



## National Patient Experience Survey 2017

# University Hospital Galway (UHG)

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.

Very good 9 - 10

Good 7 - 8

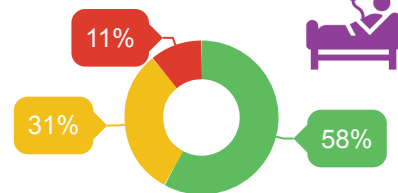
Fair to poor 0 - 6

## Stages of care

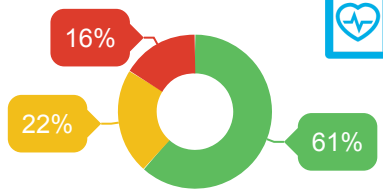
### Admission



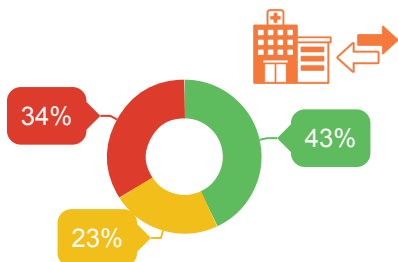
### Care on the ward



### Examinations, diagnosis & treatment



### Discharge or transfer

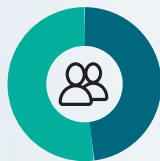


\* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

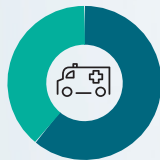
# University Hospital Galway



52%  
of 1743 eligible  
patients took part



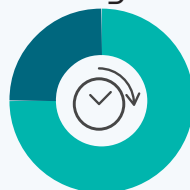
48% female  
52% male



61%  
entered hospital on  
an emergency basis

Average age:  
63 years

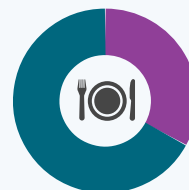
### Waiting time



75%

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

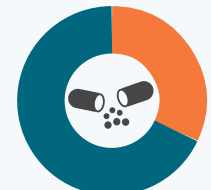
### Food



33%

rated the food as fair or  
poor.

### Medication



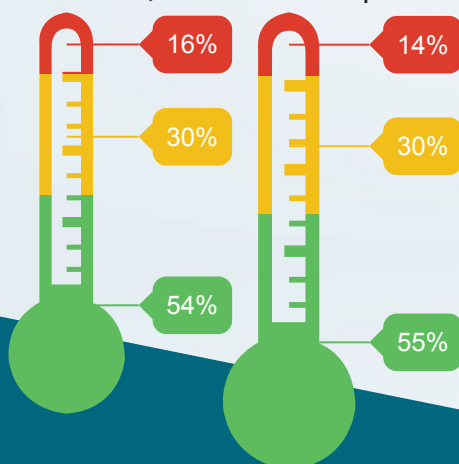
32%

were not fully informed  
about medication side  
effects to watch for.

## Overall experience

Nationally

This hospital



## Areas of good experience

84%   
of people said

they always had  
confidence and trust  
in the hospital staff  
treating them.

## Areas needing improvement

48%   
of people said

they were not given  
any written or  
printed information  
about what they  
should or should not  
do after leaving  
hospital.

# Structure and content of this report

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

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## Chapter 1

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# Patients' experiences of acute hospital care in University Hospital Galway

## 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 University Hospital Galway (UHG) during the month of May 2017. In total, 907 participants from UHG 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 907 patients from University Hospital Galway who completed the survey. 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

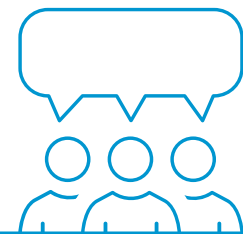
UHG is a public acute hospital located in Co. Galway. There were 654 inpatient beds available in the hospital during May 2017. 1,743 eligible discharges were recorded during the survey period of 1 May – 31 May 2017. UHG has an emergency department. Patients at this hospital were asked to answer questions across each stage of care.

## Purpose of this report

The purpose of this report is to present the key findings of the National Patient Experience Survey, based on the experiences of patients who stayed in UHG 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 UHG. A quality improvement plan will be developed for UHG 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

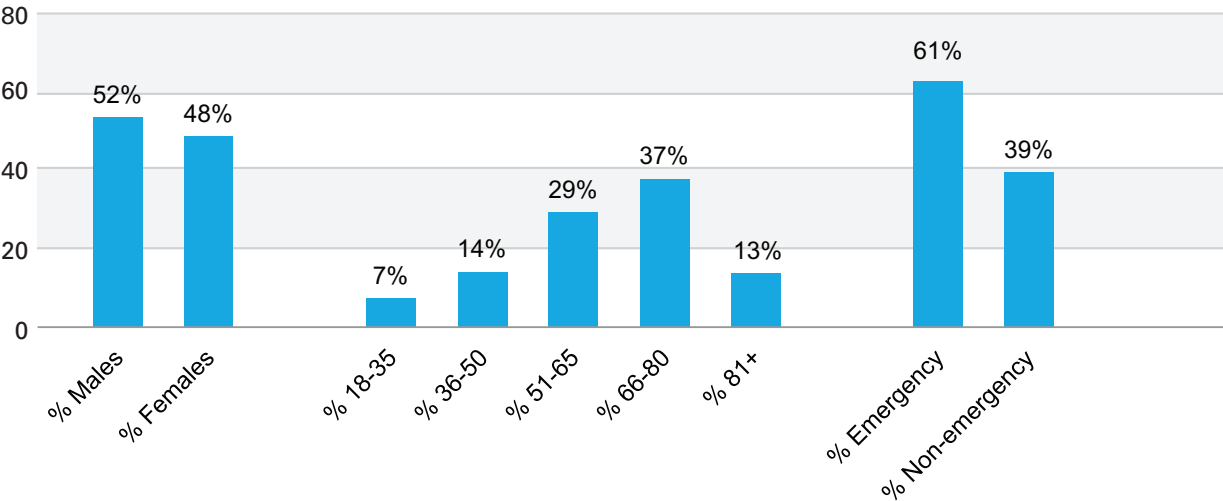
**1,743** people who were discharged from University Hospital Galway (UHG) during the month of May 2017 were invited to participate in the survey.

**907** people completed the survey from UHG, achieving an overall response rate of 52%.

52% of people who responded to the survey in UHG were male and 48% were female. The majority of respondents (61%) entered the hospital through the emergency department. Figure 1 below shows information about the people who took part in the survey from UHG.

Figure 1. below shows information about the respondents who took part in the survey from UHG.

**Figure 1. Survey participants for University Hospital Galway**



## What were the main findings for UHG?

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Overall, patients' ratings of their experiences at UHG were slightly above the national average. 85% of patients at UHG said they had a 'very good' or 'good' experience, compared with 84% nationally.

Many patients reported positive experiences about how staff in the hospital communicated with them. In particular, people were positive about the amount of time they had to discuss their care and treatment with a doctor. Patients also reported positive experiences of the discharge process in UHG. In particular, patients felt that they, their families and friends received enough information about how to manage their care at home. Patients also reported high levels of trust and confidence in the hospital staff treating them.

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 UHG. It was also found that there was a lack of privacy in the emergency department while patients were being examined or treated. Some patients also reported that they did not feel as though they were treated with dignity and respect in the emergency department. Based on reports from patients, food provided at mealtimes is also an area which requires improvement. Patients were not always given written or printed information about what they should or should not do after leaving hospital. These findings will serve to inform quality improvement initiatives in UHG.

## Areas of good experience and areas needing improvement in UHG

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 UHG are:

Patients had very positive experiences in several areas, particularly as regards communication with doctors and the discharge or transfer process from hospital.

#### Examinations, diagnosis and treatment | Q21.

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

Out of the 893 who responded to this question, 825 people (92%) said that they definitely or to some extent had enough time to discuss their care and treatment with a doctor.

#### Other aspects of care | Q29.

##### Confidence and trust in hospital staff

Of the 899 people who responded to this question, 758 (84%) said that they always had confidence and trust in the hospital staff treating them.

#### Discharge or transfer | Q49.

##### Provision of information to family members

464 people (76%) said that doctors or nurses definitely or to some extent gave their families or someone close to them all the information they needed to help care for them.

#### Discharge or transfer | Q51.

##### Information on how to manage a condition

680 people (87%) said that they definitely or to some extent received enough information from the hospital on how to manage their condition after discharge.

## The areas needing improvement in UHG are:

Patients highlighted areas needing improvement across each stage of care. Issues around privacy, respect and dignity in the emergency department were particularly problematic.

### Admissions | Q5.

#### Privacy while being examined or treated

219 people (39%) said they were not or were only to some extent given enough privacy when being examined or treated in the emergency department.

### Admissions | Q6.

#### Respect and dignity in the emergency department

Of the 502 people who responded to this question, 120 people (24%) said they felt that they were not, or only sometimes, treated with respect and dignity in the emergency department.

### Care on the ward | Q15.

#### Food rating

Of the 871 people who had food on the ward at mealtimes, 287 people (33%) rated the food as either fair or poor.

### Discharge or transfer | Q44.

#### Written or printed information

Of the 863 people who responded to this question, 417 (48%) said that they were not given any written or printed information about what they should or should not do after leaving hospital.



## 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.

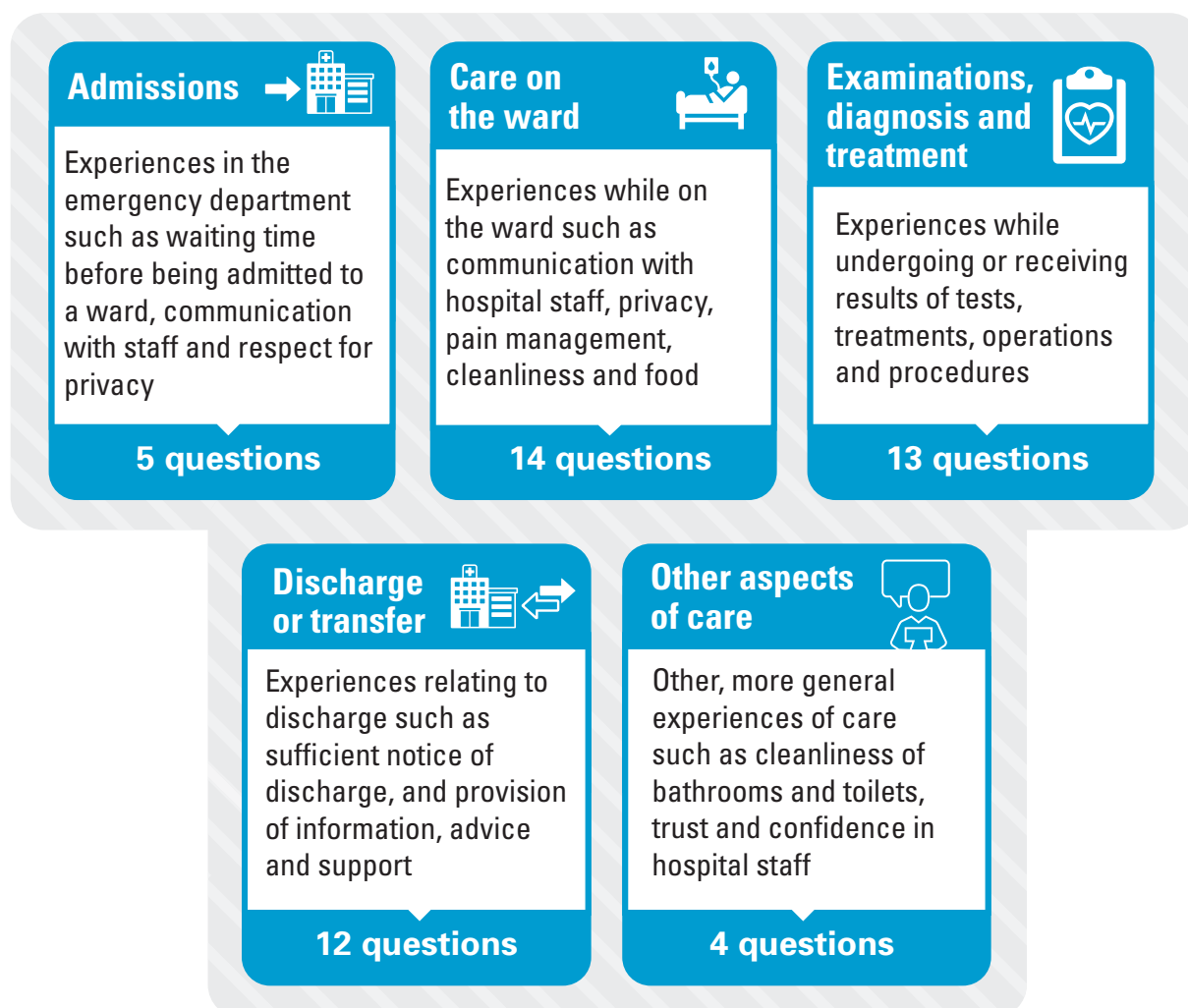
The survey questions were grouped into five stages along the patient journey:

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

**"I got wonderful care from Emergency to short stay ward. The nurses were caring and patient and very professional."**

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

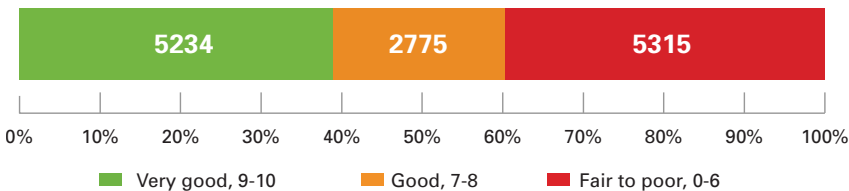
## 1. EXPERIENCE RATING FOR A STAGE OF CARE

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.

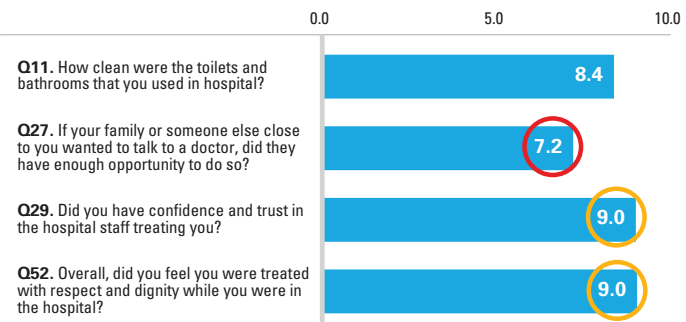
**Example:**

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

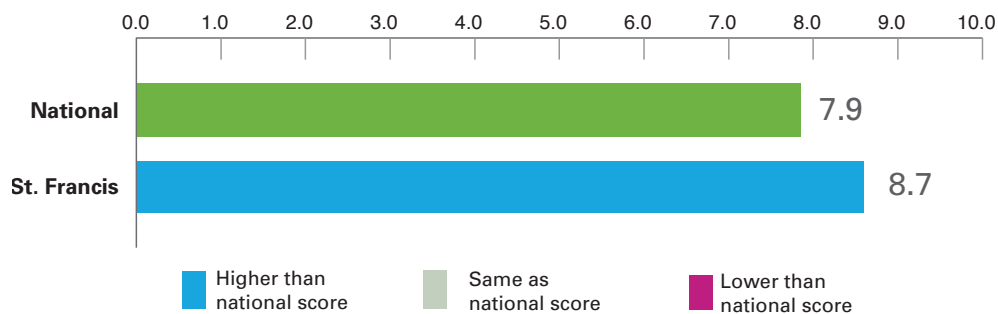


### 3. COMPARISONS

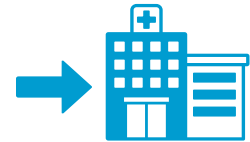
When hospital scores are compared with the national average, statistical tests were carried out to check if any differences were genuine or simply down to chance. The way hospital scores are calculated is explained in Appendix 4.

#### 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

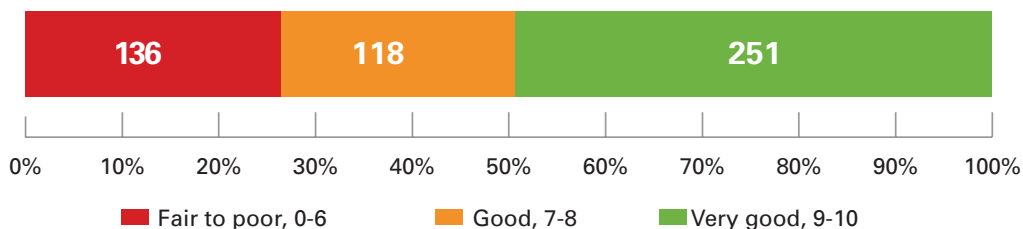


## In summary: what were patients' experiences of the admissions process?

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

136 people (27%) reported a 'fair to poor' experience of admission to University Hospital Galway. However, 251 people (50%) 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?

- 365 people (75%) reported that they waited more than six hours in the emergency department before being admitted to a ward. Of these, 24 people reported waiting 48 hours or more before they were admitted.
- Out of 502 people, 382 (76%) said that they were always treated with respect and dignity during their time in the emergency department.
- People made 70 suggestions for improvement in relation to the waiting times in the emergency department.

## The patient voice: what patients said about admissions



People made 304 comments about the following themes: 'dignity, respect and privacy', 'communication with the patient', 'emergency department management and environment' and 'emergency department waiting times'. 210 comments offered suggestions for improvement. Of those, 70 comments mentioned the waiting times in the emergency department.

### Dignity, respect and privacy

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

"A&E Dept needs improving immediately - no privacy shown to patients. Very little dignity having to lie on a trolley for 12 hours and as an [Condition Name] patient, particularly when pain is severe. More assistance needs to be given to visually impaired patients - it is not good enough to tell them to feed themselves when they clearly aren't capable of doing so. We experienced this last month."

### Communication with the patient

"Yes, I was seen to very quickly in A & E, even though it was very busy. The Doctor [Name] was lovely and explained everything very well to me."

"Doctors in the emergency department need to understand not everyone goes to medical school so therefore don't understand all the medical terms, maybe need to think about speaking clear English, so that patients can understand and not in medical terms."

### Emergency department management and environment

"I have [Condition Name] and needed to be hospitalised on two occasions recently, can't praise the doctors and nurses in A&E for their immediate and urgent treatment given to me at all times."

"Casualty. On day of admission I had to sit in a chair with a drip all night as a result of a shortage of beds. Casualty was in complete chaos. When staffed with both doctors and nurses."

### Emergency department waiting times

"Yes - all the nurses were very good, very kind, and understanding and willing to spend time. They were also very busy as I was on the [Ward Type]. All the [Procedure Name], scans & test results were very quick and I was impressed with the speed I was seen and admitted. All the doctors seemed to work together and each one knew what was happening."

"The ER department needs to be enlarged, it was too crowded. I sat on a chair for 8.5 hours before I got on a trolley and some patients were sitting on chairs for much longer. A row of trollies on either side of the corridor of the ER department is not acceptable. Older patients waiting for hours and hours is just terrible."

## 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 admissions (score of 8.5 out of 10). 382 people (76% of people who answered Q6) said that they were always treated with respect and dignity in the emergency department in UHG. However, the hospital's score for this question was below the national average.

365 people (75%) reported that they had to wait more than six hours in the emergency department before being admitted to a ward, making Q8 the lowest scoring question for this stage (score of 6.4 out of 10). Further detail on waiting times is provided later in this section.

**"The staff were very kind and professional - It was like a home from home environment"**

Figure 5. presents the scores for UHG for questions related to admissions.

**Figure 5. UHG scores for questions on admissions**

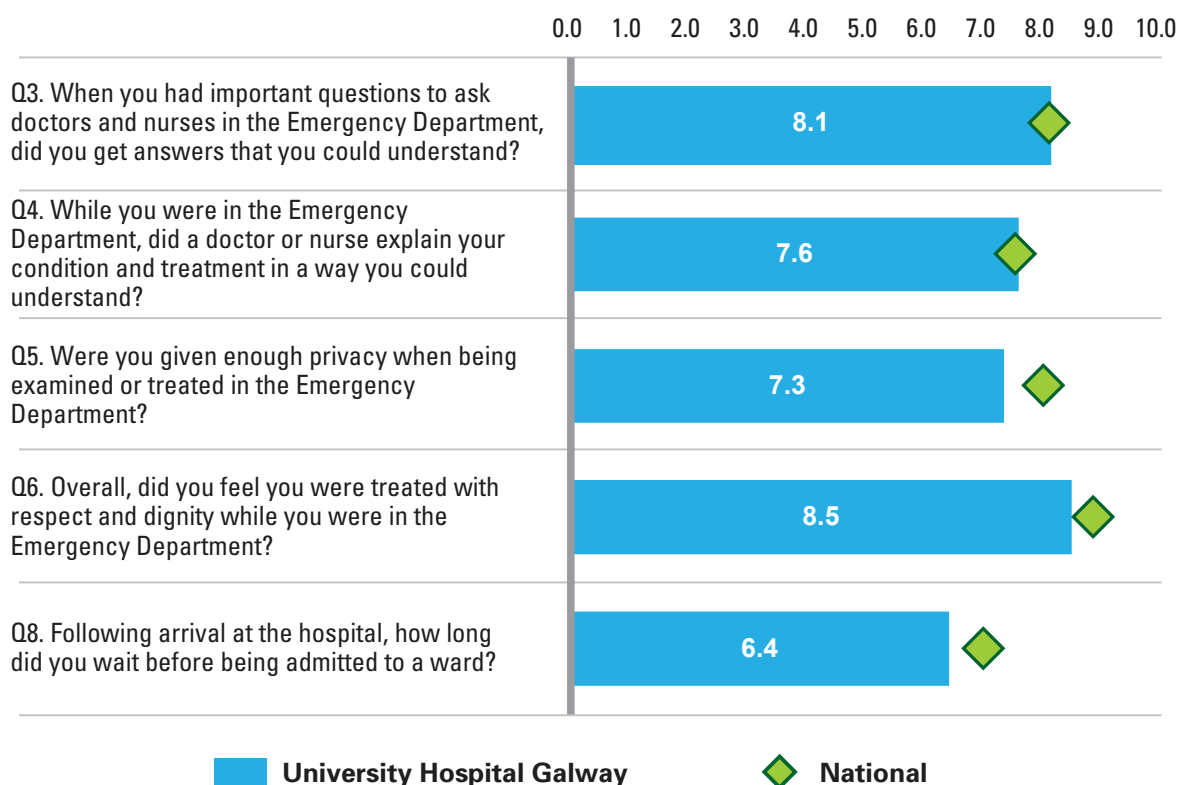


Figure 6. shows that, within the admissions stage, the average score for UHG (7.6 out of 10) is lower than the national average score (7.9 out of 10). This means that patients who attended UHG reported more negative experiences than patients in other hospitals, based on the national average scores for this stage of care.

**Figure 6. Comparison of UHG and the national average score for admissions (out of a maximum of 10).**



## Emergency department waiting times

The HSE sets targets for the performance of acute hospitals\*, including targets that are relevant to waiting times in emergency departments, such as:

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

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

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

The HSE measures emergency department waiting times differently to the survey, namely from the time a patient registers at the emergency department until they leave it. It is likely that there are some differences between survey findings and the official HSE figures.<sup>1</sup>

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

## Waiting time before being admitted to a ward

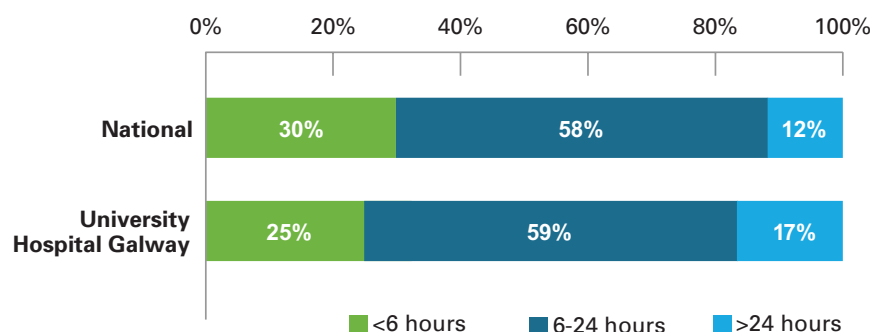
Out of 484 people from UHG who answered the question on waiting times in the emergency department, 119 (25%) said they were admitted to a ward within six hours of arriving at the emergency department. 284 people (59%) reported waiting between six and 24 hours. 81 people (17%) said that they waited 24 hours or more in the emergency department, with a total of 24 respondents reporting that they waited 48 hours or more before being admitted to a ward.

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

### What does this mean for University Hospital Galway?

With only 25% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that UHG 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 UHG also fell short of the HSE target for waiting times. Studies have found that long waiting times in the emergency department after a decision has been made to admit a patient can have negative consequences for patients' health<sup>(1,2)</sup>.

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



### Admissions: what do these results mean?

While the majority of patients who attended the emergency department at University Hospital Galway said that they were treated with respect and dignity while in the emergency department, their experience of waiting times was less favourable; 75% of people reported that they waited in the emergency department for more than six hours before being admitted to a ward. UHG performed lower than the national average for emergency department waiting times and also fell short of the targets set by the HSE.

# Care on the ward

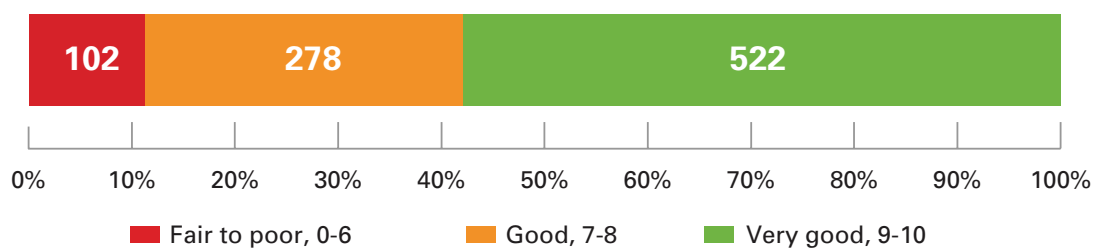


## In summary: what were patients' experiences of care on the ward?

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

102 people (11%) reported having a 'fair to poor' experience during their stay in UHG in May 2017. However, 522 people (58%) reported having a 'very good' experience of care on the ward 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 898 people, 687 (77%) said that the room or ward they were in was very clean.
- Of the 871 people who reported eating the food in hospital, 185 people (21%) rated the food as 'fair', and 102 people (12%) rated it as 'poor'.
- 73 suggestions for improvement were made in relation to food and drink in UHG.

**"I felt that being away from home that the nurses made every effort to talk and spend time with me."**



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

In total, patients who attended UHG made 409 comments about: 'staffing levels', 'staff availability and responsiveness', 'other healthcare staff', 'other staff', 'food and drink', 'cleanliness and hygiene'. 197 comments offered suggestions for improvement. Of those, 73 comments related to food and drink that is provided at mealtimes.

### Staffing levels

"In spite of the bad media coverage, I found that all aspects of my hospital stay were excellent. A special mention for the nurses who in spite of the pressure were as cheerful and helpful at the end of their work as they were at the beginning."

"The number of staff could be increased, most of the staff are lovely and it is disgraceful the conditions they are expected to work under. They seem to be stressed themselves, so it is difficult for them dealing with ill patients."

### Staff availability and responsiveness

"The nurses were always on call when I needed them. Most of them were able to explain to me or my family my condition or treatment."

"More nurses required, after waiting for a considerable amount of time before nurses could respond to constant bleeping drips etc. and other patient requirements. Food, even though a limited choice was available, was not particularly appetising - especially at tea-time."

### Other healthcare staff

"The dignity with which I was treated. The patience and kindness of staff (nurses and carers or healthcare assistants went above and beyond duty)."

### Other staff

"The nurses and canteen staff were very professional, kind and caring. The staff on [Ward Name] were always there when I needed my tests to be explained."

"The cleanliness of the wards could be much improved cleaning staff very nice but did not seem to be trained in basic hygiene (example cleaning toilet with same mop and water and then cleaning floor of ward)."

## Food and drink

"Staff were very attentive and caring. Food was nice and fresh and the room was very private."

"The food was very hit and miss - very bland most of the time or too spicy. The fish, both steamed and battered, were inedible."

## Cleanliness and hygiene

"The level of nursing care, attention and kindness was superb. Food was good, cleanliness 1st class. Maybe there could be a limit placed on the no. of visitors visiting. After an operation it can be annoying."

"Nurses in particular spoke too loud as a result the other patients could hear everything that was said (Re Q31). Cleaning staff rubbed many items before rinsing the cloth as a result I think cross contamination could occur (Re Q10)."

## 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 on care on the ward. 898 people answered this question, with 687 (77%) reporting that the room or ward they stayed on was very clean.

Q22 which asked about communication with nurses and Q32 which asked about pain management also performed well (score of 8.9 out of 10).

Q15 asked about hospital food, and was the lowest scoring question. 871 people reported receiving food during their stay in UHG and, of these, 185 people (21%) rated the food as 'fair' and 102 people (12%) rated the food as 'poor'.

Q28 which asked if patients could find a member of hospital staff to talk to about their worries and fears was also among the lowest scoring questions on this stage of care (score of 6.8 out of 10).

**"The facilities were excellent. The staff were excellent. The ward was spotlessly clean."**

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

**Figure 9. UHG scores for questions on care on the ward**

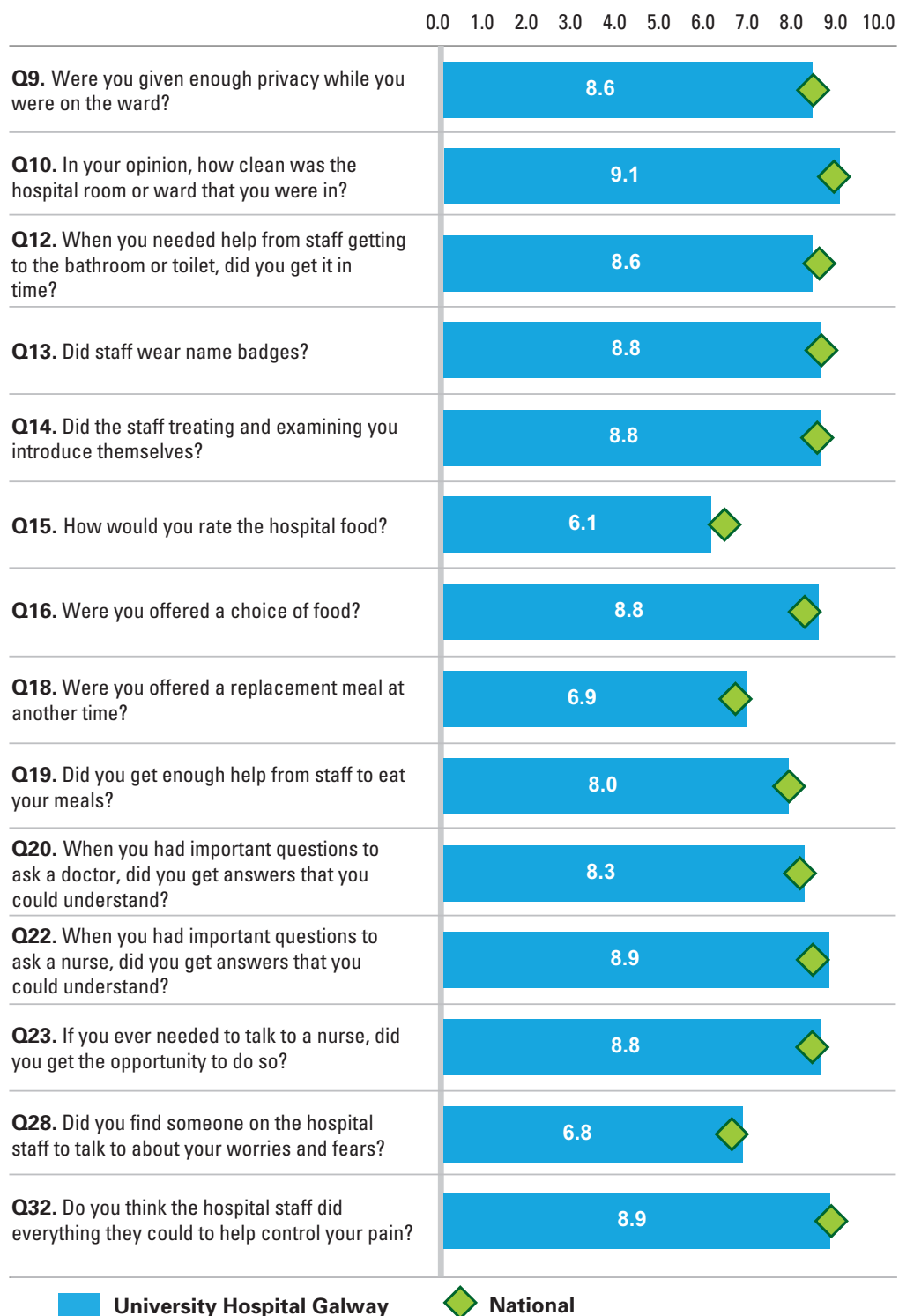
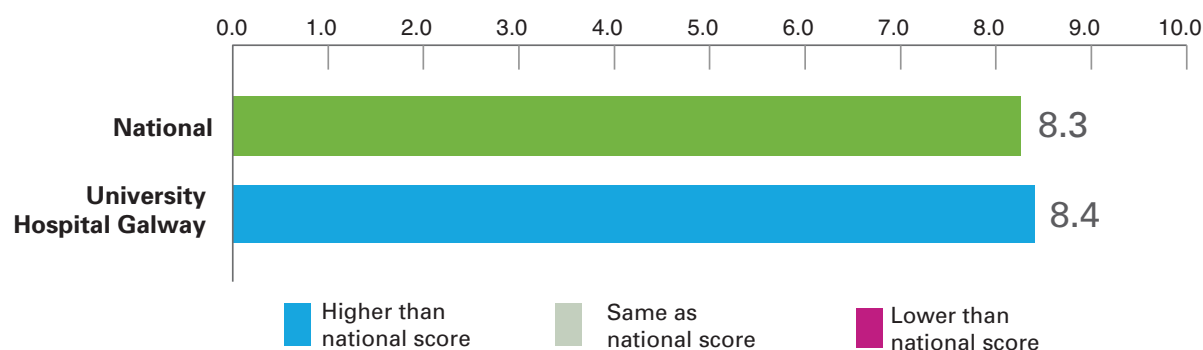


Figure 10. shows that, within the care on the ward stage, the average score for UHG (8.4 out of 10) is higher than the national average score (8.3 out of 10). This means that patients who attended UHG in May 2017 reported a more positive experience of care on the ward than patients in other hospitals.

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



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

UHG performed quite well on this stage of care, particularly as regards cleanliness on the wards, pain management and communication with nurses. The average score for University Hospital Galway is higher than the national average for care on the ward. Patients also reported that they found it difficult to find someone to talk to about their worries and fears.

# Examinations, diagnosis and treatment

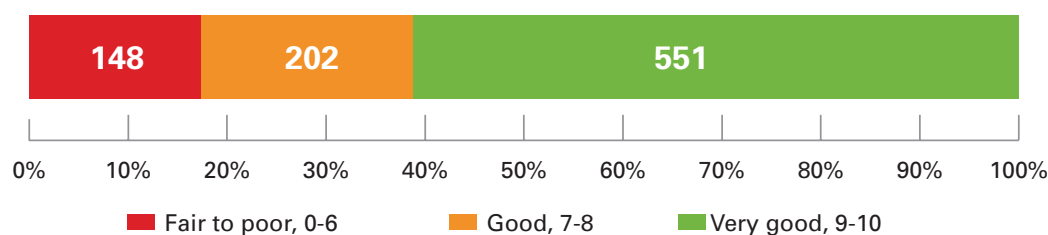


## In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

148 people (16%) reported that they had a 'fair to poor' experience of examinations, diagnosis and treatment in UHG. 551 (61%) 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?

- 762 people (85%) said that they were always given enough privacy when being examined or treated.
- Q21 and Q38 which asked about communication between staff and patients were the lowest scoring questions for this stage of care.
- The majority of positive comments received mentioned nurses, doctors and consultants.

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



People made 450 comments about: 'nursing staff', 'doctors or consultants' and 'waiting times for planned procedures'. 398 were positive. Of those, 237 were about the nursing staff in UHG and 152 were about doctors and consultants. 52 comments offered suggestions for improvement.

**Nursing staff**

"The nurses and canteen staff were very professional, kind and caring. The staff on [Ward Name] were always there when I needed my tests to be explained."

"One time after an operation, when I was back on the ward I asked a nurse twice to help me to the toilet. I went by myself as I could not wait any longer. This was my only bad experience."

**Doctors or consultants**

"Speed of treatment and good attitude of staff and doctors especially the consultant and registrar."

"When a patient changes over night doctors must listen and not just want the patient discharged to let someone else into the bed. No diagnosis provided to the family is shocking. When challenged 6 diagnosis provided but no uniformity between the doctors involved in the different diagnoses."

**Waiting times for planned procedures**

"I was not 10 minutes in A&E. I was seen straight away. Had a [Procedure Name] in about 15 minutes after arriving at the hospital. I was then sent directly to the [Ward Type] and was looked after immediately and after about 3 hours got a bed in a private room."

"2 theatres open when you have about 5 theatres is appalling. I had to wait from Tue - Sat to see if I could have my op. 4 days fasting and at 10pm to be told Not Today. This is a disgrace. All parties involved in this charade is frustrated, inhumane disgusting. No one is a winner. Crazy!"

## 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 897 people, 762 (85%) said they were always given privacy when being examined or treated in UHG. This area achieved an overall score of 9.1 out of 10.

Q21 was the lowest scoring question on examinations, diagnosis and treatment (score of 7.8 out of 10). 68 people (8%) said that they did not feel they had enough time to discuss their care and treatment with a doctor. 235 people (36%) said that they only to some extent had enough time. Nonetheless, UHG scored higher than the national average on this particular question.

With a score of 7.9 out of 10, Q38 was also a low scoring question for this stage of care. Even though 68% of people said that they were told beforehand how they could expect to feel after their operation or procedure, 138 (23%) said they were only given some information, while 57 (10%) were not given any such information.

Figure 12. summarises the scores for UHG during examinations, diagnosis and treatment.

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

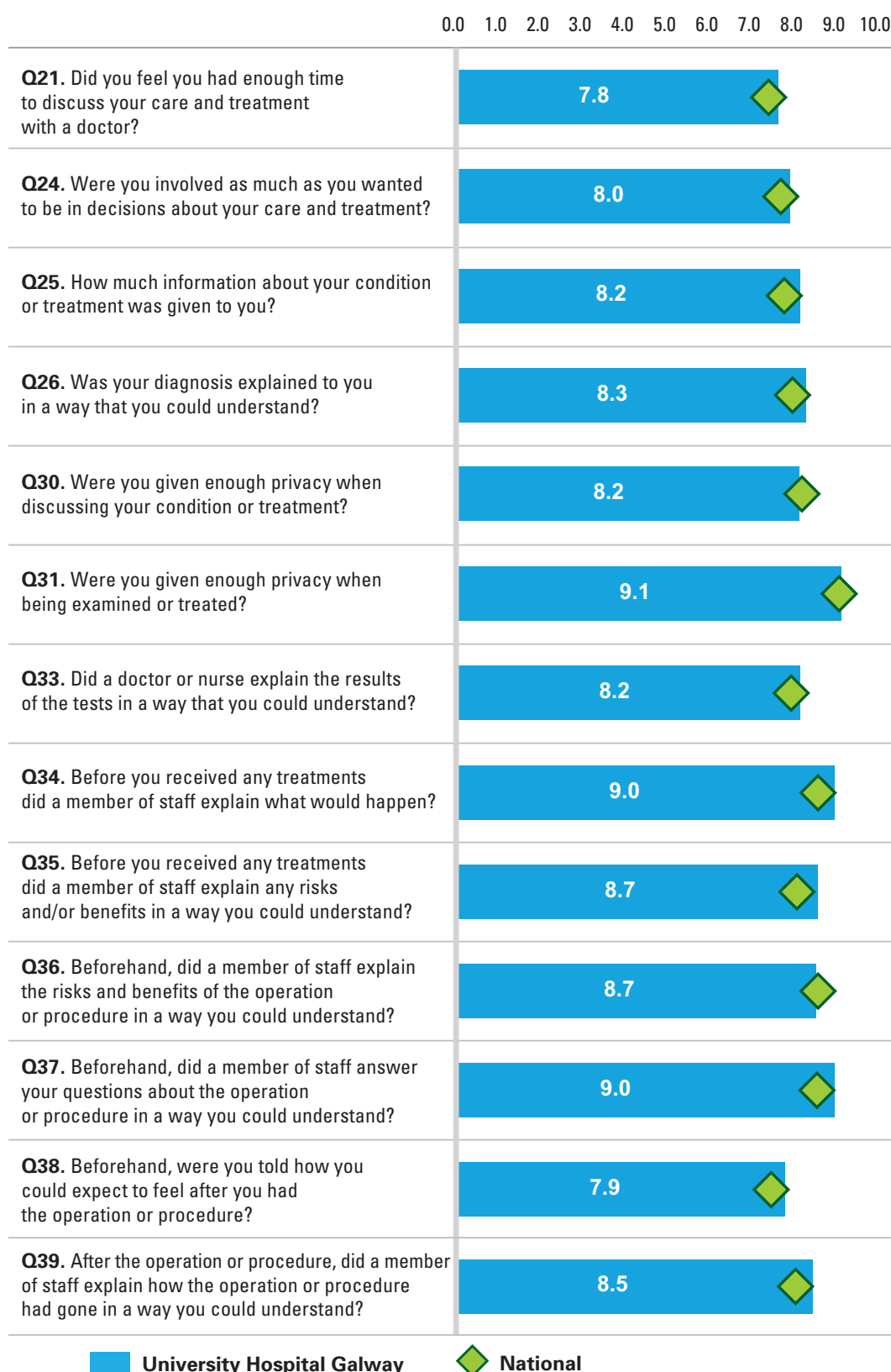
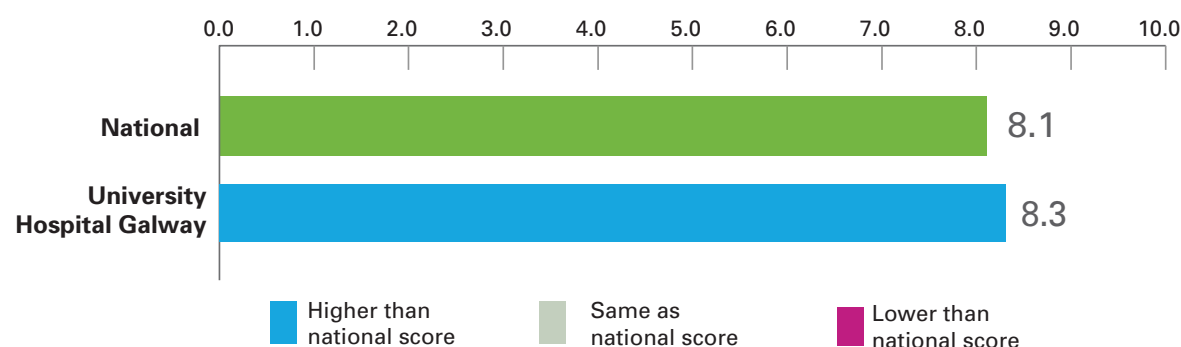


Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for UHG (8.3 out of 10) is higher than the national average score (8.1 out of 10). This means that patients who attended UHG in May 2017 reported a more positive experience than patients in other hospitals, based on the national average.

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



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

UHG performed better than the national average on this stage of care. Patients reported that they were given enough privacy when being examined and treated on the ward, but were less positive about having had enough time to discuss their care and treatment with a doctor. Some patients were also less positive about having received enough information from medical staff on how they could expect to feel after an operation or procedure.

# Discharge or transfer

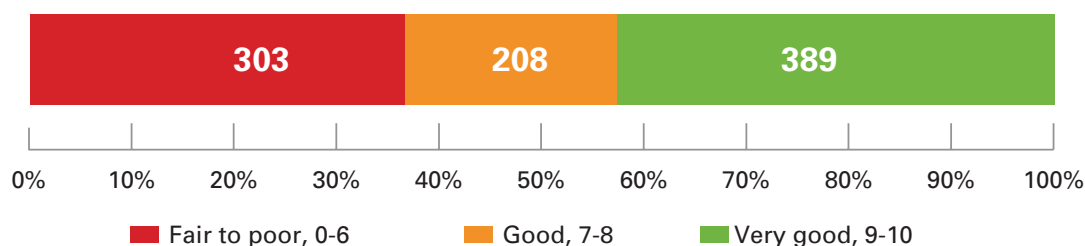


## In summary: what were the experiences of patients during discharge or transfer from hospital?

'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 900 people who rated their experience of discharge or transfer, 303 (34%) said that their experience was 'fair to poor'. On the other hand, 389 people (43%) reported having a very good experience of this stage of care in University Hospital Galway. Figure 14 below summarises these experience ratings.

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



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

- This was the lowest performing stage of care for University Hospital Galway (score of 7.1 out of 10).
- The highest scoring questions on this stage of care asked about whether people received enough notice about when they were going to be discharged (Q41) and about whether staff explained the purpose of the medication people were to take at home in a way they could understand (Q45). Both questions scored 8 out of 10.
- Q44 was the lowest scoring question for this stage of care. 417 people (48%) said that they were not given any written or printed information about what they should or should not do after leaving hospital.

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



In total, people from UHG made 35 comments in the 2017 survey about discharge and aftercare management. The majority of comments (80%) suggested areas for improvement.

### Discharge and aftercare

"The food I received on the ward was very good. The regular checks by the staff for vitals were good. Instructions in the event of something going wrong once discharged where good."

"I received a letter to say I would be discharged on the day of my surgery however, this wasn't the case and my family then had to book into a B&B for an extra night unexpectedly. Aftercare appointments were for very early in the morning despite us living a 5 hour drive away and having to get up at 4 in the morning."

"Outpatient aftercare. My hospital stay this time may have been prevented if outpatient aftercare had dealt with my worries from previous/recent procedure. Instead this hospital stay was to repair damage following [Procedure Name]. Despite my several voiced concerns re [Procedure Type] when put in first."

"The aftercare was very good I cannot praise the nursing staff enough."

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

### Twelve questions asked about discharge or transfer.

Q41 and Q45 were the highest scoring question in this stage of care (score of 8 out of 10). In response to Q41, 627 people (70%) said that they were definitely given enough notice about when they were going to be discharged. With regards to Q45, out of 705 people who said they were prescribed medication, 500 (71%) said that a member of staff explained the purpose of the medicines they were to take when they were at home in a way they could understand.

**"I could have been given more information on how I might cope when I got home."**

With a score of 5.1 out of 10, Q44 was the lowest scoring question on discharge and transfer. Out of 863 people, 417 (48%) said that they were not given any written or printed information about what they should or should not do after leaving hospital.

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

**Figure 15. UHG scores for questions on discharge or transfer**

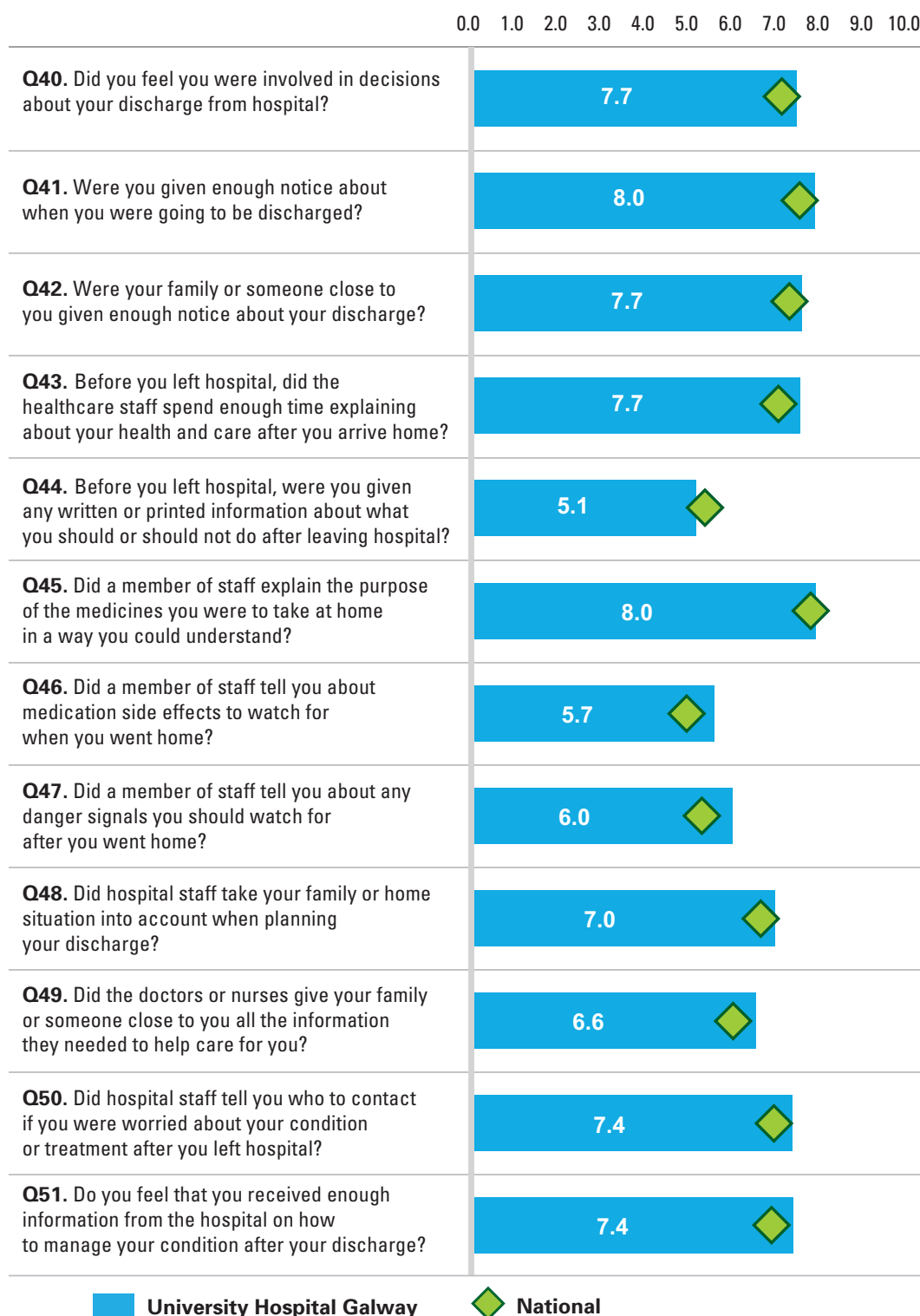
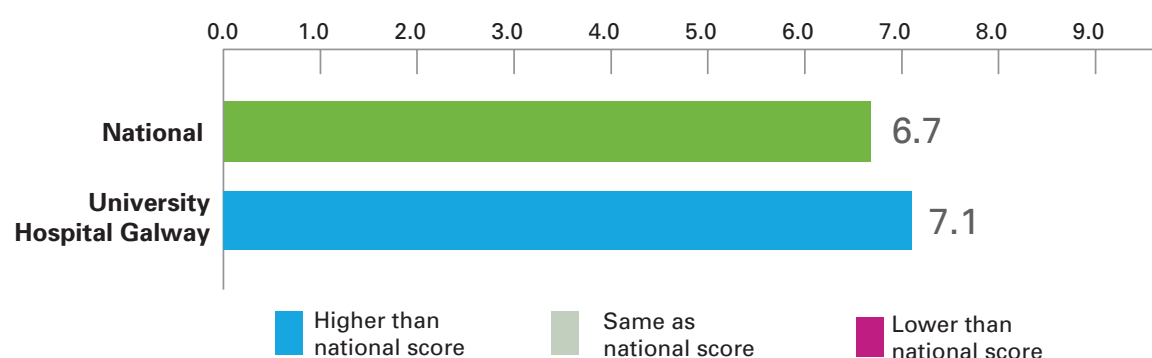


Figure 16. shows that as regards discharge or transfer from hospital, the average score for UHG (7.1 out of 10) is higher than the national average (6.7 out of 10). This means that patients who attended UHG in May 2017 reported more positive experiences of the discharge process in comparison with patients in other hospitals, based on the national average scores.

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



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

UHG did not perform as well on this stage of care compared with the other stages. Nonetheless, the hospital's scores were higher than the national average for this particular stage of care. While patients reported receiving enough notice about when they were going to be discharged and the purpose of the medicines they were to take at home, they reported not having been given written or printed information about what they should or should not do after leaving hospital.

# Other aspects of care



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

In the 2017 survey, '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?

- People in University Hospital Galway reported very positive experiences of being treated with respect and dignity while they were in the hospital.
- 84% of patients in University Hospital Galway said that they always had confidence and trust in the hospital staff treating them.
- Q27. Which asked if patients' families or someone close to them had sufficient opportunities to talk to a doctor in UHG, was the lowest scoring question for other stages of care (7.4 out of 10).

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



Patients from UHG made 404 comments in the 2017 survey about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'clinical information and history' and 'health insurance'. 247 (61%) were positive comments while 157 (39%) suggested areas for improvement. Of the positive comments, 210 were about staff in general.

### Staff in general

"I was very satisfied with my care in the hospital. All staff I encountered were professional and polite. The care I received was top class and delivered with total care in a friendly atmosphere."

"I was a patient of [Ward Name]. I have never encountered staff that were so indifferent, unempathetic and downright rude, and I have been in hospital a few times. It seemed to me that you were just left there - nobody cared."

## Communication with family and friends

"The surgeon rang my daughter as soon as surgery was completed and gave her all information on how operation went and how I was. It was much appreciated."

"My father has [Condition Name] therefore cannot remember any test administered. I asked the nurses & doctors to please contact a family member to discuss any + all tests and results. This never happened. There was a change in medication that was never explained until I went to chemist to order new prescription."

## Physical comfort

"[Ward Type] University Hospital Galway. - [Dr Name] + team and nurses were brilliant. Immediate care - very professional and very kind. Unit was bright and clean - an oasis of calm which immediately cut stress levels."

"Having a disability & [Condition Type] family members had to make sure incontinent pads were changed regularly & ensure fluids were given - without them overseeing care, I could have gone hours without fluids & been left in wet clothes."

## Hospital facilities

"The facilities were excellent. The staff were excellent. The ward was spotlessly clean."

"My real complaint was with the trolley. Lying out it was crucifying. The bed I occupied following surgery was no better. I could not rest on it. My [Condition Name] and indeed caused more discomfort than the surgery. For this reason I spent most time sitting out on the chair through the day, where I dozed as much as possible. One cotton blanket was not enough for warmth. I resorted to sleeping in my dressing gown - when I did sleep!!"

## Clinical information and history

"I was given a prescription on leaving was not told what the drug was for nor how long I had to take them for."

## Private health insurance

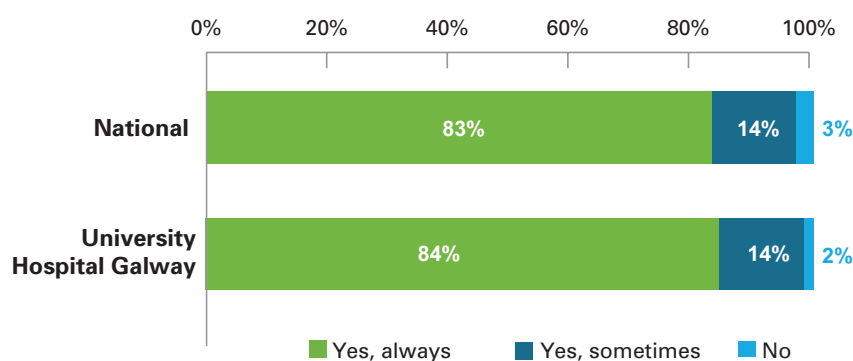
"Despite having private health insurance I was in a 7 bed ward that had 8 patients in it. Also the electronic bed was taken away from me for another patient when I was still having difficulty getting in and out of bed."

## 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 UHG in May 2017. Overall, 751 people (84%) said that they were always treated with respect and dignity, while 15 people (2%) 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**



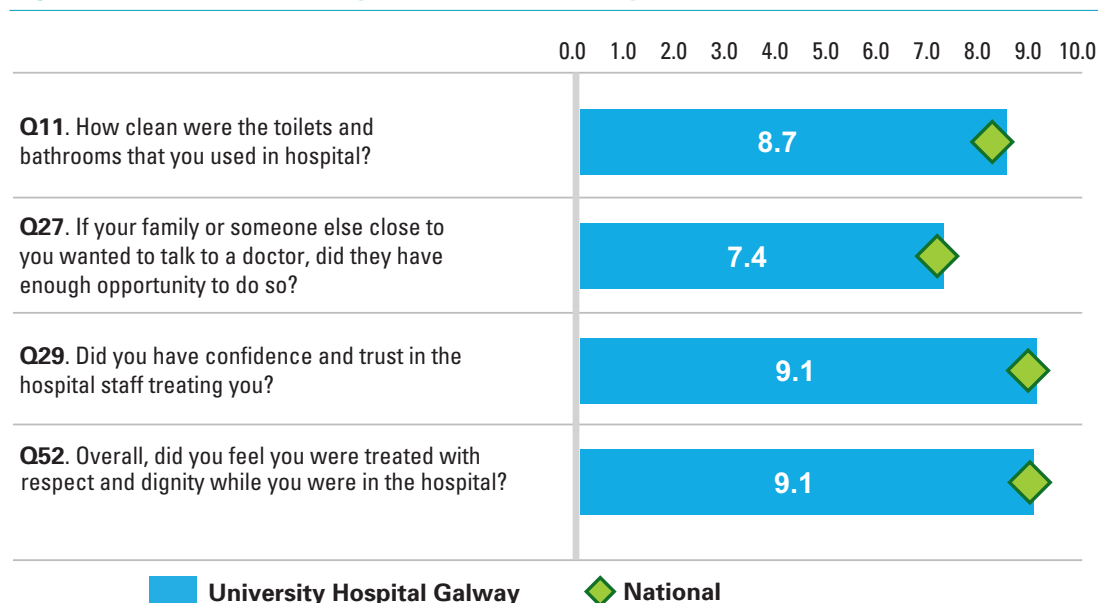
**Question 29** asked people if they had confidence and trust in the hospital staff treating them. 758 people (84% of all people who answered Q29) said that they always had confidence and trust in the hospital staff, while 14 people (2%) said that they did not.

**Question 11** asked people about the cleanliness of the bathrooms and toilets in UHG. While 616 people (70% of all people who said they used a toilet or a bathroom in UHG) said that the toilets and bathrooms were very clean, 44 people (5%) said that they were not very or not at all clean.

**Question 27** asked people if their family or someone close to them had sufficient opportunities to talk to a doctor in UHG. Out of 643 people, 387 (60%) said that their family or people close to them had sufficient opportunities to talk to a doctor. However, 70 people (11%) said that their family or friends did not get the opportunity to talk to a doctor.

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

**Figure 18. UHG scores for questions on other aspects of care**



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

Patients in UHG reported that they were treated with dignity and respect and had confidence and trust in the hospital staff who treated them. The cleanliness of toilets and bathrooms was also rated highly. Q27 was the lowest scoring question on other aspects of care; people reported less positive experiences in terms of the opportunities for their families or friends to speak with hospital staff.



## 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 UHG, compared with the national average.

In general, over half of people (55%), who stayed in UHG in May 2017, reported having a very good experience in this hospital, whereas 14% of people indicated a fair to poor experience.

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





## Chapter 4

# Conclusion

### How did patients experience hospital care in UHG, in May 2017?

Overall, patients' ratings of their experiences at UHG were slightly above the national average. 85% of patients at UHG said they had a 'very good' or 'good' experience, compared with 84% nationally.

Patients at UHG reported high levels of trust and confidence in the hospital staff treating them. Many patients reported positive experiences about how staff in the hospital communicated with them. In particular, people felt positive about the amount of time they had to discuss their care and treatment with a doctor. UHG scored above the national average in this area. Patients also reported positive experiences of the discharge process in UHG. In particular, patients said that they, their families and friends received enough information on how to manage their care at home. Many also said that a member of staff explained the purpose of the medicines they were to take when they were at home in a way they could understand.

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 UHG. The survey found that care in the emergency department was not always patient-centred with many respondents saying that they were not treated with respect and dignity, nor were they given privacy when being examined or treated. Patients were not always given written or printed information about what they should or should not do after leaving hospital. Based on reports from patients, food provided at mealtimes is also an area which requires improvement.

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

## 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 for UHG, 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](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?

No.	Question
22	When you had important questions to ask a nurse, did you get answers that you could understand?
23	If you ever needed to talk to a nurse, did you get the opportunity to do so?
24	Were you involved as much as you wanted to be in decisions about your care and treatment?
25	How much information about your condition or treatment was given to you?
26	Was your diagnosis explained to you in a way that you could understand?
27	If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?
28	Did you find someone on the hospital staff to talk to about your worries and fears?
29	Did you have confidence and trust in the hospital staff treating you?
30	Were you given enough privacy when discussing your condition or treatment?
31	Were you given enough privacy when being examined or treated?
32	Do you think the hospital staff did everything they could to help control your pain?
33	Did a doctor or nurse explain the results of the tests in a way that you could understand?
34	Before you received any treatments did a member of staff explain what would happen?
35	Before you received any treatments did a member of staff explain any risks and/or benefits in a way you could understand?
36	Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?
37	Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?
38	Beforehand, were you told how you could expect to feel after you had the operation or procedure?
39	After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?
40	Did you feel you were involved in decisions about your discharge from hospital?
41	Were you given enough notice about when you were going to be discharged?
42	Were your family or someone close to you given enough notice about your discharge?
43	Before you left hospital, did the healthcare staff spend enough time explaining about your health and care after you arrive home?
44	Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?

No.	Question
45	Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?
46	Did a member of staff tell you about medication side effects to watch for when you went home?
47	Did a member of staff tell you about any danger signals you should watch for after you went home?
48	Did hospital staff take your family or home situation into account when planning your discharge?
49	Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?
50	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
51	Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?
52	Overall, did you feel you were treated with respect and dignity while you were in the hospital?
53	Overall... (please circle a number from 0 to 10 that summarises your experience. 0 represents a very poor experience, 10 represents a very good experience.)
54	Who was the main person or people that filled in this questionnaire?
55	Are you male or female?
56	What is your month and year of birth?
57	What is your ethnic or cultural background?
58	Do you currently have: A medical card; Private health insurance; Both medical card and private health insurance; Neither medical card nor private health insurance?
59	Was there anything particularly good about your hospital care?
60	Was there anything that could be improved?
61	Any other comments or suggestions?

# Appendix 2:

## Background to the National Patient Experience Survey Programme

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

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

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

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

Further information on the management of the survey is available at [www.patientexperience.ie](http://www.patientexperience.ie).

# Appendix 3:

## Identifying areas of good experience and areas needing improvement

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

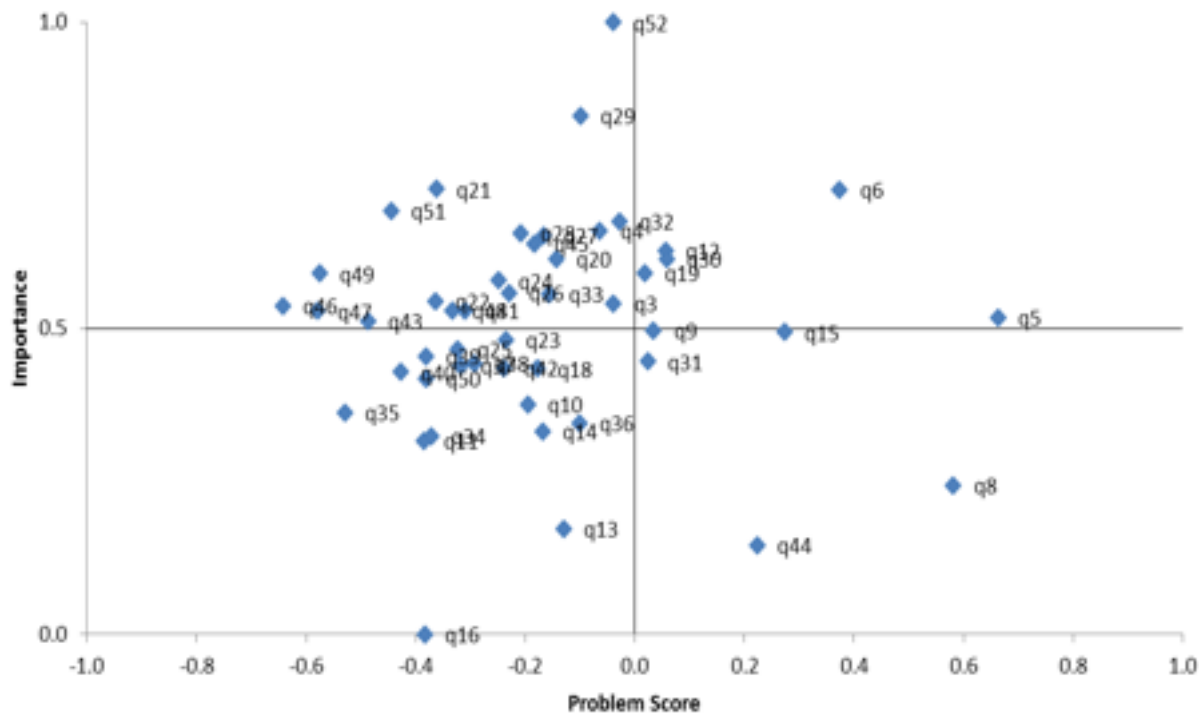
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected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

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

Figure 20. below, shows a map of the survey questions based on how strongly each question is connected to overall experience. The map also shows the difference between the score for each question in UHG 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 UHG 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 UHG 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 UHG. 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 UHG.

Figure 20. Overall patient experience map for UHG



# 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>2</sup>: admissions; care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other stages of care. Scores are presented for individual questions making up a stage of care. The responses to questions in each stage were also summarised to form overall scales ranging from 0-10.

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

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2 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 29,567 comments were received in response to the open-ended questions in the 2017 survey.

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

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

## Glossary

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

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

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

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

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

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

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

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

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

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

## References

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