minutes. I spoke to a very caring doctor and I was admitted within minutes. The nurses were very helpful, kind and helpful and welcoming. I was put at ease immediately."

### Doctors or consultants

"Doctors on a team should not say I have a condition which I don't have."

### Waiting times for planned procedures

"Having diagnostic services (ultrasound) available everyday rather than 2 days a week. Explaining when blood tests are being done what the purpose is, and then providing more feedback on the specific results of them."

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

### Thirteen questions asked about examinations, diagnosis and treatment

Figure 8. shows the scores out of 10 for each question in this stage. 82 respondents (95%) 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 9.8 out of 10 overall.

**"The staff and nurses on the unit were really excellent. Room was fantastic."**

The lowest scoring question (Q39) asked people whether a member of staff explained how the operation or procedure had gone in a way they could understand. Only 13 people (54%) who answered this question answered 'yes, definitely', with the remaining 11 (46%) answering 'no' or 'yes, to some extent'.

**Figure 8. UL Hospitals, Ennis scores for questions on examinations, diagnosis and treatment**

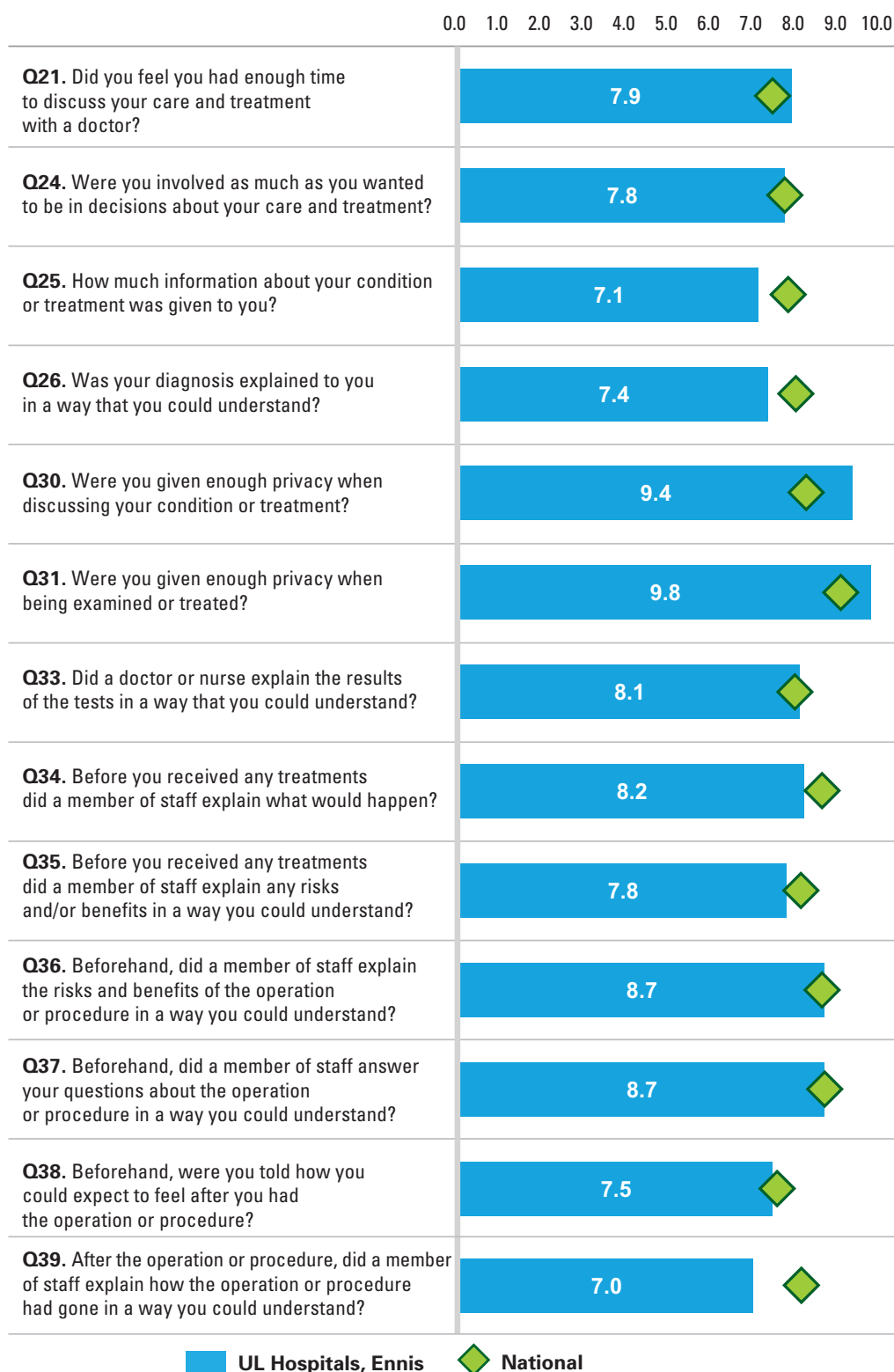
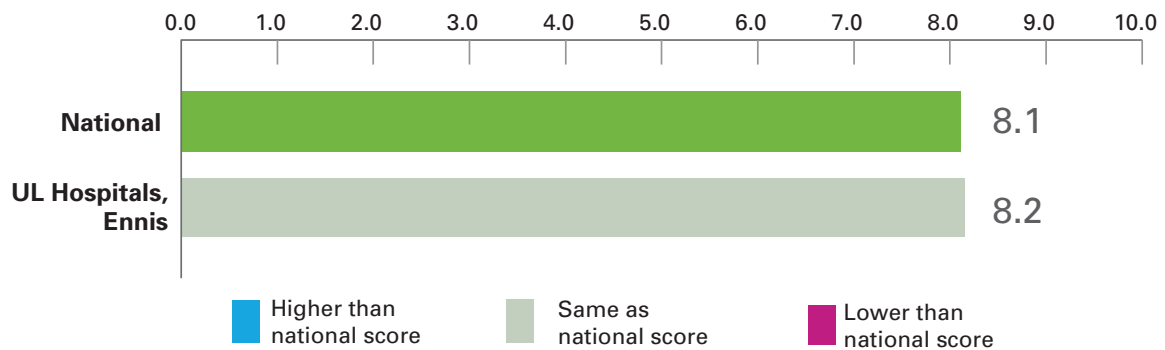


Figure 9. shows that, within the examinations, diagnosis and treatment stage, the average score for UL Hospitals, Ennis (8.2 out of 10) is around the same as the national average (8.1 out of 10)<sup>4</sup>. This means that patients who attended UL Hospitals, Ennis in May 2017 reported similar experiences to the national average for this stage of care.

**Figure 9. Comparison of UL Hospitals, Ennis with the national average for examinations, diagnosis and treatment (out of a maximum of 10).**

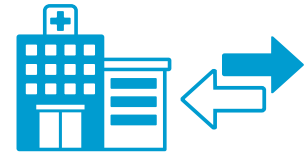


### Examinations, diagnosis and treatment: what do these results mean?

Patients in UL Hospitals, Ennis gave above average ratings of the privacy they were given when discussing or receiving treatment. However, patients were less positive about the information they received after their operation or procedure and also as regards the explanations of their condition or diagnosis provided by doctors and nurses. This suggests that communication needs to improve between staff and patients to ensure that patients understand the information they receive about their care.

<sup>4</sup> Though UL Hospitals, Ennis' examinations, diagnosis and treatment score is higher than the national score, the difference is not statistically significant. For further information see Appendix 4.

# Discharge or transfer

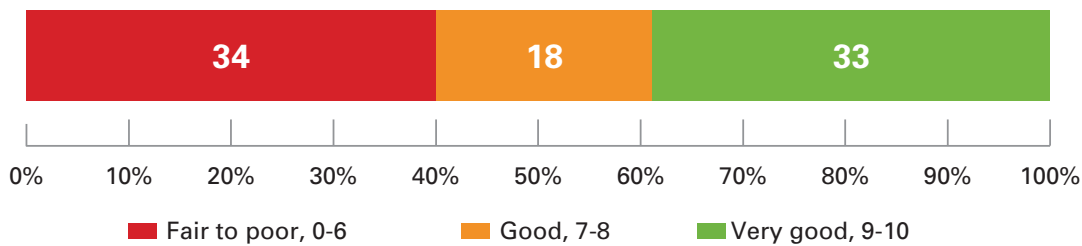


## In summary: what were the experiences of patients during discharge or transfer from hospital?

'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 85 people who rated their experience of discharge or transfer from hospital, 34 (40%) said that their experience was 'fair to poor', while 33 people (39%) reported having a very good experience. Figure 10. below summarises these experience ratings.

**Figure 10. Experience ratings for discharge or transfer**

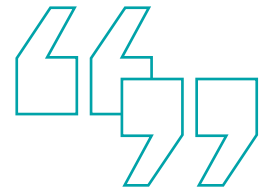


## What were the key findings for discharge or transfer?

- Out of 76 patients, 57 (75%) said that their family or someone close to them was given enough notice of their discharge.
- 26 people (49%) who answered Q47 said that they were not informed about any danger signals to watch for when they went home.
- UL Hospitals, Ennis scored around the same as the national average for this stage of care, with an overall score of 6.9 out of 10. This means that the experiences of patients in this hospital were similar to the national average.



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



In total, patients from UL Hospitals, Ennis made six comments in the 2017 survey about 'discharge and aftercare management'. Four of these comments were in response to Q60, which asked for suggestions for improvement. An example is provided below.

### Discharge and aftercare

"I felt I was not given enough information on my health. I was discharged with no diagnosis/answer."

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

### Twelve questions asked about discharge or transfer

Out of 76 people, 57 (75%) said that their family or someone close to them was 'definitely' given enough notice about their discharge from hospital. Furthermore, 26 people (49%) who answered Q47 said that they were not informed about any danger signals to watch out for after they went home.

Figure 11. summarises the scores for UL Hospitals, Ennis for questions on discharge or transfer from the hospital.

Figure 11. UL Hospitals, Ennis scores for questions on discharge or transfer

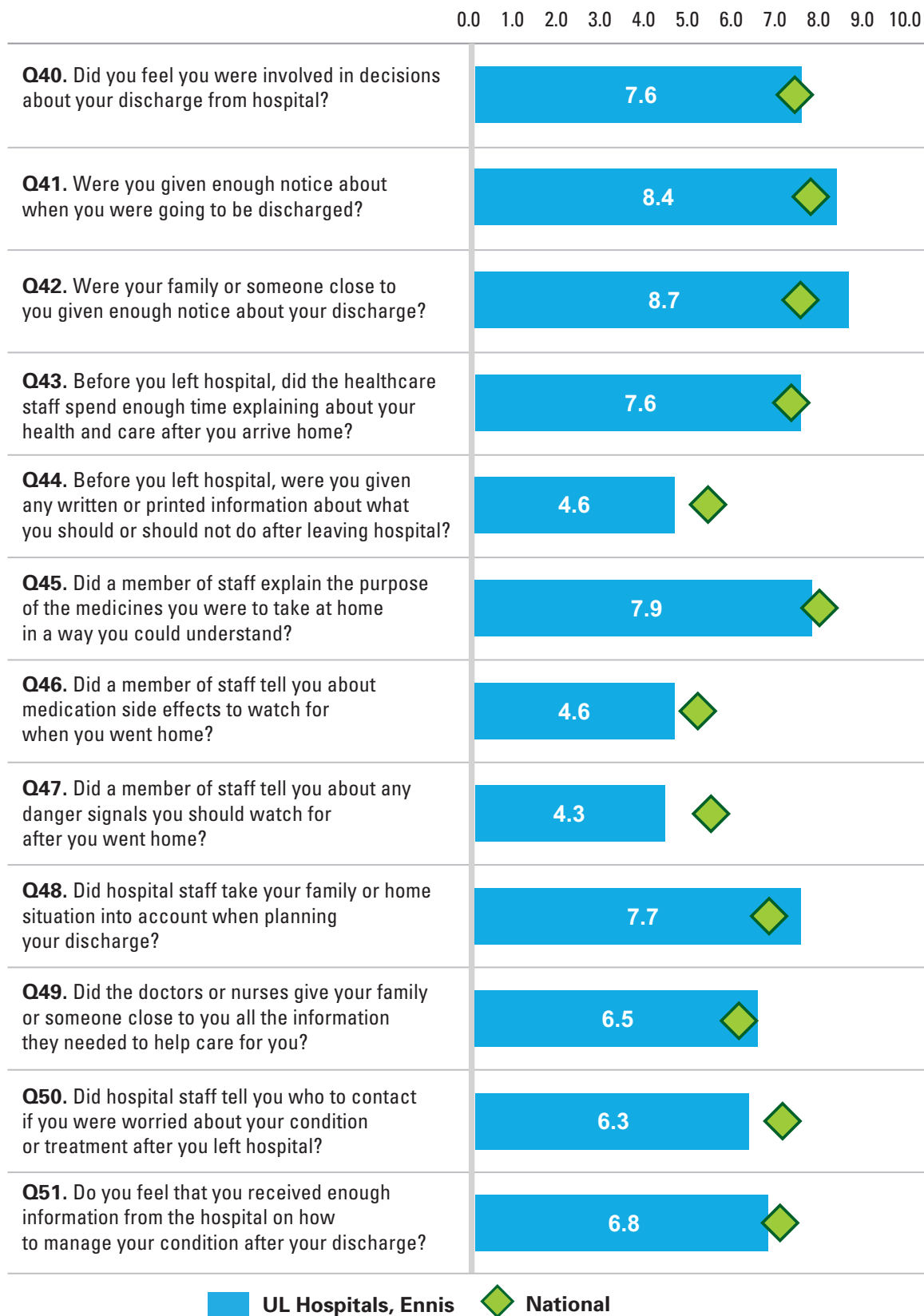
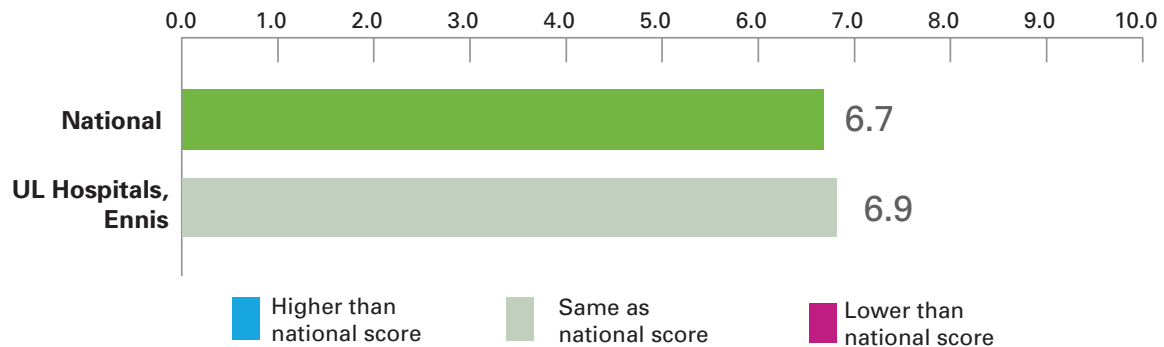


Figure 12. shows that within the discharge or transfer from hospital stage, the average score for UL Hospitals, Ennis (6.9 out of 10) is around the same as the national average (6.7 out of 10)<sup>5</sup>. This means that patients who attended UL Hospitals, Ennis in May 2017 reported similar experiences to the national average, for this stage of care.

**Figure 12. Comparison of UL Hospitals, Ennis with the national average for discharge or transfer (out of a maximum of 10).**



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

UL Hospitals, Ennis scored below the average in many areas for this stage of care, suggesting that it is a particularly problematic area for the hospital. Patients reported a lack of information about how to care for themselves after leaving hospital, including the danger signals to watch out for and medication side effects. This means that communication prior to discharge requires improvement in this hospital. However, many patients reported that both they and their family or someone close to them received enough notice of their discharge.

<sup>5</sup> Though UL Hospitals, Ennis' discharge or transfer score is higher than the national score, the difference is not statistically significant. For further information see Appendix 4.

# Other aspects of care



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

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

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

- Q11 was the highest ranking question on other aspects of care (score of 9.7 out of 10). 93% of people said that the toilets or bathrooms they used in the hospital were ‘very clean’.
- Q27 was the lowest ranking question on other aspects of care (score of 7.5 out of 10). 41% of those who wanted their family involved said they were not, or were only to some extent, given sufficient opportunity to talk to a doctor.

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



70 open-ended comments related to ‘staff in general’, ‘communication with family and friends’, ‘physical comfort’, ‘hospital facilities’, ‘clinical information and history’ and ‘private health insurance’. 20 of these comments were made in response to Q60, which asked for suggestions for improvement.

### Communication with patients

“I thought the doctors and nurses were very helpful in explaining things and taking care of you.”

“The hospital needs more staff and better communication. Our mother got [Condition Type] due to poor conditions at the hospital. If a member of her family was not there at all times to ensure she was taken care of, she would not be with us today. We hope things will change but know things will not change. Human life means nothing in this country.”

## Dignity and respect

"The facilities - individual rooms allowed for greater privacy and rest."

## Staff in general

"From Dr, nurses, carers, cleaners were all very kind & helpful to me during my stay in Ennis General Hospital. Brilliant staff."

## Communication with family and friends

"The staff were very helpful & friendly & gave us anything that we asked for. The doctor was helpful & gave us whatever information he could. He spoke to the family about drugs he wanted to put the patient on."

"Keep patient and family more informed about whats going on. My children felt that they were told nothing and constantly had to ask."

## Physical comfort

"The staff and nurses on the unit were really excellent. Room was fantastic."

"I was a bit cold at night and staff forgot to give me an extra blanket, after asking. Also I had very sore [Condition Name] and [Condition Name] during my stay. When I told nurse they never gave me anything, maybe forgot."

## Hospital facilities

"Accommodation was excellent - private room with ensuite bathroom. Lovely view. Quiet. NB All rooms were similar, we specifically asked for a public room (didn't want VHI to incur any unnecessary cost). Would have happily been in bigger ward if needed. We appreciate the many dedicated staff at our hospitals and their kindness to patients"

"The heating was broken and constantly on. For a new room it was controlled by computer and couldn't be turned off."

## Clinical information and history

"I think admitting somebody to Ennis hospital on a bank holiday is wasteful. Some tests were left completed until the following Friday. Its shameful that I had to continuously ask for the tests."

## Private health insurance

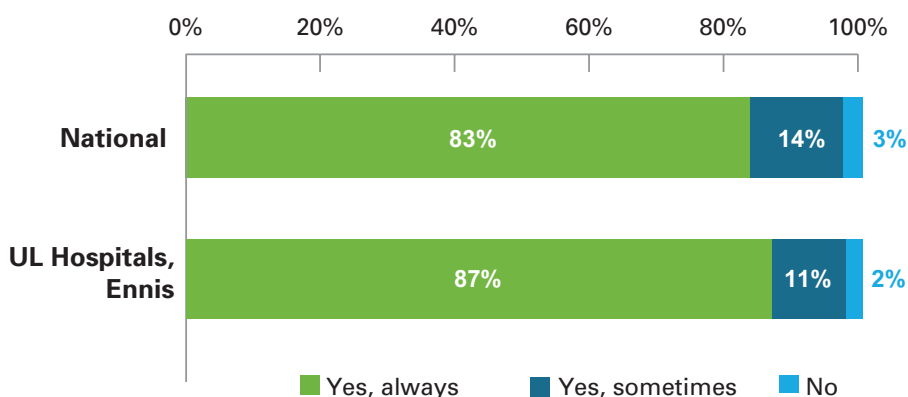
"Not asking elderly/vulnerable patients to sign forms re. using their private health insurance when public use is sufficient and also an entitlement of the patient (Patient is not part of a target filling exercise for the hospital) Doctors should make it clear to patients family when is a good time to discuss/talk i.e. either during their ward round or at an appointed time. Doctor should check that he/she is talking to the right person and at appointed time "

## 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 UL Hospitals, Ennis in May 2017. Overall, 71 people (87%) said that they were always treated with respect and dignity, while two people (2%) said that they were not. This question scored an average of 9.3 out of 10, meaning that, in general, people reported a positive experience of this aspect of care.

Figure 13. below shows these patients' ratings of the level of dignity and respect they were shown in hospital.

**Figure 13. Ratings for dignity and respect in UL Hospitals, Ennis**



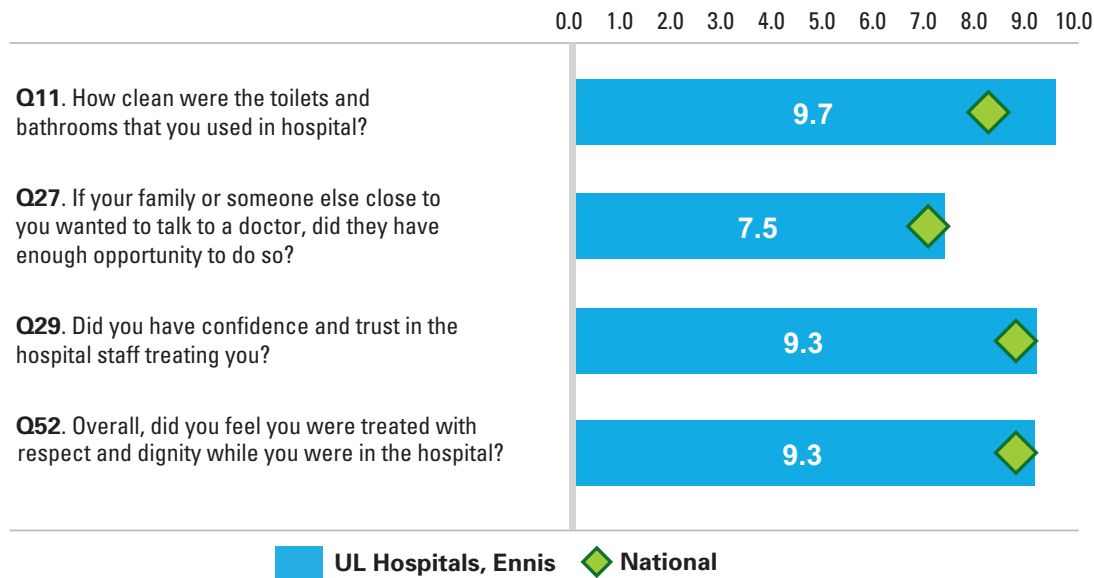
**Question 29** asked people if they had confidence and trust in the hospital staff treating them. 73 people (85% of all people who answered Q29) said that they always had confidence and trust in the hospital staff, while two people (2%) said that they did not.

**Question 11** asked people about the cleanliness of the bathrooms and toilets in UL Hospitals, Ennis. While 79 people (93% of people who answered Q11) said that the bathrooms and toilets were very clean, one person (1%) said that they were not very clean.

**Question 27** asked people if their family or someone close to them had sufficient opportunities to talk to a doctor in UL Hospitals, Ennis. Out of 70 people, 41 (59%) said that their family or people close to them definitely had sufficient opportunities to talk to a doctor. However, 29 people (41%) said that their family or friends did not.

Figure 14. summarises the scores for UL Hospitals, Ennis for questions about other aspects of care.

**Figure 14. UL Hospitals Ennis scores for other aspects of care**



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

The majority of people said that they were treated with respect and dignity and had confidence in the hospital staff treating them. These areas are strongly linked with a positive overall experience and, while UL Hospitals, Ennis performed comparably to the national average, there is still some room for improvement. Patients also reported very positively on the standard of cleanliness in the toilets and bathrooms. However, some people said that their family or someone close to them found it difficult to find an opportunity to talk to a doctor, making this an area which requires improvement.



## Chapter 3

# Overall experience

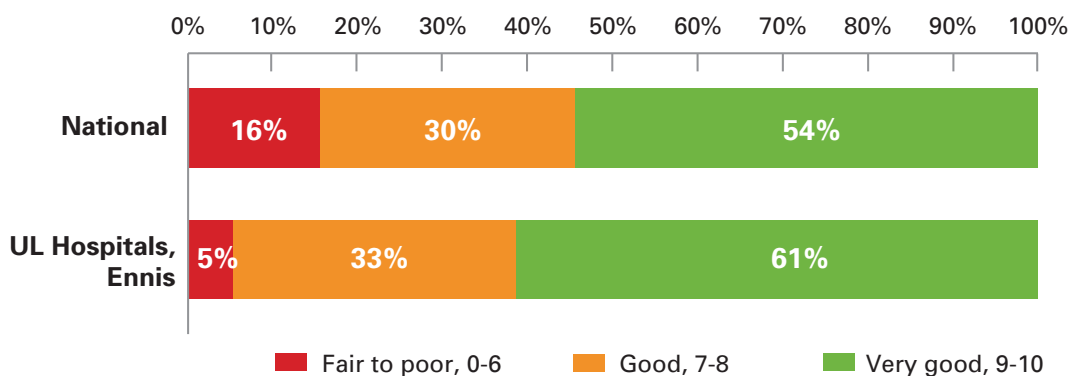
## Ratings of overall experience

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 15. below, the average overall rating of hospital experience for UL Hospitals, Ennis is provided and compared with the national average.

45 people (61%), who stayed in UL Hospitals, Ennis in May 2017 reported having a very good experience in this hospital, while 5% of respondents indicated a fair to poor experience.

**Figure 15. Overall rating of hospital experience for UL Hospitals, Ennis and nationally**







## Chapter 4

# Conclusion

### How did patients experience hospital care in UL Hospitals, Ennis in May 2017?

Overall, patients' ratings of their experiences at UL Hospitals, Ennis were above the national average. 95% of patients at UL Hospitals, Ennis said they had a 'very good' or 'good' experience, compared with 84% nationally.

The survey found that the majority of people said that they were treated with respect and dignity by the staff in UL Hospitals, Ennis. People also reported very positively as regards the privacy they were given while discussing their condition or treatment and while being examined or treated. Positive experiences were also reported in terms of the food provided in the hospital, particularly as regards the choice of food that is offered to patients. Overall, patients said that they had confidence and trust in the staff at UL Hospitals, Ennis.

However, there are some areas which need improvement in the hospital. In particular, the hospital performed below the national average on many questions during the discharge or transfer stage of care.

Some patients reported that they did not receive information on how to manage their condition after leaving hospital. A number of people also highlighted the lack of information provided at discharge regarding danger signals to watch out for at home and any side effects associated with their medication.

Challenges were reported by a number of patients as regards sufficient opportunities for their family or someone close to them to talk to a doctor. They also noted difficulties in understanding the explanation provided by staff in relation to their diagnosis or an operation or procedure. The survey also found that a number of staff members did not wear name badges, while others did not introduce themselves before examining or treating the patient. The hospital performed below the national average in some of these areas, indicating an evident need for improvement in communication between hospital staff and patients.

These findings will serve to inform quality improvement initiatives in UL Hospitals, Ennis.

## 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 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 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?
22	When you had important questions to ask a nurse, did you get answers that you could understand?

No.	Question
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?
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?

No.	Question
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 experience, 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.

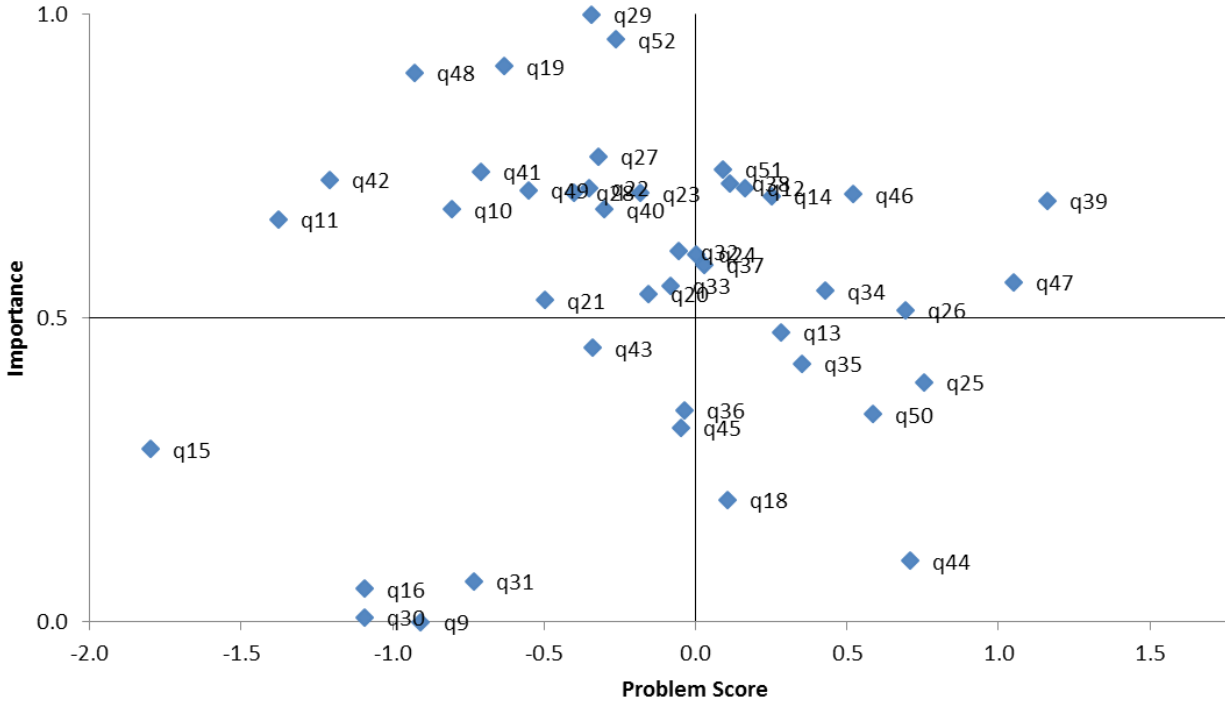
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected 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 16. 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 UL Hospitals, Ennis 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 UL Hospitals, Ennis 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 UL Hospitals, Ennis 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 UL Hospitals, Ennis. 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 UL Hospitals, Ennis.

Figure 16. Overall patient experience map for UL Hospitals, Ennis





# 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>6</sup>: admission; 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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6 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.

