



National Patient Experience Survey 2017

Mayo University Hospital

We're committed to excellence in healthcare



Thank you to the people who participated in the National Patient Experience Survey 2017, and to their families and carers. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve healthcare in Ireland.

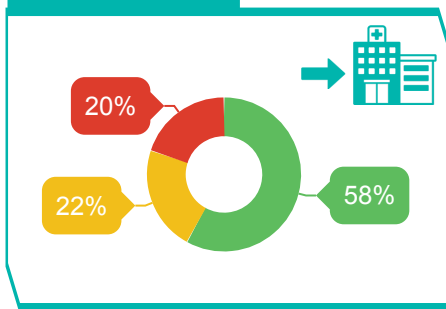
By putting the voice of the patient at the centre of acute healthcare, we can make sure that the needs and wishes of the people who matter most are met. The survey will be repeated annually in the future, which will allow us to explore how the patient voice has helped shape changes in acute healthcare.

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

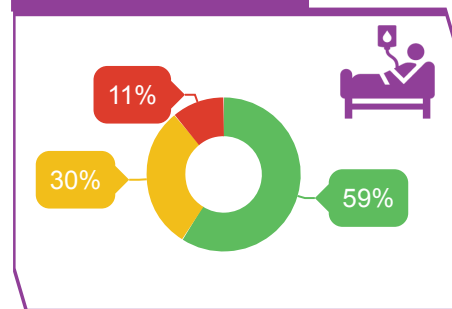
The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups.

Stages of care

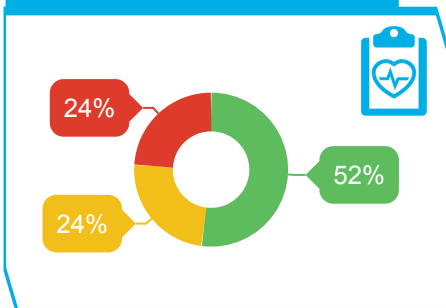
Admission



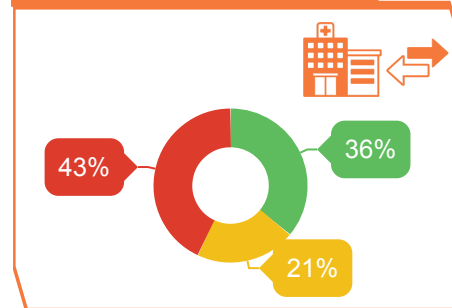
Care on the ward



Examinations, diagnosis & treatment



Discharge or transfer



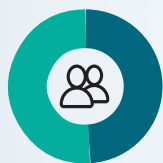
* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

National Patient Experience Survey

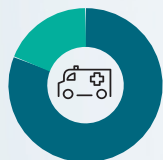
Mayo University Hospital



49% of 793 eligible patients took part



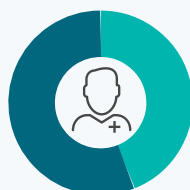
49% female
51% male



81% entered hospital on an emergency basis

Average age:
65 years

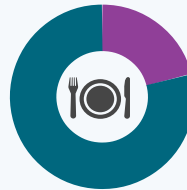
Admission



44%

did not always get a clear explanation about their condition that they could understand.

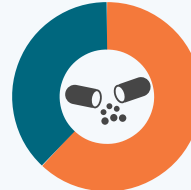
Food



21%

rated the food as fair or poor.

Medication



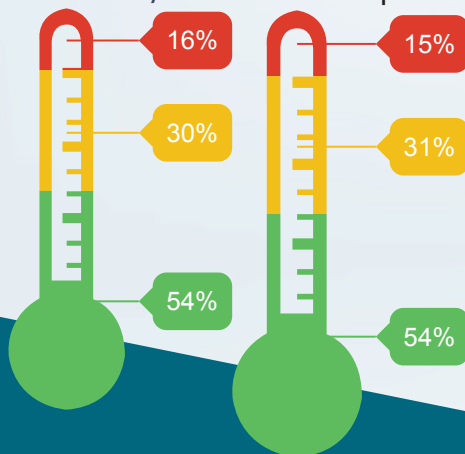
62%

were not informed about any medication side effects to watch for at home.

Overall experience

Nationally

This hospital



Areas of good experience

83%

of people said

that they always received help from staff in time when they needed to get to the bathroom or toilet.

Areas needing improvement

54%

of people said

that doctors or nurses did not always give their family or someone close to them all the information needed to help care for them.

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

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Chapter 1

Patients' experiences of acute hospital care in Mayo 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 Mayo University Hospital during the month of May 2017. In total, 382 participants from Mayo University Hospital took part in the survey.

The survey asked 61 questions, based on five stages of care along the patient journey in hospital: admissions; care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other aspects of care. Three of the questions asked respondents for written comments about what was good about the care they received and what could be improved. The list of questions from the National Patient Experience Survey can be found in Appendix 1.

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

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

The National Patient Experience Survey values and seeks to represent the patient voice, which is a fundamental principle of patient-centred care. The survey acknowledges both positive and negative experiences, as told by the 382 patients from Mayo University Hospital 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

Mayo University Hospital is a public acute hospital, located in Co. Mayo. There were 277 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 793 eligible discharges were recorded during this time. Mayo University Hospital has an emergency department. Patients at this hospital were asked to answer questions across each stage of care.

Purpose of this report

The purpose of this report is to present the key findings of the National Patient Experience Survey, based on the experiences of patients who stayed in Mayo University Hospital in May 2017. The report highlights areas where patients had positive experiences and outlines where there is significant room for improvement.

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



Who took part in the survey?

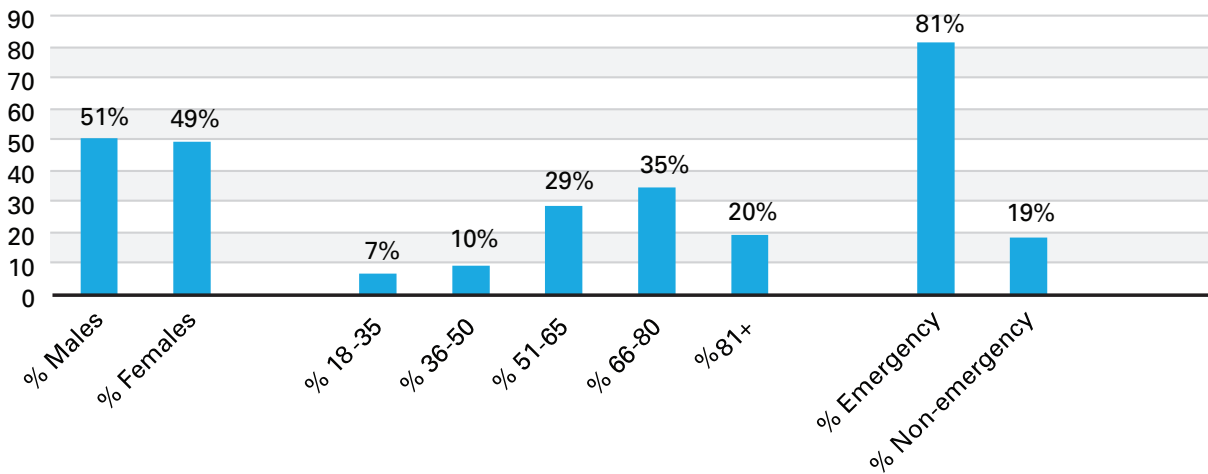
Description of the respondents who took part in the survey

793 people discharged from Mayo University Hospital during the month of May 2017 were invited to participate in the survey.

382 people completed the survey, achieving a response rate of 49%.

51% of people who responded to the survey were male and 49% were female. Most respondents (81%) said they entered the hospital through the emergency department. Figure 1. below shows information about the respondents who took part in the survey from Mayo University Hospital.

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



What were the main findings for Mayo University Hospital?



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

Patients in Mayo University Hospital reported very positive experiences of care on the ward. Patients in this hospital were very positive about the support they received from staff, specifically as regards getting help to access the bathroom or toilet and with eating their meals. Many patients also reported positive experiences of emotional support if they ever needed to talk to a member of staff about their worries and fears. Patients also rated the food on the ward as either very good or good.

In relation to admission, the large majority of patients reported waiting in the emergency department for longer than the national target time of six hours. However, patients generally said that they had been treated with respect and dignity in the emergency department. Several areas across the stages of care, including 'examinations, diagnosis and treatment', as well as 'discharge or transfer' were identified as needing improvement. Mayo University Hospital scored below the national average on eight questions related to examinations, diagnosis and treatment. In particular, a large number of patients reported negative experiences of how their diagnosis and test results were communicated to them. Many patients said that they did not have enough time to discuss their care and treatment with a doctor.

Patients also reported negative experiences of the discharge or transfer process, with many saying that they left hospital not fully informed of how to care for themselves at home or who to contact if they were worried about their condition or treatment. Many people also said that their families were not always provided with the necessary information to help care for them.

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

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

This section lists the areas where patients had particularly 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 Mayo University Hospital are:

Patients had positive experiences in several areas, particularly as regards getting help from staff to access the bathroom, the quality of the food in hospital and the offer of replacement meals. Positive experiences were also reported as regards receiving help from staff with eating meals and the fact that emotional support could be accessed if needed.

Care on the ward | Q12.

Help from staff to get to the bathroom

197 people (83%) said that they always received help from staff in time when they needed to get to the bathroom or toilet.

Care on the ward | Q15.

Food rating

288 (78%) of the 367 people who ate food in Mayo University Hospital said that it was very good or good.

Care on the ward | Q18.

Offer of a replacement meal

Out of the 104 people who missed out on a meal, 68 (65%) said that they were always offered a replacement meal at a later time.

Care on the ward | Q19.

Help from staff to eat meals

132 people (77%) said that they always got enough help from staff to eat their meals.

Care on the ward | Q28.

Someone to talk to about worries and fears

132 people (54%) said that they could definitely find someone on the hospital staff to talk to about their worries and fears.

The areas needing improvement in Mayo University Hospital are:

Patients highlighted areas needing improvement, for example, as regards communication with hospital staff. Several respondents reported negatively that their family and friends did not receive all the necessary information to help care for them at home. Patients also said that they were not given information on who to contact if they were worried about their condition or treatment after discharge.

Care on the ward | Q20.

Clear answers from a doctor

141 (41%) of the 343 people who had questions said that doctors did not give, or only sometimes gave, answers they could understand.

Examination, diagnosis and treatment | Q26.

Clear explanation of a diagnosis

154 (41%) of the 372 people who responded to this question said that their diagnosis was not, or was only to some extent, explained to them in a way they could understand.

Examination, diagnosis and treatment | Q33.

Clear explanation of test results

127 people (40%) said that doctors or nurses did not explain, or explained only to some extent, the results of tests in a way that they could understand.

Discharge or transfer | Q49.

Provision of information to family members

135 people (54%) said that doctors or nurses did not give, or gave only to some extent, their family or someone close to them all the information needed to help care for them.

Discharge or transfer | Q50.

Information on support services after discharge

Only 122 people (37%) said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital.



Chapter 2

The patient journey through hospital

Qualitative and quantitative findings of the 2017 survey

Findings of the 2017 survey

The stages of care along the patient journey

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

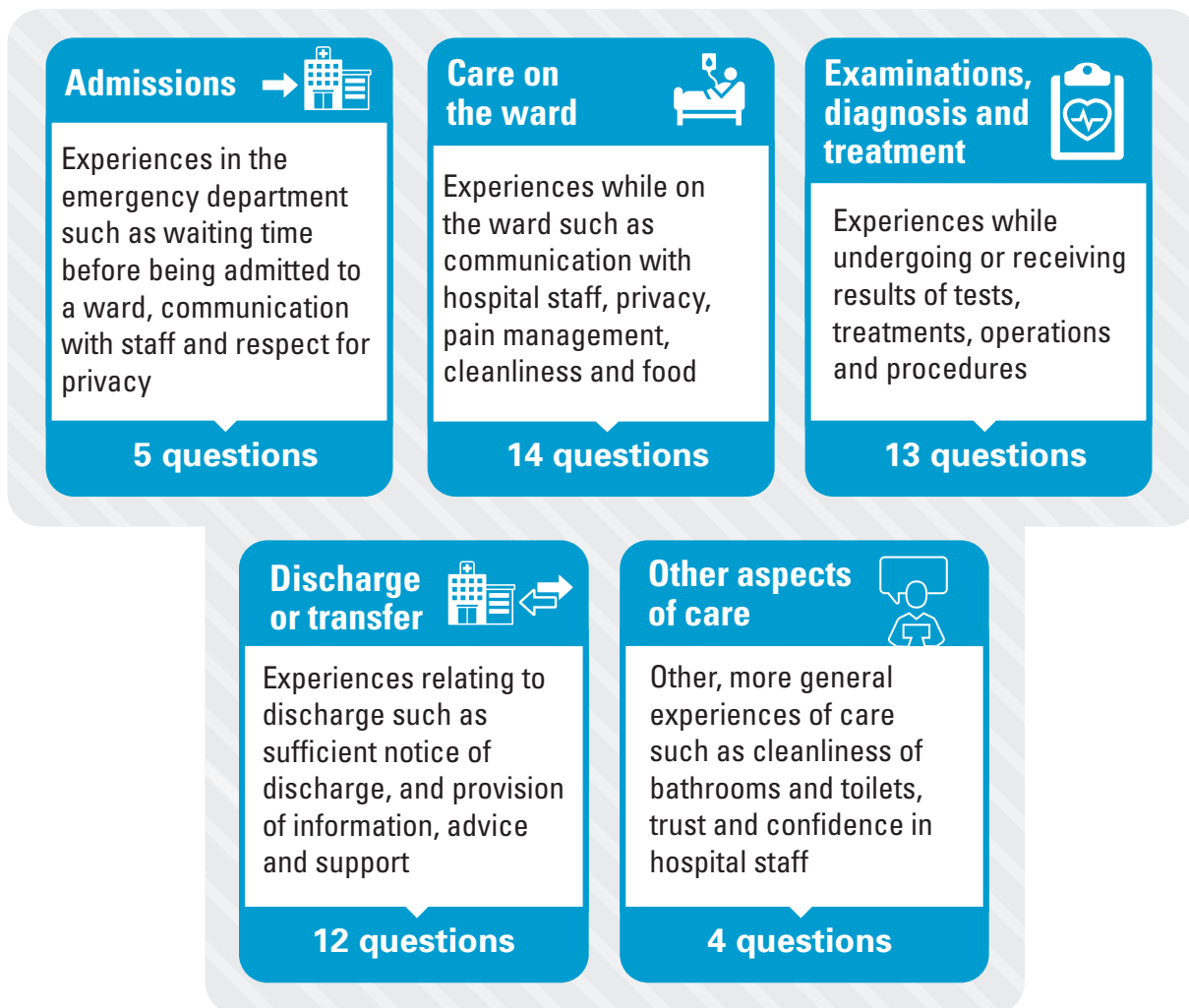
The survey questions were grouped into five stages along the patient journey:

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

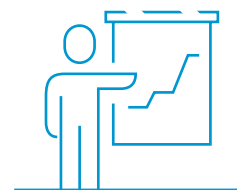
“When your doctor comes to your bedside to talk to you about your condition there is no privacy. Could hear all about other patients’ problems.”

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

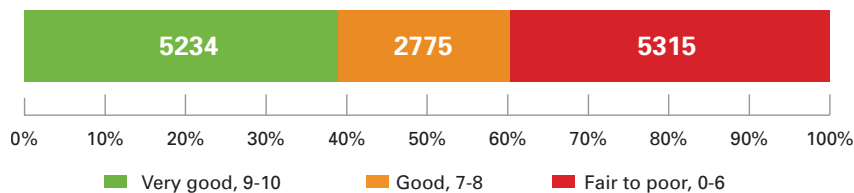
1 Experience rating for a stage of care

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.

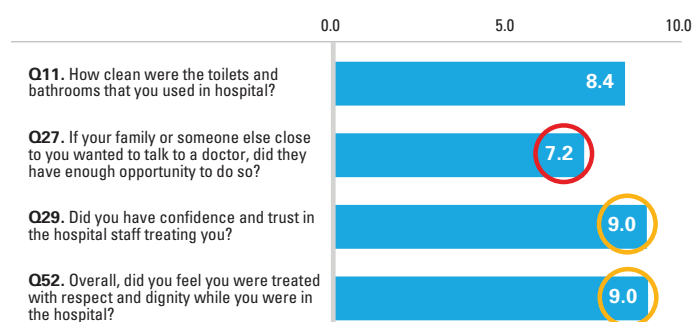
Example:

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

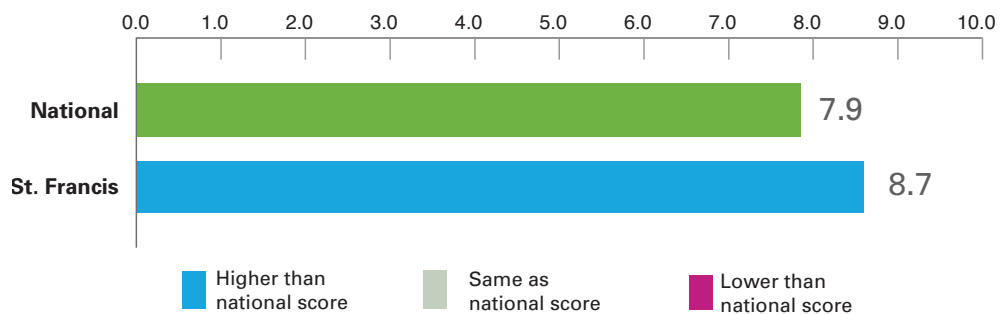


3 Comparisons

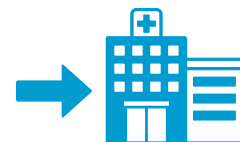
When hospital scores are compared with the national average, statistical tests were carried out to check if any differences were genuine or simply down to chance. The way hospital scores are calculated is explained in Appendix 4.

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

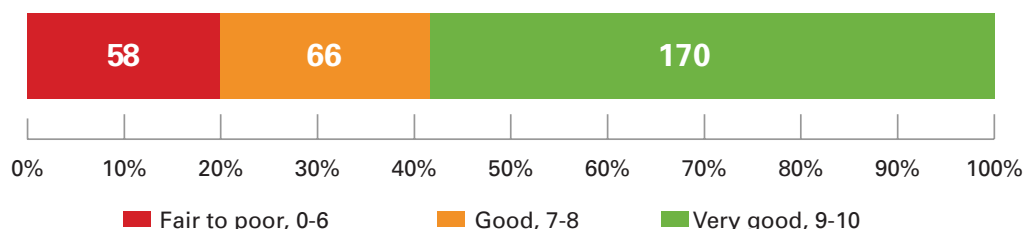


In summary: what were patients’ experiences of the admissions process?

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

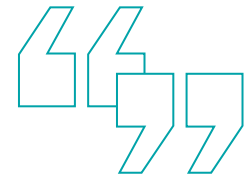
58 people (20%) had a fair to poor experience of admission to Mayo University Hospital. However, 170 (58%) people rated their experience as very good. The findings are summarised in Figure 4.

Figure 4. Experience ratings for admissions



What were the key findings for admissions?

- Waiting times in the emergency department was the lowest scoring question, with 64% 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.
- 121 respondents (44%) said that their condition and treatment was not, or was only to some extent, explained in a way that they could completely understand while in the emergency department.
- Mayo University Hospital scored 8 out of 10 overall for this stage of care — similar to the national average.



The patient voice: what patients said about admissions

Respondents from Mayo University Hospital made 101 open-ended comments related to the following themes: 'dignity, respect and privacy', 'communication with the patient', and 'emergency department environment or waiting times'. 77 of the comments were made in response to Q60, which asked for suggestions for improvement. Some example comments for this stage of care are provided below.

Dignity, respect and privacy

"The staff were excellent and treated me with the utmost respect and dignity. Well done to all. Thank you."

"A&E as you know is a disaster. I get upset every time I have to go to hospital and this is because I know what is facing me in A&E. The staff are run off their feet, patients are too long waiting for a bed and those trolleys are so uncomfortable, especially if one is in pain, and if you land up in a corridor there is absolutely no privacy."

Communication with the patient

"My experience in hospital was good. The nurses do a phenomenal job in hospital. They are very caring about their patients and very reassuring. They work under very hard circumstances but are very understaffed."

"Discharge plan & explanations. More communication in A/E as to what is happening, not to be left for hours not knowing."

Emergency department environment or waiting times

"This gives me great pleasure to write this; so many people take things for granted. Castlebar Hospital is one big machine working night and day. The A&E — the receiving area — treating, mending every type of ailment; transferring to wards when necessary. We don't stop there — the ward nurses take over."

"Waiting time in A&E. Hygiene in A&E — blood left on floor and hatch counter. Left in A&E cubicle. No doctor came for over 1 1/2 hours. I was in severe pain and alone. Hygiene while in cubicle, which was shared with an old person, floor was not cleaned I was there 24/48 hours. One ladies' loo for all patients in A&E on trolleys."

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.

64% of people who reported waiting times in the emergency department had to wait longer than 6 hours before being admitted to a ward. More detail on waiting times is provided later in this section.

236 respondents (81%) from Mayo University 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.

Q4, which asked about communication with doctors or nurses in the emergency department was the lowest scoring question on admissions (score of 7.5 out of 10).

121 people (44%) said that doctors or nurses did not give, or gave only to some extent, clear explanations about their condition and treatment.

“Long delays in Casualty, lying on a trolley in the corridor for 12 hours and many more along with me.”

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

Figure 5. Mayo University Hospital scores for questions on admissions

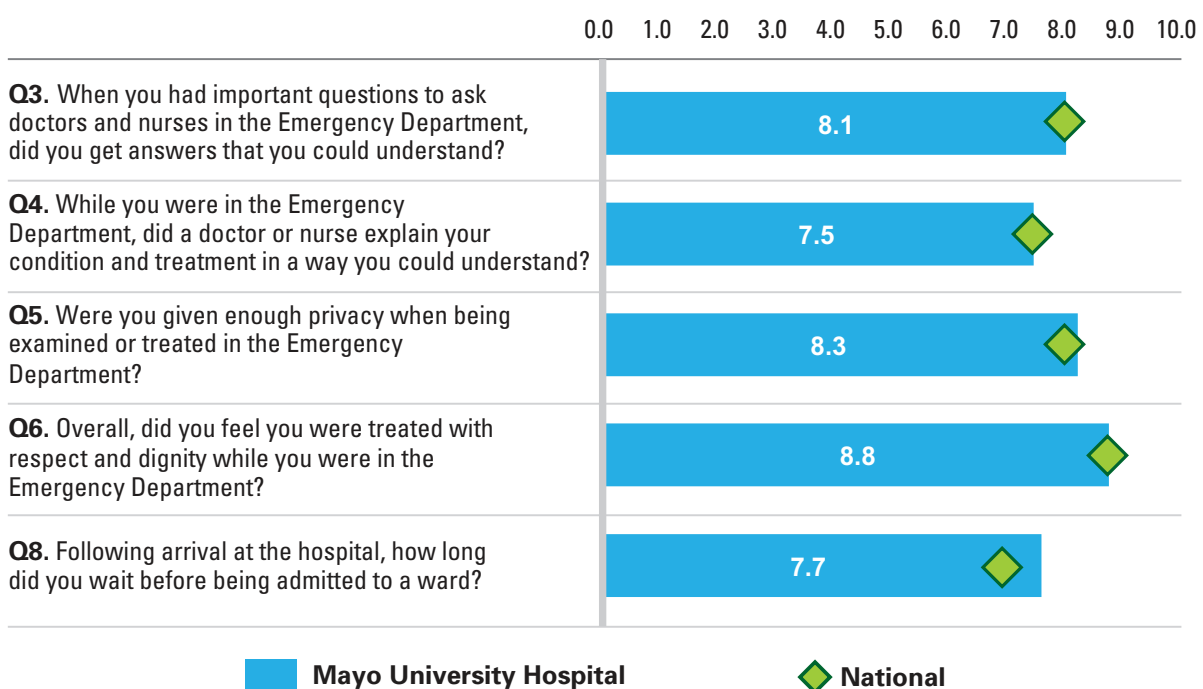
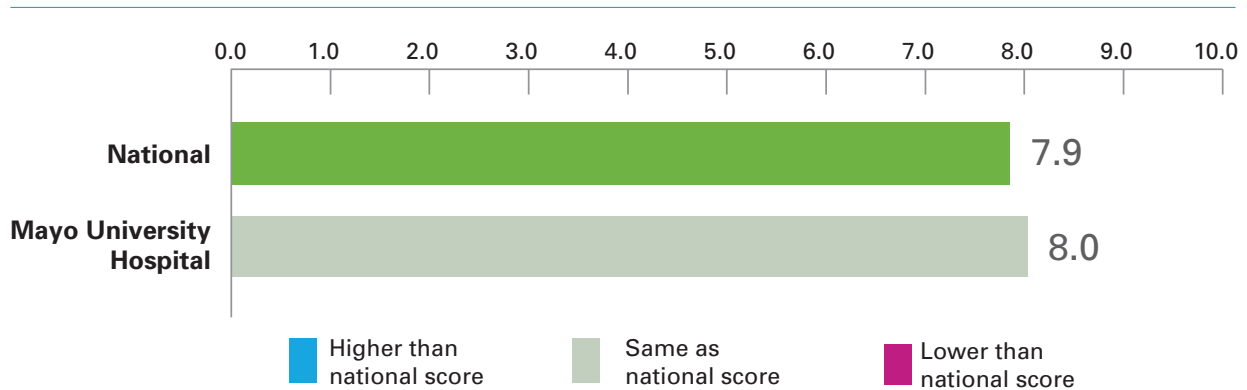


Figure 6. shows that, within the admissions stage, the average score for Mayo University Hospital (8 out of 10) is similar to the national average (7.9 out of 10)¹. This means that patients who attended Mayo University Hospital reported similar experiences of admissions to patients in other hospitals, based on the national average scores.

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



Emergency department waiting times

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

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

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

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

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

¹ Though Mayo University Hospital's admission score is higher 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

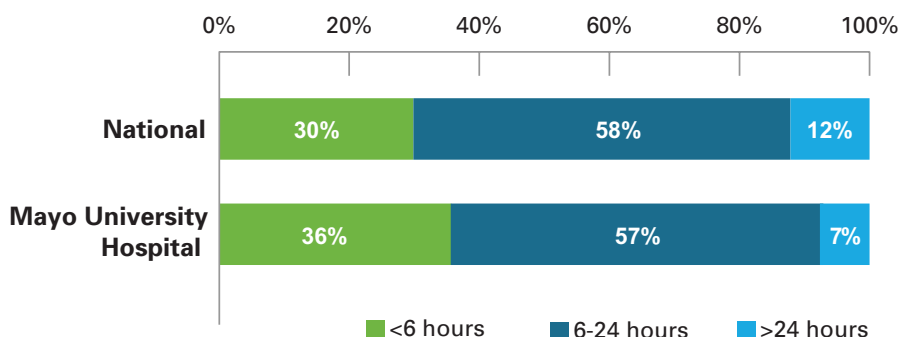
In Mayo University Hospital, 100 respondents (36%) said they were admitted to a ward within six hours of arriving at the emergency department, while 157 respondents (57%) reported waiting between six and 24 hours. 18 patients (7%) reported waiting 24 hours or more before being admitted to a ward in Mayo University Hospital, with two people saying they waited more than 48 hours.

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

What does this mean for Mayo University Hospital?

With 36% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that Mayo University Hospital performed above the reported national average, where 30% of people said that they were admitted within six hours of arriving. However, patient-reported waiting times in Mayo University Hospital 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 Mayo University Hospital and nationally



Admissions: what do these results mean?

Many patients reported being treated with respect and dignity in the emergency department. However, the large majority of patients reported waiting longer than six hours in the emergency department; which although an improvement on the national average score, is still below the targets set by the HSE. Lengthy waiting times are associated with poor outcomes for patients.

Care on the ward

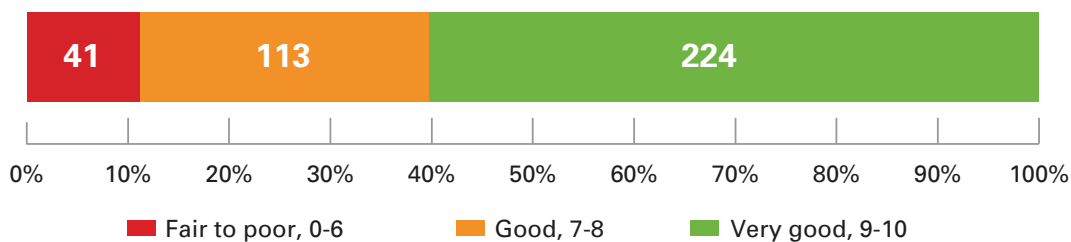


In summary: what were patients' experiences of care on the ward?

'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.

41 respondents (11%) said that their experience of care on the ward was fair to poor. However, 224 respondents (59%) reported having a very good experience during their stay on a ward in Mayo University 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 9.1 out of 10 for this question.
- Food and drink was the lowest rated area, scoring 7 out of 10. 21% of respondents rated the food as 'poor' or 'fair'.
- Mayo University Hospital scored 8.5 out of 10 for care on the ward, which is higher than the national average score of 8.3 out of 10.

"Having spent 3 days in a [Ward Type] I was struck by the lack of privacy for myself and the other patients present at the time."



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

173 open-ended comments from Mayo University Hospital related to the following themes: 'staffing levels', 'staff availability and responsiveness' 'other healthcare staff', 'other staff', 'food and drink' and 'cleanliness and hygiene'. 75 of the comments offered suggestions for improvement. Some example comments for this stage of care are provided below.

Staffing levels

"Staff were obviously working very hard but it is clear to see that they are stretched and under resourced."

There seemed to be a shortage of nursing staff which can result in staff being stressed + sometimes snap at patients or visiting relatives."

Staff availability and responsiveness

"I have to say in general the nurses and staff were very good and caring. When called on there was always someone there to help out when needed, which I understand this is not always possible in a busy hospital like Castlebar when emergencies occur."

"Staffing levels. Information given to patients. Disabled people should be given more assistance for toileting and feeding, older people should also get this assistance."

Other healthcare staff

"Care from nurses and health care assistants was excellent. No request was too much trouble."

"Nurses aid could be improved."

Other staff

"Cleaning staff and food staff were very helpful and pleasant were very chatty but knew when a person was too tired or sick to engage in conversation."

"Cleaning staff don't take care as much as they used to. I noticed when I was in for 2 days they came on ward once and spent about 10 minutes in my ward. Not enough time to clean a ward and the floor was only vacuumed, not washed."

Food and drink

"The food was nutritional."

"Not enough care/time for the 6 very dependent patients in the ward, particularly at mealtimes. Needed more help and food often went back uneaten because of this. More emphasis on diet as part of recovery."

Cleanliness and hygiene

"All care excellent. Staff very pleasant, beds always kept clean. Could not believe towels were supplied as far as possible."

"The ward in which I spent only 1 night had six beds, all occupied by patients who had [Condition Name]. The room had only 1 functioning bathroom which I thought was appalling. The shower-room had a water malfunction problem, an overflowing outlet!! Because of the nature of the patients' illnesses, the only working bathroom was under severe pressure while I was there. I would have thought that a 6-bed ward should certainly have a minimum of 2 working toilets."

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. 273 respondents (83%) from Mayo University Hospital said that all staff wore name badges.

The lowest scoring question (Q15) relates to hospital food. 79 respondents (21%) rated the food as 'fair' or 'poor', with this question scoring 7 out of 10. Nonetheless, Mayo University Hospital scored higher than the national average for this question.

Q28 was also among the lowest scoring questions on care on the ward. 114 people (46%) said that they could not, or could only to some extent, find a member of the hospital staff to talk to about their worries and fears. Despite many people reporting negative experiences, Mayo University Hospital scored above the national average for Q28.

"The staff did not know how to adequately accommodate for my vegan diet. I was given marmalade on toast for 3 meals in a row. There needs to be more choice for vegetarians and vegan diets."

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

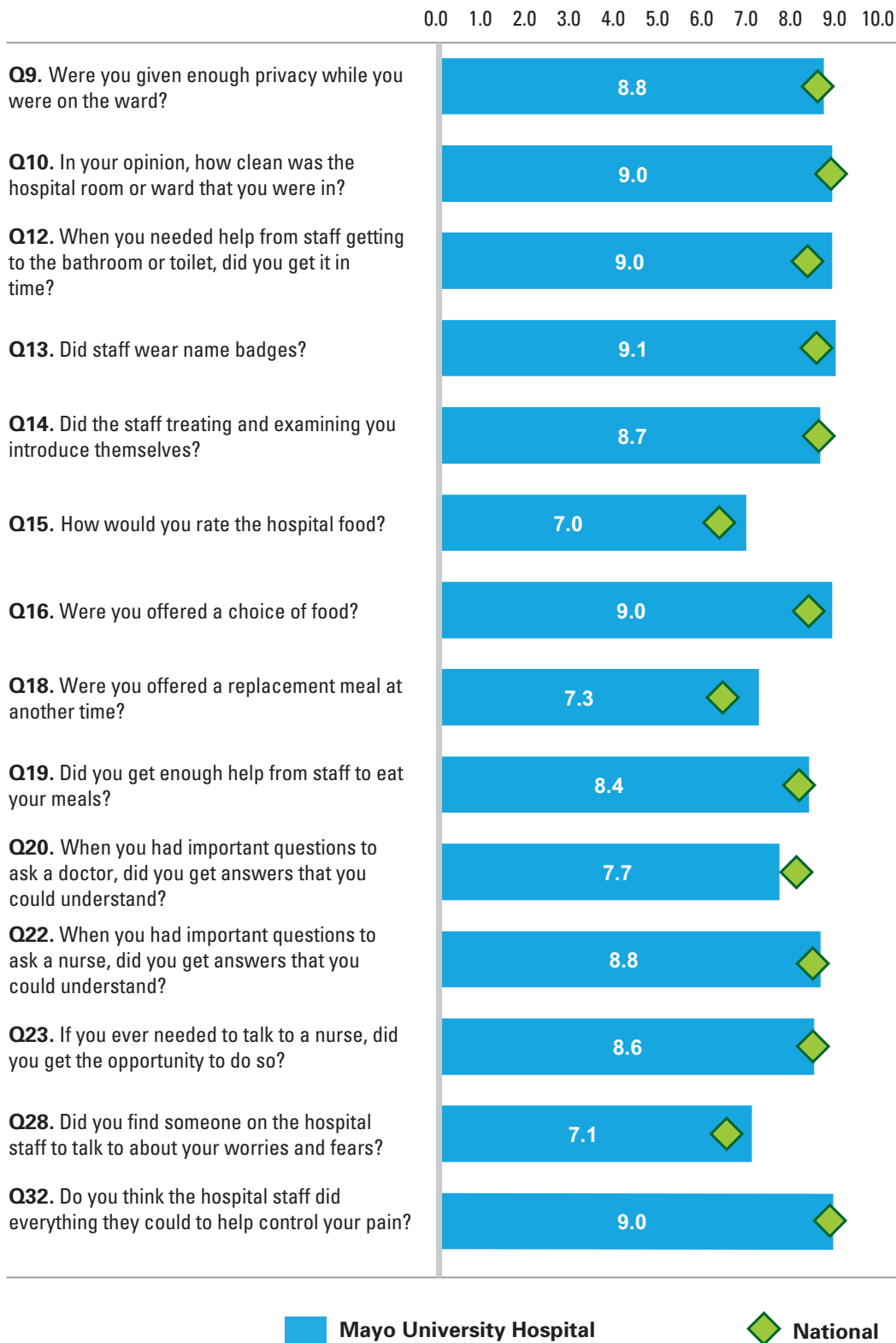
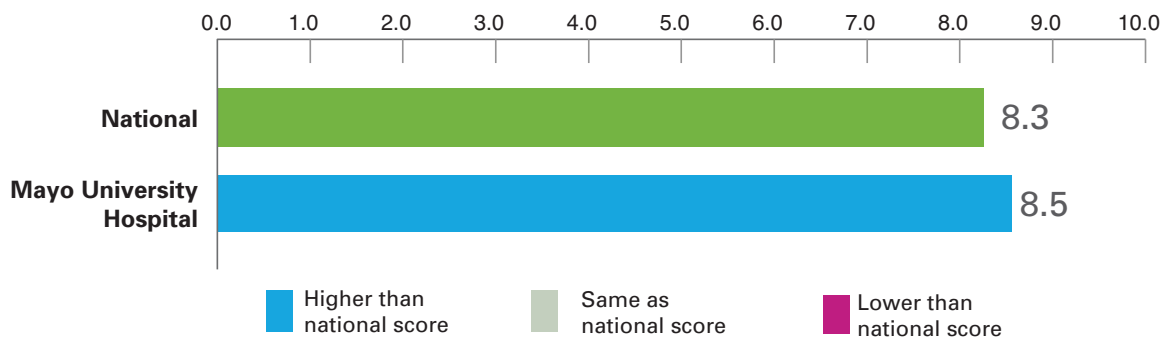


Figure 10. shows that, within the care on the ward stage, the average score for Mayo University Hospital (8.5 out of 10) is higher than the national average (8.3 out of 10). This means that patients who attended Mayo University Hospital in May 2017 reported more positive experiences for this stage of care than patients in other hospitals.

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



Care on the ward: what do these results mean?

People had mixed experiences of care on the ward in Mayo University Hospital. Many patients did not have positive experiences in relation to the standard of food they received; however, above average ratings were given in terms of the choice of food on offer. Nevertheless, many patients said that they were not offered a replacement meal if they ever missed out at mealtimes.

Elsewhere, a large number of patients could not find a member of staff to talk to about their worries and fears. Patients in Mayo University Hospital did notice, however, that many members of staff always wore their name badges.

Overall, patients in Mayo University Hospital reported a more positive experience of care on the ward than the national average.

Examinations, diagnosis and treatment

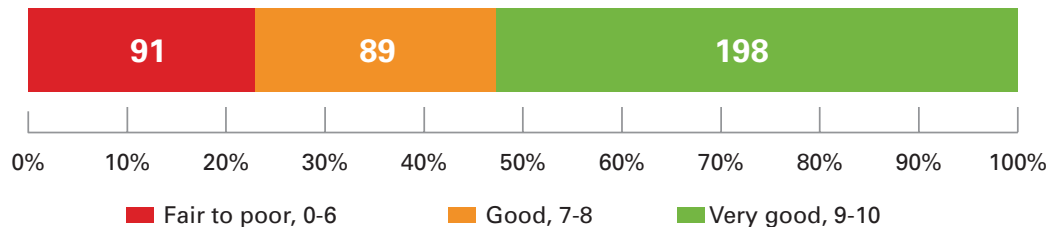


In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

91 respondents (24%) said that their experience of examinations, diagnosis and treatment in Mayo University Hospital was fair to poor. On the other hand, 198 respondents (52%) reported having a very good experience in this regard. Figure 11. summarises patients' experiences of examinations, diagnosis and treatment.

Figure 11. Experience ratings for examinations, diagnosis and treatment

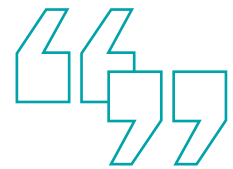


What were the key findings for examinations, diagnosis and treatment?

- 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 7.2 out of 10. 172 respondents (46%) said they did not always have enough time to talk to a doctor.
- Mayo University Hospital scored 7.9 out of 10 for 'examinations, diagnosis and treatment', which is about the same as the national average score.

"[Doctor] who asked me to sign 'operation' consent form' without giving me any explanation of procedure/ complications etc.. Never saw my Consultant during my stay."

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



168 open-ended comments were made about the following themes: 'nursing staff', 'doctors or consultants', 'waiting time for planned procedures'. 142 of these comments were in response to Q59 which asked about positive aspects of hospital care. Some example comments for this stage of care are provided below.

Nursing staff

"I was very impressed by the level of care provided by the nursing staff — very informed, so professional & had wonderful interpersonal skills. Diligence & care of my consultant. Emphasis on preventative care. Standard & variety of meals provided."

"The nurses seem to have to fill in an exorbitant amount of paperwork every time they check on you or administer medicines."

Doctors or consultants

"The doctors and nurses cared for me very well."

"Communication from [Specialist Doctor Name] once his [Doctor] appeared tired and didn't show much empathy; he was purely functioning and was vague about answers to any questions I asked. The consultant was in and out in a matter of mins and didn't explain anything to me."

Waiting times for planned procedures

"Medical care was first class. All tests and procedures were carried out seamlessly nursing staff were courteous and caring always."

"Waiting times/rooms! Everybody is booked in at the same time! We waited 6 hrs & then gave up our spot because we were guaranteed that I was 100% having surgery the next morning!"

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. 319 (85%) 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.

"Doctors and surgeons were very evasive in terms of explaining issues and always rushing and in a hurry. Surgeon only called once to see me and was in a hurry."

The lowest scoring question (Q21) asked people whether they had enough time to discuss their care and treatment with a doctor. Only 198 people (54%) who answered this question answered 'yes, definitely', with the remaining 172 answering 'no' or 'yes, to some extent'.

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

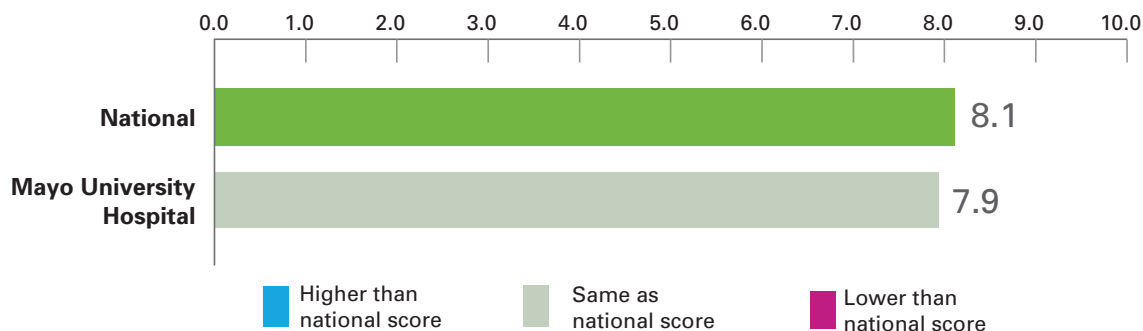


■ Mayo University Hospital

◆ National

Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for Mayo University Hospital (7.9 out of 10) is about the same as the national average (8.1 out of 10)³. This means that patients who attended Mayo University Hospital in May 2017 reported similar experiences of this stage of care as patients in other hospitals, based on the national average.

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



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

Patients in Mayo University 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.

³ Though Mayo University Hospital's examinations, diagnosis and treatment score is lower than the national score, the difference is not statistically significant. For further information see Appendix 4.

Discharge or transfer

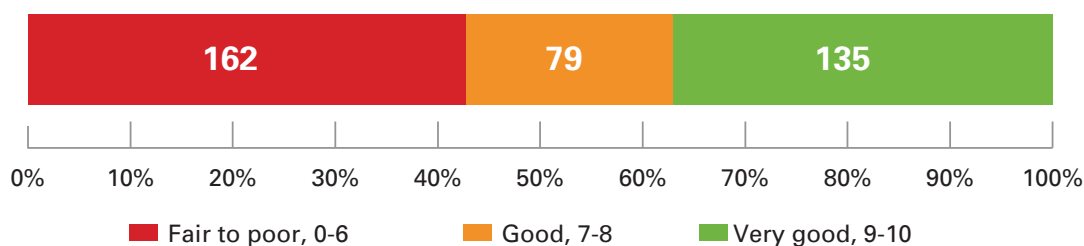


In summary: what were the experiences of patients during discharge or transfer from hospital?

'Discharge or transfer' refers to 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.

162 (43%) said that their experience of the discharge or transfer process was 'fair to poor'. On the other hand, 135 (36%) reported having a very good experience of being discharged or transferred from Mayo University Hospital. Figure 14. below summarises these experience ratings.

Figure 14. Experience ratings for discharge or transfer



What were the key findings for discharge or transfer?

- 237 people (64%) said that they were definitely given enough notice of when they were going to be discharged.
- 164 people (62%) said that they were not or only to some extent informed about any medication side effects to watch for when they went home.
- Mayo University Hospital scored 6.6 out of 10 on discharge or transfer. This score is similar to the national average.

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



In total, people from Mayo University Hospital made 11 comments in the 2017 survey about 'discharge and aftercare management'. Some example comments for this stage of care are provided below.

Discharge and aftercare

"Visitors were not too restricted. Nurses were lovely and kind. Doctors and surgeons were very professional. Extra care was taken by ward manager in relation to discharge circumstances."

"When I was told I was being discharged the staff came to strip & disinfect my bed. I find this embarrassing & infuriating. I told them not to. I then waited 2 - 3 hours for my discharge letter. This happened before, it's bad practice."

Quantitative results for questions on discharge or transfer from hospital

Twelve questions asked about discharge or transfer.

Out of 370 people, 237 (64%) said that they were definitely given enough notice of when they were going to be discharged. With a score of 7.6, question 41 was the highest scoring question on discharge or transfer.

With a score of 5 out of 10, Q46 was the lowest scoring question on discharge or transfer. 164 people (62%) who answered this question said that they were not, or were only to some extent, informed about any medication side effects to watch for when they went home.

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

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



Figure 16. shows that within the discharge or transfer stage of care, the average score for Mayo University Hospital (6.6 out of 10) is about the same as the national average (6.7 out of 10)⁴. This means that patients who attended Mayo University Hospital in May 2017 reported similar experiences of the discharge process to patients in other hospitals.

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



Discharge or transfer: what do these results mean?

Mayo University Hospital did not score above the national average for any of the questions related to discharge or transfer, suggesting that this stage of care is particularly problematic for the hospital. In fact, two of the areas needing improvement identified in Chapter 1 relate to discharge process. The survey found that many patients leave Mayo University Hospital not having received all the necessary information to care for themselves and to recover at home.

⁴ Though Mayo University Hospital's discharge or transfer score is lower than the national score, the difference is not statistically significant. For further information see Appendix 4.

Other aspects of care



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

'Other aspects of care' refers to the more general aspects of care that are not specific to a particular stage of care, but rather, apply throughout the hospital journey.

What were the key findings for other aspects of care?

- Q52 was the highest ranking question on other aspects of care. 83% of people said that they were always treated with respect and dignity while they were in hospital.
- Q27 was the lowest ranking question on other aspects of care (score of 7.1 out of 10). 45% of patients 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



119 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'. 46 of these comments were in response to Q60, which asked for suggestions for improvement. Some example comments are provided below.

Staff in general

"It was a very positive experience for me; all the staff with whom I interacted were excellent in their care of me and in ensuring that I was comfortable at all times. I found it all very reassuring."

"[Department Name] became very overcrowded; it was very difficult for the staff to find space to accommodate all the patients. I don't know how the staff continued to work in such cramped conditions."

Communication with family and friends

"The staff on the wards are fantastic. My father [Name] has been a patient in most of them and they all help him and make him comfortable. His consultant [Dr. Name] is extremely good too and has explained my father's condition now as he has deteriorated so much (as is his team). Also the [Nurse Type] [Nurse Name] has been very good too. As my father can't really speak up for himself. Staff are good to me and my mother when we are visiting him — explaining how he is etc. Catering staff are very good too."

"Try to encourage family members to meet with Doctors to explain any procedures or conditions. And results of any test to be given to family members as some elderly people find it hard to take in information."

Physical comfort

"A&E were very good. Knew I was in extreme pain and dealt with me asap. Overall I was happy and appreciated care, just little areas for improvement."

"Noise level in the ward was very high due to the TV and radio been on continuously (at times together). Found it difficult to rest / read. Food in the convalescence hospital food was unappetising & portions too big."

Hospital facilities

"Mayo General. For the most part, nursing, [Healthcare Professional] were excellent in particular [Healthcare Professional Name] — she was outstanding in every way. [Hospital Name] — Nursing staff were very kind and caring and professional. [Healthcare Professional Team] were excellent in particular [Healthcare Professional Name]. Excellent equipment e.g. hoists for every purpose."

"More hand-rails on walls, bathroom and toilets + corridors for people like me who couldn't walk unaided as my balance was very bad+ still isn't back to normal but well improved."

Clinical information and history

"A nurse gave me the results of a test prematurely and it turned out that was not the issue."

Private health insurance

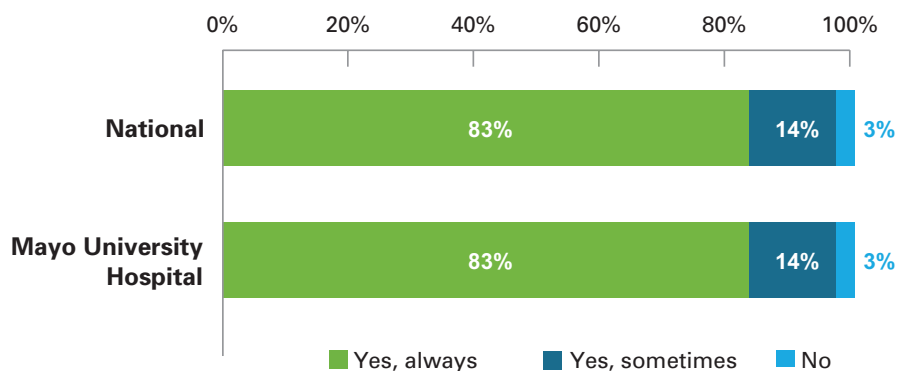
"I have health insurance and one room private rooms are not always available, etc. This was never explained or discussed. [...]"

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 Mayo University Hospital in May 2017. Overall, 312 people (83%) said that they were always treated with respect and dignity, while 11 people (3%) said that they were not. This question scored an average of 9.1 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

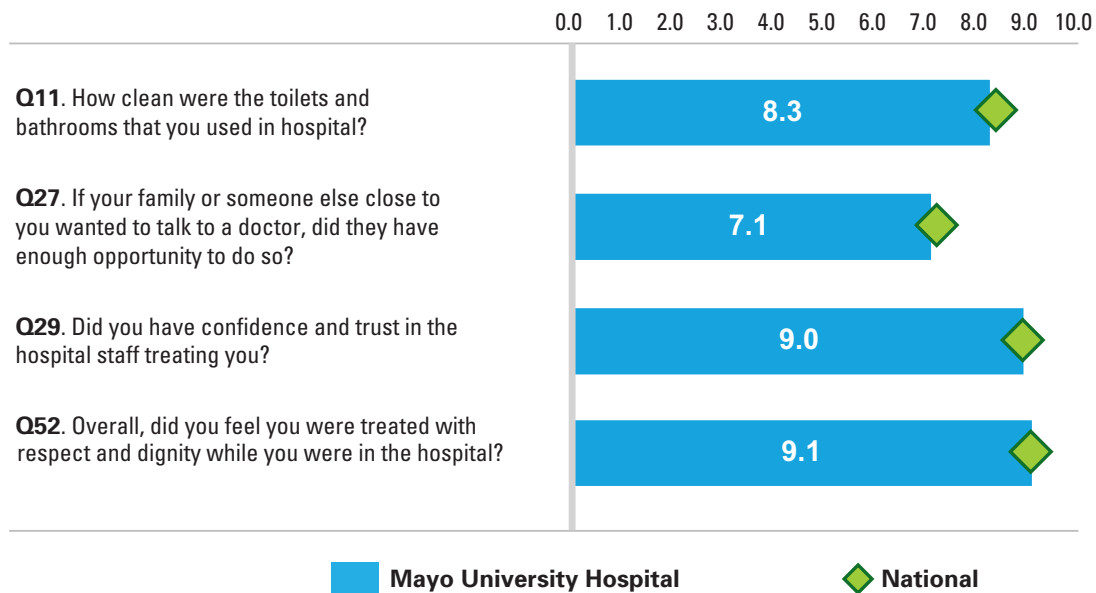


Question 29 asked people if they had confidence and trust in the hospital staff treating them. 307 people (82% of all people who answered Q29) said that they always had confidence and trust in the hospital staff, while 10 people (3%) said that they did not.

Question 11 asked people about the cleanliness of the bathrooms and toilets in Mayo University Hospital. While 219 people (59% of people who answered Q11) said that the bathrooms and toilets were very clean, 30 people (8%) said that they were not very clean or not at all clean.

Question 27 asked people if their family or someone close to them had sufficient opportunities to talk to a doctor in Mayo University Hospital. Out of 276 people, 151 (55%) said that their family or people close to them definitely did; however, 125 people (45%) said that their family or friends did not, or had only to some extent, enough time to talk to a doctor.

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

Figure 18. Mayo University Hospital 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, Mayo University Hospital's scores on these questions were still slightly below the national average.



Chapter 3

Overall experience

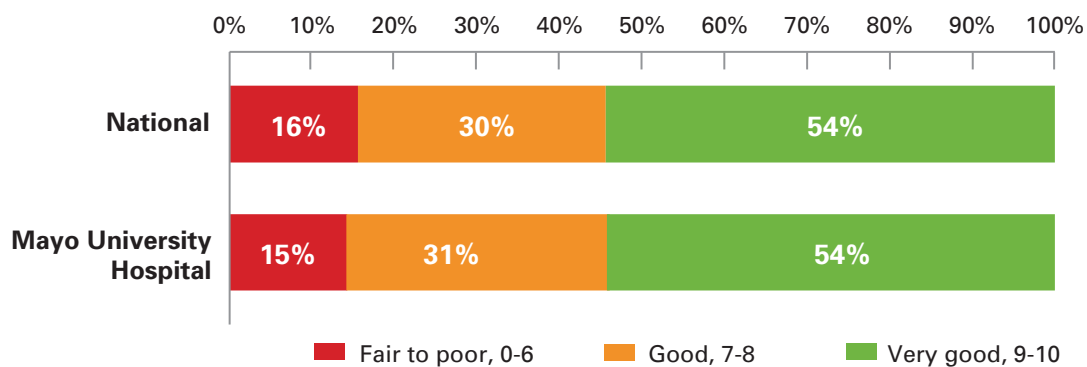
Ratings of overall experience

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 Mayo University Hospital is provided and compared with the national average.

50 people (15%), who stayed in Mayo University Hospital in May 2017 reported having a very good experience in this hospital, while 185 (54%) of respondents indicated a fair to poor experience in Mayo University Hospital.

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





Chapter 4

Conclusion

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

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

In relation to admission, the large majority of patients reported waiting more than six hours in the emergency department. Patients also reported issues of communication with doctors and nurses in the emergency department. However, patients generally said that they had been treated with respect and dignity in the emergency department.

Patients in Mayo University Hospital reported very positive experiences of care on the ward. Patients in this hospital were particularly positive about the support they received from staff, specifically as regards getting help to access the bathroom or toilet and with eating their meals. Many people rated the hospital food as either good or very good. Many patients also reported positive experiences of emotional support if they ever needed to talk to a member of staff about their worries and fears.

In relation to examinations, diagnosis and treatment, Mayo University Hospital scored lower than the national average on eight questions, all of which relate to communication between patients and hospital staff. Many patients said that they did not have enough time to discuss their care and treatment with a doctor. A large number of patients also reported negative experiences of how their diagnosis and test results were communicated to them.

The discharge or transfer stage of care was problematic for Mayo University Hospital. Many patients said that they received insufficient information on medication side effects, danger signals to watch for and who to contact if they were worried about their condition or treatment. Many people also said that their families were not always provided with the necessary information to help care for them.

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

What happens next?

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

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

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.

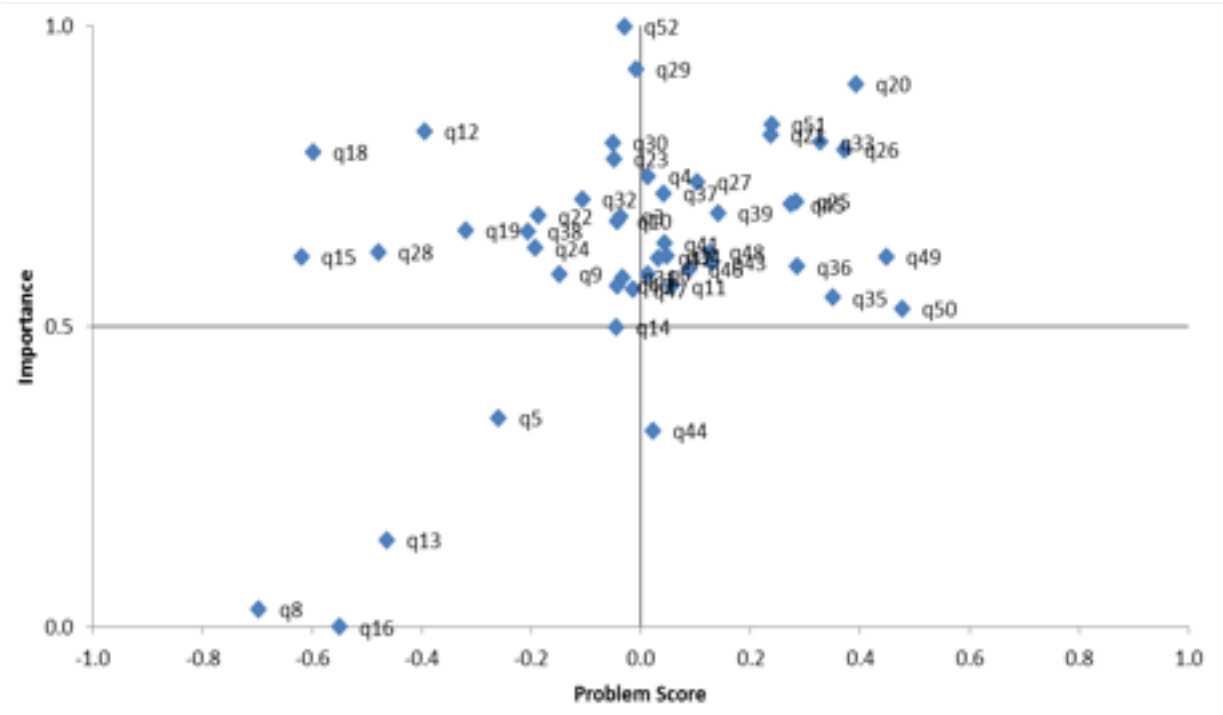
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected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

Questions that have high problem scores and are important to patients' overall experiences appear in the top right section of the map — these are areas needing improvement in Mayo University Hospital. Questions that have low problem scores and are important to patients' overall experiences can be found in the top left-hand section of the map — these are areas of good experience, as reported by patients of Mayo University Hospital.

Figure 20. Overall patient experience map for Mayo University Hospital



Appendix 4:

A technical note on analyses and interpretation

Preliminary note

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

Scoring methodology

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

The scores for the patient journey were calculated by grouping survey questions into five stages of care⁵: 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.

⁵ 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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