

PATIENT QUESTIONNAIRE

Please help us make hospital care better.

What is the survey about?

The National Patient Experience Survey is a new nationwide survey. It asks you for feedback about your most recent stay in hospital. The results of the survey will be used to improve the quality of hospital care. Your views will make a difference.

Please use this survey to provide general feedback about your hospital experience. If you would like to make a comment, compliment or complaint and receive a response, please email the HSE at yoursay@hse.ie, phone 1890 424 555, or go to www.healthcomplaints.ie.

Why did I get this questionnaire?

You got this questionnaire because you spent at least one night in hospital, you are 18 or over and you were discharged from hospital in May 2017.

Can I do the questionnaire online?

Yes, please complete the survey online if possible. This can be done on a computer, smartphone or tablet at www.patientexperience.ie. However, if you prefer, you can complete this paper version of the survey and use the **Freepost** envelope to return it.

Do I need to fill this out myself?

No, you can ask a friend or a relative to help you once the answers given are your own.

Completing the questionnaire

- ✓ For each question please clearly tick one box using a black or a blue pen.
- ✓ Please read the information in the boxes that are before some of the questions, as these give you important information to help you complete the questionnaire.
- ✓ Do not worry if you make a mistake; simply fill in the box and put a tick in the correct box.
- ✓ There is space at the end of the questionnaire for your written comments.
- ✓ **Please do not write your name or address anywhere on the questionnaire.**

Taking part in this survey is voluntary.

We hope you will take part. The more people who complete and return the questionnaire, the more confident we can be that the results of the survey describe the full range of patient experiences in Ireland.

If you have any questions about the survey, please call our Freephone number on **1800 314 093** (Monday-Friday, 9am-5pm) or email us at info@patientexperience.ie. You can also visit www.patientexperience.ie.

To opt out of this survey, call the Freephone number or go to our website.

Your answers will remain anonymous.

Your feedback will not affect your future care in any way.

Survey Code:

We're committed to excellence in healthcare

Please answer all of the questions in this survey about your **most recent stay** in the **hospital named** in the letter that came with this survey.

Admission to Hospital

Q1. Was your most recent hospital stay planned in advance or an emergency?

- Emergency or urgent →Go to Q2
 Planned in advance or waiting list →Go to Q9
 Something else →Go to Q2

Q2. When you arrived at the hospital, did you go to the Emergency Department (also known as the A&E Department or Casualty)?

- Yes →Go to Q3
 No →Go to Q9

The Emergency Department

Q3. When you had important questions to ask doctors and nurses in the Emergency Department, did you get answers that you could understand?

- Yes, always
 Yes, sometimes
 No
 I had no need to ask / I was too unwell to ask any questions

Q4. While you were in the Emergency Department, did a doctor or nurse explain your condition and treatment in a way you could understand?

- Yes, completely
 Yes, to some extent
 No
 I did not need an explanation

Q5. Were you given enough privacy when being examined or treated in the Emergency Department?

- Yes, definitely
 Yes, to some extent
 No
 Don't know / can't remember

Q6. Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department?

- Yes, always
 Yes, sometimes
 No

Q7. Did you remain in the Emergency Department for the entire time of your stay?

- Yes, I was discharged from the Emergency Department →Go to Q54*
 No, I was transferred to a different part of the hospital before I was discharged →Go to Q8

***If you were discharged from the Emergency Department, please go to page 9 and complete Q54 to 58, and provide any comments you may have on page 11.**

A **ward** is a room or area in the hospital where patients receive care **following admission**.

This is where you received your care **after you were moved out of the Emergency Department**.

Q8. Following arrival at the hospital, how long did you wait before being admitted to a ward?

- ₁ Less than 6 hours →Go to Q9
- ₂ Between 6 and up to 12 hours
→Go to Q9
- ₃ Between 12 and up to 24 hours
→Go to Q9
- ₄ Between 24 and up to 48 hours
→Go to Q9
- ₅ More than 48 hours
→Go to Q9
- ₆ Don't know / can't remember
→Go to Q9
- ₇ I was not admitted to a ward
→Go to Q54

The Hospital and Ward

A **ward** is a room or area in the hospital where patients receive care **following admission**.

If you stayed in more than one ward, please answer the following questions about the ward in which you spent **most** of your time.

Q9. Were you given enough privacy while you were on the ward?

- ₁ Yes, always
- ₂ Yes, sometimes
- ₃ No

Q10. In your opinion, how clean was the hospital room or ward that you were in?

- ₁ Very clean
- ₂ Fairly clean
- ₃ Not very clean
- ₄ Not at all clean

Q11. How clean were the toilets and bathrooms that you used in hospital?

- ₁ Very clean
- ₂ Fairly clean
- ₃ Not very clean
- ₄ Not at all clean
- ₅ I did not use a toilet or bathroom

Q12. When you needed help from staff getting to the bathroom or toilet, did you get it in time?

- ₁ Yes, always
- ₂ Yes, sometimes
- ₃ No
- ₄ I did not need help

Q13. Did staff wear name badges?

- ₁ Yes, all of the staff wore name badges
- ₂ Some of the staff wore name badges
- ₃ Very few or none of the staff wore name badges
- ₄ Don't know / can't remember

Q14. Did the staff treating and examining you introduce themselves?

- ₁ Yes, all of the staff introduced themselves
- ₂ Some of the staff introduced themselves
- ₃ Very few or none of the staff introduced themselves
- ₄ Don't know / can't remember

Hospital Food

Q15. How would you rate the hospital food?

- ₁ Very good →Go to Q16
- ₂ Good →Go to Q16
- ₃ Fair →Go to Q16
- ₄ Poor →Go to Q16
- ₅ I did not have any hospital food →Go to Q20

Q16. Were you offered a choice of food?

- ₁ Yes, always
- ₂ Yes, sometimes
- ₃ No

Q17. Were you ever unable to eat during mealtimes (e.g. because you were away from the ward, recovery from surgery etc.)?

- ₁ Yes →Go to Q18
- ₂ No →Go to Q19
- ₃ Don't know / can't remember →Go to Q19

Q18. Were you offered a replacement meal at another time?

- ₁ Yes, always
- ₂ Yes, sometimes
- ₃ No
- ₄ I did not want a meal
- ₅ I was not allowed a meal (e.g. because I was fasting)
- ₆ Don't know / can't remember

Q19. Did you get enough help from staff to eat your meals?

- ₁ Yes, always
- ₂ Yes, sometimes
- ₃ No
- ₄ I did not need help to eat meals

Your Care and Treatment

Q20. When you had important questions to ask a doctor, did you get answers that you could understand?

- ₁ Yes, always
- ₂ Yes, sometimes
- ₃ No
- ₄ I had no need to ask

Q21. Did you feel you had enough time to discuss your care and treatment with a doctor?

- ₁ Yes, definitely
- ₂ Yes, to some extent
- ₃ No

Q22. When you had important questions to ask a nurse, did you get answers that you could understand?

- ₁ Yes, always
 - ₂ Yes, sometimes
 - ₃ No
 - ₄ I had no need to ask
-

Q23. If you ever needed to talk to a nurse, did you get the opportunity to do so?

- ₁ Yes, always
 - ₂ Yes, sometimes
 - ₃ No
 - ₄ I had no need to talk to a nurse
-

Q24. Were you involved as much as you wanted to be in decisions about your care and treatment?

- ₁ Yes, definitely
 - ₂ Yes, to some extent
 - ₃ No
-

Q25. How much information about your condition or treatment was given to you?

- ₁ Not enough
 - ₂ The right amount
 - ₃ Too much
-

Q26. Was your diagnosis explained to you in a way that you could understand?

- ₁ Yes, completely
- ₂ Yes, to some extent
- ₃ No

Q27. If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?

- ₁ Yes, definitely
 - ₂ Yes, to some extent
 - ₃ No
 - ₄ No family or friends were involved
 - ₅ My family did not want or need information
 - ₆ I did not want my family or friends to talk to a doctor
-

Q28. Did you find someone on the hospital staff to talk to about your worries and fears?

- ₁ Yes, definitely
 - ₂ Yes, to some extent
 - ₃ No
 - ₄ I had no worries or fears
-

Q29. Did you have confidence and trust in the hospital staff treating you?

- ₁ Yes, always
 - ₂ Yes, sometimes
 - ₃ No
-

Q30. Were you given enough privacy when discussing your condition or treatment?

- ₁ Yes, always
 - ₂ Yes, sometimes
 - ₃ No
-

Q31. Were you given enough privacy when being examined or treated?

- ₁ Yes, always
- ₂ Yes, sometimes
- ₃ No

Pain

Q32. Do you think the hospital staff did everything they could to help control your pain?

- ₁ Yes, definitely
- ₂ Yes, to some extent
- ₃ No
- ₄ I was never in any pain

Tests

Tests are used to assess your needs or identify your condition. They do not include blood or urine tests. Examples of **tests** include: ECG, x-ray, CT scan, MRI scan, ultrasound.

Q33. Did a doctor or nurse explain the results of the tests in a way that you could understand?

- ₁ Yes, definitely
- ₂ Yes, to some extent
- ₃ No
- ₄ Not sure / can't remember
- ₅ I was told I would get the results at a later date
- ₆ I was never told the results of tests
- ₇ I did not have any tests

Treatments

Treatments help your recovery. Examples of **treatments** include injection, dressing, physiotherapy.

Q34. Before you received any treatments did a member of staff explain what would happen?

- ₁ Yes, always →Go to Q35
- ₂ Yes, sometimes →Go to Q35
- ₃ No →Go to Q35
- ₄ I did not want an explanation →Go to Q35
- ₅ I did not have any treatments →Go to Q36

Q35. Before you received any treatments did a member of staff explain any risks and/or benefits in a way you could understand?

- ₁ Yes, always
- ₂ Yes, sometimes
- ₃ No
- ₄ I did not want an explanation

Operations and Procedures

Examples of **operations** and **procedures** include: triple bypass surgery, repairing a broken bone with surgery, removing an appendix, colonoscopy, lumbar puncture/spinal tap.

Q36. Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?

- ₁ Yes, completely →Go to Q37
- ₂ Yes, to some extent →Go to Q37
- ₃ No →Go to Q37
- ₄ I did not want an explanation
→Go to Q37
- ₅ I did not have an operation or procedure
→Go to Q40

Q37. Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?

- ₁ Yes, completely
- ₂ Yes, to some extent
- ₃ No
- ₄ I did not have any questions

Q38. Beforehand, were you told how you could expect to feel after you had the operation or procedure?

- ₁ Yes, completely
- ₂ Yes, to some extent
- ₃ No

Q39. After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?

- ₁ Yes, completely
- ₂ Yes, to some extent
- ₃ No

Leaving Hospital

Q40. Did you feel you were involved in decisions about your discharge from hospital?

- ₁ Yes, definitely
- ₂ Yes, to some extent
- ₃ No
- ₄ I did not want to be involved

Q41. Were you given enough notice about when you were going to be discharged?

- ₁ Yes, definitely
- ₂ Yes, to some extent
- ₃ No

Q42. Were your family or someone close to you given enough notice about your discharge?

- ₁ Yes, definitely
- ₂ Yes, to some extent
- ₃ No
- ₄ No family or friends were involved
- ₅ Don't know / can't remember

Q43. Before you left hospital, did the healthcare staff spend enough time explaining about your health and care after you arrive home?

- ₁ Yes
- ₂ No

Q44. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?

- ₁ Yes
- ₂ No

Q45. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?

- ₁ Yes, completely →Go to Q46
- ₂ Yes, to some extent →Go to Q46
- ₃ No →Go to Q46
- ₄ I did not need an explanation →Go to Q46
- ₅ I had no medicines →Go to Q47

Q46. Did a member of staff tell you about medication side effects to watch for when you went home?

- ₁ Yes, completely
- ₂ Yes, to some extent
- ₃ No
- ₄ I did not need an explanation

Q47. Did a member of staff tell you about any danger signals you should watch for after you went home?

- ₁ Yes, completely
- ₂ Yes, to some extent
- ₃ No
- ₄ It was not necessary

Q48. Did hospital staff take your family or home situation into account when planning your discharge?

- ₁ Yes, completely
- ₂ Yes, to some extent
- ₃ No
- ₄ It was not necessary
- ₅ Don't know / can't remember

Q49. Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?

- ₁ Yes, definitely
- ₂ Yes, to some extent
- ₃ No
- ₄ No family or friends were involved
- ₅ My family or friends did not want or need information

Q50. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

- ₁ Yes
- ₂ No
- ₃ Don't know / can't remember

Q51. Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?

- ₁ Yes, definitely
- ₂ Yes, to some extent
- ₃ No
- ₄ I did not need any help in managing my condition

Overall

Q52. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

- ₁ Yes, always
- ₂ Yes, sometimes
- ₃ No

Q53. Overall... (please circle a number)

I had a very **poor** experience I had a very **good** experience

0 1 2 3 4 5 6 7 8 9 10
|_| |_| |_| |_| |_| |_| |_| |_| |_| |_|

About you

Q54. Who was the main person or people that filled in this questionnaire?

- ₁ The **patient** (named on the front of the envelope)
- ₂ A **friend or relative** of the patient
- ₃ **Both** patient and friend / relative together
- ₄ The patient with the help of a health professional

Please keep in mind that all questions should be answered from the point of view of the person named on the envelope.

This includes the following questions.

Q55. Are you male or female?

- ₁ Male
- ₂ Female

Q56. What is your month and year of birth? (Please tick the month and write in the year)

- ₁ January
- ₂ February
- ₃ March
- ₄ April
- ₅ May
- ₆ June
- ₇ July
- ₈ August
- ₉ September
- ₁₀ October
- ₁₁ November
- ₁₂ December

(Please write in) e.g.

We ask the next two questions because we would like to know if the people who responded to the survey represent all sections of our society.

Q57. What is your ethnic or cultural background?

(Tick **ONE** box only)

White

- ₁ Irish
- ₂ Irish Traveller
- ₃ Any other White background

Black or Black Irish

- ₄ African
- ₅ Any other Black background

Asian or Asian Irish

- ₆ Chinese
- ₇ Any other Asian background

Other, including mixed background

- ₈ Other, write in description

Q58. Do you currently have:

- ₁ A medical card
- ₂ Private health insurance
- ₃ **Both** medical card and private health insurance
- ₄ **Neither** medical card nor private health insurance

Other Comments

Thank you very much for taking part in this survey. Please feel free to tell us about your hospital stay in your own words in the boxes below. You can use the back page of the questionnaire if you need more space.

Comments will be entered into a secure database after removing any information that could identify you.

This anonymised feedback will be looked at by HIQA, the HSE and the Department of Health to try to understand and improve patients' experience in hospital. We will give examples of feedback in the final survey reports to provide a fuller understanding of patients' experiences.

Q59. Was there anything particularly good about your hospital care?

Empty text box for Q59 response.

Q60. Was there anything that could be improved?

Empty text box for Q60 response.

Q61. Any other comments or suggestions?

Empty text box for Q61 response.

Thank you very much for your help!

Please check that you have answered all of the questions that apply to you.

Please return this questionnaire in the Freepost envelope provided. No stamp is needed.

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SAMPLE - NOT FOR COMPLETION