



National Patient Experience Survey 2017

Mercy University Hospital

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 Health Information and Quality Authority
An tAidias Um Fhairsnéis agus Caliocht Sláinte

 HE Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

 An Roinn Sláinte
DEPARTMENT OF HEALTH



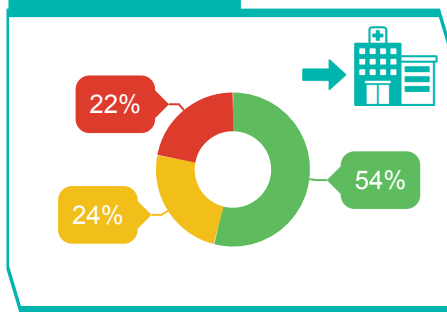
Thank you to the people who participated in the National Patient Experience Survey 2017, and to their families and carers. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve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

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

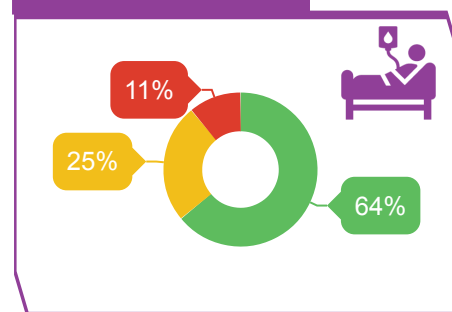
The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups.

Stages of care

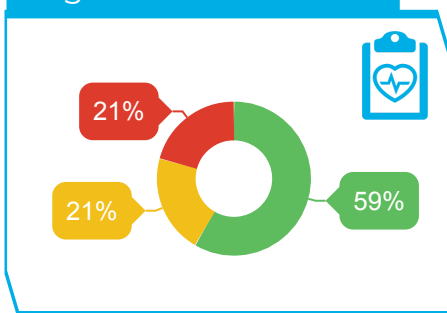
Admission



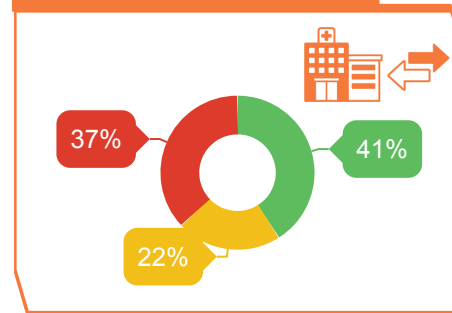
Care on the ward



Examinations, diagnosis & treatment

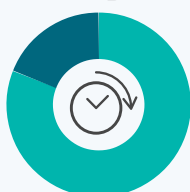


Discharge or transfer



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

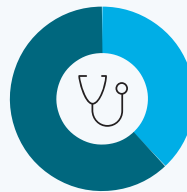
waiting time



81%

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

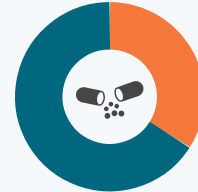
Treatment



38%

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

Medication



34%

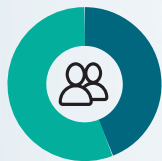
were not fully informed about medication side effects to watch for.



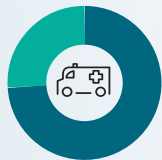
Mercy University Hospital



54% of 727 eligible patients took part



44% female
56% male



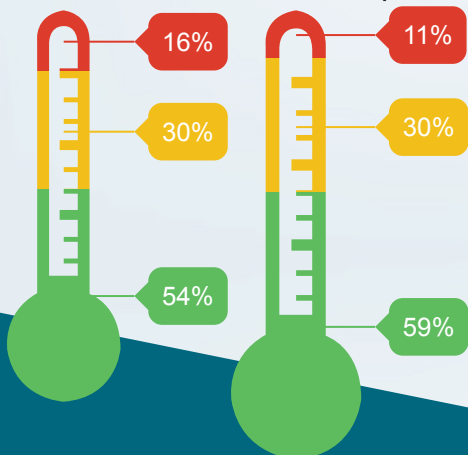
74% entered hospital on an emergency basis

Average age:
65 years

Overall experience

Nationally

This hospital



Areas of good experience

89% of people said

they were treated with respect and dignity in Mercy University Hospital.

Areas needing improvement

34% of people said

were not always given enough notice of their discharge

Structure and content of this report

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

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Chapter 1

Patients' experiences of acute hospital care in Mercy 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 Mercy University Hospital during the month of May 2017. In total, 394 participants from Mercy University Hospital took part in the survey.

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

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

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

The National Patient Experience Survey values and seeks to represent the patient voice. The survey acknowledges both positive and negative experiences, as told by the 394 people from Mercy University Hospital. While many people said that they had a very good experience of acute hospital care, it is important also to listen to those people who identified areas for improvement. These voices and experiences will play a key role in shaping the future of patient-centred care in Ireland.

Hospital profile

Mercy University Hospital is a public acute hospital, located in Cork City. There were 168 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 727 eligible discharges were recorded during this time. Mercy 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 Mercy 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 Mercy University Hospital. A quality improvement plan will be developed for Mercy University 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?

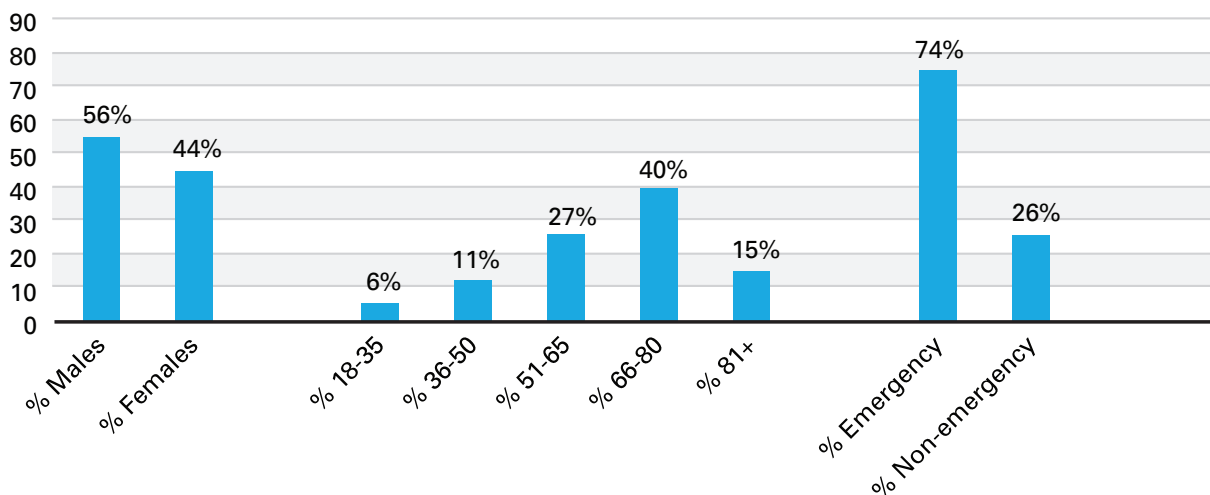
Description of the respondents who took part in the survey

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

394 people completed the survey, achieving an overall response rate of 54%.

56% of people who responded to the survey in Mercy University Hospital were male and 44% were female. 74% of these people entered hospital on an emergency basis. Figure 1. below shows information about the people who took part in the survey from Mercy University Hospital.

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



What were the main findings for Mercy University Hospital?



Overall, patients' ratings of their experiences at Mercy University Hospital were above the national average. 89% of patients at Mercy University Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

Just over half of people (59%) reported having a very good overall experience of care in Mercy University Hospital. The survey found that people had confidence and trust in the hospital staff and, overall, they were treated with respect and dignity during their time in the hospital. A very good standard of cleanliness in wards and bathrooms was also recognised in this survey. In general, people acknowledged that they were given sufficient privacy when being examined or treated while on the ward.

With the majority of patients reporting that they waited for more than six hours in the emergency department before being admitted to a ward, waiting times is one area which requires improvement in Mercy University Hospital. Furthermore, 13 people said they waited in the emergency department for more than 48 hours. Studies have shown that long delays in admitting patients to a ward can have negative consequences for their health.

The survey found that communication with the patient during the discharge process is another area which requires improvement; this stage contained the lowest scoring question in the entire survey, regarding an explanation of medication side effects. Other points reported by patients during this stage include a lack of information about danger signals to watch out for at home and lack of printed information about what to do or not do after leaving hospital. Some people also said that their family or someone close to them did not always receive information on how to help care for the patient at home.

The survey noted challenges as regards staff being available to talk to patients about their worries and fears, and opportunities for their family or someone close to them to talk to a doctor. Hospital food was also one of the lower performing areas, with some patients reporting that they were not offered a replacement meal, if they missed a mealtime.

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

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

This section lists the areas where patients had positive experiences, and details those areas where is the most room for improvement. Appendix 3 explains how these areas were identified.

The areas of good experience in Mercy University Hospital are:

Mercy University Hospital performed above the national average in some areas, but there is room for improvement across each stage of care. The hospital performed particularly well in treating patients with respect and dignity and also in responding to patients who needed help in getting to the bathroom or toilet.

Care on the ward | Q12.

Help from staff to get to the bathroom

Out of 233 people who needed help to get to the bathroom or toilet, 194 (83%) said that they always received help from staff in time.

Care on the ward | Q19.

Help from staff to eat meals

Out of the 128 people who needed help to eat meals, 106 (83%) said that they always got sufficient help from staff to eat their meals.

Care on the ward | Q20.

Clear answers from doctors

344 (96%) of the 357 people who had important questions to ask a doctor always, or sometimes, got answers that they could understand.

Care on the ward | Q28.

Someone to talk to about worries and fears

214 people (88%) said that they were definitely, or to some extent, able to find someone to talk to about their worries and fears.

Discharge or transfer | Q47.

Danger signals to watch out for

206 people (71% of those who answered this question) said that they always, or to some extent, received information about the danger signals to watch for at home.

Other aspects of care | Q52.

Respect and dignity

Out of 374 people who answered this question, 331 (89%) said that, overall, they were treated with respect and dignity in Mercy University Hospital.

The areas needing improvement in Mercy University Hospital are:

There are a number of areas which require improvement in Mercy University Hospital, in particular as regards communication with patients during the discharge or transfer stage. Explanations about a patient's condition or treatment during the admissions process and while on the ward are also areas needing improvement.

Examinations, diagnosis and treatment | Q38.

Information on the expected outcome of an operation or procedure

Out of the 241 people who answered this question, 91 (38%) said that they were not, or only to some extent, told how they could expect to feel after their operation or procedure.

Examinations, diagnosis and treatment | Q30.

Privacy when discussing condition or treatment

Out of 373 people, 99 (27%) reported that they were not, or only sometimes, given enough privacy when discussing their condition or treatment.

Admissions | Q5.

Privacy while being examined or treated

Out of 268 people, 88 (33%) reported that they were not, or only to some extent, given enough privacy when being examined or treated in the emergency department.

Discharge or transfer | Q41.

Sufficient notice of discharge

127 people (34% who answered this question) said that they were not, or only to some extent, given enough notice about when they were going to be discharged.

Examinations, diagnosis and treatment | Q24.

Involvement in decisions about care and treatment

Out of 371 people, 136 (36%) reported that they were not, or only sometimes, involved in decisions about their care and treatment.



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.

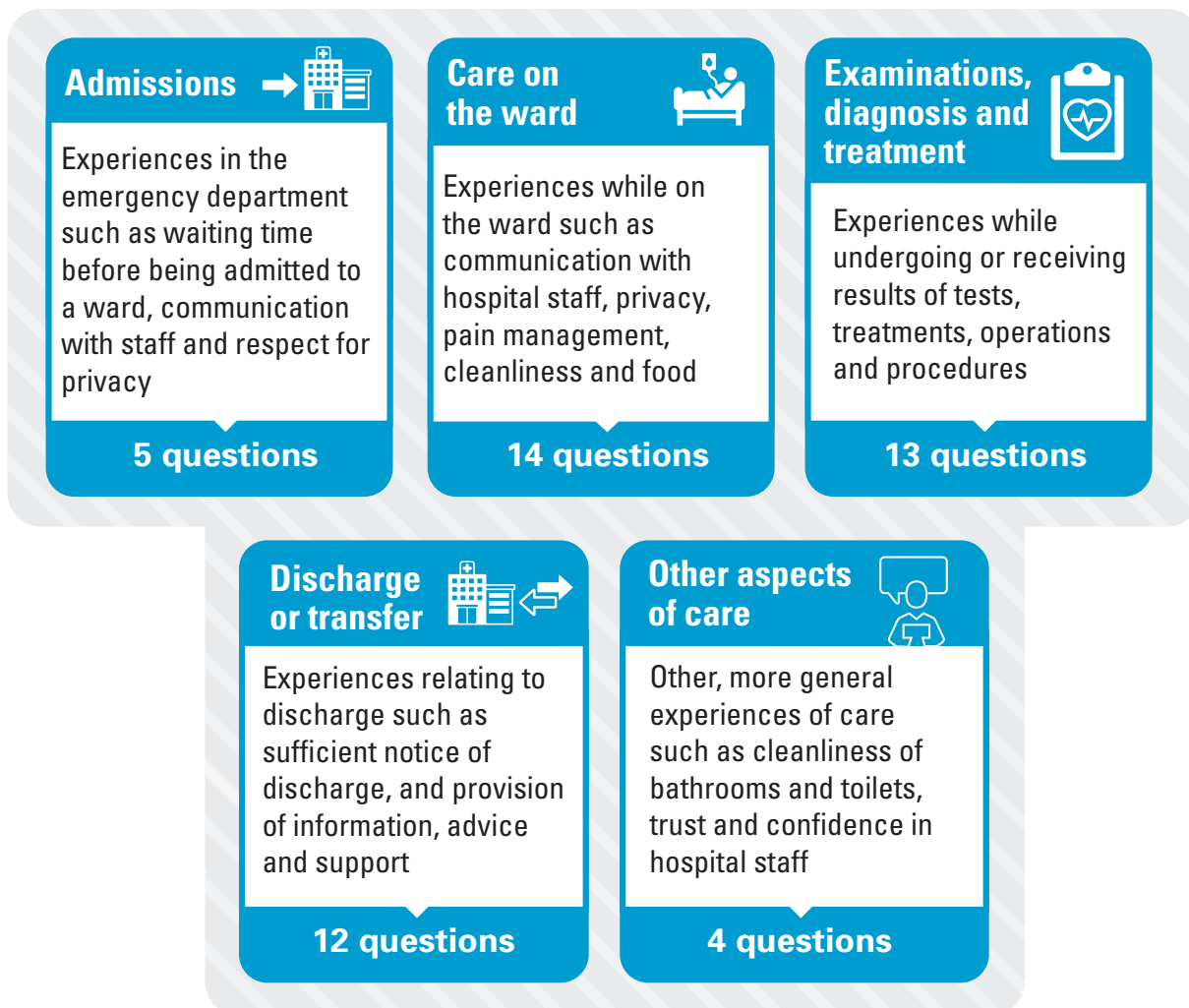
The survey questions were grouped into five stages along the patient journey:

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

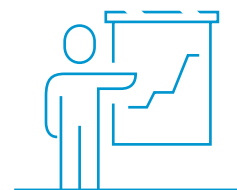
“The level of care I received from all staff made a bad experience a lot easier. They were friendly, caring and were professional without losing the personal touch. Well done.”

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

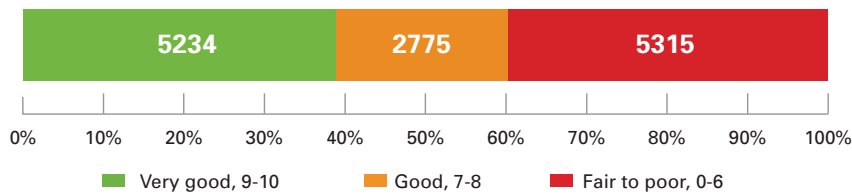
1. Experience rating for a stage of care

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.

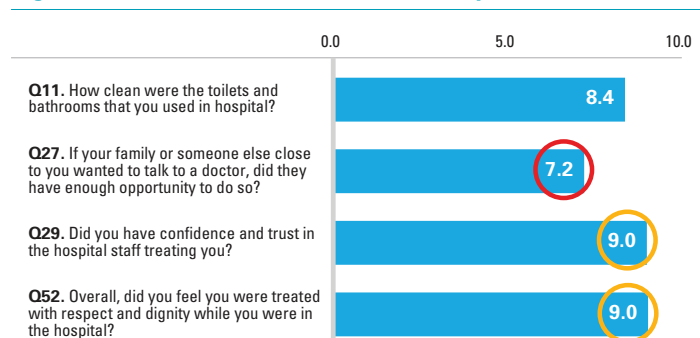
Example:

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

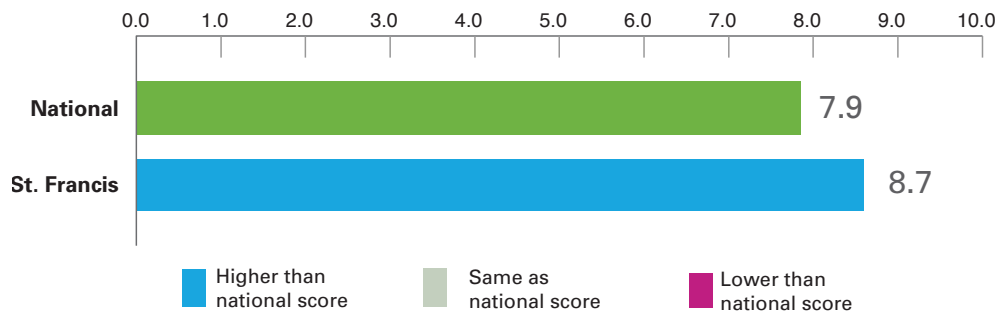


3. Comparisons

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

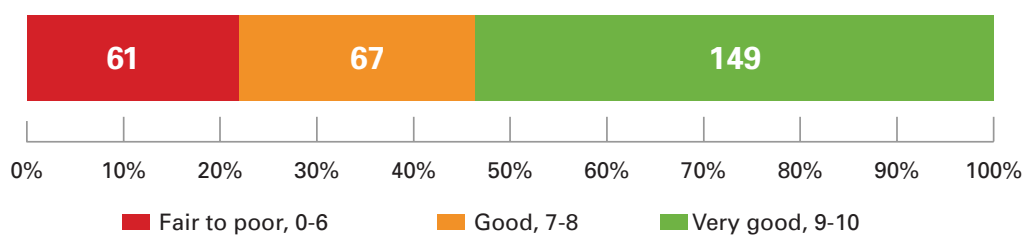


In summary: what were patients' experiences of the admissions process?

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

Out of the 277 people from Mercy University Hospital who rated their experience of the admissions process, 61 people (22%) reported a 'fair to poor' experience. However, 149 people (54%), who attended during the same period, rated their experience as 'very good'. Figure 4. below summarises these experience ratings.

Figure 4. Experience ratings for admissions



What were the key findings for admissions?

- Emergency department waiting times is an area that requires improvement. 81% of people who answered Q8 reported that they waited more than six hours to be admitted to a ward. 13 people said they waited for more than 48 hours.
- 82% of respondents reported that they were treated with respect and dignity while in the emergency department.
- 48% of comments for this stage of care offered suggestions for improvement.



The patient voice: what patients said about admissions

People made 108 comments about the following themes: 'dignity, respect and privacy', 'communication with the patient', 'Emergency Department management and environment' and 'Emergency Department waiting times'. 48% of the comments offered suggestions for improvement. Some examples of the comments received for this stage of care are provided below.

Dignity, respect and privacy

"The doctors, nurses and staff were very honest, informative, professional and treated me with dignity and respect in my treatment/surgery. The care I and my family were given was 1st class. They could not do enough for me. (MUH) Cork 1st class hospital."

"When talking to doctor I was on a trolley in a hall, no privacy to answer personal questions, didn't feel safe, drunk men around all night. One tried to rob items from my trolley."

Communication with the patient

"The staff at the hospital were very attentive even though they were very busy and under pressure. I was always well informed about my condition which was reassuring."

"The attitude and manner of the [Specialist Doctor] could be greatly improved. He was pompous; I experienced him as being so dismissive, disrespectful, speaking down to me, in a bullying manner. I was made to feel I was taking up a bed. There was no explanation given to me, about my symptoms. I was quickly discharged with no notice."

Emergency Department management and environment

"My management in the A&E department was good. I was assessed, treated and transferred to the ward very promptly and efficiently."

"I was stuck on a trolley for two nights where there was no washing facilities, did not feel at ease to brush my teeth or wash."

Emergency department environment or waiting times

"In my case—time was of the essence and I got immediate attention with great consideration and care to detail. I compliment the doctors and nurses that took great care of me that day."

"Something has to be done to improve emergency department. I spent 32.5hrs on a trolley which is very stressful for any patient especially with my condition [Condition Name]"

Quantitative results for questions on admissions

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

Q6, which asked about dignity and respect in the emergency department, was the highest scoring question for this stage of care. 224 people (82% of those who answered this question) from Mercy University Hospital said that they were always treated with respect and dignity in the emergency department.

Q8 was the lowest ranking question for this stage of care, with an average score of 6.1 out of 10. Out of 248 people, 200 (81%) reported waiting more than six hours in the emergency department before being admitted to a ward. 13 people said they waited for more than 48 hours before admission to a ward. Further detail on waiting times is provided later in this section.

"I was on a trolley overnight which was most unpleasant—I was in A+E approximately 27 hours. Nurses and doctors extremely busy. A+E very noisy and very confined."

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

Figure 5. Mercy University Hospital scores for questions on admissions

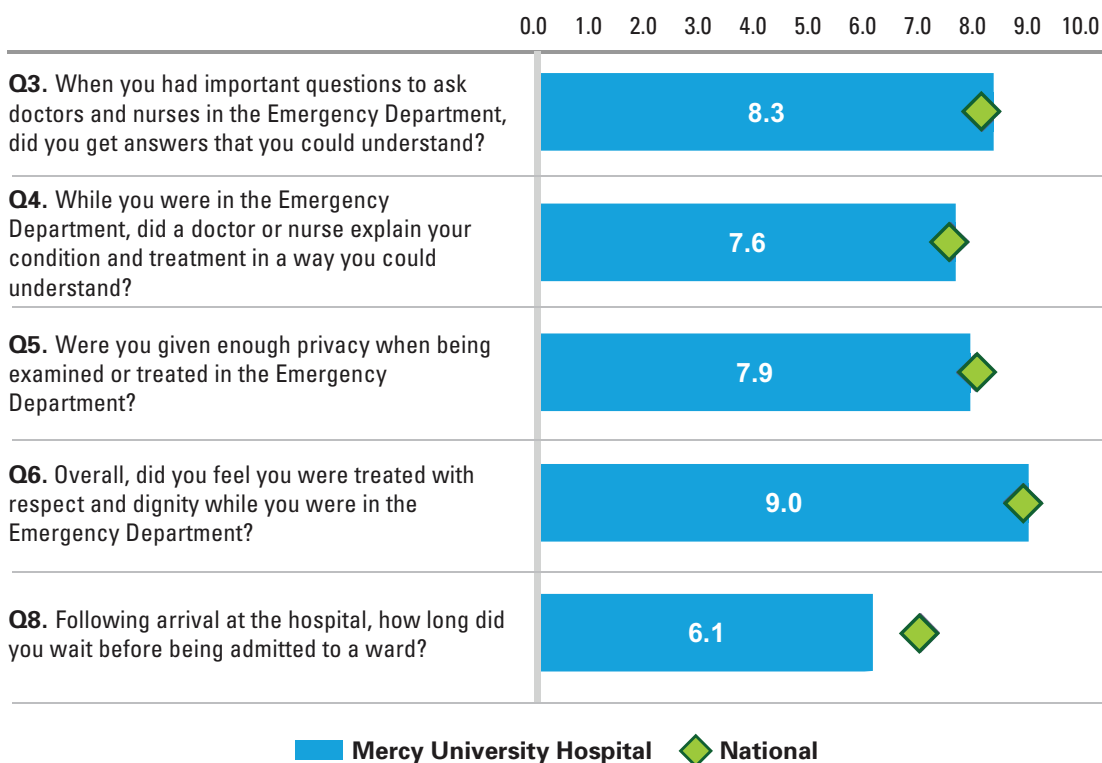
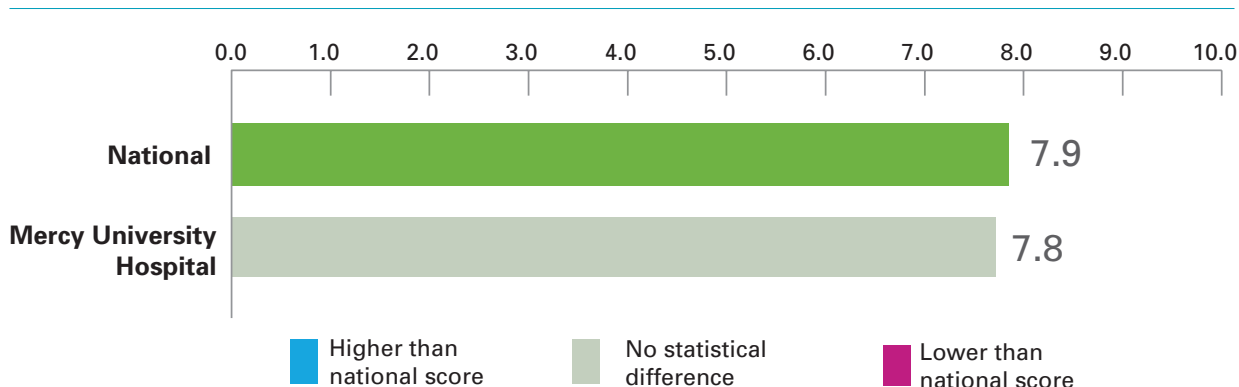


Figure 6. shows that, within the admissions stage, the average score for Mercy University Hospital (7.8 out of 10) is around the same as the national average score (7.9 out of 10). This means that patients who attended Mercy University Hospital reported a similar experience to patients in other hospitals for this stage of care¹.

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



Emergency department waiting times

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

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

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

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

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

1 Though Mercy University 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

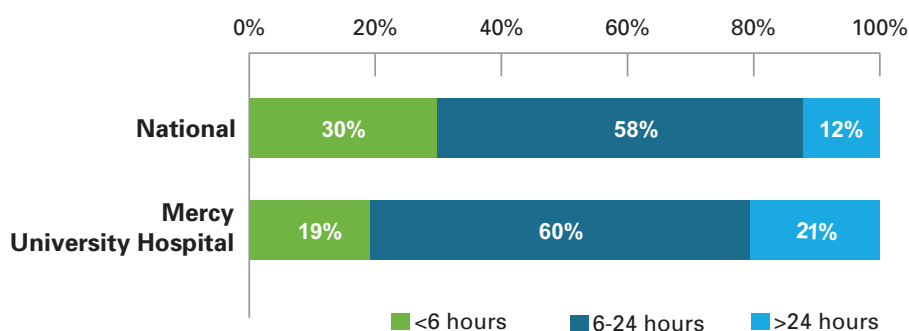
Out of 248 people from Mercy University Hospital who answered the question on waiting times in the emergency department, 48 (19%) said they were admitted to a ward within six hours of arriving at the emergency department. 148 people (60%) reported waiting between six and 24 hours. 52 people (21%) said that they waited for 24 hours or more in the emergency department, with a total of 13 respondents reporting that they waited for more than 48 hours before being admitted to a ward.

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

What does this mean for Mercy University Hospital?

With 19% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that Mercy University Hospital performed well below the reported national average, where 30% of people said that they were admitted within six hours of arriving. Patient-reported waiting times in Mercy University 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. Waiting times from emergency department to admission to a ward for Mercy University Hospital and nationally



Admissions: what do these results mean?

The majority of patients who attended Mercy University Hospital reported that they were always treated with respect and dignity in the emergency department. However, waiting times proved to be problematic. The hospital performed lower than the national average and also fell well short of the target set by the HSE. 19% of people were admitted to a ward within six hours, while 13 people waited for more than 48 hours in the emergency department. Waiting times in the emergency department is an area needing improvement in Mercy University Hospital.

Care on the ward

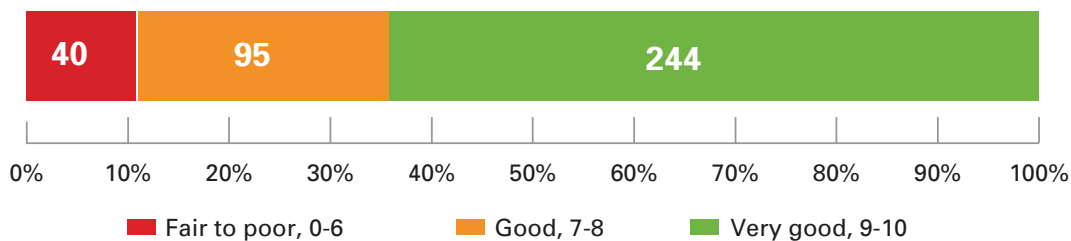


In summary: what were patients' experiences of care on the ward?

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

Out of the 379 people who rated their experience of care on the ward, 40 people (11%) reported having a 'fair to poor' experience during their stay on a ward in Mercy University Hospital in May 2017. On the other hand, 244 people (64%) reported having a very good experience during the same period. These experience ratings are summarised in Figure 8. below.

Figure 8. Experience ratings for care on the ward



What were the key findings for care on the ward?

- 287 people (76%) said that the room or ward they stayed in was very clean.
- 65 people (18%) rated the hospital food as 'fair', while 10 people (3%) rated it as 'poor'
- 112 people (46%) indicated some difficulties in finding someone to talk to about their worries and fears
- 33% of comments made by people offered suggestions for improvement during care on the ward in Mercy University Hospital.



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

In total, patients discharged from Mercy University Hospital made 157 comments about: 'staffing levels', 'staff availability and responsiveness' 'other healthcare staff', 'other staff', 'food and drink', 'cleanliness and hygiene'. 33% of these comments were suggestions for improvement.

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

Staffing levels

"1st time in Mercy Hospital. Very impressed with care and attention. Saw the extreme pressure on A&E staff who coped so well."

"Increase the number of medical staff as they were under a lot of pressure from the time I entered the hospital until I was discharged."

Staff availability and responsiveness

"I was surprised the way in which they answered me quickly and I was very happy to receive good care both the nurses and doctors and all the workers even the [Department Name] they all did very well. I am very grateful for their quick intervention to save my life."

"This patient is a [Condition Name] + depends on a hoist for transferring to commode and or bed. Staff could not use the hoist without a porter, she was left waiting over 2 hours to be toileted or put to bed - she was often crying because she was so uncomfortable. This needs to be improved."

Other staff

"All of the nurses and ward attendants were lovely but had so much to do. Always looked busy, and all were very nice and polite."

"Kitchen and cleaning staff, could certainly be a little quieter and calmer in and around the rooms and patients."

Food and drink

"The food was very good that was the no. 1 for me"

"The food given out in A&E was appalling not fit for human consumption. I was put in a [Ward Type] and given no water had my daughter not come in I would have had none. This applied on the ward also where I was quarantined for a period of two weeks. Fresh water not given."

Cleanliness and hygiene

"Once I was transferred to a ward and into a bed, I was much more comfortable. Nurses were very nice. Ward very clean."

"Cleaning. When you see the same item being used to clean & wash parts of floors also one cloth to clean all items in room."

Quantitative results for questions on care on the ward

Fourteen questions asked about care on the ward.



Q10, which asked about cleanliness, was the highest scoring question in this stage. 377 people answered this question, with 287 (76%) reporting that the hospital room or ward they stayed in was very clean.

With a score of 7.1 out of 10, Q15, which asked about hospital food, was one of the lowest scoring questions for this stage. 10 people (3%) said that the food was 'poor', while 65 people (18%) rated it as 'fair'.

83 people (34%) said that they could, to an extent, find someone to talk to about their worries and fears, while 29 people (12%) reported that they were unable to find someone to talk to. Q28 was also one of the lowest scoring questions, with a score of 7.1 out of 10.

Figure 9. below summarises the scores for Mercy University Hospital for the care on the ward stage.

"The food. Not the fault of the servers but the quality of hospital food really needs to be investigated."

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

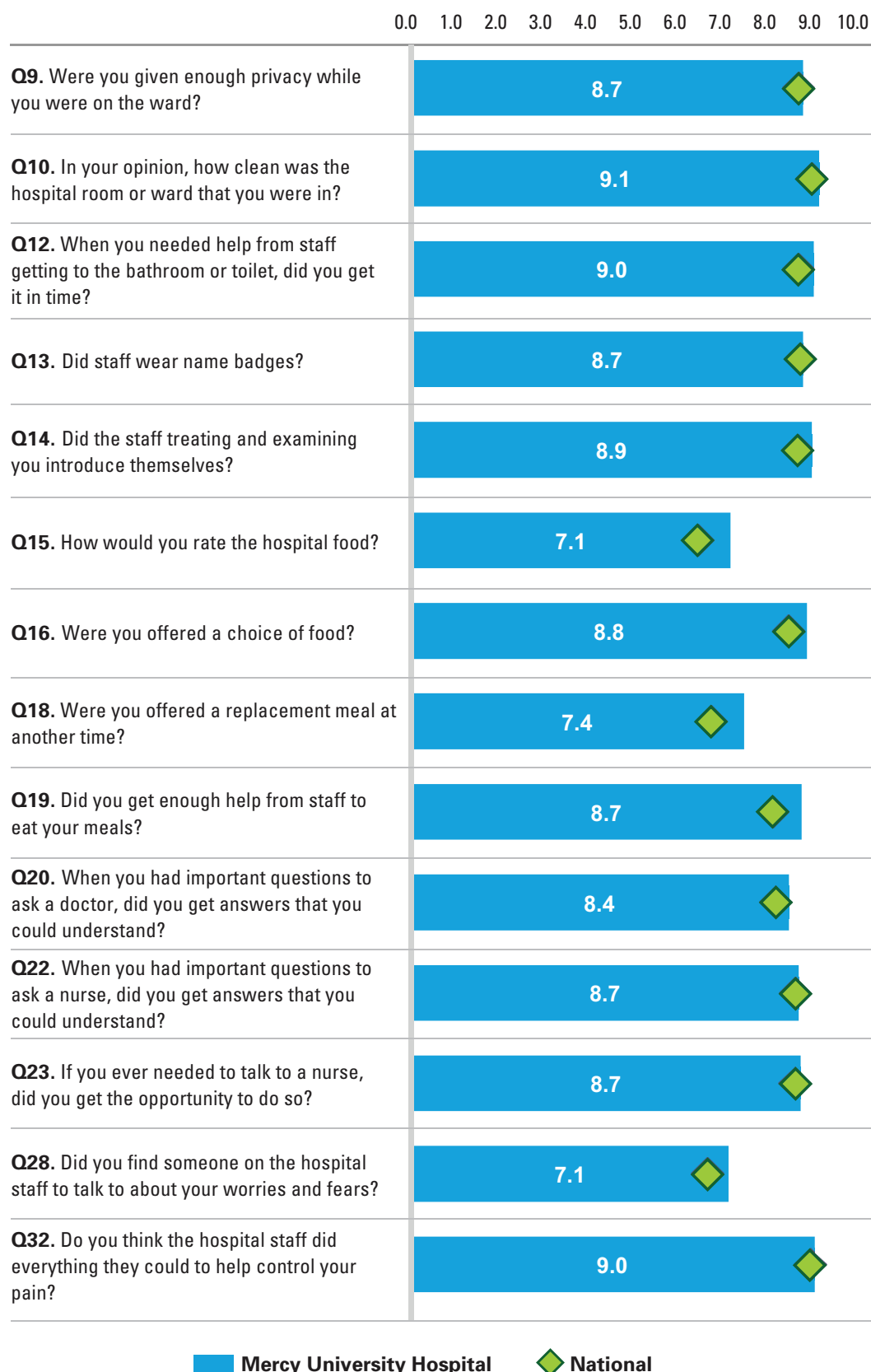
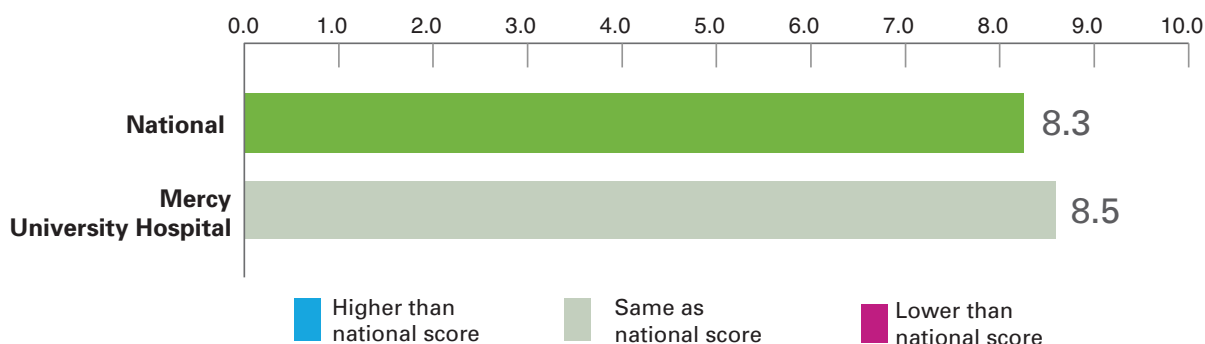


Figure 10. shows that within the care on the ward stage, the average score for Mercy University Hospital (8.5 out of 10) is around the same as the national average score (8.3 out of 10)³. This means that patients who attended Mercy University Hospital in May 2017 reported a similar experience to that of patients in other hospitals for this stage of care.

Figure 10. Comparison of Mercy 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?

The majority of people reported most positively on the cleanliness of the room or ward they stayed in, in addition to the help they received from staff to control pain. However, food received one of the lowest ratings on this stage of care, similar to the national findings, indicating that this is an area that needs improvement in Mercy University Hospital. In addition, people noted challenges as regards finding someone, on the hospital staff, to talk to about their worries and fears.

³ Though Mercy University Hospital's care on the ward score is higher than the national score, the difference is not statistically significant. For further information see Appendix 4.

Examinations, diagnosis and treatment

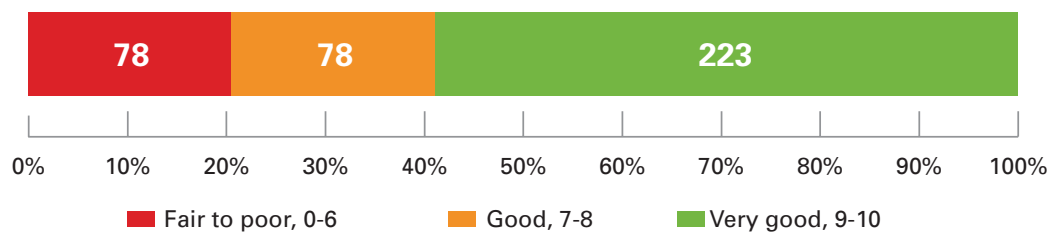


In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

379 people rated their experience of examinations, diagnosis and treatment in Mercy University Hospital. 78 people (21%) reported that they had a 'fair to poor' experience. 223 (59%) rated their experience during this stage of care as 'very good'. These experience ratings are summarised in Figure 11. below.

Figure 11. Experience ratings for examinations, diagnosis and treatment



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

- 329 people, (88% of those who answered the question) said that they were always given enough privacy when being examined or treated by medical staff.
- 91 people (38%) said that they were not, or only to some extent, told how they could expect to feel after an operation or procedure.



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'. 222 of these comments contained positive feedback. Some examples of these comments are provided below.

Nursing staff

"The nursing staff was so good, they helped me in every way, without the nurses explaining things I would not know what was going on."

"Nurses on the wards were very tight and would go long periods without being checked on."

Doctors or consultants

"The doctors were very polite and tried their best to inform me and keep me in the loop with my diagnosis."

"It would be helpful if doctors read the patients notes, actually listening to what they had to say and treated them as having knowledge of their own bodies and symptoms. [...] lack of privacy, noise, no food."

Waiting times for planned procedures

"All appointments were held on time. Nursing staff very efficient."

"Waiting time at A&E. I was waiting for 8 hours at night for [Procedure Name]. Firstly I was informed by doctor that I will have a scan in an hour and half. Then I was waiting 2 hours, and after this I was informed that I will not have a scan, because there is a waiting list, however I was moved on the first place on that list, and I had scan 2 days after."

Quantitative results for questions on examinations, diagnosis and treatment

Thirteen questions asked about examinations, diagnosis and treatment.

With an average score of 9.3 out of 10, Q31 was the highest scoring question in this stage of care.

329 people (88% of those who answered this question) said that they were always given privacy when being examined or treated in the hospital.

Q38 received the lowest score for this stage of care, with an average score of 7.3 out of 10. While the majority of people said that they were told how they could expect to feel after they had an operation or procedure, 91 people (38%) said that they were not, or only to some extent, told how they could expect to feel after an operation or procedure.

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

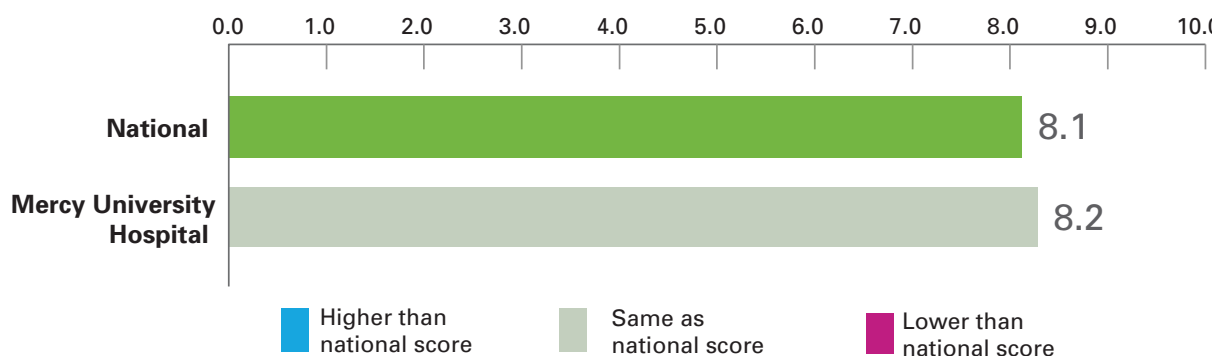
Figure 12. Mercy University Hospital scores for questions on examinations, diagnosis and treatment



■ Mercy University Hospital ◆ National

Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for Mercy University Hospital (8.2 out of 10) is around the same as the national average score (8.1 out of 10)⁴. This means that patients who attended Mercy University Hospital in May 2017 reported a similar experience to that of patients in other hospitals, based on the national average scores for this stage of care.

Figure 13. Comparison of Mercy 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?

In general, people reported that they were given sufficient privacy when being examined or treated in Mercy University Hospital. Overall, the survey also found that a member of staff explained to people what would happen as regards their treatment. On the other hand, people said that they were not always informed about how they could expect to feel after their procedure or operation and some people felt that they did not have enough time to discuss their care and treatment with a doctor.

⁴ Though Mercy University Hospital's examination, diagnosis and treatment score is higher than the national score, the difference is not statistically significant. For further information see Appendix 4.

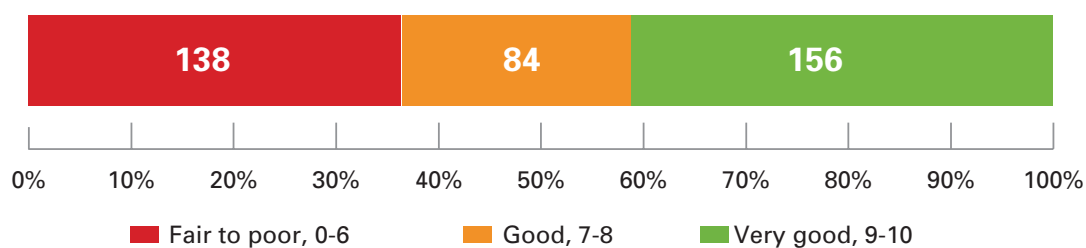
Discharge or transfer



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

Out of the 378 people who rated their experience of discharge or transfer from the hospital, 138 (37%) said that their experience was 'fair to poor'. 156 people (41%) reported having a very good experience during the discharge or transfer process from Mercy 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?

- 274 people (81%) said that they were informed about who they should contact if they were worried about their condition or treatment after leaving hospital.
- Communication as regards the discharge process requires improvement. People reported a lack of printed information and explanations about the side effects of medication as well as danger signals to watch out for at home.
- The survey found that discharge or transfer was the lowest performing stage of care for Mercy University Hospital.

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



In total, patients from Mercy University Hospital made 33 comments in the 2017 survey about 'discharge and aftercare management, 58% of which suggested areas for improvement.

An example of comments received for this stage of care is provided below.

Discharge and aftercare

"I left the hospital in the full knowledge and confidence that the condition I was diagnosed with was under control and manageable with great back up and follow up."

"Enough notice on being discharged to arrange going home. More explanation of medication instead of contact GP which is closed after 5pm"

Very impressed by how clean the hospital was and by the friendly helpful staff. A member of staff phoned to check my progress after a few days. An integrated care team consisting of [Healthcare professional], nurse, [Healthcare Professional] and [Healthcare professional] visited for the first two weeks."

"Discharge should have been organised with a short discussion explaining what to expect during recovery. Bed shortages meant a nurse told me my bed was needed and a doctor had signed my discharge, End of info. Still unaware of CT scan results.

Quantitative results for questions on discharge or transfer from hospital

Twelve questions asked about discharge or transfer.

Q50 was the highest scoring question in this stage of care with an average score of 8.2 out of 10. Out of 338 people, 274 (81%) said that hospital staff told them who to contact if they were worried about their condition or treatment after leaving hospital.

Q46 was the lowest scoring question of this stage, with an average score of 5.6 out of 10. Out of 266 people, 90 (34%) said that they were not informed about any medication side effects to watch out for after leaving hospital.

Figure 15. summarises the scores for discharge and transfer in Mercy University Hospital.

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

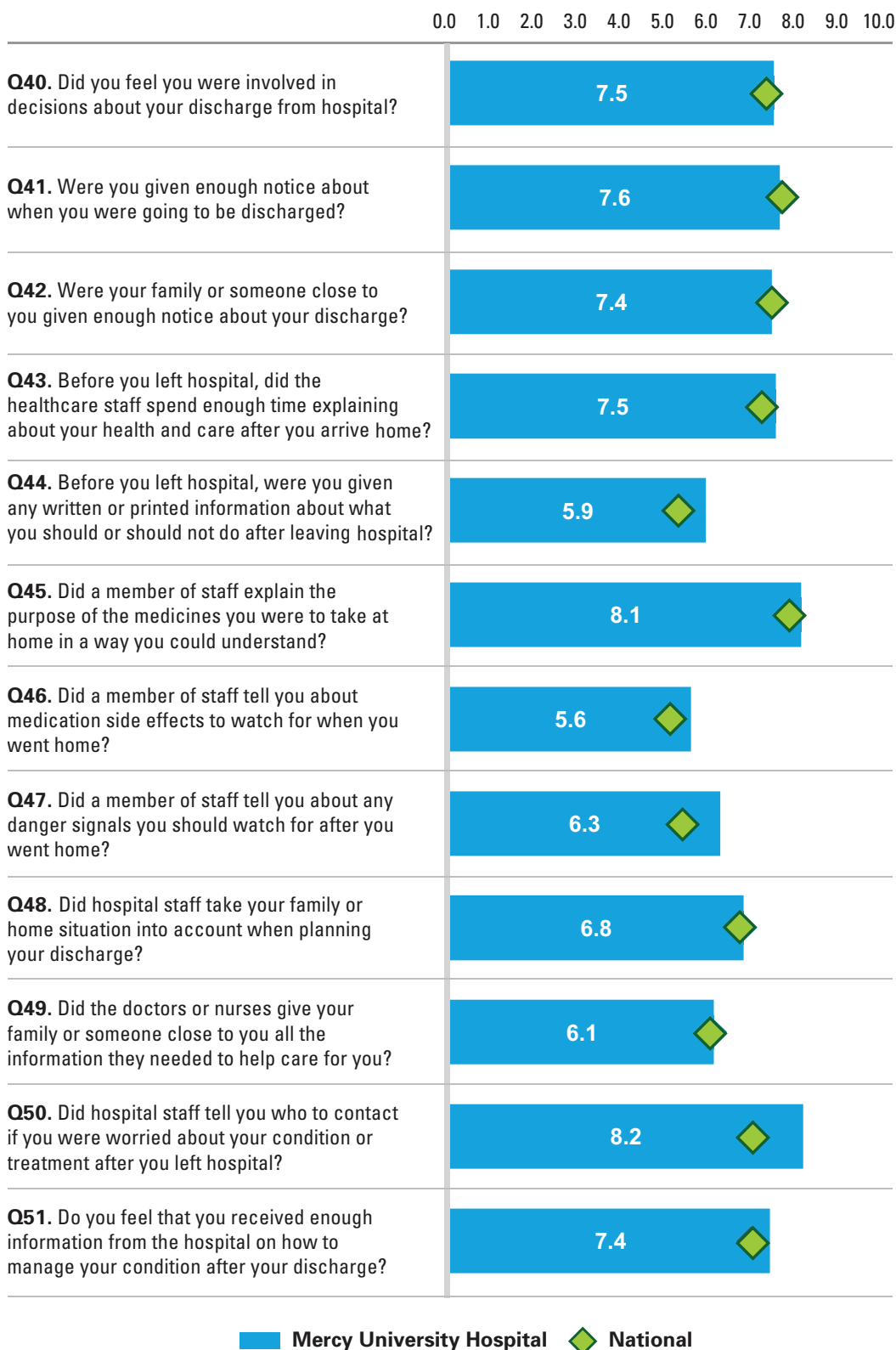
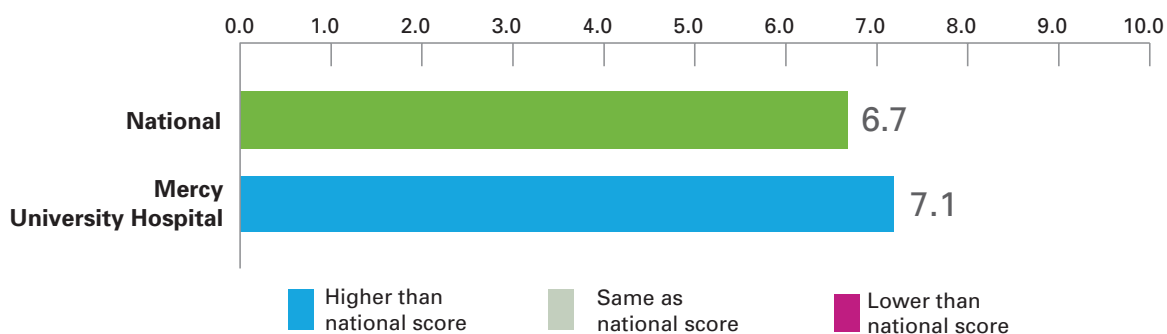


Figure 16. shows that, as regards discharge or transfer from hospital, the average score for Mercy University Hospital (7.1 out of 10) is significantly higher than the national average score (6.7 out of 10). This means that patients who attended Mercy University Hospital in May 2017 reported a more positive experience than patients in other hospitals, based on the national average scores for this stage of care.

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



Discharge or transfer: what do these results mean?

Mercy University Hospital did not perform as well on this stage of care, compared with the other stages. Communication is a key area which needs to be improved within this stage of care. While many patients said that they were told about the purpose of the medicines they were to take at home, and who to contact if they were worried, they reported a lack of communication about the danger signals to watch out for at home, medication side effects and they also said that they did not receive any printed information on aftercare. People also reported that their family or someone close to them did not always receive all the information needed to help care for them.

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?

- Out of 374 people, 331 (89%) said that they were treated with respect and dignity in Mercy University Hospital.
- 319 people (85% of those who answered Q29) said that they always had confidence and trust in hospital staff.
- 241 people (64% of those who answered Q11) said that the toilets and bathrooms in Mercy University Hospital were very clean, but 29 people (8%) reported that they were not very clean or not at all clean.
- Q27 was the lowest scoring question in other aspects of care, with an average score of 7.6 out of 10. While the majority of people reported that their family or friends had sufficient opportunity to talk to a doctor, 27 people (10% of those who answered the question) said that they did not.

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



People from Mercy University Hospital made 194 comments in the 2017 survey about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'clinical information and history' and 'health insurance'. Almost half (49%) of the comments for this stage contained positive feedback. Some examples of comments for this stage of care are provided below.

Staff in general

"The level of care & attention we received from the nurses, doctors, aids and all other staff was fantastic. Even though they had loads of patients to deal with they made you feel that you were their only concern!"

"As a nurse myself, the care + contact with the staff is not as good as years ago. Most people are afraid to get sick these days. Too much writing. No Bed-side manner. Sharing a room you would expect to have more privacy in discussing condition + results in 2017. Why not-have a room aside for such a things."

Communication with family and friends

"During my surgery my family (who were present in the hospital) did not receive any updates from the surgical / medical team. This was very worrying for them, because the surgery took much longer than was originally planned. My wife's contact number had been provided to the hospital, but they didn't call her. Also, there does not seem to be a dedicated waiting area for families of people in surgery."

Physical comfort

"I was made to feel comfortable at all times and did not feel stress at any time."

"Ward was mixed, male and female, which I did not like."

Hospital facilities

"The cheerfulness of the medical staff. The fact that there was a chapel in the hospital. The fact that the catholic ethos is still present."

"Staff were excellent. But the private room I had was like a broom cabinet. TV was about 30 years old with no remote, basic sink & no shower. Also no proper blinds on the window overall very poor."

Clinical information and history

"The amount of paper that staff have to complete and the number of files appear to be very time consuming. why not computerise the system so that all that need patient information can access it very quickly"

Private health insurance

"Having private insurance I think the only difference was that my consultant was informed I was admitted and she stopped by a few hours after I was put on trolley - but that was it - I did not see any doctor after that again."

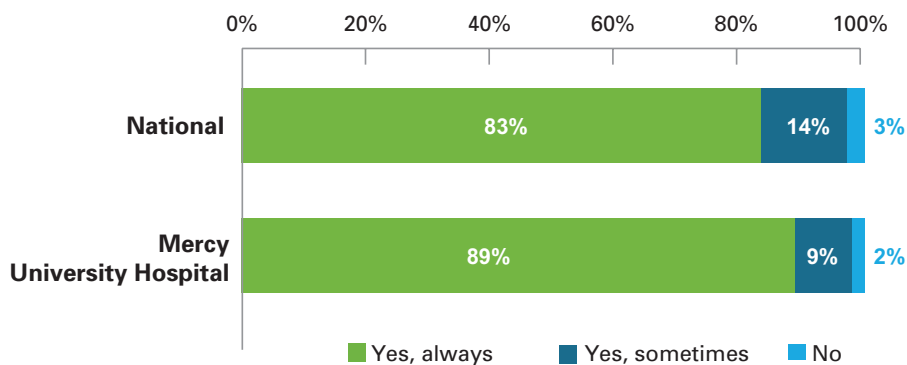
"The accommodation. My space was shared with other patients. I had 1/3 of a room measuring approx. 7 feet by 5 surrounded by a curtain permanently drawn. There was no natural light, no electric light; and no supply of water. I had a locker, a bed and a hospital table (standard). I had no chair because there was only space for the drip and one medical person. I pay almost €3,000 to the VHI every year, most of it for a "bed""

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 Mercy University Hospital in May 2017. Overall, 331 people (89% of those who answered this question) said that they were always treated with respect and dignity in May 2017, while 35 people (9%) said that they were sometimes treated with respect and dignity.

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

Figure 17. Ratings for dignity and respect

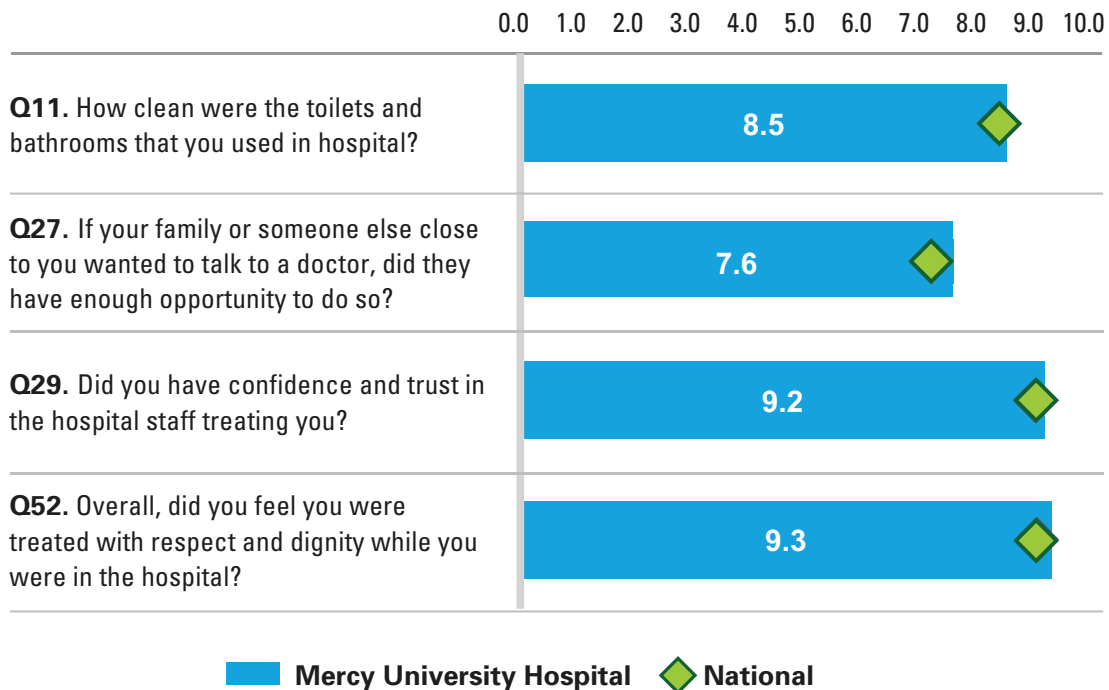


Question 29 asked people if they had confidence and trust in the hospital staff treating them, and was the highest score question on this stage. 319 people (85% of all people who answered Q29) said that they always had confidence and trust in the hospital staff treating them.

Question 11 asked people about the cleanliness of the bathrooms and toilets in Mercy University Hospital. While 241 people (64% of all people who answered Q11) said that the bathrooms and toilets were very clean, 25 people (7%) said that they were fairly clean. 29 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 Mercy University Hospital. Out of 275 people, 173 (63%) said that their family or people close to them had sufficient opportunities to talk to a doctor. However, 27 people (10%) said that their family or friends did not get this opportunity.

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

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

Other aspects of care: what do these results mean?

Patients in Mercy University Hospital reported that they were treated with dignity and respect, and had confidence and trust in the hospital staff who treated them. They also reported positively on the cleanliness of the bathrooms or toilets they used while in hospital. However, people reported a challenge as regards the opportunities for their families or friends to speak with hospital staff.



Chapter 3

Overall experience

Ratings of overall experience

People were asked to rate their overall hospital experience on a scale of 0 to 10 in Q53, with 10 being the most positive experience, and 0 the most negative experience.

Figure 19. below provides the average overall rating of hospital experience, reported by people who completed the survey in Mercy University Hospital, compared with the national average.

In general, over half of people (59%) who stayed in Mercy University Hospital in May 2017, reported having a very good experience in this hospital, whereas 11% of people indicated a fair to poor experience.

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





Chapter 4

Conclusion

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

Overall, patients' ratings of their experiences at Mercy University Hospital were above the national average. 89% of patients at Mercy University Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

The majority of people said that they had confidence and trust in the staff who treated them in hospital. People also acknowledged the privacy that they were given when being examined or treated on the ward, while the survey found that the majority of people were treated with respect and dignity. The cleanliness of wards and bathrooms in the hospital was also recognised.

However, waiting times in the emergency department is an area needing improvement in Mercy University Hospital, with the majority of patients reporting that they waited for more than six hours before being admitted to a ward. Furthermore, the survey found that 13 people reported waiting in the emergency department for more than 48 hours. Studies have shown that long delays in admitting patients to a ward can have a negative impact on their health.

The discharge or transfer process contained some of the lowest scoring questions in the survey, indicating a need for improvement across this stage of care. Many patients reported less positive experiences as regards communication from staff in relation to medication side effects to be aware of, danger signals to watch for at home and also reported a lack of printed information on aftercare. In addition, it was reported that family members did not always receive information on how to help care for the patient at home.

The survey also noted challenges as regards staff being available to talk to patients about their worries and fears, and opportunities for their family or someone close to them to talk to a doctor. Hospital food was also one of the lower performing areas, with some patients reporting that they were not offered a replacement meal, if they missed a mealtime.

These findings will serve to inform quality improvement initiatives in Mercy 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. 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 from early 2018.

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.

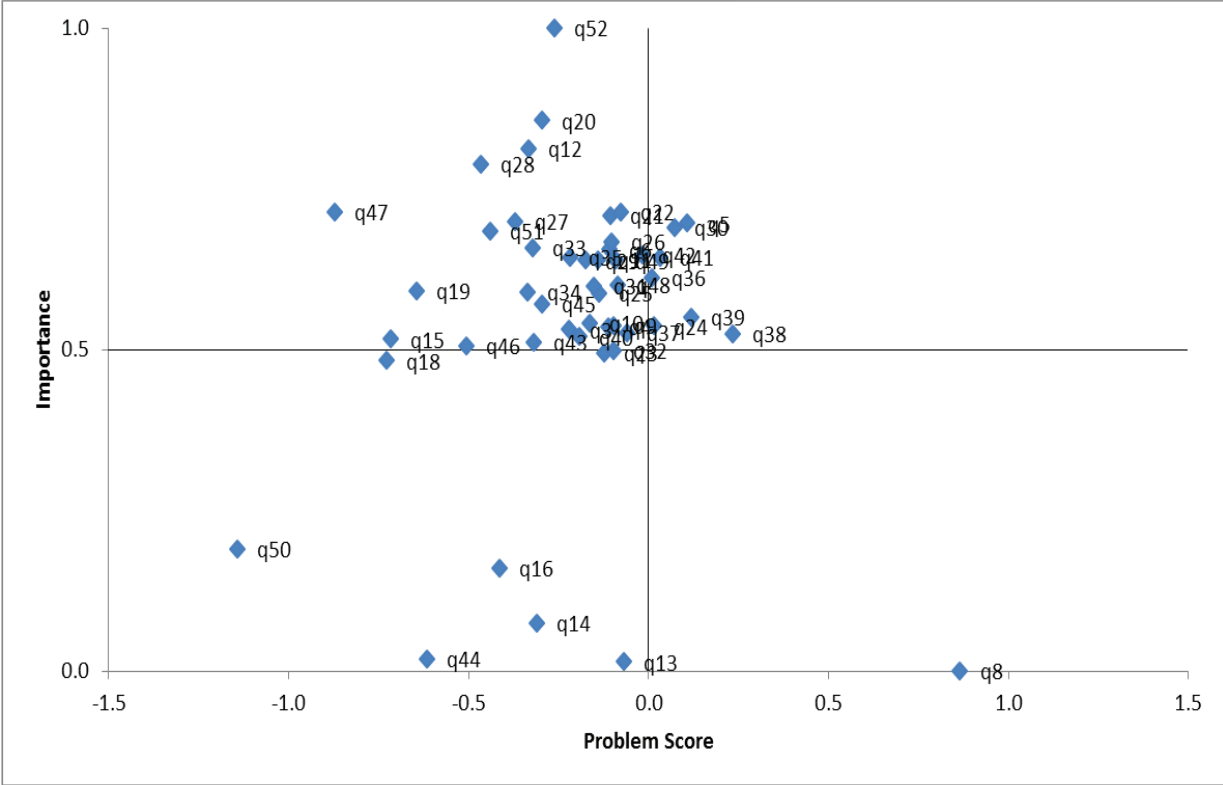
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected 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 Mercy 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 Mercy 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 Mercy University Hospital has scored less than the national average for that question. For example, if a hospital scored 8.8 for Q52 which is lower than the national average of 9.0, this would mean it had a problem score of 0.2 for this question.

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

Figure 20. Overall patient experience map for Mercy 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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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.