



## National Patient Experience Survey 2017

# University Hospital Kerry

We're committed to excellence in healthcare





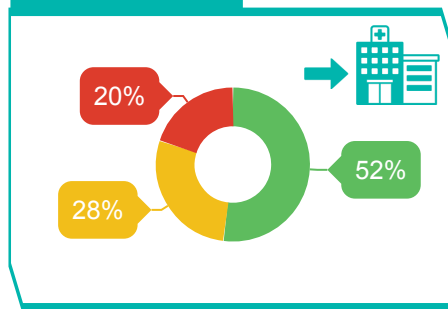
Thank you to the people who participated in the National Patient Experience Survey 2017, and to their families and carers. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve healthcare in Ireland. By putting the voice of the patient at the centre of acute healthcare, we can make sure that the needs and wishes of the people who matter most are met. The survey will be repeated annually in the future, which will allow us to explore how the patient voice has helped shape changes in acute healthcare.

Thank you to the staff of all participating hospitals for contributing to the success of the survey, and in particular for engaging with and informing patients while the survey was ongoing.

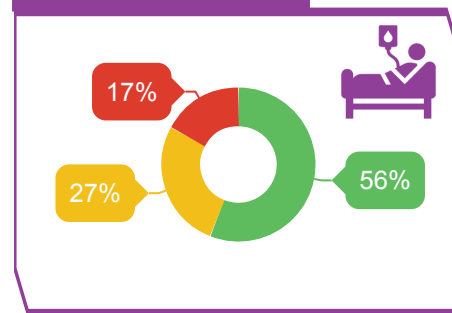
The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups.

# Stages of care

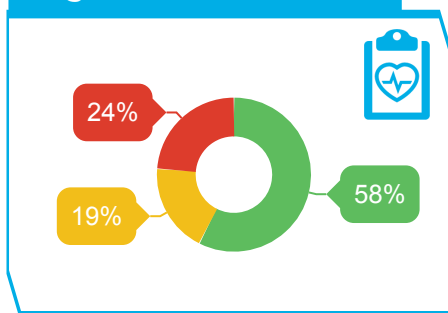
## Admission



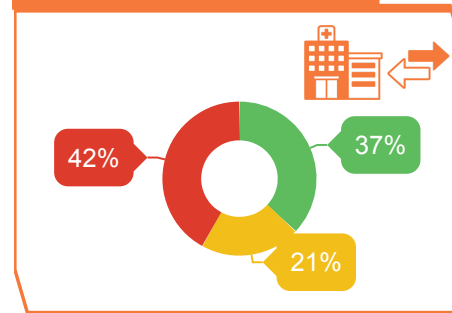
## Care on the ward



## Examinations, diagnosis & treatment



## Discharge or transfer

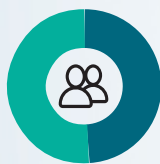


\* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

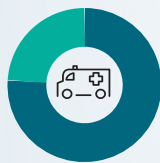
# University Hospital Kerry



49% of 548 eligible patients took part



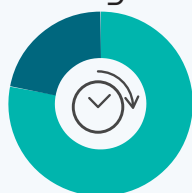
49% female  
51% male



76% entered hospital on an emergency basis

Average age: 66 years

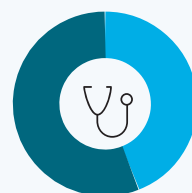
## Waiting time



78%

had to wait more than six hours before being admitted to a ward.

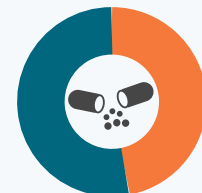
## Examination



44%

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

## Medication



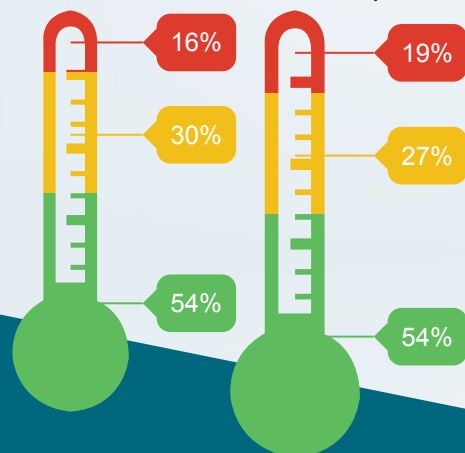
47%

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

## Overall experience

Nationally

This hospital



## Areas of good experience

92% of people said

that they were involved in decisions about their care and treatment.

## Areas needing improvement

47% of people said

that they did not always feel that they received enough information on how to manage their condition after their discharged.

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## Chapter 1

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

Areas of good experience and areas needing improvement

## About the National Patient Experience Survey 2017

The National Patient Experience Survey is a new national survey, asking people for feedback on their recent stay in a public acute hospital. This survey will run on an annual basis and is a partnership between the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. The survey was developed with the involvement of Patient Focus, a patient advocacy organisation, in order to ensure that patients were central to the design and execution of the survey.

Nationally, 26,635 people were invited to participate in the first National Patient Experience Survey in 2017. In total, 13,706 people took part. The results outlined in this report reflect the experiences of patients who were discharged from University Hospital Kerry during the month of May 2017. In total, 268 participants from University Hospital Kerry 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 268 patients from University Hospital Kerry 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

University Hospital Kerry is a public acute hospital located in Co. Kerry. There were 228 inpatient beds in the hospital in May 2017. 548 eligible discharges were recorded during the survey period of 1 – 31 May 2017 inclusive. University Hospital Kerry 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 University Hospital Kerry 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 University Hospital Kerry. A quality improvement plan will be developed for University Hospital Kerry 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?

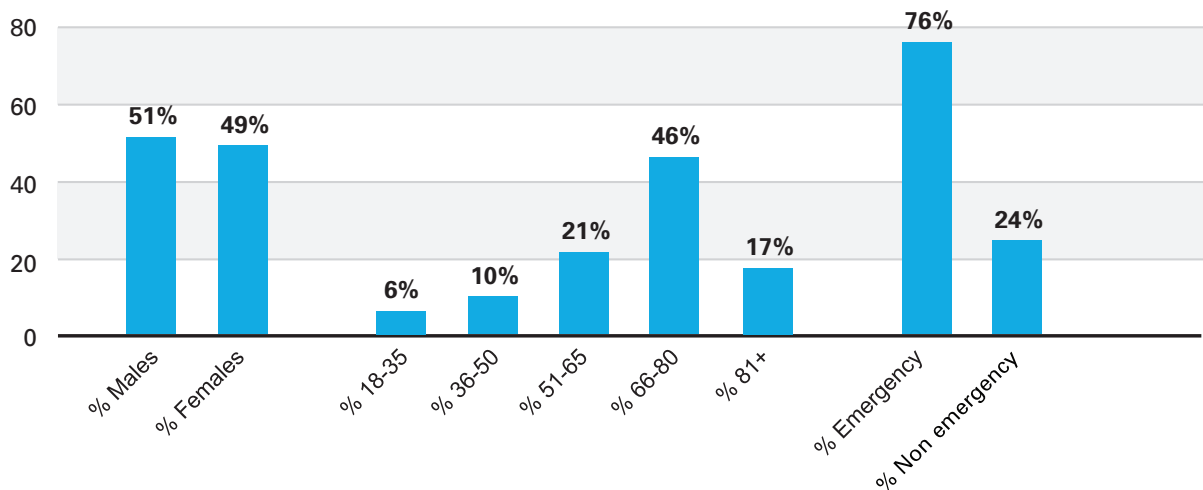
### Description of the respondents who took part in the survey

**548** people discharged from University Hospital Kerry during the month of May 2017 were invited to participate in the survey.

**268** people completed the survey, achieving an overall response rate of 49%.

Figure 1. below shows information about the people who took part in the survey from University Hospital Kerry.

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





## What were the main findings for University Hospital Kerry?

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Overall, patients' ratings of their experiences at University Hospital Kerry were slightly below the national average. 81% of patients at University Hospital Kerry said they had a 'very good' or 'good' experience, compared with 84% nationally.

In general, people in University Hospital Kerry reported that they were treated with respect and dignity in the emergency department and during their time on the ward. People also noted positive experiences as regards pain management and the cleanliness of their ward, as well as opportunities to talk to nurses.

With the majority of all 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 University Hospital Kerry. Studies have shown that long delays in admitting patients to a ward can have negative consequences for their health. Based on the experience of patients in May 2017, food is an area which received negative feedback, as it did at the national level, and indicates a need for improvement. A lack of communication with patients' families was also noted, particularly as regards insufficient opportunities for families to speak with a doctor and the information supplied to support the patient's discharge and aftercare management.

While patients and their families and or friends were given enough notice of their discharge, the questions on discharge and aftercare management were among the lowest scoring questions in the survey. People reported that they were not informed about the side effects of medication, danger signals to watch out for at home and a lack of printed information about what they should or should not do after leaving hospital.

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

## Areas of good experience and areas needing improvement in University Hospital Kerry

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

Appendix 3 explains how these areas were identified.

### The areas of good experience in University Hospital Kerry are:

Patients had very positive experiences in several areas, particularly as regards privacy in the emergency department and opportunities to talk to hospital staff.

#### Admission | Q5.

##### Privacy while being examined or treated

142 people (74%) said that they were definitely given enough privacy during examination and treatment in the emergency department.

#### Care on the ward |Q15.

##### Food rating

191 people (74%) reported that the food in the hospital was 'very good' or 'good'.

#### Care on the ward |Q18.

##### Offer of a replacement meal

60 (80%) of the 75 people who said that they required a replacement meal were always or sometimes offered one.

#### Care on the ward |Q23.

##### Opportunity to talk to a nurse

178 people (74%) said that they always had the opportunity to talk to a nurse if they needed to.

#### Examinations, diagnosis and treatment |Q24.

##### Involvement in decisions about care and treatment

242 people (92%) said that they were definitely or to some extent involved in decisions about their care and treatment.

## The areas needing improvement in University Hospital Kerry are:

Patients highlighted areas needing improvement across each stage of care. Emergency department waiting times, general communication with staff and specific communications on the discharge process were particularly problematic.

### Care on the ward| Q19.

#### Help from staff to eat meals

While the majority of people who required help from staff to eat their meals received it, 35 people (34% of those who answered this question) reported that they did not receive or only sometimes received help.

### Examinations, diagnosis and treatment| Q21.

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

Out of 263 people, 117 (44%) said that they did not have or only to some extent had enough time to discuss their care and treatment with a doctor.

### Discharge or transfer | Q45.

#### Explanation of the purpose of medication

Out of 196 people, 72 (37%) said that a member of staff did not explain or only to some extent explained the purpose of the medicines to be taken at home in a way the patient could understand.

### Discharge or transfer | Q46.

#### Information on the side effects of medication

Out of 177 people, 83 (47%) reported that they were not informed about the side effects of medication to watch for when they went home.

### Discharge or transfer | Q47.

#### Danger signals to watch out for

81 people (44%) reported that they were not informed about danger signals to watch for when they went home.

### Discharge or transfer | Q51.

#### Information on how to manage a condition

107 people (47%) said that they did not feel or only to some extent felt that they received enough information from the hospital on how to manage their condition after they were discharged.



## 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

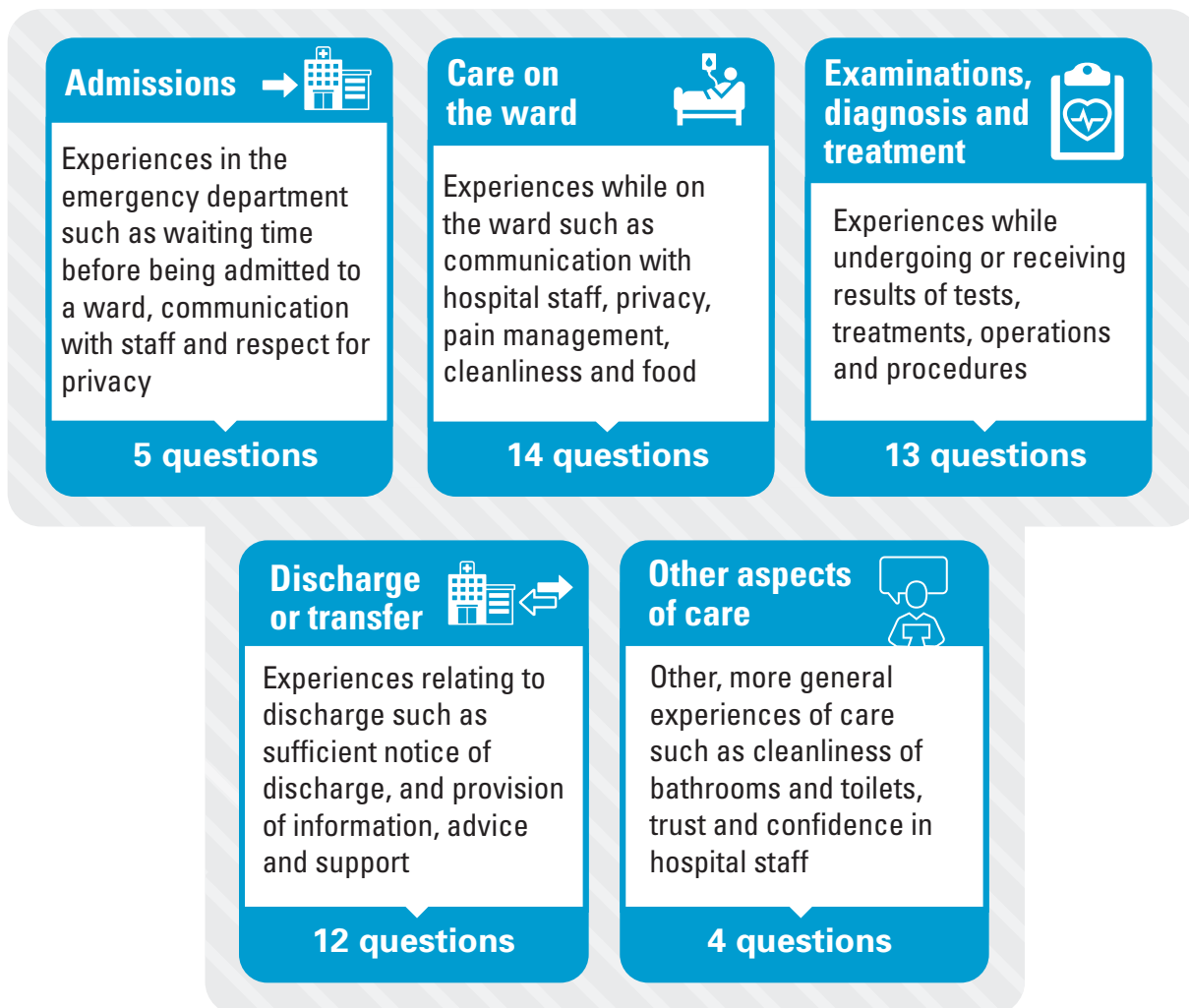
The National Patient Experience Survey 2017 follows the patient journey through hospital, from admission to discharge.

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

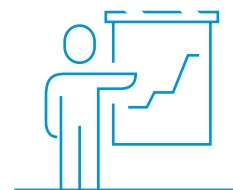
- **admissions**
- **care on the ward**
- **examinations, diagnosis and treatment**
- **discharge or transfer**
- **other aspects of care.**

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

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



## How to interpret the results for the stages of care



While the results 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

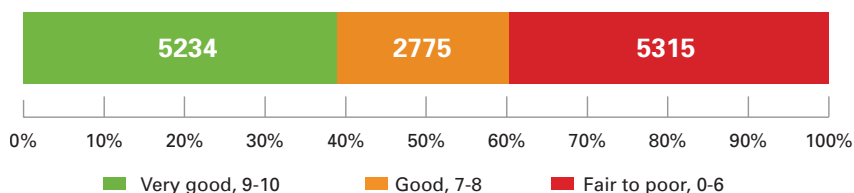
## 1. Experience rating for a stage of care

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.

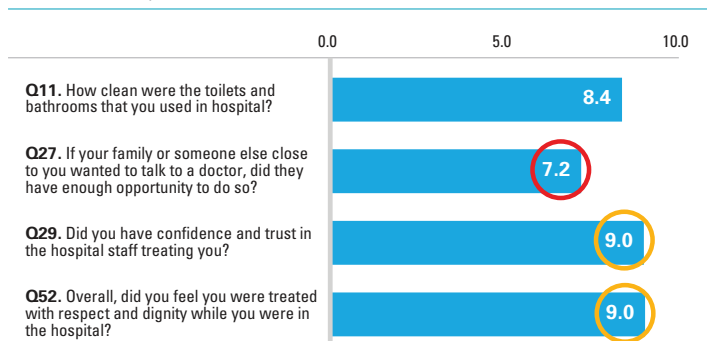
### Example:

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

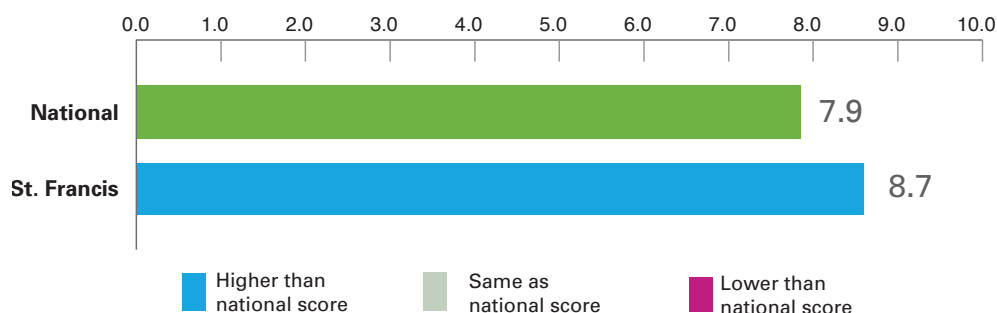


### 3. Comparisons

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

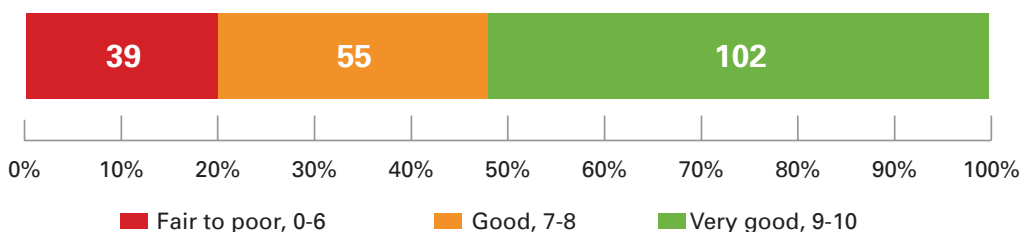


## In summary: what were patients' experiences of the admissions process?

In the 2017 survey, 'admissions' refers to the period patients spent in the emergency department up to the point of getting to a ward.

Out of the 196 people from University Hospital Kerry who rated their experience of the admissions process, 39 people (20%) reported a 'fair to poor' experience. However, 102 people (52%) who attended during the same period rated their experience as 'very good'. Figure 4. below summarises these experience ratings.

**Figure 4. Experience ratings for admissions**



## What were the key findings for admissions?

- 22% of respondents reported that they were admitted to a ward within the recommended timeframe of six hours.
- 161 people (83%) reported that they were always treated with respect and dignity while in the emergency department.
- 84 comments were made on themes relating to this stage of care and, of these, 51 comments (61%) offered suggestions for improvement.



## The patient voice: what patients said about admissions



84 comments were made on the following themes: 'dignity, respect and privacy', 'communication with the patient', 'emergency department management and environment' and 'emergency department waiting times'. The majority of comments (61%) offered suggestions for improvement. Some examples of the comments received for this stage of care are provided below.

### Dignity, respect and privacy

"Being a patient with a [Condition Type], I was attended to immediately and was treated with the greatest care by all [and] with attention and respect, from being attended to the time I was discharged. I could not find adequate words to thank them for all they did for me. Thanks to everyone."

"Maybe more privacy when speaking to the doctors as other patients cannot help but hear what is being discussed; but maybe this is not possible as everyone is so busy. There is also a lack of space for discussions with doctors. Washing of hands by some nurses needs to be improved!!!"

### Communication with the patient

"Staff — nurses and doctors were extremely helpful with procedures and explanations about what happened and what was going to happen."

"Doctors need to make more time for patients. I was not told the purpose of a new treatment and/or possible outcomes and side effects."

### Emergency department management and environment

"I was seen very quickly on arrival in A&E. Staff were very thorough, professional and clearly explained procedures and my condition. A procedure follow up arranged."

"I have [Condition Type] and sitting on a hard chair for 10 hours did not help and then I was on a hard trolley for 15.5 hours which only aggravated my chronic problem further."

### Emergency department waiting times

"My waiting time in A&E was over 72 hours — not acceptable."

## Quantitative results for questions on admissions

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

Q6, which asked about respect and dignity in the emergency department, was the highest scoring question for this stage of care. 161 people (83% of those who answered this question) from University Hospital Kerry said that they were always treated with respect and dignity in the emergency department.

138 people (78%) reported that they had to wait more than six hours in the emergency department before being admitted to a ward, making waiting times the lowest scoring area for this stage of care. Further detail on waiting times is provided later in this section.

**“The waiting time in the A&E is far too long for the elderly and children.”**

Figure 5. University Hospital Kerry scores for questions on admissions

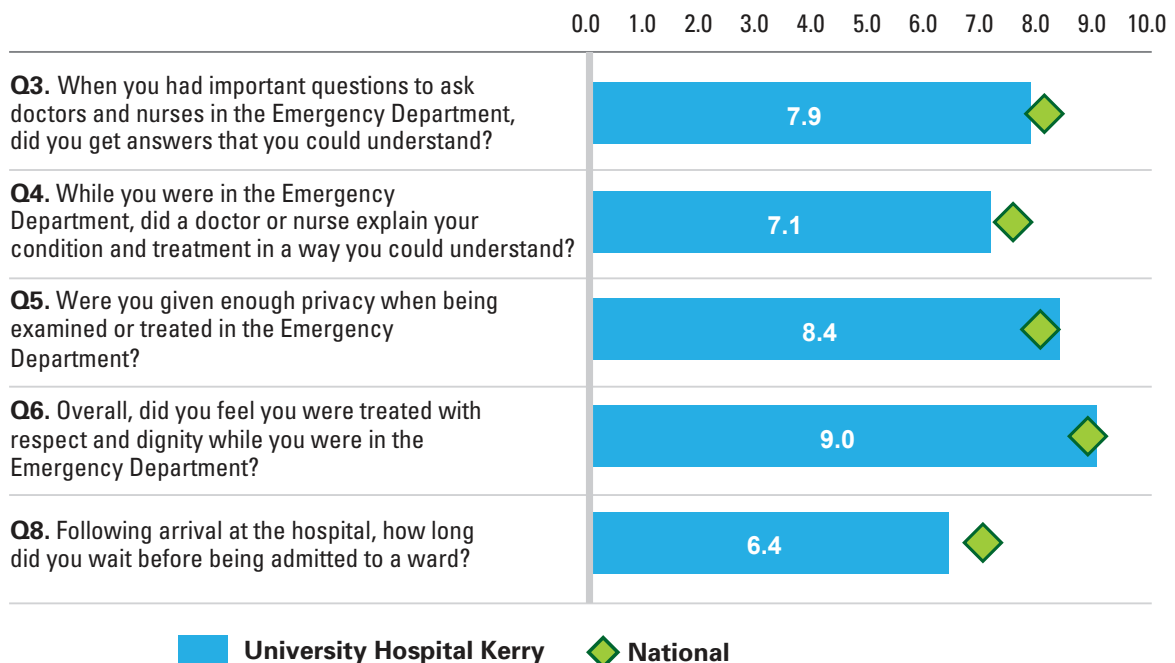
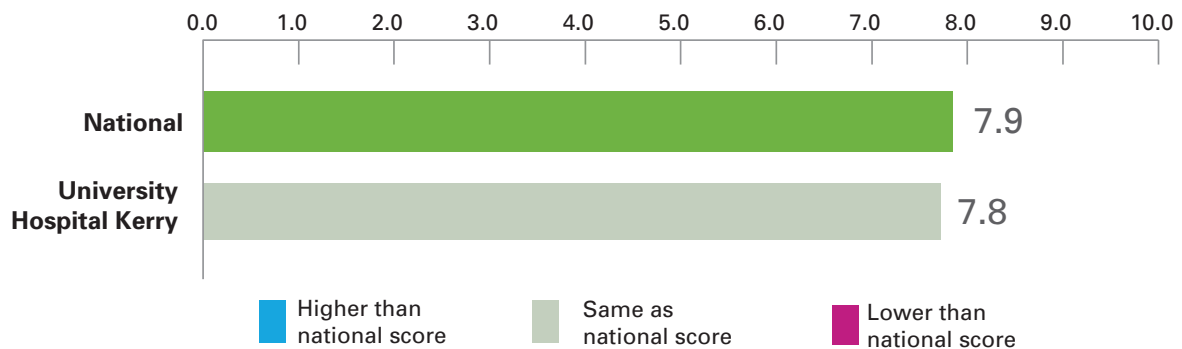


Figure 6. shows that, within the admissions stage, the average score for University Hospital Kerry (7.8 out of 10) is around the same as the national average score (7.9 out of 10)<sup>1</sup>. This means that patients who attended University Hospital Kerry had, on average, a similar experience to patients in other hospitals for this stage of care.

**Figure 6. Comparison of University Hospital Kerry with the national average for admissions (out of a maximum of 10).**



## Emergency department waiting times

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

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

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

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

The HSE measures emergency department waiting times differently to the survey, namely from the time a patient registers at the emergency department until they leave it. It is likely that there are some differences between survey findings and the official HSE figures<sup>2</sup>.

## Waiting time before being admitted to a ward

Out of 177 people who answered the question on waiting times in the emergency department of University Hospital Kerry, 39 (22%) said they were admitted to a ward within six hours of arriving at the emergency department.

1 Though University Hospital Kerry's admission score is lower than the national score, the difference is not statistically significant. For further information see Appendix 4.

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

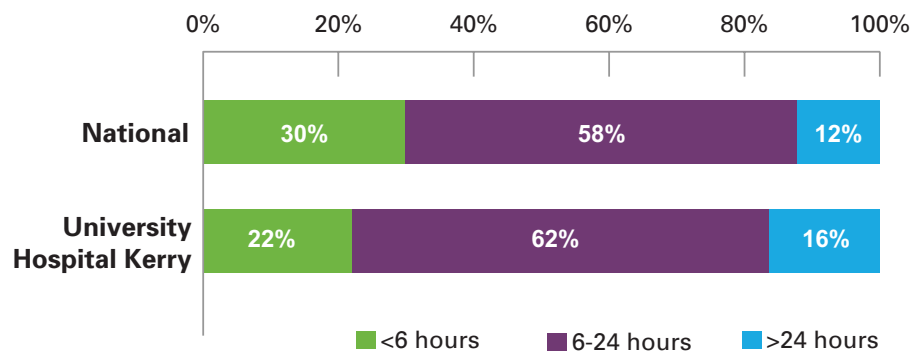
109 people (62%) reported waiting between six and 24 hours, while 29 people (16%) said that they waited for 24 hours or more. 11 respondents said that they waited 48 hours or more before being admitted to a ward.

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

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

With just 22% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that University Hospital Kerry performed below the reported national average, where 30% of people said that they were admitted within six hours. Patient-reported waiting times in University Hospital Kerry also fell short of the HSE target. Studies have found that long waiting times in the emergency department, after a decision has been made to admit a patient, can have negative consequences for patient's health (1,2).

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



### Admissions: what do these results mean?

While patients who attended University Hospital Kerry said they were treated with respect and dignity in the emergency department, waiting times proved to be problematic. University Hospital Kerry performed lower than the national average in this regard and also fell well short of the target set by the HSE. Just 22% of people reported being admitted to a ward within six hours of arriving in the emergency department, while 11 people reported waiting as long as 48 hours or more before being admitted. Waiting times is an area which needs improvement in this hospital. Patients also reported below average experiences as regards receiving explanations and answers they could understand from staff in the emergency department.

# Care on the ward

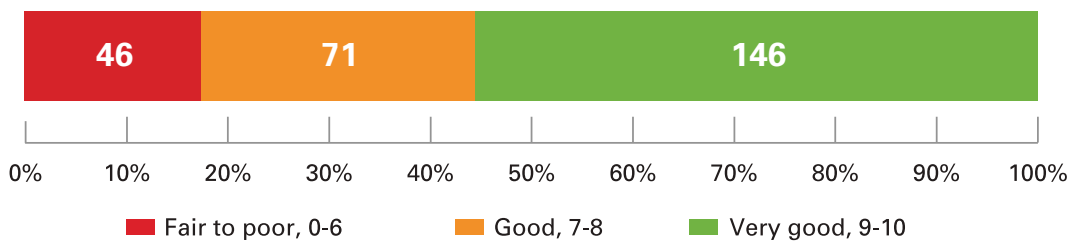


## In summary: what were patients' experiences of care on the ward?

In the 2017 survey, 'care on the ward' refers to peoples' experiences while on the ward, such as communication with hospital staff, privacy, pain management, cleanliness and food.

Out of the 263 people who rated their experience of care on the ward in University Hospital Kerry in May 2017, 46 people (17%) reported having a 'fair to poor' experience, while 146 people (56%) rated their experience as 'very good'. The experience ratings are summarised in Figure 8. below.

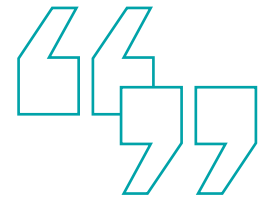
**Figure 8. Experience ratings for care on the ward**



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

- Out of 228 people, 191 (84%) said that the hospital staff did everything they could to help control pain.
- 84 people (52%) reported that they could not or could only sometimes find a member of staff to talk to about their worries and fears.
- People offered 56 comments containing suggestions for improvement in relation to care on the ward.

**"The nurses were always quick to respond to your call and extremely helpful."**



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

140 comments were made relating to the following themes : 'staffing levels', 'staff availability and responsiveness', 'other healthcare staff', 'other staff', 'food and drink', and 'cleanliness and hygiene'. 40% of the comments offered suggestions for improvement. Some examples of the comments received for this stage of care are provided below.

### Staffing levels

"I would have to mention that the general nursing staff, who were constantly under pressure, exercised their duties with courtesy and care during my stay for two weeks but it was obvious to me that they were very much understaffed."

"More nurses [need to be] employed on wards as it seemed that nurses didn't have enough time to simply care for patients. That is not meant in a bad way as I could see nurses had to work almost to a schedule so had little time to stop and listen to patients especially the elderly."

### Staff availability and responsiveness

"The staff and doctors were wonderful — I had all the help I needed. They were friendly and were there when I needed anything."

"The communication between doctor and patient. I felt I didn't get questions answered. Nurses on my ward during the day were not very approachable — the night nurse was brilliant."

### Other healthcare staff

"The paramedics were very professional. I couldn't ask for better treatment and the Dr in the ER was available to put my mind at rest. I was very happy with the whole experience."

"Some of the care workers need to familiarise themselves with each patient's needs and requirements for lifting and handling."

### Other staff

"A kind word for the [Healthcare Professional] and porters too — they were equally professional and hard working with a tremendous sense of humour, keeping all the wheels turning."

## Food and drink

"The food was good and catering staff were kind."

"Food for [Condition Type] patients terrible, sometimes same food for dinner and tea, badly presented, all slop on a plate."

## Cleanliness and hygiene

"Yes. The nursing staff were very friendly and helpful, while doing the job professionally and efficiently. I was also impressed with the level of cleaning that took place throughout the day."

"One patient was constantly wetting the toilet floor. This was not dealt with very well even though it was pointed out to staff. It remained there for too long."

## Quantitative results for questions on care on the ward

### Fourteen questions asked about care on the ward.



Q32 was the highest scoring question on care on the ward. Out of the 228 people who answered this question, 191 (84%) said that hospital staff did everything they could to help control pain.

Q15 and Q28 were the lowest scoring questions on this stage of care — both receiving an average score of 6.7 out of 10. Q15 asked people about their experience of food in University Hospital Kerry, with 30 out of 257 people (12%) rating the hospital food as 'poor'. However patient ratings of the food in the hospital were still better than the national average.

For Q28, which asked people whether they were able to find someone to talk to about their worries and fears, 84 people (52%) reported that they could not or could only sometimes find someone to talk to. Figure 9. below presents the scores for University Hospital Kerry for care on the ward.

**"Food - lacking in flavour and a little more fibre in the diet would be a help."**

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

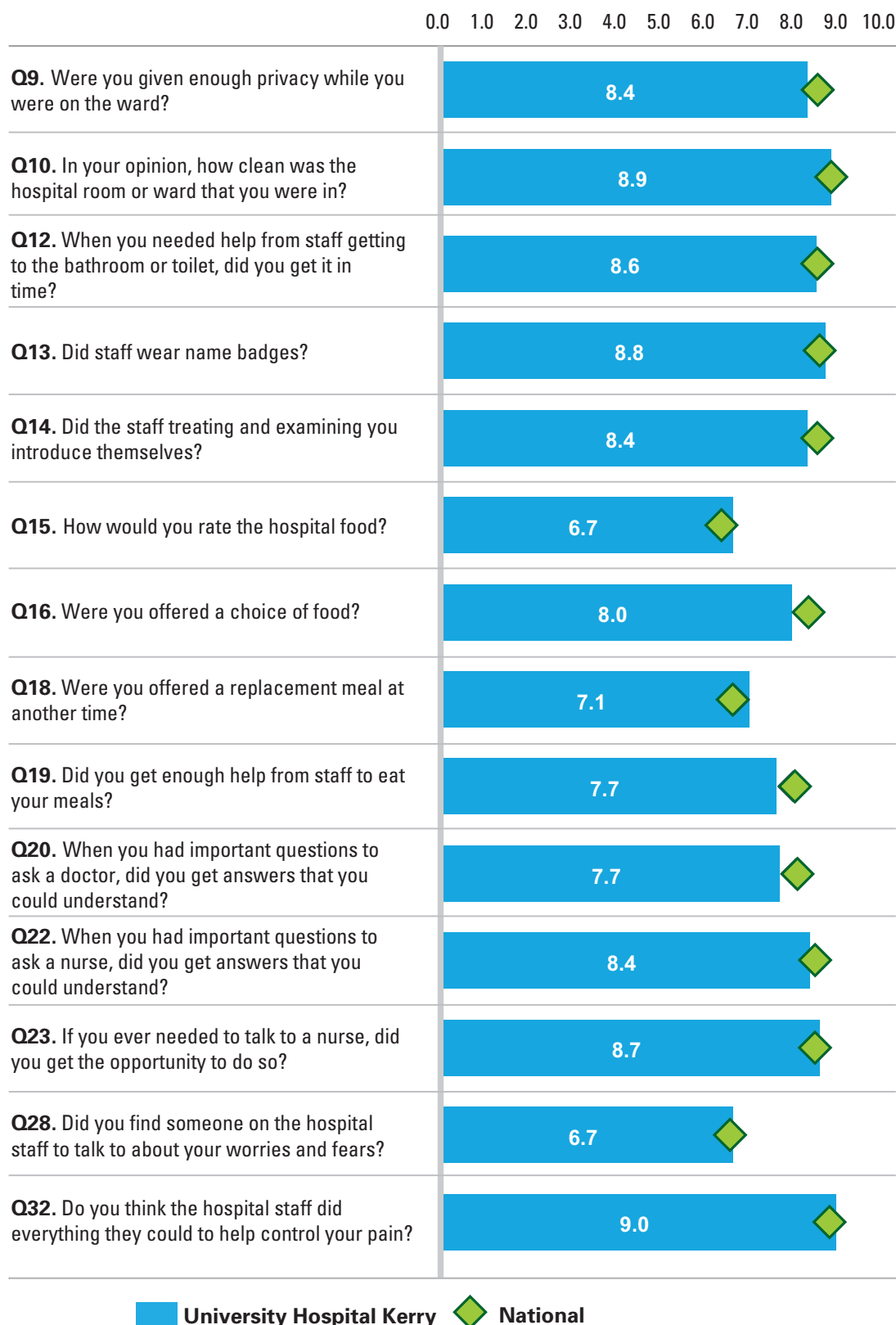
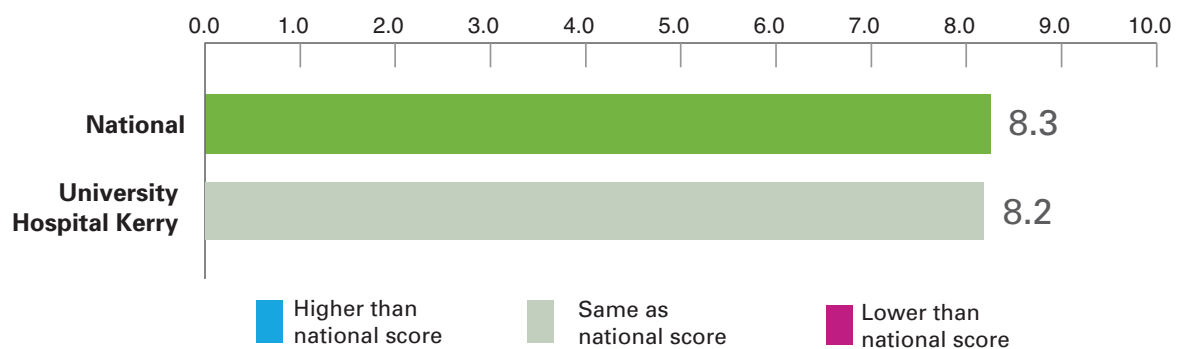




Figure 10. shows that, within the care on the ward stage, the average score for University Hospital Kerry (8.2 out of 10) is around the same as the national average (8.3 out of 10)<sup>3</sup>. This means that patients who attended University Hospital Kerry in May 2017 reported a similar experience to patients in other hospitals, based on the national average scores.

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



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

University Hospital Kerry performed well on this stage of care, particularly as regards cleanliness on the wards and pain management. However, patients reported that they found it difficult to find someone to talk to about their worries and fears. People also reported quite negatively on the food provided in the hospital, a finding which is also reflected at the national level.

<sup>3</sup> Though University Hospital Kerry's care on the ward score is lower than the national score, the difference is not statistically significant. For further information see Appendix 4.w

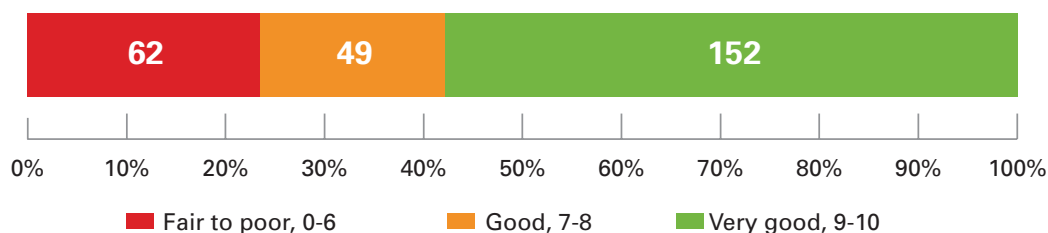
# Examinations, diagnosis and treatment



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

263 people rated their experience of examinations, diagnosis and treatment in University Hospital Kerry, with 62 (24%) reporting that they had a 'fair to poor' experience. However, 152 (58%) rated their experience 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?

- Q31, which asked if people were given enough privacy when being examined or treated in University Hospital Kerry, was the highest scoring question on this stage of care.
- 117 people (44%) said that they did not have or only to some extent had enough time to discuss their care and treatment with a doctor.
- Out of the 112 comments made about this stage of care, 14% contained suggestions for improvement.

"Nurses and doctors were extremely helpful with procedures and explanations about what happened and what was going to happen."

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



People made 112 comments from University Hospital Kerry about: 'nursing staff', 'doctors or consultants' and 'waiting times for planned procedures'. 14% of the comments received were in response to Q60, which asked for suggestions for improvement. Some examples of the comments received for this stage of care are provided below.

### Nursing staff

"The nurses on the ward were second to none. They were all very helpful and very understanding. I couldn't rate them high enough."

"[Nurse Type] only get older people out of the way as fast as they could. They should have a little more concern for them all. [I was] not happy with [Nurse Type] — no manners, should be nicer, look after older patients, give them time to recover well enough, don't let them out after a couple of days and don't say they have to have beds for other patient. Everyone should have the same rights as others."

### Doctors or consultants

"The staff and doctors were wonderful — I had all the help I needed. They were friendly and were there when I needed anything."

"Doctors attitude to family members. My family members were spoken 'at' rather than as part of a friendly down-to-earth conversation."

### Waiting times for planned procedures

"Scans, tests, etc were carried out very quickly in comparison to outpatients...delays for some scans and tests, etc. Most of the ward nurses were very helpful, kind and informative."

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

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

With an average score of 9.0 out of 10, Q31 received the highest score for this stage. 225 (86%) said that they were always given privacy when being examined or treated in University Hospital Kerry in May 2017.

Q21, however, was the lowest scoring question, with an average score of 7.1 out of 10. 117 people (44%) people said that they did not have or only to some extent had enough time to discuss their care and treatment with a doctor.

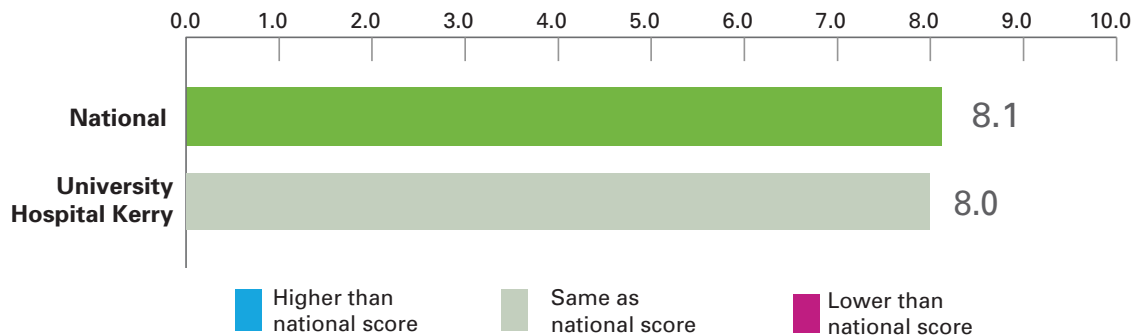
Figure 12. presents the scores for University Hospital Kerry during examinations, diagnosis and treatment.

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



Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for University Hospital Kerry (8.0 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 University Hospital Kerry in May 2017 reported a similar experience to patients in other hospitals, based on the national average scores.

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



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

Patients reported that they were given enough privacy when being examined and treated on the ward, but were less positive as regards communication from medical staff on how they could expect to feel following treatment. People also remarked on the challenges they experienced when trying to communicate with doctors and nurses to get information on their condition, procedure or treatment.

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

# Discharge or transfer

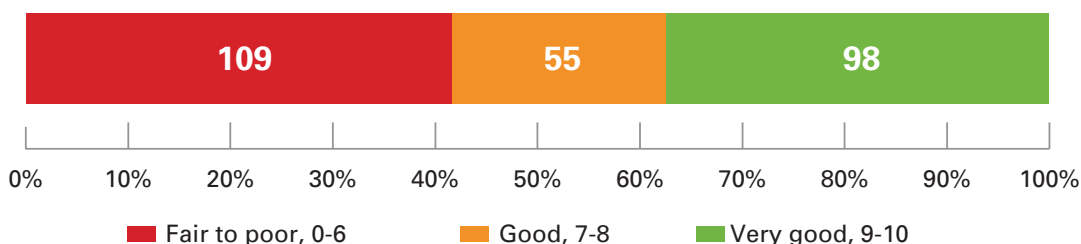


## In summary: what were the experiences of patients during discharge or transfer from hospital?

'Discharge or transfer' refers to peoples' experiences relating to leaving hospital, such as notice given of discharge and the provision of information, advice and support to manage patients' conditions.

Out of the 262 people who rated their experience of discharge or transfer from the hospital, 109 (42%) said that their experience was 'fair to poor'. On the other hand, 98 (37%) reported having a 'very good' experience. Figure 14. below summarises these experience ratings.

Figure 14. Experience ratings for discharge or transfer

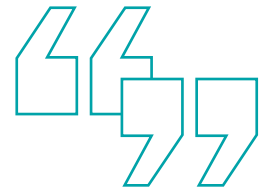


### What were the key findings for discharge or transfer?

- Discharge or transfer was the lowest performing stage of care for University Hospital Kerry in May 2017, as reported by patients
- The majority of people (66%) said that they were definitely given enough notice of their discharge from hospital.
- Communication with patients about hospital aftercare is one area which needs to be improved in University Hospital Kerry. 44% of respondents reported that they were not told about any danger signals to watch out for at home, and 47% were not informed about the side effects of their medication.

"I still don't know what happened to me would be helpful when being discharged out of hospital that the person knows the time."

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



In total, patients from University Hospital Kerry made 15 comments in the 2017 survey about 'discharge and aftercare management'. The majority of comments (60%) suggested areas for improvement. Some examples of the comments received for this stage of care are provided below.

### Discharge and aftercare

"All care provided and given to me was excellent from the moment of admission to discharge."

"Giving a little more information about aftercare; I got nothing about what I should do or take afterwards."

"Being discharged — I felt I was not well enough to come home on a Sunday afternoon after having surgery late on Saturday night. The nurses on the ward didn't think much of this and I felt like I wasn't wanted on the ward an extra night, even though I felt unable to go home. To my reluctance, I went home on Sunday afternoon not feeling very well."

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

### Twelve questions asked about discharge or transfer.

Q41, was the highest scoring question for this stage of care. Out of 261 people, 171 (66%) reported that they were definitely given enough notice of their discharge.

177 people answered Q46 and, of these, 83 (47%) reported that they were not informed about any side effects of their medication to watch out for at home.

Similarly, out of 186 people, 81 (44%) reported that they were not informed about any danger signals to watch out for after leaving hospital.

Figure 15. summarises the scores for University Hospital Kerry for questions on discharge or transfer.

**Figure 15. University Hospital Kerry scores for discharge or transfer**

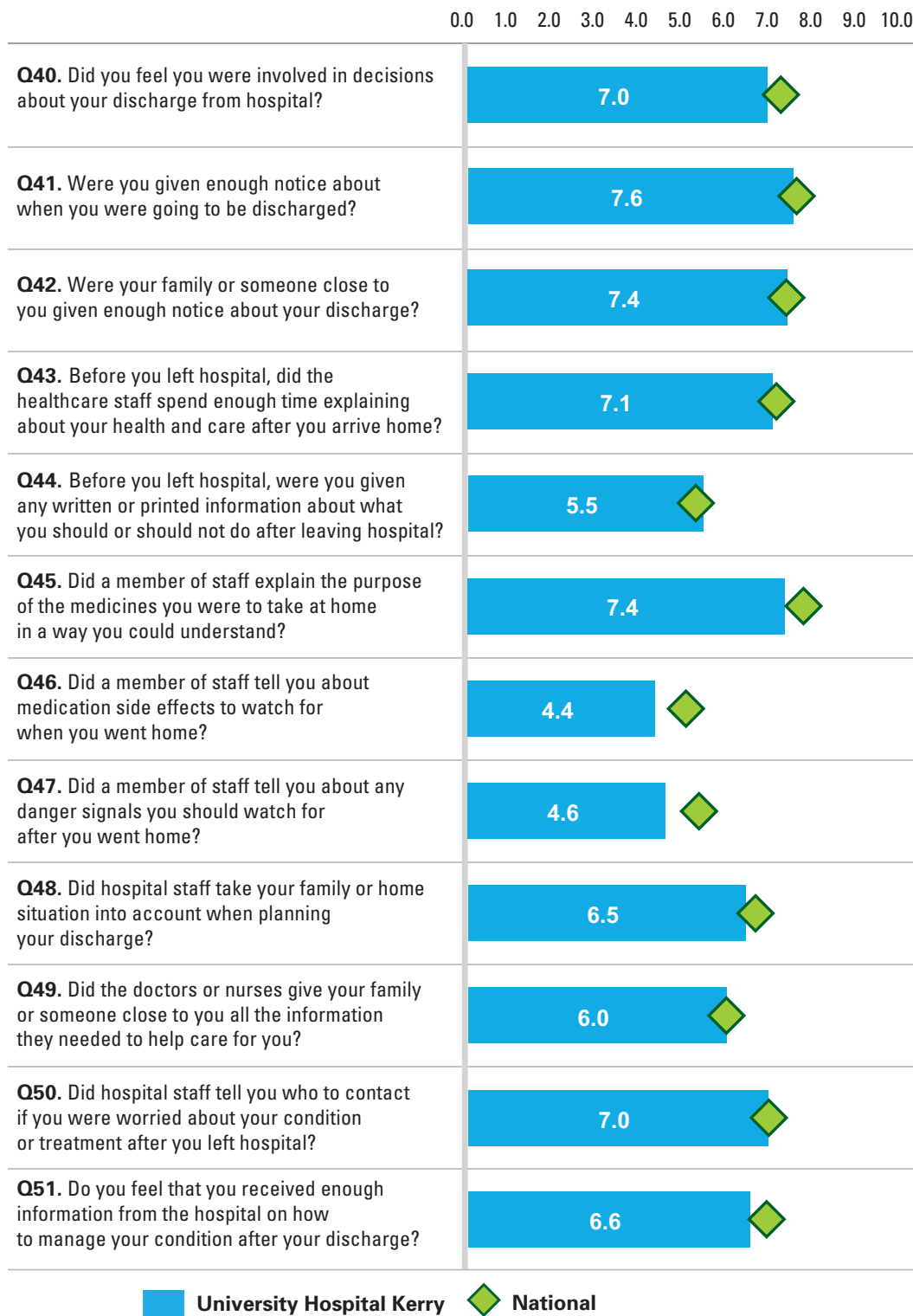
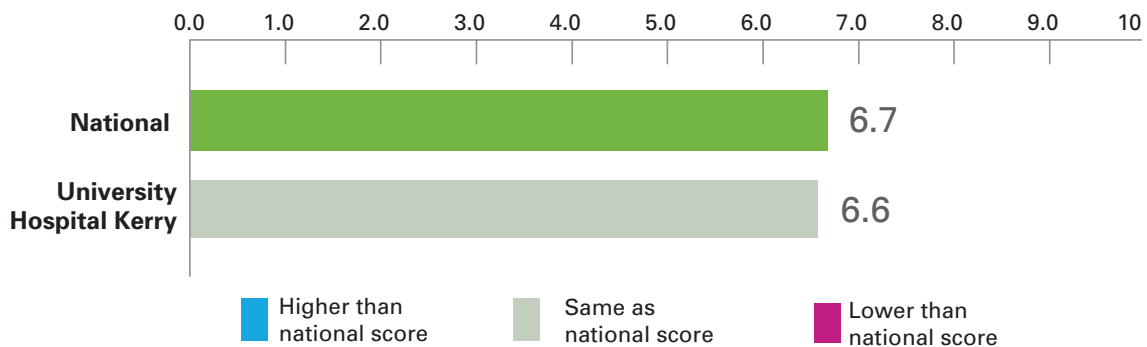




Figure 16. shows that, within the discharge or transfer from hospital stage of care, the average score for University Hospital Kerry (6.6 out of 10) is around the same as the national average score (6.7 out of 10)<sup>5</sup>. This means that patients who attended University Hospital Kerry in May 2017 reported, on average, similar experiences to patients in other hospitals for this stage of care.

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

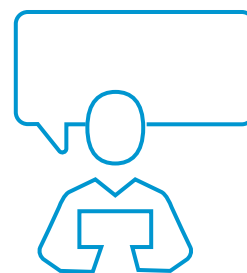


### Discharge or transfer: what do these results mean?

University Hospital Kerry did not perform as well on this stage of care, compared with the other stages. While the survey indicates positive feedback about the amount of notice given to both patients and their family about when they would be discharged, communication about aftercare was lacking in many cases. Some people reported that they were not informed about the side effects of medication or the danger signals to watch out for after leaving hospital.

<sup>5</sup> Though University Hospital Kerry's discharge or transfer score is lower 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?

- Q29 was the highest scoring question in terms of other aspects of care (a score of 8.9 out of 10). 218 people (83%), who answered this question, said that they always had confidence and trust in the hospital staff treating them.
- 15% of the people who answered Q27 said that their family or friends did not have sufficient opportunity to speak with a doctor, making Q27 the lowest scoring question of this stage, with a score of 6.9 out of 10.
- While the majority of people who answered Q52 reported being treated with dignity and respect in University Hospital Kerry, eight people (3%) said that they were not.

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



People from University Hospital Kerry made 112 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'. Just over

### Staff in general

"From admission to A&E to my discharge 12 days later — my hospital care was second to none. Full marks to all the hospital staff that I came in contact with."

"Some of the staff are downright rude and need to cop on when dealing with sick people."

### Communication with family and friends

"[Dr Name] was excellent; my family were taken care of."

"Communication and involvement of families. My family stayed with me during the time in hospital and did not feel included in my care. Issues regarding medication were not discussed. The nursing staff seemed to resent their presence."

### Physical comfort

"All nurses and doctors were very helpful and did everything possible to make my stay as comfortable and pain free as the possibly could. Nurses worked very long hrs and certainly earned and deserve whatever their wages are."

"Cleaning staff would open windows without asking patients if they were too cold/hot. They would then leave the ward and not return to close the windows again. There was often a cold draft for an immobile person in the bed nearest the windows."

### Hospital facilities and private health insurance

"Could not find any fault with [the] hospital."

"[There was a] lack of space around the bed on [the] ward. [I] didn't like mixed sex wards — being the only female in a 6 bed ward [was] uncomfortable."

### Clinical information and history

"The level of care. No stone was left unturned in looking for a diagnosis. They carried out tests which were excellent."

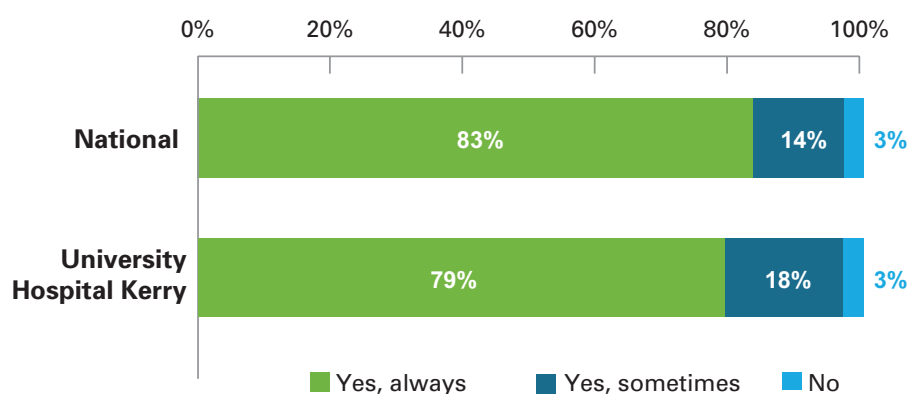
"Electronic medical records [are needed], no paper work!"

## 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 University Hospital Kerry in May 2017. Overall, 205 (79%) people said that they were always treated with respect and dignity, while eight people (3%) said that they were not.

Figure 17. below shows these patient-reported ratings, based on their experience of being treated with dignity and respect in hospital.

**Figure 17. Ratings of being treated with dignity and respect**



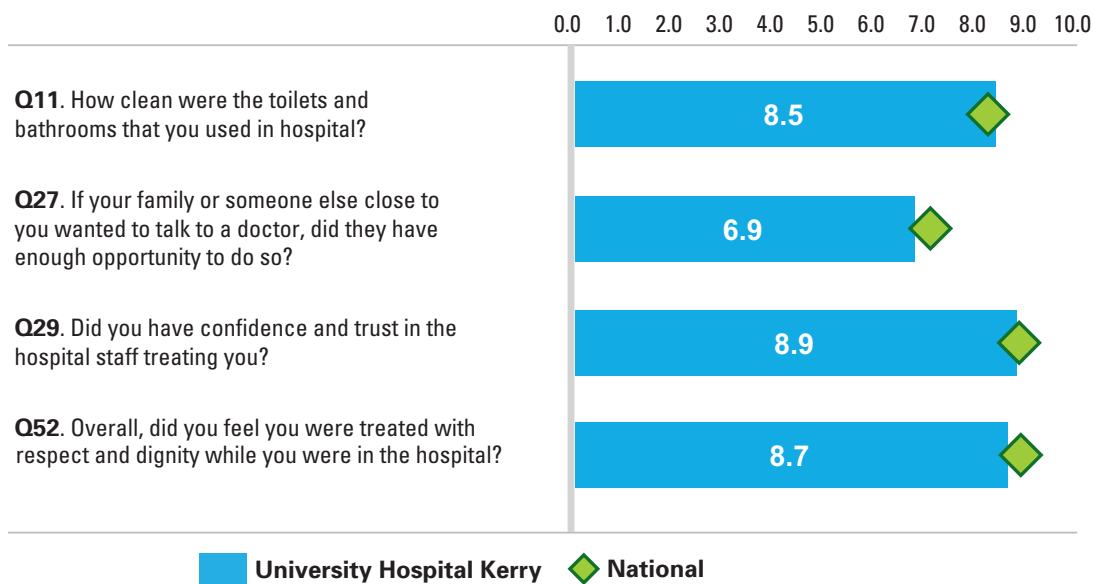
**Question 29** asked people if they had confidence and trust in the hospital staff treating them. 218 people (83% of all people who answered Q29) said that they always had confidence and trust in the hospital staff treating them, while nine people (3%) said that they did not.

**Question 11** asked people about the cleanliness of the bathrooms and toilets in University Hospital Kerry. While 166 people (65% of all people who answered Q11) said that the bathrooms and toilets were very clean, 20 people (8%) said that they were not very clean or not at all clean.

**Question 27** asked people if their family or someone close to them had enough opportunity to talk to a doctor in University Hospital Kerry. Out of 195 people, 104 (53%) said that their family or people close to them had sufficient opportunities to talk to a doctor. However, 29 people (15%) said that their family or friends did not get the opportunity to talk to a doctor. With an average score of 6.9 out of 10, this was the lowest scoring question.

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

**Figure 18. University Hospital Kerry scores for other aspects of care**



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

Patients in University Hospital Kerry 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. However, patients reported less positive experiences around the opportunities for their families or friends to speak with hospital staff — an issue which also emerged at the national level.



## 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 University Hospital Kerry, compared with the national average.

In general, over half of people (54%) who stayed in University Hospital Kerry in May 2017 reported having a very good experience in this hospital, whereas 19% of respondents indicated a fair to poor experience.

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



# 4

## Chapter 4 Conclusion

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

Overall, patients' ratings of their experiences at University Hospital Kerry were slightly below the national average. 81% of patients at University Hospital Kerry said they had a 'very good' or 'good' experience, compared with 84% nationally.

In general, people in University Hospital Kerry reported that they were treated with respect and dignity in the emergency department and during their time on the ward. People also noted positive experiences as regards pain management and the cleanliness of their ward, as well as opportunities to talk to nurses.

With the majority of all 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 University Hospital Kerry. Studies have shown that long delays in admitting patients to a ward can have negative consequences for their health. Based on the experience of patients in May 2017, food is an area which received negative feedback, as it did at the national level, and indicates a need for improvement. A lack of communication with patients' families was also noted, particularly as regards insufficient opportunities for families to speak with a doctor and the information supplied to support the patient's discharge and aftercare management.

While patients and their families and or friends were given enough notice of their discharge, the questions on discharge and aftercare management were among the lowest scoring questions in the survey. People reported that they were not informed about the side effects of medication, danger signals to watch out for at home and a lack of printed information about what they should or should not do after leaving hospital.

## What happens next?

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

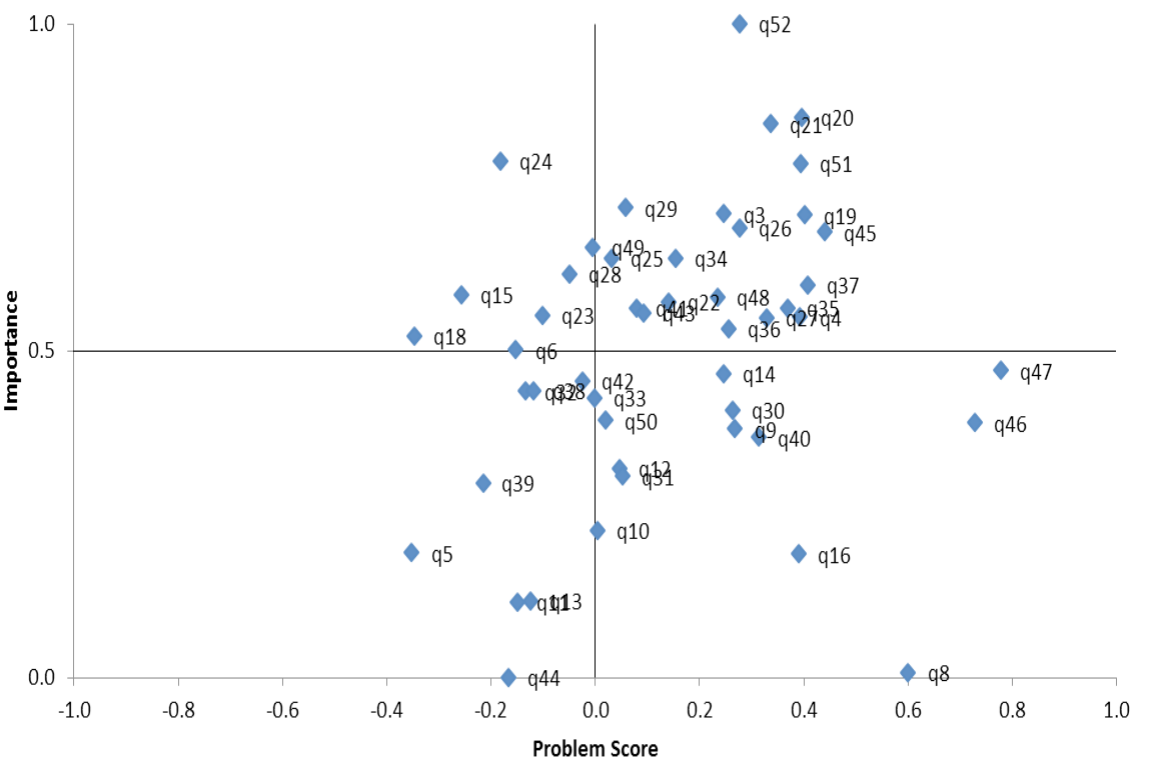
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected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

Figure 20. Overall patient experience map for University Hospital Kerry



# 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>: 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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<sup>6</sup> There are 48 questions relating to the patient journey stages of care. Filter questions, that is, questions whose main purpose it was to route respondents to the next applicable question, were excluded from this categorisation.

Figure A. Example of a scored question in the 2017 survey

## The Emergency Department

Q3. When you had important questions to ask doctors and nurses in the Emergency Department, did you get answers that you could understand?

- 10 Yes, always
- 5 Yes, sometimes
- 0 No
- 5 I had no need to ask / I was too unwell to ask any questions

The table below shows how scores are calculated for a specific question. In this example the scores of five respondents are presented. The score for Q3 is calculated by summing the scores in the right hand column (10+10+5+0+5), before dividing them by the number of people who responded to this question (30/5=6). The average score for Q3 is 6 out of 10.

**Q3. When you had important questions to ask doctors and nurses in the Emergency Department, did you get answers that you could understand?**

Respondent	Score
1	10
2	10
3	5
4	0
5	5
<b>Sum of scores</b>	<b>30</b>

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



## Comparing groups

### When is a difference a 'real' difference?

Statistical tests were carried out to examine if there were significant differences in patient experience across patient groups (that is men and women, and different age groups).

A 'z-test' was used to compare patient experience data at the 99% confidence level. A z-test is a statistical test used to examine whether two population mean scores are different, when the variances are known and the sample size is large. A statistically significant difference means it is very unlikely that results were obtained by chance alone. Therefore, when a score is significantly 'higher than' or 'lower than' the national average, this is highly unlikely to have occurred by chance.

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

The National Patient Experience Survey 2017 technical report, available in 2018 at [www.patientexperience.ie](http://www.patientexperience.ie), provides details on all aspects of the analyses, including response rates, mapping of questions to reporting themes, computation of patient journey scores, statistical comparisons, and application of adjustment weights.

## How was the survey data analysed and reported?

Quantitative survey data was analysed using the statistical package SPSS (Version 24).

The responses to the open-ended questions were transcribed and anonymised. All references to names of patients or hospital staff, places, nationalities, wards, specific health conditions, operations and procedures were removed from the qualitative comments before they were thematically analysed and coded.

### Analysing open-ended comments

The last three questions (questions 59-61) of the 2017 survey encouraged participants to provide additional information, in their own words, on their experience in hospitals. The free-text comments were very useful as they allowed people to give a more in-depth description of their experience. It also allowed them to talk about various things (good or bad) that could not be captured by the structured questions. Nationally, a total of 21,528 comments were received in response to the open-ended questions in the 2017 survey.

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

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

## Glossary

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

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

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

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

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

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

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

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

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

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

## References

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