



## National Patient Experience Survey 2017

# Letterkenny University Hospital

We're committed to excellence in healthcare





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

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

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

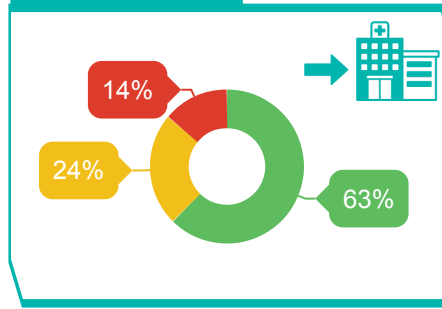
Very good 9 - 10

Good 7 - 8

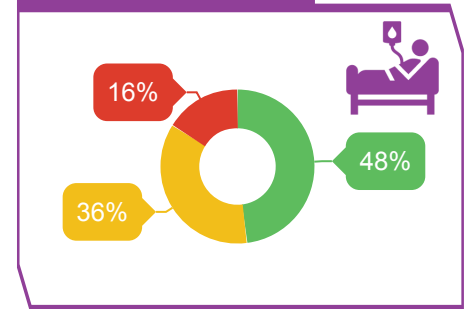
Fair to poor 0 - 6

## Stages of care

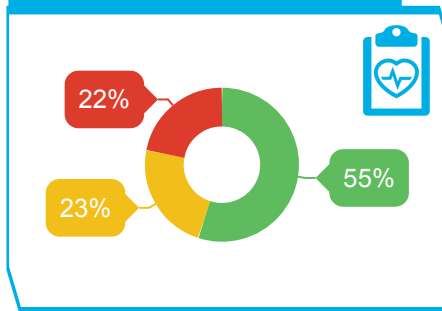
### Admission



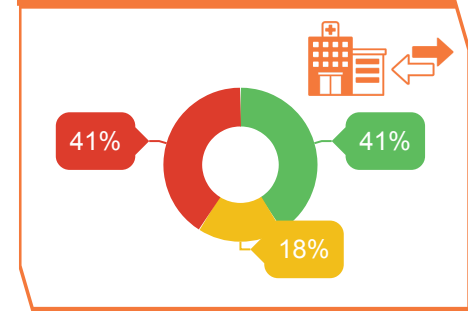
### Care on the ward



### Examinations, diagnosis & treatment



### Discharge or transfer

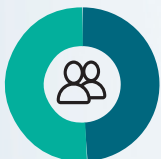


\* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

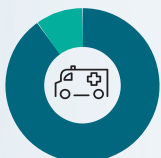
# Letterkenny University Hospital



52% of 865 eligible patients took part



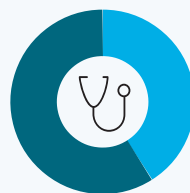
49% female  
51% male



90% entered hospital on an emergency basis

Average age:  
67 years

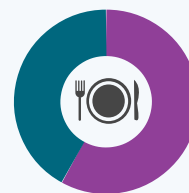
### Treatment



41%

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

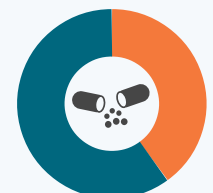
### Food



58%

were not always offered a choice of food.

### Medication



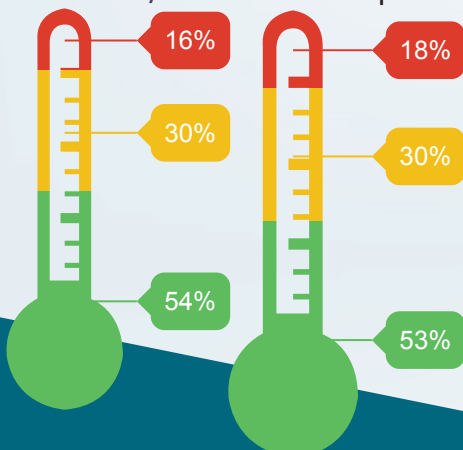
40%

were not fully informed about potential side effects of medication to watch for at home.


## Overall experience

Nationally

This hospital



## Areas of good experience

88%  of people said

that they were always treated with respect and dignity in the emergency department.

## Areas needing improvement

50%  of people said

that if their family or someone close to them wanted to talk to a doctor they did not always get sufficient opportunity to do so.

# Structure and content of this report

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

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## Chapter 1

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

Areas of good experience and areas needing improvement

## About the National Patient Experience Survey 2017

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

Nationally, 26,635 people were invited to participate in the first National Patient Experience Survey in 2017. In total, 13,706 people took part. The results outlined in this report reflect the experiences of patients who were discharged from Letterkenny University Hospital during the month of May 2017. In total, 434 participants from Letterkenny University Hospital took part in the survey.

The survey asked 61 questions, based on five stages of care along the patient journey in hospital: admissions, care on the ward, examinations, diagnosis and treatment, discharge or transfer and other aspects of care.

Three of the questions asked respondents for written comments about what was good about the care they received and what could be improved. The list of questions from the National Patient Experience Survey can be found in Appendix 1.

It is important to note that patients did not always answer every question so there is variation in the number of responses to each question.

This survey is part of the National Patient Experience Survey Programme which aims to help improve the quality and safety of healthcare services provided to people in Ireland. A more detailed background to the survey programme can be found in Appendix 2.

The National Patient Experience Survey values and seeks to represent the patient voice. The survey acknowledges both positive and negative experiences, as told by the 434 people from Letterkenny University Hospital. 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

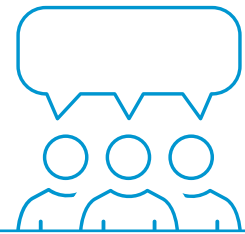
Letterkenny University Hospital is a public acute hospital, located in Co. Donegal. There are 331 inpatient beds in the hospital and 865 eligible discharges were recorded during the survey period of 1 – 31 May 2017 inclusive. Letterkenny University Hospital has an emergency department. Patients at this 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 Letterkenny University Hospital in May 2017. The report highlights areas where patients had positive experiences and outlines where there is significant room for improvement.

The Health Service Executive (HSE) is committed to using the findings of the survey to make improvements to the quality of care provided to patients and to outline a direction for the future of patient-centred care in Letterkenny University Hospital. A quality improvement plan will be developed for Letterkenny University Hospital in response to the survey results and will be 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.



## Who took part in the survey?

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

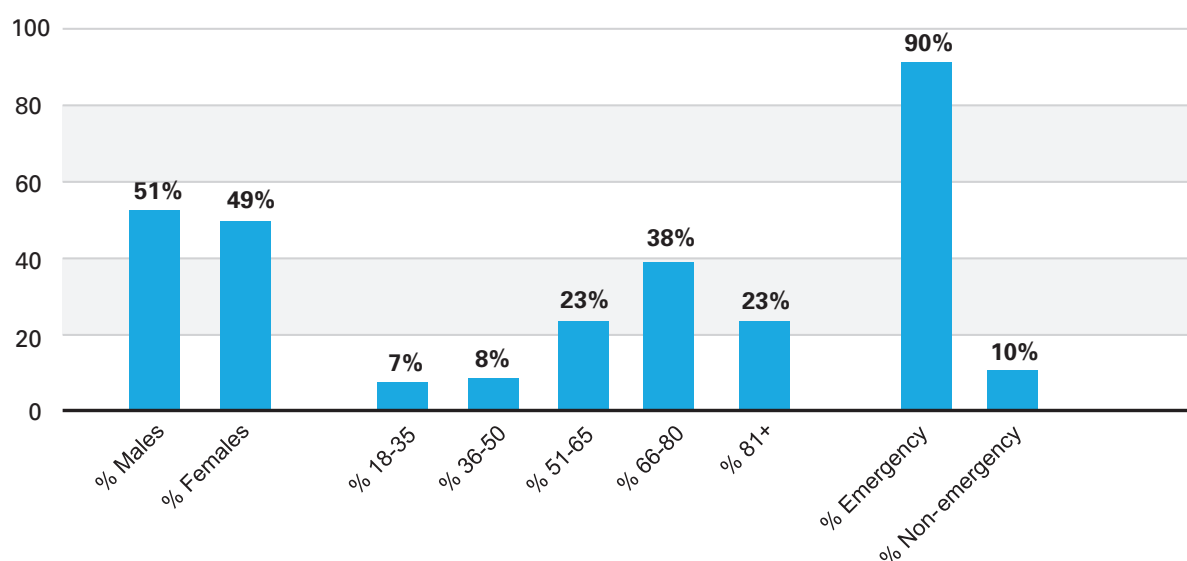
**865** people who were discharged from Letterkenny University Hospital during the month of May 2017, were invited to participate in the survey.

**434** people completed the survey, achieving a response rate of 52%.

51% of people who responded to the survey in Letterkenny University Hospital were male and 49% were female. The majority of respondents (90%) entered the hospital through the emergency department.

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

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





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



Overall, patients' ratings of their experiences at Letterkenny University Hospital were slightly below the national average. 82% of patients at Letterkenny University Hospital had a 'very good' or 'good' experience compared with 84% nationally.

In relation to their admission to hospital, a significant number of patients said that they always felt that they were treated with respect and dignity in the emergency department. Patients also reported having enough privacy on the ward. This was found to be an area of good experience. As regards examinations, diagnosis and treatment, many patients reported feeling involved in the decisions about their care and treatment. Patients also reported good experiences of receiving clear explanations of their medicines, as well as enough information on how to manage their condition after discharge.

However, waiting times in the emergency department is an area which requires improvement, as the majority of patients reported waiting longer than the six hour target time. Nonetheless, patient-reported waiting times in Letterkenny University Hospital were shorter than the national average.

Communication on the ward was also highlighted as an area needing improvement, with a significant number of patients reporting that they did not, or only sometimes, received answers from doctors that they could understand.

A significant number of people said that they did not have, or had only to some extent, enough time to discuss their care and treatment with a doctor. Many patients said that staff did not answer, or answered only to some extent, questions about operations or procedures in a way that they could understand. Patients also said that they were not always told how they could expect to feel after an operation or procedure.

Patients reported mixed experiences of the discharge or transfer process in Letterkenny University Hospital. This was the lowest scoring stage of care. The survey found issues around discharge planning, with many patients saying that hospital staff had not taken their family or home situation into account when organising their discharge. A significant number of patients reported that their families or people close to them did not get sufficient opportunities to talk to a doctor.

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

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

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 Letterkenny University Hospital are:

Patients had very positive experiences in several areas, particularly as regards being treated with respect and dignity in the emergency department. Many patients also reported positive experiences of their discharge from Letterkenny University Hospital.

#### Admissions | Q6.

##### Respect and dignity in the emergency department

Out of 373 people who responded to this question, 327 (88%) said that they were always treated with respect and dignity in the emergency department.

#### Care on the ward | Q9.

##### Privacy on the ward

Out of 426 people who answered this question, 343 (81%) said that they were always given enough privacy while they were on the ward.

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

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

Out of 418 people who responded to this question, 265 (63%) said that they were definitely involved as much as they wanted to be in the decisions about their care and treatment.

#### Discharge or transfer | Q45.

##### Explanation of the purpose of medications

Out of 330 people who were given medicines and needed an explanation as regards their purpose, 234 (71%) said that they were given an explanation that they could understand.

#### Discharge or transfer | Q51.

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

Out of 358 people who needed help in managing their condition, 205 (57%) said that they definitely received enough information about how to manage their condition after discharge.

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

Patients highlighted areas needing improvement across each stage of care. Communication between healthcare staff, patients and their families was particularly problematic.

### Care on the ward | Q20.

#### Clear answers from a doctor

Out of 397 who had a need to ask important questions, 148 (37%) said that they did not receive or only sometimes received answers from doctors that they could understand.

### Examinations, diagnosis and treatment | Q21.

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

Out of 423 people who responded to this question, 187 (44%) said that they did not feel, or felt only to some extent, that they had enough time to discuss their care and treatment with a doctor.

### Other stages of care | Q27.

#### Opportunity for family members to talk to a doctor

Out of 304 patients who answered this question, 152 (50%) said that if their family or someone close to them wanted to talk to a doctor they did not, or only to some extent, get sufficient opportunity to do so.

### Examinations, diagnosis and treatment | Q37.

#### Clear answers to questions about an operation or procedure

Out of 188 people who had questions before they underwent an operation or a procedure, 45 (24%) said that they did not receive answers in a way they could understand.

### Discharge or transfer | Q48.

#### Consideration of home/family situation

Out of 278 people, 122 (43%) people said that hospital staff did not take, or took only to some extent, their family or home situation into account when planning their discharge.



## Chapter 2

# The patient journey through hospital

Qualitative and quantitative findings from the 2017 survey

## Findings of the 2017 survey

### The stages of care along the patient journey

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

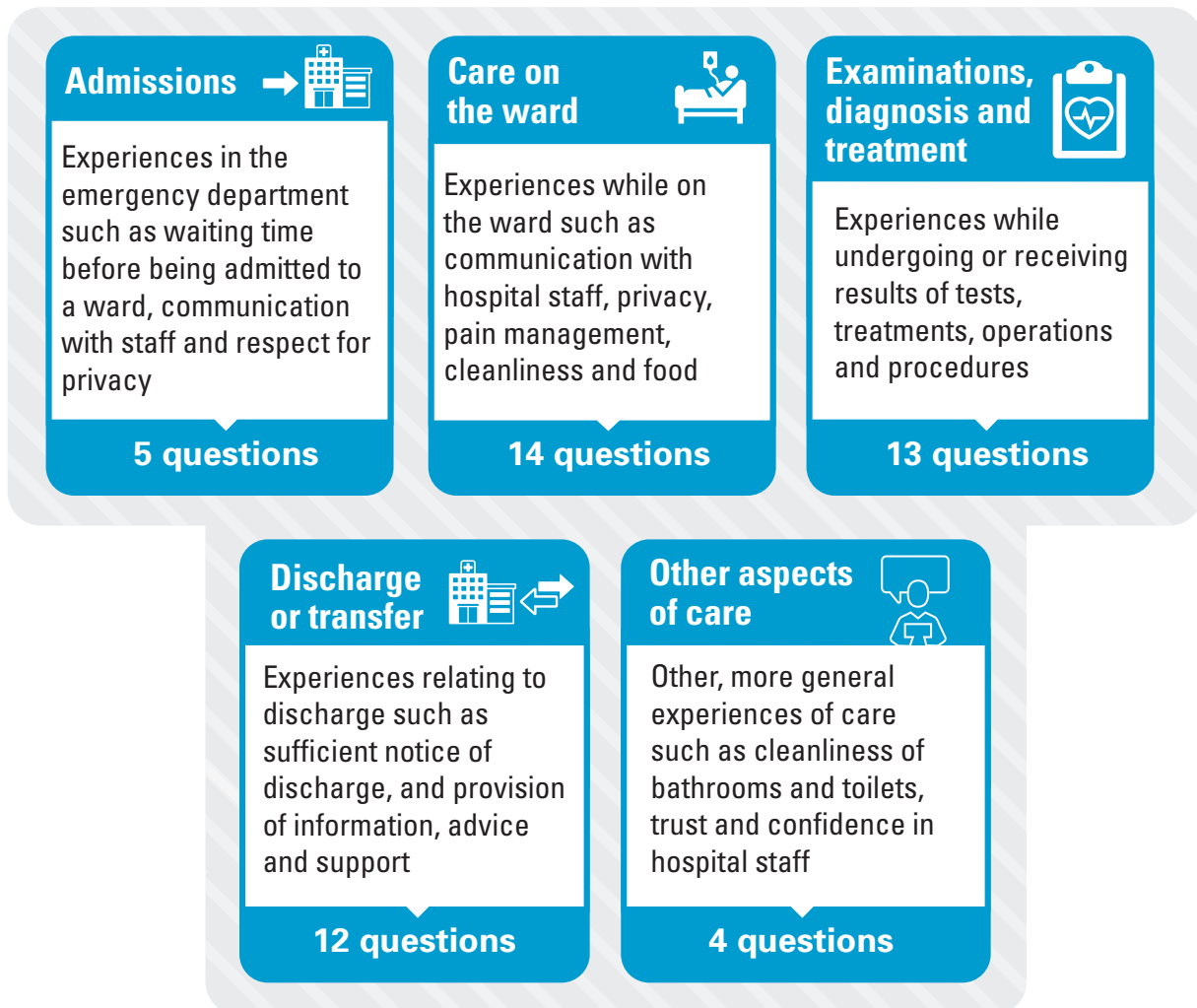
The survey questions were grouped into five stages along the patient journey:

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

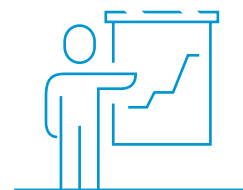
**"New improved hospital setup. Better care overall, very well organised hospital."**

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

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



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



While the results for many questions show that many people had a positive experience in hospital, it is important to listen to those patients who had negative experiences. Listening to the voices of all patients allows hospitals to make improvements across the patient journey. For each stage of care, the results are presented in the following way, as shown in Figure 3:

- 1. Experience rating for a stage of care.**
- 2. Scores out of 10.**
- 3. Comparisons.**

Figure 3. Guide to interpreting the results

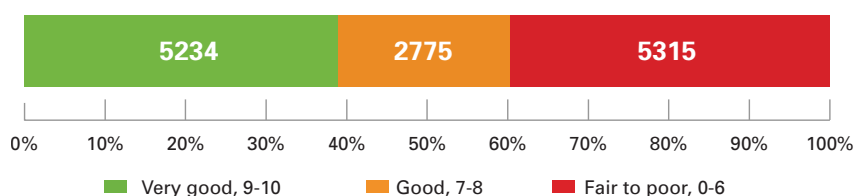
## 1 Experience rating for a stage of care

The experience rating summarises the average patient experience for each stage of care. The graphs show how many people rated a particular stage as 'very good', 'good' or 'fair to poor'.

### Example:

The example below shows how many people rated the care they received on the ward as 'very good', 'good' and 'fair to poor'.

Figure 2.22 | Discharge or transfer ratings



## 2. Scores out of 10

Scores out of 10 are given for each question belonging to a stage of care or a stage as whole. A score of 0 indicates a very negative experience and a score of 10 indicates a very positive experience.

Sometimes questions are described as high or low ranking questions. These are questions with the highest or lowest score when compared to a set of questions.

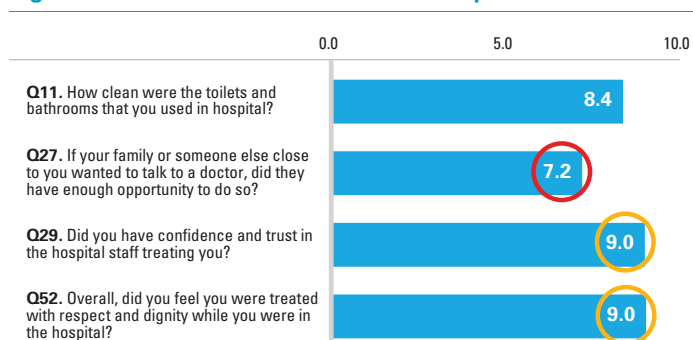
### Example:

The example below shows the scores for four questions. Q52 and Q29 had the highest scores (9 out of 10). A score of 9 means that on average, people gave positive responses to these questions.

Q27 is the lowest ranking question (score of 7.2 out of 10). This result shows that Q27 received more mixed or negative responses than Q52 and Q29.

Appendix 4 includes additional notes on interpreting these survey results. It also explains the methodology for the scoring of individual questions and stages of care.

Figure 2.28 | National score for other aspects of care

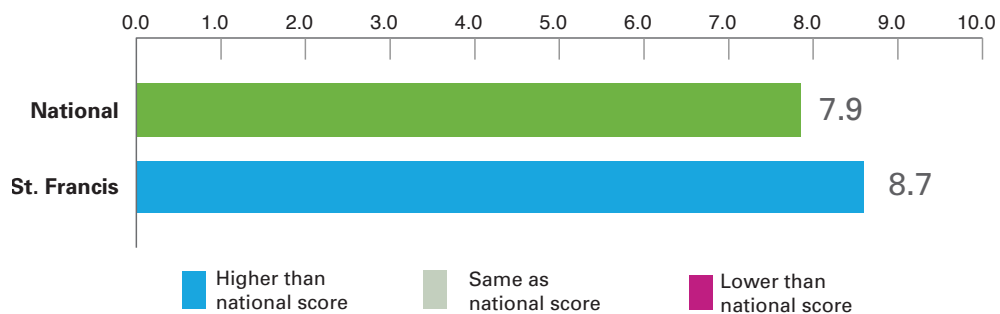


### 3 Comparisons

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

#### Example:

The example below compares the scores for the fictional St. Francis Hospital and the national score for the 'admissions' stage of care. The shading on the graph shows whether a difference exists between the two scores and whether this difference is statistically significant. The shading for the hospital score tells us that it is significantly higher than the national score.



# Admissions

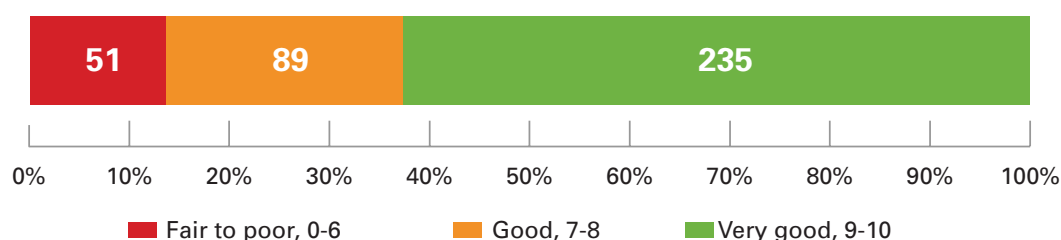


## In summary: what were patients' experiences of the admissions process?

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

51 people (14%) reported a 'fair to poor' experience of admission to Letterkenny University Hospital. However, 235 people (63%) rated their experience as 'very good'. Figure 4 below summarises these experience ratings.

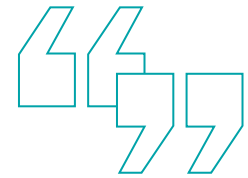
**Figure 4. Experience ratings for admissions**



## What were the key findings for admissions?

- 88% said that they were always treated with respect and dignity in the emergency department.
- 39% of respondents said that doctors or nurses in the emergency department did not explain, or explained only to some extent, their condition and treatment in a way they could understand.
- 63% of people said that they waited for longer than the target waiting time of six hours before being admitted to a ward.





## The patient voice: what patients said about admissions

Respondents from Letterkenny University Hospital made 101 open-ended comments related to the following themes: 'dignity, respect and privacy', 'communication with the patient' and 'emergency department environment or waiting times'. 73 comments offered suggestions for improvement. Some examples of the comments received for this stage of care are provided below.

### Dignity, respect and privacy

"Yes. The dignity and treatment in A&E was exceptional."

"(1) More nursing and medical staff. (2) The facilities are not big enough for the amount of people they have to attend. Some people had to have drips and injections in a waiting area with no privacy and everyone heard what was wrong with them because they hadn't got the facilities to put them anywhere else."

### Communication with the patient

"Because I have a [Condition Name] I found the staff very good. They spoke directly to me and not to my carer as usually happens."

"Doctors in casualty can be a little blunt. When [First Name] went in she just thought she had a [Condition Name] and they found a [Condition Type] on her neck, they also used the word mass and never explained fully to her, she was a bit scared."

### Emergency department management and environment

"I was admitted to A&E very promptly and was treated on a chair. The nursing staff were excellent and under extraordinary pressure. People in A&E seem to spend so much time filling out forms and computer work. Huge shortage of senior doctors — it is like flying a plane without a pilot!"

"A&E needed security. Patients on my visit there were subject to hassle from other patients. No one taking responsibility and this was daylight hours."

### Emergency Department waiting times

"The day my father was admitted they had the greatest number of people attending A and E - he was seen within the hour and all investigations were carried out while he was in a bed in a cubicle — he was admitted to a ward and in a bed there in 7 hours. The staff and nursing and medical were excellent on any occasion that he has been admitted in the last 3 years."

"The time spent on a trolley, before getting a bed in a ward, which for an 83 yr old [] person was far too long. 9.30am till 3pm the following day."

## 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 was the highest scoring question for admissions (score of 9.2 out of 10). 327 people (88% of people who answered Q6) said that they were always treated with respect and dignity in the emergency department in Letterkenny University Hospital.

Q4 was the lowest scoring question on admissions (score of 7.7 out of 10). Out of 356 people who needed an explanation, 139 (39%) said that doctors or nurses in the emergency department did not explain, or explained only to some extent, conditions and treatments in a way they could understand.

224 people (63%) reported that they had to wait for more than six hours before being admitted to a ward. Further detail on waiting times is provided later in this section.

**"I would like the staff to have more time to talk to the patients and explain in more detail your condition and any concern you may have."**

Figure 5. presents the scores for Letterkenny University Hospital for questions related to admissions.

**Figure 5. Letterkenny University Hospital scores for questions on admissions**

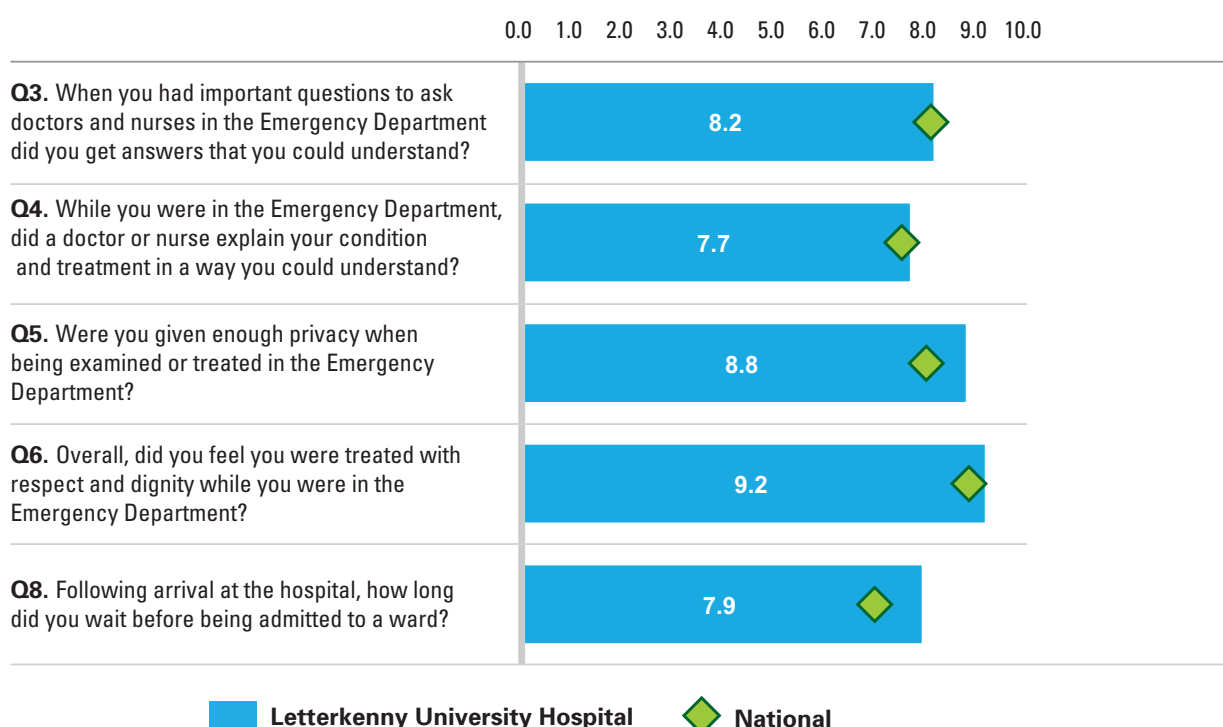
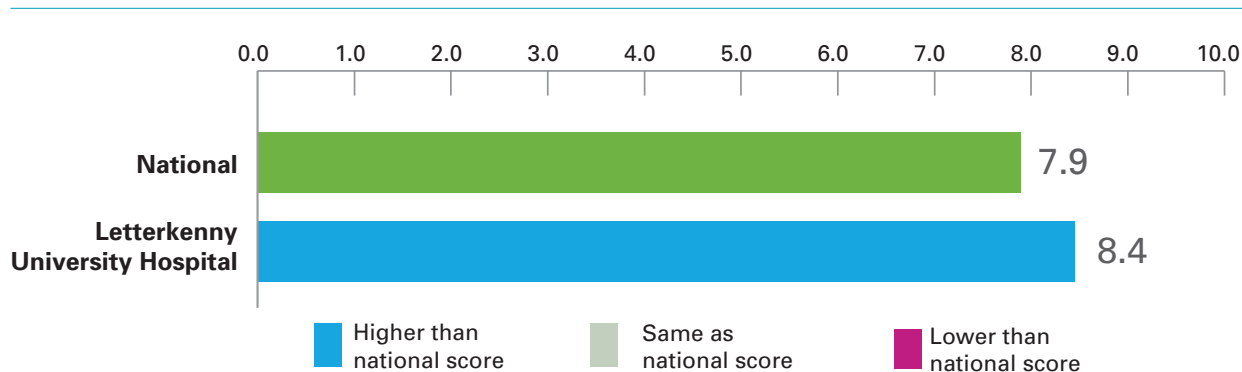


Figure 6. shows that, within the admissions stage, the average score for Letterkenny University Hospital (8.4 out of 10) is higher than the national average score (7.9 out of 10). This means that patients who attended Letterkenny University Hospital reported more positive experiences of admissions compared with patients in other hospitals, based on the national average scores.

**Figure 6. Comparison of Letterkenny University Hospital 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>1</sup>.

## Waiting time before being admitted to a ward

Out of 355 people who reported waiting times in the emergency department of Letterkenny University Hospital, 131 (37%) said they were admitted to a ward within six hours of their arrival at the emergency department. 214 people (60%) reported waiting between six and 24 hours, while 10 people (3%) said that they waited 24 hours or more in the emergency department. One person reported waiting 48 hours or more before being admitted to a ward.

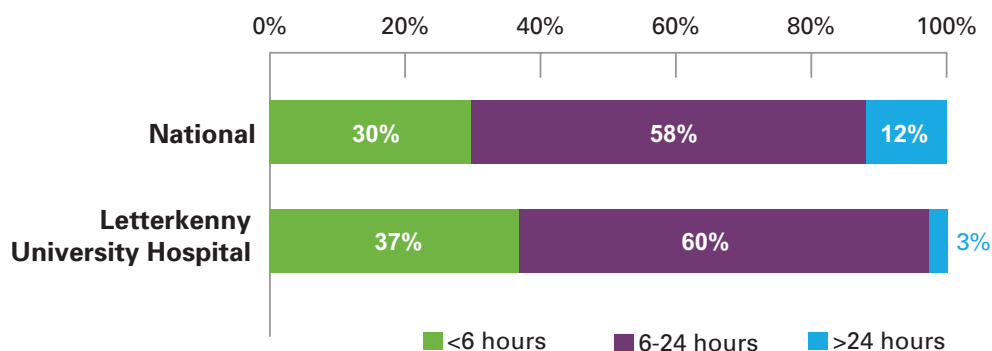
<sup>1</sup> The HSE 2017 targets can be viewed at: <https://www.hse.ie/eng/services/publications/KPIs/Acute-Hospitals-KPI-Metadata-2017.pdf>

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

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

With 37% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that Letterkenny University Hospital performed higher than the reported national average, where 30% of people said that they were admitted within six hours. Patient-reported waiting times in Letterkenny University Hospital were, however, below 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 Letterkenny University Hospital and nationally**



### Admissions: what do these results mean?

Letterkenny University Hospital performed above the national average for this stage of care. Generally, patients who attended this hospital said that they were treated with respect and dignity in the emergency department. This was found to be an area of good experience and demonstrates that many people experience person-centred care in the emergency department of Letterkenny University Hospital.

However, patient-reported waiting times show that 63% of patients were not admitted to a ward within the target six hour waiting time. Letterkenny University Hospital performed above the national average for emergency department waiting times, but fell well short of the targets set by the HSE.

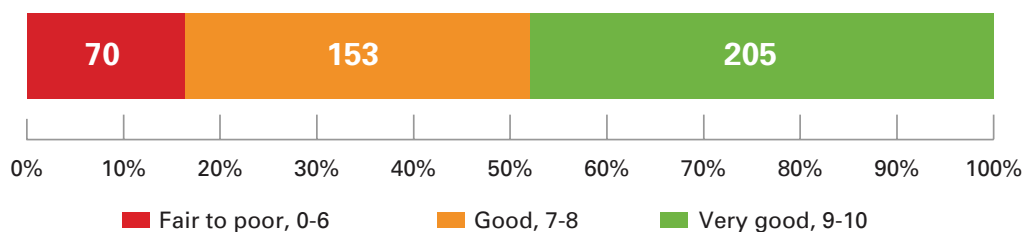
# Care on the ward



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

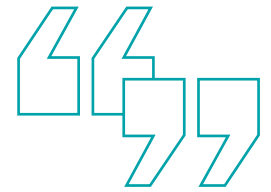
70 people (16%) reported having a fair to poor experience of care on the ward during their stay in Letterkenny University Hospital in May 2017. 205 people (48%) reported having a very good experience during the same period. These experience ratings are summarised in Figure 8 below.

Figure 8. Experience ratings for care on the ward



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

- In general, patients reported positive experiences in relation to privacy and cleanliness on the ward.
- 197 (80%) patients said that they always got help in time from hospital staff if they needed to get to a bathroom or toilet.
- The survey found that 58% of patients in Letterkenny University Hospital were not always given a choice of food.



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

240 open-ended comments from Letterkenny University Hospital related to the following themes: 'staffing levels', 'staff availability and responsiveness', 'other healthcare staff', 'other staff', 'food and drink' and 'cleanliness and hygiene'. 109 of the comments offered suggestions for improvement. Some examples of comments for this stage of care are provided below.

### Staffing levels

"Although the nursing staff were overworked, they made time and effort to care for each patient and attend to their needs and demands with great patience and in a lovely manner."

"Yes, I would like to see more staff nurses employed, as nurses have too many patients to attend especially throughout the night. I would also like to see when you are fasting that the test is carried out the following day."

### Staff availability and responsiveness

"As soon as I rang my bell at night the nurses came in straightaway. It was very good quick good attention."

"When using my red button to call a nurse, the nurse seemed somewhat accusatory that someone had dared to press the buzzer. I feel that it was to the point where it would have intimidated some patients. After going for my [Procedure], I had to wait for well over 30 minutes for a porter to take me back to the ward. I understand that, on a Sunday, there's probably a lower staff level but I was ignored several times by porters who seemed more interested in their jokes than servicing patients."

### Other healthcare staff

"I was treated very well by everyone while I was there. The nurses are excellent and the health care workers and the kitchen staff were a joy. My doctors were excellent."

### Other staff

"The staff nurses, cleaners and kitchen staff were kind and always pleasant and cheerful. I have nothing but praise for the work, very hard work the nurses had to do. Many thanks."

## Food and drink

"Food excellent. I have an unusual diet. As well as being vegetarian, I also avoid all dairy products and eggs. I usually have trouble getting staff in restaurants, even expensive ones to understand my needs. Plates often come to me covered in mayonnaise or cream. I was surprised how quickly the staff in Letterkenny University Hospital grasped what my dietary need were. Food there is as good as at home. I ask that my gratitude be conveyed to the chefs there. My wife was a patient at the same time and her experience was similar. She felt that nurses were overworked, their working conditions were appalling."

"Dinner is received at 4pm, apart from tea served at 8pm, this is a long time to wait until the morning. Biscuits were placed on patient table without a plate which wasn't very hygienic."

## Cleanliness and hygiene

"It was good. The nursing staff, domestic staff were lovely and friendly. Worked so hard. I watched them clean the ward every day it was done to perfection, the floor, bed trays, the bed, the bed, underneath the bed every inch was cleaned."

"Hospital cleanliness was of a very poor standard. Hand-washing was of poor standard throughout. [...]"

## Quantitative results for questions on care on the ward

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



With a score of 9 out of 10, Q9, Q10 and Q12 were the highest scoring questions on care on the ward. In relation to Q9, out of the 426 people (81%) who replied to this question, 343 said that they were always given privacy while on the ward. In response to Q10, a total of 297 people (70%), who answered this question, said that the wards in Letterkenny University Hospital were very clean, while 116 (27%) said that they were fairly clean. In response to Q12, a total of 197 people (80%) said that they always got help from staff in time if they needed to get to a bathroom or toilet.

**"I was very depressed at the time of my stay in hospital. It would have been better if I had a [Healthcare Professional] to talk to."**

On the other hand, Q16 was the lowest scoring question for this stage of care. Asked if they were offered a choice of food, 237 patients (58%) said that they were not, or were only sometimes, offered a choice of food. Figure 9. below summarises the scores for Letterkenny University Hospital for the care on the ward stage.

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

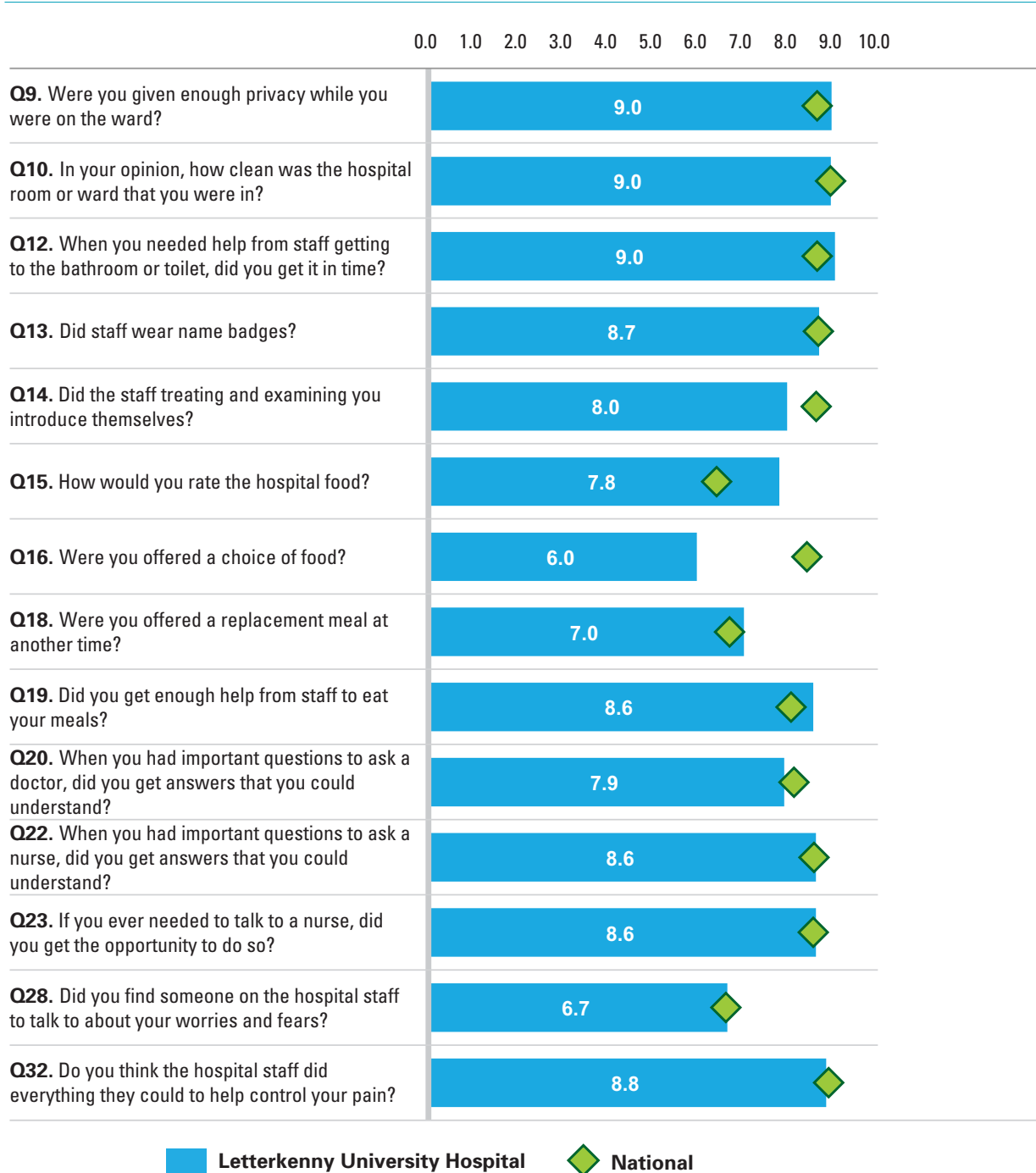
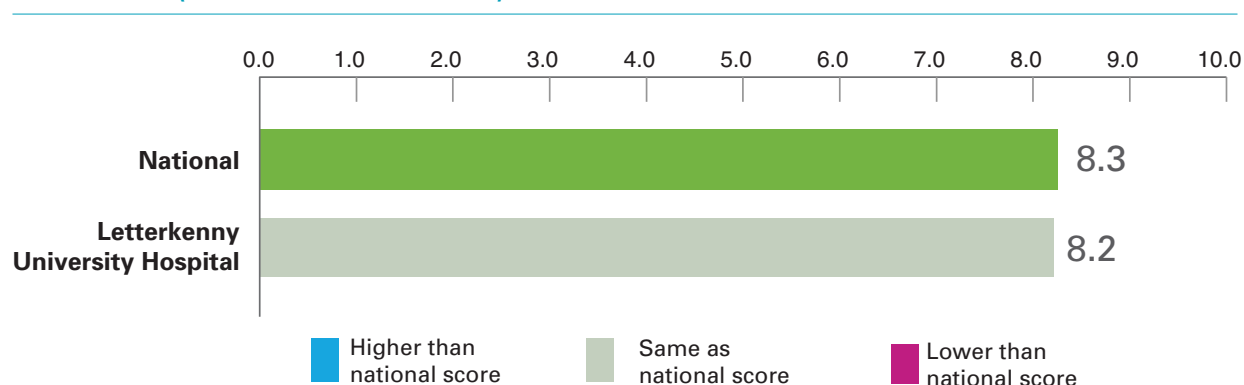




Figure 10. shows that, within the care on the ward stage, the average score for Letterkenny University Hospital (8.2 out of 10) is about the same as the national average score (8.3 out of 10).<sup>2</sup> This means that patients who attended Letterkenny University Hospital in May 2017 reported similar experiences of care on the ward to patients in other hospitals.

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



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

Letterkenny University Hospital's performance on care on the ward was approximately the same as the national average. Many patients in this hospital reported positive experiences as regards privacy on the ward and in relation to the cleanliness of the ward that they were on. A large number of patients also said that they always received help from staff if they needed to get to a bathroom or toilet. This shows that in Letterkenny University Hospital, patients experienced high levels of physical comfort.

However, the survey also found that patients were not always given a choice of food and that they could not always find someone on the hospital staff to talk to about their worries or fears. Furthermore, communication between patients and doctors in Letterkenny University Hospital requires improvement, particularly in terms of ensuring that patients get understandable answers from doctors.

<sup>2</sup> Even though the score for Letterkenny University Hospital for care on the ward is lower than the national average, the difference is not statistically significant. For more information see Appendix 4.

# Examinations, diagnosis and treatment

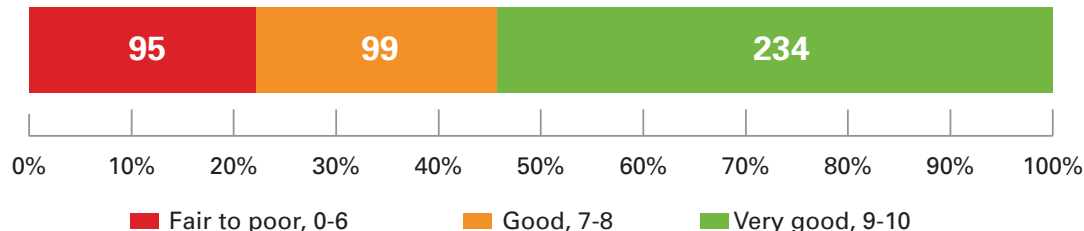


## In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

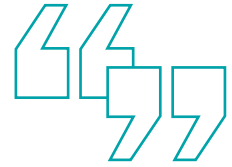
95 people (22%) said that their experience of examinations, diagnosis and treatment in Letterkenny University Hospital was fair to poor. However 234 respondents (55%) reported having a very good experience in Letterkenny University Hospital in this regard. Figure 11. summarises patients' experiences if examinations, diagnosis and treatment.

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



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

- 88% of patients said that they were always given enough privacy when being examined or treated.
- Many people said that they were not told about how they could expect to feel after an operation or procedure. A significant number of patients also reported that they did not feel as though they had enough time to discuss their care and treatment with a doctor.



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

197 open-ended comments were made about the following themes: 'nursing staff' and 'doctors or consultants'. 41 of the comments were in response to Q60 which asked for suggestions for improvement. Some examples of comments for this stage of care are provided below.

### Nursing staff

"Nurses go above and beyond their call of duty. They treated me with dignity and respect at all times. They carry the medical staff and that is blatantly obvious as a patient lying in a bed observing what is going on. These nurses deserve more respect as they are obviously short on the ground and run off their feet. They do not receive half the credit they deserve."

### Doctors or consultants

"I was always treated with respect and courtesy and understanding by every member of the staff. The consultants were par excellence I couldn't praise them enough."

"Doctors should listen more to their patients instead of ignoring them when it comes to prescribing medications. doctors should also explain things more clearly and give patients a chance to ask questions and doctor should answer question instead of walking away."

### Waiting times for planned procedures

"Due to a communication problem between doctor and ward staff I had to wait an extra day for a [Procedure Name] this meant that I had to pay for an extra day in hospital, that was unnecessary."

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

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

With a score of 9.2 out of 10, Q31 was the highest scoring question on this stage of care. Out of 426 people who responded to this question, 373 (88%) said that they were always given enough privacy when being examined or treated.

Q38, which asked if patients were told how they could expect to feel after they had an operation or procedure, was the lowest scoring question on examinations, diagnosis and treatment (7 out of 10). Out of 204 people who answered this question, 82 (41%) said that they were not, or were only to some extent, told how they could expect to feel. For

this question, Letterkenny University Hospital also scored lower than the national average. 187 people (44% of the 423 who responded to Q21) said that they did not have, or had only to some extent, enough time to discuss their care and treatment with a doctor.

Figure 12. summarises the scores for Letterkenny University Hospital during examinations, diagnosis and treatment.

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

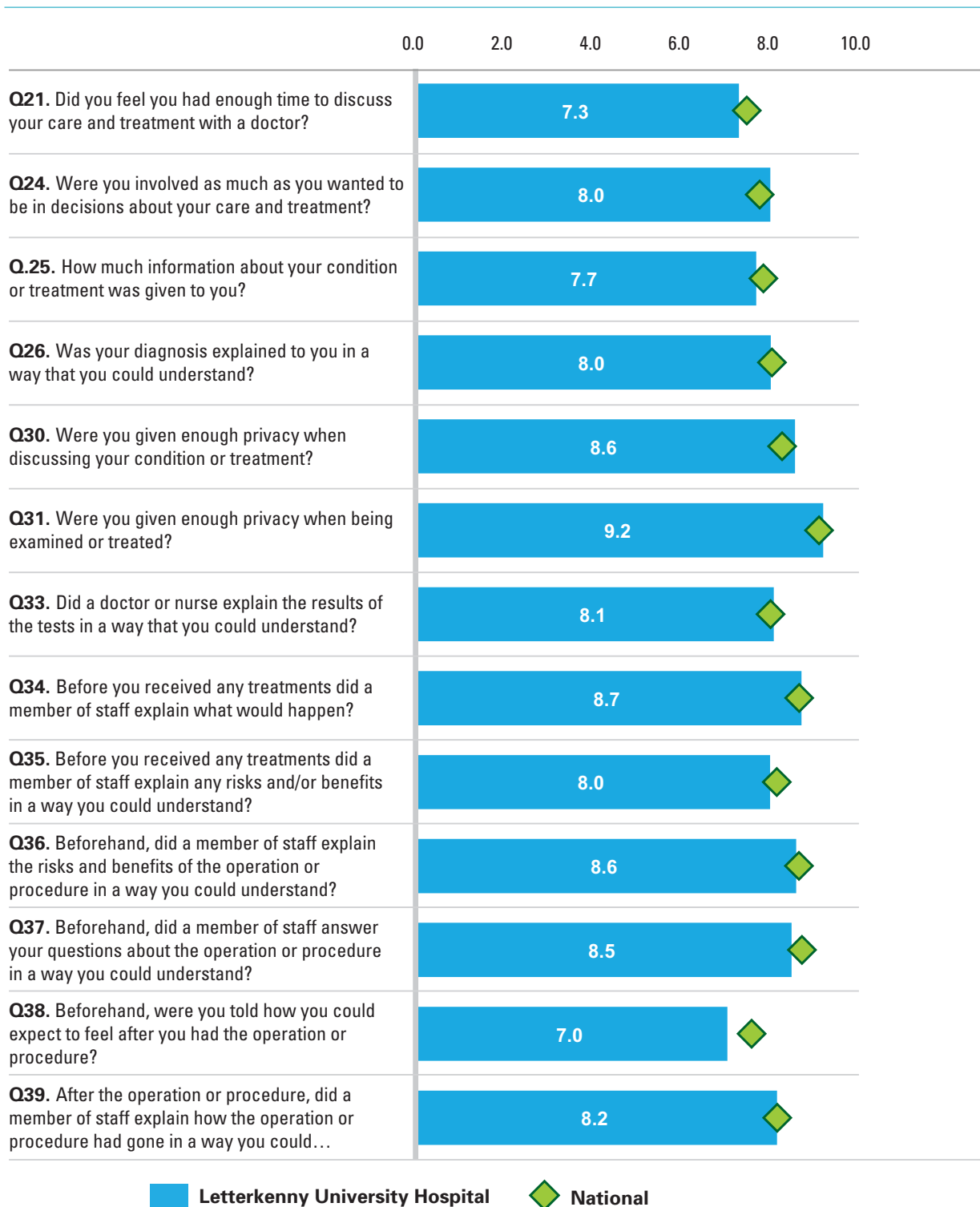


Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for Letterkenny University Hospital (8.1 out of 10) is about the same as the national average score (8.1 out of 10). This means that patients who attended Letterkenny University Hospital in May 2017 reported similar experiences for this stage of care to patients in other hospitals, based on the national average.

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



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

Letterkenny University Hospital performed the same as the national average for this stage of care. A large number of patients reported very positive experiences in terms of being given enough privacy when being examined or treated.

Although not among the highest scoring questions, Q24, which asked about patient involvement in decisions about their care and treatment, performed reasonably well. This area was highlighted as an area of good experience in Letterkenny University Hospital. These findings show that staff in Letterkenny University Hospital respect patients' preferences, values and needs.

Many patients, however, reported negative experiences as regards communication during examinations, diagnosis and treatment (Q38, Q21). Both questions scored below the national average and were also among the lowest scoring questions for this stage of care.

# Discharge or transfer

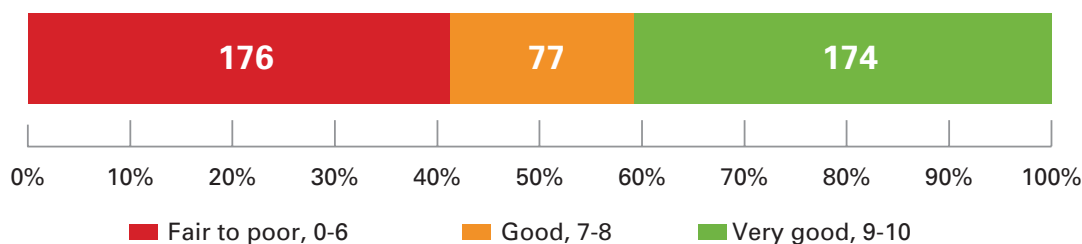


## In summary: what were the experiences of patients during discharge or transfer process from hospital?

'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 427 people who rated their experience of discharge or transfer from the hospital, 176 (41%) said that their experience was 'fair to poor'. On the other hand, 174 (41%) reported having a very good experience of being discharged or transferred from Letterkenny University Hospital. Figure 14. below summarises these experience ratings.

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



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

- Letterkenny University Hospital's performance was similar to the national average score for discharge or transfer.
- 71% of patients said that a member of staff completely explained the purpose of the medicines they were to take at home in a way they could understand.
- 119 people (40%) said they were not told about any medication side effects to watch out for.

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



In total, patients from Letterkenny University Hospital made 20 comments in the 2017 survey about discharge and aftercare management. Some examples of the comments received for this stage of care are provided below.

### Discharge and aftercare

"I was discharged and not given a discharge letter. I was also left with a [Procedure type] in situ."

"I was told I would hear from the medical team in two weeks time, 8 weeks have now passed so not impressed with the follow up."

---

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

### Twelve questions asked about discharge or transfer.

Q45 was the highest scoring question for this stage of care (score of 8.2 out of 10). In response to Q45, a total of 234 people (71 %) said that a member of staff explained the purpose of the medicines they were to take at home in a way they could understand.

With a score of 5.1 out of 10, Q46 was the lowest scoring question on discharge or transfer. This question asked if people were informed about the potential side effects of medication to watch for when they went home. Of the 296 people who needed an explanation, 171 (58%) were not told, or were told only to some extent, about medication side effects to watch for when they went home.

Q44 received the second lowest score for this stage of care (score of 5.3 out of 10). Out of 407 people who answered this question, 192 (47%) 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 Letterkenny University Hospital for questions on discharge or transfer from the hospital.

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

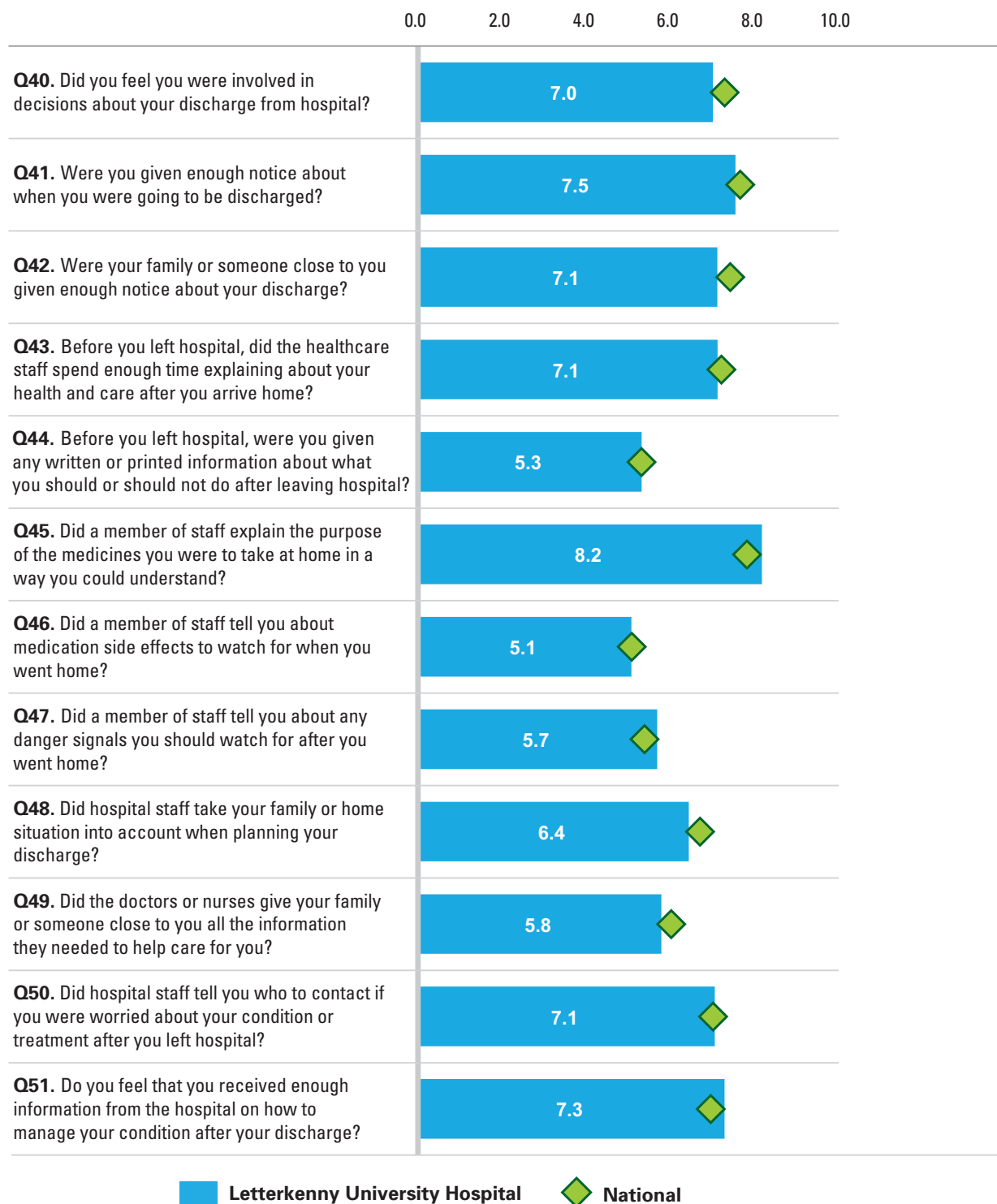




Figure 16. shows that, as regards discharge or transfer from hospital, the average score for Letterkenny University Hospital (6.7 out of 10) is about the same as the national average (6.7 out of 10). This means that patients who attended Letterkenny University Hospital in May 2017 reported similar experiences of the discharge process in comparison to patients in other hospitals, based on the national average scores.

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



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

Letterkenny University Hospital did not perform as well on this stage of care compared with the other stages; however, the hospital's performance on discharge or transfer is similar to the national average. Many patients reported positive experiences of their discharge process, especially in relation to being informed about the purpose of the medicines they were to take at home and how to manage their condition after discharge.

However, many patients reported that before leaving the hospital they were not sufficiently informed about the potential side effects of medications or any danger signals to watch out for, nor were patients given written or printed information about what to do and what not to do after leaving hospital. A significant number of people also said that hospital staff did not take, or took only to some extent, their family or home situation into account when planning their discharge.

# 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?

- In Letterkenny University Hospital, 83% of patients said that, overall, they felt that they were treated with respect and dignity.
- 82% of patients said that they always had confidence and trust in the hospital staff treating them.
- Q27, which asked about whether patients' families or friends had sufficient opportunities to talk to a doctor, was the lowest scoring question on this stage of care, with a score of 6.7 out of 10.

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



162 open-ended comments were made about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'clinical information and history' and 'private health insurance'. 52 of these comments were in response to Q60, which asked for suggestions for improvement. Some examples of comments for this stage of care are provided below.

### Staff in general

"I was surprised by the care I got as I always heard negative stories about the hospital. The doctors, nurses, tea ladies, cleaners, porters and other staff always had a kind word which means a lot."

"Casualty was a terrible experience and the staff had no respect for anyone."

### Communication with family and friends

"Doctors, nurses, emergency service, ward, great stay, food, great doctors — spoke to my family, explained everything v. well. best hospital to stay in."

"Some doctors' communication skills would be improved, less medical jargon and more clear and concise information. I found A&E waiting time to be very tiring and long. Lack of information to families after operations or procedures."

### Physical comfort

"Both the [Ward Type] staff and the nurses on the ward very attentive and well informed to help me feel comfortable and pain free."

"I was on a [Ward Type] and 3 male visitors were on the ward early in the morning, most of the day and always late at night. Therefore I had no privacy morning or night."

### Hospital facilities

"Yes was put into a single room with its own toilet, having [Condition Type] this meant a lot to me, and being very weak it helped being on my own with buzzer if I needed anyone."

"Disability parking totally inadequate. Access to various parts of the hospital e.g. x-ray is very long, fire exits could be open to allow for quicker access for older patients."

### Clinical information and history

"I was on medication this information was not given when I moved to a ward. 3 days later my family asked why I wasn't taking other meds. Very unsettling."

### Private health insurance

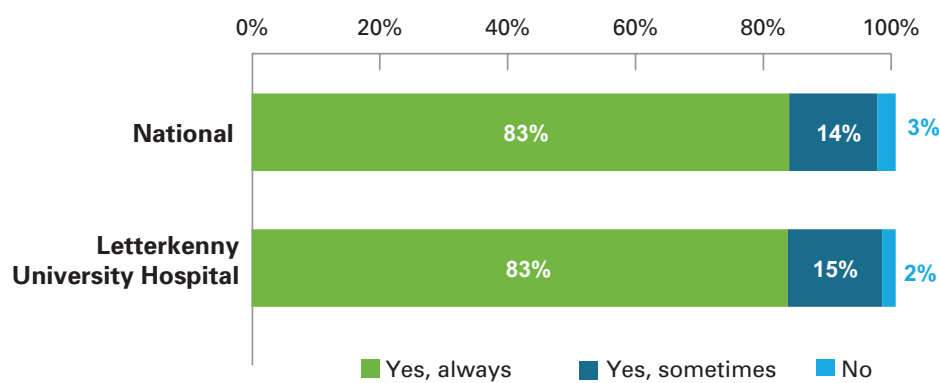
"Yes, It's too bad that a patient in [County] has to travel to [County] for a [Procedure Name] . Nine days in Letterkenny in pain another 4 days in [County] on standby before [Procedure Name]. VHI member."

## 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 Letterkenny University Hospital in May 2017. Overall, 353 people (83%) said that they were always treated with respect and dignity, though nine people (2%) said that they were not.

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

**Figure 17. Ratings for dignity and respect towards patients in Letterkenny University Hospital**



**Question 29** asked people if they had confidence and trust in the hospital staff treating them. 349 people (82% of the 425 people who answered Q29) said that they always had confidence and trust in the hospital staff treating them. However, 76 (18%) said that they did not have, or had only sometimes, confidence and trust in the hospital staff treating them.

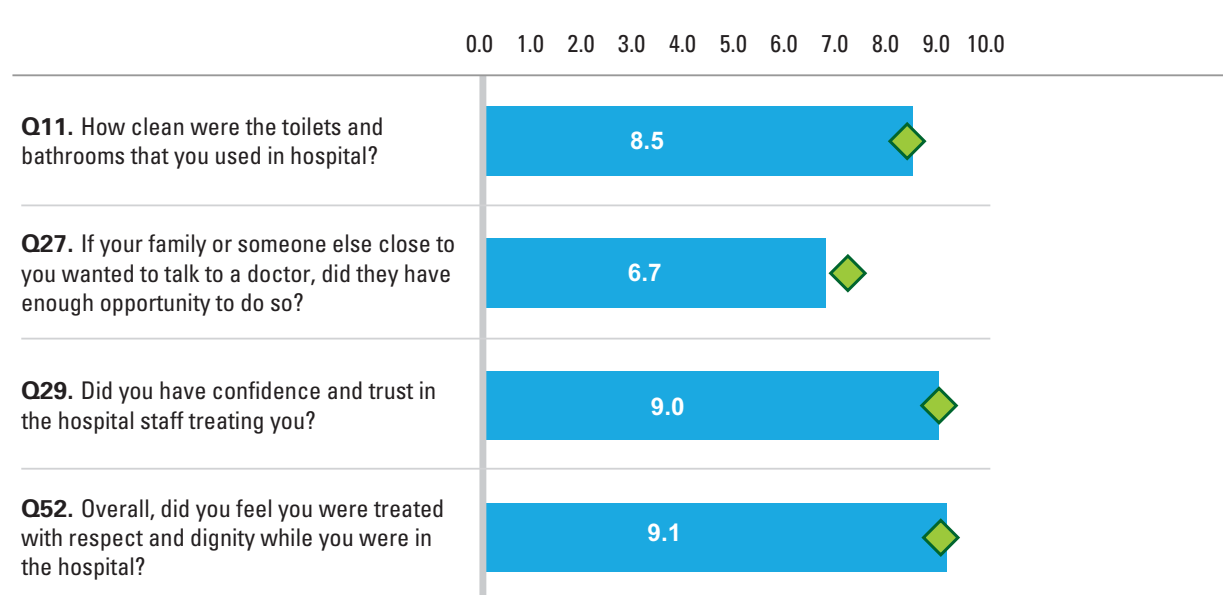
**Question 11** asked people about the cleanliness of the bathrooms and toilets in Letterkenny University Hospital. While 265 people (63% of the 420 people who used a toilet or a bathroom in Letterkenny University Hospital) said that the toilets and bathrooms were very clean, 29 people (7%) said that they were not very clean or not at all clean.

**Question 27** asked people if their family or someone close to them had sufficient opportunities to talk to a doctor in Letterkenny University Hospital. This was the lowest scoring question on other aspects of care and below the national average. Out of 304 people, 152 (50%) said that their family or people close to them had sufficient opportunities to talk to a doctor.

On the other hand, the same amount of people said that their family or friends did not get, or got only to some extent, the opportunity to talk to a doctor. Figure 18. summarises the scores for Letterkenny University Hospital for questions about other aspects of care.

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

**Figure 18. Letterkenny University Hospital scores for questions on other aspects of care**



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

Generally patients said that they were treated with dignity and respect in Letterkenny University Hospital and most people said that they had confidence and trust in the hospital staff treating them. Patients also reported good experiences of the cleanliness of the toilets and bathrooms. The survey findings demonstrate high levels of patient-centred care in the hospital; however, improvement could be made in the hospital in terms of providing patients' families and friends with more opportunities to speak with doctors.



## Chapter 3

# Overall experience

### Ratings of overall experience

Respondents were also asked to rate their overall hospital experience on a scale of 0 to 10, with 10 being the most positive experience, and 0 the most negative experience.

In Figure 19. below, the average overall rating of hospital experience for Letterkenny University Hospital is provided and compared with the national average.

In general, over half of people (53%), who stayed in Letterkenny University Hospital in May 2017 reported having a very good experience, whereas as many as 18% indicated a fair to poor experience.

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





## Chapter 4

# Conclusion

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

Overall, patients' ratings of their experiences at Letterkenny University Hospital were slightly below the national average. 82% of patients at Letterkenny University Hospital they had a 'very good' or 'good' experience compared with 84% nationally.

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 Letterkenny University Hospital. However, many people said that they were always treated with respect and dignity in the emergency department.

Many patients reported positive experiences in relation to privacy on the ward and during examinations or treatment. Many also reported feeling involved in the decisions about their care and treatment. A significant number of people said that they did not have, or had only to some extent, enough time to discuss their care and treatment with a doctor. Patients also said that they did not always receive clear answers from doctors and that sometimes staff did not answer, or answered only to some extent, questions about operations or procedures in a way that they could understand. Patients also said that they were not always told how they could expect to feel after an operation or procedure.

Patients reported mixed experiences of the discharge or transfer process in Letterkenny University Hospital. Many reported good experiences of receiving clear explanations of their medicines, as well as enough information on how to manage their condition after discharge. The survey found issues around discharge planning, with many patients saying that hospital staff had not taken their family or home situation into account when organising their discharge. A significant number of patients reported that their families or people close to them did not get sufficient opportunities to talk to a doctor.

These findings will serve to inform quality improvement initiatives in Letterkenny University 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 a national quality improvement plan, which will be made publicly available on [www.patientexperience.ie](http://www.patientexperience.ie) in December 2017.

The Department of Health will use the information gathered to inform the development of policy in relation to acute healthcare. Finally, the findings of the survey will be used to develop HIQA's approach to monitoring of hospitals.



# Appendix 1:

## National Patient Experience Survey 2017 questions

No.	Question
1	Was your most recent hospital stay planned in advance or an emergency?
2	When you arrived at the hospital, did you go to the Emergency Department (also known as the A&E Department or Casualty)?
3	When you had important questions to ask doctors and nurses in the Emergency Department, did you get answers that you could understand?
4	While you were in the Emergency Department, did a doctor or nurse explain your condition and treatment in a way you could understand?
5	Were you given enough privacy when being examined or treated in the Emergency Department?
6	Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department?
7	Did you remain in the Emergency Department for the entire time of your stay?
8	Following arrival at the hospital, how long did you wait before being admitted to a ward?
9	Were you given enough privacy while you were on the ward?
10	In your opinion, how clean was the hospital room or ward that you were in?
11	How clean were the toilets and bathrooms that you used in hospital?
12	When you needed help from staff getting to the bathroom or toilet, did you get it in time?
13	Did staff wear name badges?
14	Did the staff treating and examining you introduce themselves?
15	How would you rate the hospital food?
16	Were you offered a choice of food?
17	Were you ever unable to eat during mealtimes (e.g. because you were away from the ward, recovery from surgery etc.)?
18	Were you offered a replacement meal at another time?
19	Did you get enough help from staff to eat your meals?
20	When you had important questions to ask a doctor, did you get answers that you could understand?
21	Did you feel you had enough time to discuss your care and treatment with a doctor?

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 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.

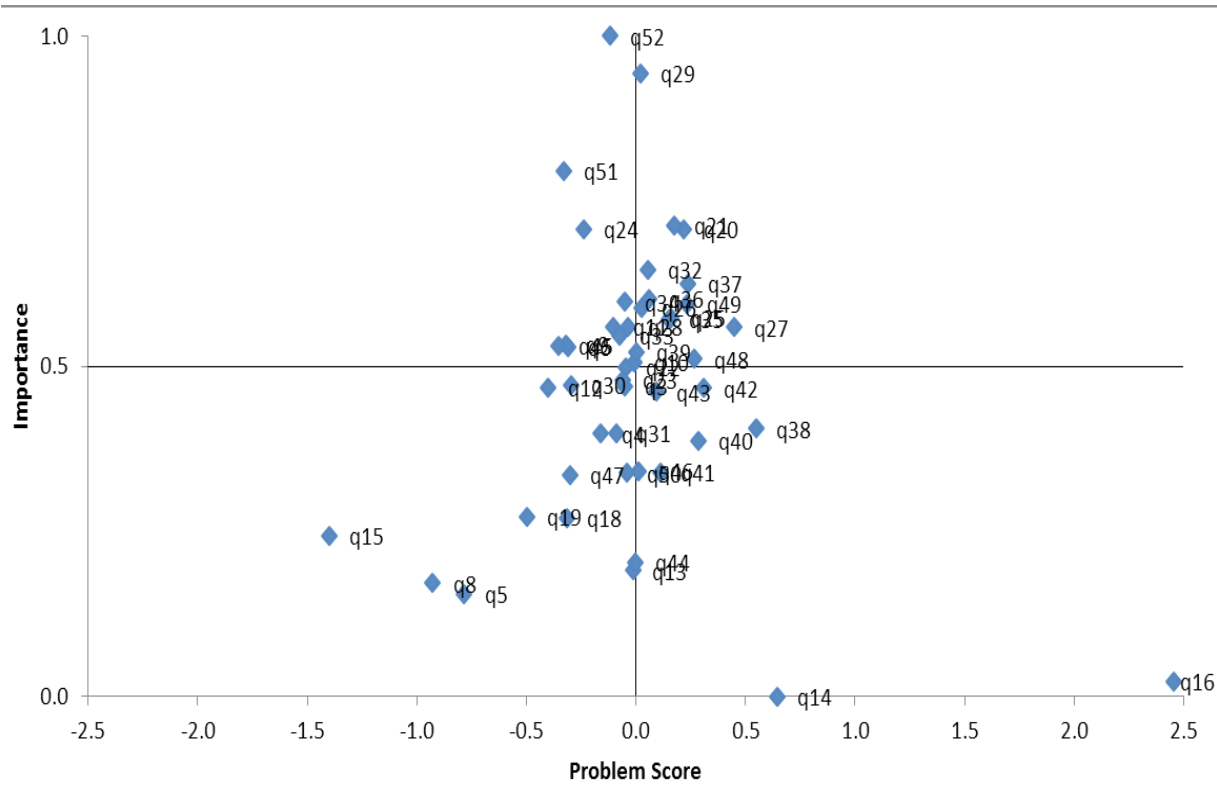
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected 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 Letterkenny University Hospital and the score for each question nationally. This map helps to identify some of the areas of positive experience and areas needing improvement presented in Chapter 1. The importance of the relationship between each question and overall experience is given as a number between 0 and 1, with 1 being the most important possible relationship. The difference between question scores for Letterkenny University Hospital and national scores is described as a 'problem score'. If a question has a problem score with a value greater than zero, it means that Letterkenny University Hospital has scored less than the national average for that question. For example, if a hospital scored 8.8 for Q52 which is lower than the national average of 9.0, this would mean it had a problem score of 0.2 for this question.

Questions that have high problem scores and are important to patients' overall experience appear in the top right section of the map - these are areas needing improvement in Letterkenny University Hospital. 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 Letterkenny University Hospital.

Figure 20. Overall patient experience map for Letterkenny University Hospital



# Appendix 4:

## A technical note on analyses and interpretation

### Preliminary note

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

### Scoring methodology

The National Patient Experience Survey scoring methodology is based on the methodology adopted by the Care Quality Commission on behalf of the National Health Service (NHS) in England.

The scores for the patient journey were calculated by grouping survey questions into five stages of care<sup>3</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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3 There are 48 questions relating to the patient journey stages of care. Filter questions, that is, questions whose main purpose it was to route respondents to the next applicable question, were excluded from this categorisation.

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

## The Emergency Department

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

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

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

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

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

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



## Comparing groups

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

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

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

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

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

## How was the survey data analysed and reported?

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

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

### Analysing open-ended comments

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

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

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

## Glossary

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

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

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

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

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

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

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

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

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

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

## References

1. Singer AJ, Thode Jr HC, Viccellio P, Pines JM. The Association Between Length of Emergency Department Boarding and Mortality. *Academic Emergency Medicine*. 2011;18(12):1324-9.
2. Plunkett PK, Byrne DG, Breslin T, Bennett K, Silke B. Increasing wait times predict increasing mortality for emergency medical admissions. *European Journal of Emergency Medicine*. 2011;18(4):192-6.