



National Patient Experience Survey 2017

University Hospital Limerick

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Information
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An tÚdarás um Fhaisnéis
agus Caliaocht Sláinte

 **HE** Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

 **An Roinn Sláinte**
DEPARTMENT OF HEALTH



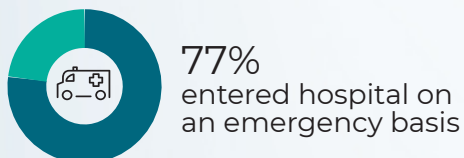
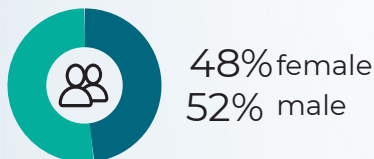
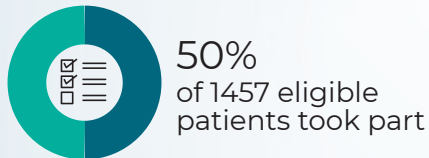
Thank you to the people who participated in the National Patient Experience Survey 2017, and to their families and carers. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve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

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

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



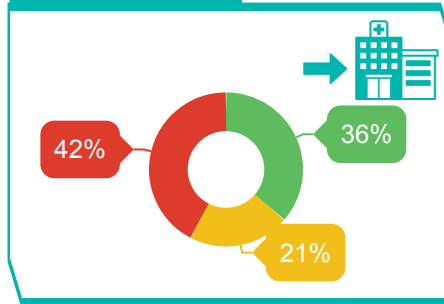
University Hospital Limerick



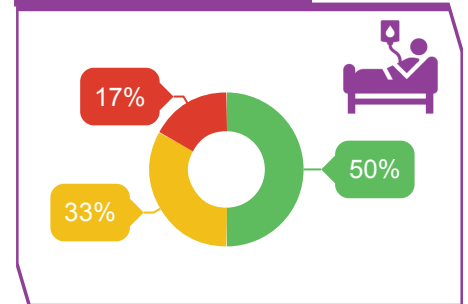
Average age:
64 years

Stages of care

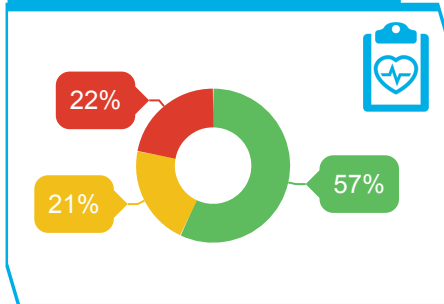
Admission



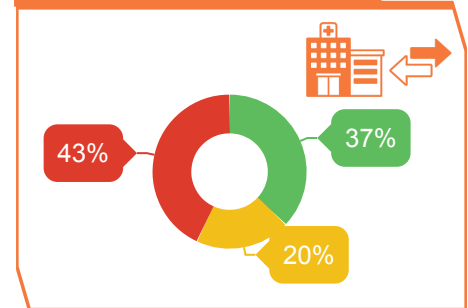
Care on the ward



Examinations, diagnosis & treatment

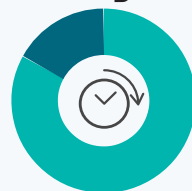


Discharge or transfer



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

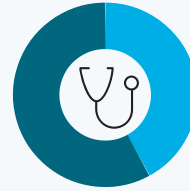
Waiting time



83%

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

Examination



42%

did not always have enough time to talk to a doctor about their care and treatment.

Medication

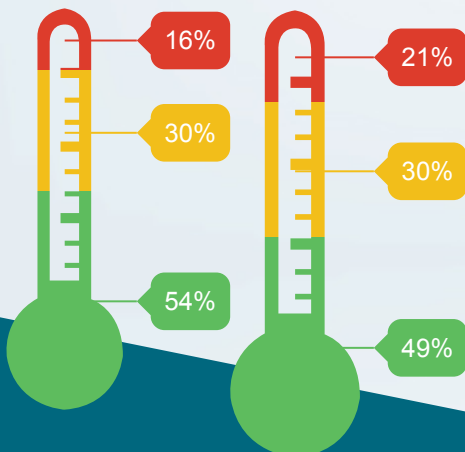


42%

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

Overall experience

Nationally This hospital



Areas of good experience

83%

of people said

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

Areas needing improvement

56%

of people said

that they were not always given enough privacy when being examined or treated in the emergency department.

Structure and content of this report

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

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Chapter 1

Patients' experiences of acute hospital care in University Hospital Limerick

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 Limerick during the month of May 2017. In total, 738 participants from University Hospital Limerick 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, which is a fundamental principle of patient-centred care. The survey acknowledges both positive and negative experiences, as told by the 738 patients from University Hospital Limerick who completed the survey. While thousands of people surveyed nationally 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 Limerick is a public acute hospital, located in Co. Limerick. There were 425 inpatient beds available at the hospital in May 2017. An emergency department is present in the hospital. Patients at this hospital were asked to answer questions across each stage of care.

Purpose of this report

The purpose of this report is to present the key findings of the National Patient Experience Survey, based on the experiences of patients who stayed in University Hospital Limerick 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 Limerick. A quality improvement plan will be developed by University Hospital Limerick in response to the survey results and will be publicly available from www.patientexperience.ie in December 2017.

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



Who took part in the survey?

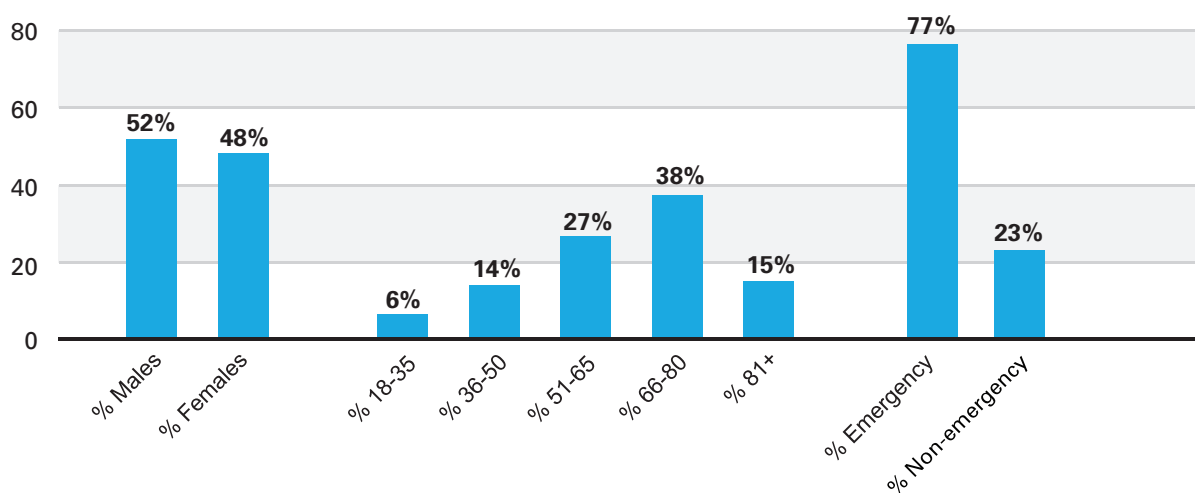
Description of the respondents who took part in the survey

1,457 people discharged from University Hospital Limerick during the month of May 2017 were invited to participate in the survey.

738 people completed the survey, achieving an overall response rate of 50%.

52% of people who responded to the survey in University Hospital Limerick were male and 48% were female. The majority of respondents (77%) entered the hospital through the emergency department. Figure 1 below shows information about the people who took part in the survey from University Hospital Limerick.

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



What were the main findings for University Hospital Limerick?



Overall, patients' ratings of their experiences at University Hospital Limerick were below the national average. 79% of patients at University Hospital Limerick said they had a 'very good' or 'good' experience, compared with 84% nationally.

Patients reported positive experiences of their care, particularly in relation to communication with staff on the ward. Many people also reported very positive experiences of being involved in the decisions about their care and treatment. In addition, the majority of patients had trust and confidence in the staff treating them. Patients were also very positive in terms of the information they received on how to manage their condition after discharge.

Several areas across each stage of care were identified as needing improvement, most of which relate to the admissions process. Only 17% of people who presented at the emergency department were admitted within the national target waiting time of six hours and over half of respondents waited between six and 24 hours. Furthermore, significant numbers of people said that they were not treated with respect and dignity in the emergency department, nor were they given privacy when being examined or treated. Communication between patients and doctors or nurses was also a source of frustration for patients in the emergency department, with many reporting that when they asked questions, they often received answers they could not understand.

Lack of privacy and not being treated with respect or dignity remained problematic during other stages of care. Many people reported that they were not given enough privacy when being examined or treated, while others reported that, overall, they did not feel as though they were treated with respect and dignity. In fact, only 77% of people in University Hospital Limerick said that they were treated with respect and dignity, compared with 83% nationally. These issues were strongly linked with how patients rated their overall experience and were thus highlighted as priorities for improvement.

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

Areas of good experience and areas needing improvement in University Hospital Limerick

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

Appendix 3 explains how these areas were identified.

The areas of good experience in University Hospital Limerick are:

Patients had positive experiences in several areas, particularly as regards feeling involved in decisions about their care and treatment. Many patients said that they trusted and had confidence in hospital staff, and were provided with clear answers to questions they asked. Patients also said that they received enough information from the hospital on how to manage their condition after discharge.

Examinations, diagnosis and treatment | Q24.

Involvement in decisions about care and treatment

455 (65%) of the 705 people who answered this question said that they were definitely involved as much as they wanted to be in decisions about their care and treatment.

Care on the ward | Q22.

Clear answers from a nurse

Out of 667 people who had important questions to ask, 496 (74%) said nurses always provided answers they could understand.

Other stages of care | Q29.

Confidence and trust in hospital staff

Out of 712 respondents, 590 (83%) said they always had confidence and trust in the hospital staff treating them.

Discharge or transfer | Q51.

Information on how to manage a condition

Out of 628 respondents, 359 (57%) said that they definitely received enough information from the hospital on how to manage their condition after discharge.

The areas needing improvement in University Hospital Limerick are:

Patients highlighted areas needing improvement, for example, as regards their care in the emergency department. Patients in University Hospital Limerick also highlighted issues around communication with hospital staff, both in the emergency department and on the ward. Perhaps most importantly, patients reported that they were not always treated with dignity and respect on their journey through hospital, including while in the emergency department.

Other aspects of care | Q52.

Respect and dignity

162 (24%) of the 700 people who answered this question said that overall, they did not feel, or felt only to some extent, that they were treated with respect and dignity in the hospital.

Admissions | Q6.

Respect and dignity in the emergency department

Out of 526 people, 177 (34%) said that they did not feel, or felt only to some extent, that they were treated with respect and dignity in the emergency department.

Admissions | Q5.

Privacy while being examined or treated

Out of 515 respondents, 287 (56%) said that they were not, or were only to some extent, given enough privacy when being examined or treated in the emergency department.

Admissions | Q3.

Clear answers from a doctor in the emergency department

Out of 457 respondents, 190 (42%) said that when they had important questions to ask doctors or nurses, they did not or only sometimes got answers that they could understand.

Examinations, diagnosis and treatment | Q31.

Privacy when being examined or treated

156 (22%) of the 714 people who answered this question said that they were not, or were only sometimes, given enough privacy when being examined or treated.



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.

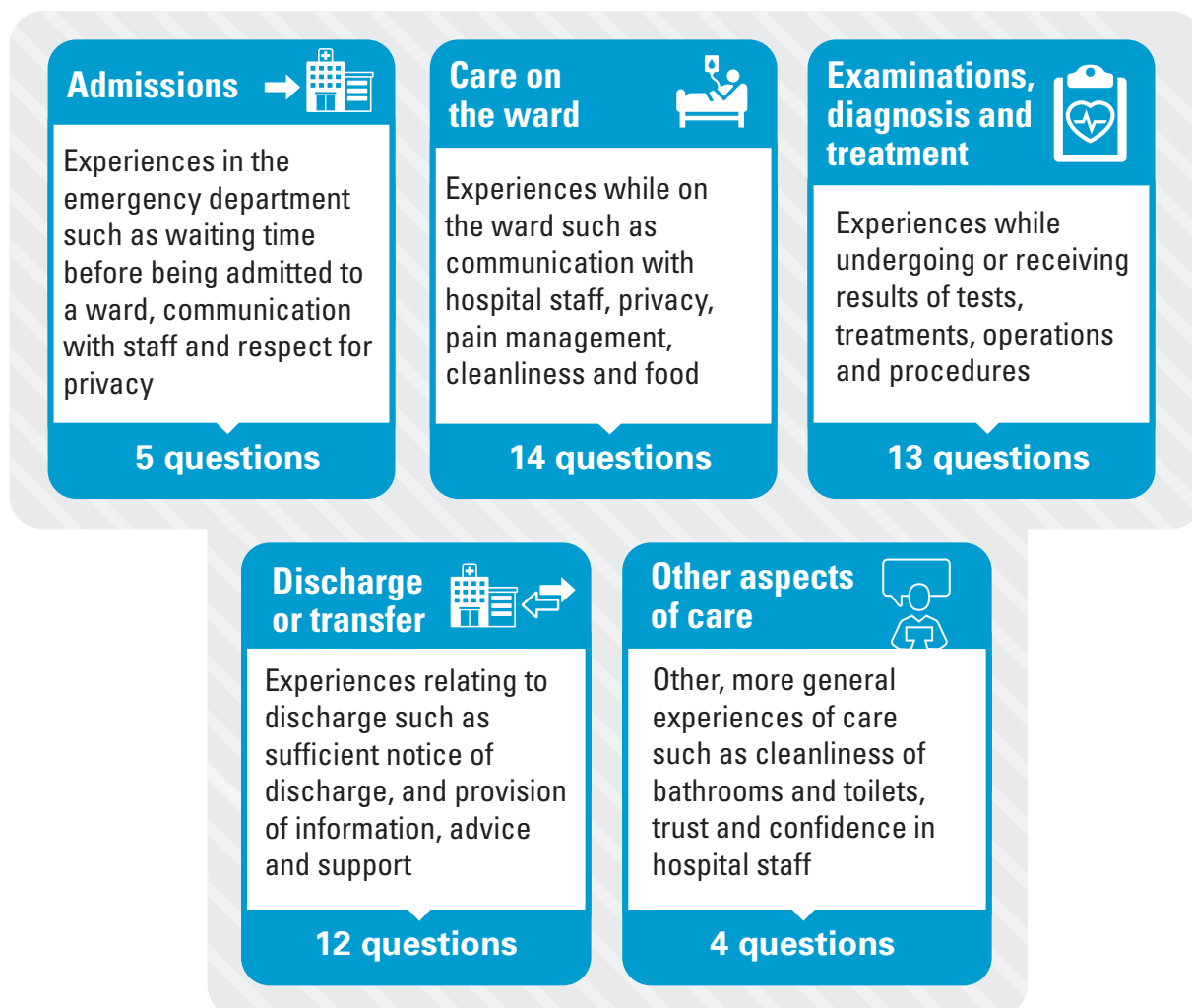
The survey questions were grouped into five stages along the patient journey:

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

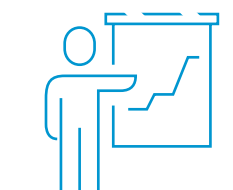
"I have been over many years many times in Hospital but I never had any complaints."

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.**

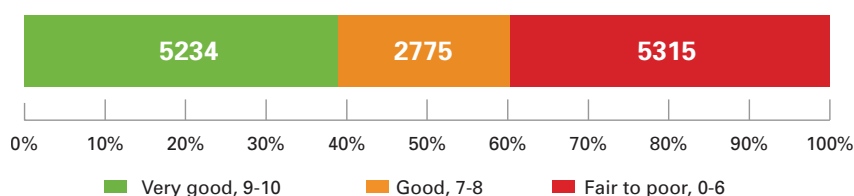
Figure 3. Guide to interpreting the results

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.

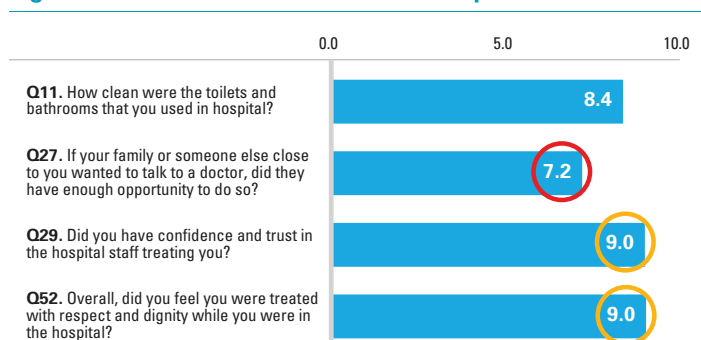
Sometimes questions are described as high or low ranking questions. These are questions with the highest or lowest score when compared to a set of questions.

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.

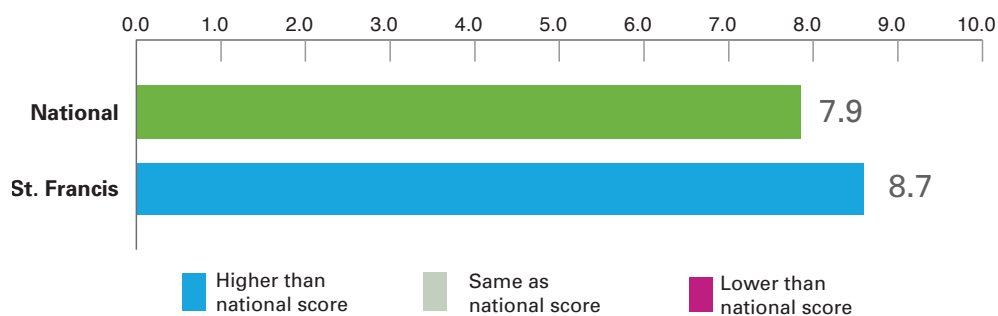
Figure 2.28 | National score for other aspects of care

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

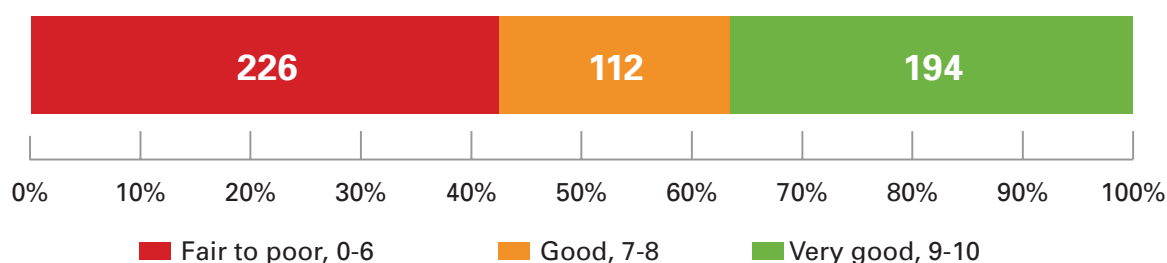


In summary: what were patients' experiences of the admissions process?

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

226 people (42%) had a fair to poor experience of admission to University Hospital Limerick. However, 194 (36%) people rated their experience as very good. The findings are summarised in Figure 4.

Figure 4. Experience ratings for admissions



What were the key findings for admissions?

- The waiting time in the emergency department was the lowest scoring question, with 83% of people saying they waited longer than six hours before being admitted to a ward.
- 66% of respondents who spent time in the emergency department said that they were always treated with respect and dignity there.
- 56% of respondents said that they were not, or were only to some extent, given privacy when being examined or treated in the emergency department.
- University Hospital Limerick scored 6.6 out of 10 overall for this stage of care, which is lower than the national score of 7.9 out of 10.



The patient voice: what patients said about admissions

385 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'. 217 comments (56%) offered suggestions for improvement.

Dignity, respect and privacy

"Yes & at all times I was treated with dignity and respect; and all were very pleasant & helpful."

"Yes. I feel that 50.5 hours in A+E on a trolley with no privacy or information, was degrading and upsetting to both me and my family."

Communication with the patient

"Nurses were caring and answered all my questions. Kitchen staff and cleaning staff were also extremely friendly."

"I felt very isolated in A&E. Nobody approached me to check me or talk to me from 15.30 to 02.00 until I called someone to ask the situation. While they may have had a plan for me, I wasn't made aware of what that plan was."

Emergency department environment or waiting times

"Yes, I was the first person into a new A/E ward and given a bed within 30 mins."

"My mother [named on survey] aged 87 was more than 24 hrs in A and E and was uncomfortable on trolley - we needed to stay with her 24/7 as she would not be capable of caring for herself / getting to toilet / feeding / or taking in information."

Quantitative results for questions on admissions

Five questions asked about admissions. Respondents who did not come into hospital through the emergency department did not answer these questions.

Q6, which asked if, overall, patients felt that they were being treated with respect or dignity in the emergency department, was the highest scoring question on admissions. 349 people (66%) said that they were always treated with respect and dignity in the emergency department. 72 people (14%), however, said that they were not. University Hospital Limerick performed below the national average on this question.

400 people (83%) reported that they had to wait more than 6 hours in the emergency department before being admitted to a ward, making Q8 the lowest scoring question for this stage. Further detail on waiting times is provided later in this section.

Figure 5. summarises the scores for University Hospital Limerick for the admissions stage of care.

Figure 5. University Hospital Limerick scores for questions on admissions

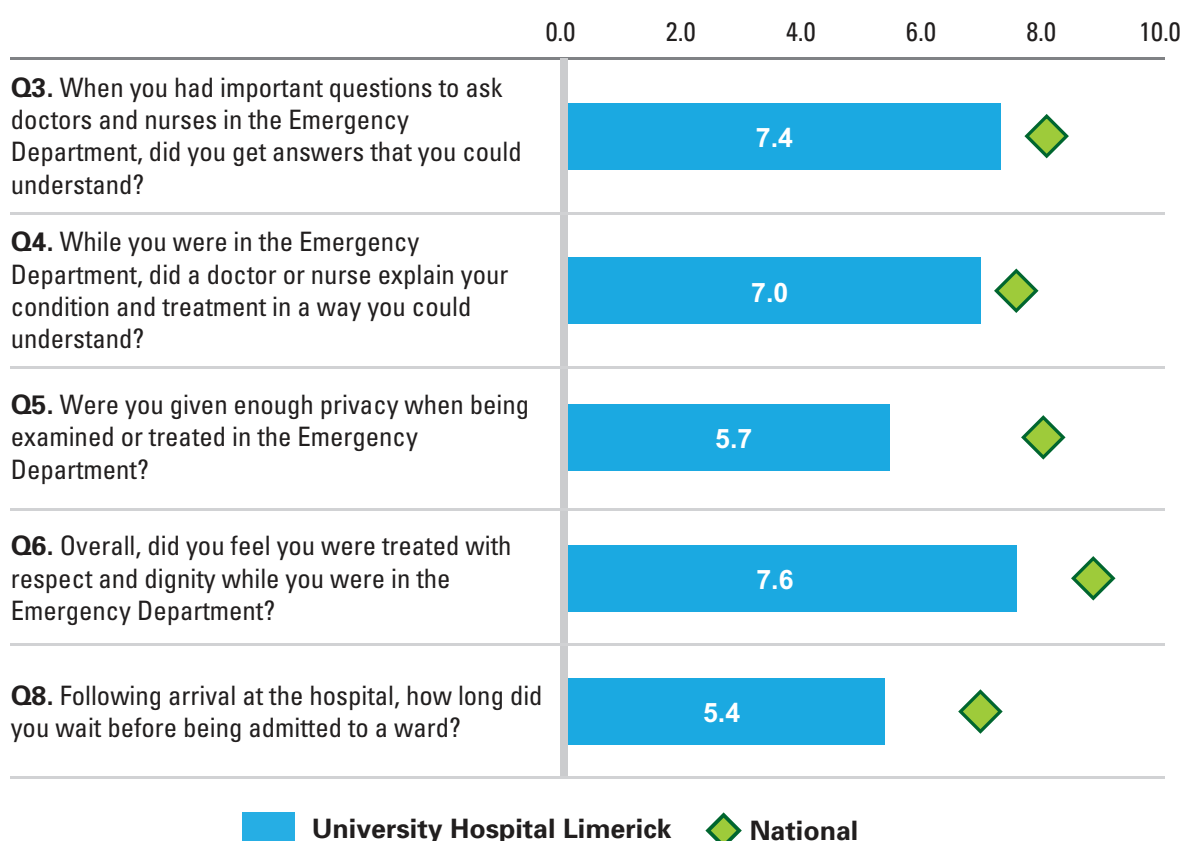
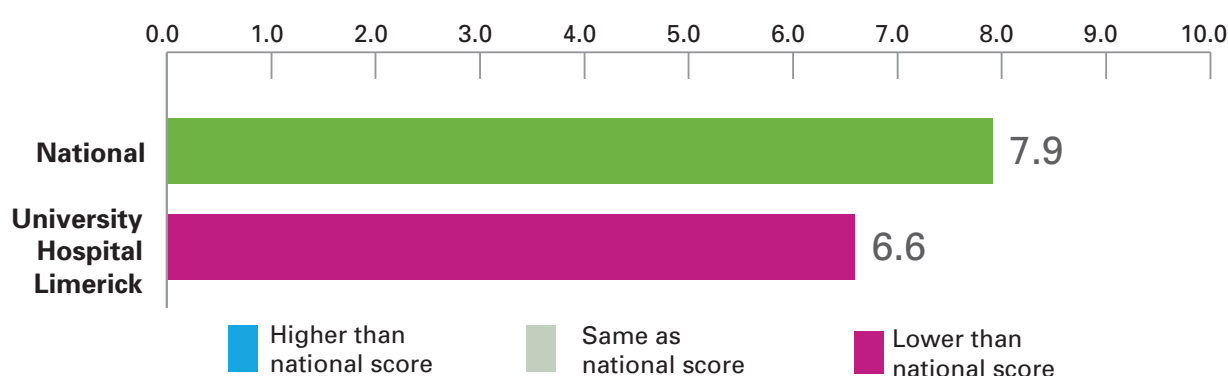


Figure 6. shows that, within the admissions stage, the average score for University Hospital Limerick (6.6 out of 10) is lower than the national average (7.9 out of 10). This means that patients who attended University Hospital Limerick reported a more negative experience of the admissions process than the national average.

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



Emergency department waiting times

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

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

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

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

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

Waiting time before being admitted to a ward

In University Hospital Limerick, 81 respondents (17%) said they were admitted to a ward within six hours of arriving at the emergency department. 253 respondents (53%) reported waiting between six and 24 hours. 147 respondents (31%) waited 24 hours or more before being admitted to a ward, with 34 people saying they waited more than 48 hours.

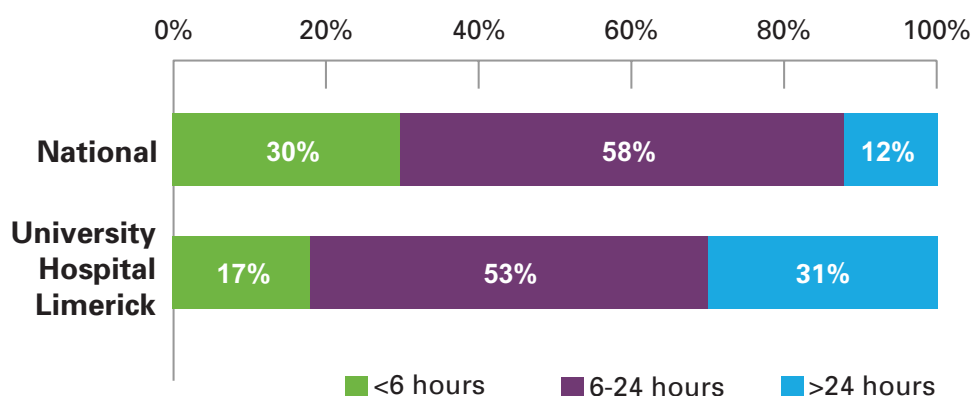
¹ The HSE 2017 targets can be viewed at: <https://www.hse.ie/eng/services/publications/KPIs/Acute-Hospitals-KPI-Metadata-2017.pdf>

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

What does this mean for University Hospital Limerick?

With just 17% 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 Limerick performed below the reported national average, where 30% of people said that they were admitted within six hours of arriving. Patient-reported waiting times in University Hospital Limerick also fell short of the HSE target for waiting times. Studies have found that long waiting times in the emergency department after a decision has been made to admit a patient can have negative consequences for a patient's health^(1,2).

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



Admissions: what do these results mean?

The large majority of patients reported waiting for longer than six hours in the emergency department, with performance below the national average and the targets set by the HSE. Lengthy waiting times are associated with poor outcomes for patients. University Hospital Limerick also performed below the national average for every other question on admissions. Many patients reported negative experiences in the emergency department, particularly in terms of the level of privacy they had when being examined or treated.

Care on the ward

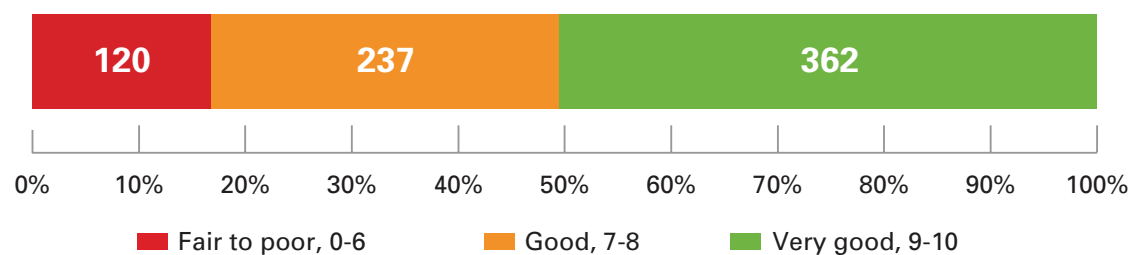


In summary: what were patients' experiences of care on the ward?

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

120 respondents (17%) said that their experience of care on the ward was fair to poor. However, 362 respondents (50%) reported having a very good experience during their stay on a ward in University Hospital Limerick. Figure 8. summarises patients' experiences of care on the ward.

Figure 8. Experience ratings for care on the ward



What were the key findings for care on the ward?

- Many people said that the ward they stayed on was very clean and that staff did everything they could to help control their pain.
- Food and drink was the lowest rated area, scoring 6.1 out of 10.
- University Hospital Limerick scored 8.1 out of 10 for care on the ward, which was lower than the national average score of 8.3 out of 10.

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



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

In total, patients who attended University Hospital Limerick made 478 comments in the 2017 survey about: 'staffing levels', 'staff availability and responsiveness' 'other healthcare staff', 'other staff', 'food and drink' and 'cleanliness and hygiene'. 37% of the comments offered suggestions for improvement.

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

Staffing levels

"Thoroughness of tests following admission. Professionalism of staff despite constant pressure, flexibility re visiting/visitors who'd travelled long distances."

"Overcrowding in ward and not enough nursing staff & nurses to relieve pressure on existing staff..."

Staff availability and responsiveness

"The meals. Meals are delivered on a tray. Put far away from the patient and if the patient isn't able to get to it there is nobody there to see to that."

"I waited 4 hours for my bed to be cleaned. There should be a cleaner available to clean beds as they are available."

Other healthcare staff

"The staff from kitchen to porters to nurses aids to nurses to doctors did everything within their power to help me but were under time and economic pressures."

"A lot of healthcare professionals communication skills need to be improved...."

Other staff

"The cleaning lady was excellent in her capacity to work well on own initiative, very impressive I thought."

"The conduct of the catering staff was appalling, loud, banging around, shouting down the corridors. I had an eye mask and ear plugs on when one whipped back my curtain and plonked my dinner down. She never checked my personal position before she pulled back my curtain for breakfast either."

Food and drink

"Meals were excellent. Staff were very friendly."

"Food was very poor. No great flavour and not appealing to the sick. Bad unhealthy choices..."

Cleanliness and hygiene

"No complaints whatsoever. The care and attention from the nursing staff at [Ward Type] in Limerick was exceptional. Staff were professional and caring. My room and the ward itself was cleaned every day with cleaning personal on the ward constantly. Overall a very positive experience."

"The contract cleaning staff have obviously received no training in Aseptic protocols. They cleaned the room on a daily basis and used "J" cloths to clean everything including the stainless steel trolley used for the IV drug administration. The same cloth was used to clean the walls, tops of the pedal bins, nozzles of the hand sanitisers, water taps, blood pressure and other medical instruments. In fact they used the same cloths for cleaning everything in sight. The infection control team please take note."

Quantitative results for questions on care on the ward

Fourteen questions asked about care on the ward.



Figure 9. shows the scores out of 10 for each question. In University Hospital Limerick Q10 and Q32 were the highest scoring questions for care on the ward (score of 8.8 out of 10). Q10 asked about cleanliness on the ward. Out of 708 people who answered this question, 489 (69%) said that the room or ward they stayed in was very clean. Five people (1%) said that the ward was not at all clean.

In response to Q32, which asked about pain management, 485 people (80%) said that the hospital staff did everything they could to help control their pain.

The lowest scoring question (Q15) relates to hospital food. 232 respondents (33%) rated the food as 'fair' or 'poor', with this question scoring 6.1 out of 10.

"Care was excellent. Nice ward 5 beds in it. Good to talk to people with similar experiences. Nurses were excellent with pain management."

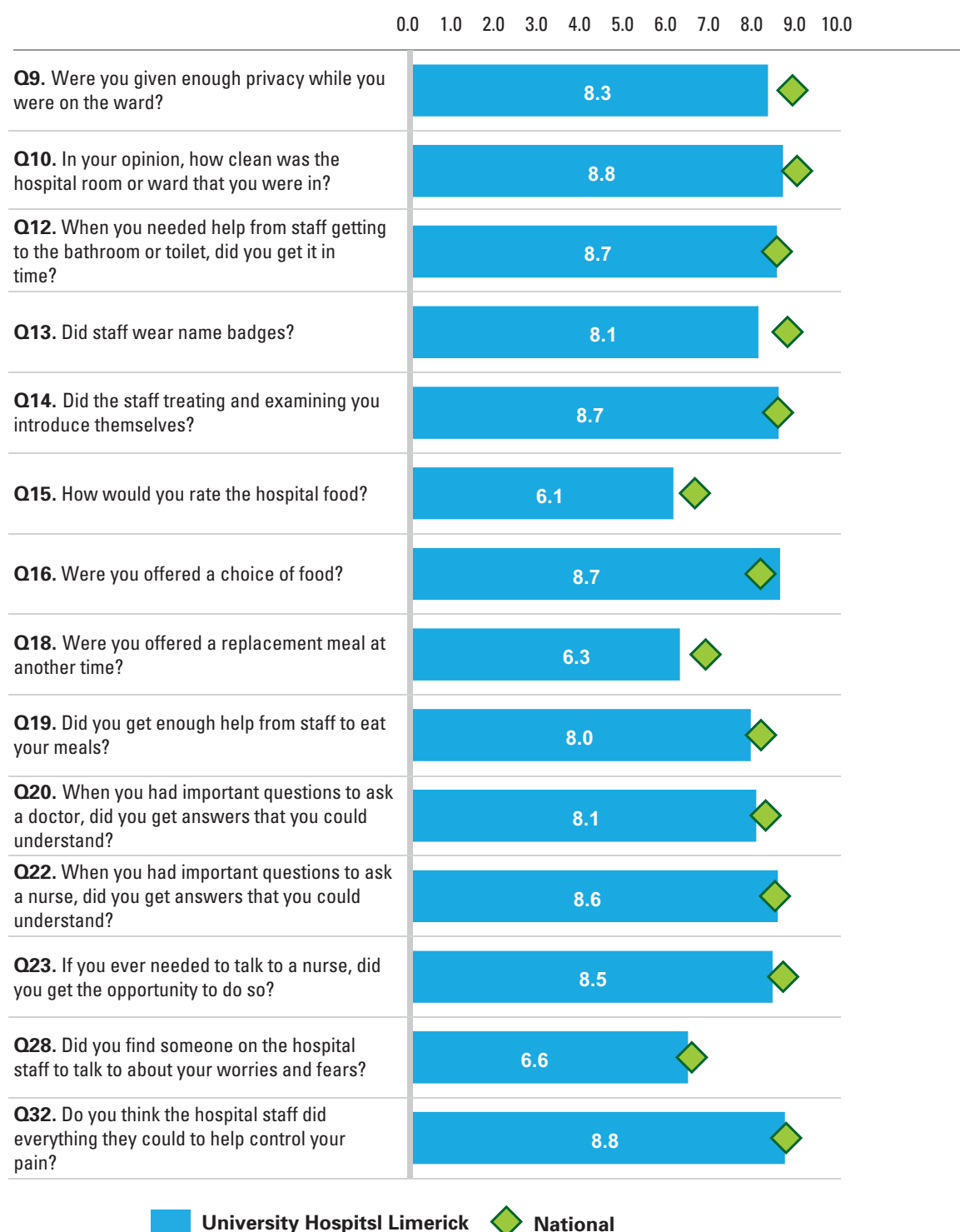
Figure 9. University Hospital Limerick scores for questions on care on the ward

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

Figure 10. Comparison of University Hospital Limerick 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 Limerick scored below the national average for this stage of care. The food was not rated highly and patients were not always offered a replacement meal if they needed one. Several people said that they were not always able find a member of staff to talk to about their worries and fears.

Examinations, diagnosis and treatment

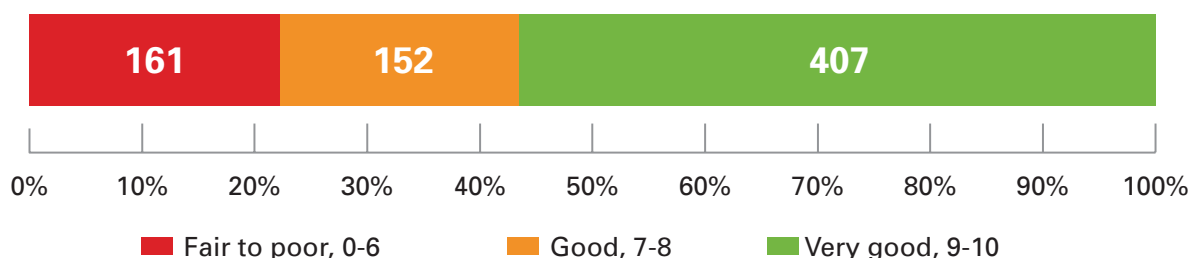


In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

161 respondents (22%) said that their experience of examinations, diagnosis and treatment in University Hospital Limerick was fair to poor. However, 407 respondents (57%) reported having a very good experience in University Hospital Limerick in this regard. Figure 11. summarises patients' experiences of examinations, diagnosis and treatment.

Figure 11. Experience ratings for examinations, diagnosis and treatment



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

- Many people said that before their operation or procedure a member of staff answered their questions in a manner they could understand.
- 296 respondents (42%) said they did not always have enough discussion time with staff.
- University Hospital Limerick scored 8 out of 10 for examinations, diagnosis and treatment, which is similar to the national average score of 8.1 out of 10.

"Communication:
I was fasting from 2200 hours to have an [Procedure Name] The following day at 1700 hours a nurse brought my medicine - on informing her I was fasting - she casually said the [Procedure Name] was cancelled."

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



University Hospital Limerick patients made 372 comments about: 'nursing staff', 'doctors or consultants' and 'waiting times for planned procedures'. 44 of the comments (12%) were received for question 60, which asked for suggestions for improvement.

Nursing staff

"The nurses in particular made my stay very comfortable and gave me all the care I needed following my [Procedure Name]. They told me what to expect in the week following the operation and so I was prepared for any eventualities."

"Supervision of training nurses. A third year trainee came to give me an injection, she dropped the swab on the floor, picked it up and is about to use it."

Doctors or consultants

"My Consultant [Mr. Name] was very professional and informative. He explained everything in detail. I saw him for a consultation before my surgery, he performed my operation, and he visited me the two mornings afterwards. The consistency of my care by the same person meant a lot to me."

"Consultants could show a little more compassion when delivering 'bad news' to a patient."

Waiting times for planned procedures

"Yes, all the necessary tests were carried out in a timely manner."

"The waiting list. I was 2 years from my first visit to the GP until I had my surgery. The wait for the initial consultation was longest only to be told I would be put on the list for surgery which was my reason for referral. The waiting time in outpatients. It states on the outpatient letter not to arrive too early to take up space in the waiting area but when you arrive 5 minutes before your appointment time the waiting area is totally full and you have to wait a very long time to be called! This has been my experience on several occasions but when I finally got to see [Mr. Name] it was much more organised and on time. Secretaries booking their own appointments for there consultants definitely improves the situation."

Quantitative results for questions on examinations, diagnosis and treatment

Thirteen questions asked about examinations, diagnosis and treatment.

Figure 12. shows the scores out of 10 for each question in this stage. Q37 was the highest scoring question on examinations, diagnosis and treatment (score of 8.9 out of 10). In response to this question, 285 people (80% of the people who had questions to ask) said that before

"Explanation is very good. I don't need to ask. Doctors and nurses say everything clear."

an operation or procedure staff completely answered their questions in a way that they could understand.

410 people (58%) who answered Q21 about whether they had enough time to discuss their care with a doctor answered 'yes, definitely', with the remaining 296 (42%) answering 'no' or 'yes, to some extent'.

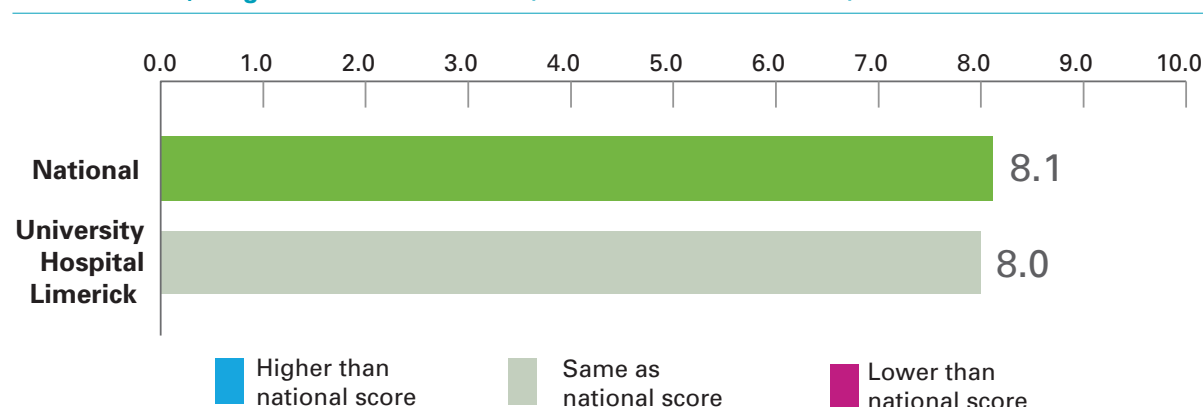
Figure 12. University Hospital Limerick scores for questions on examinations, diagnosis and treatment



University Hospital Limerick National

Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for University Hospital Limerick (8 out of 10) is about the same as the national average (8.1 out of 10)². This means that patients who attended University Hospital Limerick reported a similar experience to patients in other hospitals, for this stage of care.

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



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

Patients in University Hospital Limerick reported mixed experiences of communication with hospital staff. Many patients did not feel as though they had enough time to discuss their care and treatment with a doctor. Yet, before an operation or procedure, many patients said that members of staff answered their questions in an understandable manner. However, some patients reported a lack of privacy during examinations, diagnosis and treatment. For both questions 30 and 31, University Hospital Limerick performed below the national average.

² Even though the score for University Hospital Limerick on examinations, diagnosis and treatment is lower than the national average, the difference is not statistically significant. For more information see Appendix 4.

Discharge or transfer

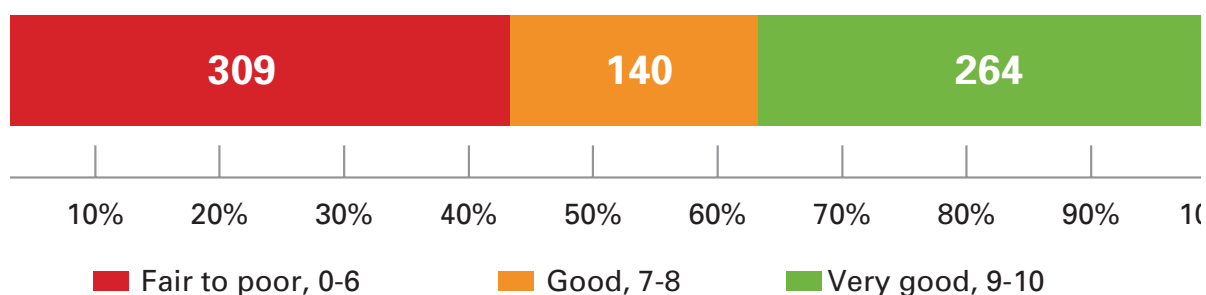


In summary: what were the experiences of patients during discharge or transfer process from hospital?

'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 713 people who rated their experience of discharge or transfer from hospital, 309 (43%) said that their experience was 'fair to poor'. 264 (37%), however, reported having a very good experience of being discharged or transferred from University Hospital Limerick. Figure 14. below summarises these experience ratings.

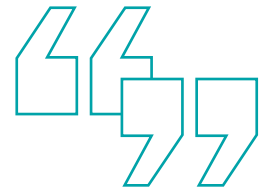
Figure 14. Experience ratings for discharge or transfer



What were the key findings for discharge or transfer?

- 383 (66%) said that a member of staff completely or to some extent explained, in a way they could understand, the purpose of the medicines they were to take at home.
- 42% of those who answered Q46 said that they were not informed about any medication side effects to watch for when they went home.
- University Hospital Limerick scored the same as the national average for this stage of care, with an overall score of 6.7 out of 10. This means that the experiences of patients in this hospital were the same as the national average.

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



In total, patients from University Hospital Limerick made 37 comments in the 2017 survey about 'discharge and aftercare management'. The majority of comments (46%) suggested areas for improvement. Some examples of the comments received for this stage of care are provided below.

Discharge and aftercare

"Extensive tests carried out. Very thorough. A&E staff worked hard under very difficult conditions. Test results were normally given in a timely fashion. Discharge process was very quick. In general staff were very friendly and well informed."

"Discharging me home, After two hours [Patient Name] was told he was to be kept in for a few days, I left (I am carer) the hospital and at 10pm at night he had to get taxi home on his own at 89 years of age on the same day he was told he was being kept in."

"My father has since passed away he was 84 years old and was at [Condition Name] stage and the hospital staff were excellent and got him rehomed to the nursing home as soon as they could."

"The discharge process was uncomfortable and rushed. I was moved from the bed within five minutes of seeing the specialist who I had been waiting to see for nearly a week. I wasn't packed and I didn't have the chance to tell a family member to come and collect me. I was told to quickly go to the transit lounge where there was no phone signal and there was confusion between the doctors looking after me and the specialists over further procedures I would need. I was given a prescription and told briefly how it would have to be taken. I was told that I would see the doctor looking after me again in no more than 4 to 6 weeks, however I was then scheduled to see her 12 weeks from my discharge."

Quantitative results for questions on discharge or transfer from hospital

Twelve questions asked about discharge or transfer.

- With a score of 7.8 out of 10, Q45 was the highest scoring question on discharge or transfer. Out of 576 people, 383 (66%) said that a member of staff completely or to some extent explained the purpose of the medicines they were to take home in a way they could understand.
- 224 people (42%) who answered Q46 said that they were not informed about any medication side effects to watch for when they went home.

Figure 15. summarises the scores for University Hospital Limerick for questions on discharge or transfer from the hospital.

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

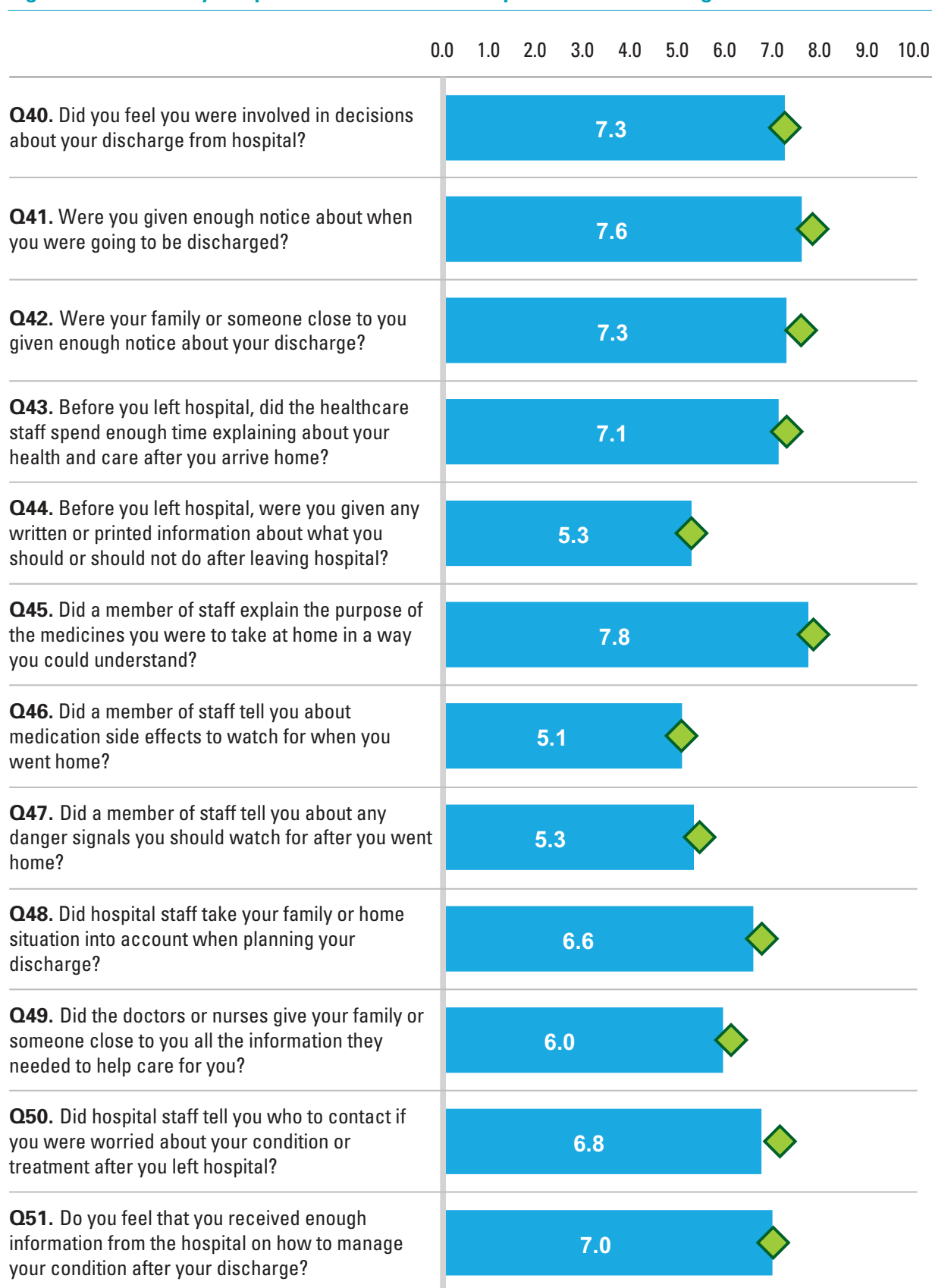


Figure 16. shows that within the discharge or transfer from hospital stage, the average score for University Hospital Limerick (6.7 out of 10) is the same as the national average (6.7 out of 10). This means that patients who attended University Hospital Limerick reported a similar experience to patients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

Figure 16. Comparison of University Hospital Limerick 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 Limerick performed the same as the national average for this stage of care. Patients said that they were not always adequately informed about potential medication side effects and other danger signals to watch out for. It was evident that patients required more information and support as regards leaving hospital and caring for themselves at home.

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 on other aspects of care (score of 9 out of 10). 83% of respondents said that they always had confidence and trust in the people treating them.
- Q27 was the lowest scoring question on other aspects of care (score of 7 out of 10). 47% of those who wanted their family involved said they were not, or were only to some extent, given sufficient opportunity to talk to a doctor.

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



467 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'. 145 of these comments were in response to Q60, which asked for suggestions for improvement.

Staff in general

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

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

**Communication
with family and
friends**

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

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

**Physical
comfort**

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

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

**Hospital
facilities**

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

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

**Clinical
information
and history**

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

**Private health
insurance**

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

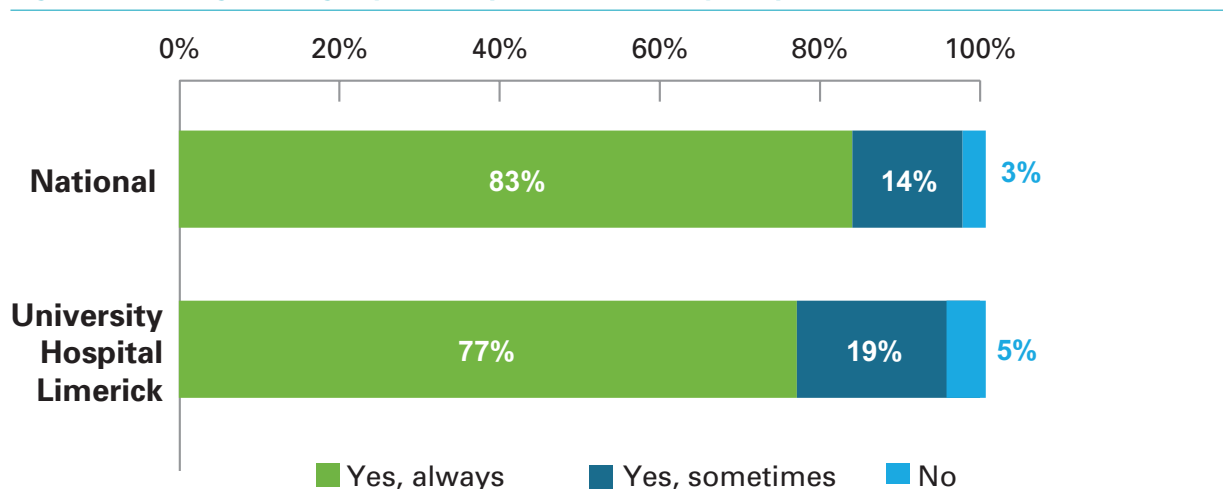
Quantitative results for questions on other aspects of care

Four survey questions related to other, more general aspects of care that are not specific to a particular stage of care, but rather, apply throughout the hospital journey.

Question 52 asked people if they felt that they were treated with respect and dignity while in University Hospital Limerick in May 2017. Overall, 538 people (77%) said that they were always treated with respect and dignity. This result is below the national average of 83%. 32 people (5%) said that they were not treated with respect and dignity.

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 in University Hospital Limerick



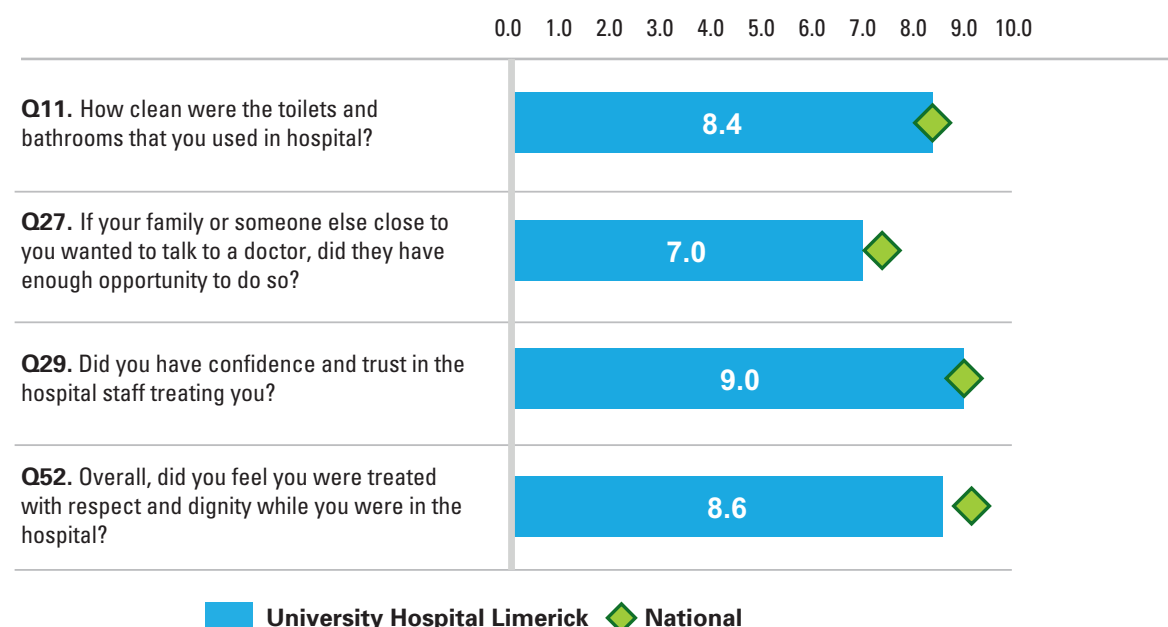
Question 29 asked people if they had confidence and trust in the hospital staff treating them. 590 people (83% of all people who answered Q29) said that they always had confidence and trust in the hospital staff, while 15 people (2%) said that they did not. With a score of 9 out of 10, this question was the highest ranking question on other aspects of care.

Question 11 asked people about the cleanliness of the bathrooms and toilets in University Hospital Limerick. While 431 people (61% of people who used a bathroom or toilet in this hospital) said that the bathrooms and toilets were very clean, 58 people (8%) said that they were not very clean or not clean at all.

Question 27 asked people if their family or someone close to them had sufficient opportunities to talk to a doctor in University Hospital Limerick. Out of 529 people, 283 (53%) said that their family or people close to them definitely had sufficient opportunities to talk to a doctor. However, 78 people (15%) said that their family or friends did not.

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

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



Other aspects of care: what do these results mean?

Most people said that they were treated with respect and dignity and had confidence in the hospital staff treating them. However, University Hospital Limerick's scores on these questions were still below the national average. Q52 in particular was strongly linked with patients' overall experiences, and is thus a very important area to address.



Chapter 3

Overall experience

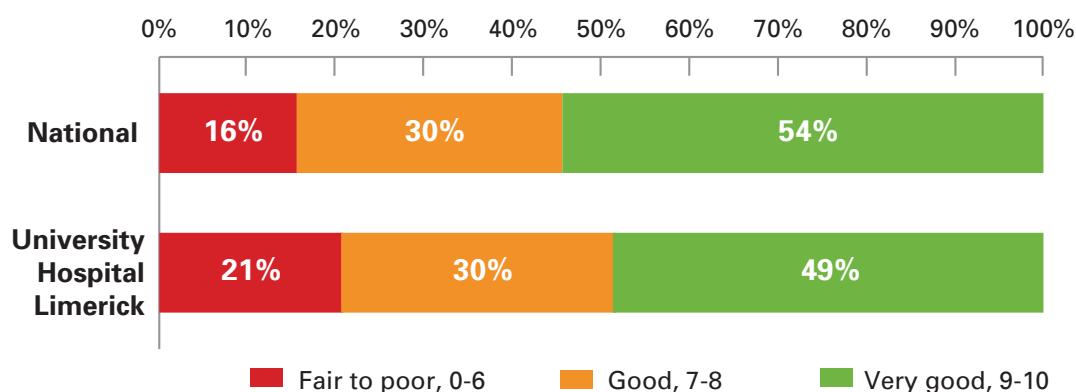
Ratings of overall experience

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.

Figure 19. provides the average overall rating of hospital experience for University Hospital Limerick, compared with the national average.

323 people (49%), who stayed in University Hospital Limerick in May 2017 reported having a very good experience in this hospital, while 21% of respondents indicated a fair to poor experience.

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





Chapter 4

Conclusion

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

Overall, patients' ratings of their experiences at University Hospital Limerick were below the national average. 79% of patients at University Hospital Limerick said they had a 'very good' or 'good' experience, compared with 84% nationally.

Several areas across each stage of care were identified as needing improvement and admissions was found to be the most problematic stage of care in University Hospital Limerick. In relation to this stage, a large majority of patients reported waiting more than six hours in the emergency department. Patients also reported a lack of privacy, respect and dignity in the emergency department. Furthermore, the survey found issues around communication in the emergency department. Overall, 42% of people who spent time in the emergency department rated their experience of the admissions stage as fair to poor.

In relation to care on the ward, half of the respondents in this survey rated this stage of care as very good. Patients reported many positive experiences of physical comfort, particularly in relation to cleanliness on the ward and how their pain was managed. Nonetheless, the hospital scored below the national average in these areas. Many patients also rated the hospital food poorly.

The majority of respondents reported positive experiences of examinations, diagnosis and treatment. The survey found that communication with hospital staff was an area of mixed experiences, with many patients reporting that they did not get enough time to discuss their care and treatment with a doctor. Yet, when patients got talking to members of staff, many reported that they received understandable answers from hospital staff in response to their questions.

Patients also reported mixed experiences of communication during the discharge or transfer from University Hospital Limerick. Some patients said that they were not sufficiently informed about potential medication side effects, for example. Nevertheless, a significant number of people indicated that the hospital provided them with enough information to manage their condition after discharge.

While several patients reported being treated with respect and dignity throughout their journey in hospital, University Hospital Limerick performed below the national average for this question. This area was strongly related to how patients rated their experience overall. It is thus a priority for improvement. Finally, patients in this hospital expressed high levels of trust and confidence in the staff treating them.

What happens next?

The HSE has committed to using the findings of the National Patient Experience Survey 2017 to support wide ranging quality improvements in every hospital in Ireland. In direct response to what people have said in this survey, the HSE will develop and publish a national quality improvement plan, which will outline a vision and direction for the future of patient-centred care in Ireland. Each hospital will also produce a quality improvement plan to address the issues raised by its patients.

The HSE has also set up a governance structure, including an oversight group to lead the development of a national quality improvement plan, which will be made publicly available on www.patientexperience.ie in December 2017.

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

Appendix 1:

National Patient Experience Survey 2017 questions

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

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

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

Appendix 2:

Background to the National Patient Experience Survey Programme

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

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

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

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

Further information on the management of the survey is available at www.patientexperience.ie.

Appendix 3:

Identifying areas of good experience and areas needing improvement

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

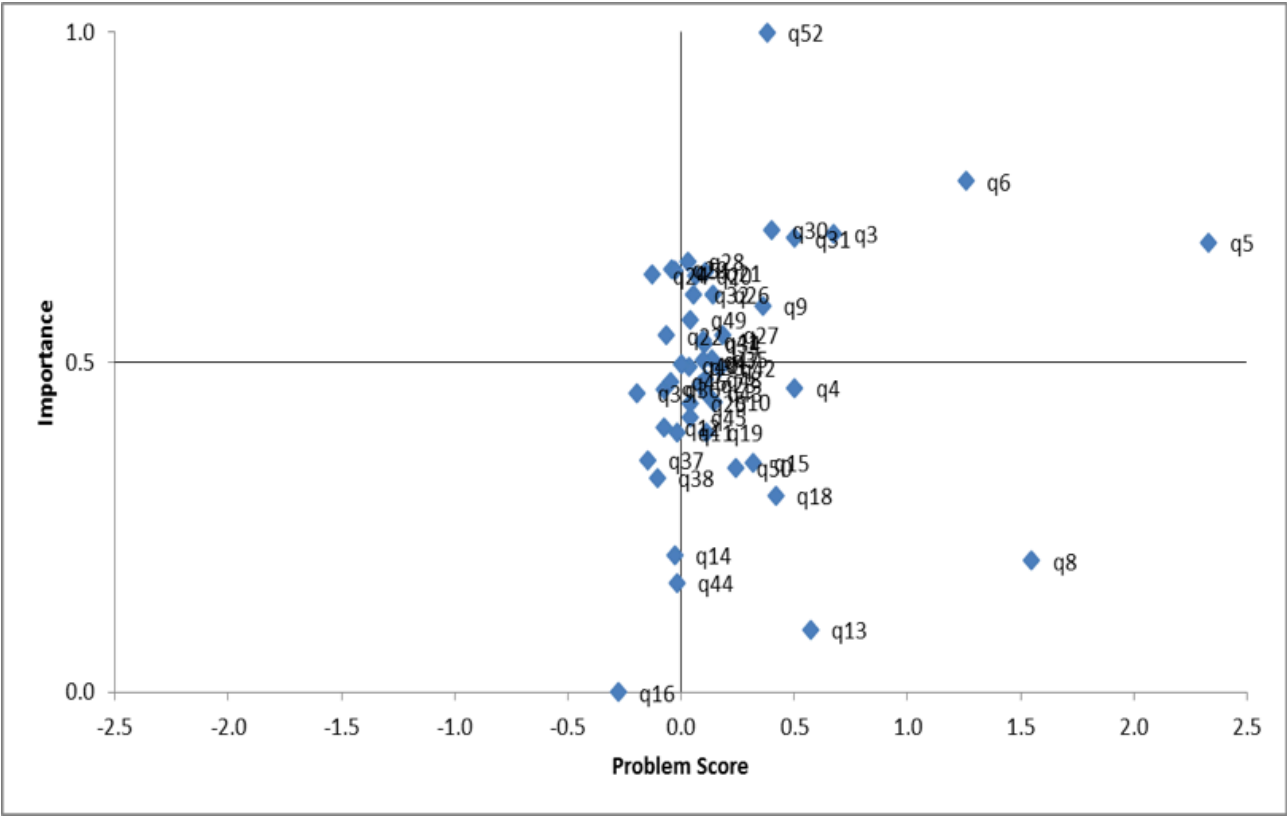
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected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

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

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

Figure 20. Overall patient experience map for University Hospital Limerick



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 care³: 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.

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
Sum of scores	30

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

Comparing groups

When is a difference a 'real' difference?

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

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

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

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

How was the survey data analysed and reported?

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

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

Analysing open-ended comments

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

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

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

Glossary

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

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

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

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

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

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

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

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

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

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

References

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