



National Patient Experience Survey 2017

Naas General Hospital

We're committed to excellence in healthcare



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

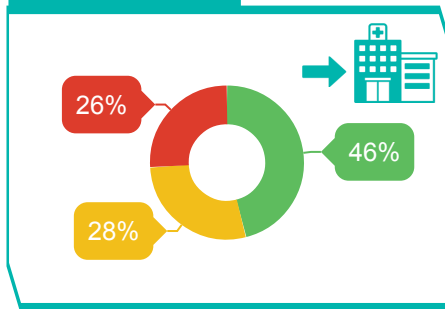
By putting the voice of the patient at the centre of acute healthcare, we can make sure that the needs and wishes of the people who matter most are met. The survey will be repeated annually in the future, which will allow us to explore how the patient voice has helped shape changes in acute healthcare.

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

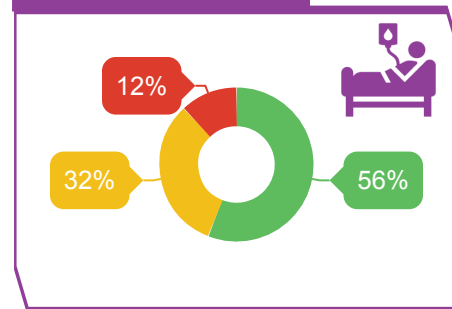
The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups.

Stages of care

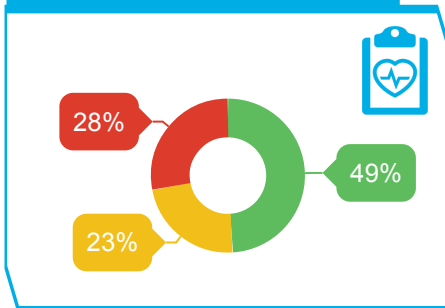
Admission



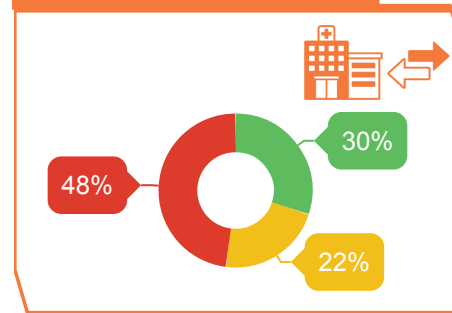
Care on the ward



Examinations, diagnosis & treatment



Discharge or transfer

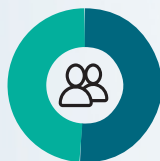


* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

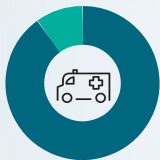
Naas General Hospital



46% of 598 eligible patients took part



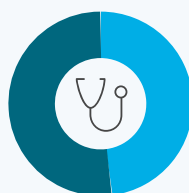
51% female
49% male



90% entered hospital on an emergency basis

Average age: 61 years

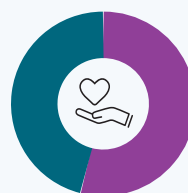
Treatment



48%

did not always have enough time to talk to a doctor about their care and treatment.

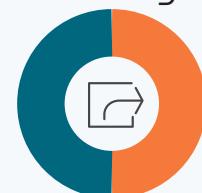
Care



54%

could not always find someone on the hospital staff to talk to about their worries and fears.

Discharge

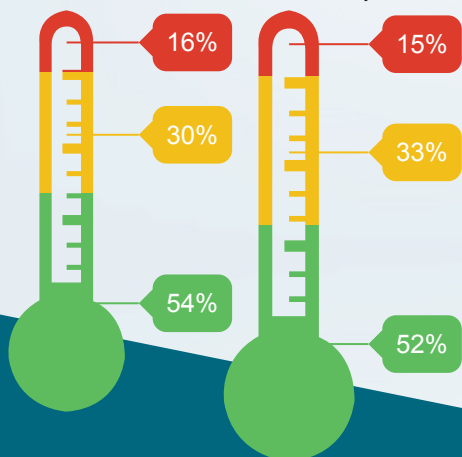


50%

were not informed about potential side effects of medication to watch for at home.

Overall experience

Nationally This hospital



Areas of good experience

94% of people said that the toilets or bathrooms were clean.

Areas needing improvement

82% of people said that they waited longer than six hours in the emergency department before being admitted to a ward.

Structure and content of this report

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This chapter presents the areas of good experience and the areas needing improvement in Naas General Hospital.

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Chapter 1

Patients' experiences of acute hospital care in Naas General Hospital

About the National Patient Experience Survey 2017

The National Patient Experience Survey is a new national survey, asking people for feedback on their recent stay in a public acute hospital. This survey will run on an annual basis and is a partnership between the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. The survey was developed with the involvement of Patient Focus, a patient advocacy organisation, in order to ensure that patients were central to the design and execution of the survey.

Nationally, 26,635 people were invited to participate in the first National Patient Experience Survey in 2017. In total, 13,706 people took part. The results outlined in this report reflect the experiences of patients who were discharged from Naas General Hospital during the month of May 2017. In total, 278 participants from Naas General Hospital took part in the survey.

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

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

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

The National Patient Experience Survey values and seeks to represent the patient voice, which is a fundamental principle of patient-centred care. The survey acknowledges both positive and negative experiences, as told by the 278 patients from Naas General Hospital who completed the survey. While thousands of people surveyed nationally said that they had a very good experience of acute hospital care, it is important also to listen to those people who identified areas for improvement. These voices and experiences will play a key role in shaping the future of patient-centred care in Ireland.

Hospital profile

Naas General Hospital is a public acute hospital, located in Co. Kildare. There were 189 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 598 eligible discharges were recorded during this time. Naas General Hospital has an emergency department. Patients at this hospital were asked to answer questions across each stage of care.

Purpose of this report

The purpose of this report is to present the key findings of the National Patient Experience Survey, based on the experiences of patients who stayed in Naas General Hospital in May 2017. The report highlights areas where patients had positive experiences and outlines where there is significant room for improvement.

The Health Service Executive (HSE) is committed to using the findings of the survey to make improvements to the quality of care provided to patients and to outline a direction for the future of patient-centred care in Naas General Hospital. A quality improvement plan will be developed by Naas General Hospital in response to the survey results and will be published on www.patientexperience.ie in December 2017.

The Department of Health will use the information gathered to inform the development of policy in relation to acute healthcare. Finally, the findings of the survey will be used to develop HIQA's approach to monitoring of hospitals.



Who took part in the survey?

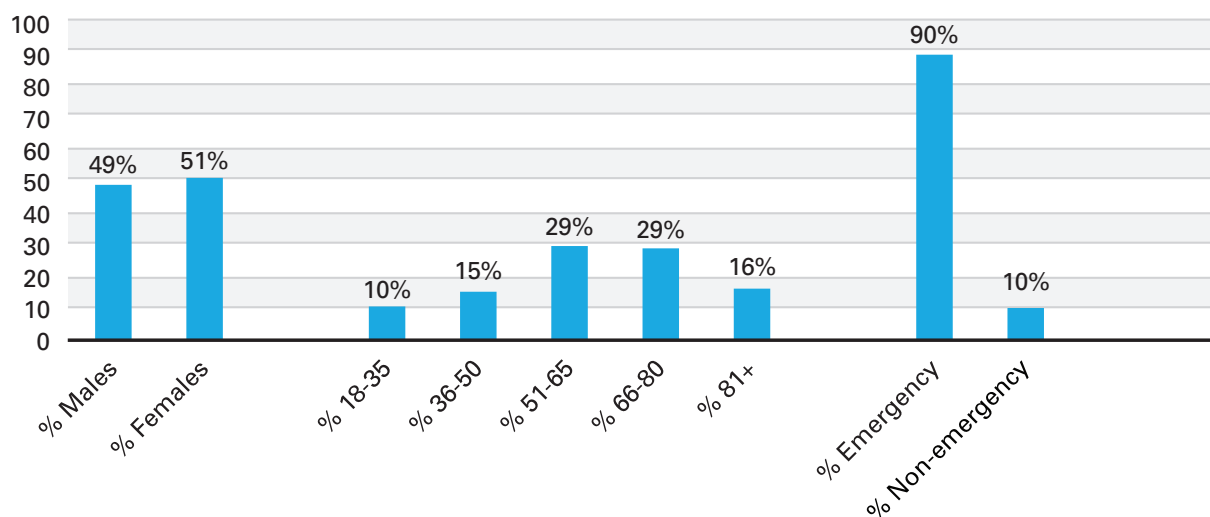
Description of the respondents who took part in the survey

598 people discharged from Naas General Hospital during the month of May 2017 were invited to participate in the survey.

278 people completed the survey, achieving a response rate of 46%.

49% of people who responded to the survey were male and 51% were female. 250 respondents (90%) said that their stay in hospital was an emergency. Figure 1. below shows information about the respondents who took part in the survey from Naas General Hospital.

Figure 1. Survey participants from Naas General Hospital by sex, age group and admission route



What were the main findings for Naas General Hospital?



Overall, patients' ratings of their experiences at Naas General Hospital were slightly above the national average. 85% of patients at Naas General Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

The survey found that, overall, people in Naas General Hospital were happy with the cleanliness of wards and bathrooms. Patients gave positive responses in relation to the food they were given at mealtimes, and the availability of assistance with their meals if required. Positive feedback was also received as regards the confidence and trust patients had in the staff treating them.

Communication in relation to discharge was highlighted as requiring improvement, with many patients feeling that staff did not provide sufficient information on managing their condition at home. A significant number of patients also said that they were not informed of danger signals to watch out for at home, or who to contact if they were worried about their condition. This stage of care was clearly problematic and in need of improvement.

Patients reported experiencing long waiting times at the emergency department, with most patients waiting more than six hours to be admitted. A large number of patients also felt that they were not given enough time to discuss their care and treatment with a doctor.

These findings will serve to inform quality improvement initiatives in Naas General Hospital.

Areas of good experience and areas needing improvement in Naas General Hospital

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

Appendix 3 explains how these areas were identified.

The areas of good experience in Naas General Hospital are:

Patients had positive experiences in several areas, particularly as regards cleanliness of wards and bathrooms. Patients generally rated the food highly and those who needed help to eat received it. The majority of patients had confidence and trust in the staff that treated them.

Care on the ward | Q15.

Food rating

Of the 255 people who rated the food, 220 (87%) said it was 'very good' or 'good'.

Care on the ward | Q10.

Cleanliness of room or ward

97% of the 262 people who answered this question said that the room or ward they were in was 'very clean' or 'fairly clean'.

Other aspects of care | Q11.

Cleanliness of toilets and bathrooms

243 people (94%) said that the toilets or bathrooms were 'very clean' or 'fairly clean'.

Care on the ward | Q19.

Help from staff to eat meals

82% of the 77 people who needed help from staff to eat their meals said that they always received it.

Other aspects of care | Q29.

Confidence and trust in hospital staff

81% of the 264 people who answered this question said that they always had confidence and trust in hospital staff.

The areas needing improvement in Naas General Hospital are:

Patients reported long waiting times in the emergency department. A large number also felt that they did not have sufficient time to discuss their treatment with a doctor. Communication as regards discharge was highlighted as an issue, with many patients not receiving sufficient information they needed to care for themselves at home.

Admission | Q8.

Emergency department waiting times

182 (82%) of the 222 people who answered this question said that they waited more than six hours in the emergency department before being admitted.

Examination, diagnosis and treatment | Q21.

Time to discuss care and treatment with a doctor

125 (48%) of the 263 people 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.

Discharge or transfer | Q47.

Danger signals to watch out for

91 (47%) of the 194 people who answered this question said they were not told about any danger signals to watch out for after they went home.

Discharge or transfer | Q50.

Information on support services after discharge

42% of the 235 people who answered this question said that they were not told who to contact if they were worried about their condition or treatment after leaving hospital.

Discharge or transfer | Q51.

Information on how to manage condition

111 (49%) of the 227 people who answered this question said that they were not or were only to some extent given enough information to manage their condition after discharge.



Chapter 2

The patient journey through hospital

Qualitative and quantitative findings of the 2017 survey

Findings of the 2017 survey

The stages of care along the patient journey

The National Patient Experience Survey 2017 follows the patient journey through hospital from admission to discharge.

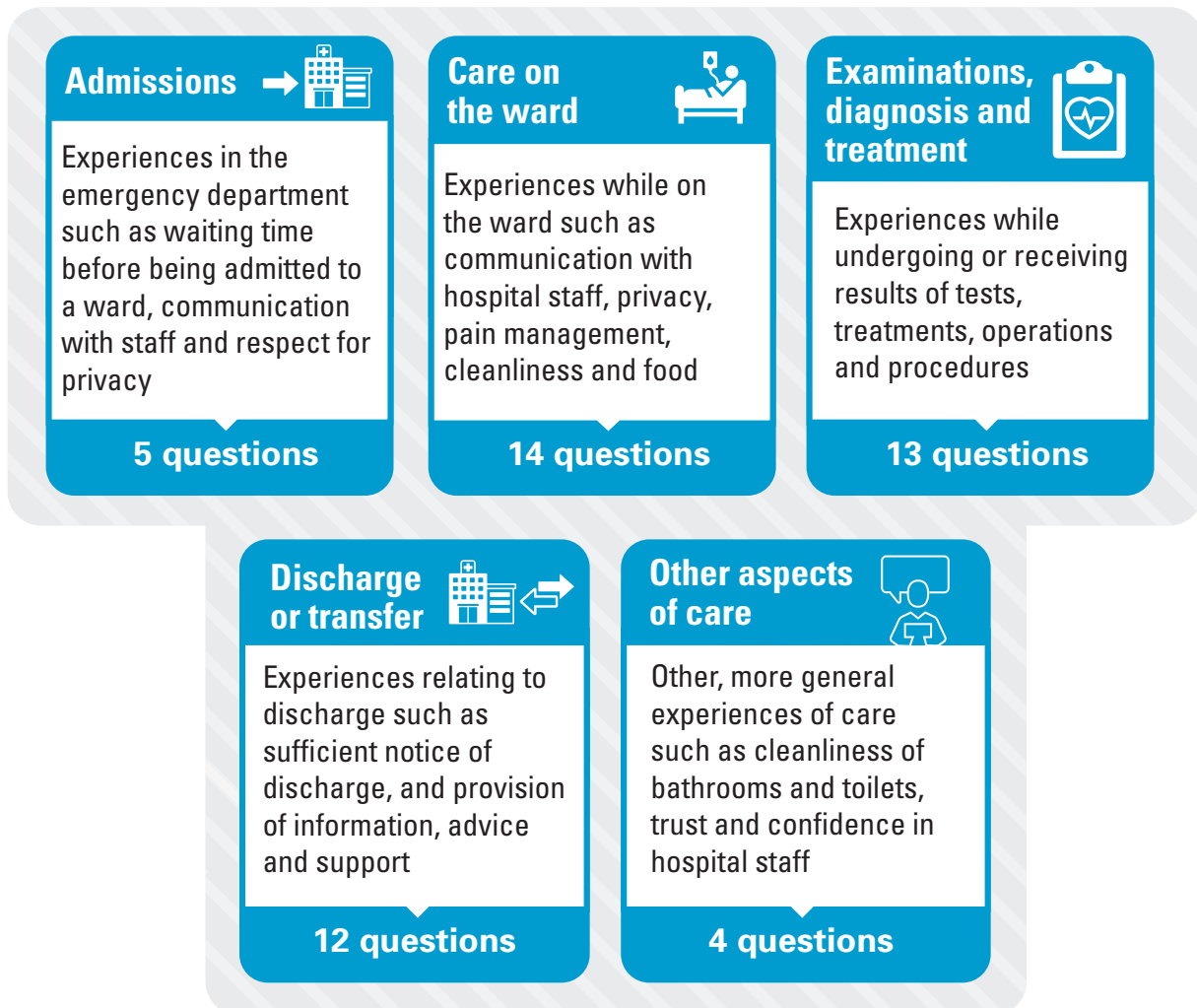
The survey questions were grouped into five stages along the patient journey:

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

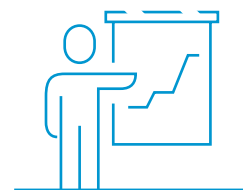
“My general experience was quite good. I have to say, the discharge aspect was a bit of a shambles.”

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

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



How to interpret the results for the stages of care



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

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

Figure 3. Guide to interpreting the results

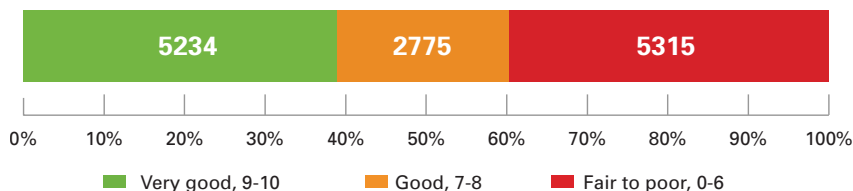
1. Experience rating for a stage of care

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

Example:

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

Figure 2.22 | Discharge or transfer ratings



2. Scores out of 10

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

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

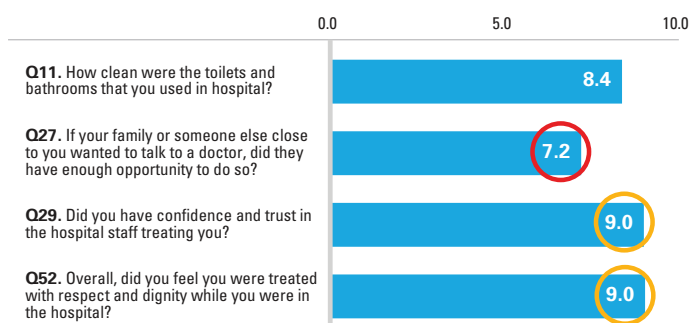
Example:

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

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

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

Figure 2.28 | National score for other aspects of care

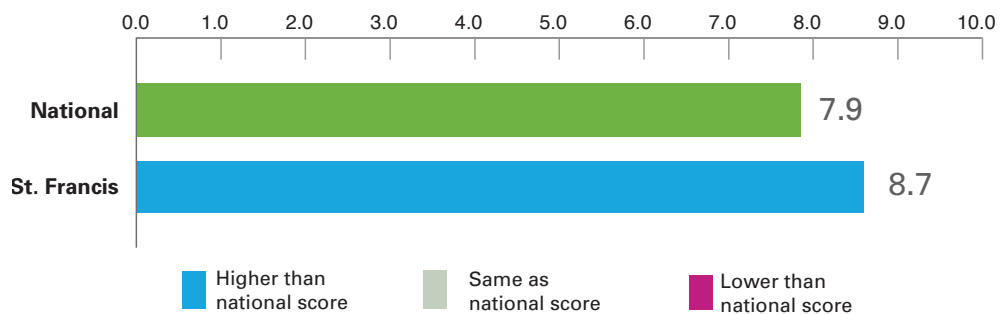


3. Comparisons

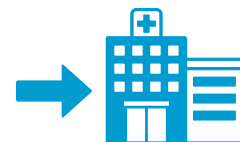
When hospital scores are compared with the national average, statistical tests were carried out to check if any differences were genuine or simply down to chance. The way hospital scores are calculated is explained in Appendix 4.

Example:

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



Admissions

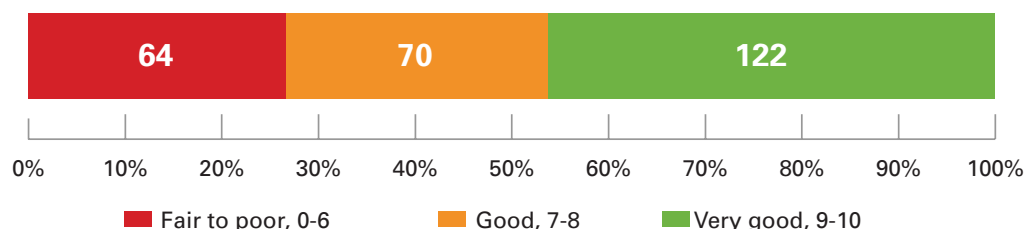


In summary: what were patients' experiences of the admissions process?

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

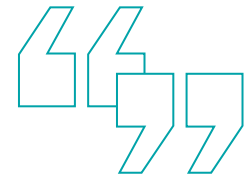
64 people (26%) had a fair to poor experience of admission to Naas General Hospital. However, 122 (46%) people rated their experience as very good. The findings are summarised in Figure 4.

Figure 4. Experience ratings for admissions



What were the key findings for admissions?

- Waiting times in the emergency department was the lowest scoring question, with 82% of people saying they waited longer than six hours before being admitted to a ward.
- 194 respondents (80%) who spent time in the emergency department said that they were always treated with respect and dignity there.
- Naas General Hospital scored 7.5 out of 10 overall for this stage of care, which is lower than the national score of 7.9 out of 10.



The patient voice: what patients said about admissions

Respondents from Naas General Hospital made 135 open-ended comments related to the following themes: 'dignity, respect and privacy', 'communication with the patient', and 'emergency department environment or waiting times'. 76 (56%) of the comments were made in response to Q60 which asked for suggestions for improvement. Some example comments for this stage of care are provided below.

Dignity, respect and privacy

"I thought it was excellent care, and have always got great care in Naas Hospital."

"A&E - not much privacy, curtains in cubicles not great (maybe fit doors on cubicles)"

Communication with the patient

"The nurses and doctors were very nice and gave me all the information I needed to know."

"In A&E nurses and doctors seem like headless chickens going everywhere but seem to be doing very little in regards to communicating to patients."

Emergency department environment or waiting times

"I was very ill when I presented at the hospital. I was seen to almost immediately and treated with such care."

"Lying on a trolley in A&E is very undignified. No privacy in A&E and long waiting times unacceptable."

Quantitative results for questions on admissions

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

82% of people who answered Q8 had to wait longer than 6 hours before being admitted to a ward. More detail on waiting times is provided later in this section.

194 respondents (80%) from Naas General Hospital said that they were always treated with respect and dignity in the emergency department. With a score of 8.8 out of 10 this is the highest performing area of the admissions stage.

“Overall good service - A&E needs updating and space.”

Figure 5. summarises the scores for Naas General Hospital for the admissions stage of care.

Figure 5. Naas General Hospital scores for questions on admissions

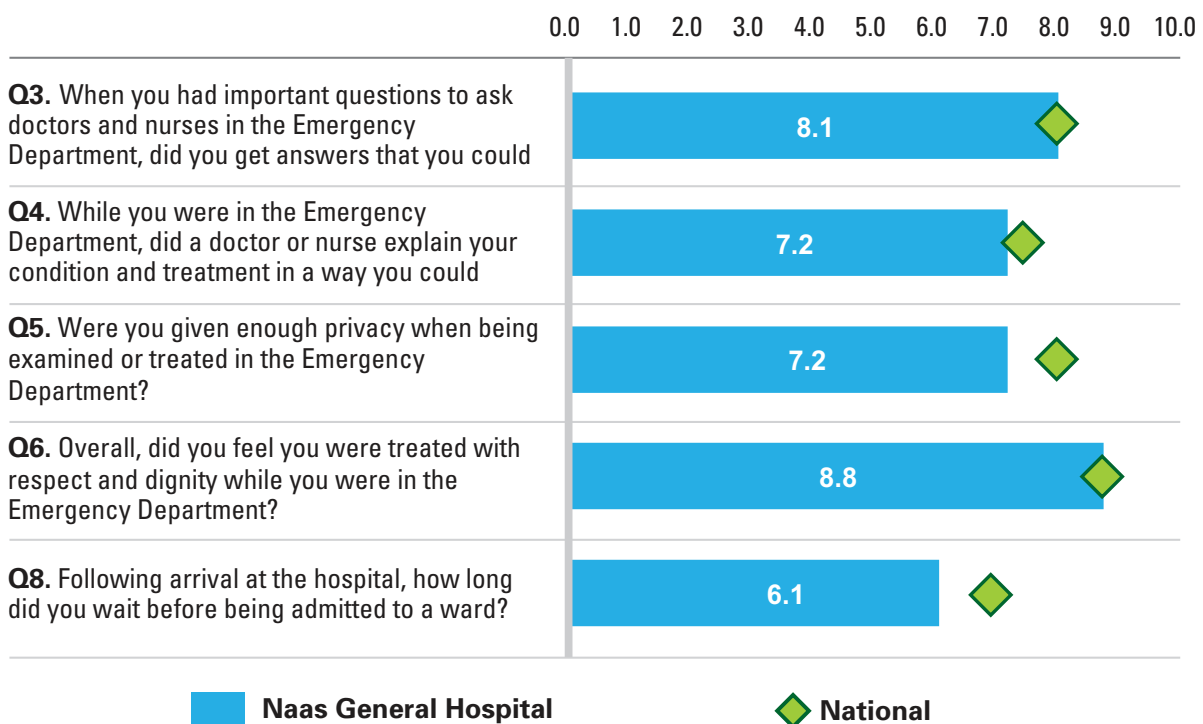
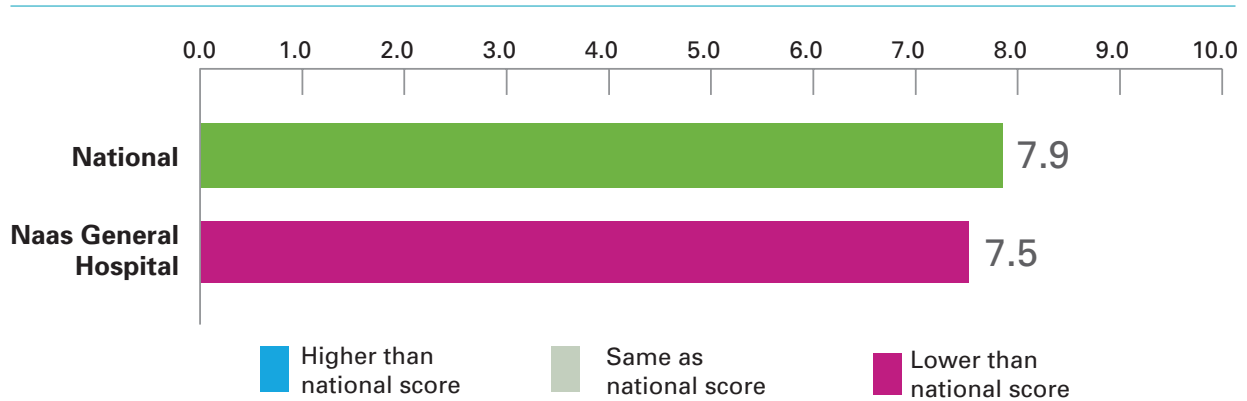


Figure 6. shows that, within the admissions stage, the average score for Naas General Hospital (7.5 out of 10) is lower than the national average (7.9 out of 10). This means patients at Naas General hospital had a less positive experience than the national average for the admission stage of care.

Figure 6. Comparison of Naas General Hospital with the national average for admissions (out of a maximum of 10).



Emergency department waiting times

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

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

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

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

The HSE measures emergency department waiting times differently to the survey, namely from the time a patient registers at the emergency department until they leave it. It is likely that there are some differences between survey findings and the official HSE figures¹.

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

Waiting time before being admitted to a ward

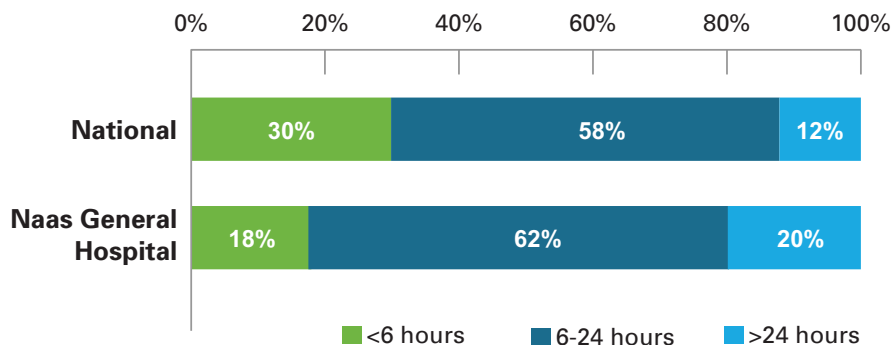
In Naas General Hospital, 40 respondents (18%) said they were admitted to a ward within six hours of arriving at the emergency department, while 138 respondents (63%) reported waiting between six and 24 hours. 44 patients (20%) reported waiting 24 hours or more before being admitted to a ward in Naas General Hospital, with 14 people saying they waited more than 48 hours.

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

What does this mean for Naas General Hospital?

With just 18% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that Naas General Hospital performed below the reported national average, where 30% of people said that they were admitted within six hours. Patient-reported waiting times in Naas General Hospital also fell short of the HSE target for waiting times. Studies have found that long waiting times in the emergency department after a decision has been made to admit a patient can have negative consequences for patient's health^(1,2).

Figure 7. Patient-reported emergency department waiting times for Naas General Hospital and nationally



Admissions: what do these results mean?

The large majority of patients reported waiting longer than six hours in the emergency department, with Naas General Hospital performing below the national average and the targets set by the HSE. Lengthy waiting times are associated with poor outcomes for patients. Patients reported less positive experiences than the national average in relation to the privacy they received while in the emergency department.

Care on the ward

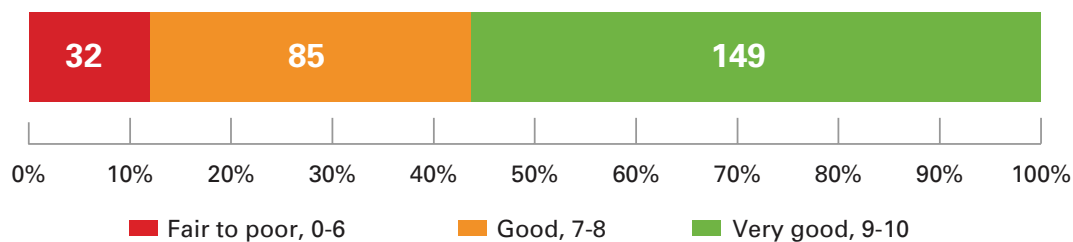


In summary: what were patients' experiences of care on the ward?

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

32 respondents (12%) said that their experience of care on the ward was fair to poor. However, 149 respondents (56%) reported having a very good experience during their stay on a ward in Naas General Hospital. Figure 8. summarises patients' experiences of care on the ward.

Figure 8. Experience ratings for care on the ward



What were the key findings for care on the ward?

- 254 people (97%) said that their room or ward was 'very clean' or 'fairly clean'.
- 98 people (54%) said they could not find or only to some extent found someone to talk to about their worries or fears.
- Naas General Hospital scored 8.4 out of 10 for care on the ward, which is similar to the national average score of 8.3 out of 10.

"Overall treatment very good. Patients could be allowed more time to eat meals by some staff"



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

163 open-ended comments from Naas General Hospital related to the following themes: 'staffing levels', 'staff availability and responsiveness', 'other healthcare staff', 'other staff', 'food and drink' and 'cleanliness and hygiene'. 51 of the comments offered suggestions for improvement. Some examples of the comments for the care on the ward stage of care are provided below.

Staffing levels

"While the nurses were extremely busy, they always remain professional, calm, friendly and caring."

"Extra staff in A&E. I needed attention but was unable to get it due to lack of staff and number of patients."

Staff availability and responsiveness

"The nursing staff in both A+E and on the ward were excellent giving of their time patiently even though they were extremely busy. There was no hesitation in giving explanations or anything else necessary."

"The A+E doctors need to be less rushed and to remember that they are dealing with sick and vulnerable and scared people. A few minutes extra to allow patients to explain as best they can what was wrong would mean a lot."

Other staff

"Catering staff were really nice, although I was fasting they always asked if I was ok."

"The cleaning staff could be more considerate when cleaning around a patient's bed and not just dump things onto people's bed or start moving beds around with people sleeping in them"

Food and drink

"The food was excellent and had plenty of choice to meet everyone's dietary needs."

"Meal choice. I'm vegetarian and don't enjoy salads. A hot meal would have been nice e.g. lasagne, veggie burger, curry etc."

Cleanliness and hygiene

"I was impressed with the general care given by all staff. The hospital, ward and toilets appeared very clean."

"Bathroom could be checked and cleaned more often."

Quantitative results for questions on care on the ward

Fourteen questions asked about care on the ward.



Figure 9. shows the scores out of 10 for each question. 254 people (97%) said that their room or ward was 'very clean' or 'fairly clean'. The lowest scoring question (Q28) relates to finding a member of staff to talk to about worries and fears. 98 people (54%) said they could not find or only to some extent found someone to talk to.

"I was very happy with my stay in Naas Hospital."

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

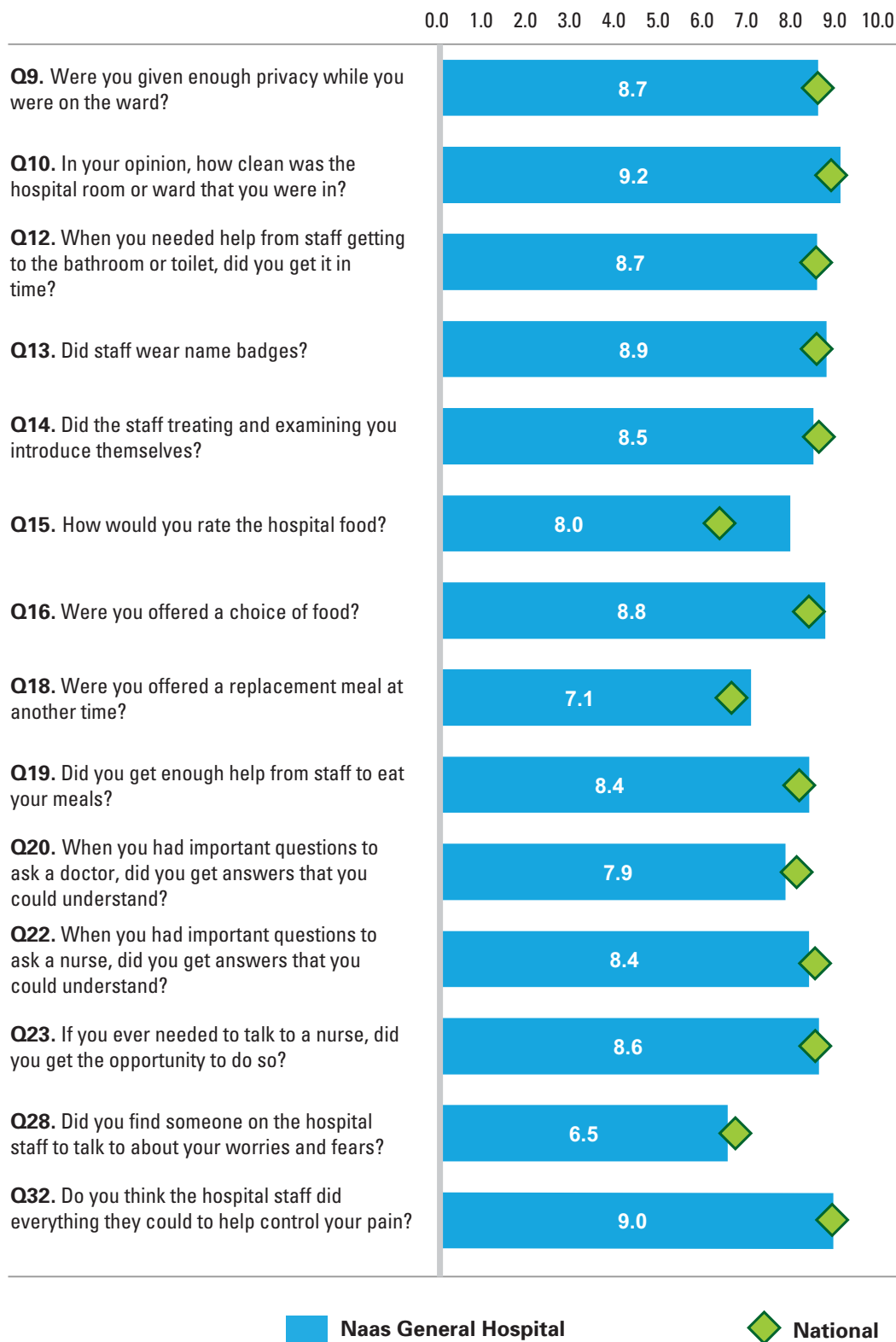
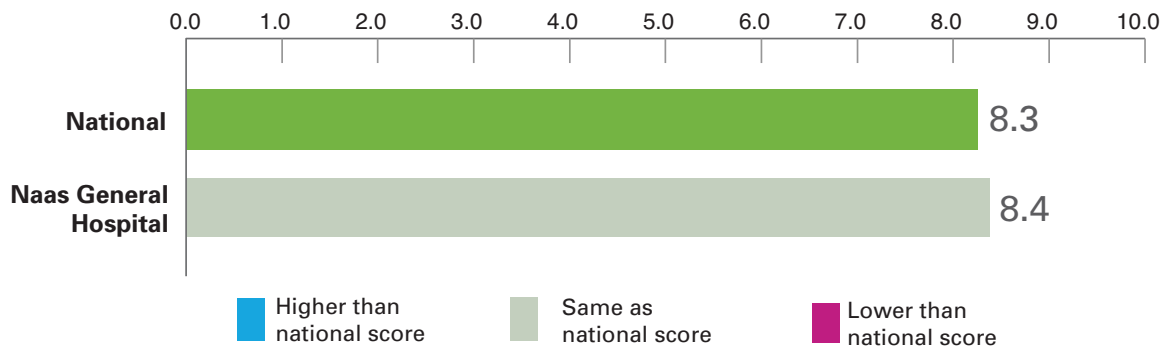


Figure 10. shows that, within the care on the ward stage, the average score for Naas General Hospital (8.4 out of 10) is around the same as the national average (8.3 out of 10)². This means that patients who attended Naas General Hospital in May 2017 reported a similar experience to patients in other hospitals during this stage of care.

Figure 10. Comparison of Naas General Hospital with the national average for care on the ward (out of a maximum of 10).



Care on the ward: what do these results mean?

Patients reported similar experiences to the national average for care on the ward stage of care. Patients did not always receive answers they could understand from nurses, nor were they always able find a member of staff to talk to about their worries and fears. Naas General Hospital scored below the national average for these questions. However, the food was positively rated by patients, and found to be well above the national average.

² Though the Naas General Hospital care on the ward score is higher than the national score, the difference is not statistically significant. For further information see Appendix 4.

Examinations, diagnosis and treatment

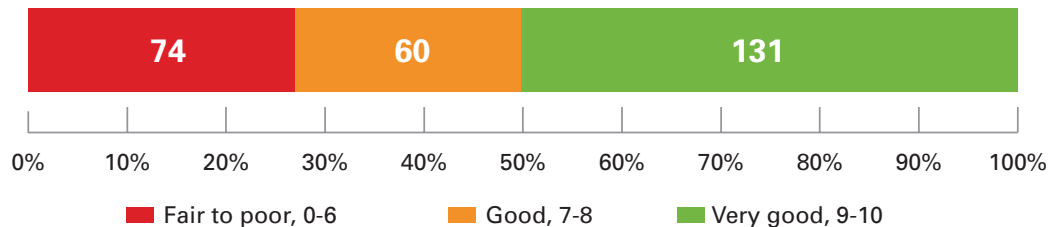


In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

74 respondents (28%) said that their experience of examinations, diagnosis and treatment in Naas General Hospital was fair to poor. On the other hand, 131 respondents (49%) reported having a very good experience in this regard. Figure 11. summarises patients' experiences of examinations, diagnosis and treatment.

Figure 11. Experience ratings for examinations, diagnosis and treatment

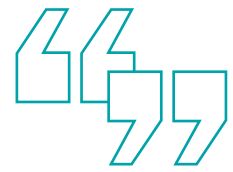


What were the key findings for examinations, diagnosis and treatment?

- Many people said that they were given enough privacy when they were being examined or treated, with a score of 8.9 out of 10 for this question.
- Two questions were rated similarly at the lowest end of the scale, the first asked patients whether they had enough time to discuss their care and treatment with a doctor, scoring 7.2 out of 10. 125 respondents (48%) said they did not always have enough discussion time. For the second question 77 people (29%) said they were not given the right amount of information about their condition or treatment.
- Naas General Hospital scored 7.9 out of 10 for examinations, diagnosis and treatment, which is similar to the national average score of 8.1 out of 10.

"The staff do a great job and don't get the credit they deserve (they are angels)"

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



153 open-ended comments were made about the following themes: 'nursing staff', 'doctors or consultants' and 'waiting time for planned procedures'. 22 (14%) of these comments were in response to Q60 which asked for suggestions for improvement. Some examples of the comments for the examinations, diagnosis and treatment stage of care are provided below.

Nursing staff

"The nurses were fantastic as always. When I arrived in the ward I was very upset and worried, and the night nurses were just fantastic. I cannot praise them (And day nurses) enough."

"More nurses [should be] available - twice I had to wait 20 minutes to be unhooked from machines to go to the bathroom."

Doctors or consultants

"The doctors and the consultant were very caring and helpful."

"Doctors communicating with patients and families. I feel my mother wasn't cared for very well. [Doctor's Name] team didn't do a great deal for mam. It was like 'pass the parcel.'"

Waiting times for planned procedures

"All scans ... were done quickly - no waiting list/return visits."

"I went into A&E casualty in 2015, 2 years ago just with bad [Condition Type] and it is now 2017 and I still haven't got seen to."

Quantitative results for questions on examinations, diagnosis and treatment

Thirteen questions asked about examinations, diagnosis and treatment.

Figure 12. shows the scores out of 10 for each question in this stage. 214 respondents (81%) who answered Q31 said they always received enough privacy when being examined or treated. This was the highest scoring question for the stage, at 8.9 out of 10 overall.

"More doctors and nurses needed."

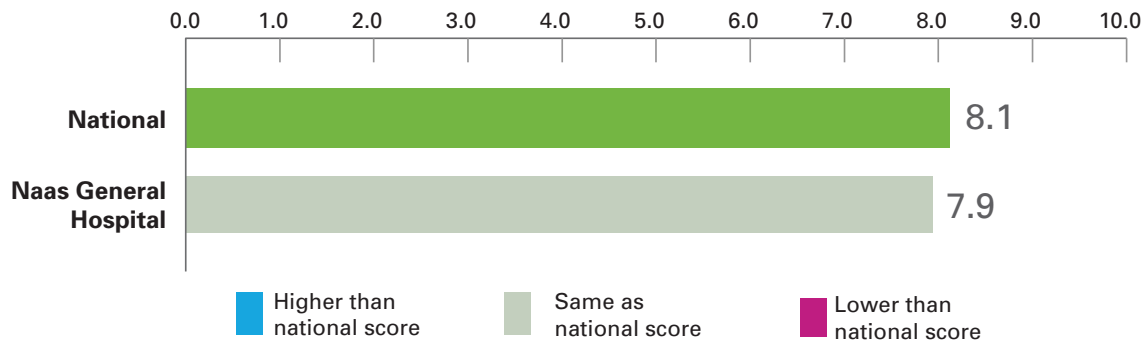
Q21 and Q25 were the lowest rated questions for this stage, scoring 7.2 out of 10. Q21 asked patients whether they had enough time to discuss their care and treatment with a doctor. 125 respondents (48%) said they did not always have enough discussion time with a doctor. 77 people (29%) who answered Q25 said they were not given the right amount of information about their condition or treatment.

Figure 12. Naas General Hospital scores for questions on examinations, diagnosis and treatment



Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for Naas General Hospital (7.9 out of 10) is similar to the national average (8.1 out of 10)³. This means that patients who attended Naas General Hospital in May 2017 reported a similar experience to patients in other hospitals during this stage of care.

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



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

Naas General Hospital scored below the national average for the discharge or transfer stage of care, with an overall score of 6.3 out of 10. This means that the experiences of patients in this hospital were less positive for this stage of care than the national average.

³ Though the Naas General Hospital examinations, diagnosis and treatment score is lower than the national score, the difference is not statistically significant. For further information see Appendix 4.

Discharge or transfer

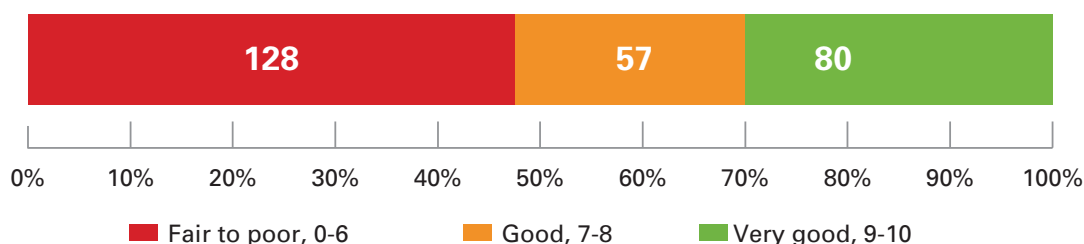


In summary: what were the experiences of patients during discharge or transfer from hospital?

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

Out of the 265 people who rated their experience of discharge or transfer from Naas General Hospital, 128 (48%) said that their experience was 'fair to poor'. On the other hand, 80 (30%) reported having a very good experience of being discharged or transferred from the hospital. Figure 14. below summarises these experience ratings.

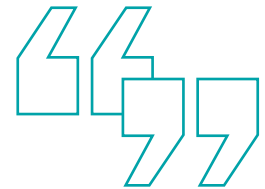
Figure 14. Experience ratings for discharge or transfer



What were the key findings for discharge or transfer?

- Out of 205 people, 180 (88%) said that a member of staff completely or to some extent explained, in a way they could understand, the purpose of the medicines they were to take at home.
- 96 people (50%) who answered Q46 said that they were not informed about any medication side effects to watch for when they went home.
- Naas General Hospital scored below the national average for discharge or transfer stage of care, with an overall score of 6.3 out of 10. This means that the experiences of patients in this hospital were less positive about this stage of care than the national average.

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



In total, patients from Naas General Hospital made 22 comments in the 2017 survey about 'discharge and aftercare management'. 12 of these comments were in response to Q60, which asked for suggestions for improvement. Some examples of comments for the discharge or transfer stage of care are provided below.

Discharge and aftercare

"Hospital could send discharge letter/update to GP - no information given on discharge"

Quantitative results for questions on discharge or transfer from hospital

Twelve questions asked about discharge or transfer.

Out of 205 people who answered Q45, 180 (88%) said that a member of staff completely or to some extent explained the purpose of the medicines they were to take home in a way they could understand. 96 people (50%) who answered Q46 said that they were not informed about any medication side effects to watch for when they went home.

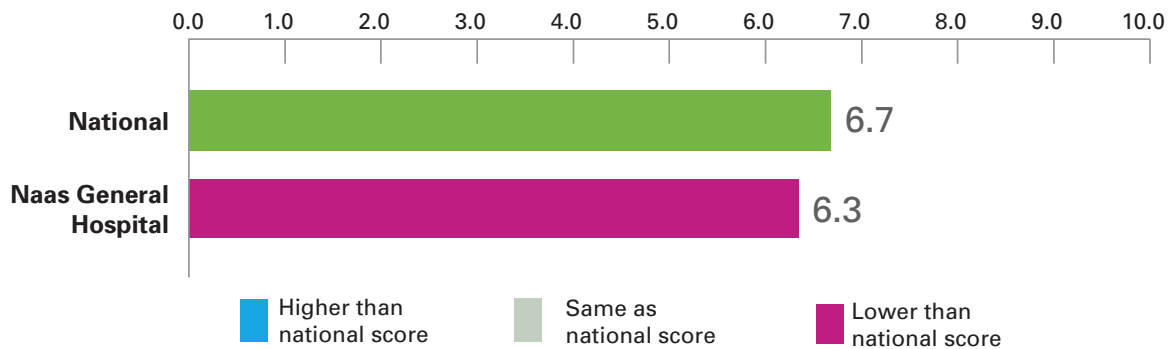
Figure 15. summarises the scores for Naas General Hospital for questions on discharge or transfer from the hospital.

Figure 15. Naas General Hospital scores for questions on discharge or transfer



Figure 16. shows that within the discharge or transfer from hospital stage the average score for Naas General Hospital (6.3 out of 10) is lower than the national average (6.7 out of 10). This means that patients who attended Naas General Hospital reported less positive experiences in comparison to the national average for this stage of care.

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



Discharge or transfer: what do these results mean?

Naas General Hospital scored below the national average for discharge or transfer, suggesting that the discharge or transfer stage is especially problematic for the hospital. Patients require more information and support when leaving hospital and preparing to care for themselves at home. In particular, many patients reported that they had not been told about danger signals or medication side effects to watch out for after they left hospital.

Other aspects of care



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

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

What were the key findings for other aspects of care?

- Q52 and Q29 were the highest ranking questions on other aspects of care (score of 9.1 out of 10). 82% of people said that they were always treated with respect and dignity while they were in hospital. 81% of respondents said that they always had confidence and trust in the people treating them.
- Q27 was the lowest ranking question on other aspects of care (score of 7.2 out of 10). 45% of those who wanted their family to be involved said they were not, or were only to some extent, given sufficient opportunities to talk to a doctor.

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



161 open-ended comments were about ‘staff in general’, ‘communication with family and friends’, ‘physical comfort’, ‘hospital facilities’, ‘clinical information and history’ and ‘private health insurance’. 38 (24%) of these comments were made in response to Q60, which asked for suggestions for improvement. Some example comments for this stage of care are provided below.

Staff in general

“My hospital stay was just before I was due to go away on holiday. All staff took this into account to have me diagnosed and treated promptly so I could travel as planned.”

“Some staff could be more caring. Communication was a problem. Staffing levels seem to be a problem.”

Communication with family and friends

"The staff communicated very well with my wife."

"The team of doctors that the patient is under could be more open and willing to meet the family of patient. They are extremely busy, but maybe make a bigger effort."

Physical comfort

"When I need to go to hospital to stay in I always ask to be taken to Naas because I feel safe there."

"Old and distressed patients screaming and calling out all night, so couldn't sleep. Staff having to sit outside their rooms to stop them fighting and trying to get out. Need to be put in a separate ward or area from ill people."

Hospital facilities

"Naas Hospital is bright, clean, easily maintained. I thought nursing staff were helpful and kind."

"The ward where I received my treatment was not fit for purpose over crowded. 6 beds in small ward built in 1800s as a poor house."

Clinical information and history

"Information regarding my regular medication did not reach my file, resulting in me missing doses of regular medication causing me withdrawal side effects."

Private health insurance

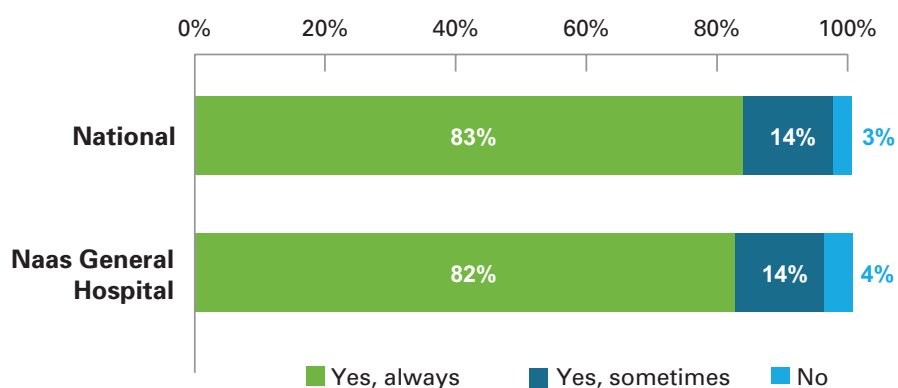
"I felt I was pressured to sign for private care."

Quantitative results for questions on other aspects of care

Question 52 asked people if they felt that they were treated with respect and dignity while in Naas General Hospital. Overall, 211 people (82%) said that they were always treated with respect and dignity, while nine people (4%) said that they were not. This question scored an average of 9.1 out of 10, meaning that, in general, people reported a positive experience of this aspect of care.

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

Figure 17. Ratings for dignity and respect

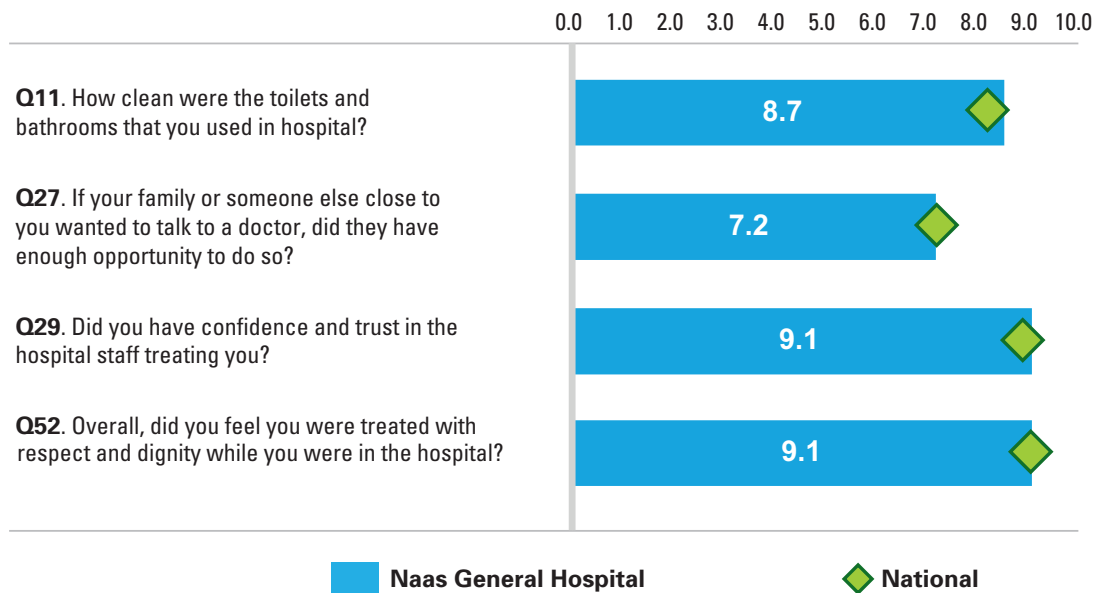


Question 29 asked people if they had confidence and trust in the hospital staff treating them. 213 people (81% of all people who answered Q29) said that they always had confidence and trust in the hospital staff, while four people (2%) said that they did not.

Question 11 asked people about the cleanliness of the bathrooms and toilets in Naas General Hospital. While 174 people (67% of people who answered Q11) said that the bathrooms and toilets were very clean, 16 people (6%) said that they were not very clean or not at all clean.

Question 27 asked people if their family or someone close to them had sufficient opportunities to talk to a doctor in Naas General Hospital. Out of 186 people, 102 (55%) said that their family or people close to them definitely had sufficient opportunities to talk to a doctor. However, 25 people (13%) said that their family or friends did not.

Figure 18. summarises the scores for Naas General Hospital for questions about other aspects of care.

Figure 18. Naas General Hospital scores for questions on other aspects of care

Other aspects of care: what do these results mean?

Most people said that they were treated with respect and dignity and had confidence in the hospital staff treating them, with Naas General Hospital scoring slightly above the national average on these questions. This is a particularly positive result, as patients who gave positive responses for these questions were also likely to give a positive overall rating of their experience at the hospital. Patients also reported that toilets and bathrooms were cleaner than the national average.



Chapter 3

Overall experience

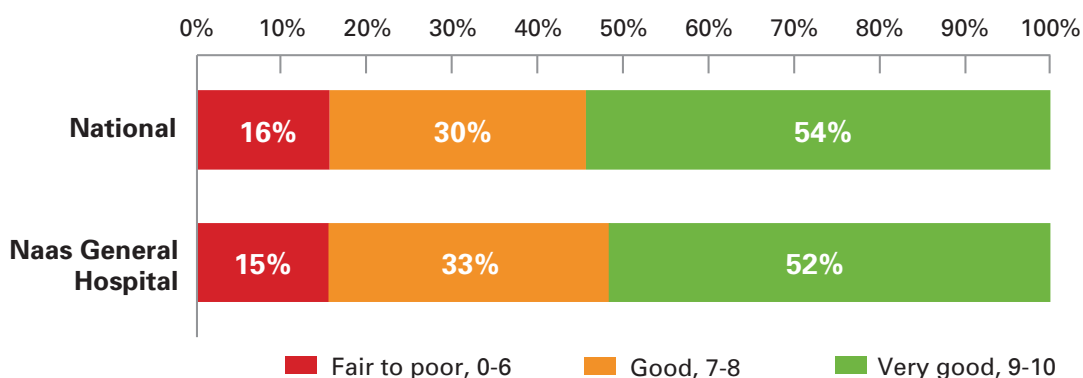
Ratings of overall experience

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

In Figure 19. below, the average overall rating of hospital experience for Naas General Hospital is compared with the national average.

123 people (52%), who stayed in Naas General Hospital in May 2017 reported having a very good experience in this hospital, while 15% of respondents indicated a fair to poor experience in Naas General Hospital.

Figure 19. Overall rating of hospital experience for Naas General Hospital and nationally



4

Chapter 4

Conclusion

How did patients experience hospital care in Naas General Hospital in May 2017?

Overall, patients' ratings of their experiences at Naas General Hospital were slightly above the national average. 85% of patients at Naas General Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

Positive feedback was given as regards the confidence and trust patients had in the staff treating them. Patients also gave positive responses in relation to the food they were given at mealtimes, and the availability of assistance with their meals if required. The survey found that, overall, people in Naas General Hospital were generally happy with the cleanliness of wards and bathrooms.

Patients reported experiencing long waiting times at the emergency department, with most patients waiting more than six hours to be admitted. A large number of patients also felt that they were not given enough time to discuss their care and treatment with a doctor.

Communication in relation to discharge was highlighted as requiring improvement, with many patients feeling that staff did not provide sufficient information on managing their condition at home. A significant number of patients also said that they were not informed of danger signals to watch out for at home, or who to contact if they were worried about their condition. This stage of care was clearly problematic and in need of improvement.

These findings will serve to inform quality improvement initiatives in Naas General Hospital.

What happens next?

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

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

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

Appendix 1:

National Patient Experience Survey 2017 questions

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

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

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

Appendix 2:

Background to the National Patient Experience Survey Programme

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

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

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

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

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

Appendix 3:

Identifying areas of good experience and areas needing improvement

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

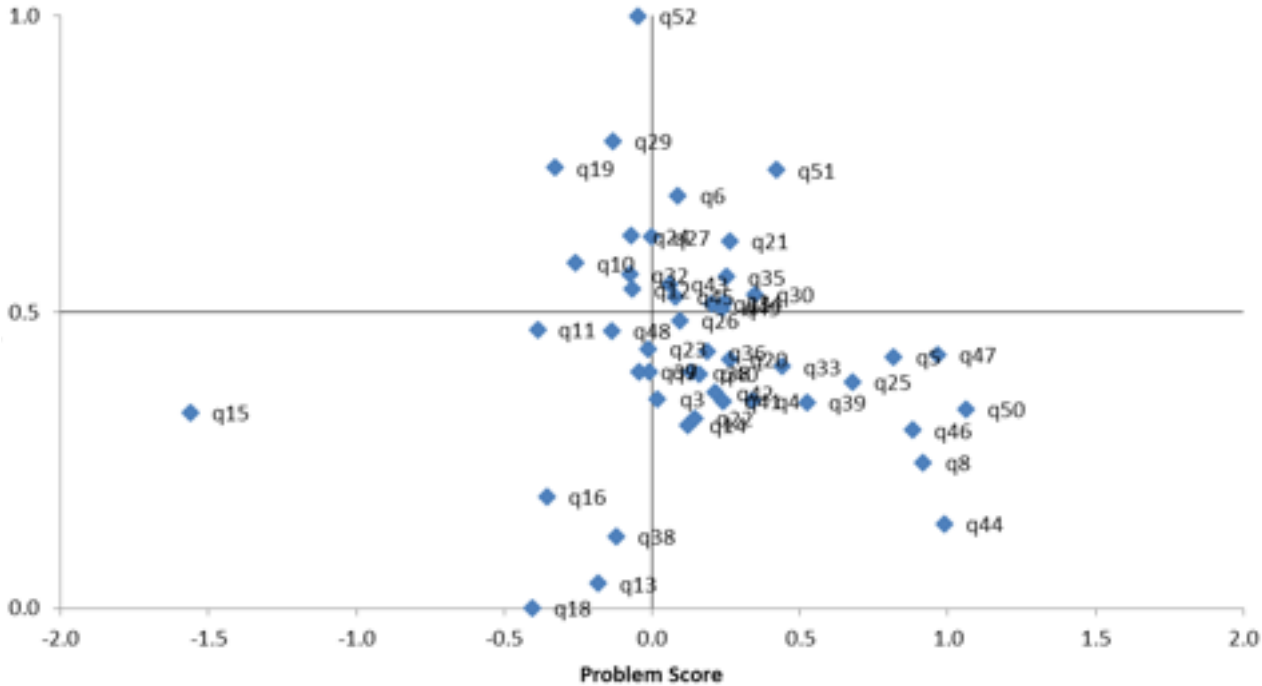
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected as areas of good experience or areas needing improvement. Further detail on this process is provided below:

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

Figure 20. below, shows a map of the survey questions based on how strongly each question is connected to overall experience. The map also shows the difference between the score for each question in Naas General Hospital and the score for each question nationally. This map helps to identify some of the areas of positive experience and areas needing improvement presented in Chapter 1. The importance of the relationship between each question and overall experience is given as a number between 0 and 1, with 1 being the most important possible relationship. The difference between question scores for Naas General Hospital and national scores is described as a 'problem score'. If a question has a problem score with a value greater than zero, it means that Naas General Hospital has scored less than the national average for that question. For example, if a hospital scored 8.8 for Q52 which is lower than the national average of 9.0, this would mean it had a problem score of 0.2 for this question.

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

Figure 20. Overall patient experience map



Appendix 4:

A technical note on analyses and interpretation

Preliminary note

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

Scoring methodology

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

The scores for the patient journey were calculated by grouping survey questions into five stages of care⁴: admission; care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other stages of care. Scores are presented for individual questions making up a stage of care. The responses to questions in each stage were also summarised to form overall scales ranging from 0-10.

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

⁴ There are 48 questions relating to the patient journey stages of care. Filter questions, that is, questions whose main purpose it was to route respondents to the next applicable question, were excluded from this categorisation.

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

The Emergency Department

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

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

The table below shows how scores are calculated for a specific question. In this example the scores of five respondents are presented. The score for Q3 is calculated by summing the scores in the right hand column (10+10+5+0+5), before dividing them by the number of people who responded to this question (30/5=6). The average score for Q3 is 6 out of 10.

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

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

Comparing groups

When is a difference a 'real' difference?

Statistical tests were carried out to examine if there were significant differences in patient experience across patient groups (that is men and women, and different age groups).

A 'z-test' was used to compare patient experience data at the 99% confidence level. A z-test is a statistical test used to examine whether two population mean scores are different, when the variances are known and the sample size is large. A statistically significant difference means it is very unlikely that results were obtained by chance alone. Therefore, when a score is significantly 'higher than' or 'lower than' the national average, this is highly unlikely to have occurred by chance.

To protect anonymity of people who took part in the survey, and to allow for strong comparisons, sample sizes of less than 30 were not reported.

The National Patient Experience Survey 2017 technical report, available in 2018 at www.patientexperience.ie, provides details on all aspects of the analyses, including response rates, mapping of questions to reporting themes, computation of patient journey scores, statistical comparisons, and application of adjustment weights.

How was the survey data analysed and reported?

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

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

Analysing open-ended comments

The last three questions (questions 59-61) of the 2017 survey encouraged participants to provide additional information, in their own words, on their experience in hospitals. The free-text comments were very useful as they allowed people to give a more in-depth description of their experience. It also allowed them to talk about various things (good or bad) that could not be captured by the structured questions. Nationally, a total of 21,528 comments were received in response to the open-ended questions in the 2017 survey.

A coding framework was developed to carry out a thematic analysis of the open-ended responses to the free-text questions at the end of the questionnaire. All open-ended-questions were analysed and multi-coded using the following 20 codes:

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

Glossary

Acute hospital: a hospital that delivers emergency, non-emergency/elective and outpatient care to people who are ill or injured.

Emergency care: refers to life-saving care. People who present to hospital with a medical emergency may need to be admitted to hospital.

Emergency department: an area in a hospital where patients can access emergency care 24 hours a day, seven days a week. The emergency department is also sometimes known as 'Accident and Emergency' (A&E) or 'casualty'.

Hospital groups: all public hospitals in Ireland are organised into seven hospital groups, six of which participated in the 2017 survey. The Children's Hospital Group is the seventh hospital group in Ireland. Paediatric hospitals and children's services were not surveyed on this occasion.

Inpatient: a person who is admitted to hospital to receive medical or surgical treatment and stays at least one night.

Non-emergency/elective care: care that is not usually urgent, but rather is planned in advance by the patient and a doctor.

Patient experience of hospital care: what a person feels, observes, perceives, recognises, understands and remembers about their medical care and treatment in hospital.

Patient journey: the patient's progression through hospital from admission to discharge.

Patient or person-centred care: care that is centred on the needs, values and preferences of the patient/person. Essential to this definition is the promotion of kindness, dignity, privacy and autonomy.

Stages of care: refers to specific points along the patient journey. The stages of care are: admissions; care on the ward; examinations, diagnosis and treatment; and discharge or transfer.

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