

National Patient Experience Survey 2017

Mater Misericordiae University Hospital

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 Health
Information
and Quality
Authority
An tÚdarás um Phátróis
agus Calíocht Sláinte

 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.

Very good 9 - 10

Good 7 - 8

Fair to poor 0 - 6

Stages of care

Admission



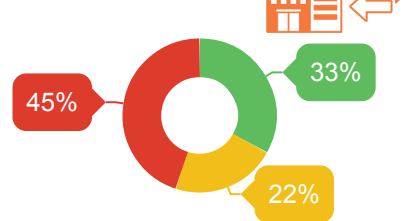
Care on the ward



Examinations, diagnosis & treatment

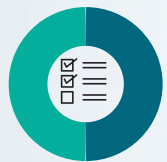


Discharge or transfer

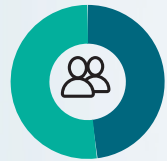


* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

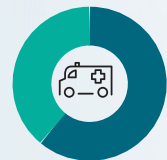
Mater Misericordiae University Hospital



50% of 1182 eligible patients took part



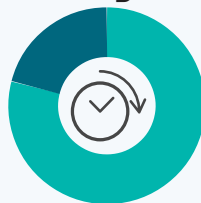
48% female
52% male



61% entered hospital on an emergency basis

Average age: 62 years

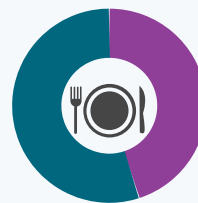
Waiting time



79%

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

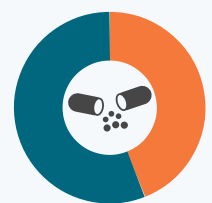
Food



45%

rated the food as fair to poor.

Medication



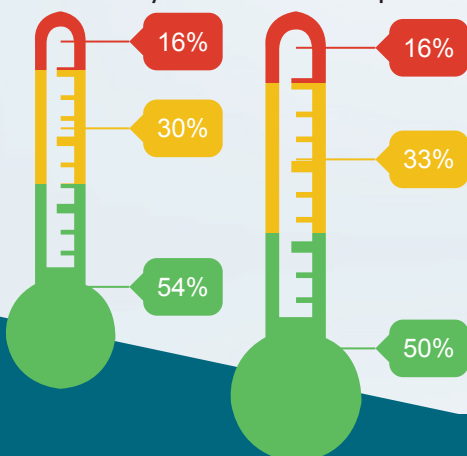
44%

were not fully told about medication side effects to watch for at home.

Overall experience

Nationally

This hospital



Areas of good experience

93% of people said

that they were given enough privacy while being examined or treated in the emergency department.

Areas needing improvement

40% of people said

they were not always involved as much as they wanted to be in decisions about their care or treatment.

Structure and content of this report

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

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Chapter 1

Patients' experiences of acute hospital care in Mater Misericordiae University Hospital

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 the Mater Misericordiae University Hospital (referred to as 'The Mater Hospital' hereafter) during the month of May 2017. In total, 592 participants from the Mater 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, which is a fundamental principle of patient-centred care. The survey acknowledges both positive and negative experiences, as told by the 592 patients from the Mater Hospital who completed the survey. While thousands of people surveyed said that they had a very good experience of acute hospital care, it is important also to listen to those people who identified areas for improvement. These voices and experiences will play a key role in shaping the future of patient-centred care in Ireland.

Hospital profile

The Mater Misericordiae University Hospital is a public acute hospital, located on the northside of Dublin city. There were 594 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 1,182 eligible discharges were recorded during this time. The Mater 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 the Mater 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 the Mater Hospital. A quality improvement plan will be developed by the Mater Hospital 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?

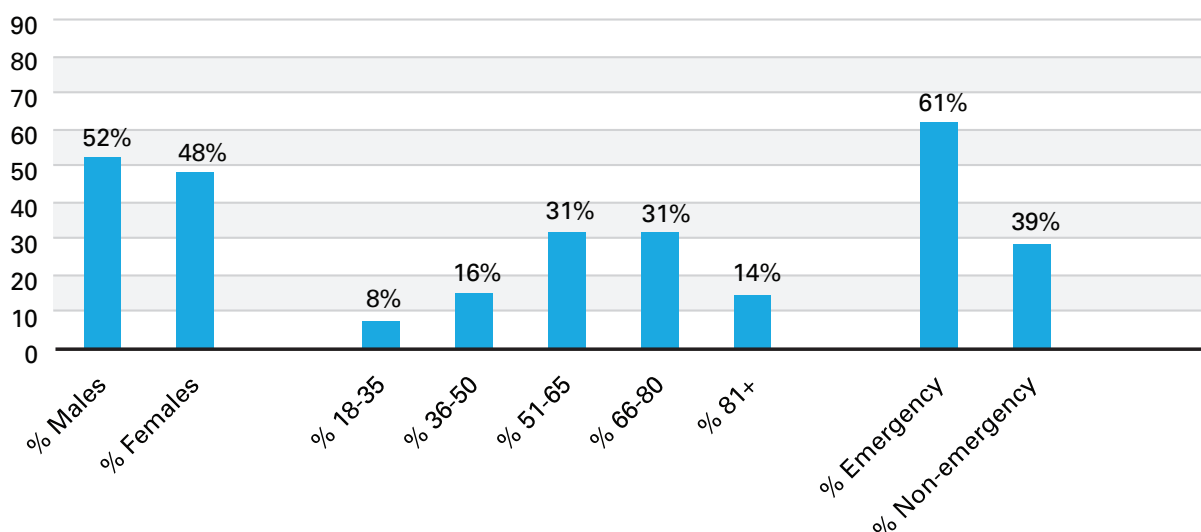
Description of the respondents who took part in the survey

1,182 people discharged from the Mater Hospital during the month of May 2017 were invited to participate in the survey.

592 people completed the survey, achieving a response rate of 50%.

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

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



What were the main findings for Mater Misericordiae University Hospital?



Overall, patients' ratings of their experiences at the Mater Hospital were slightly below the national average. 83% of patients at the Mater Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

Patients in the Mater Hospital were generally given privacy when discussing or receiving treatment. Patients reported a positive experience of privacy both in the emergency department and on the ward. It was found that the majority of staff wore name badges and patients were usually offered a choice of food.

Several areas across each stage of care were identified as needing improvement. In relation to admission, the large majority of patients reported waiting more than six hours in the emergency department. Many patients also rated the hospital food poorly. Several questions relating to communication were negatively rated, with some patients reporting, for example, that they were not involved in decisions about their care, or that they were not provided with answers that they could understand.

Communication in relation to discharge was also highlighted as requiring improvement, with many patients feeling that staff did not provide sufficient information on managing their condition at home. While many reported being treated with respect and dignity, The Mater Hospital performed below the national average for this question, which is strongly related to how patients rate their experience overall. It is thus a priority for improvement.

These findings will serve to inform quality improvement initiatives in the Mater Hospital.

Areas of good experience and areas needing improvement in the Mater Hospital

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 Mater University Hospital are:

Patients had positive experiences in several areas, particularly as regards privacy in the emergency department, and when receiving and discussing treatment on the ward. Positive experiences were also reported as regards the choice of food on offer and the fact that staff wore name badges.

Admissions | Q5.

Privacy while being examined or treated

93% of the 328 people who answered this question said that they were definitely, or to some extent, given enough privacy while being examined/ treated in the emergency department.

Examinations, diagnosis and treatment | Q30.

Privacy when discussing condition or treatment

93% of the 579 people who answered this question said that they sometimes or always were given enough privacy when discussing their condition or treatment.

Care on the ward | Q13.

Staff name badges

98% of the 495 people who answered this question said some or all staff wore name badges.

Care on the ward | Q16.

Choice of food

95% of the 568 people who answered this question said they were sometimes, or always, offered a choice of food.

Examinations, diagnosis and treatment | Q31.

Privacy when being examined or treated

570 people (98%) said that they were sometimes or always given enough privacy when being examined or treated on the ward.

The areas needing improvement in Mater University Hospital are:

Patients highlighted areas needing improvement, for example, as regards emergency department waiting times and the quality of hospital food. Patients were not always positive about their involvement in decisions, or communication with staff, both on the ward and prior to discharge. Patients were also less positive in terms of the respect and dignity that they were shown; with The Mater Hospital scoring lower than the national average in this regard.

Admission | Q8.

Emergency department waiting times

259 (79%) of the 329 people who answered this question said they were not admitted to a ward within the recommended time of six hours.

Care on the ward | Q15.

Food rating

253 (45%) of the 567 people who rated the food said it was 'fair' or 'poor'.

Examination, diagnosis and treatment | Q21.

Time to discuss care and treatment with a doctor

76 (13%) of the 578 people who answered this question felt they did not have enough time to discuss their care or treatment with a doctor. A further 179 (31%) said they were only "to some extent" given enough time.

Care on the ward | Q22.

Clear answers from a Nurse

179 (33%) people who answered this question said that nurses did not, or only sometimes, gave answers they could understand.

Examinations, diagnosis and treatment | Q24.

Involvement in decisions about care or treatment

40% of the 579 people who answered this question said they were not, or only sometimes, involved as much as they wanted to be in decisions about their care or treatment.

Discharge or transfer | Q43.**Time spent explaining health and care at home**

199 (35%) of the 566 people who answered this question said that healthcare staff did not spend enough time explaining their health and care at home.

Discharge or transfer | Q51.**Information on how to manage condition**

49% of the 541 people who answered this question said they did not, or only partially, received enough information on how to manage their condition after discharge.

Other aspects of care | Q52.**Respect and dignity**

113 (19%) of the 581 people who answered this question said they were not, or were only sometimes, treated with respect and dignity.



Chapter 2

The patient journey through hospital

Qualitative and quantitative findings of the 2017 survey

Findings of the 2017 survey

The stages of care along the patient journey

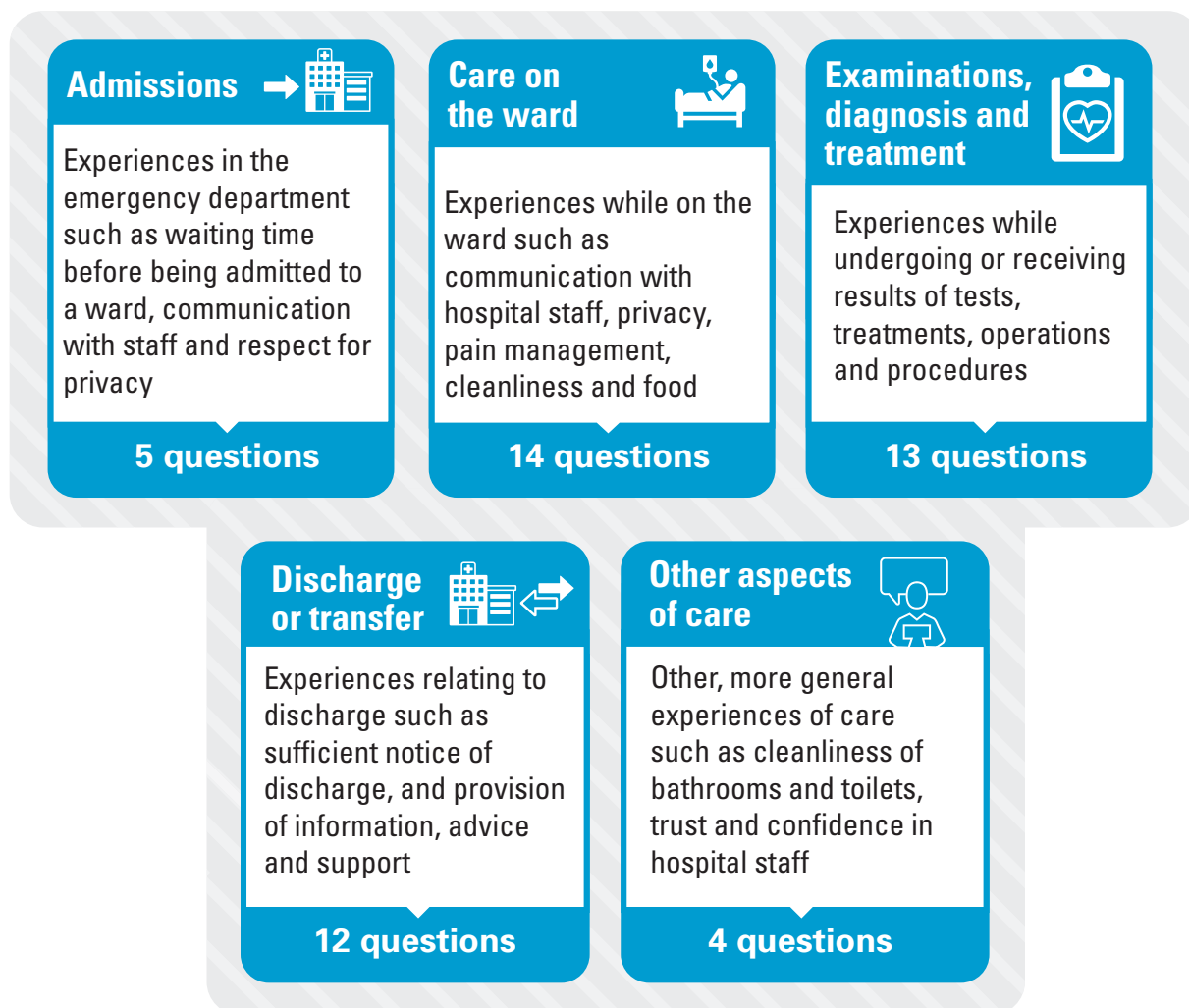
The National Patient Experience Survey 2017 follows the patient journey through hospital from admission to discharge.

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

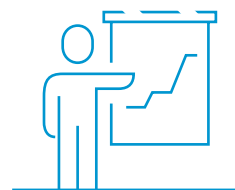
- **admissions**
- **care on the ward**
- **examinations, diagnosis and treatment**
- **discharge or transfer**
- **other aspects of care.**

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

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



How to interpret the results for the stages of care



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

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

Figure 3. Guide to interpreting the results

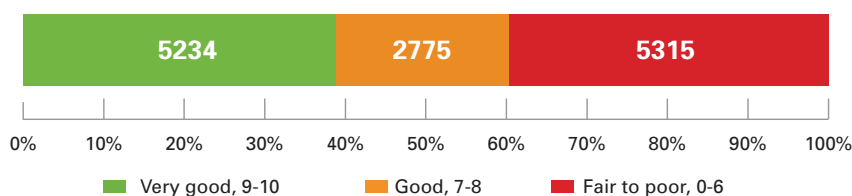
1. Experience rating for a stage of care

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

Example:

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

Figure 2.22 | Discharge or transfer ratings



2. Scores out of 10

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

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

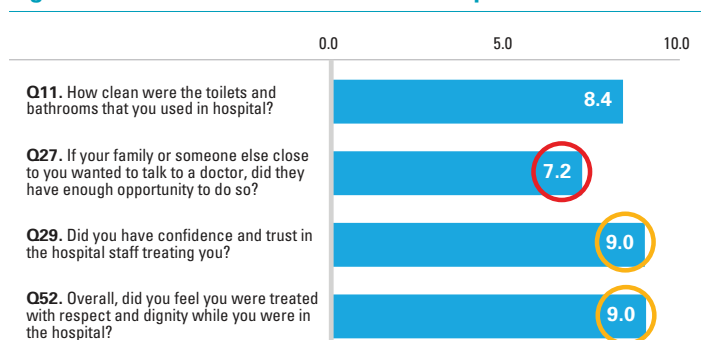
Example:

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

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

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

Figure 2.28 | National score for other aspects of care

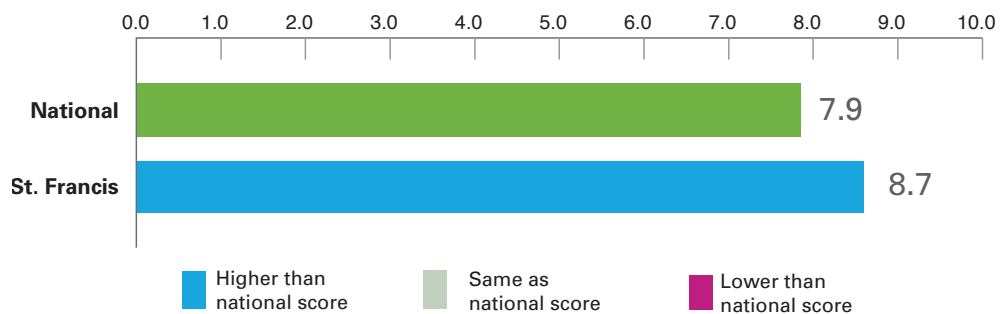


3. Comparisons

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

Example:

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



Admissions

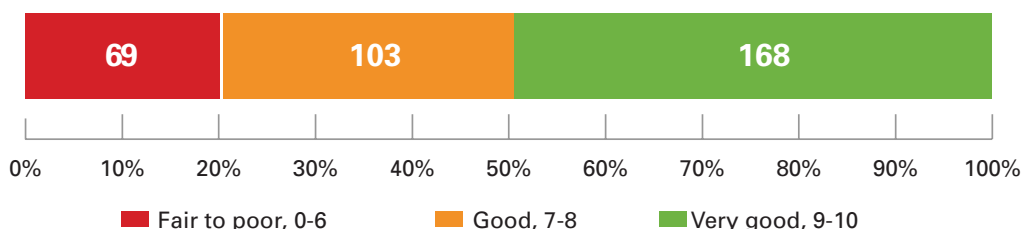


In summary: what were patients' experiences of the admissions process?

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

69 people (20%) had a fair to poor experience of admission to the Mater Hospital. However, 168 (49%) 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 79% of people saying they waited longer than six hours before being admitted to a ward.
- 81% of respondents who spent time in the emergency department said that they were always treated with respect and dignity there.
- 132 respondents (41%) said that their condition and treatment was not explained in a way that they could completely understand while in the emergency department.
- The Mater Hospital scored 7.7 out of 10 overall for this stage of care, which is similar to the national score of 7.9 out of 10. This means patients in the Mater Hospital had similar experiences to the national average for this stage of care.



The patient voice: what patients said about admissions

Respondents from the Mater Hospital made 227 open-ended comments related to the following themes: 'dignity, respect and privacy', 'communication with the patient', and 'emergency department environment or waiting times'. 120 of the comments were made in response to Q60 which asked for suggestions for improvement. Examples of these comments are provided below.

Dignity, respect and privacy

"Doctors and nurses always treated me with dignity and respect, despite their heavy workload."

"Improve the A and E privacy and manners on the staff in the A and E."

Communication with the patient

"The care I got from nurses and staff was very good. Any questions I asked, they answered truthfully."

"The wait time, the continuity, e.g. a doctor examined me and told me I would receive pain relief, when I was moved to another area to wait they did not give me anything and I had to ask and the nurse had to go and find out from the doctor."

Emergency department environment or waiting times

"Things moved quickly."

"Waiting time to see a doctor in A&E dept. I was 10hrs waiting. Waiting time to move from A&E to a ward. I was in A&E for 32hrs."

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.

79% of people who answered Q8 had to wait longer than 6 hours before being admitted to a ward. More detail on waiting times is provided later in this section.

270 respondents (81%) from the Mater Hospital said that they were always treated with respect and dignity in the emergency department. With a score of 8.8 out of 10 this is the highest performing area of the admissions stage. Figure 5. summarises the scores for the Mater Hospital for the admissions stage of care.

"The waiting time was very long. I was waiting over nine hours because of high number of patients."

Figure 5. The Mater Hospital scores for questions on admissions

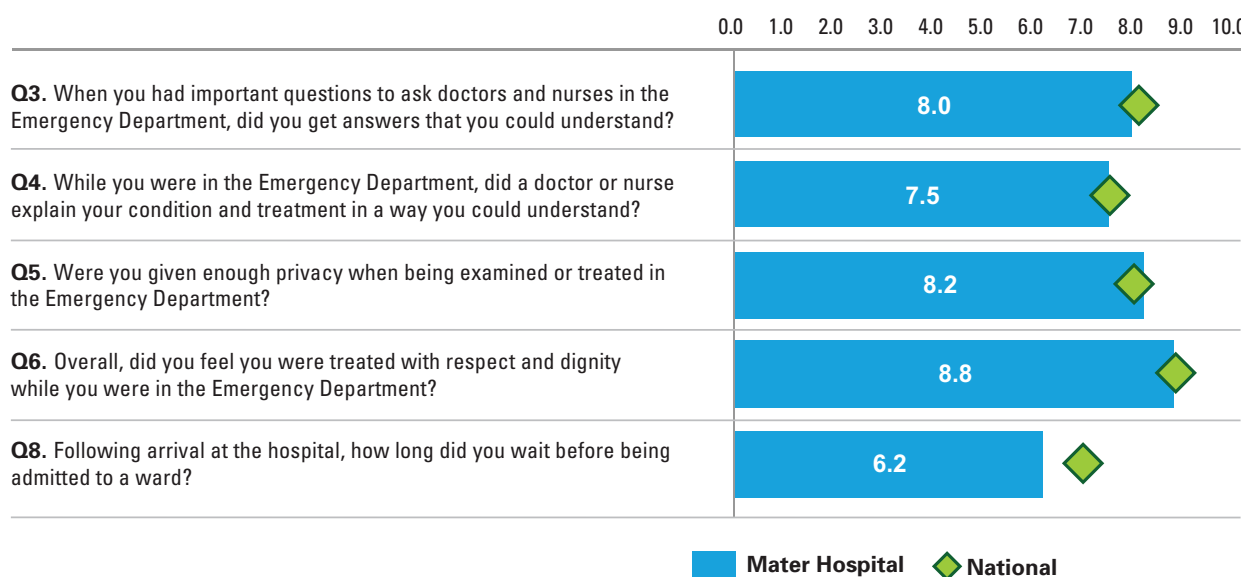
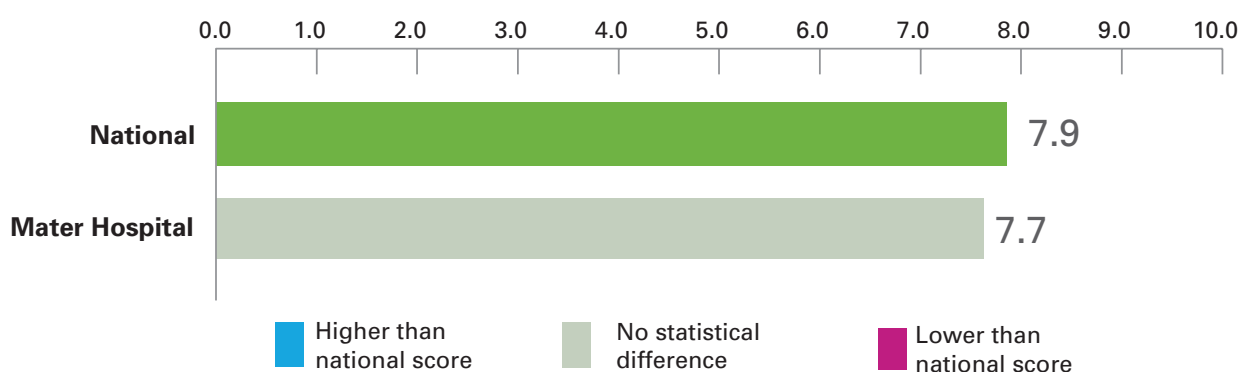


Figure 6. shows that, within the admissions stage, the average score for the Mater Hospital (7.7 out of 10) is similar to the national average (7.9 out of 10) ¹.

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



Emergency department waiting times

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

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

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

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

The HSE measures emergency department waiting times differently to the survey, namely from the time a patient registers at the emergency department until they leave it. It is likely that there are some differences between survey findings and the official HSE figures².

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

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

Waiting time before being admitted to a ward

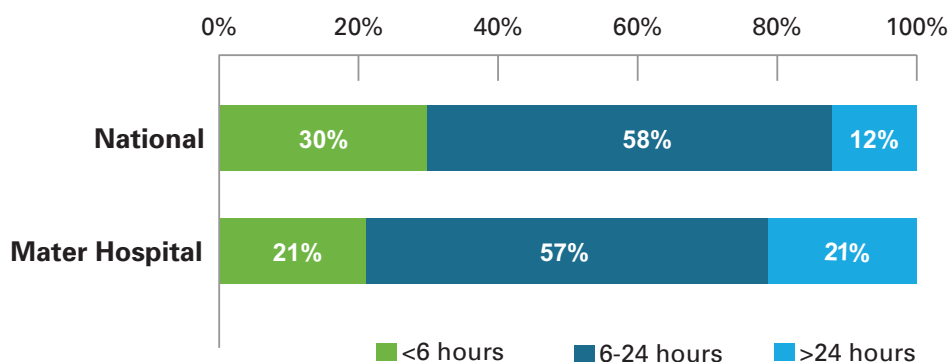
In the Mater Hospital, 70 respondents (21%) said they were admitted to a ward within six hours of arriving at the emergency department. 189 respondents (57%) reported waiting between six and 24 hours. 70 respondents (21%) reported waiting 24 hours or more before being admitted to a ward in the Mater Hospital, with 9 people saying they waited more than 48 hours.

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

What does this mean for the Mater Hospital?

With just 21% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that the Mater Hospital 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 the Mater Hospital 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 patient's health^(1,2).

Figure 7. Patient-reported emergency department waiting times for the Mater Hospital 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.

Care on the ward

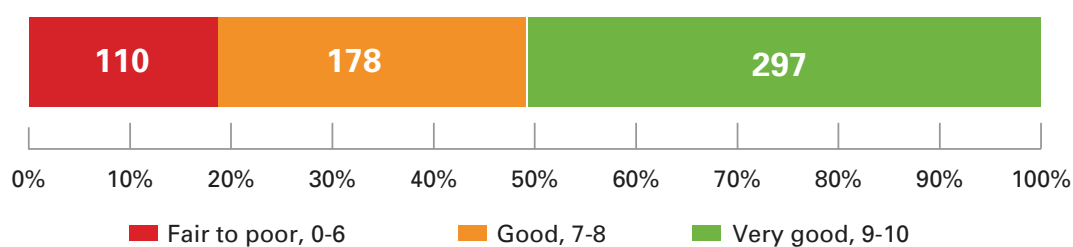


In summary: what were patients' experiences of care on the ward?

'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.

110 respondents (19%) said that their experience of care on the ward was fair to poor. However, 297 respondents (51%) reported having a very good experience during their stay on a ward in the Mater Hospital. 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 staff wore name badges, with a score of 9 out of 10 for this question.
- Food and drink was the lowest rated area, scoring 5.5 out of 10. 45% of respondents rated the food as 'poor' or 'fair'.
- The Mater Hospital scored 8 out of 10 for care on the ward, which is slightly lower than the national average score of 8.3 out of 10. This means that patients had less positive experiences than average for this stage of care.

"Care was good once in hospital. The wait for an operation with one overnight stay was far too long."



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

395 open-ended comments from the Mater Hospital related to the following themes: 'staffing levels', 'staff availability and responsiveness', 'other healthcare staff', 'other staff', 'food and drink', 'cleanliness and hygiene'. Most of the comments received offered suggestions for improvement. Some examples are provided below.

Staffing levels

"The staff nurses and doctors although overworked were very good and courteous."

"Staff levels must improve. Replacing nurses with agency carers in [Ward Type] does not give much confidence to the patient. In fact safety was a concern at one point."

Staff availability and responsiveness

"The attention and courtesy of all staff was excellent."

"Ward nurses appeared to be inexperienced and not concerned with patient - too busy giving out meds and not taking time to ask the patient how they were; or if they wanted to go to the bathroom."

Other staff

"Catering staff were excellent."

The food and catering staff were not helpful at all. Food badly presented. No cup of tea in afternoon. Food not edible. No taste."

Food and drink

"I had great hospital care in ward and I enjoyed the food."

"Definitely the food needs to be improved. Less fried food, and not microwaved to such a high temp."

Cleanliness and hygiene

"Very clean environment. Staff very helpful and caring."

"The bathroom really needed to be improved and cleaned more often."

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. 406 respondents (82%) from the Mater Hospital said that all staff wore name badges. The lowest scoring question (Q16) relates to hospital food. 253 respondents (45%) rated the food as 'fair' or 'poor', with this question scoring 5.5 out of 10.

"The only thing I would say needs improvement would be the hospital food."

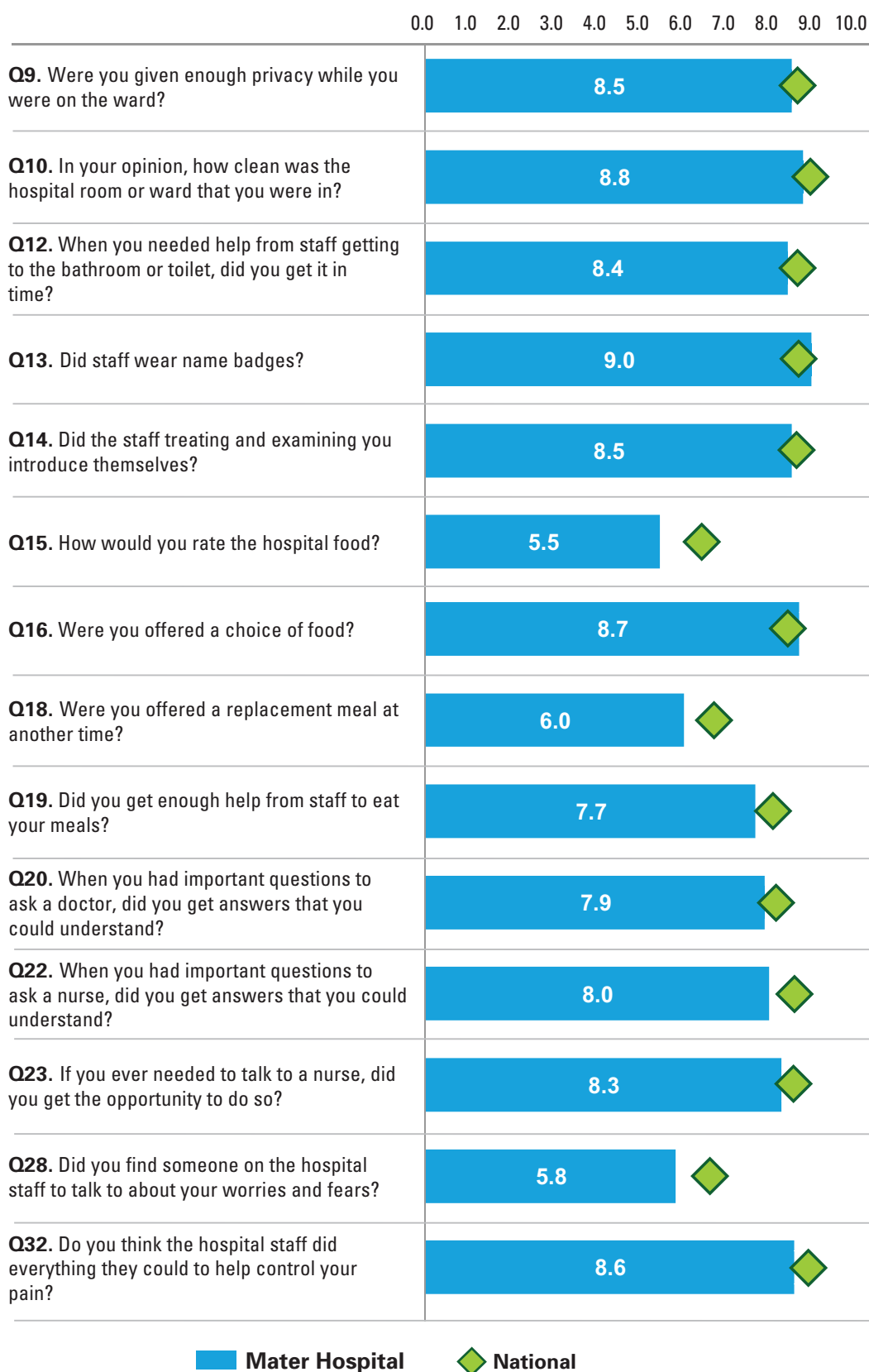
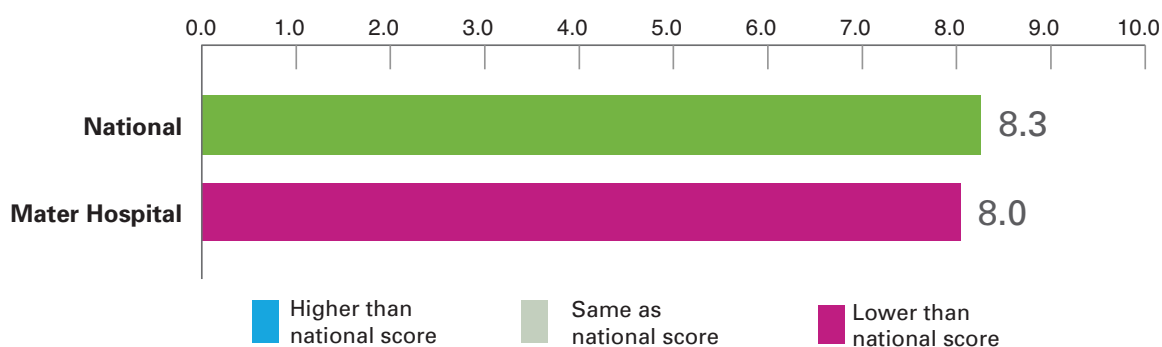
Figure 9. The Mater Hospital's scores for questions on care on the ward

Figure 10. shows that, within the care on the ward stage, the average score for the Mater Hospital (8 out of 10) is lower than the national average (8.3 out of 10).

Figure 10. Comparison of the Mater Hospital and the national average score for care on the ward (out of a maximum of 10)



Care on the ward: what do these results mean?

People had mixed experiences of care on the ward in the Mater Hospital. Many patients did not have positive experiences in relation to the standard of food they received; however, above average ratings were given as regards the choice of food on offer. Patients did not always receive answers they could understand from nurses, nor were they always able find a member of staff to talk to about their worries and fears. Overall, patients in the Mater Hospital reported a less positive experience of care on the ward than the national average.

Examinations, diagnosis and treatment

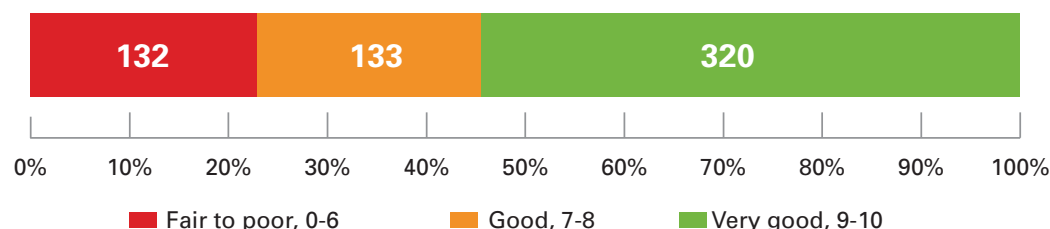


In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

132 respondents (23%) said that their experience of examinations, diagnosis and treatment in the Mater Hospital was fair to poor. However, 320 respondents (55%) reported having a very good experience the Mater Hospital 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 they were given enough privacy when they were being examined or treated, with a score of 9.1 out of 10 for this question.
- The lowest rated question asked patients whether they had enough time to discuss their care and treatment with a doctor, scoring 7 out of 10. 255 respondents (44%) said they did not always have enough discussion time.
- The Mater Hospital scored 7.9 out of 10 for examinations, diagnosis and treatment, which is slightly lower than the national average score of 8.1 out of 10. This means that patients in the Mater had less positive experiences of this stage of care than average.

"Overall, I got the best treatment. Looking back at my condition I think the medical staff did their level best."

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



327 open-ended comments were made about the following themes: 'nursing staff', 'doctors or consultants', 'waiting time for planned procedures'. Most of these comments were positive (222). Some examples of these comments are provided below.

Nursing staff

"Nurses were top class in every department with lots of time to listen and answer questions."

"The [Nurse Type] could be more helpful to patients. As I didn't find them very helpful throughout my sickness."

Doctors or consultants

"I found the doctors and nurses in the pre op and during op fantastic. Everything was explained well and I felt at ease"

"Some consultants could be a bit more courteous and take a little pieces of criticism without getting stroppy."

Waiting times for planned procedures

"Everything went quick from admission to surgery."

"The waiting time to see a consultant followed by the wait for a scan followed by the wait on the list. In all it took almost 3 years to be treated."

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. 493 (85%) of respondents who answered the question said they always received enough privacy when being examined or treated. This was the highest scoring question for the stage, at 9.1 out of 10 overall.

"Pain control could have been better at the earlier days after the op. We did get it sorted."

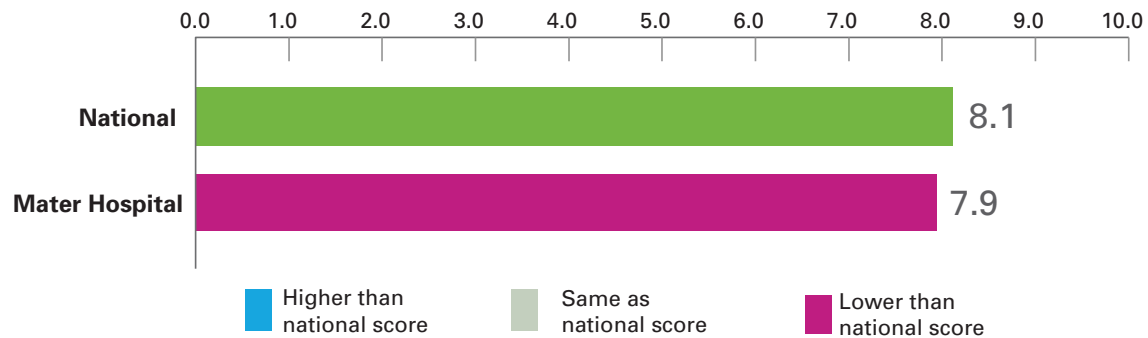
The lowest scoring question (Q21) asked people whether they had enough time to discuss their care and treatment with a doctor. Only 323 people (56%) who answered this question answered 'yes, definitely', with the remaining 255 answering 'No' or 'Yes, to some extent'.

Figure 12. The Mater Hospital's scores for questions on examinations, diagnosis and treatment



Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for the Mater Hospital (7.9 out of 10) is lower the national average (8.1 out of 10).

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



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

Patients in the Mater Hospital gave above-average ratings of the privacy they were given when discussing or receiving treatment. However, patients were less positive about the amount of time allocated by hospital staff to talk about their treatment, and their involvement in decisions about their care. This suggests that care was not as patient-centred as it should be and that more effort is needed to ensure that patients feel that their voices are heard by medical staff.

Discharge or transfer

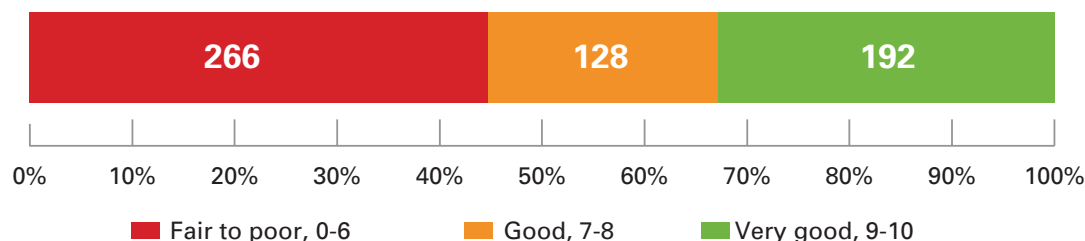


In summary: what were the experiences of patients during discharge or transfer from hospital?

'Discharge or transfer' refers to people's experiences of the discharge process, such as notice given of discharge and the provision of information, advice and support to manage patients' conditions.

Out of the 586 people who rated their experience of discharge or transfer from the hospital, 266 (45%) said that their experience was 'fair to poor'. On the other hand, 192 (33%) reported having a very good experience of being discharged or transferred from the Mater 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?

- Out of 478 people, 419 (88%) 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.
- 191 people (44%) who answered Q46 said that they were not informed about any medication side effects to watch for when they went home.
- The Mater Hospital scored below the national average for this stage of care, with an overall score of 6.2 out of 10. This means that the experiences of patients in this hospital were less positive than those of patients in other hospitals.

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



In total, people from the Mater Hospital made 53 comments in the 2017 survey about 'discharge and aftercare management'. 51% of these comments were in response to Q60, which asked for suggestions for improvement. Some examples are provided below.

Discharge and aftercare

"The doctors and nurses were very nice and gave me lots of information on how to care for myself when I left hospital."

"I was discharged on a Saturday and there was no one to explain anything to me only agency staff. I was two hours waiting for someone to take out my drip and another two hours waiting for a letter."

Quantitative results for questions on discharge or transfer from hospital

Twelve questions asked about discharge or transfer.

Out of 478 people, 419 (88%) said that a member of staff completely or to some extent explained the purpose of the medicines they were to take at home in a way they could understand.

191 people (44%) 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 the Mater Hospital for questions on discharge or transfer from the hospital.

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

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

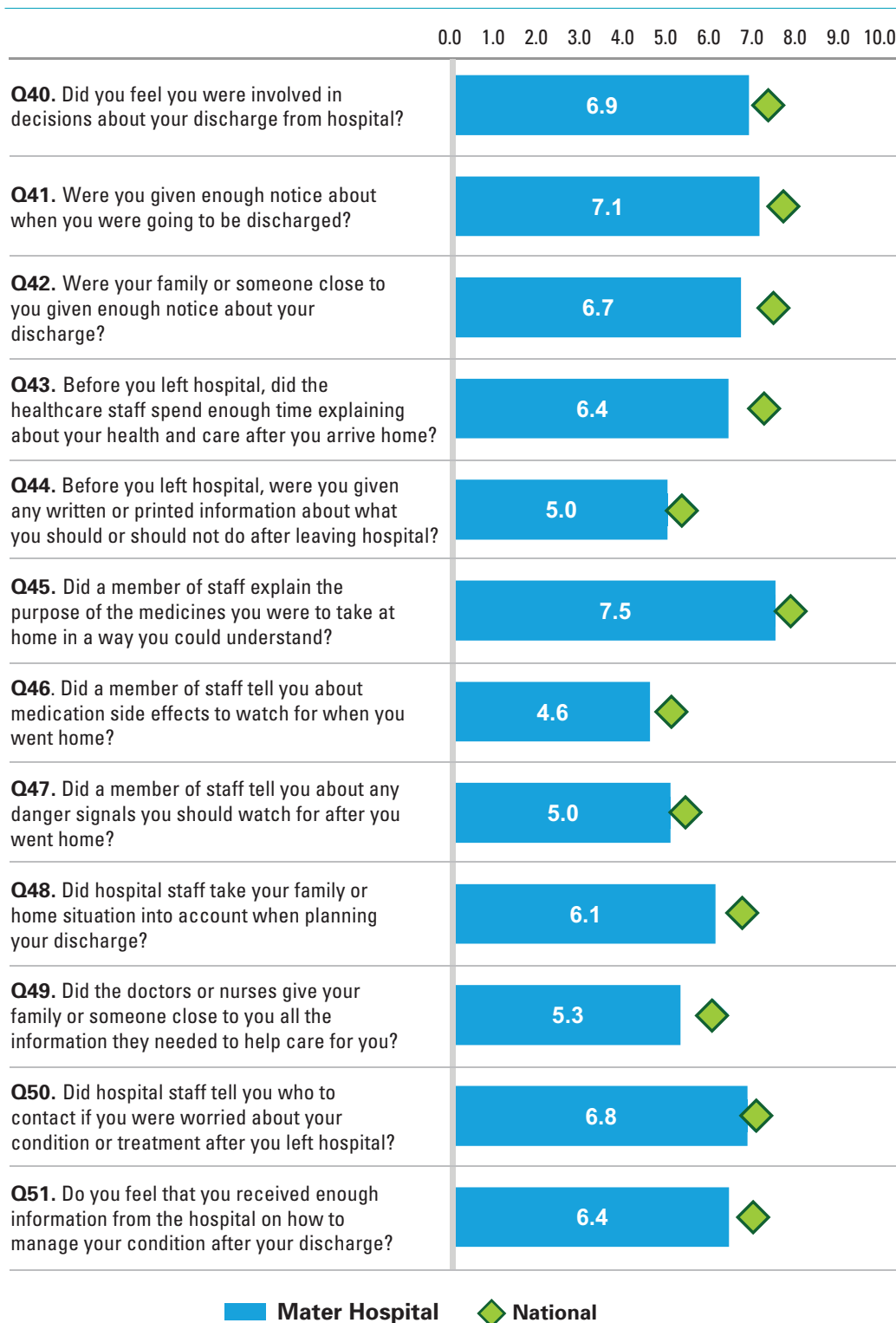
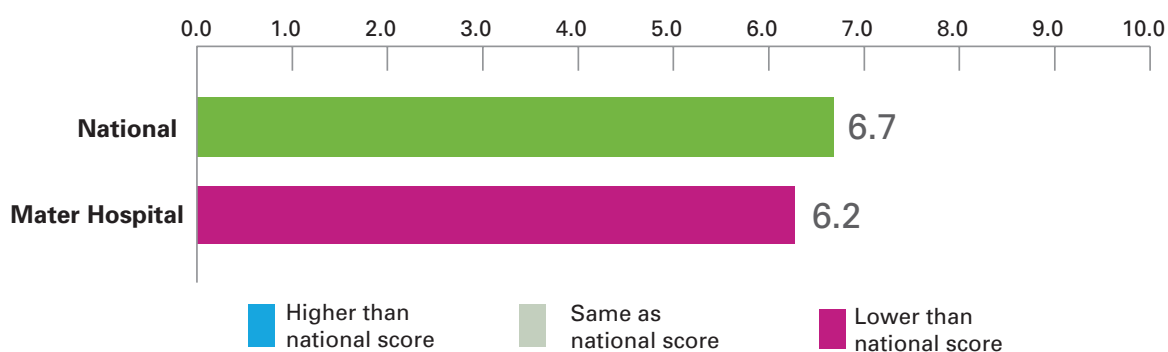


Figure 16. shows that within the discharge and transfer from hospital stage the average score for the Mater Hospital (6.2 out of 10) is lower than the national average (6.7 out of 10). This means that patients who attended the Mater Hospital in May 2017 reported less positive experiences in comparison to the national average.

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



Discharge or transfer: what do these results mean?

The Mater Hospital scored below the national average on all of the questions for this stage of care, meaning that patients had less positive experience than average for these questions. This suggests that this stage of care is particularly in need of improvement for the hospital. Patients require 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?

- Q52 and Q29 were the highest ranking questions on other aspects of care (score of 8.8 out of 10). 81% of people said that they were always treated with respect and dignity while they were in hospital. 80% of respondents said that they always had confidence and trust in the people treating them.
- Q27 was the lowest ranking question on other aspects of care (score of 7 out of 10). 44% of those who wanted their family involved said they were not, or were only to some extent, given enough opportunity to talk to a doctor.

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



341 open-ended comments were about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'clinical information and history' and 'private health insurance'. 92 of these comments were in response to Q60, which asked for suggestions for improvement.

Staff in general

"The staff were brilliant from admissions to discharge. I didn't meet one person that wasn't kind and considerate."

"Certain staff made no effort at night to keep the noise down. On many nights I could hear whole conversations between different people (i.e. all hospital staff of some type). No effort was made to lower the tone of their voices. I think some staff forget that the patients in every bed are ill and there for a reason."

Communication with family and friends

"Family care/communication at the A&E was excellent."

"Communication between staff and my family before, during and immediately after my procedure was very poor; my family didn't know what was happening for almost an hour after the procedure - when I had been moved to the ward."

Physical comfort

"I was very lucky to be put into a room with just one other person, so I was able to sleep well at night."

"I was suffering from severe headaches and asked to be transferred to a private room because of the constant noise in a 6 bed ward, but that didn't happen"

Hospital facilities

"The ward in which I stayed in for five days was very clean and bright."

"The ward I was in only had one disabled toilet. The toilets in the rooms were not very accessible despite the amount of amputees, etc. in the ward."

Clinical information and history

"I was almost given the wrong medication on the evening of being admitted to the ward, only I refused to take it as no-one had previously informed me that I was to have an injection. I asked the nurse to double check that it was for me and she came back and apologised."

Private health insurance

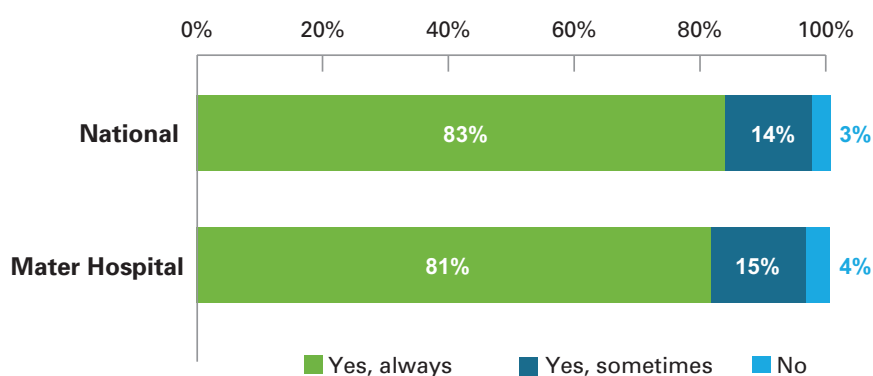
"When it was found out that I had private health insurance, I was asked to go private (more comfortable, etc.)... which did not appeal to me as I am an advocate of public medicine."

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 the Mater Hospital in May 2017. Overall, 468 people (81%) said that they were always treated with respect and dignity, while 23 people (4%) said that they were not. This question scored an average of 8.8 out of 10, meaning that, in general, people reported a positive experience of this aspect of care.

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

Figure 17. Ratings for dignity and respect

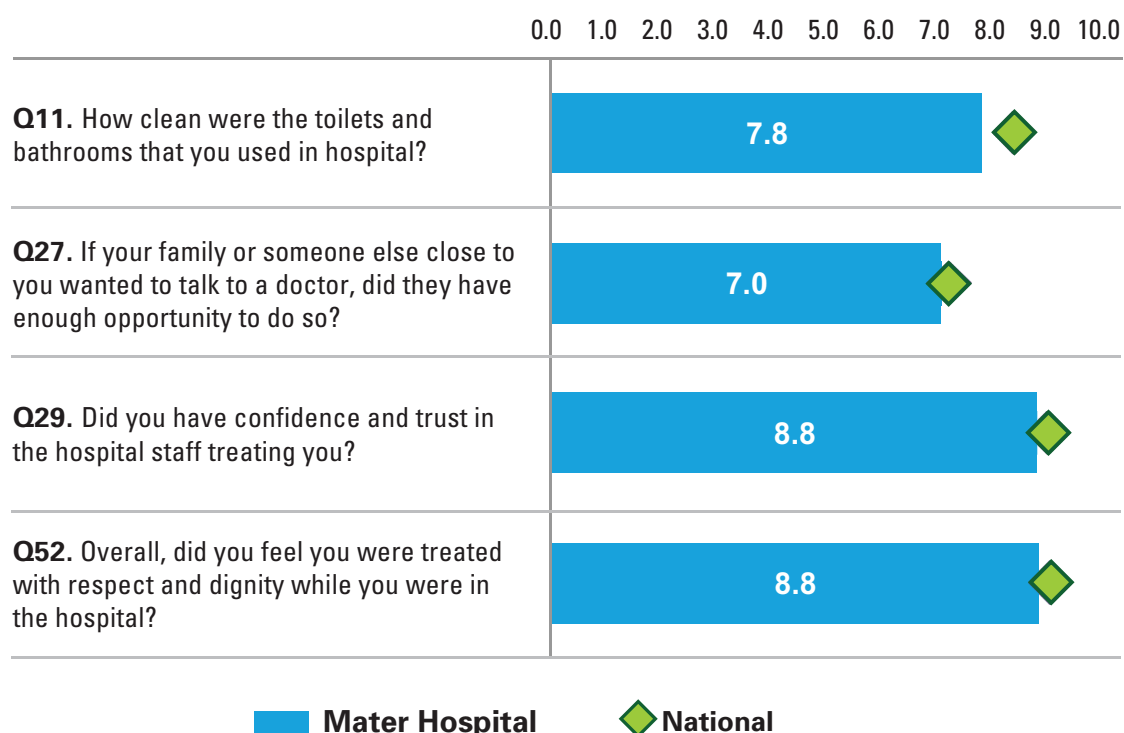


Question 29 asked people if they had confidence and trust in the hospital staff treating them. 464 people (80% of all people who answered Q29) said that they always had confidence and trust in the hospital staff, while 21 people (4%) said that they did not.

Question 11 asked people about the cleanliness of the bathrooms and toilets in the Mater Hospital. While 299 people (52% of people who answered Q11) said that the bathrooms and toilets were very clean, 80 people (14%) 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 the Mater Hospital. Out of 411 people, 227 (55%) said that their family or people close to them definitely had sufficient opportunities to talk to a doctor. However, 55 people (13%) said that their family or friends did not.

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

Figure 18. The Mater Hospital scores for 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, the Mater Hospital's scores on these questions were still slightly below the national average, meaning patients have less positive experiences than average in these areas. These areas are strongly linked with patients reporting a positive overall experience, and are thus very important to address. Patients also reported that toilets and bathrooms were not as clean as the national average.



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 the Mater Hospital is provided and compared with the national average.

271 people (50%), who stayed in the Mater Hospital in May 2017 reported having a very good experience in this hospital, while 16% of respondents indicated a fair to poor experience in the Mater Hospital.

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





Chapter 4

Conclusion

How did patients experience hospital care in the Mater Hospital in May 2017?

Overall, patients' ratings of their experiences at the Mater Hospital were slightly below the national average. 83% of patients at the Mater Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

The survey found that, overall, people in the Mater Hospital were generally given privacy when discussing or receiving treatment. Patients reported a positive experience of privacy both in the emergency department and on the ward. It was found that the majority of staff wore name badges and patients were usually offered a choice of food.

Several areas across each stage of care were identified as needing improvement. In relation to admission, the large majority of patients reported waiting more than six hours in the emergency department. Many patients also rated the hospital food poorly. Several questions relating to communication were negatively rated, with some patients reporting, for example, that they were not involved in decisions about their care, or that they were not provided with answers that they could understand.

Communication in relation to discharge was also highlighted as requiring improvement, with many patients feeling that staff did not provide sufficient information on managing their condition at home. While many reported being treated with respect and dignity, The Mater Hospital performed below the national average for this question, which is strongly related to how patients rate their experience overall. It is thus a priority for improvement.

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.

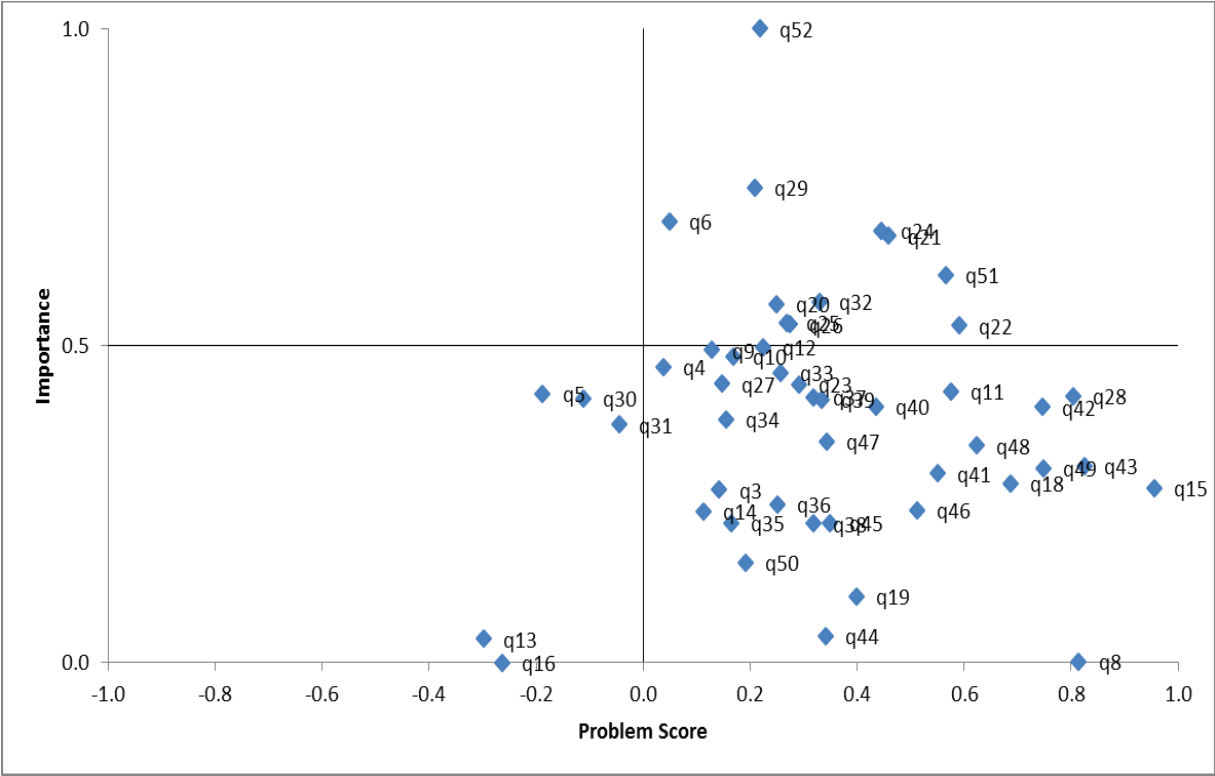
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected 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 the Mater 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 the Mater 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 the Mater Hospital has scored less than the national average for that question. For example, the Mater scored 8.8 for Q52 – lower than the national average of 9.0. This means the Mater 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 the Mater 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 the Mater Hospital.

Figure 20. Overall patient experience map for The Mater 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 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.

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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.