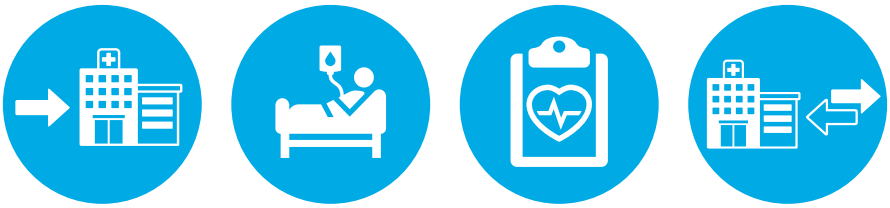
National Patient Experience Survey



National Patient Experience Survey 2017

Midlands Regional Hospital, Mullingar (MRHM)

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/NPESurvey

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Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

An Roinn Sláinte
DEPARTMENT OF HEALTH

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

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

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

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

National Patient Experience Survey

Midland Regional Hospital Mullingar

47% of 638 eligible patients took part

52% female
48% male

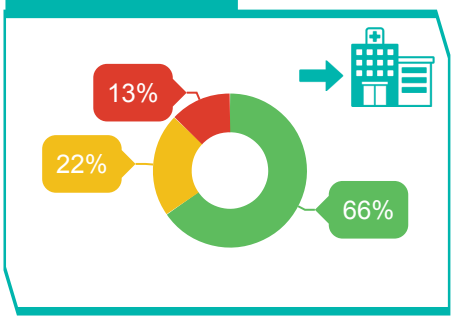
85% entered hospital on an emergency basis

Average age: 64 years

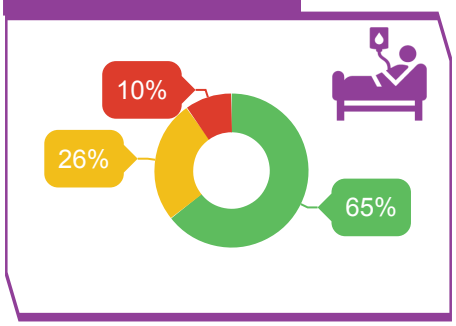
Very good 9 - 10 | Good 7 - 8 | Fair to poor 0 - 6

Stages of care

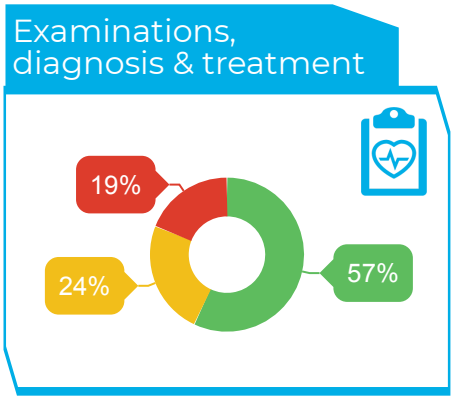
Admission



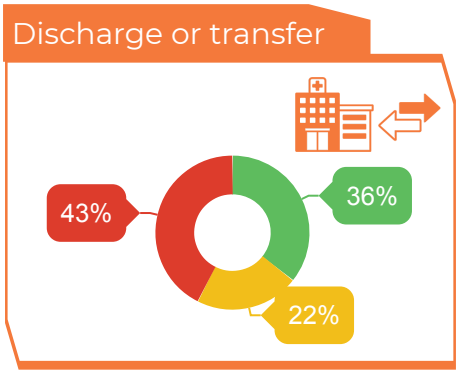
Care on the ward



Examinations, diagnosis & treatment

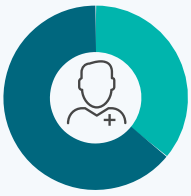


Discharge or transfer



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

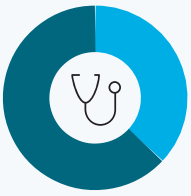
Admission



36%

did not always receive an explanation about their condition that they could understand.

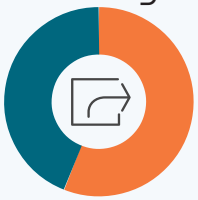
Treatment



37%

did not always have enough time to discuss their care and treatment with a doctor.

Discharge

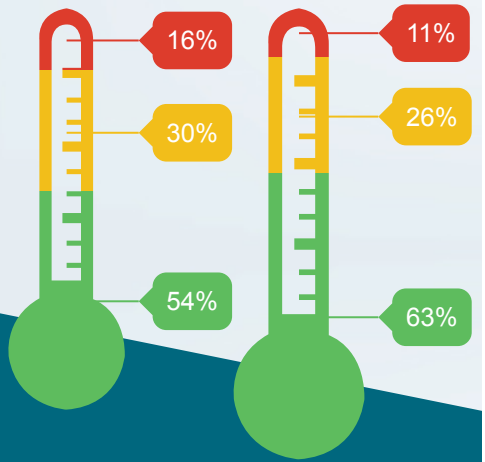


56%

were not provided with any information about what they should or should not do at home.

Overall experience

Nationally | This hospital



Areas of good experience

99% of people said

they had enough privacy while on the ward.

Areas needing improvement

61% of people said

they were not always told about medication side effects to watch for when they went home.

Structure and content of this report

Chapter 1

Patients' experiences of acute care in Midlands Regional Hospital, Mullingar (MRHM)

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 experience of patients who were discharged from Midlands Regional Hospital, Mullingar (MRHM) during the month of May 2017. In total, 303 patients from MRHM 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 and transfer; and other aspects of care. Three of the questions asked respondents for written comments about what was good about the care they received, and what could be improved. The list of questions from the National Patient Experience Survey can be found in Appendix 1.

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

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

The National Patient Experience Survey values and seeks to represent the patient voice, which is a fundamental principle of patient-centred care. The survey acknowledges both positive and negative experiences, as told by the 303 from MRHM. While thousands of people surveyed nationally said that they had a very good experience of acute hospital care, it is important also to listen to those people who identified areas for improvement. These voices and experiences will play a key role in shaping the future of patient-centred care in Ireland.

Hospital profile

MRHM is a public acute hospital located in Co. Westmeath. There were 194 inpatient beds available in the hospital in May 2017. 638 eligible discharges were recorded during the survey period. MRHM has an emergency department and 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 MRHM 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 MRHM. A quality improvement plan will be developed for MRHM 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?

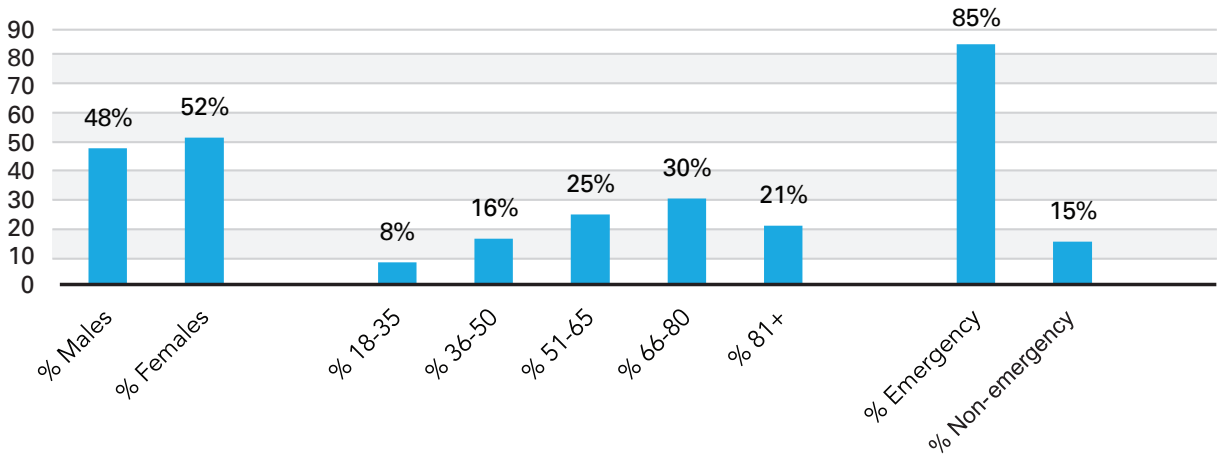
Description of the respondents who took part in the survey

638 people discharged from MRHM during the month of May 2017 were invited to participate in the survey.

303 people completed the survey, achieving a response rate 47%.

Figure 1. below shows information about the respondents who took part in the survey MRHM. 48% of people who responded to the survey were male and 52% were female. The majority of respondents (85%) said they entered the hospital through the emergency department.

Figure 1. Survey participants from MRHM by sex, age group and admission route



What were the main findings for MRHM?

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

The survey found that, overall, people in the MRHM were generally treated with respect and dignity, both in the emergency department and on the ward. The privacy on the ward also received positive ratings, and patients were able to find staff to talk to about their worries and fears. Patients in MRHM were more positive than the national average about their family's opportunity to talk to a doctor about their care.

Several areas were identified as needing improvement. In relation to admission, the large majority of patients reported waiting for more than six hours in the emergency department. This could potentially have a negative impact on their health. Patients reported that staff did not always introduce themselves. It was also noted that staff did not always explain to patients after an operation how it had gone. The process of discharge was also problematic, with many patients saying that they did not receive enough information to care for themselves after they left hospital.

These findings will serve to inform quality improvement initiatives in MRHM.

Areas of good experience and areas needing improvement in MRHM

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

Appendix 3 explains how these areas were identified.

The areas of good experience in MRHM are:

Patients had positive experiences in several areas, particularly as regards being treated with respect and dignity. Patients were positive about the privacy they experienced on the ward. Communication by members of staff with patients and their families while on the ward was generally positively regarded.

Admissions | Q6.

Respect and dignity in the emergency department

89% of the 244 people who answered this question said that they were always treated with respect and dignity in the emergency department.

Care on the ward | Q9.

Privacy while on the ward

99% of the 299 people who answered this question said that they always, or sometimes, had enough privacy while on the ward.

Other aspects of care | Q27.

Opportunity for family members to talk to a doctor

87% of the 207 people who answered this question said that their family definitely, or to some extent, had an opportunity to talk to a doctor about their care.

Care on the ward | Q28.

Someone to talk to about worries and fears

156 (84%) of the people who answered this question said that they definitely, or to some extent, found someone on the hospital staff to talk to about their worries and fears.

Other aspects of care | Q52.

Respect and dignity

270 people (90%) said that they were always treated with respect and dignity.

The areas needing improvement in MRHM are:

Patients highlighted areas needing improvement. Patients did not always receive as much information as they needed when they left hospital. Staff did not always introduce themselves, and many patients did not feel that staff had explained their operation or procedure in a way they could understand.

Care on the ward | Q14.

Staff introductions

82 (28%) of the 290 people who answered the question said that only some, or very few, of the staff who treated or examined them introduced themselves.

Examinations, diagnosis and treatment |Q39.

Clear explanation of the outcome of an operation or procedure

50 (35%) of respondents to this question said that a member of staff did not explain, or only to some extent explained, how their operation or procedure had gone in a way they could understand.

Discharge or transfer |Q44.

Written or printed information

161 people (56%) said that they did not receive written or printed information about what they should or should not do after leaving hospital.

Discharge or transfer | Q46.

Information on the side effects of medication

61% of the 193 people who answered the question said that they were not, or were only to some extent, told about medication side effects to watch out for when they went home.

Other aspects of care | Q50.

Information on support services after discharge

92 people (35%) said that they were not told who to contact if they were worried about their condition or treatment after they left hospital

2

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.

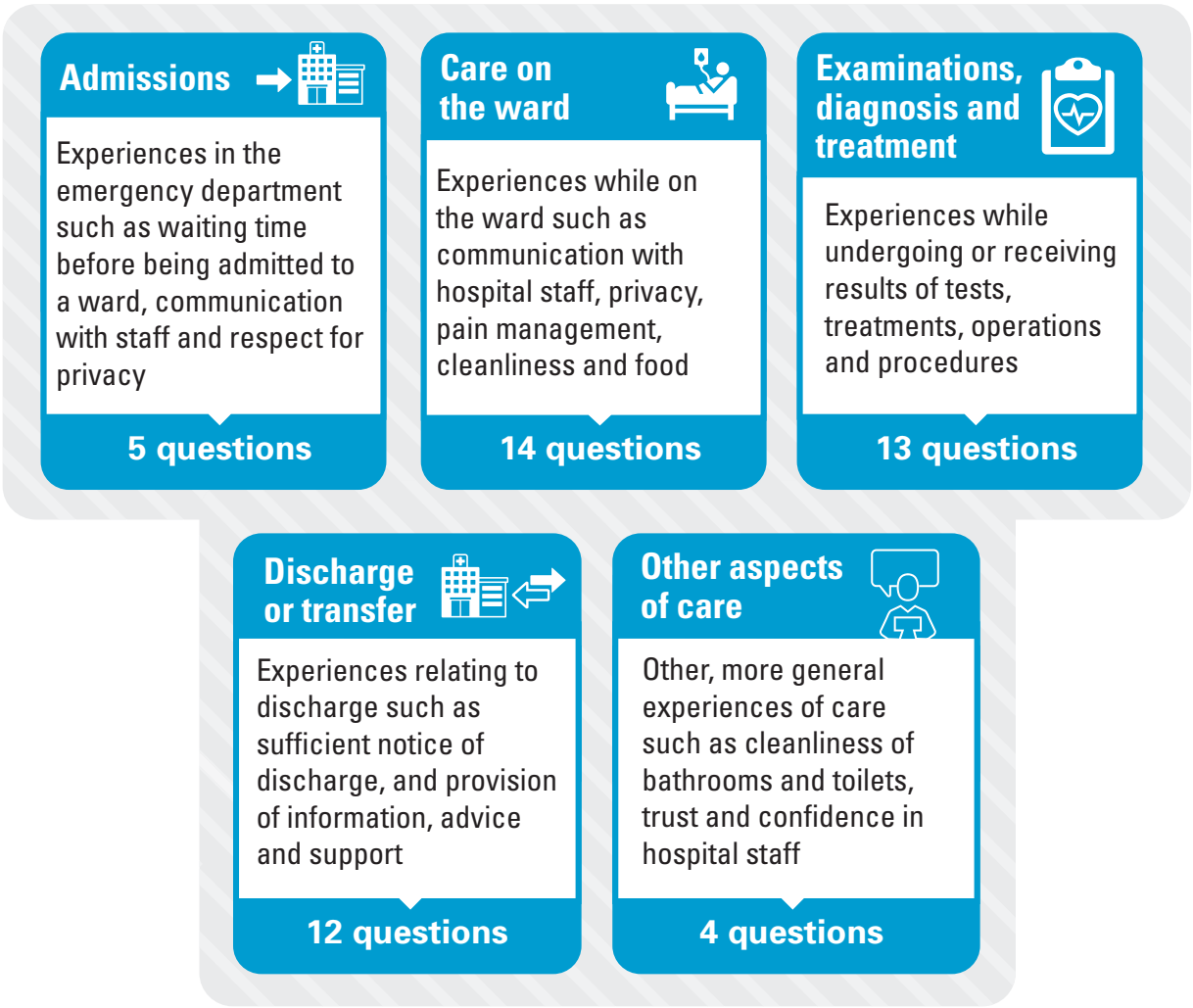
The survey questions were grouped into five stages along the patient journey:

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

"I got very well treated but I still had to lie on a trolley all night - that was very stressful."

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

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



How to interpret the results for the stages of care

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

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

Figure 3. Guide to interpreting the results

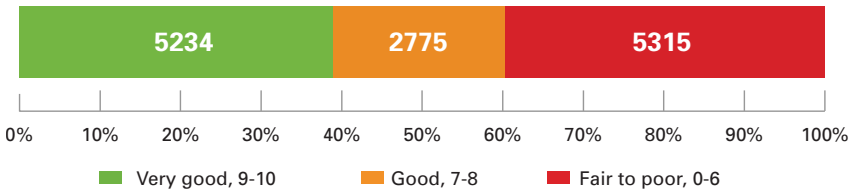
1 Experience rating for a stage of care

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

Example:

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

Figure 2.22 | Discharge or transfer ratings



2. Scores out of 10

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

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

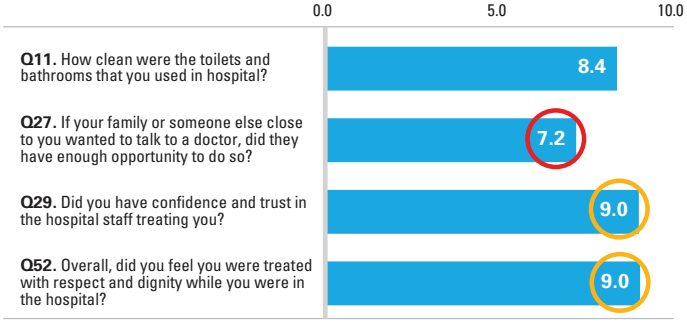
Example:

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

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

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

Figure 2.28 | National score for other aspects of care

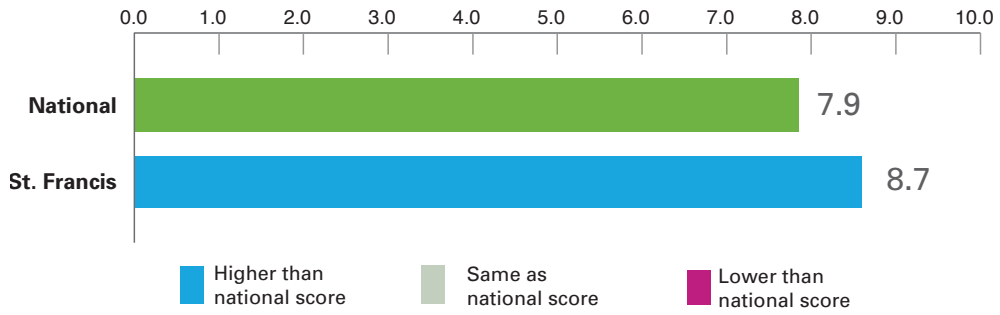


3 Comparisons

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

Example:

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



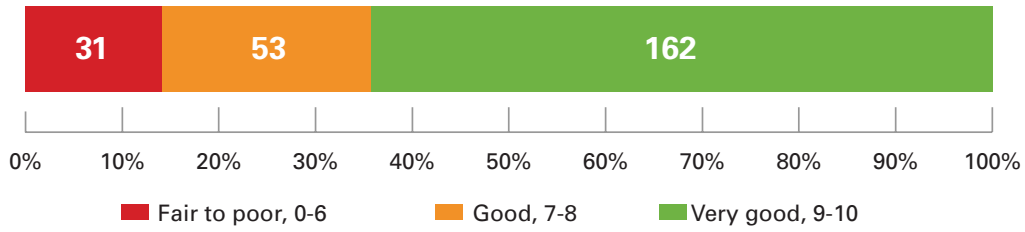
Admissions

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

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

31 people (13%) had a fair to poor experience of the emergency department in MRHM. However, 162 (66%) people rated their experience as very good. The findings are summarised in Figure 4.

Figure 4. Experience ratings for the admissions



What were the key findings for admissions?

- Waiting time in the emergency department was the lowest scoring question for this stage of care, with 60% of people saying they waited longer than six hours before being admitted to a ward.
- 89% of respondents who spent time in the emergency department said that they were always treated with respect and dignity there.
- 86 respondents who needed an explanation (36%) said that their condition and treatment was not, or only to some extent, explained in a way that they could understand while in the emergency department.
- MRHM scored 8.5 out of 10 overall for this stage of care, which higher than the national score of 7.9 out of 10.

The patient voice: what patients said about admissions

Respondents from MRHM made 95 open-ended comments related to the following themes: 'dignity, respect and privacy', 'communication with the patient', 'emergency department management or environment', and 'emergency department waiting times'. 39 (41%) of the comments were made in response to the question seeking suggestions for improvement. Examples of comments for this stage of care are provided below.

Dignity, respect and privacy

"Staff were pleasant, caring, helpful. Consultant was clear, respectful."

"Privacy! For example, I "Something more than a curtain [is needed] in an examination room. Myself and the patient next to me are known to each other and neither of us needed the details of our respective health issues."

Communication with the patient

"There was a lady in A&E in Mullingar Hospital who went above and beyond I felt. She explained everything in detail and kept us calm and explained procedures that she and doctors were doing."

"There needs to be mor"Some doctors don't listen to you and talk to their colleagues over your head."

Emergency department management or environment

"The staff in A&E in particular were very helpful especially nurses."

"A lot of people in A&E on trolleys and chairs."

Emergency department waiting times

"I was reassured by the speed I was seen to in A&E. I found all staff in A&E to be very pleasant and approachable."

"Very slow A&E department, too long waiting to be seen."

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.

60% of people who answered Q8 had to wait longer than 6 hours before being admitted to a ward. More detail on waiting times is provided later in this section.

216 respondents (89%) from MRHM said that they were always treated with respect and dignity in the emergency department, with a score of 9.3 out of 10, making it the highest performing area of the admissions stage.

"Money needs to be put into the hospital to help it function. A&E is so busy, people are left too long often standing and waiting for hours"

The lowest scoring question for this stage was Q4 (score of 7.8 out of 10), which asked patients if doctors or nurses in the emergency department had explained their condition and treatment in a way they could understand. 86 people (36%) said that they had not, or only to some extent, received an explanation they could understand.

Figure 5. summarises the scores for MRHM for the admissions stage of care.

Figure 5. MRHM scores for questions on admissions

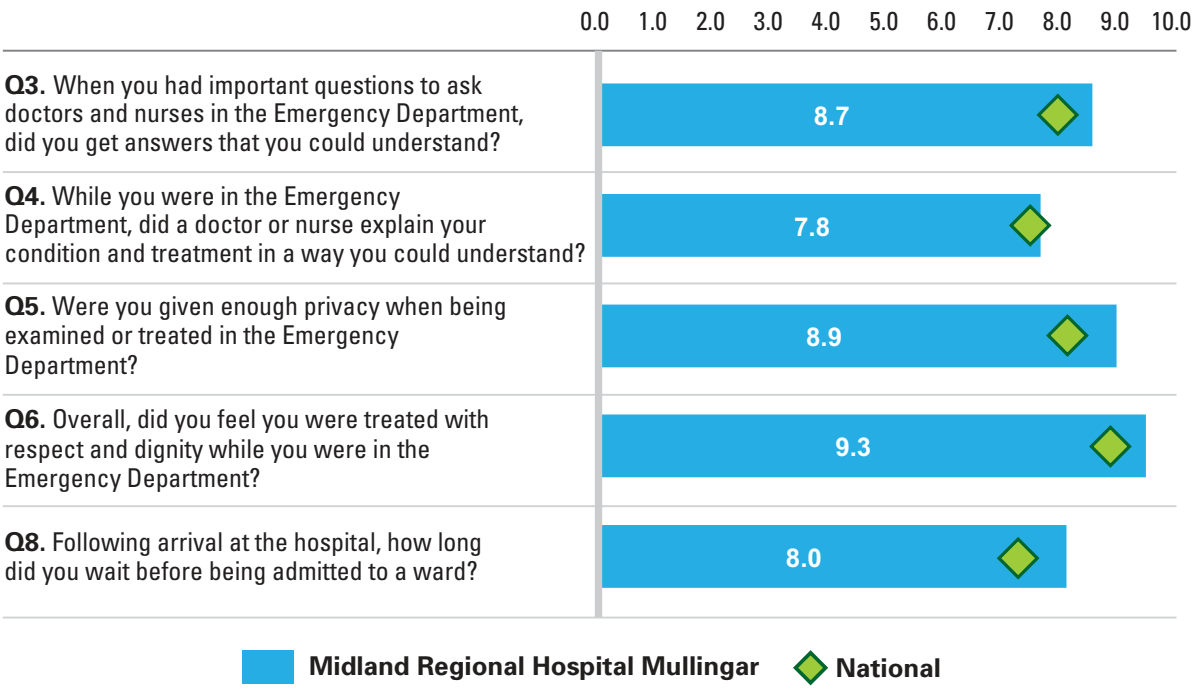
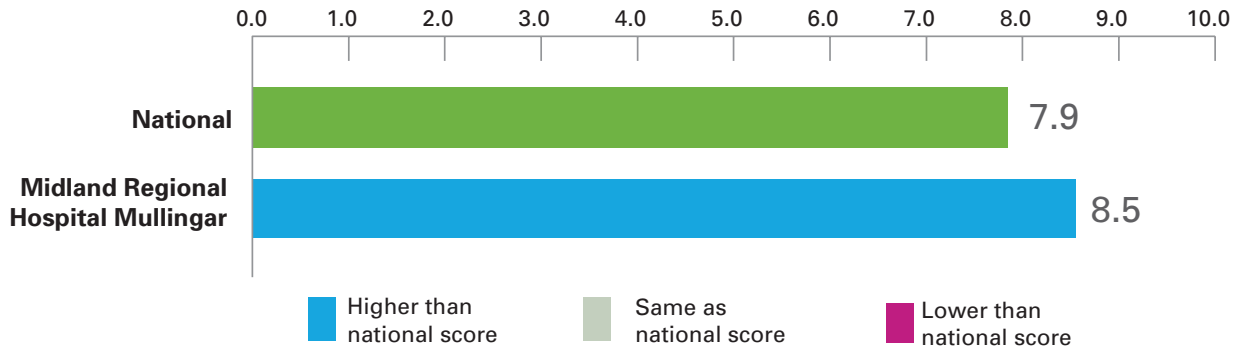


Figure 6. Comparison of MRHM and the national average score for admissions (out of a maximum of 10).

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



Emergency department waiting times

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

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

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

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

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

Waiting time before being admitted to a ward

In MRHM, 96 respondents (40%) said they were admitted to a ward within six hours of arriving at the emergency department. 133 respondents (56%) reported waiting between six and 24 hours. 10 respondents (4%) reported waiting 24 hours or more before being admitted to a ward in MRHM, with three people saying they waited more than 48 hours.

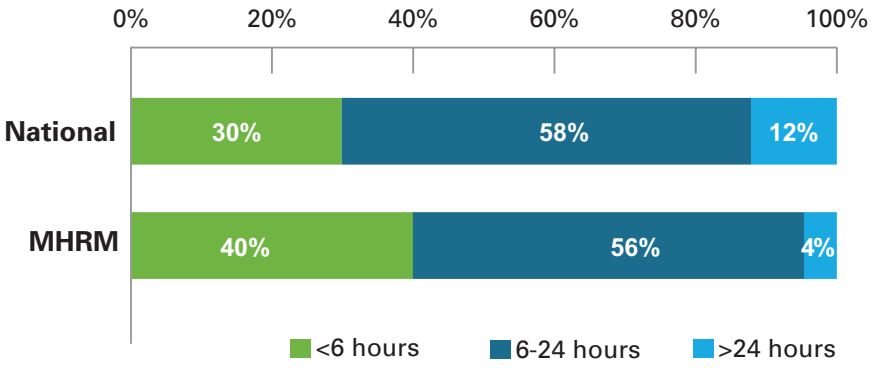
1 The HSE 2017 targets can be viewed at: https://www.hse.ie/eng/services/publications/KPIs/Acute-Hospitals-KPI-Metadata-2017.pdf

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

What does this mean for MRHM?

With 40% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that MRHM performed above the national average, where 30% of people said that they were admitted within six hours of arriving. However, patient-reported waiting times in MRHM fell well short of the HSE target for waiting times. Studies have found that long waiting times in the emergency department, after a decision has been made to admit a patient, can have negative consequences for patient's health [1,2].

Figure 7. Patient-reported emergency department waiting times for MRHM and nationally



Admissions: what do these results mean?

MRHM performed well for this stage of care. However, the majority of patients reported waiting longer than six hours in the emergency department. Lengthy waiting times are associated with poor outcomes for patients. Most patients said they were treated with respect and dignity in the emergency department but many patients were not given explanations of their condition that they could fully understand.

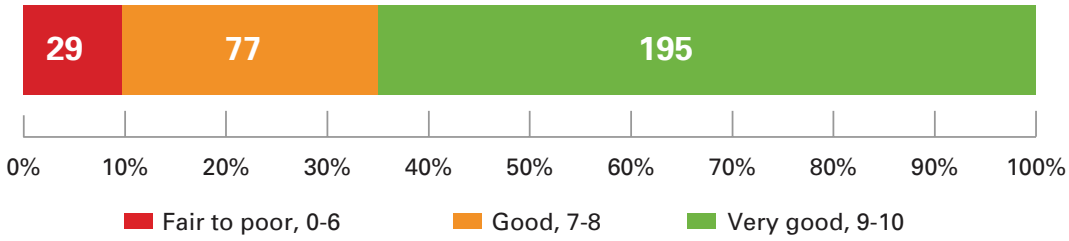
Care on the ward

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

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

29 respondents (10%) reported having a fair to poor experience during their stay on a ward in MRHM. However, 195 respondents (65%) said that their experience of care on the ward was very good. Figure 8. summarises patients' experiences of care on the ward.

Figure 8. Experience ratings for care on the ward



What were the key findings for care on the ward?

- 262 respondents (88%) from MRHM said that they were always given enough privacy while on the ward, which is above the national average.
- 80 respondents (28%) rated the food as 'fair' or 'poor'.
- 33 people (42%) said they were not, or were only sometimes, offered a replacement meal when required.
- MRHM scored 8.6 out of 10 for care on the ward, which is higher than the national average score of 8.3 out of 10.

"I was very happy with how I was looked after. I had never had surgery before but I felt well cared for throughout."

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

120 open-ended comments from MRHM related to the following themes: 'staffing levels', 'staff availability and responsiveness' 'other healthcare staff', 'other staff', 'food and drink', 'cleanliness and hygiene'. 42 (35%) of the comments were in response to the question seeking suggestions for improvement. Some examples of the comments are provided below.

Staffing levels

"I was in [Ward Name], the nurses and staff were so busy day and night, but always so helpful and friendly."

"I felt at all times the doctors and nurses were understaffed and could have had more help."

Staff availability and responsiveness

"The staff were very quick in dealing with my situation, I was constantly being reassured that I would be ok"

If a doctor is unreachable after a couple of hours, nurses should be able to make the decision to give a patient pain killers, so that the patient does not have to wait 8 hours in pain."

Other healthcare staff

"Just want to say I was in hospital for a week, was looked after very well. The nurses and ward attendants had time for everyone."

"Apart from kindness from 3 healthcare assistants, I did not receive an acceptable level of help/kindness."

Other staff

"The catering staff were particularly friendly and helpful - nothing was too much trouble."

"The catering staff need to be more aware that when doctors are examining you that they cannot enter the area to drop in your food"

Food and drink

"The food was great"

"The food was appalling. No fruit was ever offered or healthy options. It was the same horrible potato, veg and disgusting meat. I am not a fussy eater and I could not even stomach the food."

Cleanliness and hygiene

"My ward was clean and airy and I was treated with the utmost of respect. The staff acted professionally."

"The ward toilets were very dirty during my stay"

Quantitative results for questions on care on the ward

Fourteen questions asked about care on the ward.

Figure 9. shows the scores out of 10 for each question. 262 respondents (88%) from MRHM said that they were always given enough privacy while on the ward, which is above the national average. The lowest scoring questions (Q15 and Q18) both relate to hospital food. 80 respondents (28%) rated the food as 'fair' or 'poor'. 33 people (42%) said they were not, or were only sometimes, offered a replacement meal when required.

"Medical staff not as prompt and caring to attend to patients as the nurses are."

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

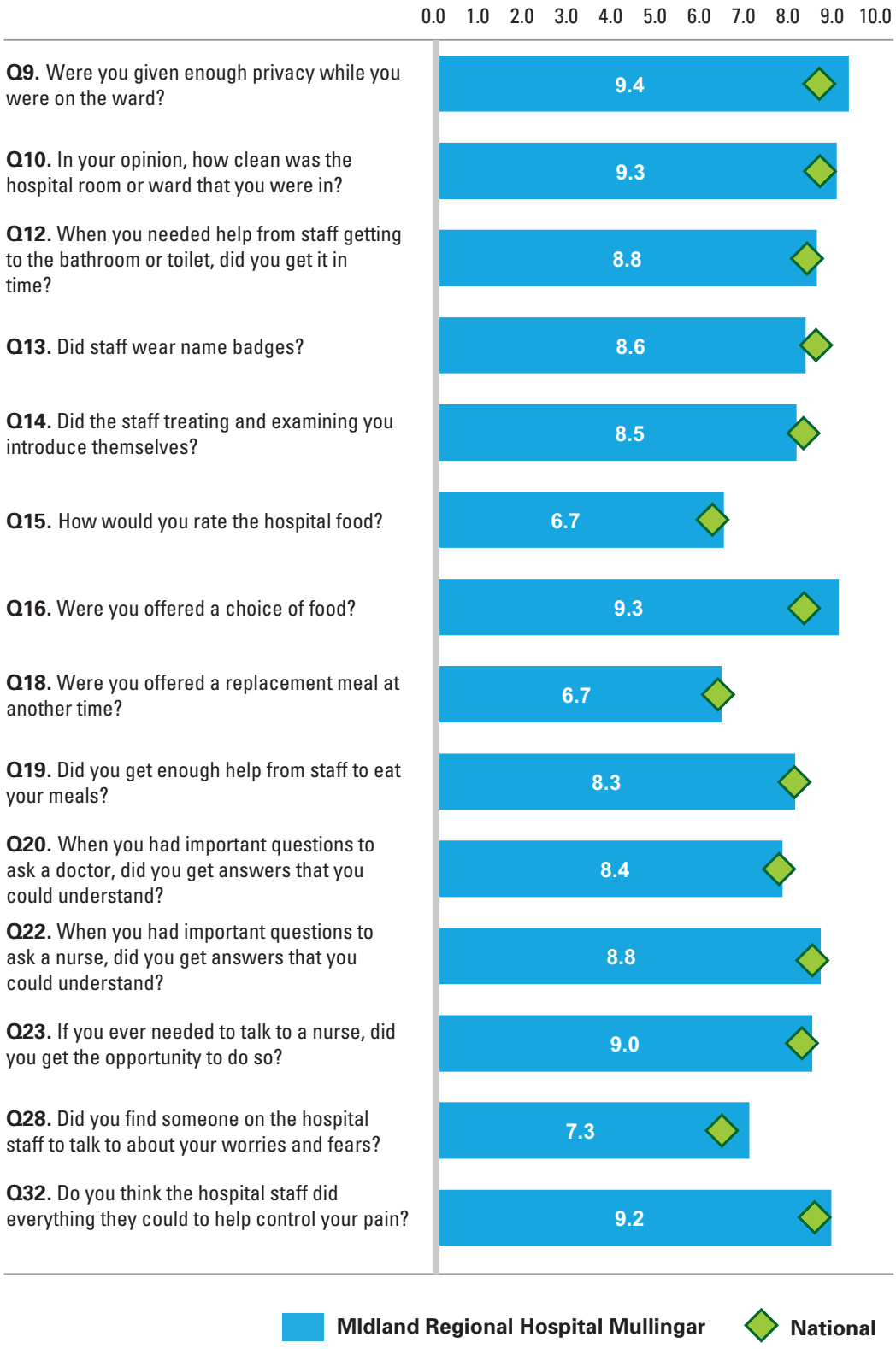
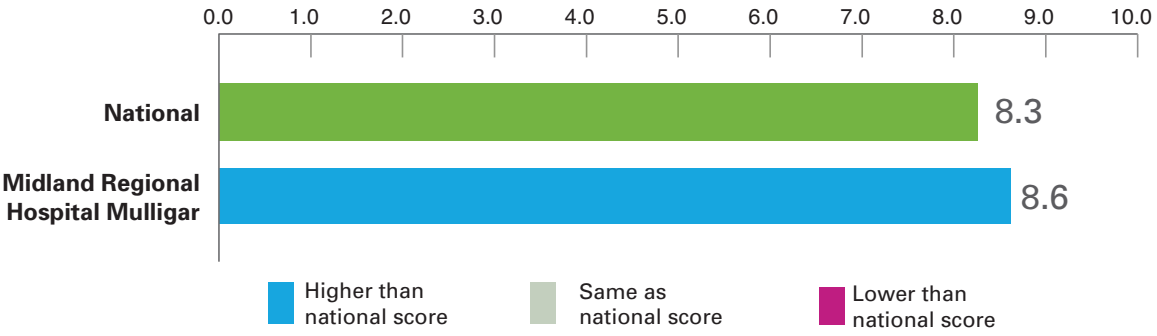


Figure 10. shows that, within the care on the ward stage, the average score for MRHM (8.6 out of 10) is higher than the national average (8.3 out of 10). This means that patients in MRHM reported a more positive experience of care on the ward than the national average for this stage of care.

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



Care on the ward: what do these results mean?

People generally had positive experiences of care on the ward in MRHM. Many patients did not have positive experiences in relation to standard of food they received, and replacement meals were not always available for those who needed them. Patients were generally positive about the level of privacy on the ward and staff availability to discuss their worries and fears.

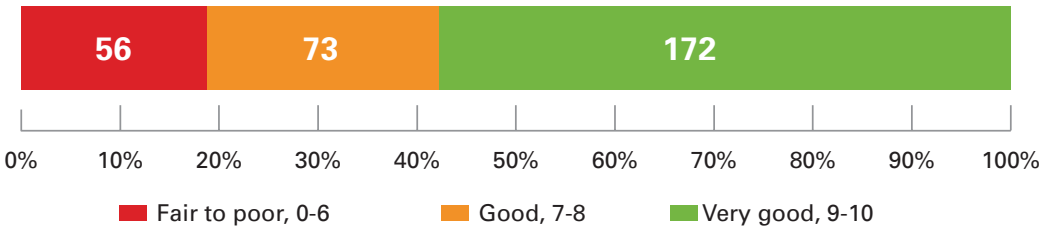
Examinations, diagnosis and treatment

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

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

56 respondents (19%) said that their experience of examination, diagnosis and treatment in MRHM was fair to poor. On the other hand, 172 respondents (57%) reported having a very good experience. Figure 11. summarises patients' experiences of examinations, diagnosis and treatment.

Figure 11. Experience ratings for examinations, diagnosis and treatment



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

- Many people said that they were given enough privacy when they were being examined or treated, with a score of 9.6 out of 10 for this question.
- 108 respondents (37%) said they did not always have enough time to discuss their care or treatment with a doctor.
- 50 people (35%) said they were not completely told how an operation or procedure had gone.
- MRHM scored 8.3 out of 10 for examinations, diagnosis and treatment, which is similar to the national average (8.1 out of 10).

"I had a bad experience regarding family member and I was left feeling that I was wasting the doctor's time"

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

128 open-ended comments were made about the following themes: 'nursing staff', 'doctors or consultants', 'waiting time for planned procedures'. 15 (12%) of these comments were in response to Q60 which asked patients for suggestions for improvement. Some examples of these comments are provided below.

Nursing staff

"Nurses were excellent, very professional, competent and friendly."

"Personally I think general nurses need more education about cancer and its side effects."

Doctors or consultants

"The doctors were very good, one doctor cured an ongoing problem I had."

"Doctor-patient care was very poor, doctor don't seem to have time to sit and talk to patients. Not enough privacy when talking to doctor, everyone in the ward can hear, doctors are not discrete at all."

Waiting times for planned procedures

"The only fault I found was the several cancellations of my procedure resulting in my only child unable to book annual leave to help me at home immediately after."

Quantitative results for questions on examinations, diagnosis and treatment

Thirteen questions asked about examinations, diagnosis and treatment.

"Doctors, nurses and staff very good at their work and very friendly."

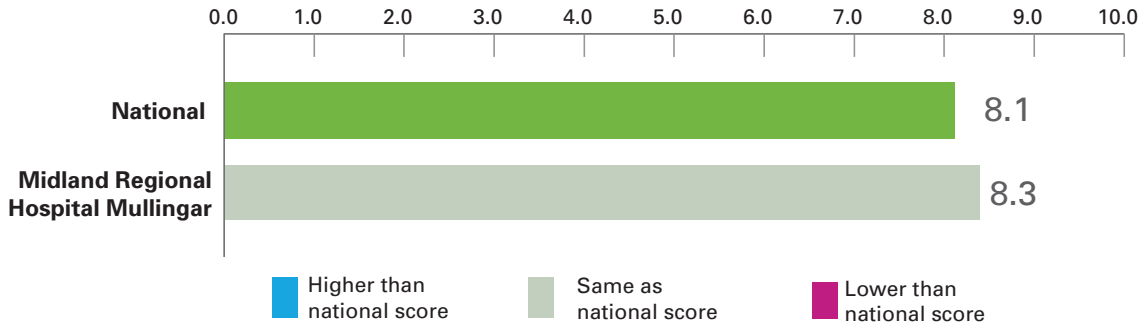
Figure 12. shows the scores out of 10 for each question in this stage. 272 (91%) of respondents who answered the question said they always received enough privacy when being examined or treated. This was the highest scoring question for the stage, at 9.6 out of 10 overall.

The two lowest rated questions asked patients whether they had enough time to discuss their care and treatment with a doctor, and whether they were told how an operation or procedure had gone, with both scoring 7.6 out of 10. 108 respondents (37%) said they did not always have enough discussion time. 50 people (35%) said they were not completely told how an operation or procedure had gone.

Figure 12. Scores for questions on examinations, diagnosis and treatment

Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for MRHM (8.3 out of 10) is similar to the national average (8.1 out of 10)[2].

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



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

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

2 Though the MRHM examinations, diagnosis and treatment score is higher than the national score, the difference is not statistically significant. For further information see Appendix 4.

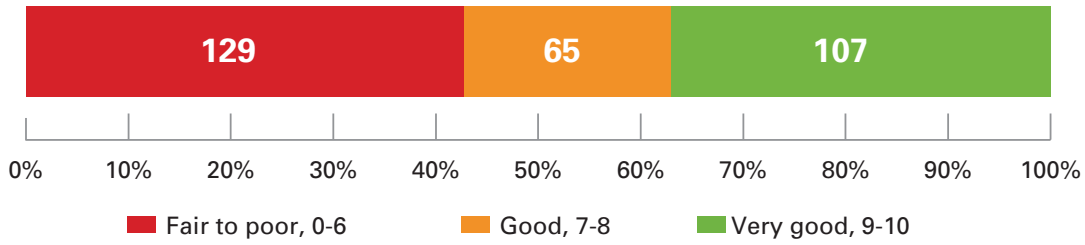
Discharge or transfer

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

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

Out of the 301 people who rated their experience of discharge or transfer from the hospital, 129 (43%) said that their experience was 'fair to poor'. On the other hand, 107 (36%) reported having a very good experience of being discharged or transferred from MRHM. Figure 14. below summarises these experience ratings.

Figure 14. Experience ratings for discharge or transfer



What were the key findings for discharge or transfer?

- Out of 289 people, 259 (90%) said that they were definitely, or to some extent given enough notice about when they were going to be discharged.
- 161 people (56%) who answered Q44 said that they were not given written or printed information about what they should or should do when they left hospital.
- MRHM scored the same as the national average for this stage of care, with an overall score of 6.7 out of 10.

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

In total, people from MRHM made 15 comments in the 2017 survey about 'discharge and aftercare management'. Seven of these comments were in response to Q60 which asked for suggestions for improvement. Some examples of the comments for this stage of care are provided below.

Discharge and aftercare

"I feel I could have been given more information about post operation care and expectations. I was anxious when I got home about what was ok to experience."

Quantitative results for questions on discharge or transfer from hospital

Twelve questions asked about discharge or transfer.

Out of 289 people, 259 (90%) said that they were definitely, or to some extent, given enough notice about when they were going to be discharged.

161 people (56%) who answered Q44 said that they were not given written or printed information about what they should or should do when they left hospital.

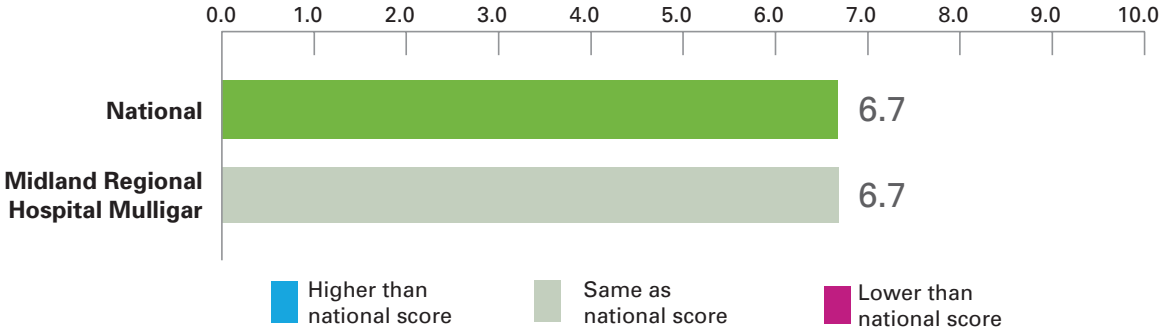
Figure 15. summarises the scores for MRHM for questions on discharge or transfer from the hospital.

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

Figure 15. MRHM scores for discharge or transfer

Figure 16. shows that, within the discharge and transfer from hospital stage, the average score for MRHM (6.7 out of 10) is about the same as the national average (6.7 out of 10).

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



Discharge or transfer: what do these results mean?

MRHM had an average performance on this stage of care, with patients reporting a similar experience to the national average. The results and comments show that patients require more information and support as regards leaving hospital and caring for themselves at home. Patients reported not being told who to contact if they were worried about their condition after leaving hospital. Many patients also said that they were not fully informed about medication side effects.

Other aspects of care

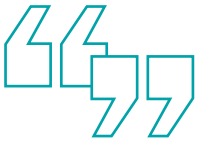
In summary: what were patients' experiences of other aspects of care?

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

What were the key findings for other aspects of care?

- Q52 was the highest ranking questions on other aspects of care (score of 9.5 out of 10). 90% of people said that they were always treated with respect and dignity while they were in hospital. However this was slightly below the national average.
- Q27 was the lowest ranking question on other aspects of care (score of 7.9 out of 10). 32% of those who wanted their family involved said they were not, or were only to some extent, given enough opportunity to talk to a doctor.

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



149 open-ended comments in the 2017 survey were about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'parking facilities', 'clinical information and history' and 'private health insurance'. 34 of these comments were in response to Q60, which asked for suggestions for improvement.

Staff in general

"Must say the staff were very helpful in every way possible. That's from the cleaner, nurses, doctors and receptionists. 10/10"

"Staff do not pay any attention to detail or listen. Keep walking in and out with bundles of paper. They do not read the instructions of medicine the patient is on."

Communication with family and friends

"My family were well informed and I was made feel very safe."

"In the case of an elderly confused patient more communication between the hospital staff and patients family would be appreciated."

Physical comfort

"I was given a private room with TV, shower and toilet. With wonderful nurses and staff. No complaints in A&E."

"During rest hours I'd like not to be disturbed by nurses for blood pressure checks especially when sleeping, very annoying."

Hospital facilities

"Overall the staff and facilities were great."

"The two bed ward had no toilet or shower facility."

Clinical information and history

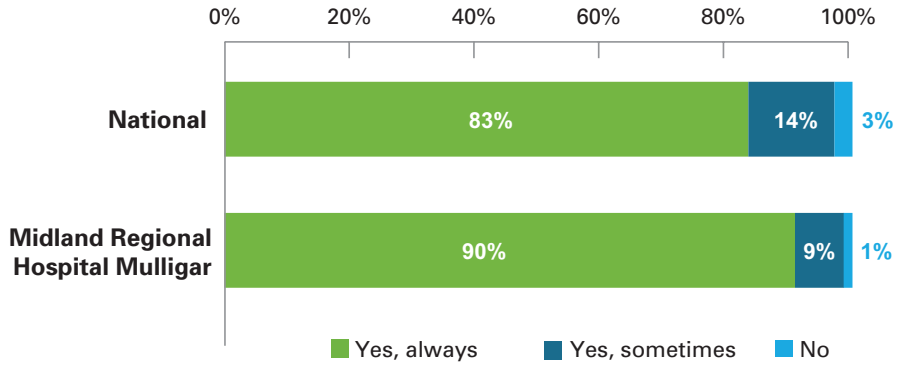
"I was given medication one of the days, and was told it was the same medication I was given the day before, but I know for certain I had not been given medication the day before"

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 MRHM in May 2017. Overall, 270 people (90%) said that they were always treated with respect and dignity, while three people (1%) said that they were not. This question scored an average of 9.5 out of 10, meaning that, in general, people reported a positive experience of this aspect of care.

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

Figure 17. Ratings for dignity and respect



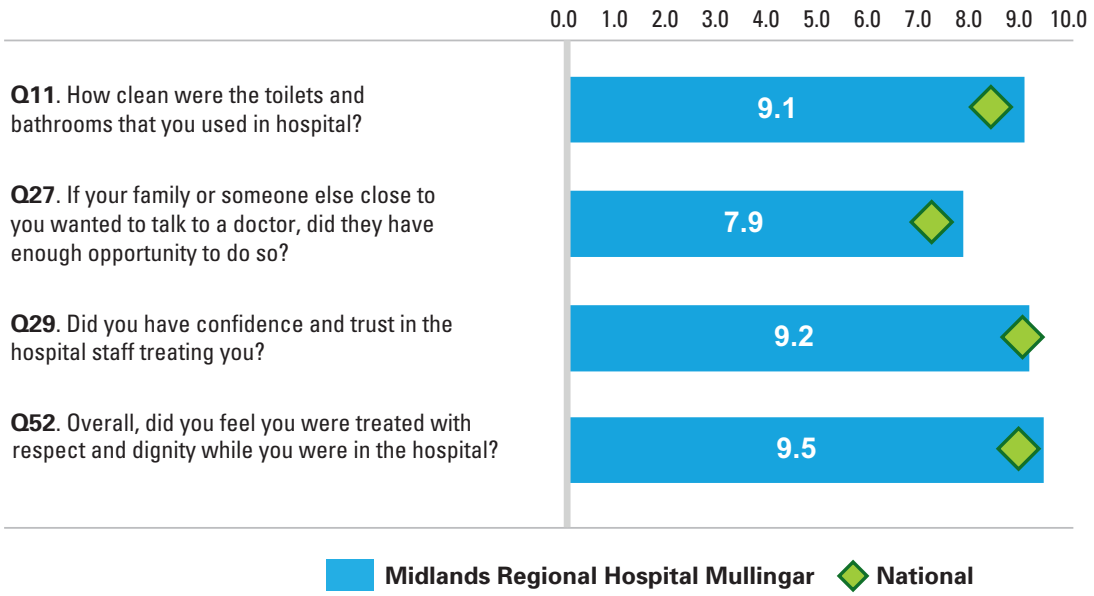
Question 29 asked people if they had confidence and trust in the hospital staff treating them. 250 people (84% of all people who answered Q29) said that they always had confidence and trust in the hospital staff treating them, six people (2%) said that they did not.

Question 11 asked people about the cleanliness of the bathrooms and toilets in MRHM. While 227 people (77% of people who answered Q11) said that the bathrooms and toilets were very clean, 10 people (4%) 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 MRHM. Out of 207 people, 141 (68%) said that their family or people close to them definitely had sufficient opportunities to talk to a doctor. However, 26 people (13%) said that their family or friends did not.

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

Figure 18. MRHM scores for other aspects of care



Other aspects of care: what do these results mean?

Most people said that they were treated with respect and dignity and had confidence in the hospital staff treating them. These areas are strongly linked with patients reporting a positive overall experience, and this is a positive result for MRHM. MRHM scored above the national average for patients' family members having sufficient opportunities to talk to a doctor, but there was still room for improvement.

3

Chapter 3

Overall experience

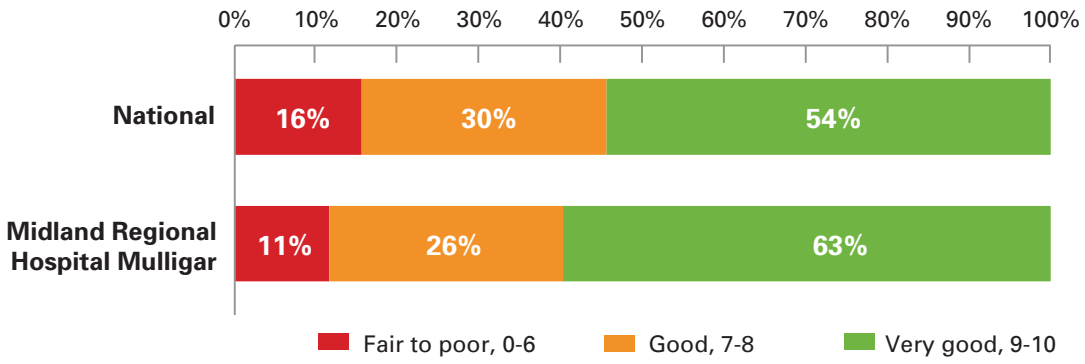
Ratings of overall experience

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

In Figure 19. below, the average overall rating of hospital experience for MRHM is provided and compared with the national average.

170 people (63%), who stayed in MRHM in May 2017, reported having a very good experience in this hospital, while 11% of respondents indicated a fair to poor experience.

Figure 19. Overall rating of hospital experience for MRHM and nationally



Chapter 4
Conclusion

How did patients experience hospital care in MRHM in May 2017?

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

The survey found that, overall, people in the MRHM were generally treated with respect and dignity, both in the emergency department and on the ward. The privacy on the ward also received positive ratings, and patients were able to find staff to talk to about their worries and fears. Patients in MRHM were more positive than the national average about their family's opportunity to talk to a doctor about their care.

Several areas were identified as needing improvement. In relation to admission, the large majority of patients reported waiting for more than six hours in the emergency department. This could potentially have a negative impact on their health. Patients reported that staff did not always introduce themselves. It was also noted that staff did not always explain to patients after an operation how it had gone. The process of discharge was also problematic, with many patients saying that they did not receive enough information to care for themselves after they left hospital.

These findings will serve to inform quality improvement initiatives in MRHM, defining the future of patient-centred care in the hospital.

What happens next?

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

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

The Department of Health will use the information gathered to inform the development of policy in relation to acute healthcare. Finally, the findings of the survey will be used to develop HIQA's approach to risk ratings and inspection in this area.

Appendix 1:

National Patient Experience Survey 2017 questions

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

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

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

Appendix 2:

Background to the National Patient Experience Survey Programme

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

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

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

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

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

Appendix 3:

Identifying areas of good experience and areas needing improvement

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

1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.

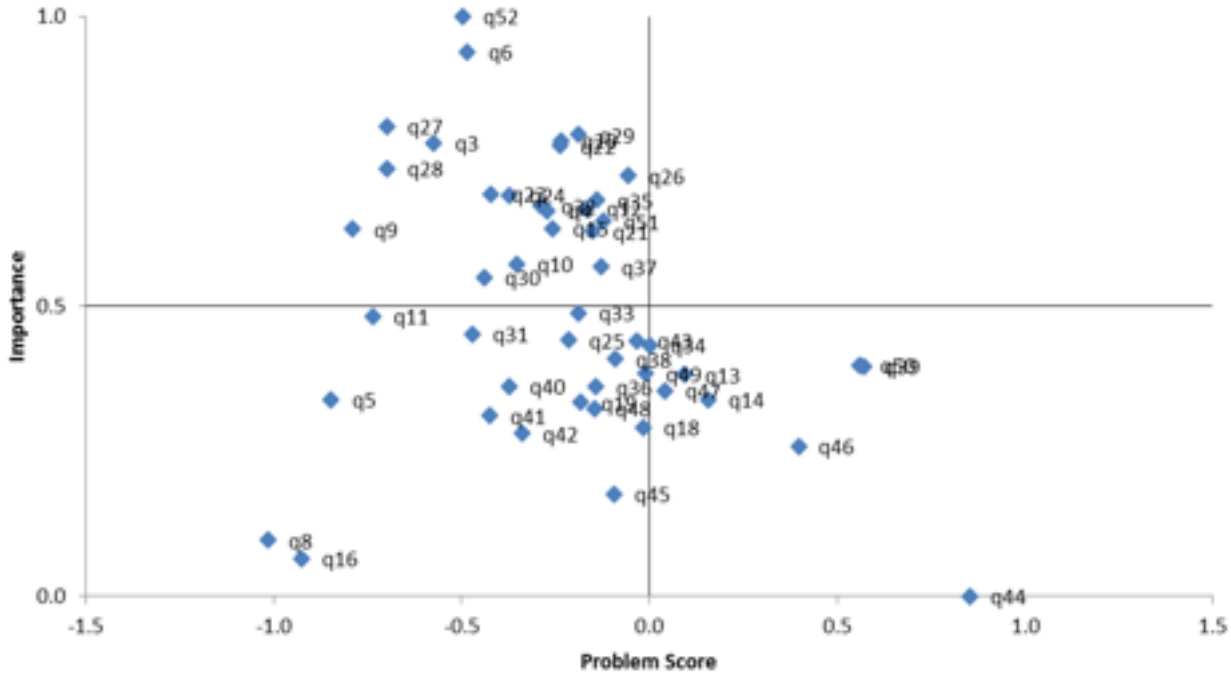
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected as areas of good experience or areas needing improvement. Further detail on this process is provided below:

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

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

Figure 20. Overall Patient Experience Map for MRHM



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

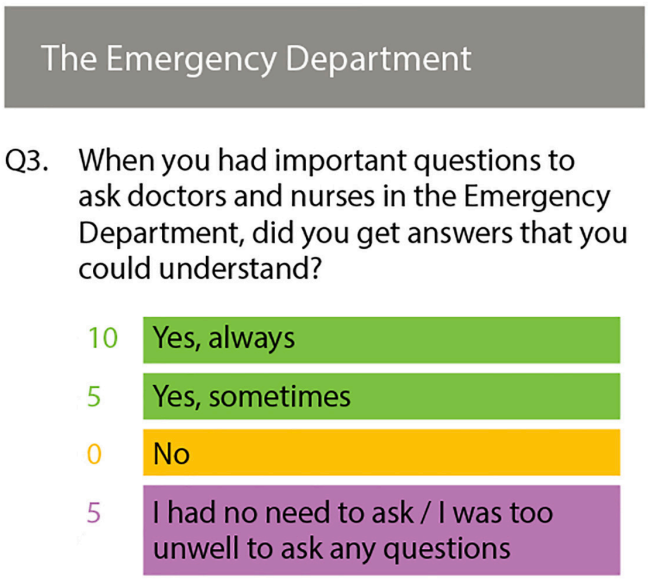
The National Patient Experience Survey scoring methodology is based on the methodology adopted by the Care Quality Commission on behalf of the National Health Service (NHS) in England.

The scores for the patient journey were calculated by grouping survey questions into five stages of care[3]: admissions; care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other stages of care. Scores are presented for individual questions making up a stage of care. The responses to questions in each stage were also summarised to form overall scales ranging from 0-10.

Figure A. is an example of how response options were converted into scores in the 2017 survey. It should be noted that only evaluative questions could be scored, that is, questions which assess an actual experience of care. Routing or demographic questions were not scored. More 'positive' answers were assigned higher scores than more negative response options. In the example 'No' was given a score of 0, 'Yes, sometimes' was given a score of 5 and 'Yes, always' was given a score of 10. The last response option 'I had no need to ask/I was too unwell to ask any questions' was not scored, as it cannot be evaluated in terms of best practice.

3 There are 48 questions relating to the patient journey stages of care. Filter questions, that is, questions whose main purpose it was to route respondents to the next applicable question, were excluded from this categorisation.

Figure A. Example of a scored question in the 2017 survey



The 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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