National Patient Experience Survey

The National Patient Experience Survey 2018 — Technical report

About the National Patient Experience Survey 2018

The National Patient Experience Survey is a nationwide survey that offers patients the opportunity to describe their experiences of public acute healthcare in Ireland. The survey is a partnership between the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. The partners have committed to using the data collected from the survey to shape future healthcare policy and ensure improvements in patient experience. The survey took place for the first time in 2017 and is repeated annually.

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.

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%.

This survey is part of a broader programme to improve the quality and safety of healthcare services provided to patients in Ireland. The HSE responded to the 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.

Purpose and content of the National Patient Experience Survey technical report 2018

Purpose of the report

This report provides a comprehensive technical description of the model, methodology, methods and procedures implemented during the National Patient Experience Survey 2018. This report has been designed to provide sufficient detail for repetition, replication and review. This document does not report in detail on the survey results. The reports on the survey findings can be downloaded from www.patientexperience.ie.

Contents

1. Overview

1.1 The National Patient Experience Survey

The National Patient Experience Survey asks patients 61 questions about their journey through hospital; 58 of which are structured and three of which are free-text questions. The survey questions originate from a library of internationally validated questions developed by the Picker Institute in the United States.(1) The complete question set is included in Appendix 1. A description of the questionnaire development can be found on our website, www.patientexperience.ie, where you can also download a copy of the questionnaire.

The last surveys were accepted on 26 July 2018. 92% of respondents returned the survey questionnaire by post, while 8% of respondents filled in the survey online.

The results of the survey were published in November 2018. The national, six hospital group and 39 hospital reports[1] are available to download from www.patientexperience.ie.

1.2. Management of the National Patient Experience Survey

HIQA, as the lead partner, contracted a managed service to administer the 2018 survey and to process the responses received. In 2018, the managed service was responsible for:

- receiving and quality assuring the lists of sampled persons from participating hospitals
- printing and distributing the questionnaire
- logging returns, opt-outs and ineligible respondents
- providing information to respondents on a dedicated survey helpline
- data processing and quality assuring survey responses
- designing and managing the National Patient Experience Survey website

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

- hosting a secure back-end database to allow hospitals to view their survey results on an online reporting platform prior to the publication of the results.

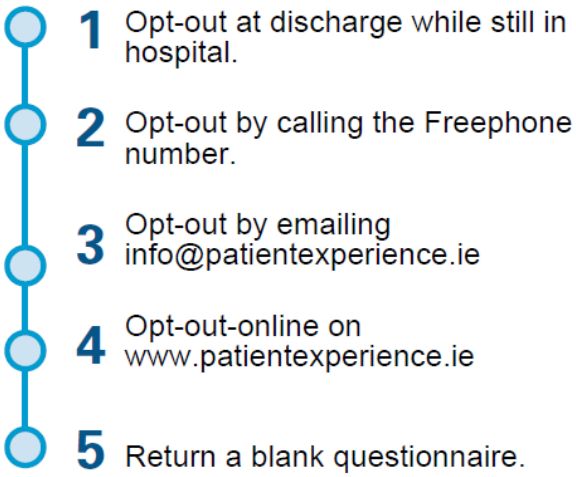
1.3 Survey design

1.3.1 Survey methodology

The National Patient Experience Survey is based on a concurrent mixed-mode response design, which allows participants to complete the survey online or by returning a hard copy questionnaire in the post. The mode of contact, however, is via post only. Participants receive a survey pack in the post two weeks after their discharge from hospital. The invitation letter provides recipients with the choice of completing the survey online or on paper.

The administration of two reminder letters is built into the survey design. One or two reminder letters are sent to people who have not yet returned a survey. Internationally, the second reminder has been shown to increase response rates significantly.(2)

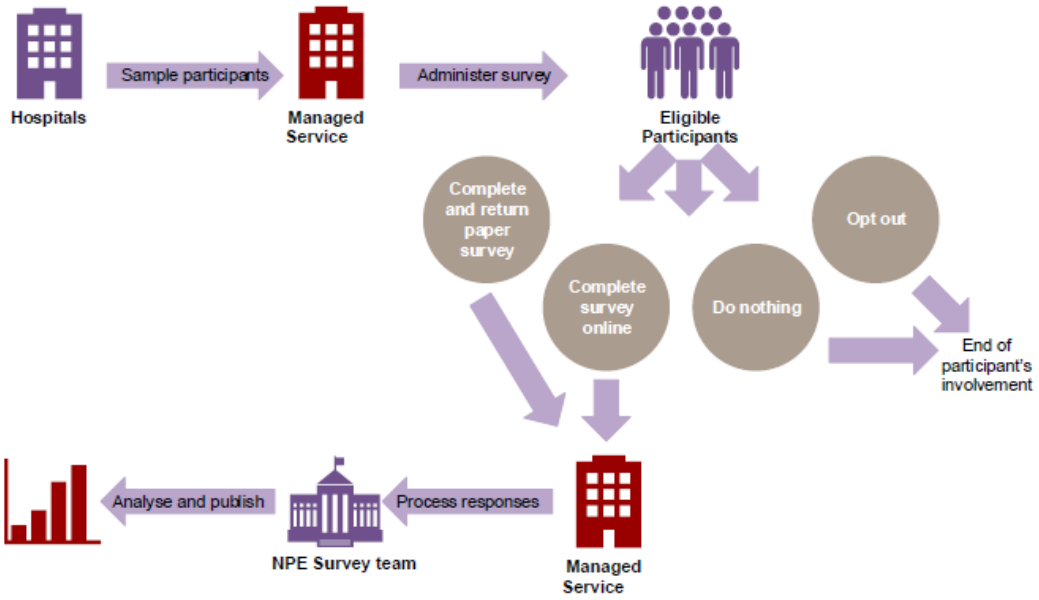
Participants can opt out of the survey. Five opt-out methods are provided; one in the hospital and four after discharge:



The managed service processes the returned questionnaires. The data are subsequently analysed by researchers in HIQA who report on the survey findings (see Chapter 3).

Figure 1.1 below outlines the model and design of the National Patient Experience Survey. This model is closely aligned to that of the national inpatient survey in the United Kingdom.

Figure 1.1 The National Patient Experience Survey process



1.3.2 Sample

In total, 40 public acute hospitals, from six[2] of Ireland's seven hospital groups, participated in the National Patient Experience Survey in 2018. Private, maternity and paediatric hospitals did not participate in the survey.

The sample for the National Patient Experience Survey comprised all patients aged 16 years or older, discharged from 1–31 May 2018, who spent 24 hours or more in a public acute hospital and who held an address in the Republic of Ireland. Patients who received maternity, psychiatric, paediatric and other specialist services were not eligible to participate in the survey on this occasion. Eligible participants were identified through each hospital's internal Patient Administration System (PAS). Figure 1.2 summarises the inclusion and exclusion criteria for the 2018 survey. In 2018 the age threshold for inclusion was lowered from 18 to 16 to reflect the age of consent for medical treatment and the age of digital consent under GDPR legislation.

[2] The Children's Hospital Group is the seventh hospital group in Ireland.

Figure 1.2 Inclusion and exclusion criteria

1.3.3 The questionnaire

In 2018, some minor changes were made to the 2017 questionnaire. Most notably, the 2018 survey includes 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.

1.3.4 Ethical approval

The National Patient Experience Survey team submitted an application to the Royal College of Physicians in Ireland (RCPI) Research Ethics Committee on behalf of the National Patient Experience Survey Programme. Ethical approval for the survey was obtained in March 2018.

1.3.5 Privacy Impact Assessment

Given that the administration of the National Patient Experience Survey requires the processing of personally identifiable information (for example, patient contact details, dates of birth, etc.), the National Patient Experience Survey Programme Steering Group commissioned a privacy impact assessment (PIA) in 2016. The PIA was conducted by an independent third party. This PIA was updated in 2018 and published in summary at www.patientexperience.ie.

1.3.6 Information governance

Information governance is a means of ensuring that all data, including personal information, is handled in line with all relevant legislation, guidance and evidence-based practices. The National Patient Experience Survey Programme developed a comprehensive information governance framework to ensure that any information it collects is handled safely and securely.

The National Patient Experience Survey Programme information governance framework comprises policies, procedures and processes covering: data protection and confidentiality, data subject access requests, record retention and destruction, security, data breach management, data quality, access control, business continuity and record management. A statement of purpose and statement of information practices detailing the information-handling practices of the National Patient Experience Survey are available at www.patientexperience.ie.

2. Survey fieldwork

2.1 Data extraction of patient information

Data extraction of patient information refers to the sampling procedures undertaken to identify individuals eligible to participate in the survey. During the survey period, hospitals were required to extract patient information (such as names and addresses) for every eligible individual hospitalised during the month of May. Adhering to agreed protocols, hospitals securely shared this information with the managed service, who subsequently sent invitation letters and survey questionnaires via post to eligible participants. Hospitals were also required to quality assure the sample for a specified number of weeks, for example, hospitals were required to check that all relevant data fields were completed.[3]

Personnel responsible for data extraction and quality assurance of data extracts were required to follow data extraction and quality assurance procedures during every step of the process to ensure a standardised and consistent approach to the implementation of the survey across all participating hospitals.

2.2 Survey administration

The survey fieldwork was carried out from 1 May–26 July 2018. Survey invitations and questionnaires were sent to participants two weeks after their discharge. Two additional reminders were sent out at fortnightly intervals to eligible individuals who had not yet returned a survey. Participants could return their questionnaires until 26 July 2018.

Each participating hospital carried out five data extractions on the dates outlined in Table 2.1 below. The following patient information was collected: the patient's name, address, date of birth, sex, date of admission, source of admission, date of discharge, discharge destination, length of stay, provider hospital group and hospital name details.[4]

[3] A detailed account of quality assurance procedures is available at: https://www.patientexperience.ie/app/uploads/2018/05/NPE_Process_Guide_for_Hospitals_2018.pdf
[4] The transfer of participant data between hospitals (data controllers) and the managed service (data processor on behalf of HIQA) was in all instances mandated by data sharing agreements.

Table 2.1 Schedule for data extraction

Extract coverage	Deadline for sharing extract with the managed service
1–6 May 2018	9 May 2018
7–13 May 2018	16 May 2018
14–20 May 2018	23 May 2018
21–27 May 2018	30 May 2018
28–31 May 2018	6 June 2018

Data transfers to the managed service occurred through a secure transfer mechanism, ensuring the safety of patient information while in transfer. Upon receipt of the data files, patient details were uploaded to a master file. A review of death notifications was carried out weekly by every participating hospital and the names of patients who had died since their discharge from hospital were subsequently removed from the master file. In order to check if patients had died, hospitals were required to check with the General Register Office, other healthcare providers, hospices, online death notification sites or other appropriate information sources.

2.3 Sampling and operational outcomes

A total of 27,500 people were eligible to participate in the National Patient Experience Survey 2018. 509 individuals passed away during the survey period of 1 May–26 July 2018. 239 surveys could not be delivered to an intended recipient and were returned to the sender. A total of 26,752 people formed the final survey sample (Table 2.4). Of those, 434 individuals actively opted out of the survey. A total of 21,987 first reminders and 17,576 second reminders were sent out during the survey period. Table 2.2 details the sampling and operational outcomes on a weekly basis for the entire survey period.

Table 2.2 Weekly numbers of persons sampled, first invitations, first reminders, second reminders, deaths, opt-outs, paper completions, and online completions

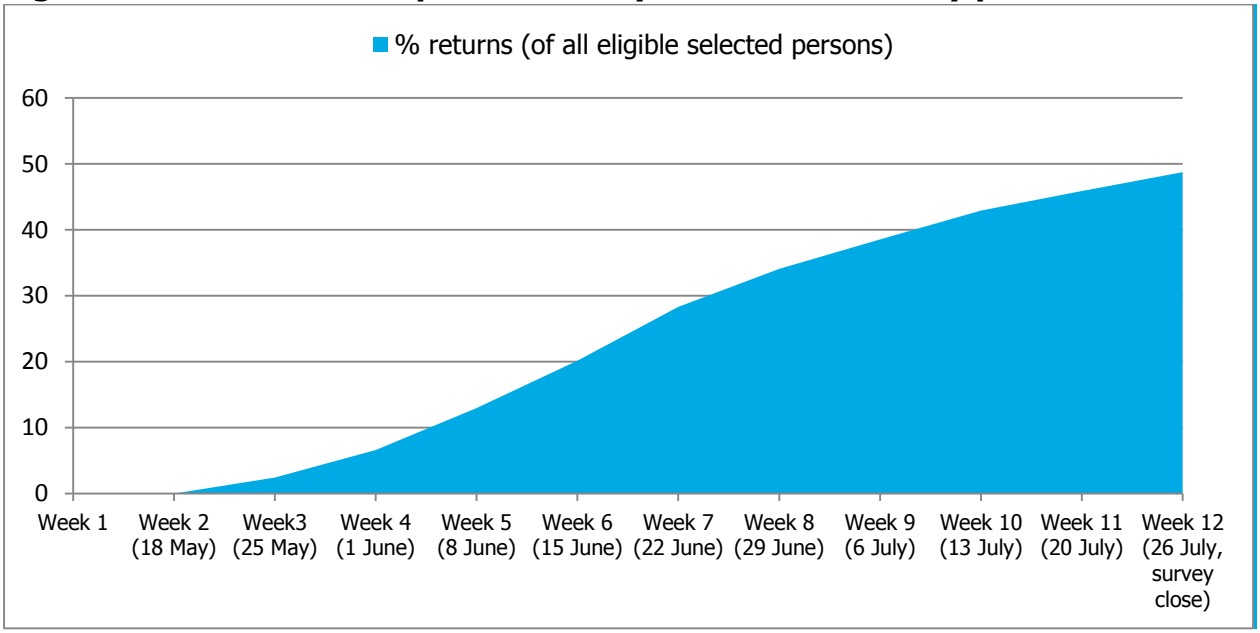
	Total persons sampled	Weekly N of first invitations sent	Weekly N of first reminders sent	Weekly N of second reminders sent	Weekly N of deaths logged	Weekly N of opt-outs logged	Weekly N of paper completions	Weekly N of online completions
Week 1	5,688	5,688	0	0	0	0	0	0
Week 2 (18 May)	11,296	5,608	0	0	0	0	0	0
Week 3 (25 May)	17,599	6,303	0	0	26	9	629	46
Week 4 (1 June)	23,607	6,008	4,586	0	51	14	1,058	91
Week 5 (8 June)	27,500	3,893	4,558	0	59	37	1,627	119
Week 6 (15 June)	27,500	0	5,027	3,587	67	58	1,769	200
Week 7 (22 June)	27,500	0	4,799	3,517	70	69	2,072	181
Week 8 (29 June)	27,500	0	3,017	4,040	71	68	1,462	126
Week 9 (6 July)	27,500	0	0	3,962	78	58	1,087	137
Week 10 (13 July)	27,500	0	0	2,470	68	66	1,132	63
Week 11 (20 July)	27,500	0	0	0	14	29	777	47
Week 12 (26 July, survey close)	27,500	0	0	0	5	26	760	21
Total	27,500	27,500	21,987	17,576	509	434	12,373	1,031

2.4. Response rates

Of the 26,752 people who were ultimately eligible to participate, 13,404 people returned a valid survey questionnaire prior to the survey closing date on 26 July 2018, resulting in a national response rate of 50% (Table 2.3). 12,373 individuals completed the survey on paper. Only about 8% (1,031) of surveys were filled in online (Table 2.4).

Response rates were calculated by dividing the number of valid surveys received by the number of initial invitations sent, minus questionnaires returned to sender and minus the number of people who passed away during the survey month. Figure 2.1 shows the cumulative response rates by week during the survey period (1 May–26 July 2018). 2,253 surveys were returned during week 7 – this was the highest number returned during any week (Table 2.2).

Figure 2.1 Cumulative response rates by week of the survey period



Response rates at the hospital-group level were generally above 50%, with the exception of the RCSI Group, which had a response rate of 46%. Table 2.3 shows the number of people invited to take part and the number who took part, as well as the corresponding response rate for each hospital group.

Table 2.3 Number of people invited to participate, response numbers and response rate by hospital group for 2018

	Total eligible sample	Number who took part	Response rate
National	26,752	13,404	50%
By hospital group			
Dublin Midlands Hospital Group	4,705	2,392	51%
Ireland East Hospital Group	5,696	2,924	51%
RCSI Hospital Group	4,192	1,931	46%
Saolta University Health Care Group	4,743	2,380	50%

South/South West Hospital Group	5,095	2,622	51%
UL Hospitals	2,321	1,155	50%

As shown below in Table 2.4, the response rates for eligible male patients (49.5%) and eligible female patients (50.7%) were broadly similar. People aged 66–80 years had the highest response rate (57.9%) of any age group. People aged 35 or younger were least likely to respond to the survey, with only 31.4% of those invited returning a valid survey questionnaire. Patients who stayed in hospital between three and five days were most likely to return a survey compared with patients who had shorter or longer stays. People who were admitted to hospital as a result of an emergency were less likely to respond to the survey, compared with people whose stay had been planned in advance.

Table 2.4 Response and non-response composition 2018

Group	Total discharged	Deceased	Return to sender	Opted out	No response	Completed (paper)	Completed (online)	Response rate
All respondents	27,500	509	239	434	13,153	12,373	1,031	**50.1%**
Males	13,860	298	149	220	6,697	6,099	546	**49.5%**
Females	13,640	211	90	214	6,456	6,274	485	**50.7%**
Total	**27,500**	**509**	**239**	**434**	**13,153**	**12,373**	**1,031**	**50.1%**
Aged 16-35 years	3,212	6	54	13	2,203	801	189	**31.4%**
Aged 36-50 years	4,052	15	57	19	2,388	1,387	243	**41.0%**
Aged 51-65 years	6,030	81	54	49	2,633	2,982	285	**55.4%**
Aged 66-80 years	8,718	217	49	159	3,452	4,694	196	**57.9%**
Aged 81+	5,488	190	25	194	2,477	2,509	118	**49.8%**
Total	**27,500**	**509**	**239**	**434**	**13,153**	**12,373**	**1,031**	**50.1%**
Length of stay: 1-2 days	9,426	56	83	97	4,601	4,223	449	**50.3%**
Length of stay: 3-5 days	7,200	83	63	89	3,301	3,444	283	**52.8%**
Length of stay: 6-10 days	5,454	123	44	92	2,538	2,542	159	**51.1%**

Length of stay: 11 or more days	5,420	247	49	156	2,713	2,164	140	**45.0%**
Total	**27,500**	**509**	**239**	**434**	**13,153**	**12,373**	**1,031**	**50.1%**
Elective	6,756	69	24	74	2,741	3,571	301	**58.1%**
Emergency	20,426	437	211	356	10,274	8,639	720	**47.3%**
Other	318	3	4	4	138	163	10	**55.6%**
Total	**27,500**	**509**	**239**	**434**	**13,153**	**12,373**	**1,031**	**50.1%**

Appendix 2 includes a detailed breakdown of operational outcomes and response rates by hospital group and individual hospital.

2.5 Survey operations

During the survey period 1 May–26 July 2018, 981 calls were recorded by helpline operators compared to 1,101 in 2017. 199 (20%) of calls were received during week 7 (18–22 June 2018). Table 2.5 shows the number of calls received each week during the survey period.

Table 2.5 Number of calls received by the Freephone helpline during the survey period

Week	Calls	%	Week period	
Week 1	4	0.41%	08 May 2018	11 May 2018
Week 2	4	0.41%	14 May 2018	18 May 2018
Week 3	19	1.94%	21 May 2018	25 May 2018
Week 4	41	4.18%	28 May 2018	01 June 2018
Week 5	116	11.82%	05 June 2018	08 June 2018
Week 6	140	14.27%	11 June 2018	15 June 2018
Week 7	199	20.29%	18 June 2018	22 June 2018
Week 8	171	17.43%	25 June 2018	29 June 2018
Week 9	118	12.03%	02 July 2018	06 July 2018
Week 10	97	9.89%	09 July 2018	13 July 2018
Week 11	58	5.91%	16 July 2018	20 July 2018
Week 12	14	1.43%	23 July 2018	27 July 2018
Total	**981**			

The public most frequently called the Freephone helpline to opt out of the survey – a total of 226 queries (23%) were received in this regard. 173 queries (18%) received during the survey period related to the fact that callers were sent a reminder letter

even though they had already completed the survey. Table 2.6 details the most frequent query types received and logged by operators of the Freephone helpline.

Table 2.6 Summary of query types received by the Freephone helpline

Summary of call query	No. of calls	%
Opt out	226	23%
This is the second letter I've gotten and I've already completed the questionnaire	173	18%
Lost questionnaire/resend me the survey	135	14%
General query about the survey (for example: Why are you writing to me? Who is conducting this survey? When or where can I see the results?)	115	12%
Patient has passed away	97	10%
Unable to participate due to illness/relative or friend wants to complete the survey	77	8%
Received my survey pack but lost the Freepost envelope/there is no Freepost envelope – what do I do?	66	7%
Haven't received a letter but have heard about it. Can I participate?	29	3%
Comment or complaints about hospital/operation/staff	23	2%
Received my reminder letter/survey pack but there is no questionnaire – what do I do?	11	1%
Data protection query – Who are you?/How did you get my details?	14	1%
Caller received survey pack but did not meet eligibility criteria	4	0%
Want to speak to a member of the survey team	4	0%
Hospital staff query	3	0%
Completed the survey online or by post but wants to change the answers	1	0%
Complaints about the design or wording of questions	1	0%
Serious or severe incident/complaint	1	0%
Online: difficulty logging on/error message	1	0%
Total	**981**	**100%**

Where callers provided a reason for opting out of the survey, 40% explained that they were too ill to complete the survey. Table 2.7 outlines the most frequent reasons for opting out during the National Patient Experience Survey 2018.

Table 2.7 Most frequent reasons for opting out

Reason for opt-out:		
I am too ill	79	40%
Patient unable to communicate	43	22%
I have difficulty reading or completing the survey (for example, sight difficulties/illness)	32	16%
I don't have time	10	5%
I never take part in surveys of any kind	9	5%
Can't remember hospital stay	7	4%
I feel it's not going to make a difference	7	4%
I only have bad things to say and I don't want to express them or take part	6	3%
Other	2	1%
Feedback not suited to a survey	1	1%
Length or difficulty of survey	1	1%
Total	**197**	**100%**

A total of 84 bereavement letters were sent to patients' families during the survey period. Bereavement letters were sent in the event that invitation or reminder letters were erroneously sent to individuals who had passed away following discharge from hospital.

2.6. Data retention and destruction

Patients' contact details were used to distribute the questionnaire to their home addresses. Information on date of birth, sex and other relevant variables was collected in order to describe the characteristics of the sample. Patients' names and addresses (with the exception of 'county name') were deleted at the close of the survey period. Hard copies of the survey questionnaire were destroyed once all answers had been coded and correctly uploaded to the response file.

3. Data processing, analysis and reporting

3.1 Data processing steps

Completed questionnaires were received both online and in paper form. The latter were uploaded and merged with the online surveys.

The processing of paper questionnaires concluded in August 2018. All completed questionnaires were returned by participants to the managed service where they were opened, date stamped, punched and coded. Data was entered into a customised data entry form developed in Askia software. The form was designed to quality assure the data upon entry. For example, data entry staff could not progress to the next field if an incorrect survey code (ID) was entered. Similarly, out-of-range values were not permitted for any of the numeric fields.

The National Patient Experience Survey website allowed patients to input their eight-digit code[5] and complete the survey online. Similar to the paper-based survey, invalid survey codes (IDs) were not permitted on login (an error message appeared asking the user to enter their code again), and the routing in the questionnaire was programmed into the online survey design.

To prepare the data for analysis and reporting, scoring (see section 3.3.2) and a number of post-entry recodes were applied to the survey response file (using SPSS 24).

Demographic variables were also produced at this stage:

- age of respondents was taken as 2018 minus the year of birth where month of birth was January to June, otherwise it was taken as 2018 minus the year of birth minus 1. Age was then collapsed into five categories of age groups (16–35, 36–50, 51–65, 66–80, 81 or older).
- ethnic group was collapsed into 'White, Irish' and 'Other'.[6]

[5] Eligible participants received a unique eight-digit survey code, which was provided to them in the initial invitation and subsequent reminder letters.
[6]It must be acknowledged that this 'other' group contains a range of ethnicities, but binary coding was used in this instance due to the low percentage overall classed as 'other'.

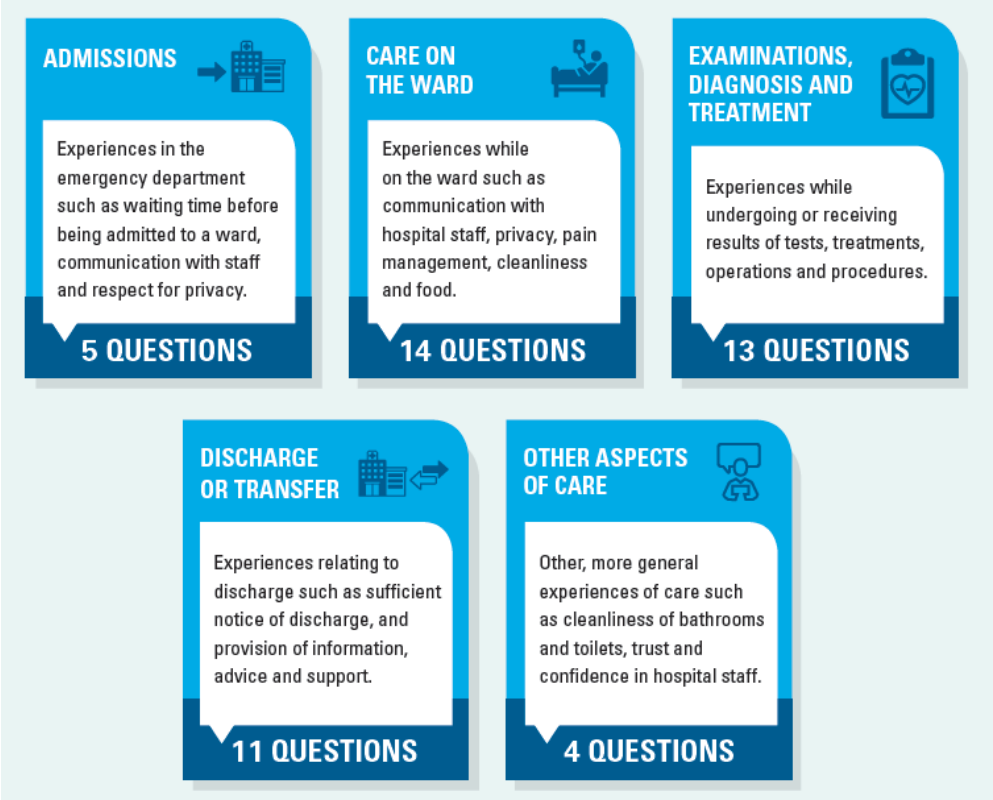
- admission type was coded as 'emergency' if the respondent had a code 1 to either Q1 (Was your most recent hospital stay planned in advance or an emergency? – Emergency or urgent) or Q2 (When you arrived at hospital, did you go to the Emergency Department? — Yes) or if they answered one or more of Q3-Q6. Otherwise, it was coded as 'non-emergency'.

The question on overall experience (Q52, rated 0–10) was collapsed into three groups: very good (score of 9–10), good (7–8), and fair to poor (0–6).

3.2 Mapping of survey questions to the stages of care

For analytic and reporting purposes, questions were grouped into 'stages of care' along the patient journey. Figure 3.1 provides a brief description of the stages of care and specifies the number of questions corresponding to each stage of care. Filter questions (that is, questions with the main purpose of routing respondents to the next applicable question) were excluded from this categorisation. Six questions on respondent demographics and the three open-ended questions were also excluded. Appendix 1 shows how individual questions map to the stages of care.

Figure 3.1 Description of stages



3.3 Quantitative methodology

This section describes the methods adopted to calculate and apply the weights used to adjust for demographic variations across hospitals and hospital groups. This section also explains how the stage of care scores were calculated and describes the quality assurance of the survey data.

3.3.1 Demographic adjustment weights

The results of the survey are based on standardised data, using a process that seeks to minimise potential bias in responses. Previous patient experience surveys conducted in Ireland and internationally have demonstrated that a respondent's characteristics, such as their age and type of admission (for example, emergency or elective) can influence survey responses.[3] Older respondents, for example, tend to report more positive experiences than younger respondents, while those admitted to hospital on an emergency basis report more negative experiences than those admitted on a non-emergency basis.[4] As there is considerable variation in the age and admission profile of patients across hospitals, there is potential for bias, with hospitals appearing better or worse than if they catered for patients with a different demographic profile. In order to address this issue and facilitate 'like for like' comparisons, the data are standardised. Standardising adjusts for the differences in respondent profiles in order to allow for fairer comparisons than could be made with non-standardised data.

In the analysis for the National Patient Experience Survey 2018, responses were standardised by age and type of admission. This approach was taken based on the analysis of responses and guidance from the Picker Institute Europe, which indicated that age and type of admission were the most significant sources of potential bias.

The standardisation process involves applying a 'weight' to each respondent within a particular hospital, which adjusts the value of their responses in proportion to the profile of the national sample of respondents. The first step in developing weightings is to calculate the proportion of the national sample of respondents in each age/admission group. Table 3.1 shows the proportion of respondents within each age group, categorised by type of admission. For example, the proportion of the national sample aged 18–35 who had an emergency admission was 0.057; the proportion of the national sample aged 51–65 who had a non-emergency admission was 0.092 etc. These proportions were then calculated for each hospital using the same procedure.

Table 3.1 National proportions

Admission type	Age	National
Emergency	18–35	0.057
	36–50	0.094
	51–65	0.174
	66–80	0.256
	81+	0.132
Non-emergency	18–35	0.020
	36–50	0.045
	51–65	0.092
	66–80	0.102
	81+	0.027

The next step was to calculate the weighting for each individual. Age/admission type weightings for individuals were calculated for each respondent by dividing the national proportion of respondents in their age/admission type group by the corresponding hospital proportion.

This process identifies respondents within hospitals from groups that are over- or under-represented compared to the national profile of respondents. For example, if a lower proportion of people admitted as emergency patients and aged between 66 and 80 within Hospital A responded to the survey, in comparison with the national proportion, then this group would be under-represented in the final scores. Dividing the national proportion by the hospital proportion results in a weighting greater than 1 (1.319) for members of this group (Table 3.2). This increases the influence of responses made by respondents within that group in the final score, thus counteracting their low representation.

Table 3.2 Proportion and weighting for Hospital A

Admission type	Age	National proportion	Hospital A proportion	Hospital A weight (national/hospital A)
Emergency	18–35	0.057	0.049	1.175
	36–50	0.094	0.094	1.004
	51–65	0.174	0.159	1.091
	66–80	0.256	0.194	1.319

	81+	0.132	0.114	1.154
Non-emergency	18–35	0.020	0.036	0.550
	36–50	0.045	0.061	0.742
	51–65	0.092	0.146	0.632
	66–80	0.102	0.120	0.853
	81+	0.027	0.028	0.974

Likewise, if a considerably higher proportion of people admitted as non-emergency patients aged between 36 and 50 years from Hospital A responded to the survey, then this group would be over-represented within the sample, compared with the national representation of this group. Subsequently this group would have a greater influence over the final score. In order to counteract this, dividing the national proportion by the proportion for Hospital A results in a weighting of less than 1 (0.742) for this group.

To prevent the possibility of excessive weight being given to respondents in an extremely under-represented group, the maximum value for any weight was set at 5, in line with the approach taken in the UK. The minimum value for any weight was set at 0.2.[5]

3.3.2 Question scores

To calculate scores for the themes described in Section 3.2, the responses to the questions making up these stages of care were assigned a score using methods equivalent to those used in the UK by the Care Quality Commission (CQC).[6] The scores applied to each of these questions are shown in Appendix 1.

Figure 3.2 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. 47 questions in total were categorised into stages of care.

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 3.2 Example of a scored question in the 2018 survey

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

1 10	Yes, always
2 5	Yes, sometimes
3 0	No
4 M	I had no need to ask / I was too unwell to ask any questions

Table 3.3 below shows how scores were calculated for a specific question in the survey. 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.

Table 3.3 Sum of scores for Q3 based on 5 respondents

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**

3.3.3 Stage of care scores

A stage of care score was generated for each respondent with one or more 'scorable' responses on items making up a stage. Scores ranged from 0 to 10, with higher scores indicating a better experience.

Table 3.4 shows an example of the original and scored data for the admissions stage of care. See Appendix 1 for the wording and response options for the questions shown in Table 3.4.

Table 3.4 Example of scored responses for the 'Admissions' stage of care

Original responses					Scored responses					Admissions
Q3	Q4	Q5	Q6	Q8	RQ3	RQ4	RQ5	RQ6	RQ8	stage score
1	1				10	10				10
1	2	2	2	2	10	5	5	5	7.5	6.5
1	1	3	3		10	10	0	0		5
2	2	4		6	5	5				5
4	4	4		6						[Missing]

3.3.4 Comparisons of groups

Statistical tests were carried out to examine if there were significant differences in patient experience across groups of patients 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.

3.3.5 Comparisons between 2017 and 2018

Likewise, statistical tests were carried out to examine if there were significant differences in patient experience across the 2017 and 2018 cohorts.

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 one it is being compared against, this is highly unlikely to have occurred by chance.

3.3.6. Reporting caveats

To protect the anonymity of respondents, the results for hospitals with fewer than 30 respondents were not published.[7] All of the participating hospitals exceeded the 30-respondent thresholds. It should be noted, however, that it was previously decided to merge the data for Louth County Hospital, Dundalk, with Our Lady of Lourdes Hospital, Drogheda. The former had only 39 eligible discharges in May 2018, and is a partner facility of the latter.

The second caveat relates to representativeness, whereby a hospital or hospital group with less than a 25% response rate would be flagged in reporting, with caution advised in interpreting the results. Again, however, this was not necessary, since all hospitals and hospital groups exceeded the 25% response rate (see Appendix 2).

3.3.7 Quality assurance of quantitative data

Insofar as possible, quality assurance was built into the design of the data capture for the paper-based survey responses. The managed service undertook to double enter[8] 3% of all paper-based surveys received.

Frequency checks on the merged (paper-based and online) survey data also confirmed that the rate of 'missingness' on the individual survey questions was in the low range, that is, there was no substantial evidence of 'survey fatigue', whereby rates of missing responses would be higher for questions appearing later in the questionnaire. For example, missing responses averaged 4.3% for Q9–Q11 compared with 5.5% for the last three numeric (closed response) questions prior to

[7] This is the same criterion as used in the UK.
[8] A random selection of paper-based questionnaires were coded a second time and compared with the original codes in order to assess coding accuracy.

the demographic section (Q50–Q52). The average rate of missingness for the demographic questions (Q54–Q58) was 2.9%.

3.4 Qualitative methodologies

This section describes the processing of the qualitative data collected via the survey questionnaire, that is, responses to the last three (open-ended) questions:

- Q59 – Was there anything particularly good about your hospital care?
- Q60 – Was there anything that could be improved?
- Q61 – Any other comments or suggestions?

Table 3.5 shows the number of responses received for each question by age group, sex, admission route and response mode (paper or online).

Table 3.5 Number of responses received for Q59, Q60 and Q61 overall and by sex, age group, and response mode

	Q59	Q60	Q61
Male	3,898	2,848	1,741
Female	4,216	3,394	2,022
Age 16–35	657	603	287
Age 36–50	1,118	1,029	570
Age 51–65	2,196	1,721	1,072
Age 66–80	2,942	2,011	1,284
Age 81 or older	1,159	845	538
Paper	7,553	5,660	3,711
Online	565	587	56

3.4.1 Anonymisation of qualitative data

All qualitative responses were anonymised. Whether on paper or online, the same set of procedures was followed. The overarching principle guiding these procedures was the protection of the anonymity of individuals, whether respondents or hospital staff.

The redaction guidelines can be found in Appendix 3.

3.4.2 Developing thematic codes for the qualitative data

The framework method was used to analyse patients' comments.[7] 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. The frame is similar to that adopted in 2017, except for the addition of the thematic category 'compassion' in 2018.

The coding frame is shown in Table 3.6.

Table 3.6 Detailed set of codes used for reporting

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

In the hospital reports, the categories were collapsed into a reduced set of 11 themes for ease of reporting.

3.5 Treatment of duplicates

Duplicates could occur within the National Patient Experience Survey data in two senses: the first sense was within the data extracts, and the second was within the survey responses, whereby a respondent may have opted to complete a survey online as well as on paper.

The vast majority of duplicates within the data extracts were identified and removed as part of the quality assurance processes. Duplicate records were discounted from the weekly extracts for repeat admissions to the same hospital and internal transfers. However, individuals who were transferred between hospitals received a survey questionnaire for each hospital to which they were admitted. Similarly, individuals who were independently admitted to multiple hospitals during the survey month received a survey invitation for every hospital from which they were discharged.
Duplicates in the survey response file could not occur as the system did not permit entry of a record with a survey ID which was already in the online survey response set. In this sense, a duplicate is defined as a paper-based response that already appears in the online file, that is, the record in the duplicate set with the older time stamp was the one retained in the final dataset. In reality, there were very few duplicates (amounting to less than 0.5%).

3.6 Quality assurance of qualitative data

Three sets of processes assured the quality of these data:

- Regular audits of paper-based responses against the data entered online confirmed high levels of accuracy in the transcription of the handwritten comments to the online system.
- Secondly, the National Patient Experience Survey team at HIQA reviewed all comments to check that they had been anonymised in accordance with the agreed redaction protocols. Only then were the data released to the online reporting facility for hospitals to review (also refer to section 3.7).
- Thirdly, 3% of responses were selected for blind double-coding. Responses were selected at a random starting point, followed by every ninth record, in

order to achieve the set quota. Where necessary, codes were edited or additional codes added in order to ensure that the coding was as comprehensive as possible.

3.7. Publication of national, hospital group and hospital results

In November 2018, the National Patient Experience Survey team published one national report as well as 39 hospital reports. In addition, the team published six hospital group reports in January 2019. Tableau data visualisation was embedded on www.patientexperience.ie and allows site visitors to further examine the results. It should be noted that hospital personnel and other stakeholders had been granted access to a 'real-time' online reporting platform where they could view their performance in the survey as the data were being processed. Access to this information prior to the publication of reports allows hospital to be proactive and to identify opportunities for improvement at an early stage.

Taken together, the national, hospital group and hospital reports were designed to:

- provide a clear description of the key features of inpatient experience at national and local levels, pointing to areas of good experience and areas needing improvement in the system at national, hospital group and hospital levels
- together with other data and information sources, provide a robust basis for the development of quality improvement plans at hospital group and hospital levels
- enable, with other data and information sources, the identification of policy priorities at the national level
- provide a basis for benchmarking progress over time following future surveys.

All published reports can be downloaded from https://www.patientexperience.ie/survey-results/.

3.8 Survey findings, quality improvement and next steps

The implementation of quality improvement initiatives in response to the survey findings is a key objective of National Patient Experience Survey Programme, and is coordinated by the HSE. The development of a national quality improvement plan

was initiated in June 2017. An update of this plan was launched in 2018 and coincided with the publication of the survey results.

A quality improvement oversight group was formed in August 2017. This group facilitated a series of planning workshops with hospital groups in 2017 and again in 2018, enabling discussion about the key quality improvement priorities both nationally and locally.

The national quality improvement plan sets out a roadmap for quality improvements at the national level, as well as across each of the participating hospitals. The HSE Acute Hospital Division has committed to monitoring the implementation of the quality improvement plans, which can be downloaded from www.patientexperience.ie.

4. International comparisons

4.1 Comparisons with international data

Inpatient surveys are undertaken in a number of countries, using a wide variety of approaches and survey tools.

This brief review compares results from the National Patient Experience Survey with the findings of inpatient surveys conducted in England, Scotland and New Zealand. A summary of the approaches taken in each jurisdiction and how they compare with the National Patient Experience Survey approach is provided in Table 4.1.

A comparison of results across selected questions is provided in Table 4.2. Comparing patient experience across jurisdictions is challenging due to variations in health service provision, differences in survey instruments and methodology, as well as cultural differences in how encounters with the health service are perceived and reported.[8, 9] Comparisons of survey results across jurisdictions should therefore be made with caution. Nevertheless, there are some common aspects in survey approaches across jurisdictions and comparisons of results on similar questions can be useful.

Table 4.1 Overview of adult inpatient experience surveys in England, Scotland and New Zealand

Jurisdiction	Survey information	Differences from National Patient Experience Survey approach
Scotland	Scottish Inpatient Experience Survey 2018 Survey results organised by: ▪ admission to hospital ▪ the hospital and ward	Wider coverage of hospitals, i.e. not just acute general but maternity services are excluded.

	▪ care and treatment in hospital ▪ staff ▪ operations and procedures ▪ leaving hospital ▪ care and support services ▪ overall experience ▪ additional comments ▪ about you.	Participants sampled between April and September 2017. Questionnaires were distributed in January 2018 First Scottish Inpatient Experience organised in 2010. The survey currently runs every two years.
England	Adult inpatient survey 2017 (NHS data published via CQC) Survey results organised by: ▪ admission to hospital ▪ accident and emergency department ▪ planned admissions ▪ hospital and ward ▪ doctors and nurses ▪ care and treatment ▪ operations and procedures ▪ leaving hospital ▪ overall.	Wider coverage of hospitals, i.e. not just acute general, but maternity services are excluded. Survey fieldwork took place between August 2017 and January 2018. The survey has run annually since 2004.
New Zealand	HQSC adult inpatient survey 2018 Survey results organised by: ▪ communication ▪ partnership ▪ coordination ▪ physical and emotional needs.	Data collected four times annually. The most recent results are for patients treated in August 2018. This is the 17th statistical release for the survey. Online data collection primarily. Participants between 15 and 18 years of age included.

Comparisons are only made for questions with identical wording and response options across the various national surveys. In Table 4.2, questions are numbered and ordered according to where they appear in the National Patient Experience Survey. These questions may be numbered and categorised differently in other surveys.

Table 4.2 Comparison of question scores across jurisdictions

	Ireland	Scotland[9]	England[10]	New Zealand[11]
	2018	2018	2017	Aug 2018
Response rate	50%	40%	41%	25%
Sex (female %)	51%	56%	53%	58%
Admission route (emergency %)	75%	62%	64%	/
Age (>65)	54%	62%	65%	48%
Care on the ward (% endorsing 'best' response option)				
Q10. In your opinion, how clean was the hospital room or ward that you were in? (% very clean)	74%	/	70%	71%
Q20. When you had important questions to ask a doctor, did you get answers that you could understand? (% yes, always)	69%	/	68%	78%
Q32. Do you think the hospital staff did everything they could to help control your pain? (% yes, definitely)	82%	/	69%	82%
Examinations, diagnosis and treatment (% endorsing 'best' response option)				
Q24. Were you involved as much as you wanted to be in decisions about your care and treatment? (% yes, definitely)	64%	65%	56%	71%
Q30. Were you given enough privacy when discussing your condition or treatment? (% yes, always)	73%	/	75%	67%
Q36. Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand? (% yes, completely)	80%	86%	Q removed in 2017	/

[9] The national report on the results from the Scottish Inpatient Survey 2018 is available from: https://www.gov.scot/binaries/content/documents/govscot/publications/statistics-publication/2018/08/inpatient-experience-survey-2018-national-results/documents/00539637-pdf/00539637-pdf/govscot%3Adocument

[10] The results for the 2017 adult inpatient survey conducted in England can be downloaded in open data format from https://www.cqc.org.uk/publications/surveys/adult-inpatient-survey-2017

[11] The national results for the August 2018 adult inpatient survey are available as interactive charts from https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/3508/

Q37. Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand? (% yes, completely)	80%	80%	81%	/
Q38. Beforehand, were you told how you could expect to feel after you had the operation or procedure? (% yes, completely)	66%	66%	62%	/
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? (% yes, completely)	72%	/	69%	/
Discharge or transfer (% endorsing 'best' response option)				
Q40. Did you feel you were involved in decisions about your discharge from hospital? (% yes, definitely)	62%	/	54%	78%
Q45. Did a member of staff tell you about medication side effects to watch for when you went home? (% yes, completely)	44%	/	38%	49%
Other aspects and overall				
Q51. Overall, did you feel you were treated with respect and dignity while you were in the hospital? (% yes, always)	84%	/	82%	87%
Q52. Overall rating of hospital experience (% who gave rating between 7 and 10)	84%	86%	84%	/

Appendix 1

2018 question wording, response options, corresponding scores and mapping to stages of care

Question	Wording	Response options with corresponding scores in parentheses	Stage of Care
Q03	When you had important questions to ask doctors and nurses in the Emergency Department, did you get answers that you could understand?	Yes, always (10); Yes, sometimes (5); No (0); I had no need to ask/I was too unwell to ask questions (M)	Admissions
Q04	While you were in the Emergency Department, did a doctor or nurse explain your condition and treatment in a way you could understand?	Yes, completely (10); Yes, to some extent (5); No (0); I did not need an explanation (M)	Admissions
Q05	Were you given enough privacy when being examined or treated in the Emergency Department?	Yes, definitely (10); Yes, to some extent (5); No (0); Don't know/can't remember (M)	Admissions
Q06	Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department?	Yes, always (10); Yes, sometimes (5); No (0)	Admissions
Q08	Following arrival at the hospital, how long did you wait before being admitted to a ward?	Less than 6 hours (10); Between 6 and up to 12 hours (7.5); Between 12 and up to 24 hours (5); Between 24 and up to 48 hours (2.5); More than 48 hours (0); Don't know/can't remember (M); I was not admitted to a ward (M)	Admissions
Q09	Were you given enough privacy when you were on the ward?	Yes, always (10); Yes, sometimes (5); No (0)	Care on the ward
Q10	In your opinion, how clean was the hospital room or ward that you were on?	Very clean (10); Fairly clean (6.67) ; Not very clean (3.33); Not at all clean (0)	Care on the ward
Q11	How clean were the toilets and bathrooms that you used in hospital?	Very clean (10); Fairly clean (6.67); Not very clean (3.33); Not at all clean (0); I did not use a toilet or bathroom (M)	Other
Q12	When you needed help from staff getting to the bathroom or toilet, did you get it in time?	Yes, always (10); Yes, sometimes (5); No (0); I did not need help (M)	Care on the ward

Q13	Did staff wear name badges?	Yes, all of the staff wore name badges (10); Some of the staff wore name badges (5); Very few or none of the staff wore name badges (0); Don't know/can't remember (M)	Care on the ward
Q14	Did the staff treating and examining you introduce themselves?	Yes, all of the staff introduced themselves (10); Some of the staff introduced themselves (5); Very few or none of the staff introduced themselves (0); Don't know/can't remember (M)	Care on the ward
Q15	How would you rate the hospital food?	Very good (10); Good (6.67); Fair (3.33); Poor (0); I did not have any hospital food (M)	Care on the ward
Q16	Were you offered a choice of food?	Yes, always (10); Yes, sometimes (5); No (0)	Care on the ward
Q18	Were you offered a replacement meal at another time?	Yes, always (10); Yes, sometimes (5); No (0); I did not want a meal (M); I was not allowed a meal (e.g. because I was fasting) (M)	Care on the ward
Q19	Did you get enough help from staff to eat your meals?	Yes, always (10); Yes, sometimes (5); No (0); I did not need help to eat meals (M)	Care on the ward
Q20	When you had important questions to ask a doctor, did you get answers that you could understand?	Yes, always (10); Yes, sometimes (5); No (0); I had no need to ask (M)	Care on the ward
Q21	Did you feel you had enough time to discuss your care and treatment with a doctor?	Yes, definitely (10); Yes, to some extent (5); No (0)	Examination/diagnosis/treatment
Q22	When you had important questions to ask a nurse, did you get answers that you could understand?	Yes, always (10); Yes, sometimes (5); No (0); I had no need to ask (M)	Care on the ward
Q23	If you ever needed to talk to a nurse, did you get the opportunity to do so?	Yes, always (10); Yes, sometimes (5); No (0); I had no need to talk to a nurse (M)	Care on the ward
Q24	Were you involved as much as you wanted to be in decisions about your care and treatment?	Yes, definitely (10); Yes, to some extent (5); No (0)	Examination/diagnosis/treatment
Q25	How much information about your condition or treatment was given to you?	Not enough (0); The right amount (10); Too much (0)	Examination/diagnosis/treatment
Q26	Was your diagnosis explained to you in a way that you could understand?	Yes, completely (10); Yes, to some extent (5); No (0)	Examination/diagnosis/treatment

Q27	If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?	Yes, definitely (10); Yes, to some extent (5); No (0); No family or friends were involved (M); My family did not want or need information (M); I did not want my family or friends to talk to a doctor (M)	Other
Q28	Did you find someone on the hospital staff to talk to about your worries and fears?	Yes, definitely (10); Yes, to some extent (5); No (0); I had no worries or fears (M)	Care on the ward
Q29	Did you have confidence and trust in the hospital staff treating you?	Yes, always (10); Yes, sometimes (5); No (0)	Other
Q30	Were you given enough privacy when discussing your condition or treatment?	Yes, always (10); Yes, sometimes (5); No (0)	Examination/diagnosis/treatment
Q31	Were you given enough privacy when being examined or treated?	Yes, always (10); Yes, sometimes (5); No (0)	Examination/diagnosis/treatment
Q32	Do you think the hospital staff did everything they could to help control your pain?	Yes, definitely (10); Yes, to some extent (5); No; I was never in any pain (0)	Care on the ward
Q33	Did a doctor or nurse explain the results of the tests in a way that you could understand?	Yes, definitely (1); Yes, to some extent (5); No (0); Not sure/can't remember (M); I was told I would get the results at a later date (M); I was never told the results of tests (M); I did not have any tests (M)	Examination/diagnosis/treatment
Q34	Before you received any treatments did a member of staff explain what would happen?	Yes, always (10); Yes, sometimes (5); No (0); I did not want an explanation (M); I did not have any treatments (M)	Examination/diagnosis/treatment
Q35	Before you received any treatments did a member of staff explain any risks and/or benefits in a way you could understand?	Yes, always (10); Yes, sometimes (5); No (0); I did not want an explanation (M)	Examination/diagnosis/treatment
Q36	Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?	Yes, completely (10); Yes, to some extent (5); No (0); I did not want an explanation (M); I did not have an operation or procedure (M)	Examination/diagnosis/treatment
Q37	Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?	Yes, completely (10); Yes, to some extent (5); No (0); I did not have any questions (M)	Examination/diagnosis/treatment
Q38	Beforehand, were you told how you could expect to feel after you had the operation or procedure?	Yes, completely (10); Yes, to some extent (5); No (0)	Examination/diagnosis/treatment

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?	Yes, completely (10); Yes, to some extent (5); No (0)	Examination/diagnosis/treatment
Q40	Did you feel you were involved in decisions about your discharge from hospital?	Yes, definitely (10); Yes, to some extent (5); No (0); I did not want to be involved (M)	Discharge/transfer
Q41	Were you or someone close to you given enough notice about your discharge?	Yes, definitely (10); Yes, to some extent (5); No (0); Don't know/can't remember (M)	Discharge/transfer
Q42	Before you left hospital, did the hospital staff spend enough time explaining about your health and care after you arrive home?	Yes (10); No (0)	Discharge/transfer
Q43	Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?	Yes (10); No (0)	Discharge/transfer
Q44	Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	Yes, completely (10); Yes, to some extent (5); No (0); I did not need an explanation (M); I had no medicines (M)	Discharge/transfer
Q45	Did a member of staff tell you about medication side effects to watch for when you went home?	Yes, completely (10); Yes, to some extent (5); No (0); I did not need an explanation (M)	Discharge/transfer
Q46	Did a member of staff tell you about any danger signals you should watch for after you went home?	Yes, completely (10); Yes, to some extent (5); No (0); It was not necessary (M)	Discharge/transfer
Q47	Did hospital staff take your family or home situation into account when planning your discharge?	Yes, completely (10); Yes, to some extent (5); No (0); It was not necessary (M); Don't know/can't remember (M)	Discharge/transfer
Q48	Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?	Yes, definitely (10); Yes, to some extent (5); No (0); No family or friends were involved (M); My family or friends did not want or need information (M)	Discharge/transfer
Q49	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	Yes (10); No (0); Don't know/can't remember (M)	Discharge/transfer
Q50	Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?	Yes, definitely (10); Yes, to some extent (5); No (0); I did not need help in managing my condition (M)	Discharge/transfer

Q51	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	Yes, always (10); Yes, sometimes (5); No (0)	Other
Q52	Overall... (please circle a number)	I had a very poor experience (0) to I had a very good experience (10)	Overall

Appendix 2

2018 operational outcomes by hospital group and individual hospitals

Hospital Group	Total discharged	Deceased	Return to Sender	Opted out	No response	Completed (paper)	Completed (online)	Response rate
Dublin Midlands Hospital Group	**4,831**	**77**	**49**	**76**	**2,286**	**2,187**	**205**	**50.8%**
Midland Regional Hospital Portlaoise	413	9	2	7	188	197	12	**52.0%**
Midland Regional Hospital Tullamore	786	12	6	11	355	388	20	**53.1%**
Naas General Hospital	598	12	7	7	282	272	25	**51.3%**
St James's Hospital	1,651	33	25	28	778	729	83	**51.0%**
Tallaght University Hospital	1,383	11	9	23	683	601	65	**48.9%**
Ireland East Hospital Group	**5,840**	**90**	**54**	**102**	**2,724**	**2,685**	**239**	**51.3%**
Cappagh National	246	0	0	0	68	167	11	**72.4%**

Orthopaedic Hospital								
Mater Misericordiae University Hospital	1,438	17	23	29	730	613	49	**47.4%**
Midland Regional Hospital Mullingar	582	5	5	9	296	258	14	**47.6%**
Our Lady's Hospital, Navan	349	7	1	3	145	184	10	**56.9%**
Royal Victoria Eye and Ear Hospital	140	0	2	0	54	73	13	**62.3%**
St Colmcille's Hospital	152	0	1	5	73	71	3	**49.0%**
St Luke's General Hospital	639	6	5	15	330	263	25	**45.9%**
St Michael's Hospital	282	0	4	2	103	159	18	**63.7%**
St Vincent's University Hospital	1,402	29	9	25	668	605	75	**49.9%**
Wexford General Hospital	610	26	4	14	257	292	21	**54.0%**
RCSI Hospital Group	**4,291**	**60**	**39**	**62**	**2,238**	**1,772**	**159**	**46.1%**
Beaumont Hospital	1,804	38	16	28	911	732	95	**47.3%**
Cavan and Monaghan Hospital	601	7	2	8	308	268	10	**47.0%**
Connolly Hospital	780	8	8	8	437	310	17	**42.8%**
Louth County Hospital *	39	0	0	2	17	20	0	**51.3%**

Our Lady of Lourdes Hospital *	1,067	7	13	16	565	442	37	**45.7%**
Saolta University Health Care Group	**4,862**	**98**	**21**	**83**	**2,301**	**2,227**	**153**	**50.2%**
Galway University Hospitals	1,914	26	10	26	920	879	63	**50.2%**
Letterkenny University Hospital	771	20	2	13	350	365	23	**51.8%**
Mayo University Hospital	841	23	2	14	364	418	22	**53.9%**
Portiuncula University Hospital	367	3	2	10	193	146	15	**44.5%**
Roscommon University Hospital	101	0	0	2	54	43	2	**44.6%**
Sligo University Hospital	868	26	5	18	420	376	28	**48.3%**
South/South West Hospital Group	**5,258**	**116**	**47**	**77**	**2,443**	**2,430**	**192**	**51.5%**
Bantry General Hospital	162	7	1	5	70	75	5	**51.9%**
Cork University Hospital	1,713	39	21	21	807	778	68	**51.2%**
Lourdes Orthopaedic Hospital Kilcreene	67	0	0	0	17	48	2	**74.6%**
Mallow General Hospital	159	6	3	2	69	80	2	**54.7%**

Mercy University Hospital	742	30	10	15	345	331	21	**50.1%**
South Infirmary Victoria University Hospital	373	0	1	0	144	209	20	**61.6%**
South Tipperary General Hospital	539	6	1	7	280	225	21	**46.2%**
University Hospital Kerry	497	12	2	7	239	216	23	**49.5%**
University Hospital Waterford	1,006	16	8	20	472	468	30	**50.7%**
UL Hospitals	**2,418**	**68**	**29**	**34**	**1,161**	**1,072**	**83**	**49.8%**
Croom Orthopaedic Hospital	132	0	0	2	50	78	2	**60.6%**
St John's Hospital	265	9	2	5	120	125	6	**51.6%**
Ennis Hospital	133	6	1	2	66	56	3	**46.8%**
Nenagh Hospital	115	1	1	3	54	54	3	**50.4%**
University Hospital Limerick	1,773	52	25	22	871	759	69	**48.8%**

Appendix 3

2018 guidelines for the redaction of qualitative comments

Example	Recommended redaction
Names and titles Dr. Mr. James, Mary Nurse Pat, Nurse O'Brien	 [Dr. name] [Mr name] [First name] [Nurse name]
Gender Male (nurse), Male care assistant Female (nurse)	 **No redaction**
Specialist healthcare professionals Senior nurse, renal nurse Orthopaedic doctor	 **No redaction**
General categories of health care specialists – in plural The nurses, doctors, consultants	 **No redaction**
Specific categories of health care specialists Anaesthetist, physio, dietician	 **No redaction**
Specific grades of healthcare professional Junior doctor The intern	 **No redaction**
Dates and Days & times	

Monday, Tuesday, etc. Weekend Bank holiday weekend Was waiting between 7am and 9.30am 24 May	**No redaction** [Date]
Departments & wards Emergency department Operating theatre Cancer ward Ward name (e.g. James's Ward) Recovery Isolation AMAU (acute medical assessment unit)	 **No redaction** **No redaction** **No redaction** **No redaction** **No redaction** **No redaction** **No redaction**
Religions, nationality Muslim doctor, Indian, etc. Generic use of term like 'foreign'	 [Rel] [Nat] [eth] **No redaction**
Hospital names In the Mater, Vincent's, etc.	 **No redaction**
Location identifiers The consultant from Donegal	 [County]
Procedures and operations Lumbar puncture By pass Appendix operation Eye surgery Operation (generic)	 [Proc. name] [Proc. name] [Proc. name] [Proc. name] **No redaction**
Specific therapies Intravenous anti-biotic drip Fasting on iv fluids, etc.	 **No redaction**
Conditions Diabetes Type 1, breast cancer, Renal failure, colon cancer, Heart attack, high blood pressure	 [Cond. name] [Cond. type]

Diabetes,	
Medication Specific drug doses Eg. I was put on Xanax/650mg of Tramadol daily for one week, etc.	[Med.]
Illegible text	[...] and continue to the next legible part of the comment. Aim to get a balance between capturing the maximum amount of information possible and time spent on deciphering handwriting.
Any bad, racist or derogatory remarks are entered as submitted.	Redact in the normal way (i.e. if nationality mentioned, redact, etc.) but enter the precise remarks as submitted.
Correct spelling mistakes	Correction should be of minor and obvious spelling mistakes e.g. their/there. This is to facilitate understanding and 'readability' of the qualitative data, it should in no way impact on meaning.

References

1. 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.
2. Health Information and Quality Authority. International Review on Patient Experience Surveys. https://www.patientexperience.ie/about-the-survey/survey-questionnaire/: 2016.
3. Care Quality Commission. Technical Details – patient survey information 2016. 2016.
4. Foley C, Droog E, Boyce M, Healy O, Browne J. Patient experience of different regional models of urgent and emergency care: a cross-sectional survey study. BMJ Open. 2017;7(3).
5. Care Quality Commission. Technical details – patient survey information. 2015 Inpatient survey. 2016.
6. Care Quality Commission. NHS Patient Survey Programme: Survey Scoring Method 2015.
7. 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 Dec;13(1):117.
8. Coulter A, Cleary PD. Patients' Experiences With Hospital Care In Five Countries. Health Affairs. 2001;20(3):244-52.
9. Care Quality Commission. 2016 Adult inpatient survey: statistical release. 2017.