



National Patient Experience Survey

Findings of the 2018 inpatient survey

 @NPESurvey

 /NPESurvey

We're committed to excellence in healthcare



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service



An Roinn Sláinte
Department of Health

Thank you!



Thank you to everyone who participated in the National Patient Experience Survey 2018, and to your 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. This is the second time the survey has been run, and a number of positive changes since the first survey in 2017 have already been identified.

Thank you also 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 and an advisory group. We acknowledge the direction and guidance provided by these groups. Appendix 1 lists the members of these groups and the core project team.

40 participating hospitals



Saolta University Health Care Group

1. Galway University Hospitals
2. Letterkenny University Hospital
3. Mayo University Hospital
4. Portiuncula University Hospital
5. Roscommon University Hospital
6. Sligo University Hospital

Total: 6

South/South West Hospital Group

17. Bantry General Hospital
18. Cork University Hospital
19. Lourdes Orthopaedic Hospital Kilcreene
20. Mallow General Hospital
21. Mercy University Hospital
22. South Infirmary Victoria University Hospital
23. South Tipperary General Hospital
24. University Hospital Kerry
25. University Hospital Waterford

Total: 9

RCSI Hospital Group

7. Beaumont Hospital
8. Cavan and Monaghan Hospital
9. Connolly Hospital
10. Louth County Hospital
11. Our Lady of Lourdes

Total: 5

UL Hospitals

12. Croom Orthopaedic Hospital
13. St John's Hospital
14. Ennis Hospital
15. Nenagh Hospital
16. University Hospital Limerick

Total: 5

Ireland East Hospital Group

26. Cappagh National Orthopaedic Hospital
27. Mater Misericordiae University Hospital
28. Midland Regional Hospital Mullingar
29. Our Lady's Hospital, Navan
30. Royal Victoria Eye and Ear Hospital
31. St Columcille's Hospital
32. St Luke's General Hospital
33. St Michael's Hospital
34. St Vincent's University Hospital
35. Wexford General Hospital

Total: 10

Dublin Midlands Hospital Group

36. Midland Regional Hospital Portlaoise
37. Midland Regional Hospital Tullamore
38. Naas General Hospital
39. St James's Hospital
40. Tallaght University Hospital

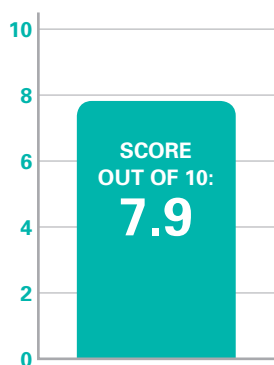
Total: 5

Executive summary

40 
HOSPITALS TOOK PART

1

Admission to hospital →



The average rating for admission to hospital was 7.9 out of 10.

69% of people (5,997) said they waited for more than six hours before being admitted to a ward.

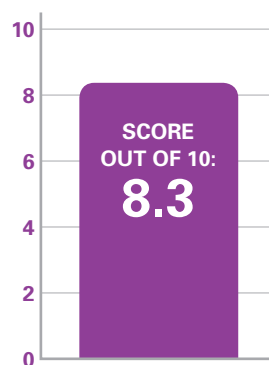
81% of people (7,543) said that they were always treated with respect and dignity in the emergency department.

SUGGESTION FOR IMPROVEMENT:

“If you could improve waiting times from A&E to wards it would really help.”

2

Care on the ward



The average rating for care on the ward was 8.3 out of 10.

27% of people (3,400) said that the food they received in hospital was poor or fair.

96% of people (12,405) said that the hospital room or ward that they were in was very clean or fairly clean.

SUGGESTION FOR IMPROVEMENT:

“The food for dinner was not great. Most days I did not eat a dinner as I did not like it.”

13,404 PEOPLE RESPONDED, OUT OF AN
ELIGIBLE POPULATION OF 26,752

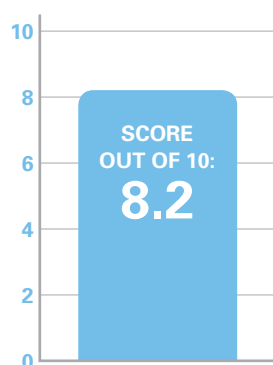
50%

RESPONSE RATE

3

4

Examinations, diagnosis and treatment



The average rating for examinations, diagnosis and treatment was 8.2 out of 10.

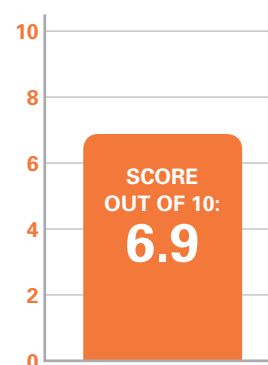
40% of people (5,079) said that they did not always have enough time to discuss their care and treatment with a doctor.

85% of people said that they were always given enough privacy when being examined or treated.

SUGGESTION FOR IMPROVEMENT:

“ More privacy to talk and ask doctor questions, about condition.”

Discharge or transfer



The average rating for discharge or transfer was 6.9 out of 10.

38% of people (3,442) said that they were not adequately informed about the side effects of medication to watch for when they went home.

71% of people (7,329) said that the purpose of medications they were to take at home was completely explained to them.

SUGGESTION FOR IMPROVEMENT:

“ Doctors and nurses to explain more to each patient about treatment and operation, and more on aftercare when discharged.”

Executive summary

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.

During the month of May 2018, 26,752 people were invited to participate in the second National Patient Experience Survey. In total, 13,404 people took part in this survey, resulting in a response rate of over 50%, compared to the 51% response rate achieved in 2017. The strong response rate indicates that patients in Ireland have a desire to talk about their experiences in hospital and to use their voice to improve our health service.

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 is the purpose of this report?

This report presents the findings of the National Patient Experience Survey 2018, highlighting areas where patients had positive experiences and outlining where there is room for improvement.

What were the main findings of the 2018 survey?

A response rate of 50% was achieved in 2018, which compares favourably to response rates achieved in similar surveys conducted internationally. Some improvements in performance on 2017 were found, with patients reporting slightly more positive experiences in three of the stages of care measured in the survey — care on the ward; examinations, diagnosis and treatment; and discharge or transfer. The scores on the admission stage of care and the overall rating of care remained the same.

Admissions

The average patient rating for the admissions stage of care was 7.9 out of 10. There was no overall change in patient ratings for this stage of care compared to the 2017 survey.

81% of respondents said that they were always treated with respect and dignity in the emergency department. However, long waiting times in the emergency department were highlighted as a problem. Only 31% of people said that they were admitted to a ward within the HSE's target waiting time of six hours, with 3% saying that they waited 48 hours or more before being admitted to a ward. Long waiting times, in excess of the six-hour target, have been linked with negative health outcomes and therefore pose a risk to patient safety. Further detail on how waiting times are measured by the HSE and in the National Patient Experience Survey can be found in the Admissions section of this report.

Care on the ward

The average patient rating for care on the ward was 8.3 out of 10, representing a small improvement on the 2017 survey.¹ Patients generally gave positive ratings of cleanliness, with 96% saying that their room was very clean or fairly clean. Patients were less positive about hospital food, with 27% saying it was poor or fair.

Examinations, diagnosis and treatment

The average patient rating for examinations, diagnosis and treatment was 8.2 out of 10, representing a small improvement on the 2017 survey. Patients generally gave positive ratings of the privacy they experienced, with 85% saying that they were always given enough privacy when being examined or treated. Patients were less positive about the amount of time they had to discuss their care and treatment with a doctor, with 40% saying that they were not given, or were only to some extent given, enough time to do so.

Discharge or transfer

As in 2017, the discharge or transfer stage of care was again found to be the lowest-rated stage. However, the average patient rating of 6.9 out of 10 was significantly higher than in the 2017 survey. 71% of patients said that staff completely explained the purpose of medicines they were to take at home. Nevertheless, just 44% of people said that staff completely explained the potential side effects of medications.

Other aspects of care

The question that asked patients if they were treated with respect and dignity while they were in hospital was one of the most positively rated questions in the survey.

1 Though the 2018 and 2017 scores for care on the ward are both 8.3 out of 10, the 2017 score was rounded up from 8.26 to 8.3, while the 2018 score was rounded down from 8.34 to 8.3. The difference between the 2018 and 2017 scores was statistically significant.

84% of participants said that they were always treated with respect and dignity while in hospital. However, participants had less positive views in relation to the involvement of their families in their care, with 3,781 people (41 %) saying that their families or people close to them did not have, or only to some extent had, sufficient opportunities to talk to a doctor.

What patients said

Participants made 27,438 comments in response to the three open-ended questions in this year's survey. Participants' comments provide an incredibly rich source of data which complements the information from the structured questions. The large majority of positive comments related to hospital staff, and thousands of patients acknowledged their hard work and dedication. When asked for suggestions for improvement, participants mostly commented on food and drink, communication between patients and healthcare staff, hospital facilities, staffing levels and waiting times in the emergency department.

Conclusion

In general, patient experience ratings in 2018 were similar to those reported in 2017. However, a number of important improvements were identified. This likely reflects the significant efforts made by acute hospitals to address the issues highlighted in the 2017 survey.

While the overall results are positive, it will likely take several years to reliably establish whether improvements can be sustained over the long term. It is clear that most of the patients who completed the survey had positive experiences of acute healthcare; however, a large number of patients did not. By sharing these experiences, patients helped identify the areas where improvements are needed.

What happens next?

As in 2017, the HSE will respond to the results of the 2018 survey at national, hospital group and hospital levels. The HSE will coordinate its response to the survey through a national oversight group, with local implementation of quality improvement initiatives led by personnel from hospitals and hospital groups. These initiatives will build on the work conducted since 2017, which has included programmes to improve admissions, hospital food and nutrition, and discharge information for patients, as well as clearer medication instructions and the roll-out of activity programmes for older patients. A programme of support and training for staff on communication skills is also being implemented. Further examples of local quality improvements can be found at www.patientexperience.ie/improvements-in-care/.

Contents

Chapter 1: Patients' experiences of acute hospital care in Ireland	12
In brief: the National Patient Experience Survey 2018	12
Areas of good experience and areas needing improvement	18
Chapter 2: The patient journey through hospital	22
The stages of care along the patient journey	22
Changes in patient experience over time	24
Admissions	25
Care on the ward	31
Examinations, diagnosis and treatment	36
Discharge or transfer	41
Other aspects of care	46
Chapter 3: Overall experience	49
Ratings of overall experience	49
Chapter 4: In their own words	56
Quantitative analysis of patients' comments	56
Overview of patients' comments	58
Chapter 5: Conclusion	60
What were patients' experiences of hospital care in May 2018?	60
What happens next?	61
Appendix 1: Membership of the National Patient Experience Survey governance groups	63
Appendix 2: Who took part in the National Patient Experience Survey 2018?	64
Appendix 3: A technical note on analyses and interpretation	69
Appendix 4: The National Patient Experience Survey questionnaire 2018	74
References	86

1

Chapter 1

Patients' experiences of acute hospital care in Ireland

In brief: the National Patient Experience Survey 2018

What's new in the 2018 National Patient Experience Survey?

This year, the survey eligibility criteria were changed to include young adults aged 16 and 17. We know from last year's results that younger people tend to have more negative experiences of hospital care than older age groups. It is therefore important to capture the views of this particular age group.

Some minor changes were also made to the questionnaire. Most importantly, we have included a new question on 'reason for admission'. This question will allow for a better understanding of how patients with different conditions experience hospital care. The changes to the survey have been documented in our report on the revision of the National Patient Experience Survey questionnaire. This report is available from www.patientexperience.ie.

Who was eligible to take the survey and when were patients given the survey?

Patients aged 16 years or older, who spent at least 24 hours in a public acute hospital and who were discharged from hospital during the month of May 2018, were eligible to participate in the survey. Maternity, day cases, paediatric, psychiatric and some other specialist hospital services (requiring a stay of less than 24 hours), as well as private hospitals, were not part of the survey on this occasion.

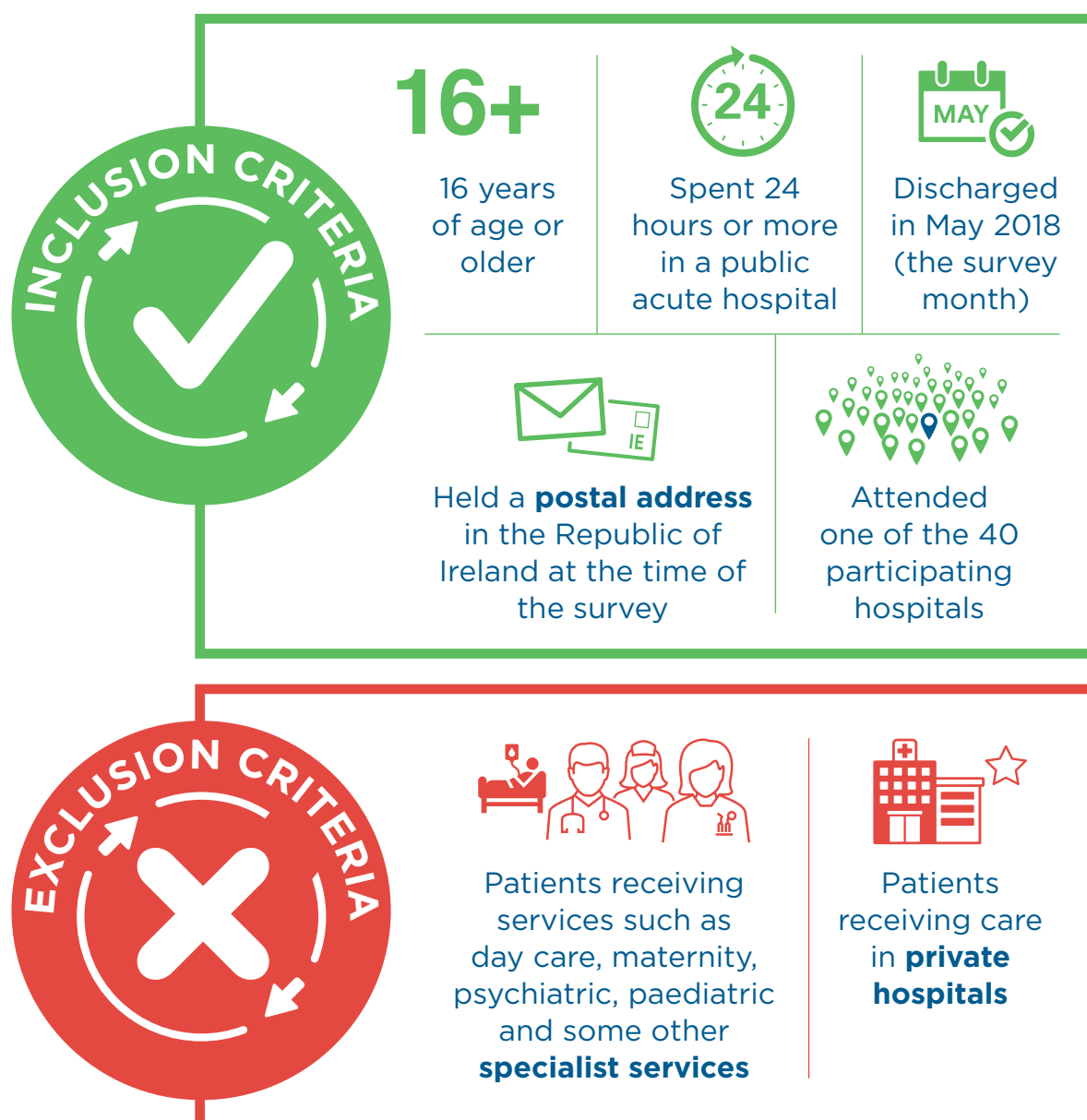
Figure 1.1 Inclusion and exclusion criteria

Figure 1.1 summarises the eligibility criteria for participation in the National Patient Experience Survey 2018.

Eligible patients were sent a questionnaire in the post two weeks after they were discharged from hospital. Participants could also choose to complete the survey online. Two reminder letters were sent to people who were invited to participate but had not yet returned a survey. Internationally, the second reminder has been shown to increase response rates significantly.⁽¹⁾

Participation in the survey was voluntary and confidential. Participants could opt out of the survey either while they were still in hospital or after discharge.

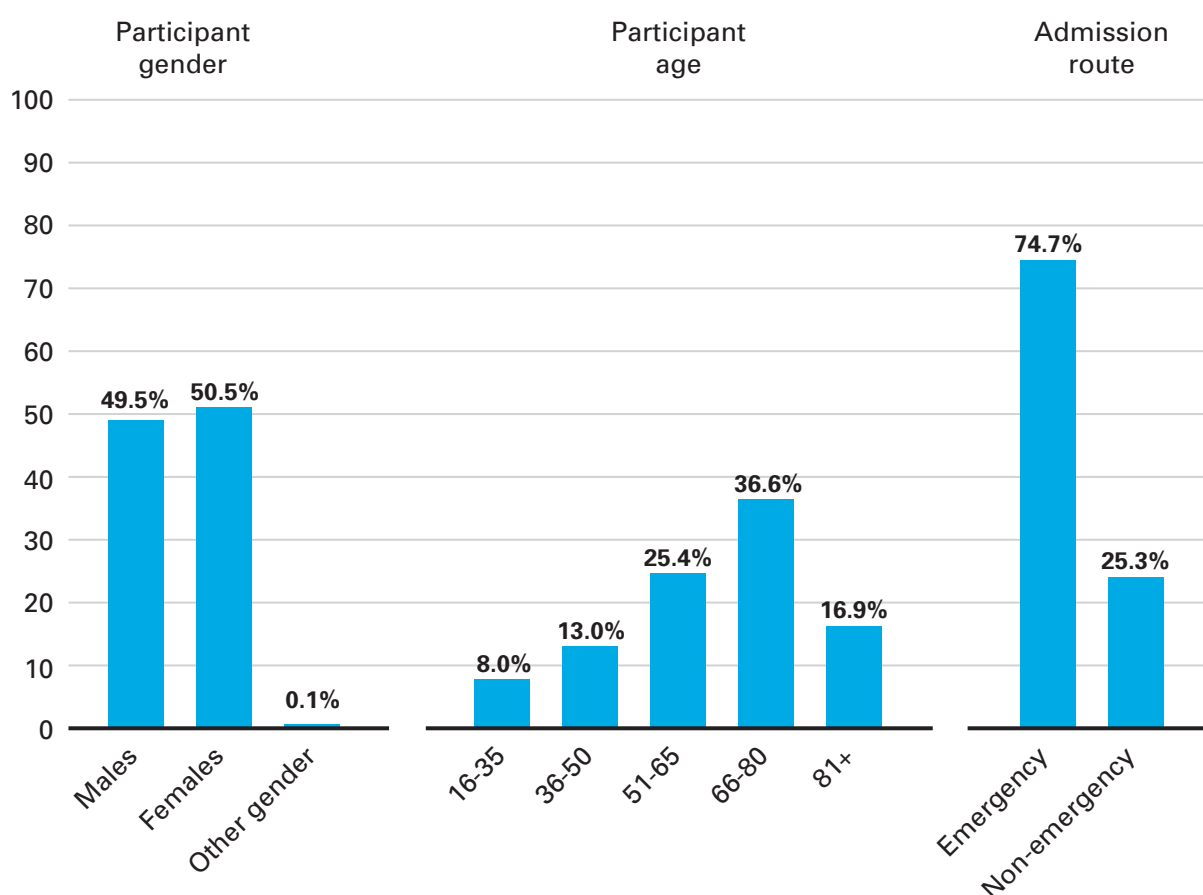
The administration and survey fieldwork were carried out by Behaviour & Attitudes² on behalf of the partner organisations. The 2018 survey cycle closed on 26 July 2018.

Who participated in the 2018 survey?

26,752 people discharged from a public acute hospital during the month of May 2018 were invited to participate in the survey. In total, 13,404 people (50%) returned a completed questionnaire.

6,631 males (49.5%), 6,765 females (50.5%) and eight people of another gender (0.1%) participated in the survey. 10,580 people (78.9%) who participated were aged 51 years or older. Most people (74.7%) were admitted to hospital through the emergency department.³ Figure 1.2 shows the characteristics of people who participated in the 2018 survey, while Appendix 2 provides additional detail on those who took part. On average, participants spent seven days in hospital.

Figure 1.2 Survey participants by gender, age group and admission route

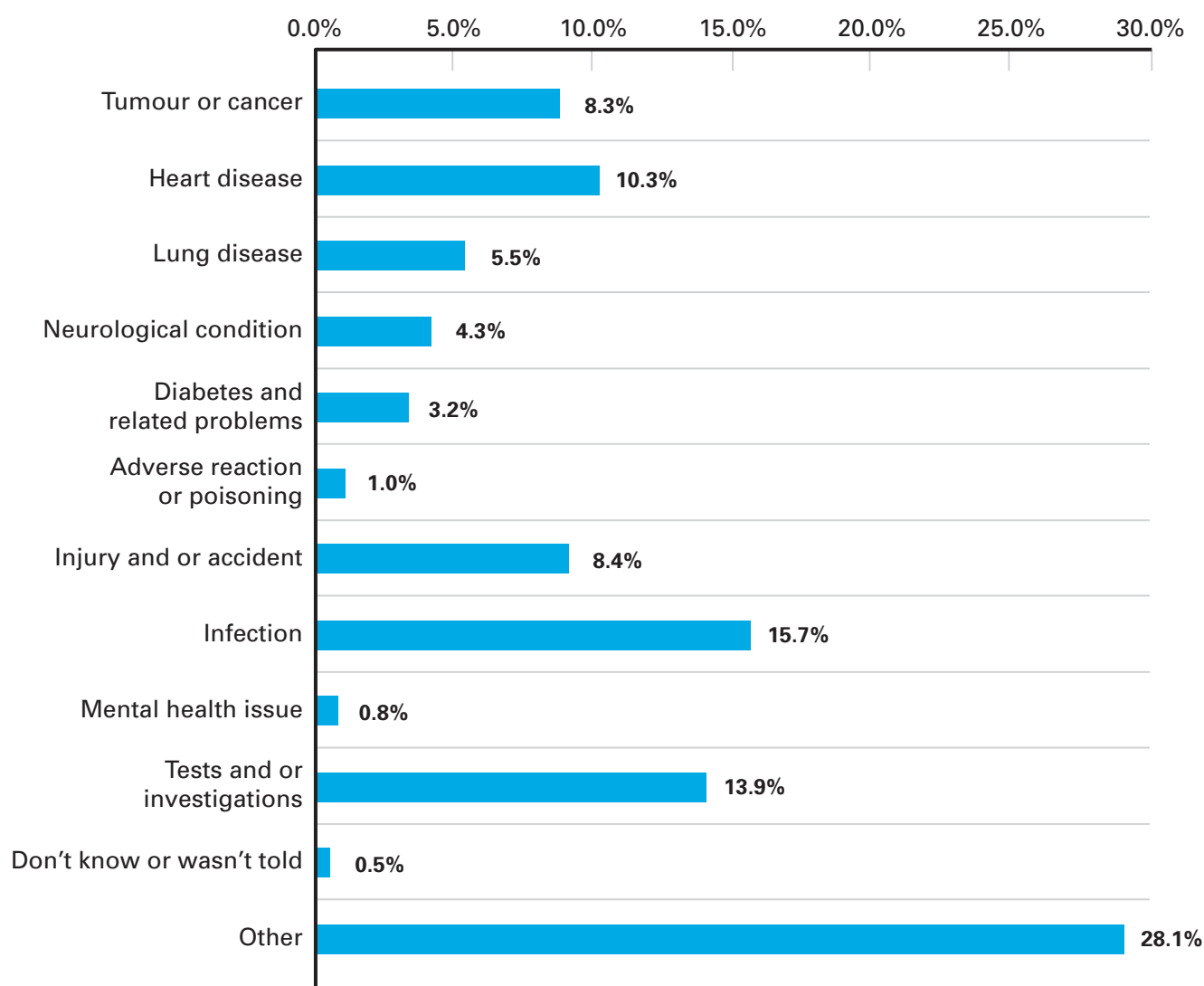


2 Behaviour & Attitudes is a market research agency. More information on the company can be found on their website www.banda.ie.

3 This figure is slightly higher than the HSE figures for total emergency admissions in 2018, which stood at 69.5%.⁽²⁾ In the 2017 acute inpatient survey for England, 68% said their admission was an emergency.⁽³⁾ This compares with the UK Office of National Statistics figures which suggest that 40.4% of hospital admissions are on an emergency basis.⁽⁴⁾

Participants were admitted to hospital for a variety of reasons, including infection, tests or investigations, and other reasons. The breakdown of participants' reasons for admission to hospital is shown in Figure 1.3.

Figure 1.3 Survey participants by reason for admission



Which hospitals participated?

Forty⁴ public acute hospitals participated in the 2018 survey. Acute hospitals deliver emergency, non-emergency/elective and outpatient care to people who are ill or injured. Public hospitals in Ireland belong to one of six⁵ hospital groups:

South/South West Hospital Group	
Ireland East Hospital Group	
RCSI Hospital Group	
UL Hospitals	
Saolta University Health Care Group	
Dublin Midlands Hospital Group	

Why measure patient experience in Irish hospitals?

Patient experience is a good indicator of healthcare quality and performance.⁽⁵⁻⁷⁾ Rather than asking about satisfaction with a service, surveys of patient experience ask for details about what happened when a person used a healthcare service.^(8, 9) Patient experience surveys are a useful way of finding specific problems in the delivery of healthcare, and provide hospital managers with detailed information on how to fix those problems.⁽⁸⁾ Until 2017, patient experience was not measured systematically in Ireland's public acute hospitals.

The information gathered in the National Patient Experience Survey provides a clear picture of the quality of acute healthcare, as reported by patients themselves. The information collected in 2018 helps us to validate the results from 2017.

The National Patient Experience Survey Programme was granted ethical approval from the Royal College of Physicians in Ireland in March 2018.

How are data on patient experience used?

The survey provides national decision-makers, healthcare regulators, hospitals and the public with important information about patients' experiences in public acute hospitals in Ireland. The findings will be used to improve care for patients in hospitals.

4 Although 40 hospitals participated in the survey in 2018, only 39 hospital reports will be produced. Our Lady of Lourdes Hospital in Drogheda and Louth County Hospital in Dundalk asked for their results to be merged to ensure that a sufficient response rate was achieved.

5 The Children's Hospital Group is the seventh hospital group in Ireland. Paediatric hospitals and children's services were not surveyed on this occasion.

Ensuring the voice of the patient is heard

While many people in this survey said that they had a very good experience of acute hospital care in Ireland, it is also necessary to listen to people whose experiences were not as good. For example, even if thousands of people responded very positively to a question in the survey, it is important to note that for this same question, many hundreds and sometimes even thousands of people reported a negative experience of hospital care.

The National Patient Experience Survey equally values and seeks to represent every patient voice among the 13,404 who took part.

Areas of good experience and areas needing improvement

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

Areas of good experience

Admissions Respect and dignity in the emergency department Q6	7,543 out of 9,264 people (81%) who responded to this question said that they were always treated with respect and dignity in the emergency department.
Care on the ward Cleanliness of room or ward Q10	12,405 out of 12,867 (96%) people who responded to this question said that the hospital room or ward that they were in was very clean or fairly clean.
Care on the ward Help from staff to get to the bathroom Q12	6,079 out of 7,752 people (78%) who responded to this question said that they always got help from staff to get to the bathroom when required.
Care on the ward Clear answers from a nurse Q22	Of the 11,997 people who had important questions to ask, 11,638 (97%) said that nurses on the ward always or sometimes answered questions in a manner that they could understand.
Other aspects of care Confidence and trust in hospital staff Q29	10,587 out of 12,876 people (82%) who answered this question said they always had confidence and trust in the hospital staff that treated them.

Examinations, diagnosis and treatment	10,932 out of 12,877 people (85%) who answered this question said that they were always given enough privacy when being examined or treated on the ward.
Privacy when being examined or treated Q31	
Care on the ward	Of the 11,007 people who said that they experienced pain, 9,071 (82%) said that hospital staff definitely did everything they could to help control it.
Pain management Q32	
Other aspects of care	10,780 out of 12,858 people (84%) who responded to this question said that they were always treated with respect and dignity throughout their stay in hospital.
Respect and dignity Q51	

Areas needing improvement

Examinations, diagnosis and treatment Time to discuss care and treatment with a doctor Q21	<p>5,079 out of 12,808 people (40%) who answered this question said that they did not have, or only to some extent had, enough time to discuss their care and treatment with a doctor.</p>
Examinations, diagnosis and treatment Involvement in decisions about care and treatment Q24	<p>4,576 out of 12,804 people (36%) who answered this question said they were not, or were only to some extent, involved enough in decisions about their care and treatment.</p>
Other aspects of care Opportunities for family members to talk to a doctor Q27	<p>3,781 people (41% of those who answered this question) said that their families or people close to them did not have, or only to some extent had, sufficient opportunities to talk to a doctor.</p>
Care on the ward Someone to talk to about worries and fears Q28	<p>3,910 out of 8,253 people (47%) who had worries and fears said that they could not, or could only to some extent, find a member of hospital staff to talk to about their worries and fears.</p>
Discharge or transfer Information on the side effects of medication Q45	<p>3,442 people out of 9,021 (38%) who received medication said that they were not adequately informed about the side effects to watch for when they went home.</p>

Discharge or transfer	3,357 people out of 9,887 (34%) said that they were not adequately informed about danger signals to watch out for when they went home.
Danger signals to watch out for Q46	
Discharge or transfer	3,456 people out of 8,662 (40%) said that their family or home situation was not, or was only to some extent, taken into account when planning their discharge.
Consideration of home/family situation Q47	
Discharge or transfer	4,574 out of 11,268 people (41%) who needed help in managing their condition said that they did not receive any, or only received some, information on how to manage their condition after their discharge from hospital.
Information on how to manage condition Q50	

2

Chapter 2

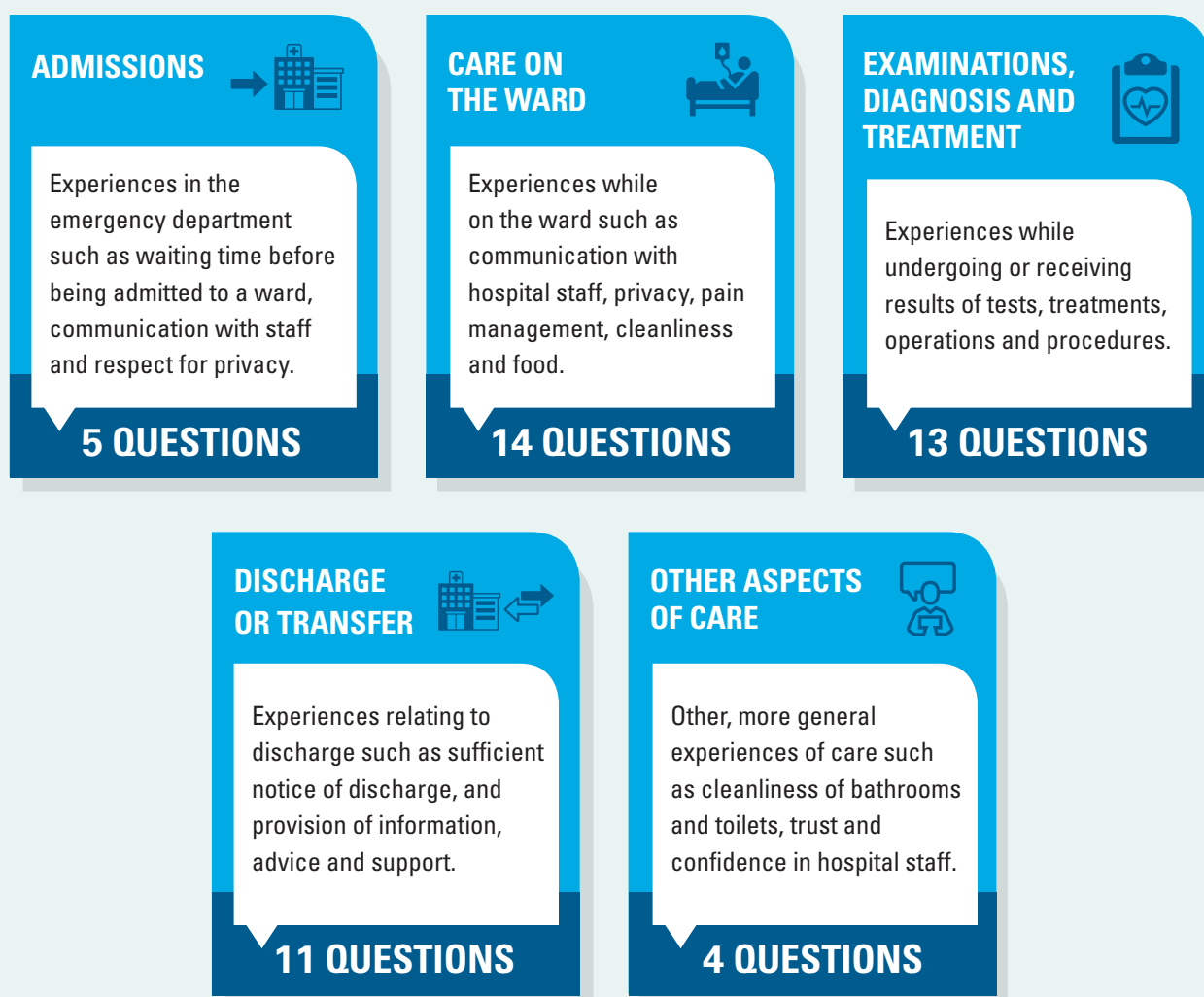
The patient journey through hospital

Quantitative findings of the 2018 survey

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 survey questions were grouped into five stages along the patient journey: admissions; care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other aspects of care. Participants were also asked to rate their overall experience from 0 to 10.

Figure 2.1 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 2.1 Description of stages of care along the patient journey

Interpreting the results for the stages of care

Scores out for 10 are given for each question belonging to a stage of care or a stage as a whole. A score of 0 indicates a very negative experience and a score of 10 indicates a very positive experience. Statistical tests were carried out to examine if there were significant differences in patient experience between 2017 and 2018, as well as between a particular hospital group and the national average. For further information on the analyses please see Appendix 3.

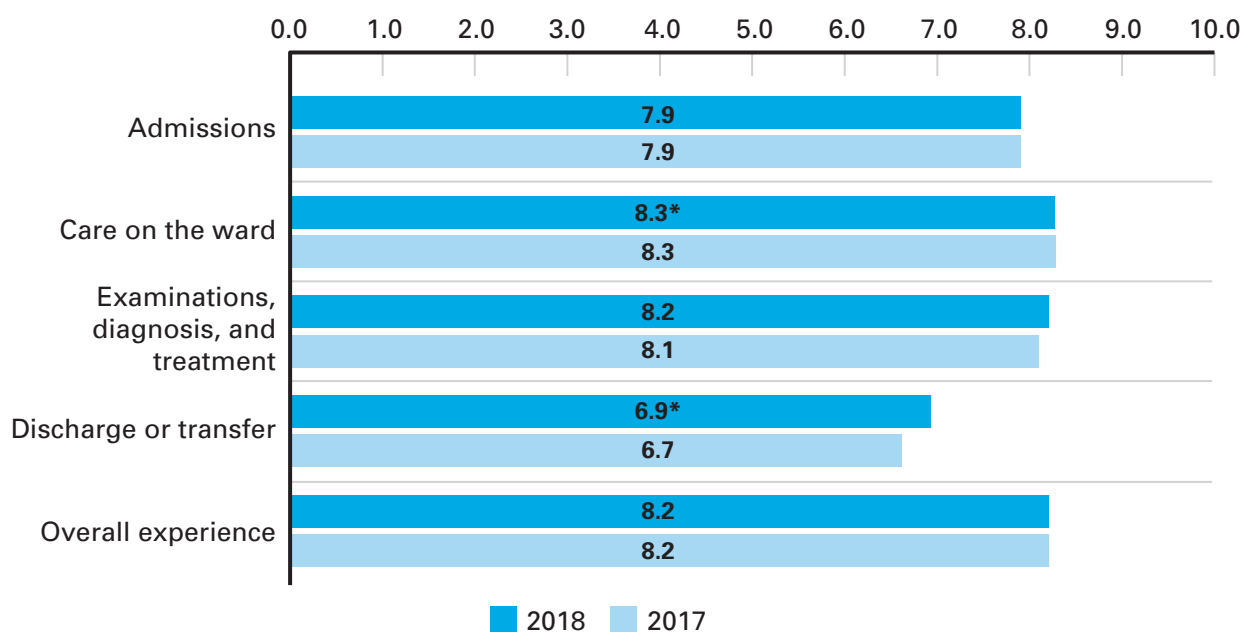
Appendix 4 provides a list of the 2018 survey questions. Throughout this report, quotations from patients are used to illustrate particular themes. Quotations from patients have been redacted to remove any information that could identify an individual.

Changes in patient experience over time

Participants' average rating of their overall experience remains the same in 2018 as in 2017. The greatest improvement nationally has been achieved in the area of discharge or transfer. In addition, the 2018 ratings for care on the ward and examinations, diagnosis and treatment are slightly above what they were in 2017. Figure 2.2 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 2.2 Comparison of stage of care scores for 2017 and 2018



* Denotes a statistically significant difference between 2017 and 2018.

Admissions



"I felt like there were not enough nurses on. Emergency department was very busy — I had to sleep on a very uncomfortable bed in a very busy environment."

"Staff were helpful and friendly. 2nd admission — fast tracked and had scan very quickly."

"The waiting time in the emergency department is ridiculous, the only reason I was taken in when I did was because I fainted. Although I was then on a trolley in the corridor, I was still waiting for 12 hours to be seen by a doctor."

"I was very unwell on admission but I was treated with the utmost level of respect, caring and professionalism by a dedicated and efficient staff over all disciplines."



"Initial consultation and subsequent referral to A&E swiftly lead to my admission. Consultant made time to explain my condition and aftercare."

"If there was comfortable seats in the accident and emergency department it would make the wait more comfortable and tolerable."

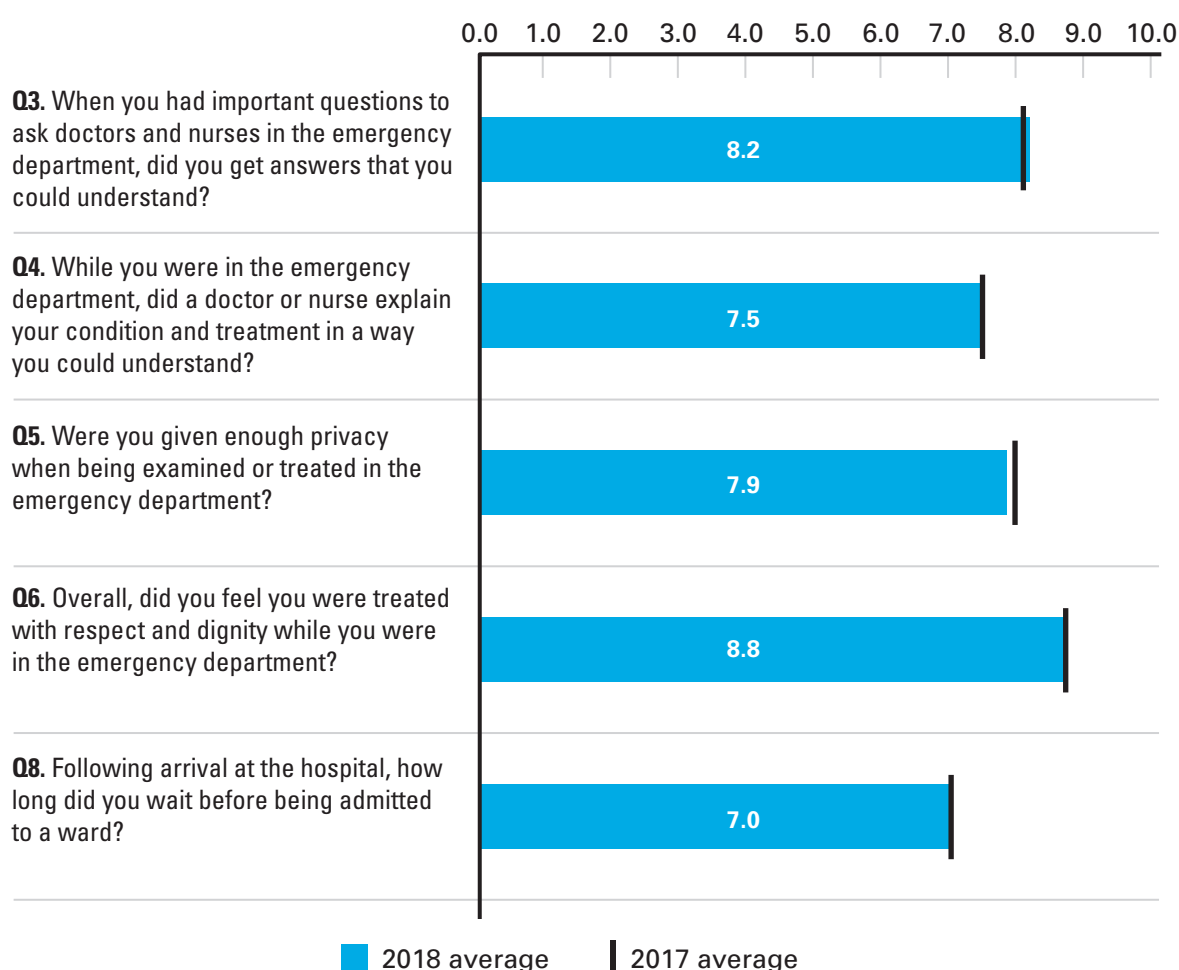
Admissions

Participants in the 2018 survey gave similar ratings of the admissions stage of care to 2017 participants, as outlined in Figure 2.2.

Figure 2.3 presents the 2018 results for questions on admissions.

7,543 of the 9,264 people who answered Q6 said that they were always treated with respect in the emergency department. Q8, which asked about emergency department waiting times, was the lowest-rated question for this stage of care. 69% of the 8,659 people who answered this question said they waited longer than the recommended maximum of six hours before being admitted to a ward.

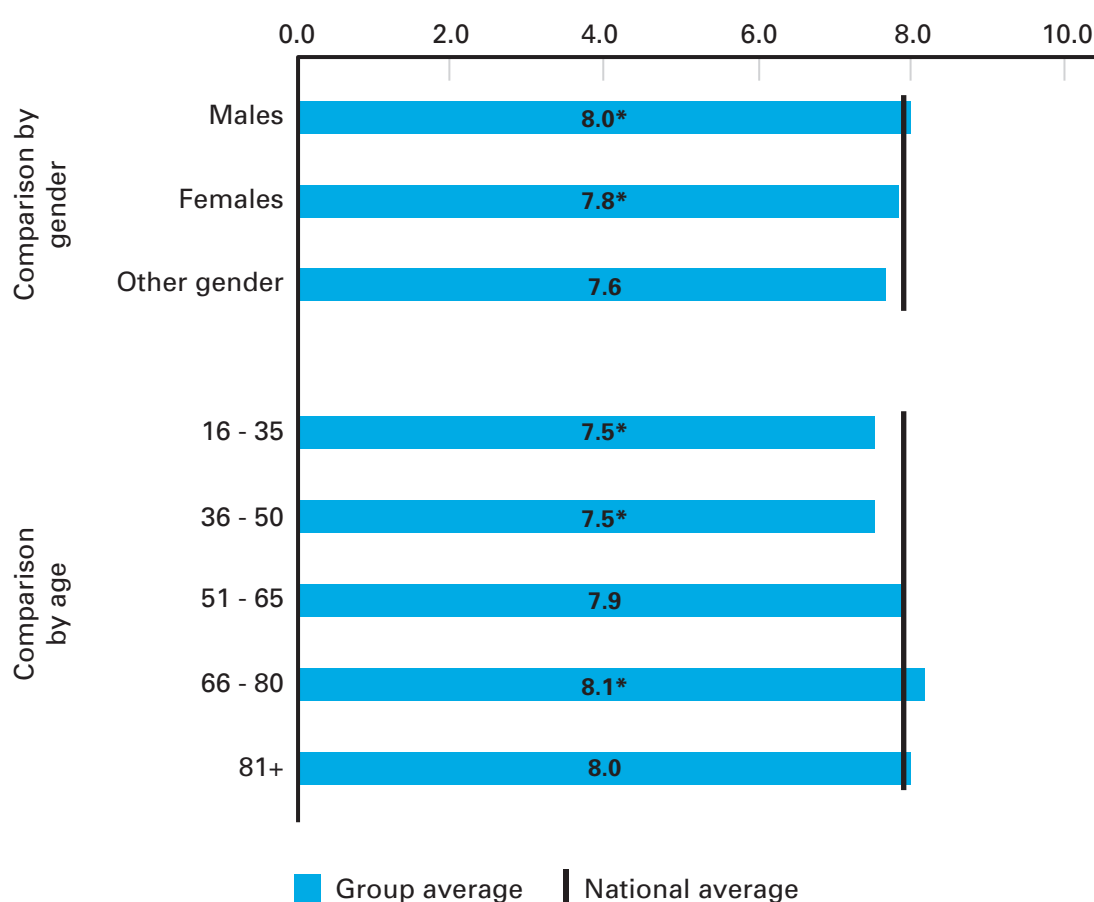
Figure 2.3 National scores for questions on admissions



Experience of admissions by gender and age group

Nationally, the admissions stage of the patient journey scored 7.9 out of 10. Male participants gave more positive ratings than female participants.⁶ Some differences were also found between people of different ages. Participants aged 16-35 years, and those aged 36-50 years gave below-average ratings for this stage (score of 7.5 out of 10). Scores for admissions generally increased with age, with people aged 66-80 years giving the highest average score (score of 8.1 out of 10). Figure 2.4 shows the scores for hospital admissions by gender and age group compared with the national average.

Figure 2.4 Admissions scores by gender and age group



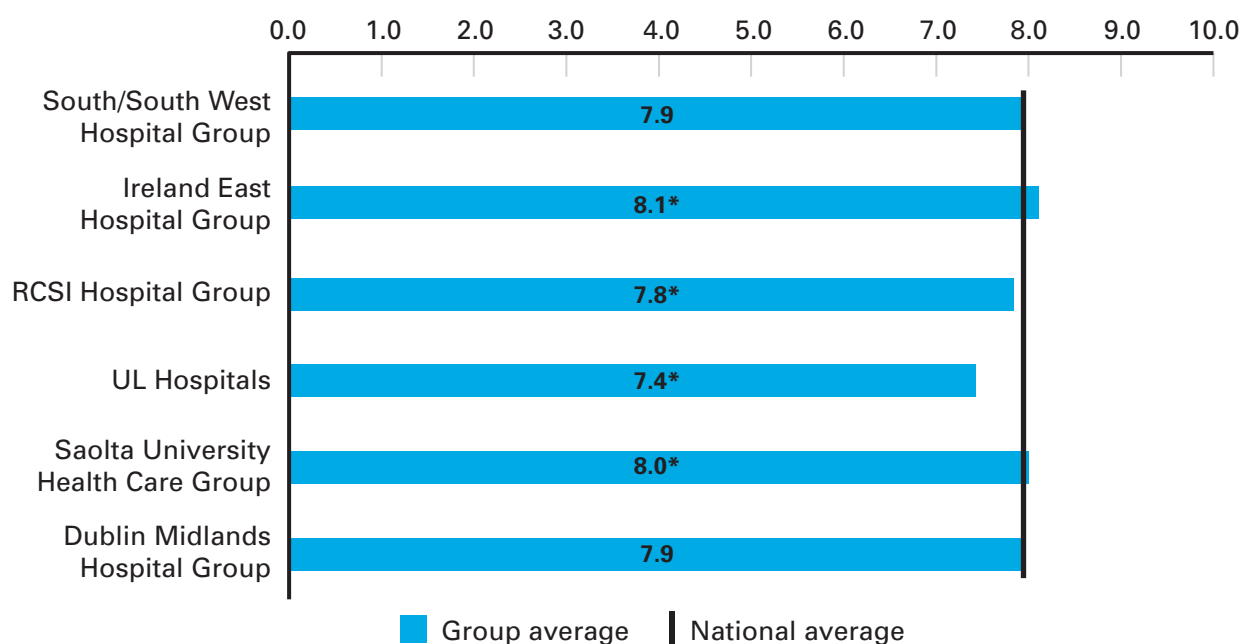
* Denotes a statistically significant difference from the national average.

6 There were too few 'other gender' participants to make meaningful comparisons.

Experience of admissions in the six hospital groups

The Ireland East Hospital Group and Saolta University Health Care Group scored above the national average on hospital admissions. UL Hospitals (score of 7.4 out of 10) and RCSI Hospital Group (score of 7.8 out of 10) scored below the national average. Figure 2.5 presents admissions scores for each hospital group compared with the national average.

Figure 2.5 Admissions scores by hospital group



* Denotes a statistically significant difference from the national average.

How did patients experience waiting times in the emergency department?

In the National Patient Experience Survey, patients who said that they presented to the emergency department were asked how long they waited until they were admitted to a ward.⁷ While the analysis in Appendix 3 found that there was not a strong relationship between waiting times and patients' ratings of their overall experience, studies have shown that long waiting times in the emergency department after a decision has been made to admit a patient are linked with poorer patient outcomes.^(10, 11) In Ireland, the target waiting time for people in the emergency department is six hours.⁸

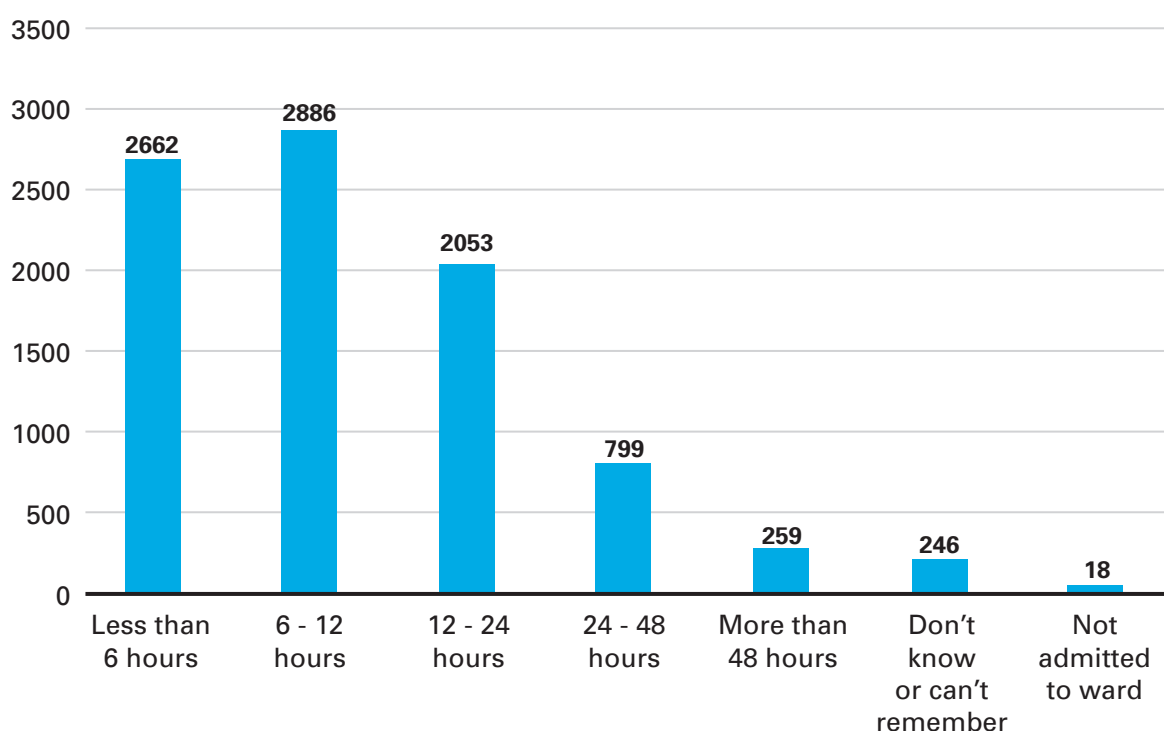
7 People who did not come into hospital through the emergency department were not required to answer these questions.

8 The HSE measures emergency department waiting times differently than 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.

In this survey, only 2,662 people (31%) reported waiting less than six hours in the emergency department before being admitted to a ward. The large majority, that is 5,997 people (69%), said that they waited more than six hours before being admitted. Of those, 259 people (3%) reported waiting 48 hours or more before they were admitted to a ward.

Figure 2.6 shows patient-reported emergency department waiting times.

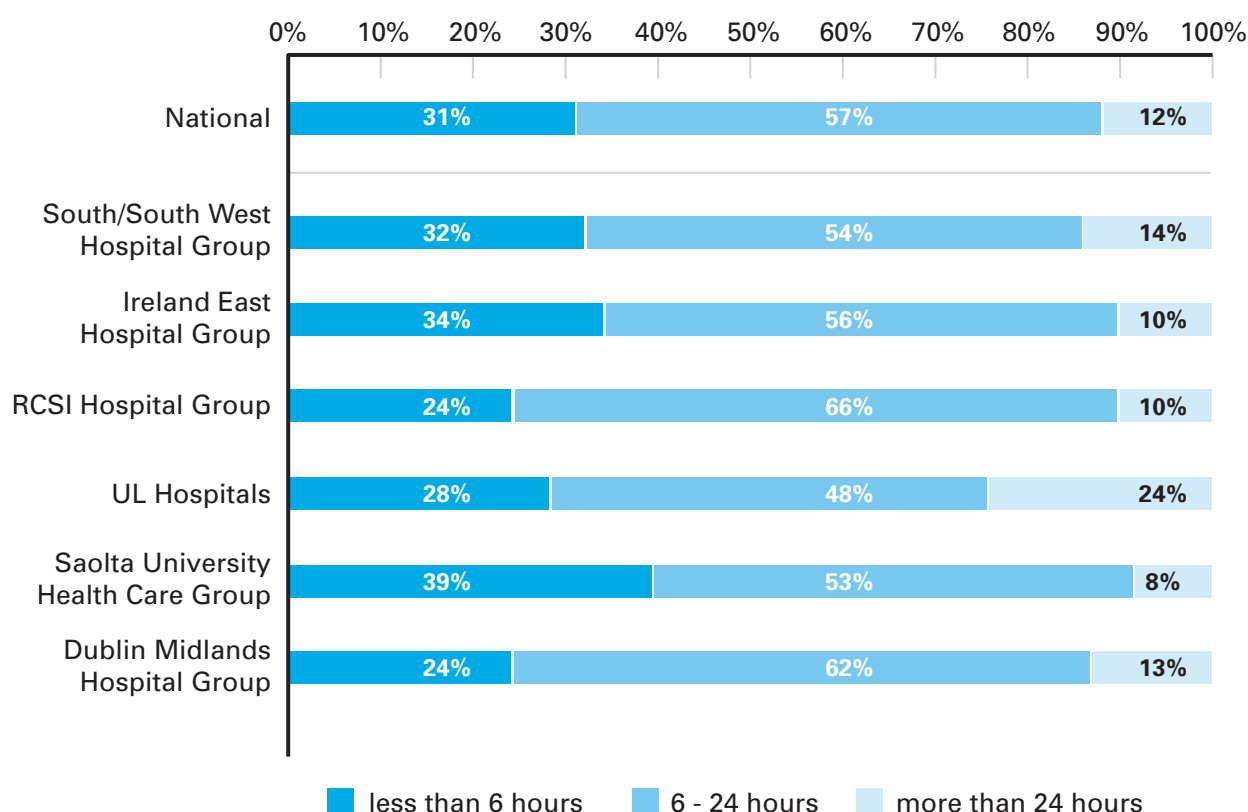
Figure 2.6 Following arrival at the hospital, how long did you wait before being admitted to a ward? (Q8)⁹



Patient-reported waiting times in the six hospital groups

39% of people who attended an emergency department in the Saolta University Health Care Group said they were admitted to a ward within six hours of arrival, compared with 24% of patients in the RCSI Hospital Group and Dublin Midlands Hospital Group. Figure 2.7 presents the national emergency department waiting times by hospital group.

⁹ 244 people who answered Q8 said they didn't know or remember how long they waited, or were not admitted to a ward.

Figure 2.7 Patient-reported emergency department waiting times by hospital group

Admissions: what do these results mean?

Patient experience scores for admissions in the 2018 survey were very similar to those found in the 2017 survey. Of the 8,659 people who reported waiting times in the emergency department, 69% said that they waited longer than the six-hour target waiting time. Of those, 259 people said that they waited for 48 hours or longer. Studies have shown that long waiting times in the emergency department can have negative consequences for patients' health.^(10,11)

Most people said that they were treated with dignity and respect in the emergency department. However, some participants reported problems with communication, while others made a large number of comments in relation to spending long periods of time on trolleys. Over 40% of those who answered Q4 said that a doctor or nurse did not explain their condition or treatment in a way they could completely understand. Furthermore, people under the age of 51 had a less positive experience of admissions than older patients.

Care on the ward



"Overall could not give enough praise to the staff and hospital. Staff always treated patients with the utmost dignity and respect. Care was always exceptional. Facilities and food provided was exceptional. Never received anything less than superb care in any previous visits to [hospital name]."

"All the staff medical, catering, cleaning, porters were all extremely kind & helpful."

"I felt that the food was disappointing and lacked any kind of appeal. Fresh fruit and natural yogurt would have been refreshing instead of jelly and ice cream or gateau."



"Hygiene very poor. Confusion among staff - day/night about medication — that was a worry."

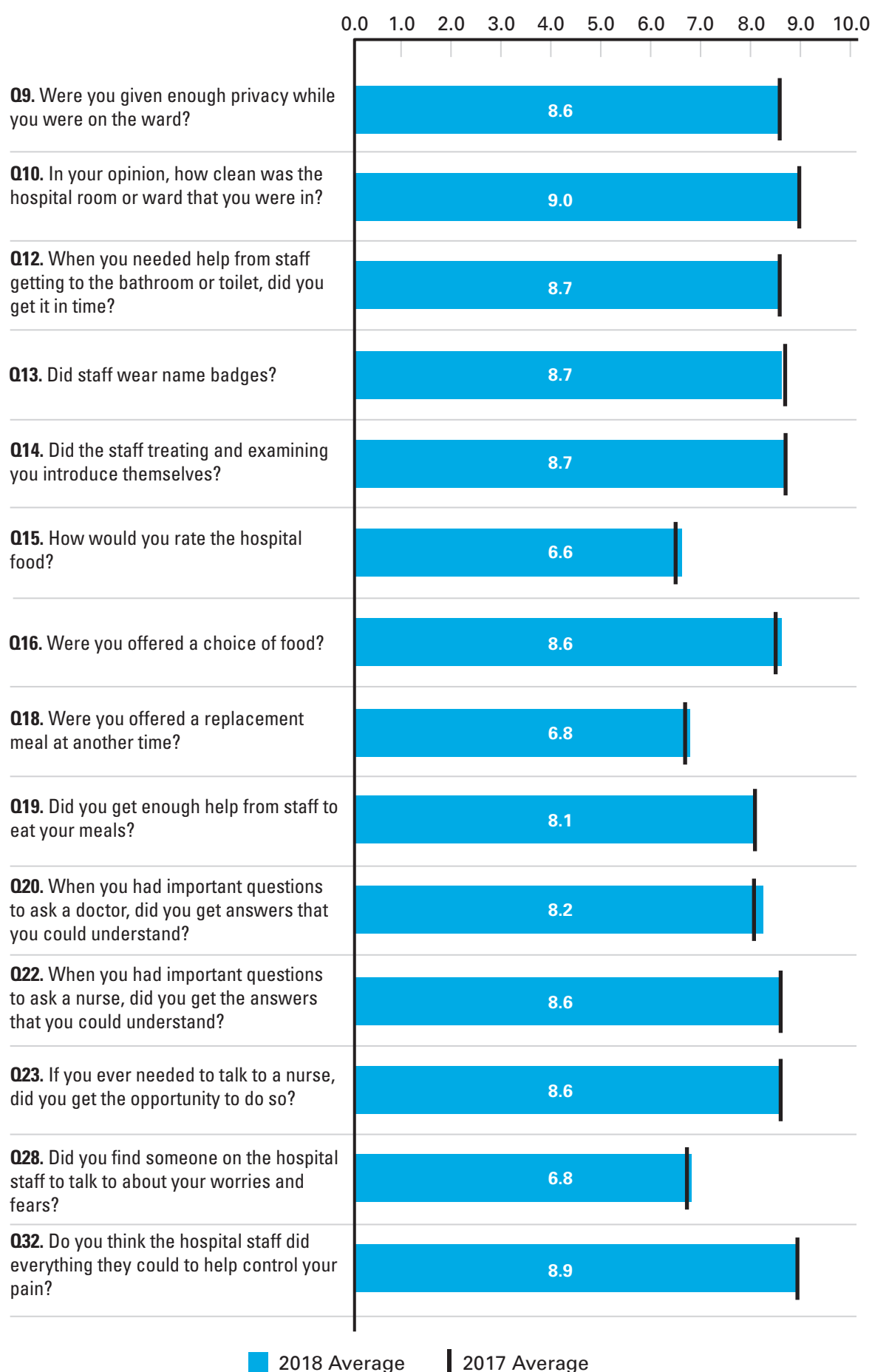
"The attention of doctors and especially nursing staff was excellent. The cleanliness of the hospital — though in sections old — was top class. The cleaning staff and porters couldn't have been more friendly and helpful."

"Not enough staff to take the time to talk to the patients, everyone seemed that they were rushing and under pressure all the time."

Care on the ward

Participants in the 2018 survey gave slightly higher ratings of care on the ward than 2017 participants, as outlined in Figure 2.2. Figure 2.8 presents the results for questions on care on the ward. This was the highest-scoring stage of care in the survey.

12,405 people (96%) said that the hospital room or ward that they were in was very clean or fairly clean, compared with 386 people who said that their room was not very clean, and 76 who said it was not clean at all. Participants were less positive about the hospital food, with 3,400 (27%) saying it was poor or fair. However, food ratings were still higher than in 2017.

Figure 2.8 National scores for questions on care on the ward

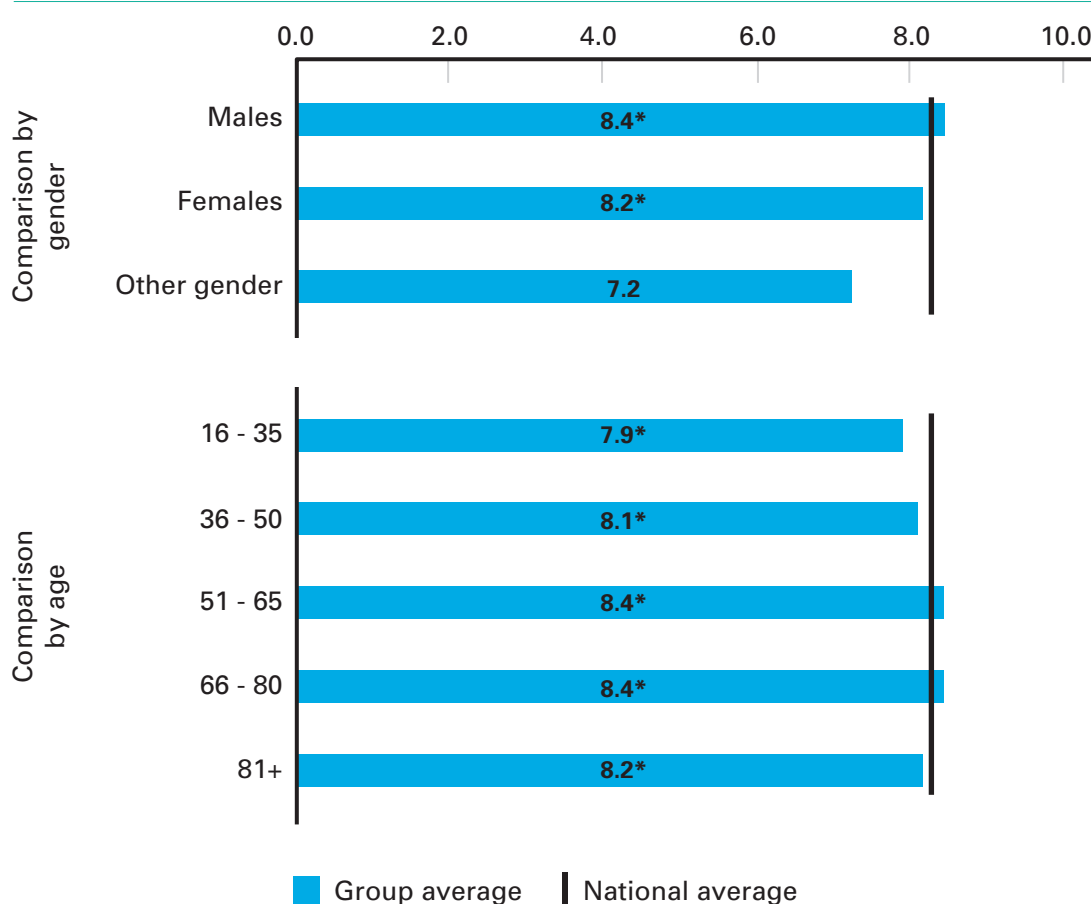
Experience of care on the ward by gender and age group

Nationally, care on the ward scored 8.3 out of 10. Males reported slightly more positive experiences (score of 8.4 out of 10) of care on the ward than females (score of 8.2 out of 10).¹⁰

People of different ages also had slightly different experiences of care on the ward. Those in the two youngest age groups (16-35 and 36-50 years) reported more negative experiences of care on the ward than people aged 51-65 and 66-80 years of age. People aged 16-35 gave the lowest ratings of care on the ward (score of 7.9 out of 10).

Figure 2.9 shows the scores for care on the ward by gender and age group compared with the national average.

Figure 2.9 Scores for care on the ward by gender and age group



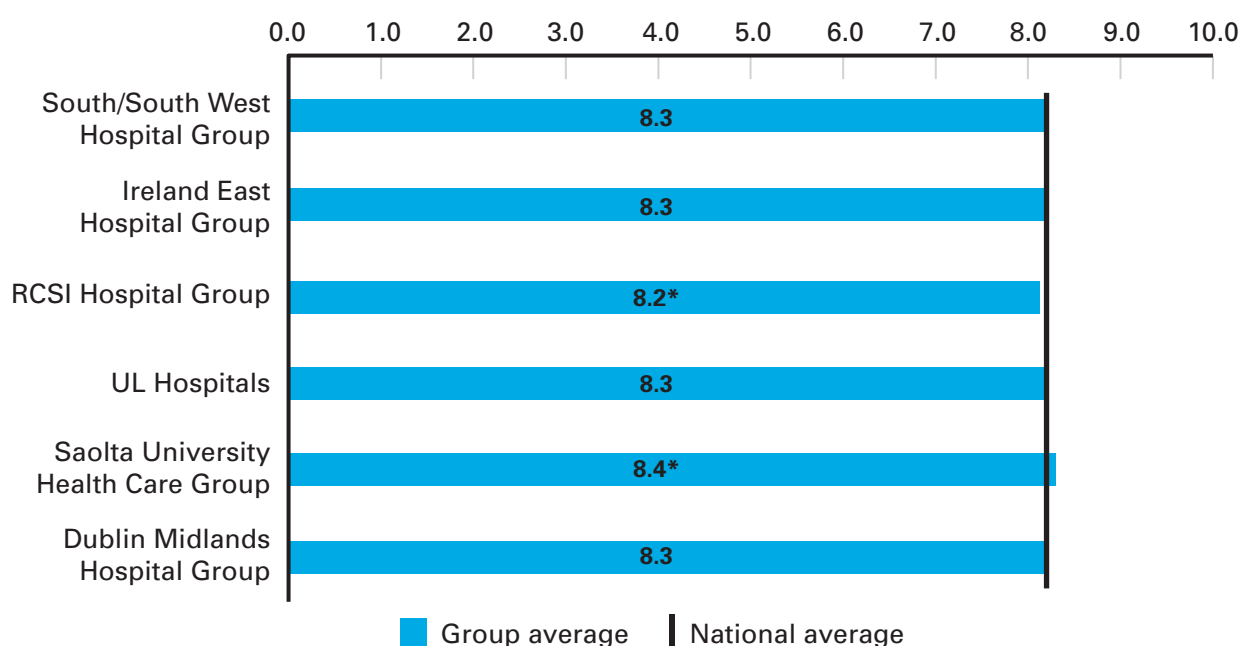
* Denotes a statistically significant difference from the national average.

10 There were too few 'other gender' participants to make meaningful comparisons.

Experience of care on the ward in the six hospital groups

With a score of 8.4 out of 10, the Saolta University Health Care Group was the best performing hospital group for this stage. The RCSI Hospital Group, on the other hand, recorded the lowest average score (8.2 out of 10). Figure 2.10 presents the scores for care on the ward for the six hospital groups compared with the national average.

Figure 2.10 Scores for care on the ward by hospital group



* Denotes a statistically significant difference from the national average.

Care on the ward: what do these results mean?

Patient experience scores for care on the ward in the 2018 survey were slightly more positive than those found in the 2017 survey. Nevertheless, some participants reported mixed experiences of care on the ward. In general, participants had positive interactions with doctors, nurses and other staff. Staff answered questions in a way that people could understand and managed patients' pain effectively. Most patients also said their room or ward was clean. However, members of staff were not always available to talk to patients about their worries and fears. While a number of participants gave low ratings of the food they received, there was some improvement in this area compared to 2017. People under the age of 51 had less positive experiences of care on the ward than older participants.

Examinations, diagnosis and treatment



"The hospital staff in ICU were amazing — the level of care was excellent. The chief consultant [doctor's name] was the most caring doctor I've ever experienced — always re-assured me & explained the treatment procedures and options to me."

"I was in a 12 bed ward and when discussing my treatment nurses and doctors were not discreet and anyone in the ward could have heard. More discretion when discussing treatments."

"Received excellent care from surgeon, his team, nurses & nurses' aids, including pre-op assessment. Was informed at all times of how operation would proceed, recovery & even physio was organised so promptly on my discharge. Couldn't possible find any fault in my treatment."



"I was not given enough info. about my condition. I'm actually still not sure what my final diagnosis/condition was — I have to speculate I guess."

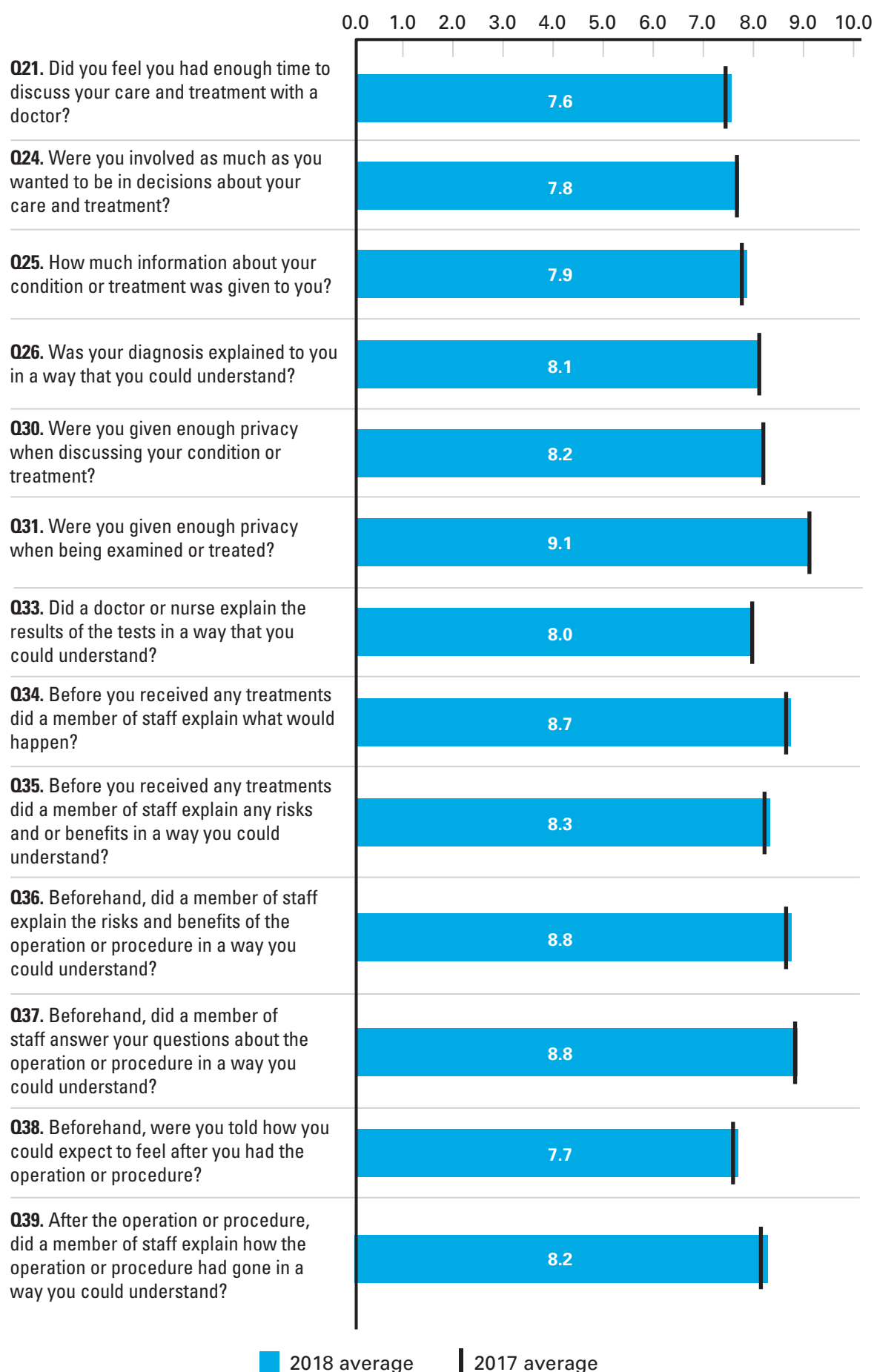
"Excellent all round as regards the most important aspect i.e. diagnosis, operation and treatment afterwards."

"The consultant was very poor at communicating the diagnosis and extremely poor at contacting the family. Some of the nursing staff had lost all empathy. It was obvious the nursing staff were overworked."

Examinations, diagnosis and treatment

Participants in the 2018 survey gave slightly higher ratings of the examinations, diagnosis and treatment stage of care than 2017 participants, as outlined in Figure 2.2. Figure 2.11 presents the results for questions on examinations, diagnosis and treatment.

Participants generally reported positive experiences of privacy, with 10,932 people (85%) saying that they were always given enough privacy when being examined or treated on the ward. 5,079 out of 12,808 people (40%) said that they did not have, or only to some extent had, enough time to discuss their care and treatment with a doctor.

Figure 2.11 National scores for questions on examinations, diagnosis and treatment

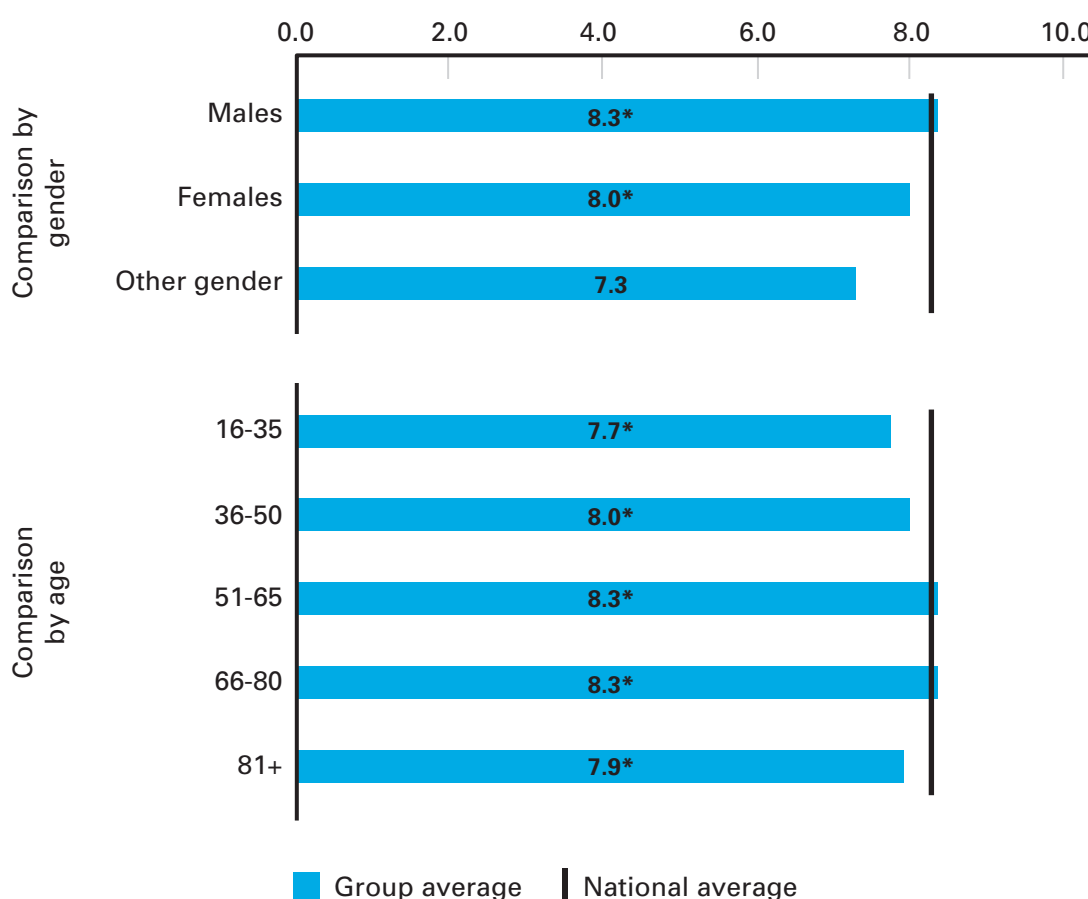
Experience of examinations, diagnosis and treatment by gender and age group

Nationally, examinations, diagnosis and treatment scored 8.2 out of 10. Males reported a slightly more positive experience of this stage of care (score of 8.3 out of 10) than females (score of 8.0 out of 10).¹¹

Younger and older patient groups also reported different experiences of examinations, diagnosis and treatment. People aged 16-35 and 36-50, as well as people aged 81 years or older, reported more negative experiences than people aged 51-65 and 66-80. Participants aged 16-35 (score of 7.7 out of 10) gave the lowest ratings.

Figure 2.12 presents the scores for examinations, diagnosis and treatment by gender and age group, compared with the national average.

Figure 2.12 Examinations, diagnosis and treatment scores by gender and age group



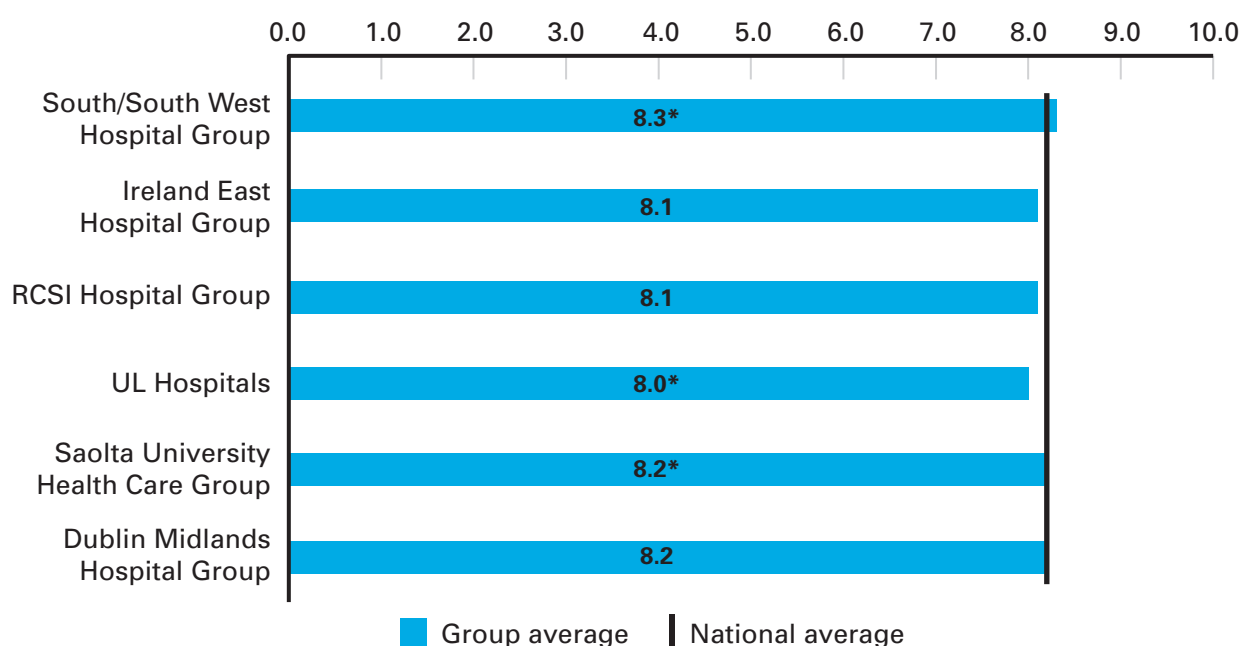
* Denotes a statistically significant difference from the national average.

11 There were too few 'other gender' participants to make meaningful comparisons.

Experience of examinations, diagnosis and treatment in the six hospital groups

With a score of 8.3 out of 10, South/South West Hospital Group achieved the best performance on examinations, diagnosis and treatment. UL Hospitals scored the lowest with 8 out of 10. Figure 2.13 presents the scores for examinations, diagnosis and treatment for each hospital group.

Figure 2.13 Examinations, diagnosis and treatment scores by hospital group



* Denotes a statistically significant difference from the national average.

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

Patient experience scores for examinations, diagnosis and treatment in the 2018 survey were more positive than those found in the 2017 survey. Most people said that they had enough privacy when being examined or treated, and a very large number of comments praised the competency of doctors and nurses. However, people were less positive about the amount of time allocated to talk about their treatment, and their involvement in decisions about their care. This suggests that care was not as patient centred as it should be, and that more effort is needed to ensure that patients feel that their voices are heard. People under the age of 51 and over the age of 80 had less positive experiences of examinations, diagnosis and treatment.

Discharge or transfer



"Care and attention by nursing staff were superb — professional but informed by good humour and empathy. A very fine standard. Doctors were extremely patient, kind esp. in relation to date of discharge."

"More written information could be given to discharged patient on their injury, treatment and aftercare."

"Discharge process is very poor. Sent from ward at 9.30am — left hospital at 3.30pm. Caused a lot of problems arranging lift home when no specific time could be advised."

"I was discharged on a Friday, but I didn't feel able to go home and they allowed me to stay over the weekend. I thank them so much for that."



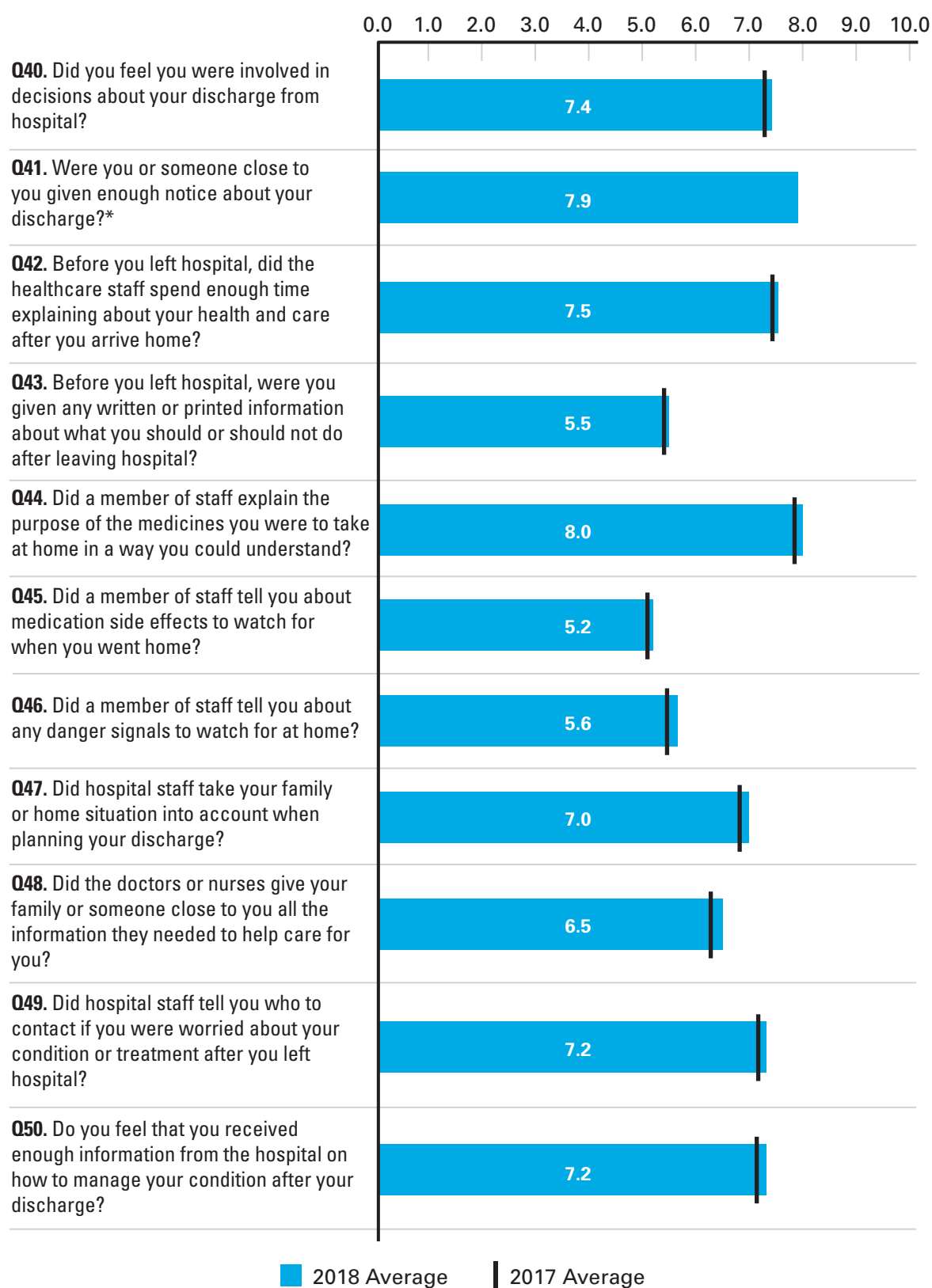
"The [nurse's name] in the discharge lounge was extremely friendly — I waited there before my surgery and she was so kind."

"Discharged from the ward and had to make my own way out to meet my lift. Didn't seem right as I was in pain and couldn't even bend to tie my shoes!"

Discharge or transfer

Participants in the 2018 survey gave higher ratings of the discharge or transfer stage of care than 2017 participants, as outlined in Figure 2.2. However, it remains the lowest-rated stage of care. Figure 2.14 presents the results for questions on discharge or transfer.

Most participants (71%) said that the purpose of medications they were to take at home was completely explained to them. However, 3,442 people out of 9,021 (38%) who received medication said that they were not adequately informed about the side effects to watch for when they went home.

Figure 2.14 National scores for questions on discharge or transfer

* The wording of Q41 was changed in 2018; therefore there is no comparison with 2017.

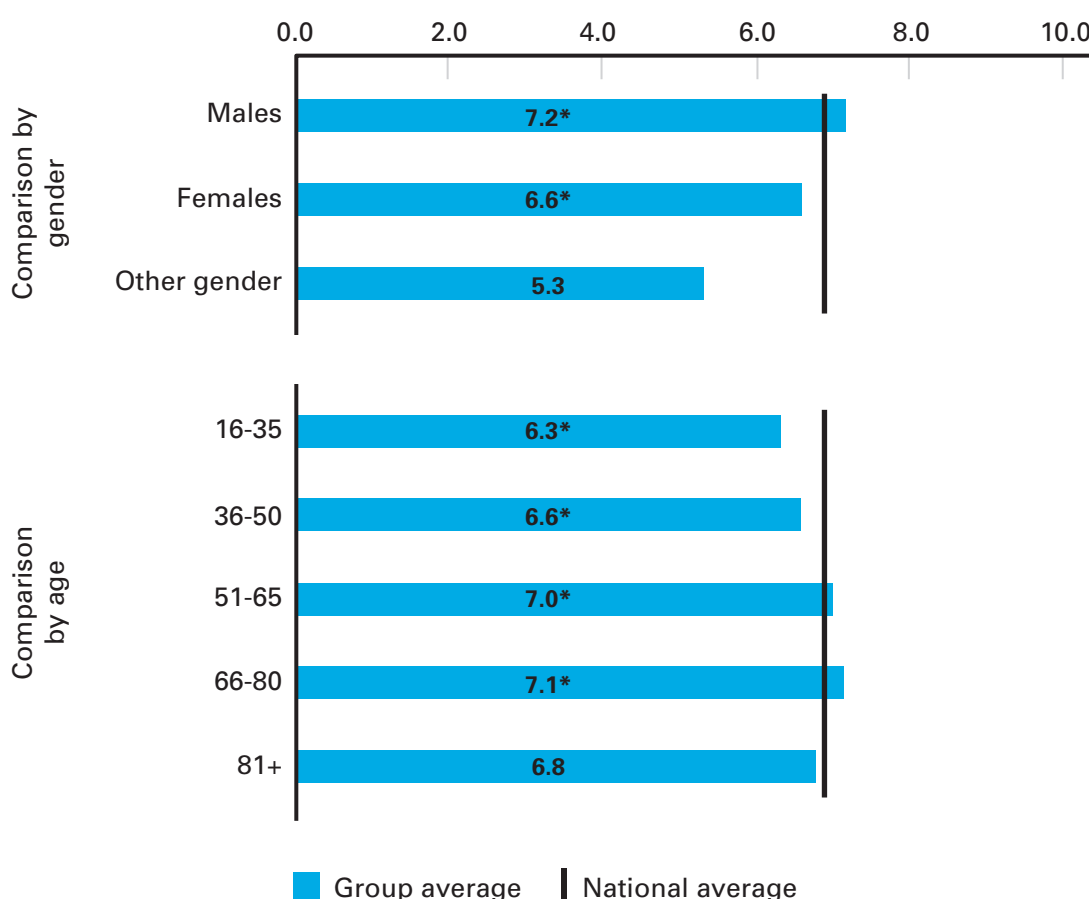
Experience of discharge or transfer by gender and age group

Nationally, discharge or transfer scored 6.9 out of 10. On average, men had a more positive experience of discharge or transfer from hospital (score of 7.2 out of 10), than women (score of 6.6 out of 10).¹²

Younger age groups (16-35 and 36-50 years) reported more negative experiences of discharge or transfer than people aged 51-65 and 66-80 years. Younger people (16-35 years) reported the most negative experience of any age group (score of 6.3 out of 10), whereas people aged 66-80 gave the highest rating for this stage of care (score of 7.1 out of 10).

Figure 2.15 shows the national discharge or transfer scores by gender and by age group and compared with the national average.

Figure 2.15 Discharge or transfer scores by gender and age group



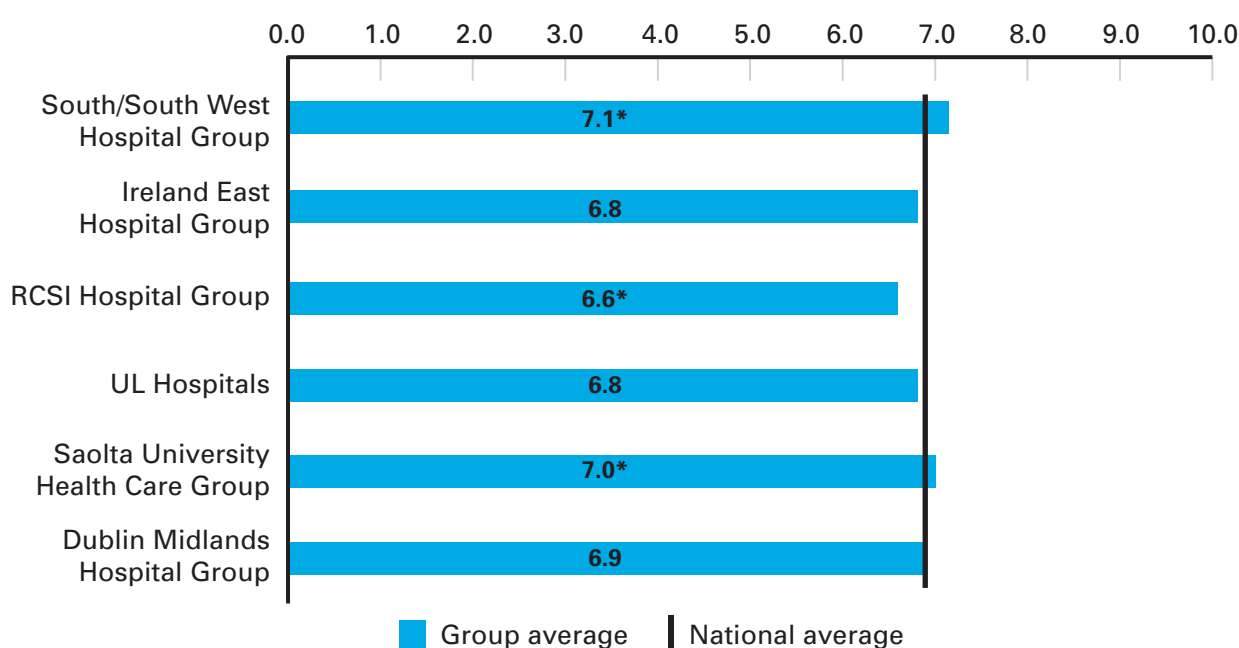
* Denotes a statistically significant difference from the national average.

12 There were too few 'other gender' participants to make meaningful comparisons.

Experience of discharge or transfer in the six hospital groups

Nationally, the South/South West Group received the best score on discharge or transfer (score of 7.1 out of 10), while the RCSI Hospital Group recorded the lowest score of 6.6 out of 10. Figure 2.16 displays the discharge or transfer scores for each hospital group compared with the national average.

Figure 2.16 Discharge or transfer scores by hospital group



* Denotes a statistically significant difference from the national average.

Discharge or transfer: what do these results mean?

Participant ratings of discharge or transfer in 2018 were significantly more positive than those in 2017. Nevertheless, it remains the lowest-scoring stage of care. It was clear that many patients felt they did not get enough information on how to safely care for themselves when they left hospital. Most patients said that staff explained the purpose of medications they were to take at home, but many said they did not explain potential side effects to watch out for. Patients who are not sufficiently informed about their condition, their medication regime and how to care for themselves at home are at a higher risk of complications and being re-admitted to hospital.⁽¹²⁻¹⁴⁾ People under the age of 51 had less positive experiences of discharge or transfer than those in other age groups.

Other aspects of care



"During my stay I felt very comfortable and safe, I found the staff very polite, helpful and friendly. The one area I felt could improve on was the communication between nurses and doctors. Both nurses and doctors seem too busy to actually talk to each other."

"The nursing staff were very kind and helpful. The ward and toilets were very clean."

"Parking at the hospital is a major issue. Very limited in the grounds itself and surrounding area is not very safe!"

"Toilets/building not fit for purpose. Clean but too small and cramped. Very old. Staff overworked, need more time with patients."



"Given excellent care by both doctors and nurses. I did have private room which was very clean and comfortable."

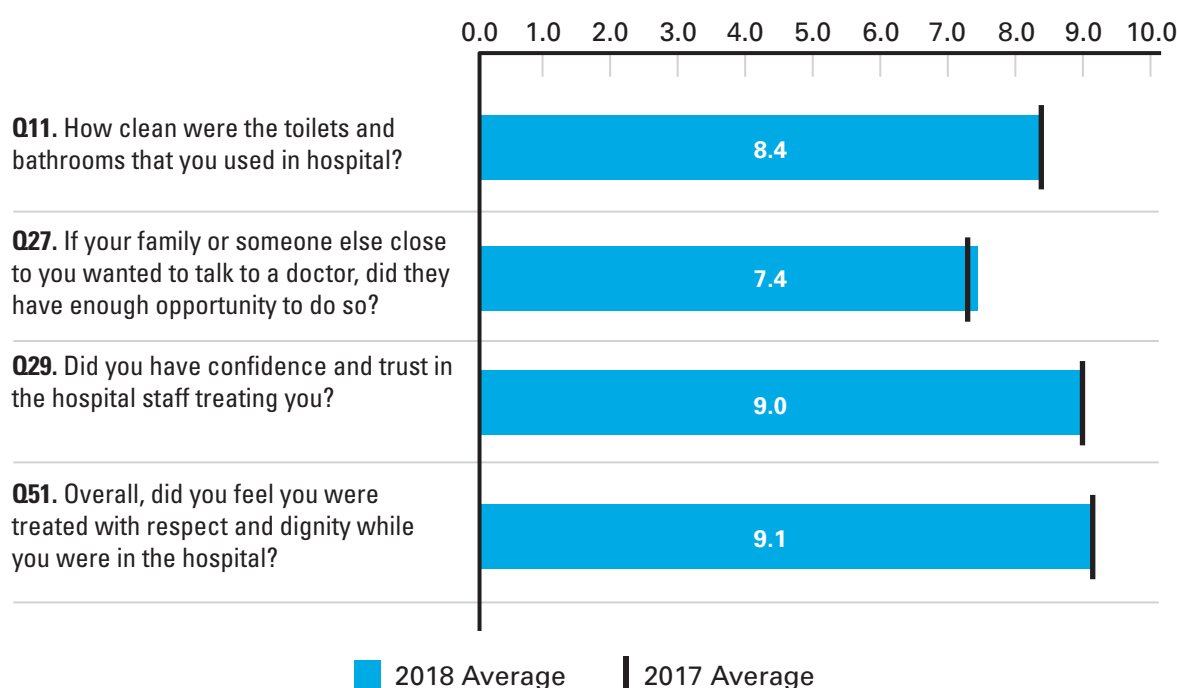
"No private room or smaller public ward available with private health insurance. Admitted twice since last Sept with no benefit for private health insurance."

Other aspects of care

The questions for this stage reflects patients' general experiences across their care journey. Figure 2.17 presents the results for questions on other aspects of care.

Most participants (84%) said that they were always treated with respect and dignity while in hospital. Participants reported less positive experiences of the interaction between their family members and doctors, with 3,781 people (41%) saying that their family members were not given, or were only to some extent given, sufficient opportunities to talk to a doctor.

Figure 2.17 National scores for questions on other aspects of care



Q51, which asked people whether, overall, they felt that they were treated with respect and dignity while in hospital, scored 9.1 out of 10 (Figure 2.17); 10,780 people (84%) said that they were always treated with respect and dignity (Table 1.). Being treated with respect and dignity is very strongly linked with patients having a positive experience overall (see Appendix 3).

Table 1. Overall, did you feel you were treated with respect and dignity while you were in the hospital? (Q51)

Total number of responses: 12,859		
Response options	Number of people	Percentage
Yes, always	10780	83.8%
Yes, sometimes	1715	13.3%
No	363	2.8%

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 are therefore a very good result for acute healthcare in Ireland. However, people had less positive views on the level of communication between hospital staff and their friends or family. Many people also commented on the need for improvements in hospital facilities such as toilets and bathrooms.

3

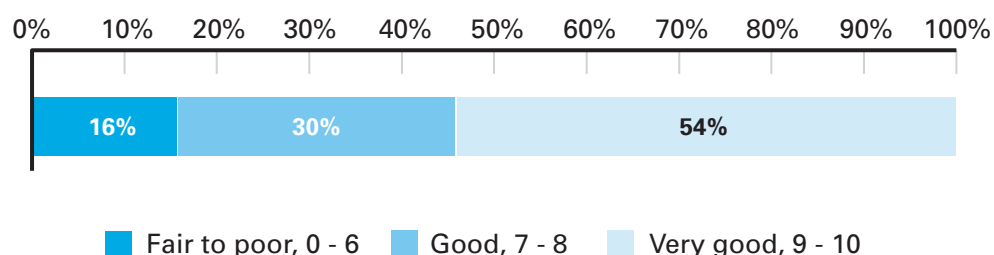
Chapter 3

Overall
experience

Ratings of overall experience

In summary: what was the overall experience of patients in May 2018?

The 2018 National Patient Experience Survey asked people to rate their overall hospital experience on a scale from 0 to 10, with 0 indicating a very negative and 10 indicating a very positive experience. Nationally, the average overall rating of care was 8.2 out of 10. 6,800 people (54%) said that they had a very good experience in hospital (overall rating of between 9 and 10), 3,715 people (30%) rated their hospital experience as good (overall rating of 7-8), whereas 1,995 people (16%) said that their stay in hospital was fair to poor (overall rating of 0-6). Figure 3.1 summarises patients' overall experiences.

Figure 3.1 Overall patient experience rating

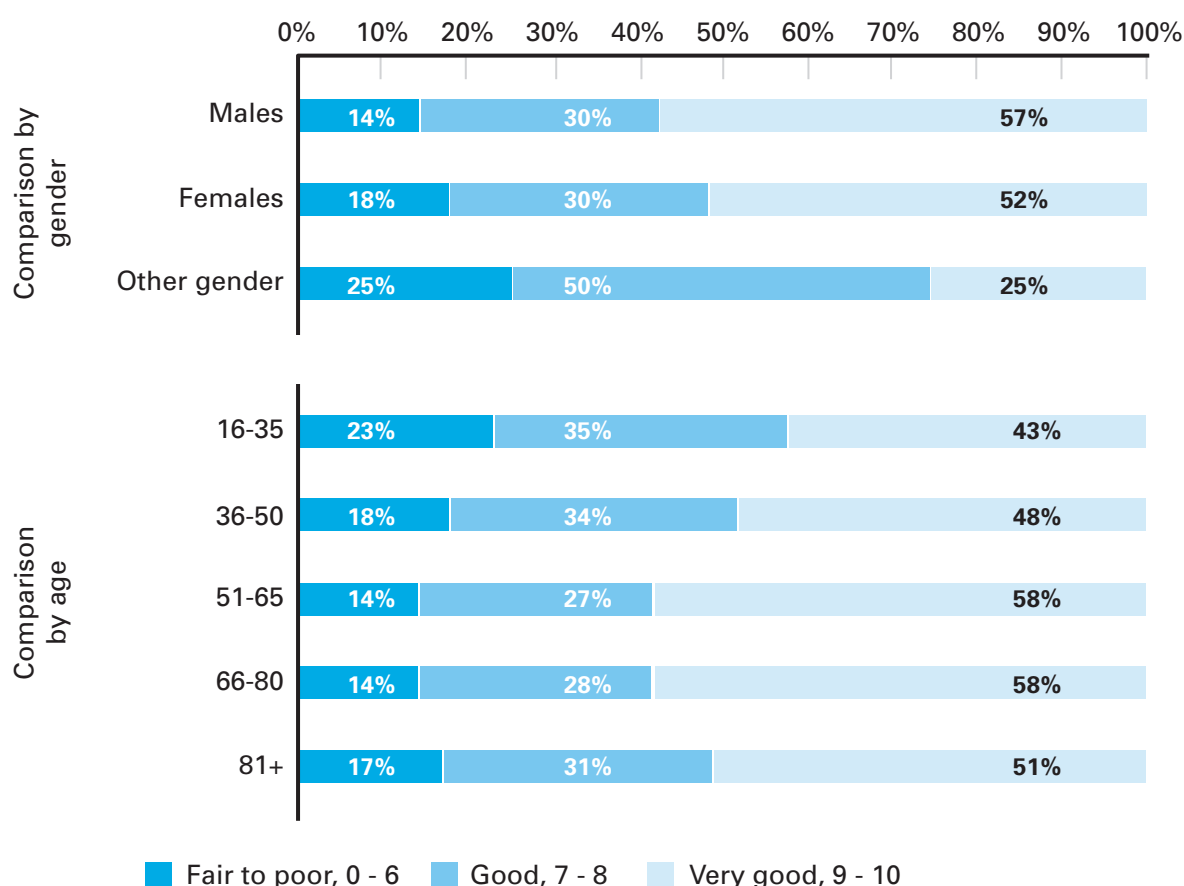
Overall experience by gender and age group

57% of males had a very good patient experience, compared with 52% of females and 25% of people of another gender. Participants of another gender were most likely to describe their experience as fair to poor (25%), compared with 18% of female participants and 14% of men.

58% of people aged 51-65 years, 58% of people aged 66-80 and 51% of people aged 81 years or older rated their experience in hospital as very good overall. Younger people were much less likely to report a very good experience and more likely to report a fair to poor experience overall. 43% of people aged 16-35 said they had a very good hospital experience, while 23% of people in this age group said they had a fair to poor experience. In comparison, only 14% of people aged 66-80 years reported a fair to poor experience overall.

Figure 3.2 presents the ratings of overall patient experience by gender and by age group.

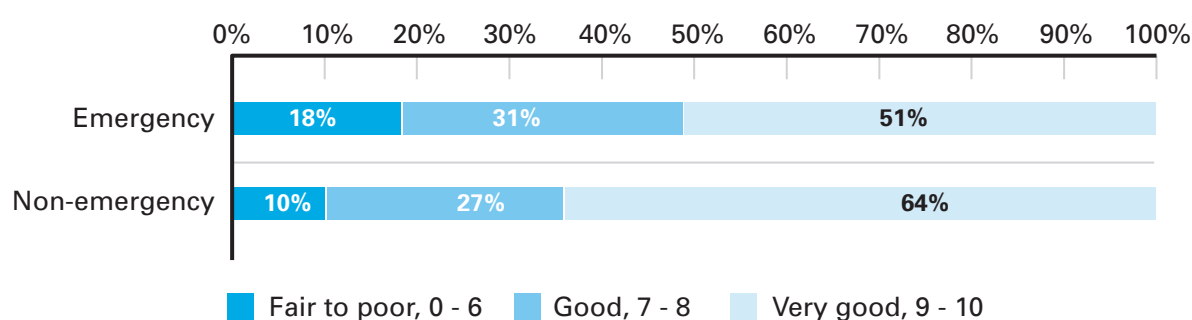
Figure 3.2 Ratings of overall experience by gender and age group



Overall experience for emergency and non-emergency patients

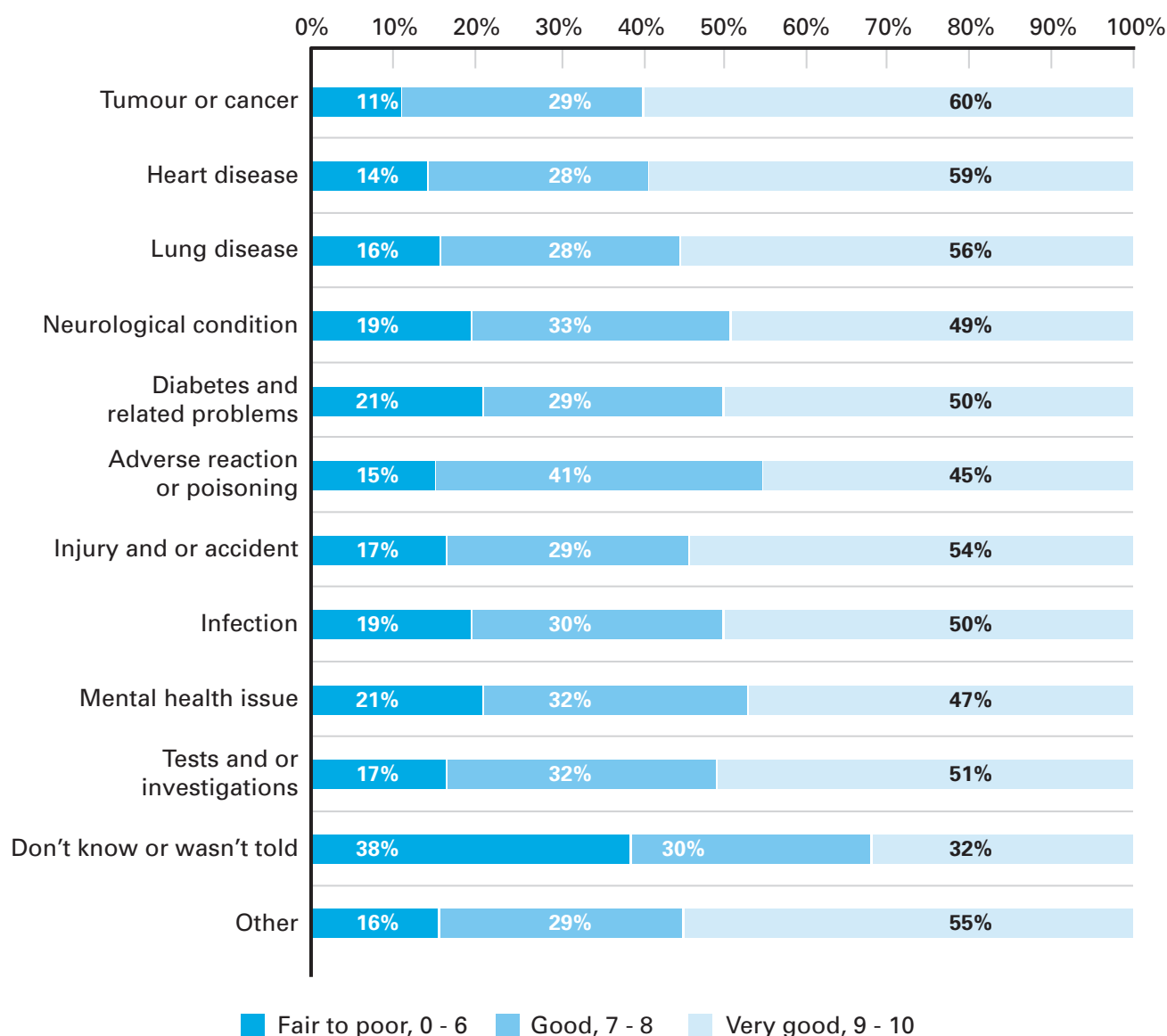
People whose hospital visit was planned in advance were more likely to report a very good hospital experience overall; 64% of non-emergency patients reported a very good experience compared with 51% of people whose admission was in an emergency. 18% of emergency patients described their experience as fair to poor, compared with 10% of non-emergency admissions. Figure 3.3 presents the ratings of overall experience for emergency and non-emergency admissions.

Figure 3.3 Ratings of overall experience by admission route



Overall experience by reason for admission

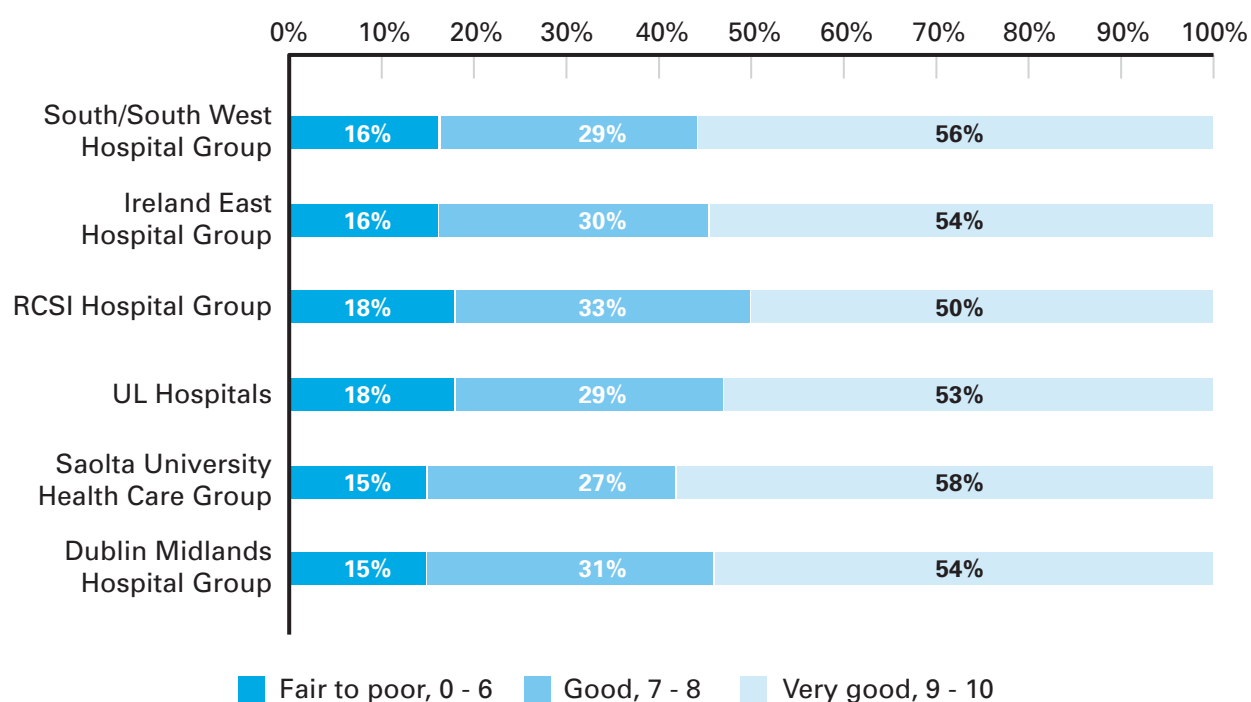
There were notable differences in participants' ratings of their overall experience depending on their reason for admission to hospital. Participants who said they did not know or were not told why they were admitted were most likely to report a fair to poor experience (38%), while those admitted due to a tumour or cancer were least likely (11%) to do so. Figure 3.4 shows the ratings for patients' overall experiences by reason for admission to hospital.

Figure 3.4 Ratings of overall experience by reason for admission

Overall experience in the six hospital groups

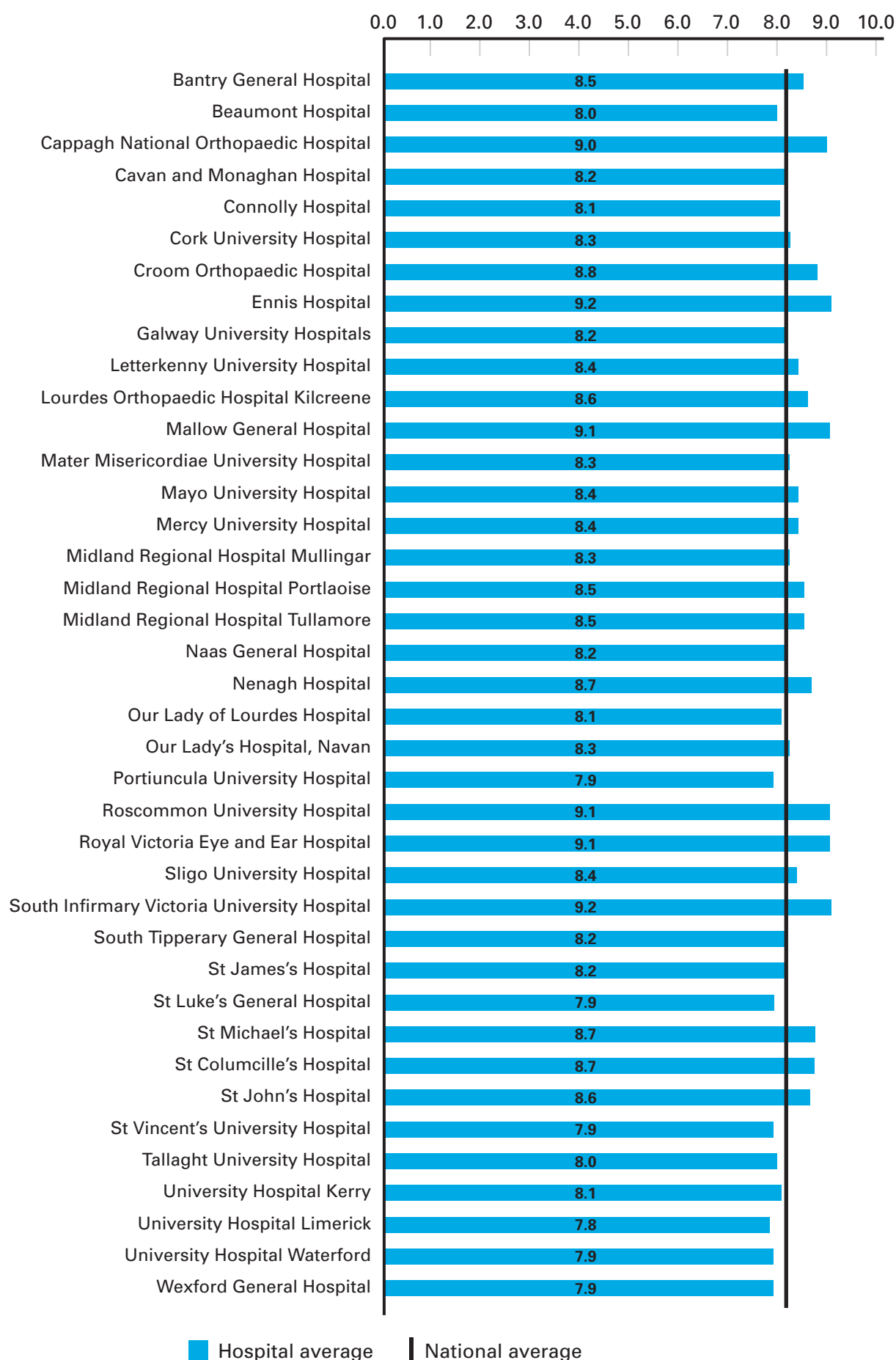
In every hospital group, at least half of patients rated their overall experience as very good. The Saolta University Health Care Group had the highest percentage of 'very good' ratings at 58%.

Figure 3.5 shows the ratings of overall patient experience for the six hospital groups.

Figure 3.5 Ratings of overall experience by hospital group

Overall experience in hospitals

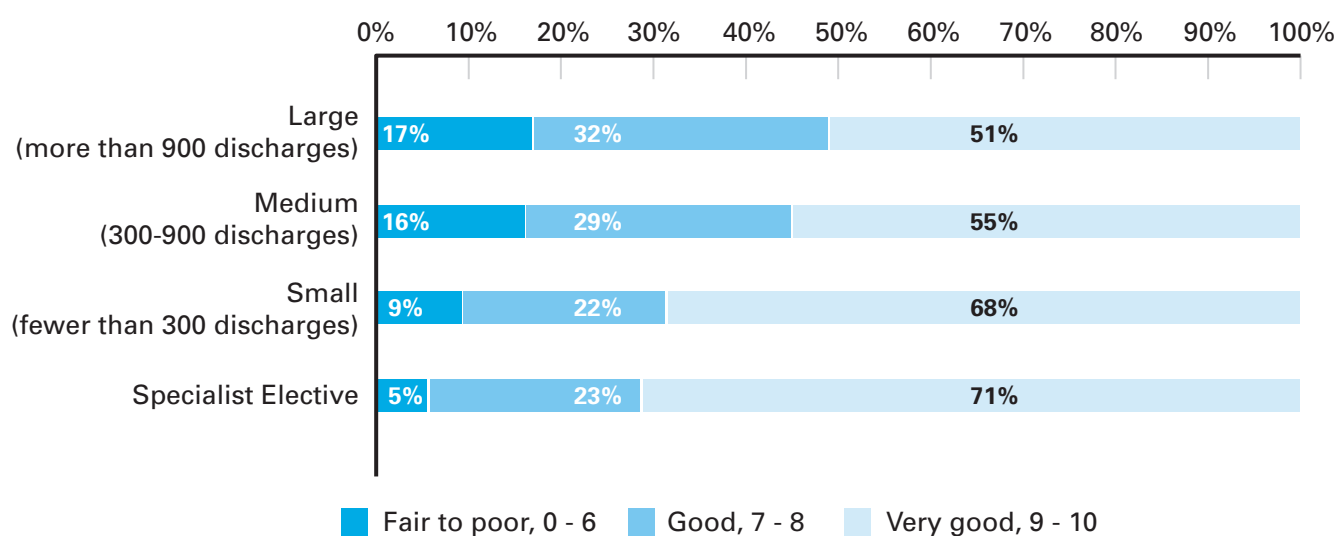
Figure 3.6 shows the differences in patient ratings of overall experience across participating hospitals. Full reports for each hospital can be found at www.patientexperience.ie.

Figure 3.6 Ratings of overall experience by hospital

Overall experience by hospital size

Patients in smaller hospitals gave higher overall ratings than patients who attended larger hospitals, where many patients entered hospital through the emergency department. Figure 3.7 shows a comparison of ratings of overall experiences by hospital size. Hospitals that discharged over 900 eligible patients during May are considered large; hospitals that discharged between 300 and 900 patients are medium-sized; hospitals that discharged fewer than 300 patients are considered small; and specialist elective hospitals are in a separate category.

Figure 3.7 Ratings of overall experience by hospital size



4

Chapter 4

In their own words

Analysis of patients' comments

Quantitative analysis of patients' comments

The last three questions (Q59-61) of the survey asked patients to provide additional information, in their own words, on their experiences in hospitals. The 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, 27,438 comments were received in response to the free-text questions in the 2018 survey.

The framework method was used to analyse and manage the wealth of information provided in patients' comments. An analytical framework consisting of 24 themes was developed — this framework helped organise and systematically reduce the thousands of patients' comments into manageable chunks of information.⁽¹⁵⁾

All comments were analysed and multi-coded using the following 24 codes:

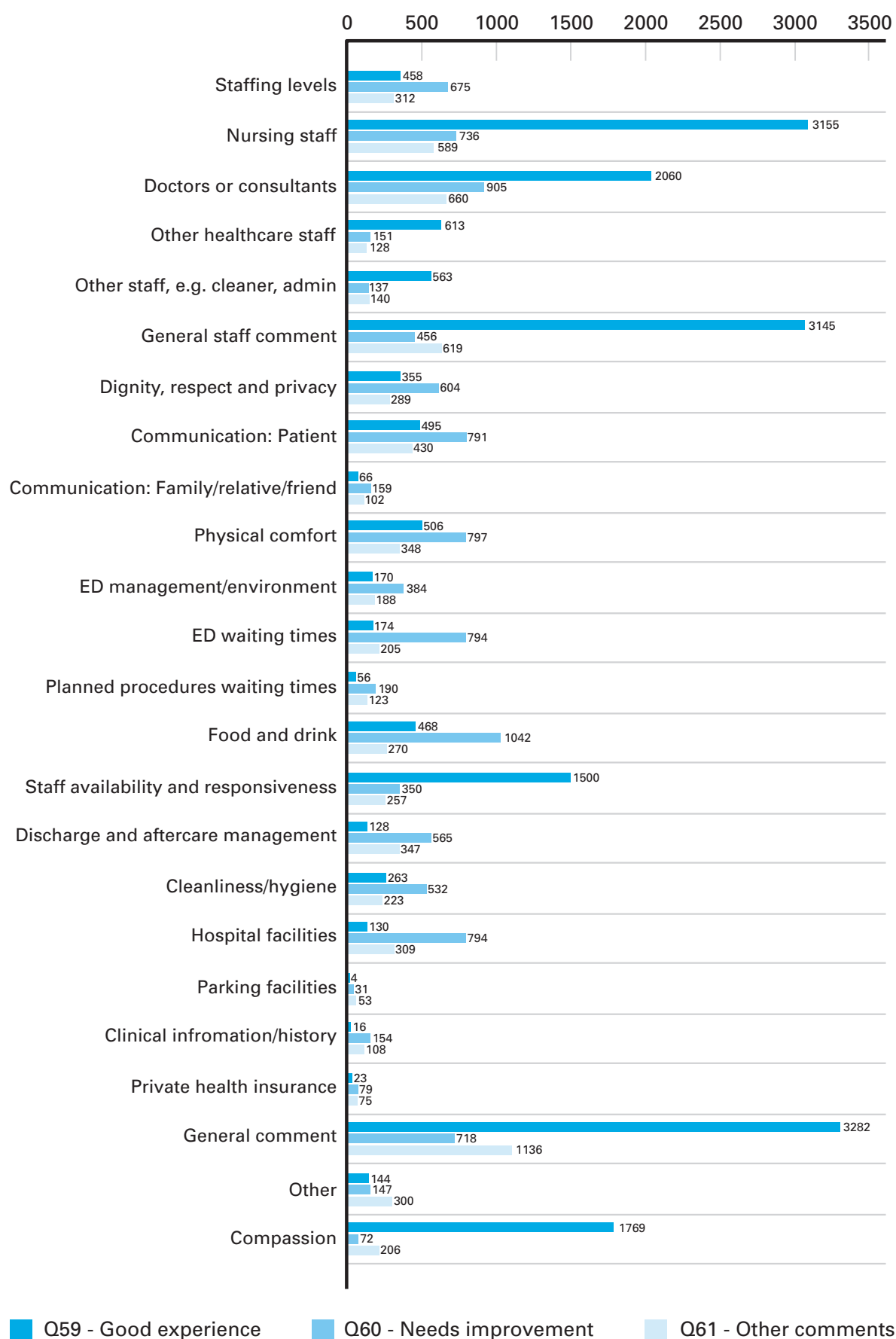
Dignity, respect and privacy	Nursing staff
Communication with the patient	Doctors or consultants
Emergency department management and environment	Waiting times for planned procedures
Emergency department waiting times	Discharge and aftercare management
Staffing levels	Staff in general
Staff availability and responsiveness	Communication with family and friends
Other healthcare staff	Physical comfort
Other staff	Hospital facilities
Food and drink	Parking facilities
Cleanliness and hygiene	Clinical information and history
Compassion	Private health insurance
General comment	Other comment

Overview of comments

Figure 4.1 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 'nursing staff', 'general comment' and 'general staff comment' themes. For Q60, most comments related to the 'food and drink', 'doctors and consultants', and 'physical comfort' themes. Finally, most responses to Q61 related to the 'general comment', 'doctors and consultants', and 'general staff comment' themes.

The National Patient Experience Survey is working with an academic partner to conduct more in-depth analysis of the over 40,000 participant comments on the 2017 and 2018 surveys, with a view towards maximising their usefulness in developing quality improvement plans. This analysis will be completed by late 2019.

Figure 4.1 Participant comments by theme

5

Chapter 5

Conclusion

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

The findings of the National Patient Experience Survey 2018 show that, as was the case in 2017, patients had a wide variety of experiences, both positive and negative, across their acute healthcare journey. Some small but significant improvements in patient experience have been found at national level since the 2017 survey.

The response rate of 50% (51% in 2017) compares very favourably with surveys in other countries. The positive response rate indicates that patients in Ireland have a strong desire to talk about their experiences and to use their voices to improve acute healthcare. It is of great importance that this enthusiasm is harnessed and patient feedback is used to provide an acute healthcare service that meets the needs of patients.

The survey identified a number of areas of good patient experience. Questions on dignity, respect and privacy at any stage of the patient journey achieved some of the highest scores in this survey. Participants also gave positive ratings of the cleanliness of rooms and wards, and the assistance provided by staff in accessing bathrooms. The majority of participants also gave positive ratings for the clarity of communication with nurses, their level of confidence and trust in hospital staff, privacy and pain management.

A number of areas needing improvement were also identified, particularly in relation to discharge or transfer from hospital. A significant number of participants said that they did not receive enough information on how to care for themselves after leaving hospital. In addition, many suggested that their families were not as involved in their care and discharge as they would have liked. Other issues highlighted included insufficient discussion time with doctors, patients not always being involved in decision-making, and the limited availability of emotional support.

There were notable differences in experience between people of different gender and age groups. Specifically, females and younger participants tended to report less positive experiences than males and older participants. This is similar to the pattern of results found in 2017 and may warrant further investigation in the future.

Some significant differences in patient experience were also found between hospital groups across the different stages of care. In relation to admissions, Ireland East Hospital Group had the highest ratings, while for care on the ward Saolta University Health Care Group and Dublin Midlands Hospital Group had the joint-highest scores. South/South West Hospital Group and Saolta University Health Care Group had the joint-highest scores both for examinations, diagnosis and treatment, and discharge or transfer. Saolta University Health Care Group also had the highest proportion of participants who rated their overall experience as 'very good'.

Significant improvements in several stages of care were found for the RCSI Hospital Group, while UL Hospitals improved on admissions. Patients also had different experiences depending on the size of the hospital they attended, with patients discharged from larger hospitals less likely to give a 'very good' rating of care. Patients in these hospitals are typically more acutely unwell than those in smaller hospitals, and are more likely to have been admitted on an emergency basis. This may affect how they experience care in hospital.

In conclusion, the findings of the 2018 survey show that most patients had positive experiences of care, and patient ratings have improved in a number of areas. However, it is also clear that there is still significant room for improvement across multiple areas, particularly in relation to discharge information and involving patients and their families in care. The huge response to the survey shows that patients want to have a say in their care, and has helped hospitals to identify areas where improvements can be made.

What happens next?

The HSE will continue to use the survey results to inform the development of quality improvement plans at national, hospital group and hospital levels. As was the case in 2017, these quality improvement plans will describe the steps that the HSE will take to address the issues highlighted by the people who responded to the survey. The survey will be repeated in the coming years and the findings will demonstrate whether or not patient experience has improved over time.

Quality improvement plans at the national, hospital group and hospital levels resulting from the 2018 survey findings will be available at www.patientexperience.ie in November 2018. The Department of Health will continue to 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 inform HIQA's programme of monitoring against the National Standards for Safer Better Healthcare.

Appendix 1

Membership of the National Patient Experience Survey governance groups

1

Steering Group

Phelim Quinn, (Chairperson)	Chief Executive Officer, HIQA
Rachel Flynn	Director of Health Information and Standards, HIQA
Kathleen MacLellan*	Director, National Patient Safety Office, CMO Office, Department of Health
Joan Regan*	Principal Officer, Acute Hospitals Policy, Department of Health
Angela Fitzgerald	Deputy National Director of Acute Hospitals, HSE
Brian Place	Patient representative
Dr Peter McKenna	Clinical Director, National Women and Infants Health Programme
Patrick Lynch	National Director Quality Assurance & Verification, HSE
David Keating	Principal Officer, National Patient Safety Office, Department of Health
Liam Morris	Principal Officer, Acute Hospitals Policy, Department of Health
Sheila O'Connor**	Patient representative, Focus Ireland

*Member until September 2018. **Member until May 2018.

Advisory Group

Rachel Flynn (Chairperson)
Tracy O'Carroll
Conor Foley
Sean Egan
Conor Teljeur
Fionnula Duffy
Teresa Maguire
Cora McCaughan
Margaret Lux
Kay Caball
Damien Lenihan
Sarah Treleaven

Project Team

Tracy O'Carroll
June Boulger
Conor Foley
Tess Huss
Donnacha O'Ceallaigh
Trudi Mason

Appendix 2

Who took part in the National Patient Experience Survey 2018?

2

People invited to take part

26,752 people met the eligibility criteria for the National Patient Experience Survey 2018 and were invited to participate. A total of 434 people opted out of the survey. In total, 13,404 people returned a valid survey. This represents a national response rate of 50.2%.

Three hospital groups had a response rate of 51% (see Table A), while the RCSI Hospital Group had the lowest response rate (46%). All hospital groups exceeded the minimum response rate of 20% (or 400 responses for each group) required to ensure the reliability of results.

Table A. shows the number of people eligible and invited to take part in the 2018 survey. It also indicates how many people took part and gives the corresponding response rate for each hospital group.

Table A. Number of people invited to participate, response numbers and response rate by hospital group

Group	Number invited to take part	Number who took part	Response rate (%)
National (total)	26,752	13,404	50%
By Hospital Group			
South/South West Hospital Group	5,095	2,622	51%
Ireland East Hospital Group	5,696	2,924	51%
RCSI Hospital Group	4,192	1,931	46%
UL Hospitals	2,321	1,155	50%
Saolta University Health Care Group	4,743	2,380	50%
Dublin Midlands Hospital Group	4,705	2,392	51%

Characteristics of survey respondents

To get a better understanding of who participated in the 2018 survey, the questionnaire asked four demographic questions. This information was important to establish whether the people who responded to the survey represented all sections of society.

49.5% of respondents were male, 50.5% were female and 0.1% identified as another gender. People aged 66 or older accounted for 53.5% of survey respondents, of which 16.9% were aged 81 or older.

The vast majority of respondents (91.7%) indicated having a white, Irish ethnic background.

Tables B. summarises the characteristics of the 2018 survey respondents by gender, age and ethnic group.

Table B. Respondent characteristics nationally by gender, age and ethnic group

Group	Number who took part	Percentage
Gender		
Males	6,631	49.5%
Females	6,765	50.5%
Other gender	8	.1%
Age group		
16-35	1,078	8.0%
36-50	1,745	13.0%
51-65	3,407	25.4%
66-80	4,910	36.6%
81+	2,263	16.9%
Ethnic group*		
White, Irish	11,925	91.7%
Irish Traveller	54	.4%
Any other White background	735	5.7%
Black, African	74	.6%
Any other Black background	4	.0%
Asian, Chinese	20	.2%
Any other Asian background	94	.7%
Other ethnic background	98	.8%

*400 people did not indicate an ethnic group.

74.7% of survey respondents entered the hospital through the emergency department. For 25.3% of respondents, their stay was planned in advance, or was the result of 'something else'. 69.4% of respondents reported holding a medical card.

Table C. shows the characteristics of survey respondents by admission route, length of stay and medical card status.

Table C. Respondent characteristics nationally by admission route, length of stay and medical card status*

Group	Number who took part	Percentage
Admission route		
Emergency	10,008	74.7%
Non-emergency	3,396	25.3%
Length of stay		
1-2 days	4,778	35.7%
3-5 days	3,664	27.3%
6-10 days	2,674	19.9%
11 or more days	2,287	17.1%
Medical card status*		
Medical card	8,949	69.4%
No medical card	3,953	30.6%
Reason for admission to hospital		
Tumour/cancer	1,170	8.3%
Heart disease	1,451	10.3%
Lung disease	773	5.5%
Neurological condition	606	4.3%
Diabetes and related problems	456	3.2%
Adverse reaction/poisoning	134	1.0%
Injury and or accident	1,182	8.4%
Infection	2,204	15.7%
Mental health issue	106	0.8%
I was admitted for tests and or investigations	1,960	13.9%
Don't know/I was not told	75	0.5%
Other	3,963	28.1%

*502 people did not indicate a medical card status.

74.7% of surveys were filled in by the patients themselves. A small proportion of surveys (9.3%) were filled in by a friend or relative on behalf of the patient. 15.1% of surveys were completed by the patient together with a friend or relative and only a very small proportion of surveys (0.9%) were filled in by the patient with the help of a health professional.

Table D. summarises information on who filled in the questionnaire.

Table D. Who filled in the survey questionnaire?*

Respondent	Number who took part	Percentage
Patient	9,769	74.7%
Friend or relative	1,218	9.3%
Both patient and friend or relative	1,981	15.1%
Patient and health professional	115	0.9%

*322 people did not reply to this question.

Appendix 3

A technical note on analyses and interpretation

3

Preliminary note

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

Scoring methodology

The scores for the patient journey were calculated by grouping survey questions into five stages of care:¹³ admissions; care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other aspects of care. Scores are also calculated for individual survey questions. The responses to all questions in each stage were also summarised to form overall scores ranging from 0 to 10.

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.⁽¹⁶⁾

Figure A is an example of how response options were converted into scores. It should be noted that only evaluative questions could be scored; that is, questions which assessed an actual experience of care. Routing or demographic questions were not scored. More positive answers were assigned higher scores than more negative ones.

13 There were 47 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.

In the example below, '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 categorised as 'missing'. It was not scored as it cannot be evaluated in terms of best practice.

Figure A Example of a scored question in the 2018 survey

The Emergency Department

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

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

The table below shows how scores were calculated for a specific question. In this example, the scores of five respondents are presented. The score for Q3 is calculated by adding 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). Thus, the average score for Q3 is 6 out of 10.

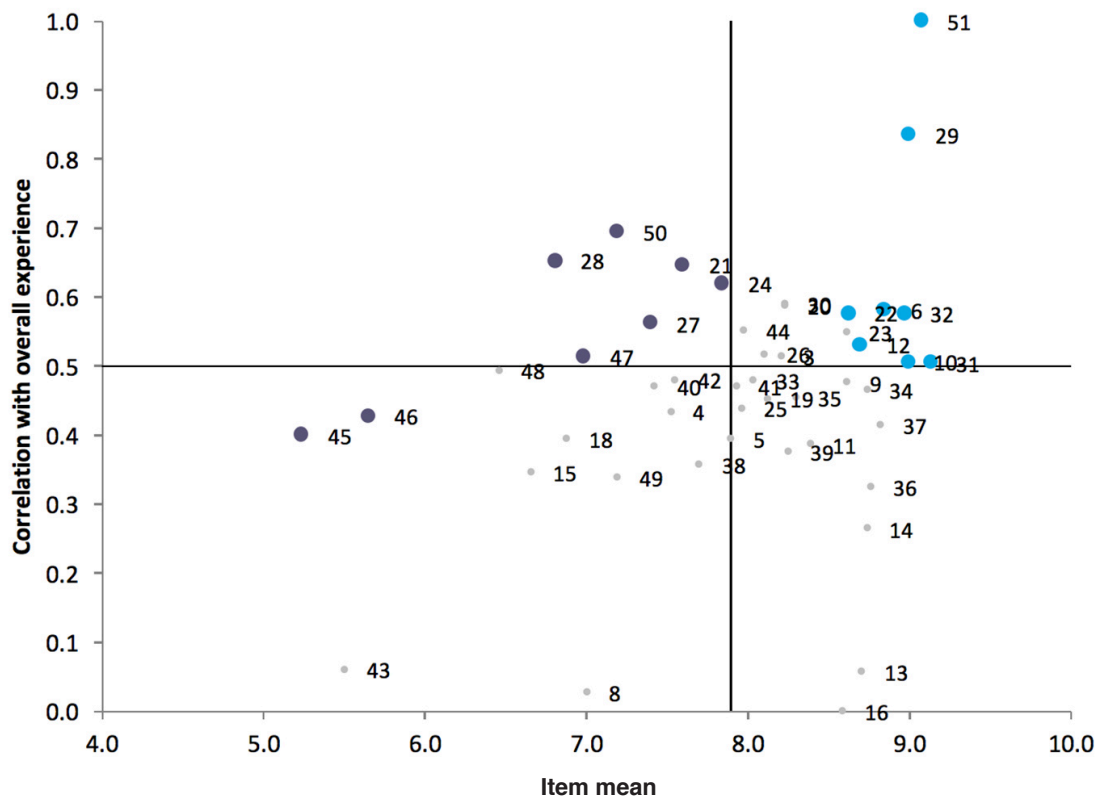
Q3. When you had important questions to ask doctors and nurses in the emergency department, did you get answers that you could understand?	
Respondent	Score
1	10
2	10
3	5
4	0
5	5
Sum of scores	30

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

Identifying areas of good experience and areas needing improvement

Figure B shows the average score out of 10 for each question on the survey, and how strong a relationship it has with participants' overall experience. Questions with high average scores out of 10 and a strong relationship with overall experience are highlighted in blue. Questions with lower scores out of 10 and strong relationships with overall experience are highlighted in purple.

Figure B Overall patient experience map



Comparing groups

Adjusting results for fair comparison

The survey findings were standardised for individual question and stage scores. Demographic attributes (such as age and gender) often influence how a person responds to a survey.⁽¹⁷⁾ Bearing in mind that the participating hospitals and hospital groups have different patient profiles, it is important to minimise or standardise such differences to allow for fairer comparisons.

The statistical analyses have applied an adjustment weight that accounts for differences between hospitals and hospital groups in the distribution of patients by age group and admission route (that is, 'emergency admission' or 'other'). This adjustment is made to provide fairer comparisons between groups of patients and hospitals.

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 by gender or age group) and hospital 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 if there was no real difference. Therefore, when a score is 'higher than' or 'lower than' the national average, this is highly unlikely to have occurred by chance.

The National Patient Experience Survey technical report, available 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 are 2017 and 2018 scores compared?

Scores for 2017 and 2018 are compared using a t-test at the 99% confidence level. A t-test is a statistical test used to compare the average scores of two groups. A statistically significant difference means it is very unlikely that results were obtained by chance alone if there was no real difference. Therefore when a score is 'significantly different' from the national average, this is highly unlikely to have occurred by chance.

Survey analysis and reporting

The survey data were analysed by the National Patient Experience Survey team based in the Health Information and Quality Authority (HIQA).

Quantitative survey data were analysed using the statistical package SPSS (Version 24).

The responses to the free-text questions were transcribed and anonymised. All references to names of patients or hospital staff, places, nationalities, specific health conditions, operations and procedures were removed from patients' comments before they were thematically analysed and coded.

Appendix 4

The National Patient Experience Survey questionnaire 2018

4

The 61 survey questions (with a few exceptions) originate from a library of questions originally formulated by the Picker Institute in the United States.⁽¹⁸⁾ The National Patient Experience Survey questionnaire was adapted to the Irish context. Further information on the questionnaire development process can be found on www.patientexperience.ie.

PATIENT QUESTIONNAIRE

Help us make hospital care better!



What is the survey about?

The National Patient Experience Survey is a nationwide survey asking patients about their recent stay in a public hospital. The results of the survey will be used to improve hospital care.

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 24 hours or more in hospital, you are 16 years of age or over and you were discharged from hospital in May of this year.

Can I do the questionnaire online?

Yes, please go to www.patientexperience.ie to complete the survey online.

Can I ask a family member or friend to help me fill in the survey?

Yes, 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 accompany some of the questions as these provide 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.**

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

To opt out of this survey, call the Freephone number on **1800 314 093** or go to our website www.patientexperience.ie.

Your answers will remain anonymous and confidential.

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

Survey Code:

We're committed to excellence in healthcare



When answering the questions, please think of your **most recent stay** in the hospital **named** in the letter that was included with this survey.

ADMISSION TO HOSPITAL

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

- 1 ☐ Emergency or urgent → **Go to Q2**
- 2 ☐ Planned in advance or waiting list → **Go to Q9**
- 3 ☐ 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)?

- 1 ☐ Yes → **Go to Q3**
- 2 ☐ No → **Go to Q9**

THE EMERGENCY DEPARTMENT

Please only answer the questions about the emergency department if you answered 'Yes' to Q2.

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

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ 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?

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

Q5. Were you given enough privacy when being examined or treated in the emergency department?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ 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?

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

Q7. Did you remain in the emergency department for the entire time of your stay?

- 1 ☐ Yes, I was discharged from the emergency department → **Go to Q53***
- 2 ☐ 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 Q53 – 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 from 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 Q53**

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, recovering 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. Examples of tests include: ECG, x-ray, CT scan, MRI scan, ultrasound, etc.

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, etc.

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: bypass surgery, surgery to repair a broken bone, removing an appendix, a colonoscopy, a lumbar puncture/spinal tap, etc.

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 or someone close to you given enough notice about your discharge?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know/can't remember

Q42. 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

Q43. 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

Q44. 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 Q45

2 ☐ Yes, to some extent → Go to Q45

3 ☐ No → Go to Q45

4 ☐ I did not need an explanation → Go to Q45

5 ☐ I had no medicines → Go to Q46

Q45. 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

Q46. 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

Q47. 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

Q48. 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

Q49. 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

Q50. 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

Q51. 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

Q52. 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

Q53. Who was the main person or people who 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.

Q54. What was the main reason for your most recent stay in hospital? (Tick **ONE** box only)

- 1 ☐ Tumour/cancer
- 2 ☐ Heart disease
- 3 ☐ Lung disease
- 4 ☐ Neurological condition
- 5 ☐ Diabetes and related problems
- 6 ☐ Adverse reaction/poisoning
- 7 ☐ Injury and or accident
- 8 ☐ Infection
- 9 ☐ Mental health issue
- 10 ☐ I was admitted for tests and or investigations
- 11 ☐ Don't know/I was not told
- 12 ☐ Other, please specify

Q55. Do you identify as:

- 1 ☐ Male?
- 2 ☐ Female?
- 3 ☐ Other gender?

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.

Y	Y	Y	Y
---	---	---	---

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** a medical card and private health insurance?
- 4 ☐ **Neither** a 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 by answering the questions 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' experiences 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?

Q60. Was there anything that could be improved?

Q61. Any other comments or suggestions?

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.

References

1. Health Information and Quality Authority. International Review on Patient Experience Surveys. <https://www.patientexperience.ie/about-the-survey/survey-model-methodology/>: 2016.
2. Health Service Executive. Management Data Report. www.hse.ie/eng/services/publications/performance/march-2018-management-data-report.pdf: 2018.
3. Care Quality Commission. 2017 Adult Inpatient Survey Statistical Release. www.cqc.org.uk/sites/default/files/20180613_ip17_statisticalrelease.pdf: 2017.
4. Office of National Statistics. Hospital Admitted Patient Care Activity. <https://files.digital.nhs.uk/pdf/0/8/hosp-epis-stat-admi-summ-rep-2016-17-rep.pdf>: 2017.
5. Coulter A, Cleary PD. Patients' Experiences With Hospital Care In Five Countries. *Health Affairs*. 2001;20(3):244-52.
6. Luxford K, Sutton S. How does patient experience fit into the overall healthcare picture? *Patient Experience Journal*. 2014;1(Inaugural issue).
7. Anhang Price R, Elliott MN, Zaslavsky AM, Hays RD, Lehrman WG, Rybowski L, et al. Examining the Role of Patient Experience Surveys in Measuring Health Care Quality. *Medical care research and review: MCRR*. 2014;71(5):522-54.
8. Coulter A, Fitzpatrick R, Cornwell J. The point of care — Measures of patients' experience in hospital: purpose, methods and uses. The King's Fund, 2009.
9. Graham C, Woods P. Patient experience surveys. In: Ziebland S, Coulter A, Calabrese JD, Locock L, editors. *Understanding and Using Health Experiences: Improving patient care*. Oxford: Oxford University Press; 2013.
10. 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.
11. 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.
12. Forster AJ, Murff HJ, Peterson JF, Gandhi TK, Bates DW. The incidence and severity of adverse events affecting patients after discharge from the hospital. *Annals of Internal Medicine*. 2003;138(3):161-7.

13. McMurray A, Johnson P, Wallis M, Patterson E, Griffiths S. General surgical patients' perspectives of the adequacy and appropriateness of discharge planning to facilitate health decision-making at home. *Journal of Clinical Nursing*. 2007;16(9):1602-9.
14. Naylor MD, Aiken LH, Kurtzman ET, Olds DM, Hirschman KB. The care span: The importance of transitional care in achieving health reform. *Health Aff (Millwood)*. 2011;30(4):746-54.
15. Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology*. 2013;13(1):117.
16. Care Quality Commission. NHS Patient Survey Programme: Survey Scoring Method 2015.
17. Care Quality Commission. Technical details — patient survey information. 2015 Inpatient survey. 2016.
18. Jenkinson C, Coulter A, Bruster S, Richards N, Chandola T. Patients' experiences and satisfaction with health care: results of a questionnaire study of specific aspects of care. *Quality and Safety in Health Care*. 2002;11(4):335-9.

