



National Patient Experience Survey 2018

Midland Regional Hospital Mullingar (MRHM)

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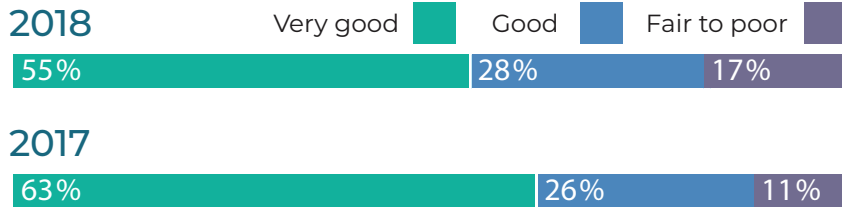
An Roinn Sláinte
Department of Health



Midland Regional Hospital Mullingar

2018 survey results

Overall experience

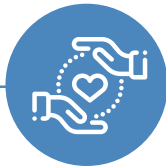


48%
response rate

Areas of good experience



Respect and dignity in the ED



Involvement in decisions about care and treatment



Respect and dignity

Areas needing improvement



Time to discuss care and treatment with a doctor



Confidence and trust in hospital staff



Information on how to manage a condition

The patient voice

"During my stay in Mullingar Hospital I was treated very well by nurses, doctors, and general staff. Beds were so clean, wards also. I looked forward to meal times and the nice food."



"Although curtains were pulled when a doctor/nurse came to talk to me, I was aware our conversation could be heard. Difficult to have complete privacy in a busy six bed ward."

www.patientexperience.ie

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About the National Patient Experience Survey 2018

The National Patient Experience Survey is a nationwide survey that offers patients the opportunity to describe their experiences of public acute healthcare in Ireland. The survey is a partnership between the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. The survey was conducted for the first time in 2017 and repeated in 2018.

Nationally 26,752 people were invited to participate in the second National Patient Experience Survey. In total, 13,404 completed the survey, resulting in a response rate of over 50%. 272 patients from MRHM took part in the survey.

The aim of the survey is to find out about patients' experiences in public acute hospitals and to use their feedback to identify areas of good experience, and areas needing improvement. The HSE responded to the 2017 survey results by producing detailed quality improvement plans at national, hospital group and hospital levels. The implementation of these plans is coordinated by an oversight group, and a wide range of initiatives have already been introduced across Ireland's public acute hospitals. Some examples of these initiatives can be seen at www.patientexperience.ie/improvements-in-care.

What were the main findings for MRHM?

The majority of participants from MRHM reported positive experiences in hospital. 83% of participants said they had 'good' or 'very good' overall experiences, compared with 84% nationally. The hospital achieved similar scores to the national average across every stage of care.

Several areas of good experience were identified. These were areas that were related to participants' overall experiences and where participants gave above-average ratings. For example, patients of MRHM were very positive about the level of respect and dignity they received, both in the emergency department and throughout the hospital. Patients were also very satisfied with the level to which they were involved in their own care.

However, there were also several areas needing improvement. Patients highlighted issues relating to communication with doctors and insufficient information given to them during the discharge process. Many patients said that they left the hospital not fully informed about how to manage their condition at home.

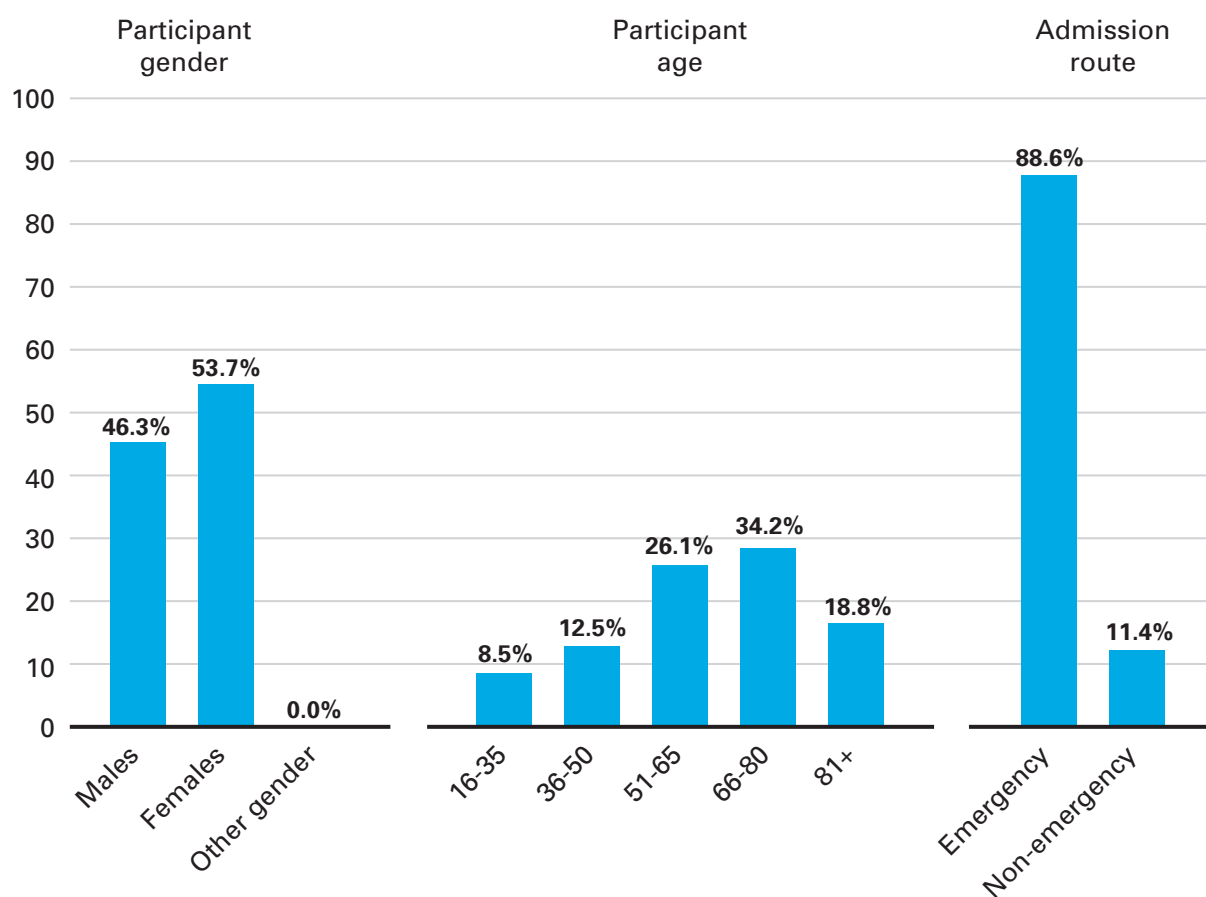
There were no improvements between 2017 and 2018 in the scores for the various stages of care. The findings of this year's survey will help MRHM to improve patients' experiences of care in the hospital.

Hospital and participant profile

MRHM is a public acute hospital located in Co. Westmeath. There were 184 inpatient beds available in the hospital during the survey period of May 2018.

572 people discharged from MRHM during the month of May 2018 were invited to participate in the survey. 272 people completed the survey, achieving a response rate of 48%. 46.3% of participants were male and 53.7% were female. 241 respondents (88.6%) said that their stay in hospital was an emergency. Figure 1 below provides information on the respondents who took part in the survey from MRHM.

Figure 1 Participants from MRHM by gender, age group and admission route



Areas of good experience and areas needing improvement

This section lists the areas where most patients had positive experiences, and those areas where there is the most room for improvement. Appendix 1 explains how these areas were identified.

The areas of good experience in MRHM are:

Admissions	<p>195 (84%) of the 232 people who answered this question said that they were always treated with respect and dignity in the emergency department.</p>
Respect and dignity in the emergency department Q6	
Examinations, diagnosis and treatment	<p>166 people (64% of people who answered this question) said that they were definitely involved as much as they wanted to be in the decisions about their care and treatment.</p>
Involvement in decisions about care and treatment Q24	
Other aspects of care	<p>220 people (84% of people who answered this question) said that they were always treated with respect and dignity while they were in hospital.</p>
Respect and dignity Q51	

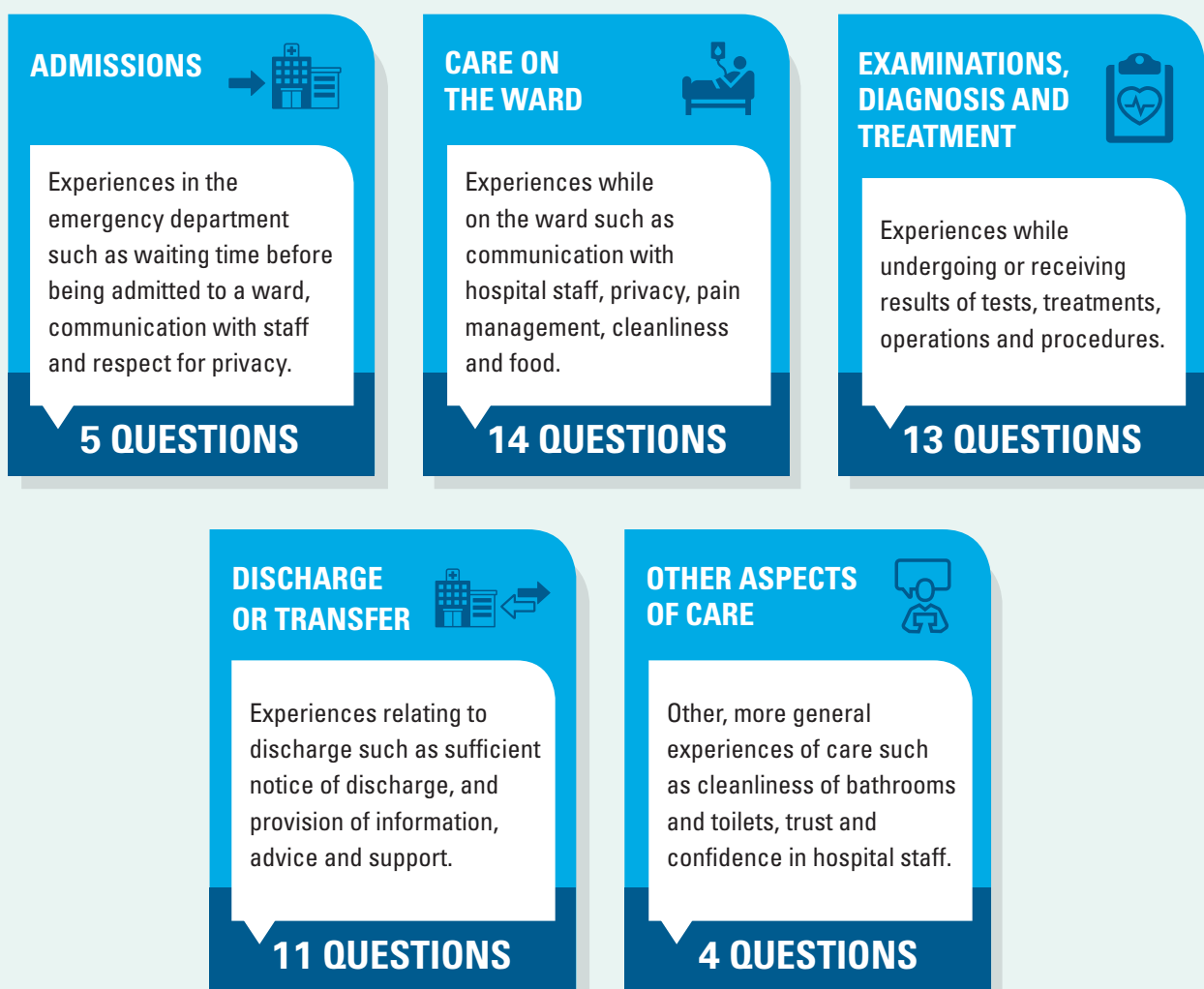
The areas needing improvement in MRHM are:

<p>Examinations, diagnosis and treatment</p>	<p>Of the 260 people who answered this question, 116 (45%) said that they did not feel, or only to some extent felt as though they had enough time to discuss their care and treatment with a doctor.</p>
<p>Time to discuss care and treatment with a doctor Q21</p>	
<p>Other aspects of care</p>	<p>Of the 259 people who answered this question, 54 (21%) said that they did not have, or only sometimes had confidence and trust in the hospital staff treating them.</p>
<p>Confidence and trust in hospital staff Q29</p>	
<p>Discharge or transfer</p>	<p>Of the 219 people who required help in managing their condition, 100 (46%) said that they did not receive, or only to some extent received enough information from the hospital on how to manage their condition after discharge.</p>
<p>Information on how to manage a condition Q50</p>	

Survey results for the stages of care along the patient journey

The National Patient Experience Survey 2018 follows the patient journey through hospital from admission to discharge. The 2018 questionnaire is available to download from www.patientexperience.ie.

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



Interpreting the results for the stages of care

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.

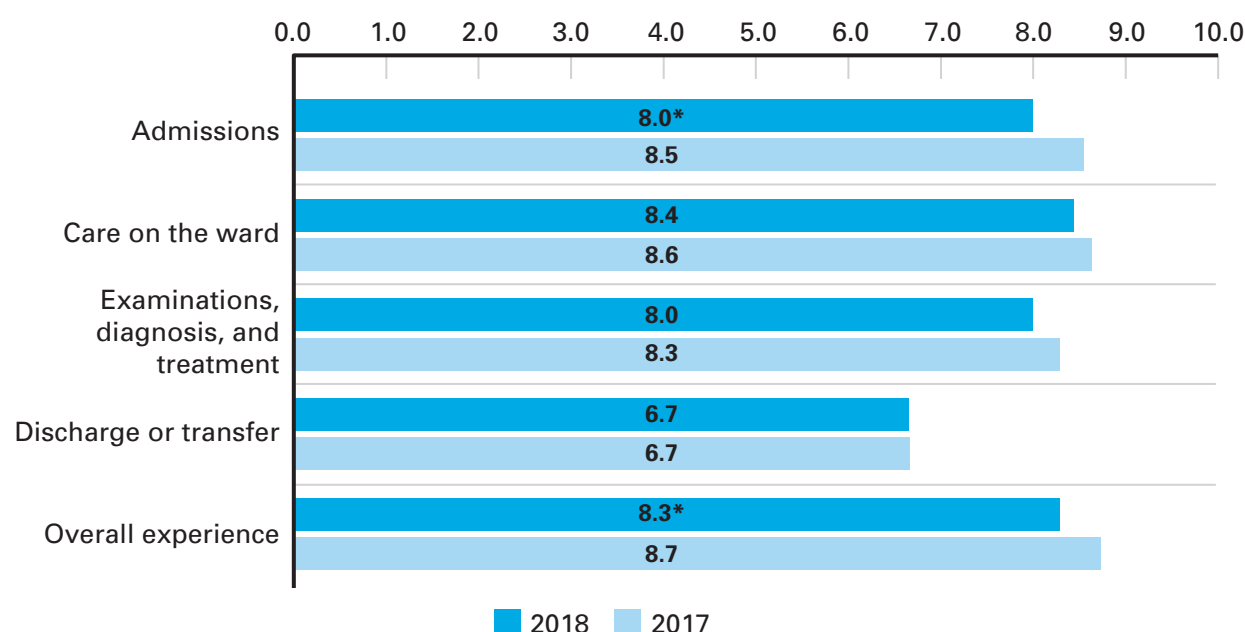
Statistical tests were carried out to examine if there were significant differences in patient experience between 2017 and 2018, as well as between a hospital and the national average. For further information on the analyses please consult Appendix 3 of the 2018 national report, available from www.patientexperience.ie.

Changes in patient experience over time

Participants' average rating of their overall experience was significantly lower in 2018 than in 2017. MRHM also scored significantly lower on admissions this year. There were slight differences in patient experience ratings across the other stages of care, but these were not statistically significant. Figure 2 shows a comparison of scores for individual stages of care.

It is important that these changes are interpreted with caution as scores will naturally vary from year to year for a variety of reasons. Several rounds of survey data will be required before meaningful trends and changes in patient experience can be accurately identified.

Figure 2 Comparison of stage of care scores¹ for MRHM for 2017 and 2018



* Denotes a statistically significant difference between 2017 and 2018.

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

Admissions

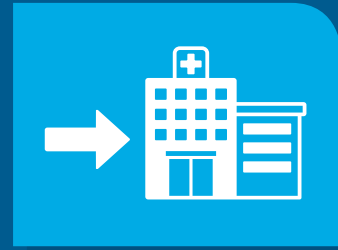


Figure 3 compares the hospital's overall score for admissions with the national average. Figure 4 shows the hospital's scores for questions related to this stage of care.

Figure 3 Comparison of MRHM with the national average score for admissions (out of a maximum of 10)

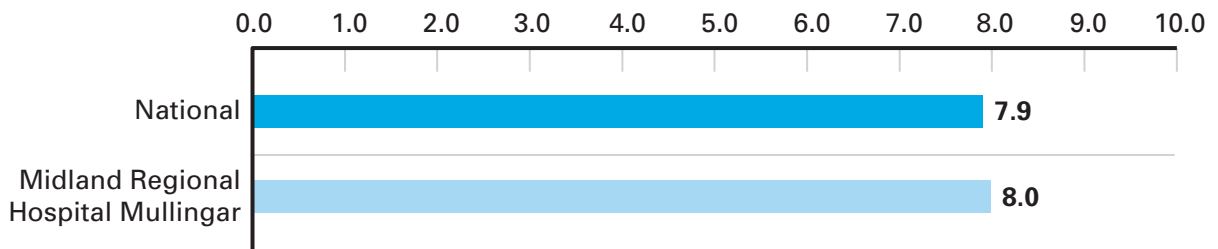
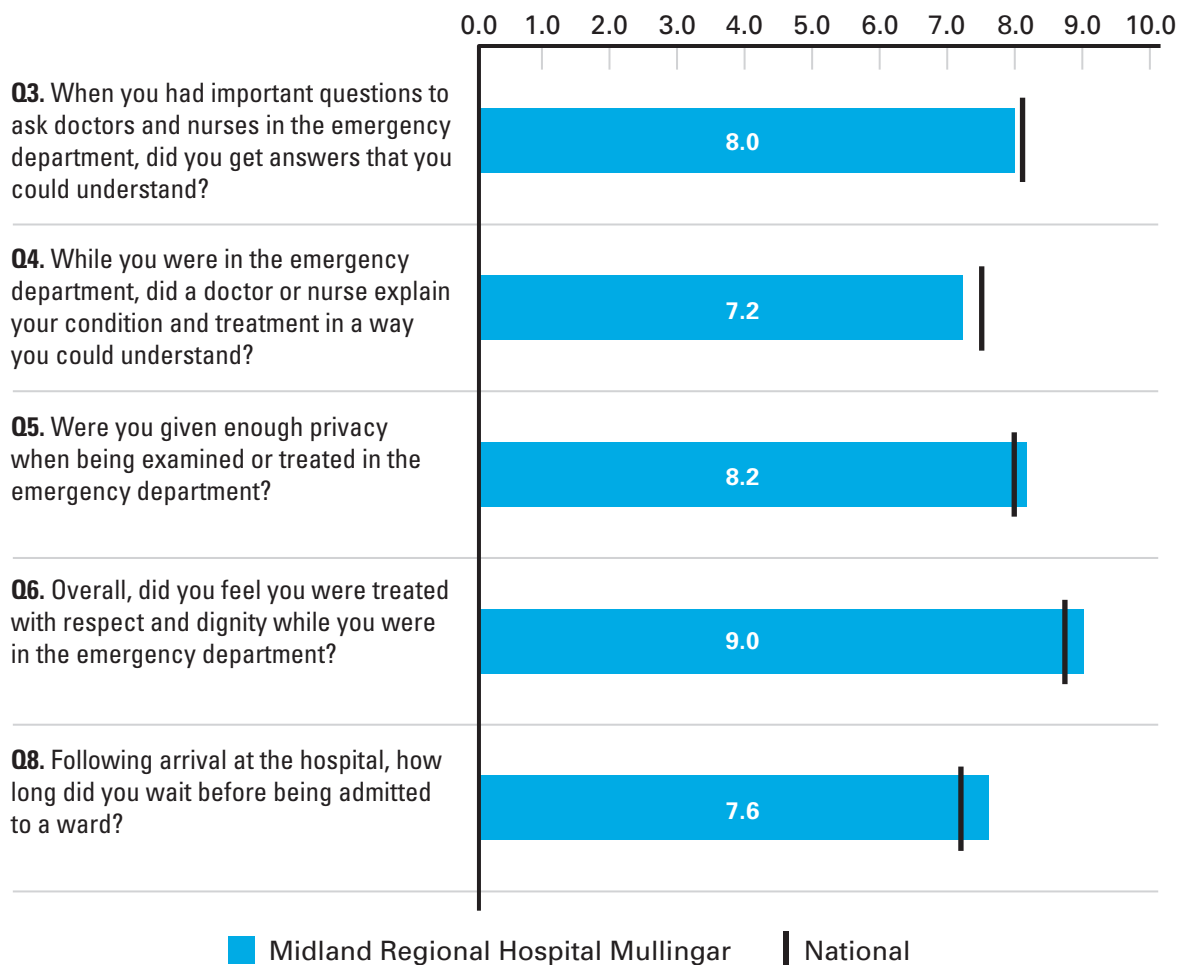


Figure 4 MRHM scores for questions on admissions



Emergency department waiting times²

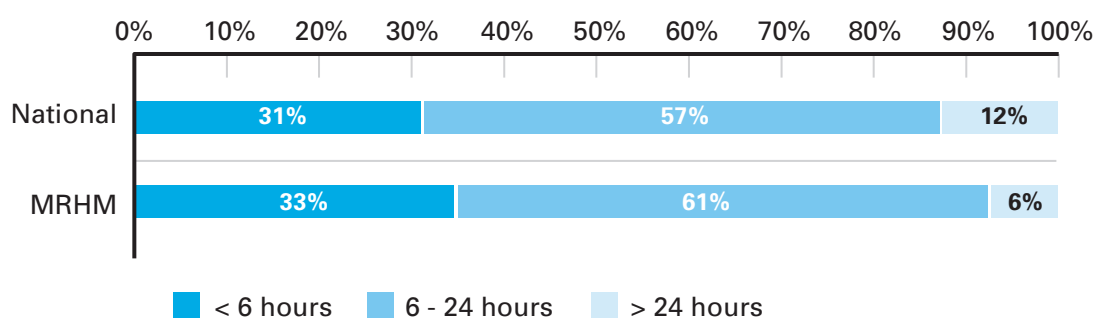
The HSE sets targets for the performance of acute hospitals, including targets on waiting times in emergency departments, such as:

- 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.
- 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.

In MRHM, 74 respondents (33%) said they were admitted to a ward within six hours of arriving at the emergency department, while 137 respondents (61%) reported waiting between six and 24 hours. 14 respondents (6%) reported waiting 24 hours or more before being admitted to a ward in MRHM, with 2 of these saying they waited more than 48 hours.

Figure 5 outlines the patient-reported waiting times in MRHM, compared with the national average.

Figure 5 Patient-reported emergency department waiting times for MRHM and nationally



2 The HSE measures emergency department waiting times differently to the survey, namely from the time a patient registers at the emergency department until they leave it. It is likely that there are some differences between survey findings and the official HSE figures. The HSE 2018 targets can be viewed at: <https://www.hse.ie/eng/services/publications/performance-reports/2018-acute-hospitals-metadata.pdf>.

The patient voice: what patients said about admissions

"Medical staff and housekeeping staff were all excellent and most attentive. Care was excellent. A&E experience was generally very good, but always longer than one hopes for. When it comes to late evening there is a strong sense of stress and pressure on staff - even though they still deal with patients well."

"A&E is impossible to rest with noise. Food needs to be improved in A&E. Privacy in hall when seeing doctors needs to be addressed."

"The care I got in A&E was very good, was seen straight away. When I went to the ward everyone was very helpful, answered any questions I asked."

"Ambulance staff and A&E staff were very kind - however Mullingar A&E is so confined for space - there is always time spent in the corridor - which is upsetting. It was not particularly busy but there never seems to be enough space in this department and there always seems to be people lined up in the narrow corridor. There is lots of room in the reception area! The area seems to be badly planned/laid out. Thankfully I did not have to stay long in the corridor - but a corridor should not be considered a treatment area - which unfortunately has to be in Mullingar hospital."

Admissions: what do these results mean?

Patient ratings of admission to MRHM were significantly lower than in the 2017 survey, but similar to this year's national average. Patients were very positive about the level of respect and dignity with which they were treated in the emergency department; however, some patients were dissatisfied with the explanations they received from doctors and nurses about their condition or treatment.

The hospital performed above the national average on emergency department waiting times. Nonetheless, the majority of participants said that they were not admitted to a ward within the recommended six hours. This is an important issue, as lengthy waiting times are associated with poor outcomes for patients.^(1,2)

Care on the ward



Figure 6 compares the hospital's overall score for care on the ward with the national average. Figure 7 shows the hospital's scores for questions related to this stage of care.

Figure 6 Comparison of MRHM with the national average score for care on the ward (out of a maximum of 10)

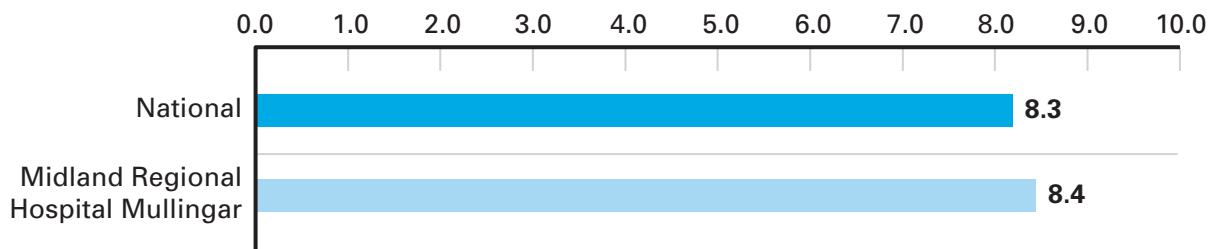
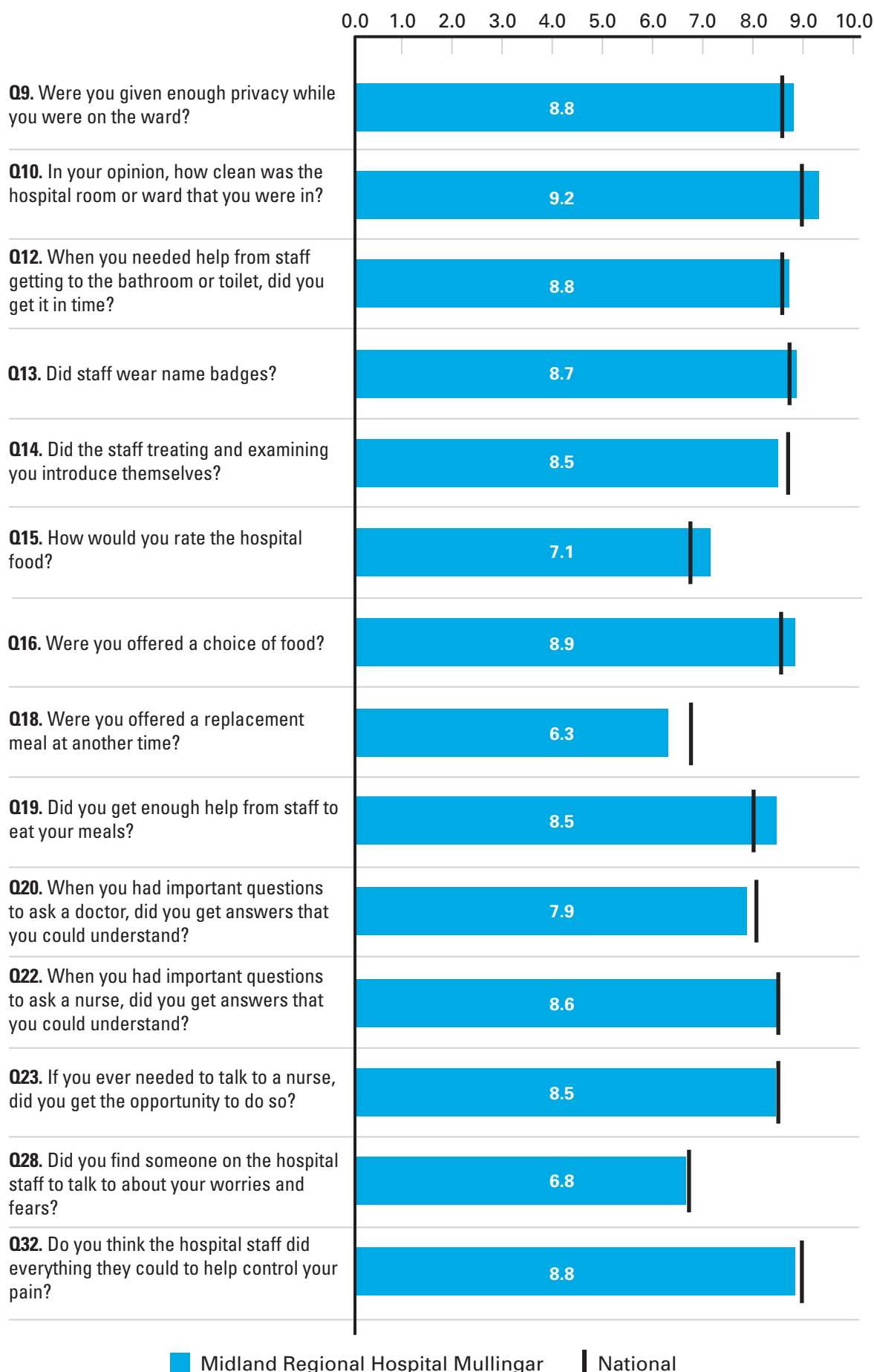


Figure 7 MRHM scores for questions on care on the ward



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

"During my stay in Mullingar Hospital I was treated very well by nurses, doctors, and general staff. Beds were so clean, wards also. I looked forward to meal times and the nice food."

"I found doctors and nurses to be very helpful and explanatory to any worries or problems one might have. Excellent conditions of wards and comfortable beds."

"I was admitted with a serious [condition type] to a day ward. I was in this ward for 5 days. There was no toilet or shower facilities in the ward. I had to walk the length of a corridor accompanied by a drip stand, day and night, to avail of toilet and shower. There was no wardrobe or bedside light. The TV could not be used as no remote available."

"1. During staff handovers at night it is impossible to get attention from a care/nursing staff as they are all inside the office at the same time having their meeting. I was looking for staff on two evenings for a very sick patient but had to knock on the door for assistance - the staff member was not too happy.
2. Just a note about the showers on the ward I was in. They were totally inadequate for vulnerable people trying to use them. The power was far too strong and hose was not possible to fix to the wall so it just went everywhere. Power was like a fireman's hose!! When you are weak and frail and have had surgery it is hard to manage these important personal jobs."

Care on the ward: what do these results mean?

MRHM received slightly lower ratings of care on the ward in 2018 compared to last year's survey, but the ratings were similar to this year's national average. Participants were very satisfied with the cleanliness of the room or ward they were in, with this question scoring above the national average. However, patients were comparatively less happy with the failure to provide replacement meals when required.

Examinations, diagnosis and treatment



Figure 8 compares the hospital's overall score for examinations, diagnosis and treatment with the national average. Figure 9 shows the hospital's scores for questions related to this stage of care.

Figure 8 Comparison of MRHM with the national average score for examinations, diagnosis and treatment (out of a maximum of 10)

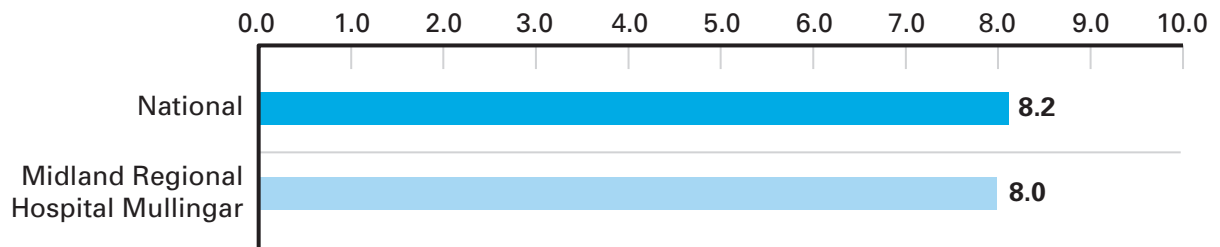
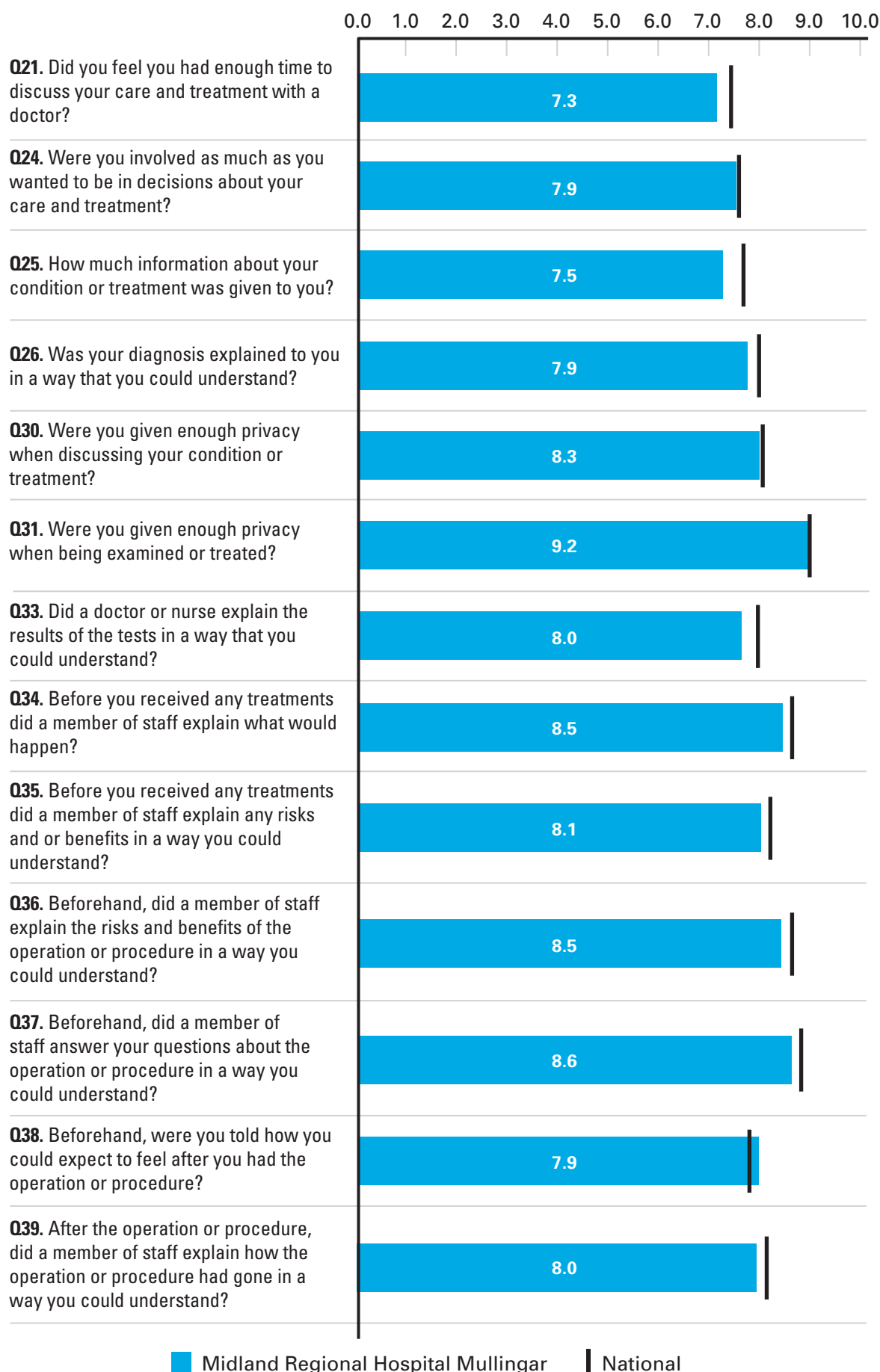


Figure 9 MRHM scores for questions on examinations, diagnosis and treatment



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

"My hospital care was all I could hope for. The nurses, doctors and staff looked after me to the last. The help I was given was wonderful. Anything I needed to know or want I always got help. I The doctors looked after me with such care. I can't thank them enough."

"Although curtains were pulled when a doctor/nurse came to talk to me, I was aware our conversation could be heard. Difficult to have complete privacy in a busy six bed ward."

"I was very pleased overall with the care and attention to detail that I received - all efforts were made to get to the cause of my pain."

"Waiting times for test results can be stressful and the lack of [procedure name] machines etc. just adds to the stress for staff and patients alike. I had to go off campus for a lot of my scans."

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

Ratings of examination, diagnosis and treatment were slightly lower than last year but were similar to this year's national average. Many patients gave very positive ratings of the level of privacy they received when being examined or treated, and this question scored above the national average. Participants were more negative about the communication with doctors, with many people saying that they did not have enough time to discuss their care and treatment with a doctor. This question fell below the national average.

Discharge or transfer

Figure 10 compares the hospital's overall score for discharge or transfer with the national average. Figure 11 shows the hospital's scores for questions related to discharge or transfer.

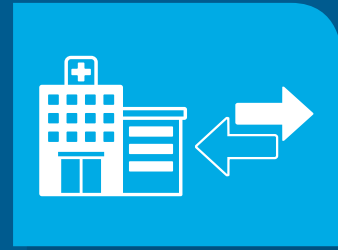


Figure 10 Comparison of MRHM with the national average score for discharge or transfer (out of a maximum of 10)

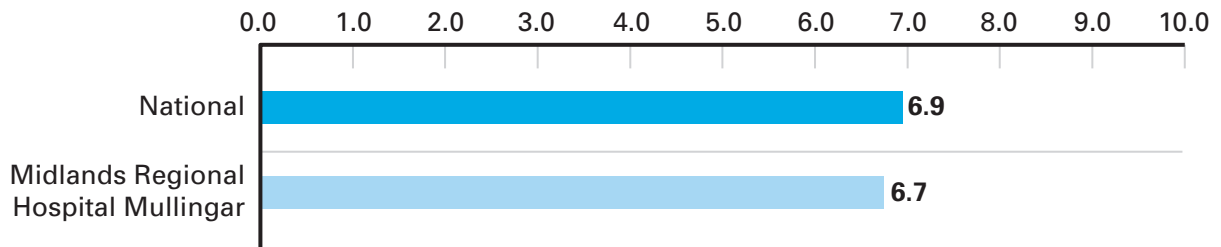
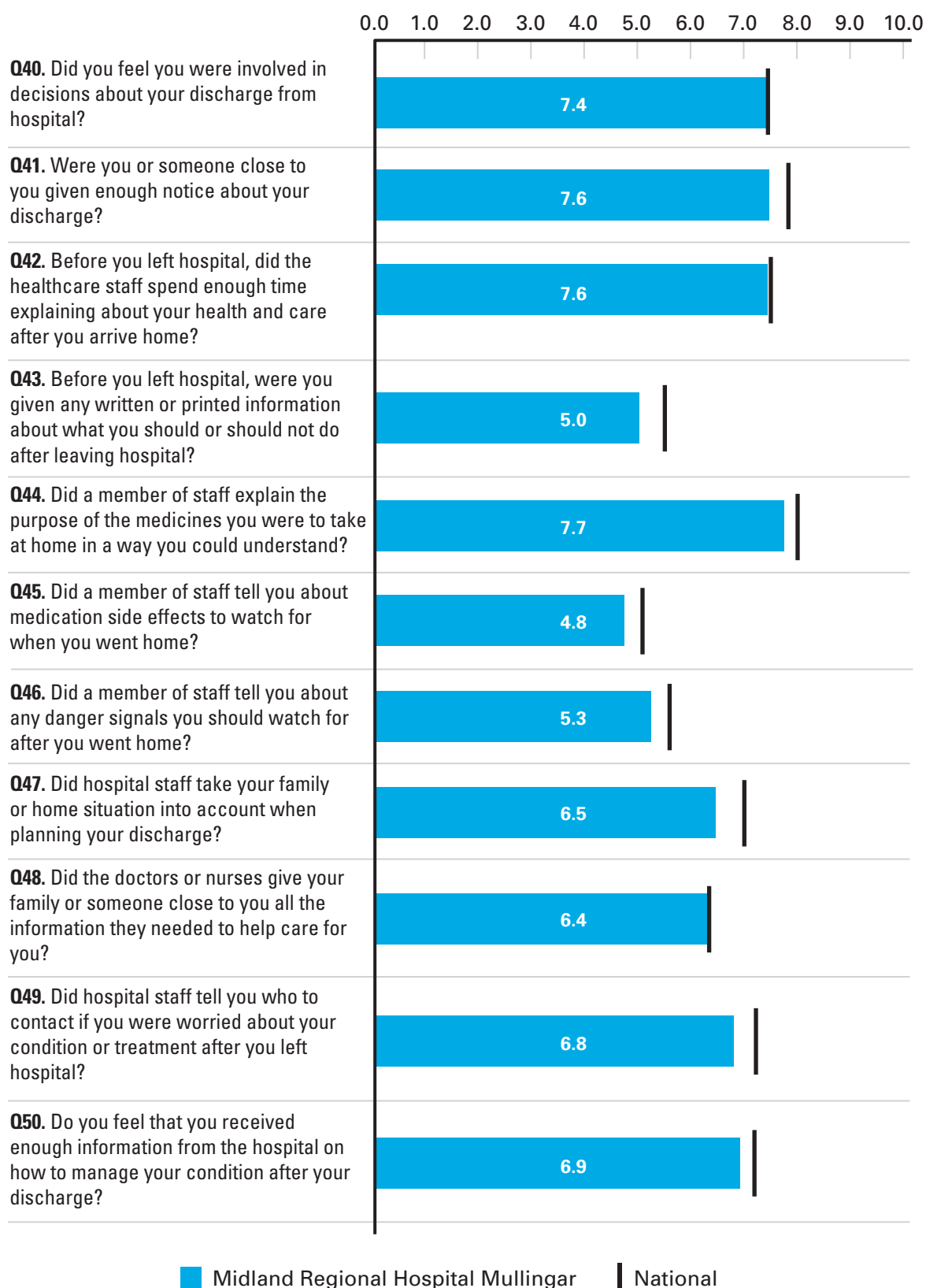


Figure 11 MRHM scores for questions on discharge or transfer



The patient voice: what patients said about discharge or transfer

"I was discharged far too soon after a procedure. Before I was over the sedative! My bed was changed and ready for the next patient before I was packed to go. This was through no fault of the ward staff, but I could have done with another few hours at least."

"The doctors (surgeons) hardly spoke to me; they did not explain what was wrong or what to do after I was discharged. My prescription was only for a few days so I was out of pain killers until my doctor made me one, which needs a 24 hour waiting time."

Discharge or transfer: what do these results mean?

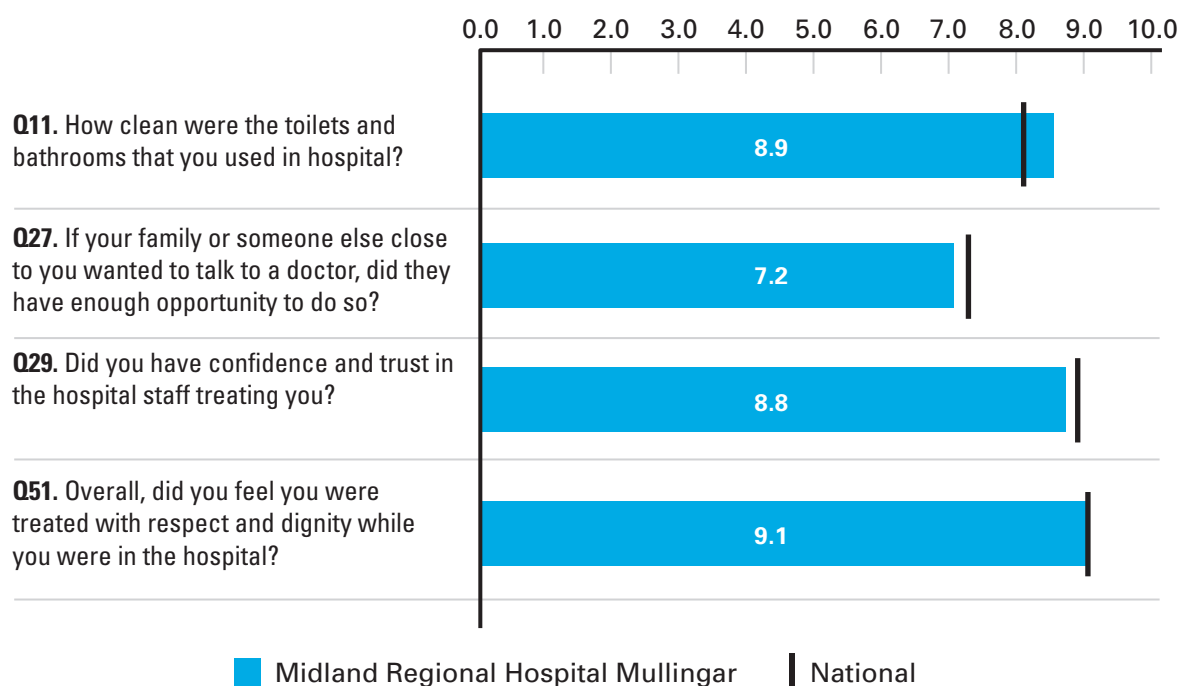
MRHM's 2018 scores of discharge or transfer remain unchanged on 2017, but were somewhat lower than the 2018 national average. Even though many people said that they were clear about the purpose of the medicines which they were to take at home, this question scored below the national average. However, the majority of patients said that they were not fully informed about potential medication side effects, with this question also performing below average.

Other aspects of care



Figure 12 shows the hospital's scores for questions related to other aspects of care.

Figure 12 MRHM scores for other aspects of care



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

"The standard of floor cleaning and toilet maintenance would be deemed below standard on the part of the contractors who clean our school. This lack of cleanliness is the same for the past 10 years in Mullingar. For a health-care facility this is a significant health risk."

"The attitude of a few staff members was upsetting. The tv wouldn't work. Very little physiotherapy given despite being told that I'd receive intense physio during my stay. Extremely poor communication with my family."

"After emergency surgery, the 4 days of care in I.C.U. were amazing. The nursing care was outstanding - virtually 1 to 1 care night and day. I felt so safe and secure and had the utmost confidence in all of the surgical and nursing teams. The great physios who got me back on my feet, the kind kitchen staff who were patient and helpful at all times. Being helpful and friendly went hand in hand. 4 days in a 4 bed ward prior to discharge home were equally supportive. The high quality nursing ethos abounds everywhere."

"Consultant made himself available to explain my condition to a family member who looks after me."

Other aspects of care: what do these results mean?

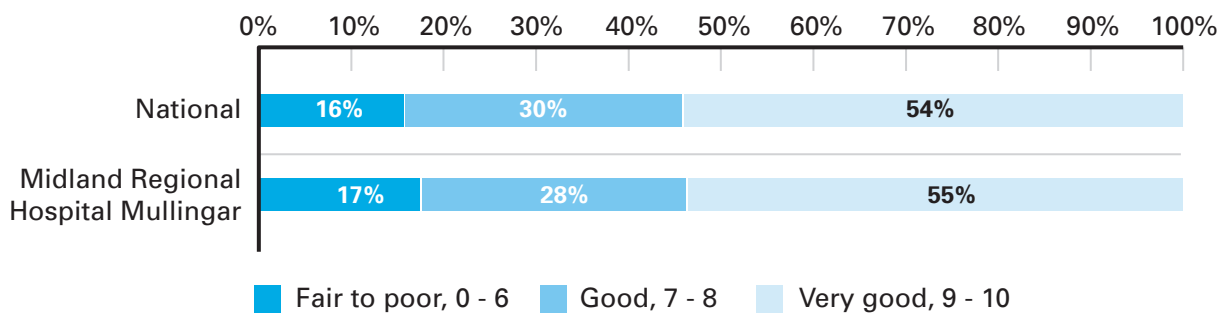
The ratings for the questions on other aspects of care were mixed. For example, while most participants said they had trust and confidence in the hospital staff treating them, a significant number did not. This question scored below the national average. On the other hand, the majority of people said that they were treated with respect and dignity and many were also very satisfied with the cleanliness of the toilets and bathrooms.

Overall experience

Respondents were asked to rate their overall hospital experience on a scale from 0 to 10, with 10 being the most positive experience, and 0 the most negative experience. 55% of participants from MRHM rated their care as very good, slightly above the national figure of 54%.

Figure 13 compares the average overall rating of hospital experience for MRHM with the national average.

Figure 13 Overall rating of hospital experience for MRHM and nationally



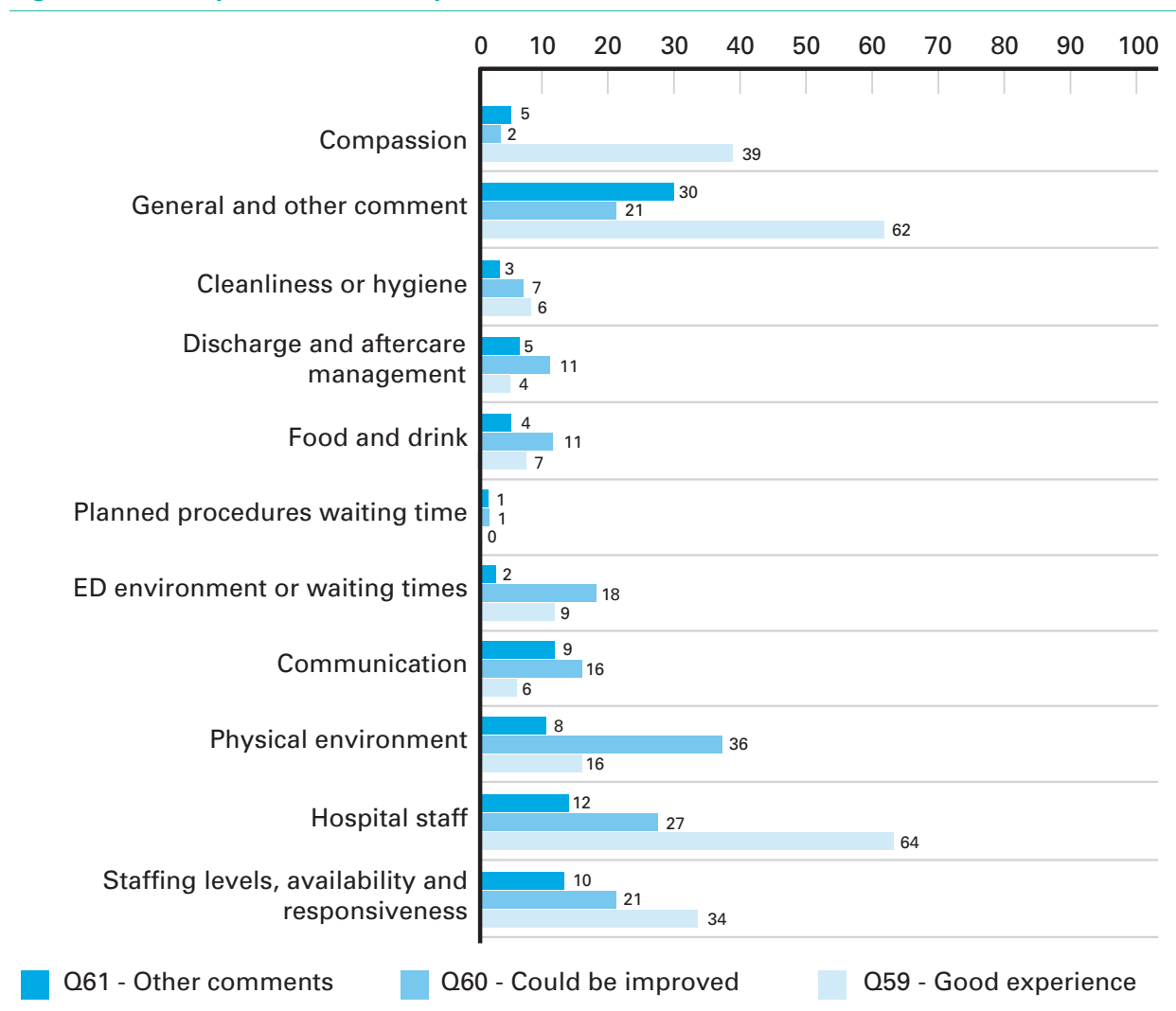
In their own words: analysis of patients' comments

The last three questions (questions 59-61) of the survey asked patients to provide additional information, in their own words, on their experiences in hospitals. These free-text questions allowed people to give a more in-depth description of specific aspects of their care. It also allowed them to talk about various things (good or bad) that could not be captured by the structured questions. In total, 507 comments were received from patients of MRHM in response to the free-text questions in the 2018 survey.

Figure 14 shows the breakdown of participant comments by theme for each of the three open-ended questions. Q59 asked participants what was particularly good about their hospital care, Q60 asked participants what could be improved, and Q61 asked participants for any other comments or suggestions.

For Q59, most of the comments related to the 'hospital staff' and 'general and other comment' themes. For Q60, most comments related to the 'physical environment' and to 'hospital staff'. Finally, most responses to Q61 were of a 'general and other comment' type.

Figure 14 Participant comments by theme



Conclusion

What were patients' experiences of hospital care in MRHM in May 2018?

The majority of participants said they had a positive overall experience in MRHM. 83% of patients at the hospital said they had a 'good' or 'very good' experience, compared with 84% nationally.

In the 2018 survey, MRHM received similar scores to the national average across every stage of care. However, participant ratings of care were generally more negative than those received in 2017, particularly in relation to admissions and overall experience.

A number of areas of good experience were apparent. These were areas that were related to participants' overall experiences and where participants gave above-average ratings. For example, patients of MRHM were very positive about the level of respect and dignity they received, both in the emergency department and throughout the hospital. Patients were also very satisfied with the level to which they were involved in their own care.

Several areas needing improvement were identified. Many patients did have complete trust or confidence in the hospital staff treating them, and an important number of people highlighted issues around communication with doctors and during the discharge process. These three areas for improvement are of particular importance as they are strongly related to patients' ratings of their overall experience. For example, patients who felt that they did not have enough time to discuss their care and treatment with a doctor were less likely to give a positive rating of their overall experience.

The findings of the 2018 survey will be used to help MRHM improve the experiences of patients in the hospital.

Appendix 1: Areas of good experience and areas needing improvement

Improvement map

The map below helps to identify areas of good experience and areas needing improvement in MRHM. Questions that have a strong relationship with overall ratings of experience (Q52) are selected as areas of good experience or areas needing improvement respectively. Three areas of good experience (highlighted in blue) and three areas needing improvement (highlighted in purple) are identified on the map.

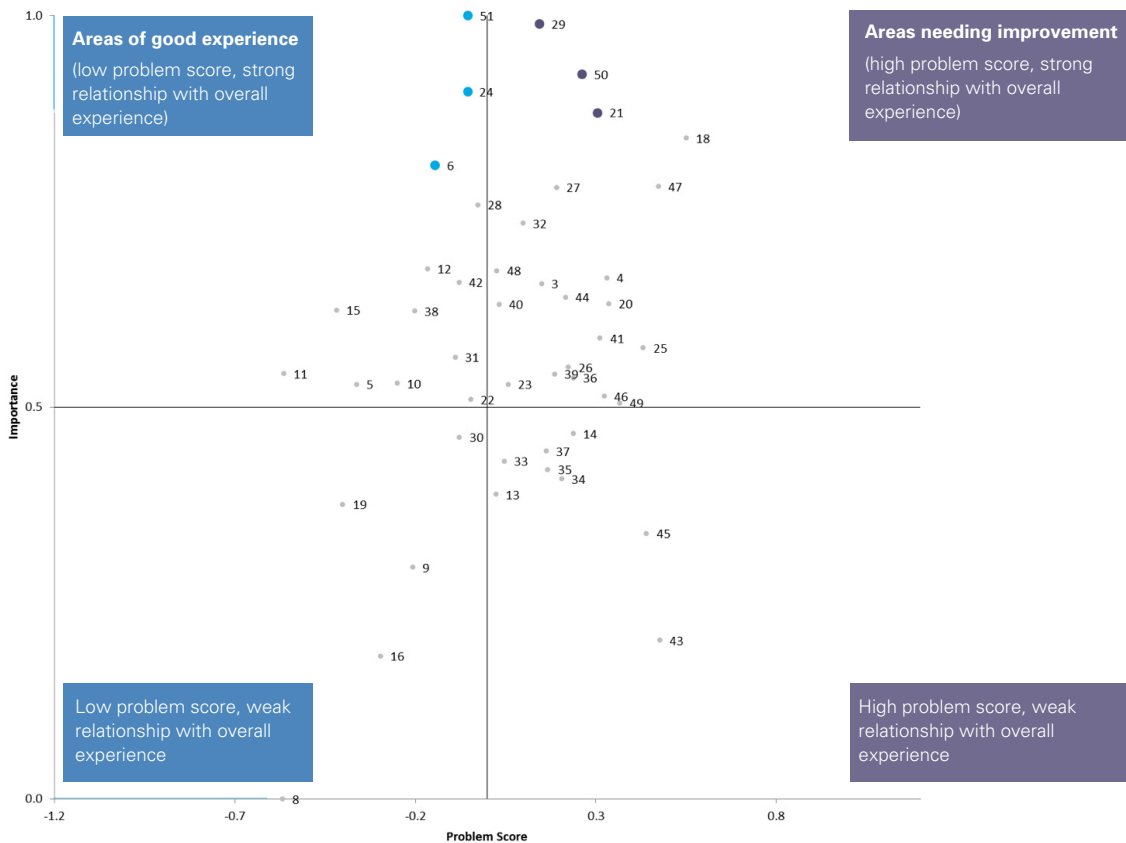
Interpreting the improvement map

The **importance** of the relationship between each question and overall experience is given on the vertical axis as a number between 0 and 1, with 1 being the strongest possible relationship.

Problem scores show the difference (positive or negative) between the national average and a question score (out of 10). These are given on the horizontal axis.

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 this hospital.

Questions that have low problem scores and are important to patients' overall experiences can be found in the **top left section** of the map — these are **areas of good experience** in this hospital.



References

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