



National Patient Experience Survey 2017

UL Hospitals, Nenagh

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.

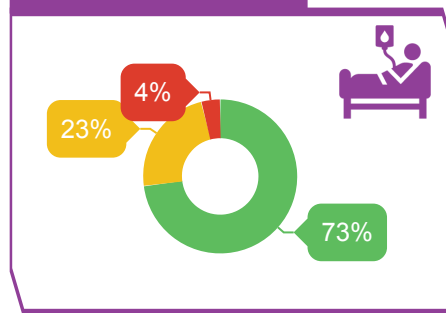
By putting the voice of the patient at the centre of acute healthcare, we can make sure that the needs and wishes of the people who matter most are met. The survey will be repeated annually in the future, which will allow us to explore how the patient voice has helped shape changes in acute healthcare.

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.

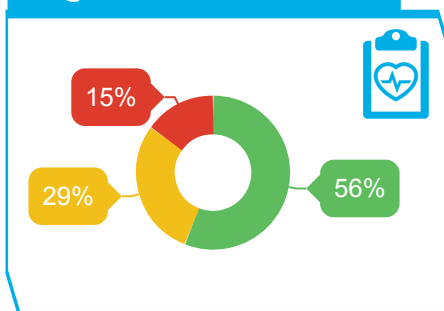
The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups.

Stages of care

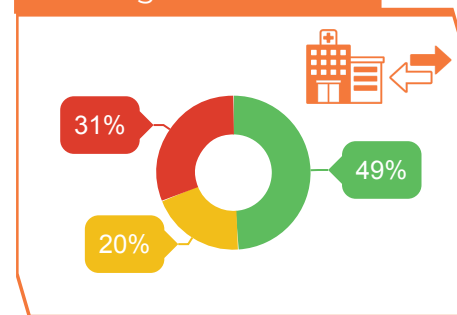
Care on the ward



Examinations, diagnosis & treatment



Discharge or transfer

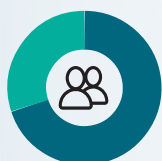


* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

UL Hospitals, Nenagh



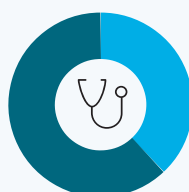
51% of 104 eligible patients took part



70% female
30% male

Average age:
69 years

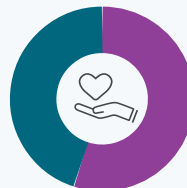
Treatment



24%

did not receive the right amount of information about their condition or treatment.

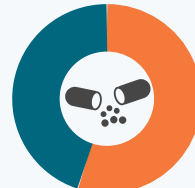
Care



55%

could not always find a member of staff to talk to about their worries and fears.

Medication



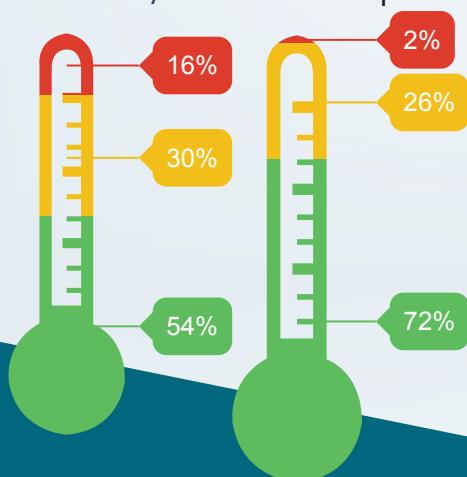
55%

did not receive any written information about what they should or should not do after leaving hospital.

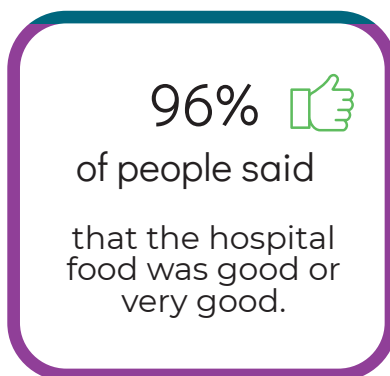
Overall experience

Nationally

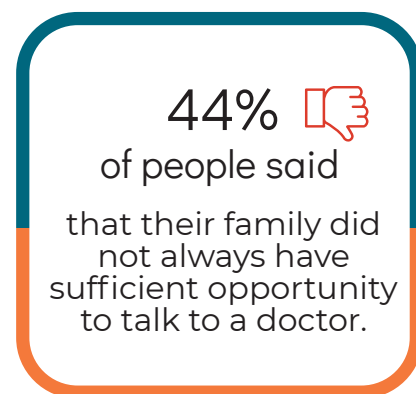
This hospital



Areas of good experience



Areas needing improvement



Structure and content of this report

Chapter 1: patients' experiences of acute hospital care in UL Hospitals, Nenagh **4**

This chapter presents the areas of good experience and the areas needing improvement in UL Hospitals, Nenagh.

About the National Patient Experience Survey 2017	4
UL Hospitals, Nenagh profile	5
Purpose of the Report	5
Who took part in the survey?	6
What were the main findings?	7
Areas of good experience and areas needing improvement	8

Chapter 2: The patient journey through hospital **10**

This chapter presents the findings of the 2017 survey.

The stages of care along the patient journey	10
How to interpret the results for the stages of care	11
Care on the ward	14
Examinations, diagnosis and treatment	19
Discharge or transfer	23
Other aspects of care	27

Chapter 3: Overall experience **30**

This chapter analyses patients' overall experiences in UL Hospitals, Nenagh.

Chapter 4: Conclusion **31**

This chapter summarises the findings of the 2017 survey.

Appendices **33**

Appendix 1: National Patient Experience Survey 2017 questions	
Appendix 2: Background to the National Patient Experience Survey Programme	
Appendix 3: Identifying areas of good experience and areas needing improvement	
Appendix 4: A technical note on analyses and interpretation	

Glossary **43**



Chapter 1

Patients' experiences of acute hospital care in UL Hospitals, Nenagh

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 UL Hospitals, Nenagh during the month of May 2017. In total, 53 participants from UL Hospitals, Nenagh took part in the survey.

The survey asked 61 questions, based on five stages of care along the patient journey in hospital: admissions¹; 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.

¹ As UL Hospitals, Nenagh does not have an emergency department, survey participants did not answer the questions on Admissions.

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 53 patients from UL Hospitals, Nenagh 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

UL Hospitals, Nenagh is a public acute hospital, located in Co, Tipperary. There were 49 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 104 eligible discharges were recorded during this time. UL Hospitals, Nenagh does not have an emergency department. This means that patients admitted to this hospital were not required to answer questions on the 'admissions' 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 UL Hospitals, Nenagh 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 UL Hospitals, Nenagh. A quality improvement plan will be developed by UL Hospitals, Nenagh in response to the survey results and will be publicly available from www.patientexperience.ie in December 2017.

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



Who took part in the survey?

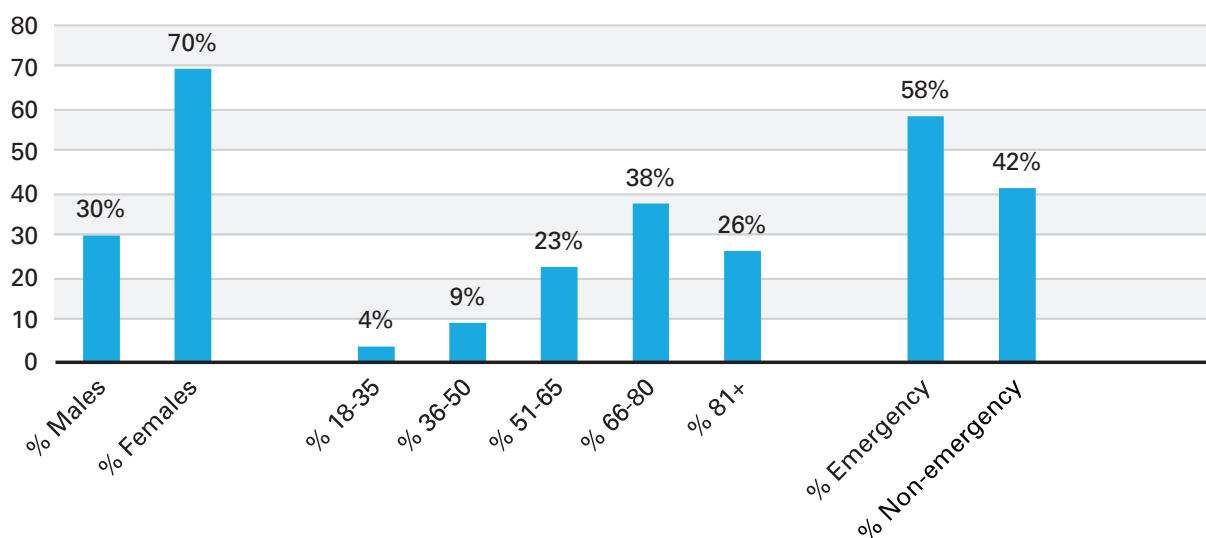
Description of the respondents who took part in the survey

104 people discharged from UL Hospitals, Nenagh during the month of May 2017 were invited to participate in the survey.

53 people completed the survey, achieving a response rate of 51%.

30% of people who responded to the survey were male and 70% were female. 31 respondents (58%) said they entered hospital on an emergency basis². Figure 1. below shows information about the respondents who took part in the survey from UL Hospitals, Nenagh.

Figure 1. Survey participants from UL Hospitals, Nenagh by sex, age group and admission route



² Patients were asked if their hospital stay was planned in advance or an emergency. While UL Hospitals, Nenagh does not have an emergency department, patients may have felt that their admission was an emergency. It is also possible that these patients were originally admitted to a hospital with an emergency department before being transferred to UL Hospitals, Nenagh.

What were the main findings for UL Hospitals, Nenagh?



Overall, patients' ratings of their experiences at UL Hospitals, Nenagh were above the national average. 98% of patients at UL Hospitals, Nenagh said they had a 'very good' or 'good' experience, compared with 84% nationally.

The survey found that people who stayed in UL Hospitals, Nenagh in May 2017 had a number of positive experiences. The hospital scored above the national average on many questions, especially those related to care on the ward. This stage of care achieved a more positive overall result, compared with the national average.

The hospital performed above the national average in terms of food, especially the choice of food which was available to patients and also the responsiveness of staff to help patients who required assistance at mealtimes. Overall, patients reported positive experiences in relation to the amount of privacy they were given while on the ward while being examined or treated. The survey also found that, in general, patients' experiences of communication from staff was positive, particularly as regards opportunities to talk to nurses.

96% of people reported that they were always treated with dignity and respect in UL Hospitals, Nenagh in May 2017, with this question scoring above the national average.

On the other hand, some of the lowest-performing areas for this hospital were contained in the discharge or transfer stage of care. People reported that staff did not provide sufficient information on how to care for themselves at home including the danger signals to watch out for and medication side effects.

A number of patients reported challenges as regards finding a staff member to talk to about their worries and fears, while others reported negatively in relation to the amount of information they received about their condition or treatment. The survey also identified that, in general, family members did not have sufficient opportunities to talk to a doctor about the patient.

These findings will serve to inform quality improvement initiatives in UL Hospitals, Nenagh.

Areas of good experience and areas needing improvement in UL Hospitals, Nenagh

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 UL Hospitals, Nenagh are:

Patients had positive experiences in several areas, particularly as regards explanations from doctors about how an operation or procedure had gone and also in terms of receiving test results. People also reported positive experiences as regards hospital food, in particular the choice of food available to patients and the help provided by staff to patients who needed assistance at mealtimes.

Care on the ward | Q15.

Food rating

96% of the 51 people who answered this question said that the hospital food was 'good' or 'very good'.

Care on the ward | Q20.

Clear answers from a doctor

73% of the 48 people who answered this question said that, when they had important questions to ask a doctor, they always got answers that they could understand.

Examinations, diagnosis and treatment | Q33.

Clear explanation of test results

Out of 42 people, 40 (95%) reported that a member of staff definitely, or to some extent, explained the results of tests in a way that they could understand.

Examinations, diagnosis and treatment | Q21.

Time to discuss care and treatment with a doctor

94% of the 51 people who answered this question said they definitely, or to some extent, had enough time to discuss their care and treatment with a doctor.

The areas needing improvement in UL Hospitals, Nenagh are:

Patients highlighted areas needing improvement, in particular, as regards communication with staff during their time on the ward and during the discharge or transfer stage of care. Patients were not always positive about the amount of information they received about their condition or treatment. Communication with the patient prior to discharge is a key area needing improvement in UL Hospitals, Nenagh.

Care on the ward | Q28.

Someone to talk to about worries and fears

18 (55%) of the 33 people who answered this question said that they were not always, or only to an extent, able to find someone on the ward to talk to about their worries and fears.

Examination, diagnosis and treatment | Q25.

Information about a condition or treatment

12 people (24%) said that they did not receive enough information about their condition or treatment.

Examinations, diagnosis and treatment | Q26.

Clear explanation of a diagnosis

41% of the 51 people who answered this question said that their diagnosis was not explained, or only explained to an extent, in a way that they could understand.

Discharge or transfer | Q42.

Family given sufficient notice of discharge

29% of the 44 people who answered this question said that their family was not, or only to an extent, given enough notice about their discharge from hospital.

Discharge or transfer | Q45.

Explanation of the purpose of medications

34% of the 38 people who answered this question said that a member of staff did not explain, or only to some extent explained the purpose of the medicines they were to take at home in a way they could understand.

Other aspects of care | Q27.

Opportunity for family members to talk to a doctor

Out of 41 people, 18 (44%) said that their family did not have, or only had to an extent, a sufficient opportunity to talk to a doctor.



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:

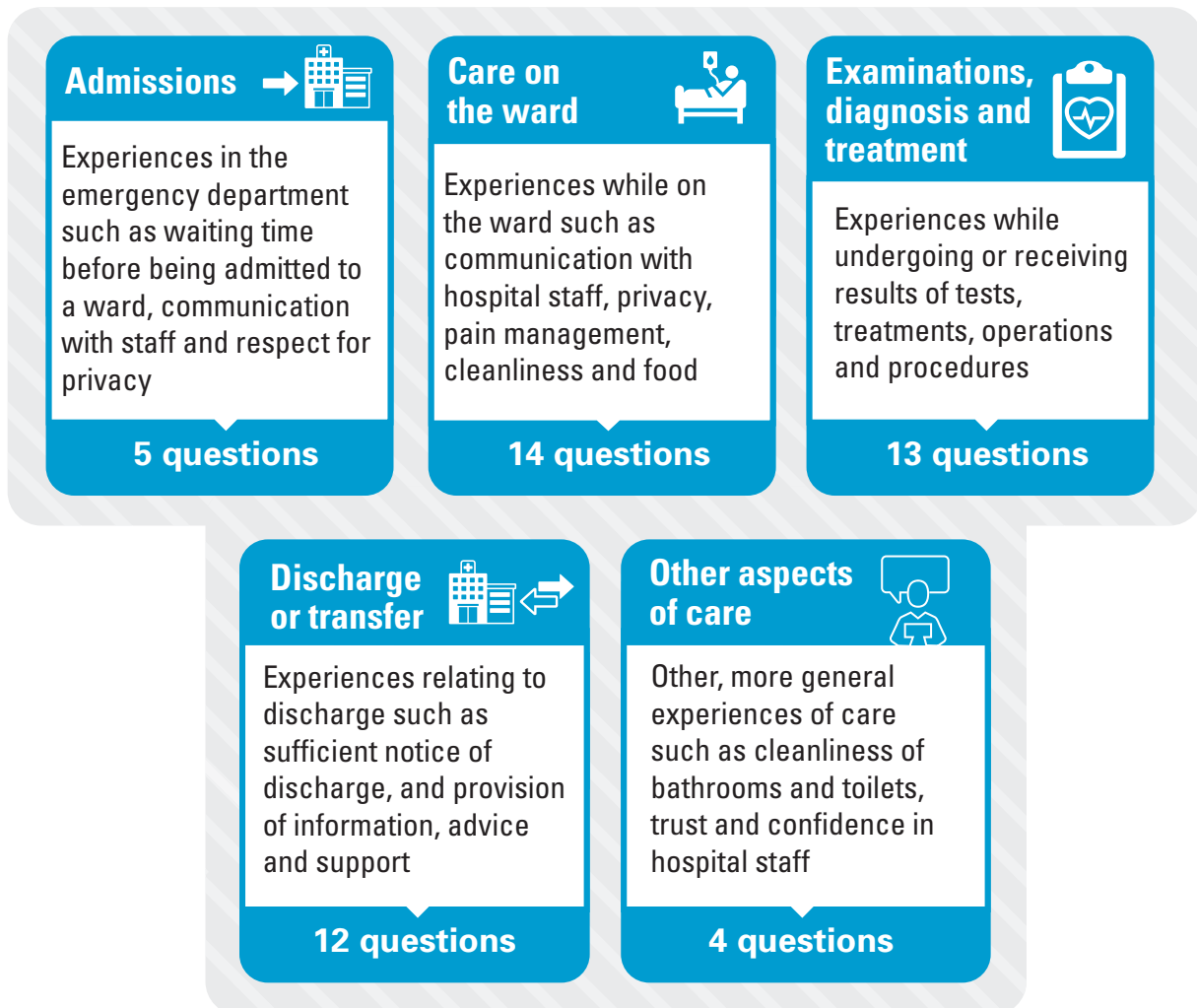
- **admissions³**
- **care on the ward**
- **examinations, diagnosis and treatment**
- **discharge or transfer**
- **other aspects of care.**

"I had the feeling that I was being well looked after. Staff very friendly and well experienced."

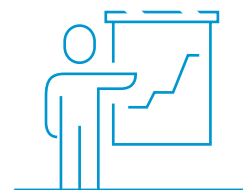
³ As UL Hospitals, Nenagh does not have an emergency department, survey participants did not answer the questions on Admissions.

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

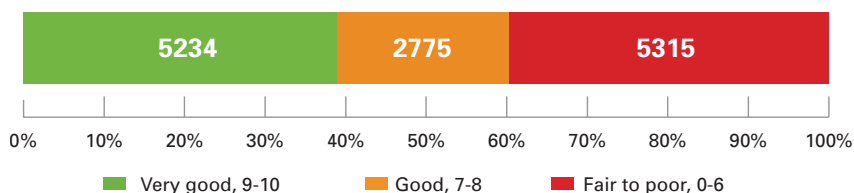
1. Experience rating for a stage of care

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.

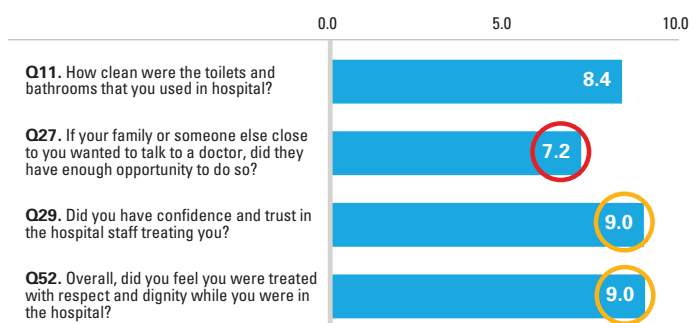
Example:

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

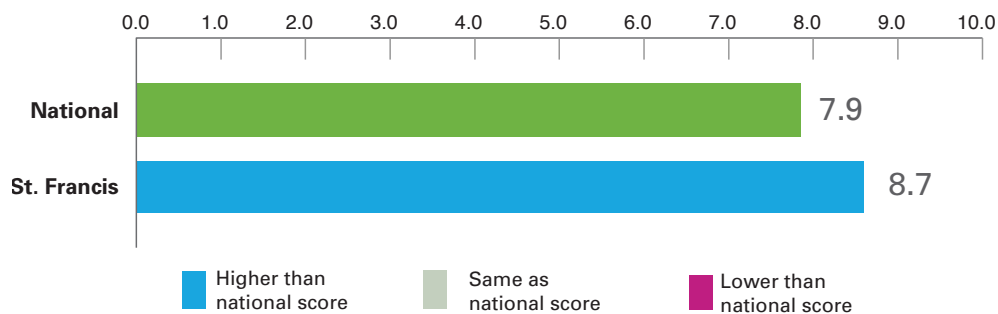


3. Comparisons

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.



Care on the ward

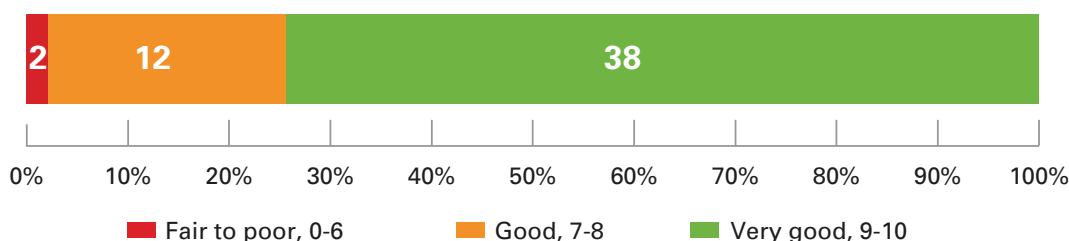


In summary: what were patients’ experiences of care on the ward?

‘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.

Two respondents (4%) said that their experience of care on the ward was fair to poor. However, 38 respondents (73%) reported having a very good experience during their stay on a ward in UL Hospitals, Nenagh. Figure 4. summarises patients’ experiences of care on the ward.

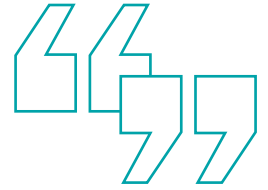
Figure 4. Experience ratings for care on the ward



What were the key findings for care on the ward?

- Many people said that the room or ward they stayed in was ‘very clean’, with a score of 9.7 out of 10 for this question.
- 55% of respondents said that they were not, or only to some extent able to find someone to talk to about their worries and fears.
- UL Hospitals, Nenagh scored 9.0 out of 10 for care on the ward, which is higher than the national average score of 8.3 out of 10.

“Everything was very good. They couldn’t do better considering they were overworked, under paid and unappreciated.”



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

30 open-ended comments from UL Hospitals, Nenagh related to the following themes: 'staffing levels', 'staff availability and responsiveness', 'other healthcare staff', 'other staff', 'food and drink' and 'cleanliness and hygiene'. 7 of the comments offered suggestions for improvement. Some examples are provided below.

Staffing levels

"More staff, the nurses are under too much pressure on the wards ! I feel bad for them ! (not that they ever complain)."

Staff availability and responsiveness

"Feel very safe and there was always a nurse or carer at hand."

"(1) Meals were given to an elderly patient who was unable to feed herself. I found this distressing to watch.
(2) Flowers should be discouraged, waste of nurses time changing water & smells if not cared for."

Other staff

"Food was great, nurses were lovely and always remember me, the porters are very nice men, always happy and respectful and remember me from past visits."

Food and drink

"I was impressed with food nutrition care at Nenagh Hospital."

"[...] One day we went in and my mothers meal was sitting on the table in front of her. That is not what I minded but what got me very upset was it was sitting there beside an open window where work was going on outside (a path I think). It was stone cold and God only knows what had come from outside to it. Also she only had 1 small scoop of potatoes and a teaspoon of carrot, no meals on her plate. I give more dinner to my one year old child. The staff offered to reheat it but I asked for a fresh one but none available as she was on a minced/moist diet. All she had for her lunch was custurd that day. The portion size did not improve."

Cleanliness and hygiene

"Meals were very good. Cleanliness was excellent. I was treated with the utmost respect and dignity."

Quantitative results for questions on care on the ward

Fourteen questions asked about care on the ward.



Figure 5. shows the scores out of 10 for each question. 47 respondents (90%) from UL Hospitals, Nenagh said that the room or ward they were in was 'very clean'.

Q28 was the lowest scoring question on care on the ward. 18 respondents (55%) reported that they were not, or only to some extent, able to find someone to talk to about their worries and fears. This question scored an average of 6.5 out of 10.

Figure 5. UL Hospitals, Nenagh scores for questions on care on the ward

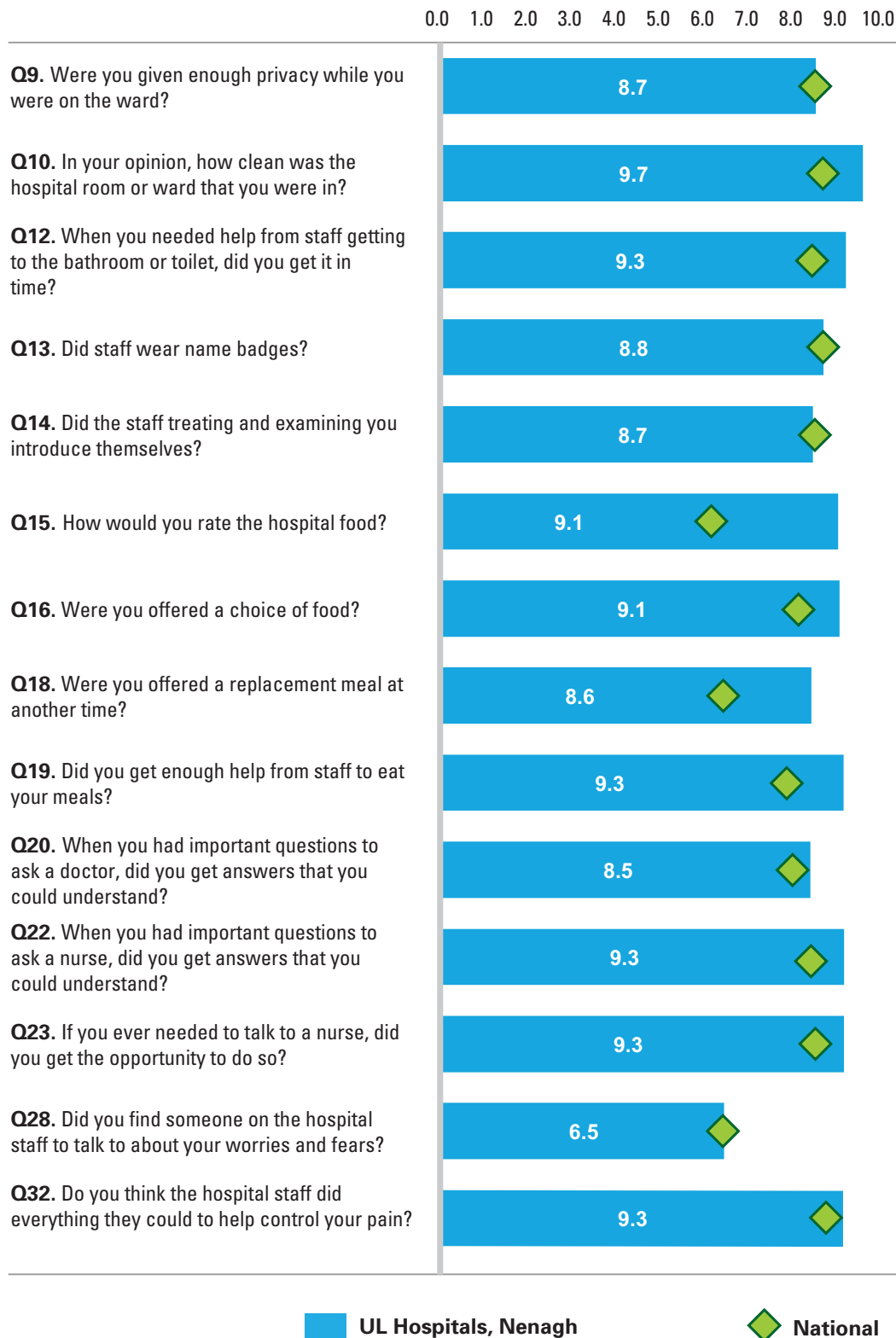
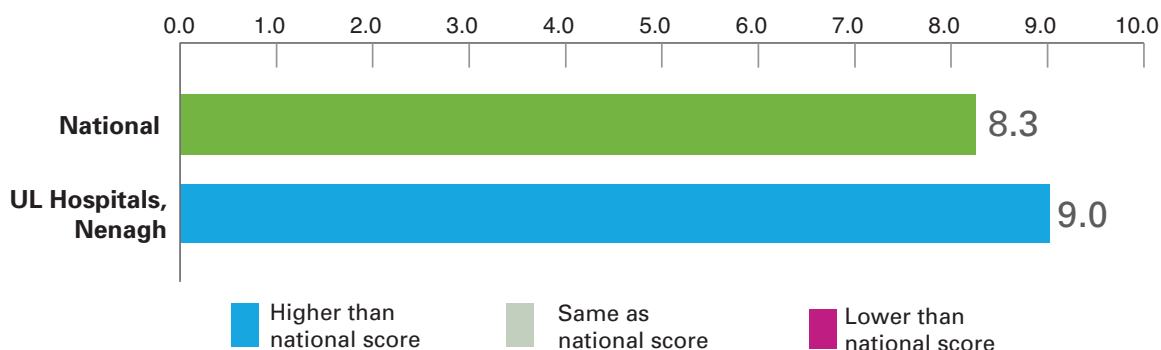


Figure 6. shows that, within the care on the ward stage, the average score for UL Hospitals, Nenagh (9.0 out of 10) is significantly higher than the national average (8.3 out of 10). This means that patients who attended UL Hospitals, Nenagh in May 2017 reported more positive experiences for this stage of care, in comparison to the national average.

Figure 6. Comparison of UL Hospitals, Nenagh with the national average for care on the ward (out of a maximum of 10)



Care on the ward: what do these results mean?

Overall, patients reported a more positive experience of care on the ward than the national average. In particular, people spoke positively about the cleanliness of the room or ward they stayed in, and their experience of communicating with nurses on the ward. Food was an area which scored above the national average, with patients reporting positively on the choice of food available and the help received from staff at mealtimes. However, many patients were not able to find someone on the hospital staff to talk to about their worries and fears, while others did not always receive answers they could understand from doctors.

Examinations, diagnosis and treatment

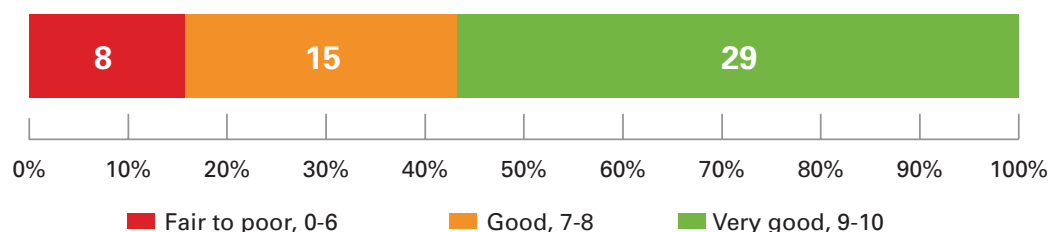


In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

Eight respondents (15%) said that their experience of examinations, diagnosis and treatment in UL Hospitals, Nenagh was fair to poor. However, 29 respondents (56%) reported having a very good experience in this regard. Figure 7. summarises patients' experiences of examinations, diagnosis and treatment.

Figure 7. Experience ratings for examinations, diagnosis and treatment



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

- 100% of people who answered Q37 said that they received answers that they could understand about their operation or procedure.
- The lowest rated question (7.5 out of 10) asked patients about the amount of information they received about their condition or treatment. 12 respondents (24%) said they did not receive enough information.
- UL Hospitals, Nenagh scored 8.5 out of 10 for examinations, diagnosis and treatment, which is the same as the national average score of 8.1 out of 10.

"The nurses and doctors were very nice. They explained everything to me."



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

19 open-ended comments were made about the following themes: 'nursing staff', 'doctors or consultants', 'waiting times for planned procedures'. 1 of these comments was in response to Q60 which asked for suggestions for improvement. Some examples of these comments are provided below.

Nursing staff

"Nurse very kind although very busy. Treated with dignity. Staff very friendly."

"Yes, some of the staff could be a bit nicer to patients and family in particular. [Nurse Type] made my family feel uncomfortable at times and the staff also seem quite intimidated by her."

Doctors or consultants

"Nurses were very good and attentive. They had a lovely manner and although they were overworked they never took it out on the patient. The doctor and his team were also very respectful and thorough. They spoke to me in language I could understand"

Waiting times for planned procedures

"I was met inside the door by a hospital buddy and taken straight to the [Ward Type] - my details were taken there and within 15/20 minutes I was in the [Ward Type]. All tests were done efficiently and quickly. I was very well looked after. The cleanliness of both the [Ward Type] and ward in Nenagh Hospital was exceptional."

Quantitative results for questions on examinations, diagnosis and treatment

Thirteen questions asked about examinations, diagnosis and treatment.

Figure 8. shows the scores out of 10 for each question in this stage. 15 (100%) of respondents who answered the question said that they always received answers from staff that they could understand in relation to their operation or procedure. This was the highest scoring question for the stage, at 10.0 out of 10 overall.

"Everything was just brilliant, couldn't find one thing to complain about. Very impressed with communications between doctors nurses and other hospitals were involved."

The lowest scoring question (Q25) asked people about the amount of information they received about their condition or treatment. While 39 people (76% of those who answered the question) said that they received 'the right amount', 12 people (24%) said they did not receive enough or received too much information about their condition or treatment.

Figure 8. UL Hospitals, Nenagh scores for questions on examinations, diagnosis and treatment

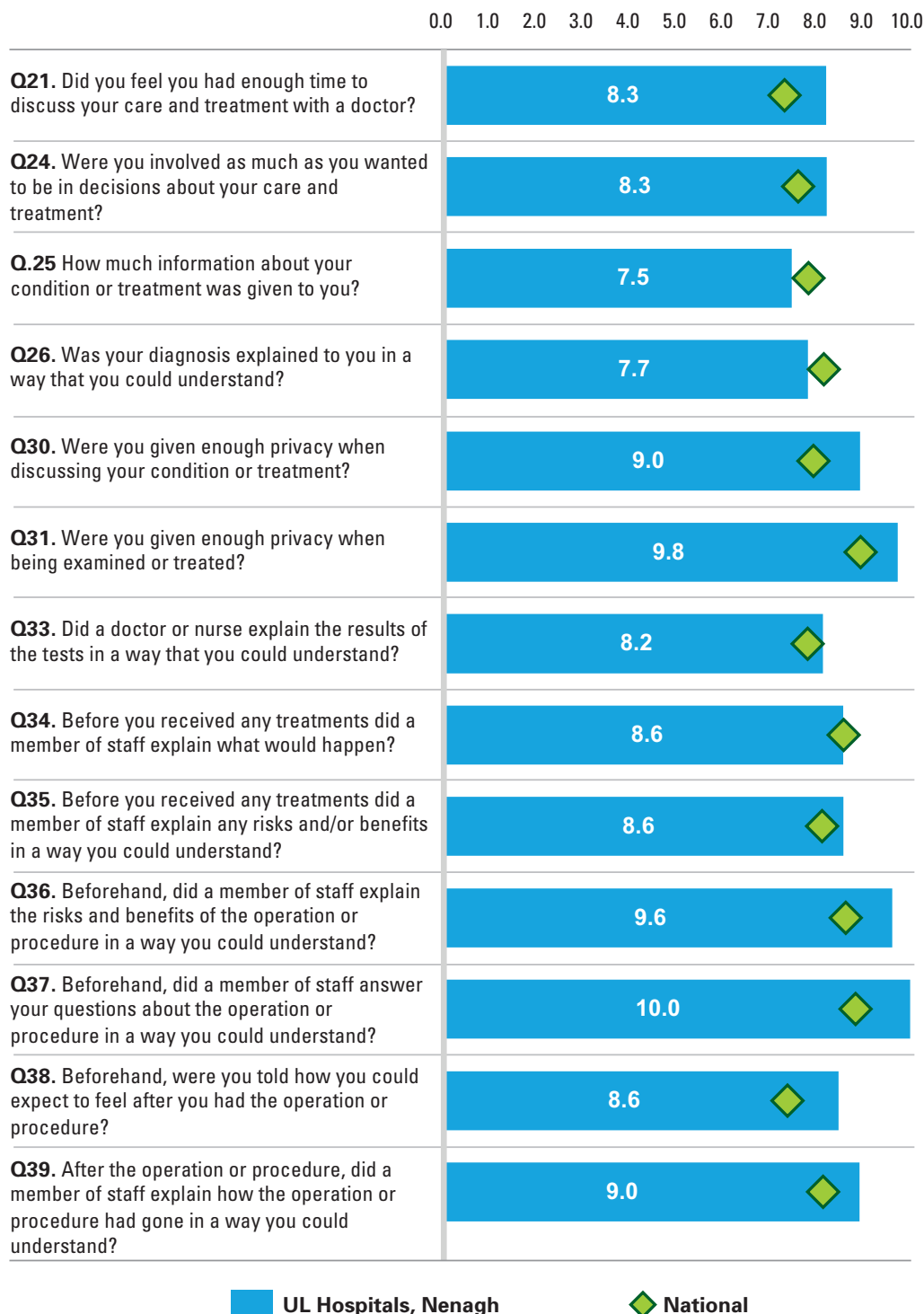
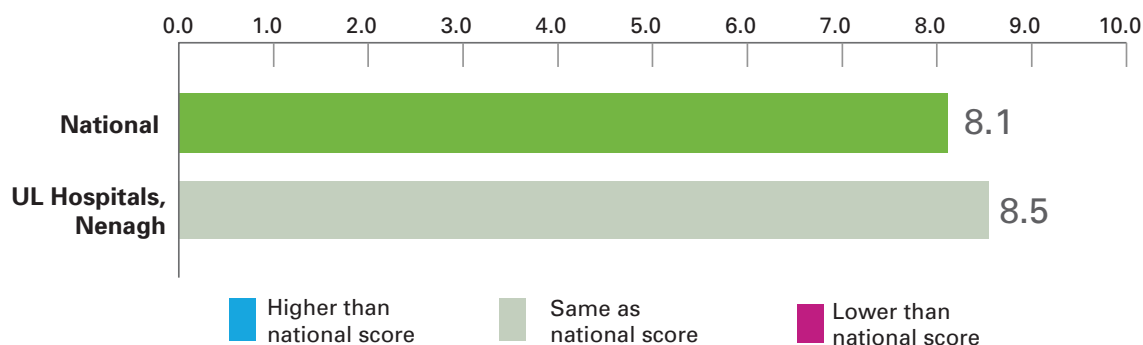


Figure 9. shows that, within the examinations, diagnosis and treatment stage, the average score for UL Hospitals, Nenagh (8.5 out of 10) is around the same as the national average (8.1 out of 10)⁴. This means that patients who attended UL Hospitals, Nenagh in May 2017 reported similar experiences to the national average, for this stage of care.

Figure 9. Comparison of UL Hospitals, Nenagh with the national average for examinations, diagnosis and treatment (out of a maximum of 10)



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

Patients in UL Hospitals, Nenagh gave above-average ratings of the privacy they were given when discussing or receiving treatment. People also reported positively as regards the answers they received from staff about their operation or procedure, and explanations from staff about the risks and benefits of their procedure. However, patients were less positive about the amount of information they received about their condition or treatment, with some patients reporting difficulty in understanding the explanation given about their diagnosis.

⁴ Though UL Hospital, Nenagh’s score is higher than the national score, the difference is not statistically significant. For further information see Appendix 4.

Discharge or transfer

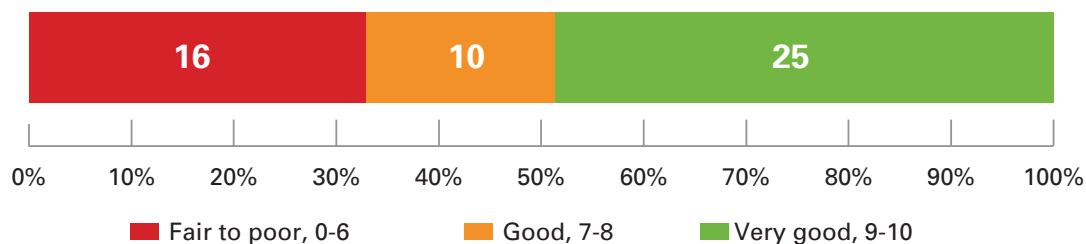


In summary: what were the experiences of patients during discharge or transfer from hospital?

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

Out of the 51 people who rated their experience of discharge or transfer from UL Hospitals, Nenagh, 16 (31%) said that their experience was 'fair to poor'. On the other hand, 25 (49%) reported having a very good experience of being discharged or transferred from UL Hospitals, Nenagh. Figure 10. below summarises these experience ratings.

Figure 10. Experience ratings for discharge or transfer



What were the key findings for discharge or transfer?

- Out of 46 people, 33 (72%) said that they were 'definitely' involved in decisions about their discharge from hospital.
- 26 people (55%) who answered Q44 said that they did not receive any written or printed information about what they should or should not do after leaving hospital.
- UL Hospitals, Nenagh scored similar to the national average for this stage of care, with an overall score of 7.0 out of 10. This means that the experiences of patients in this hospital were around the same as the national average.

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

In total, people from UL Hospitals, Nenagh made 5 comments in the 2017 survey about 'discharge and aftercare management'. 2 of these comments were in response to Q60, which asked for suggestions for improvement. Some examples are provided below.

Discharge and aftercare

"Follow up appointment - bit unclear to have this in writing would be helpful."

Quantitative results for questions on discharge or transfer from hospital

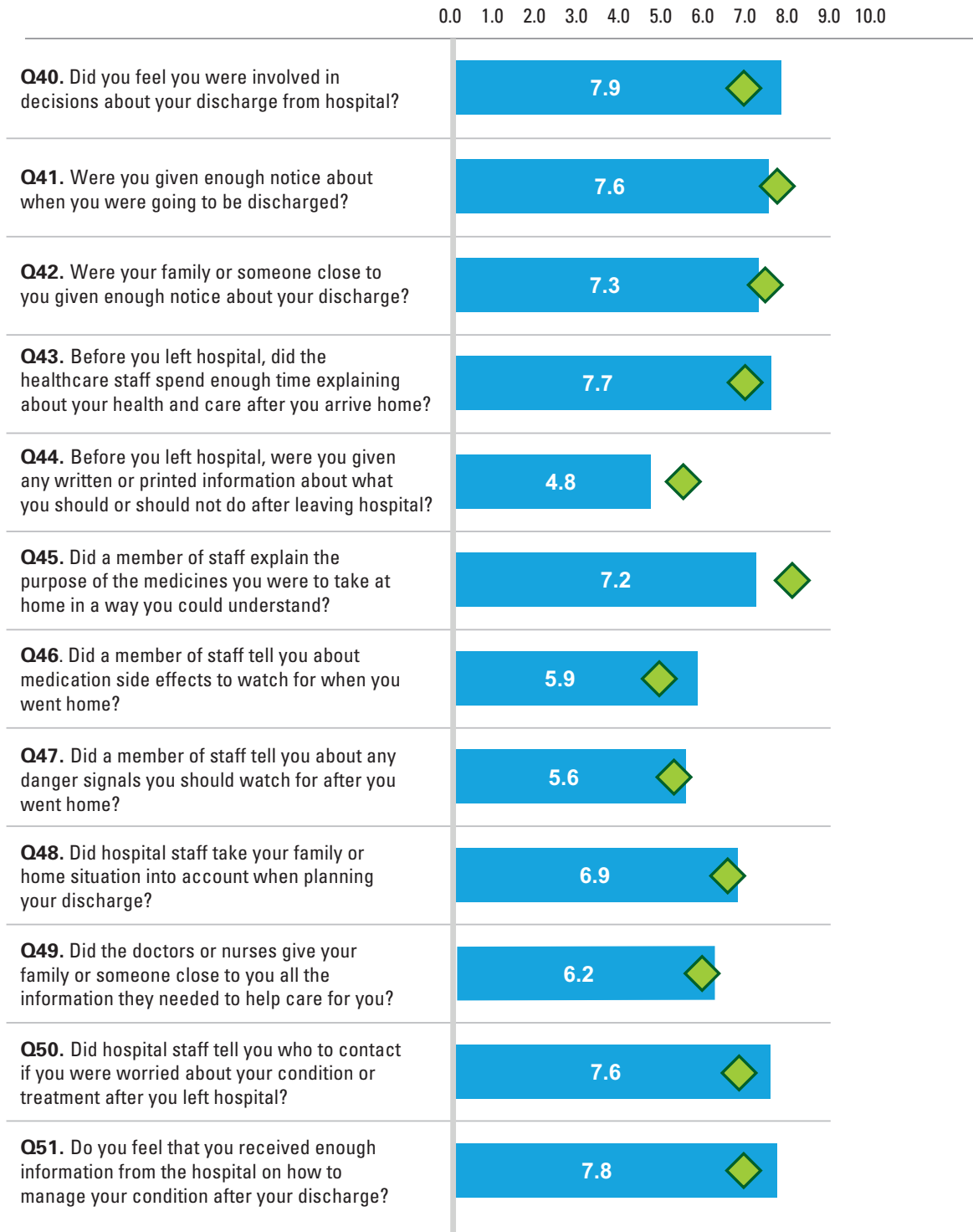
Twelve questions asked about discharge or transfer.

Out of 46 people, 33 (72%) said that they were 'definitely' involved in decisions about their discharge from hospital.

26 people (55%) who answered Q44 said that they did not receive any written or printed information about what they should or should not do after leaving hospital.

Figure 11. summarises the scores for UL Hospitals, Nenagh for questions on discharge or transfer from the hospital.

Figure 11. UL Hospitals, Nenagh scores for questions on discharge or transfer

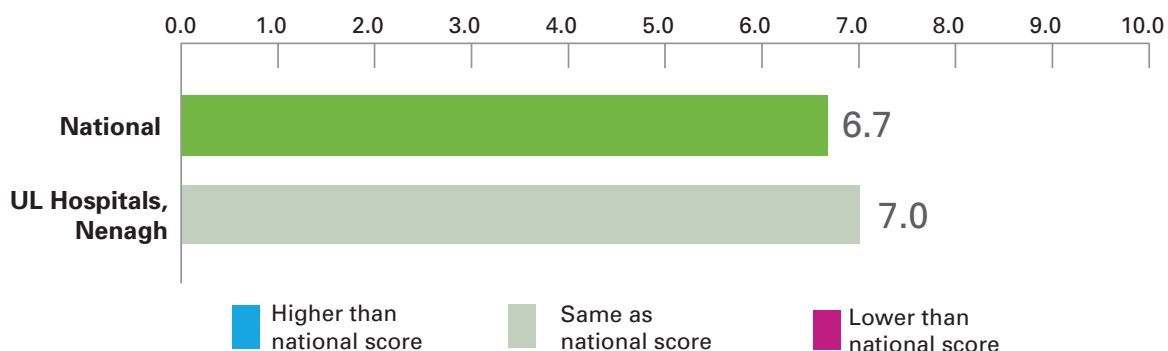


UL Hospitals, Nenagh

National

Figure 12. shows that within the discharge or transfer from hospital stage the average score for UL Hospitals, Nenagh (7.0 out of 10) is around the same as the national average (6.7 out of 10)⁵. This means that patients who attended UL Hospitals, Nenagh in May 2017 reported similar experiences to the national average.

Figure 12. Comparison of UL Hospitals, Nenagh with the national average for discharge or transfer (out of a maximum of 10)



Discharge or transfer: what do these results mean?

This was the lowest performing stage of care for UL Hospitals, Nenagh. In particular, the hospital performed below the national average as regards explaining the purpose of medication to patients and also providing written information to patients about what they should or should not do after leaving hospital. While the survey found that people were involved in decisions about their discharge from hospital, people require more information and support as regards discharge from hospital and caring for themselves at home.

⁵ Though UL Hospital, Nenagh’s score for discharge or transfer is higher than the national score, the difference is not statistically significant. For further information see Appendix 4.

Other aspects of care



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

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

What were the key findings for other aspects of care?

- Q52 was the highest ranking question on other aspects of care (score of 9.8 out of 10). 96% of people said that they were always treated with respect and dignity while they were in hospital.
- 94% 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 7.1 out of 10). 44% of those who wanted their family involved in their care 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



39 open-ended comments were made about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'clinical information and history' and 'private health insurance'. 10 of these comments were made in response to Q60, which asked for suggestions for improvement.

Communication with patient

"Yes nurses very pleasant. I was seen to more or less straight away. They explained everything to me very clearly."

"Can not ring hospital for most of the day as no one will answer phone which is why rating is 7/10."

Dignity and respect

"Meals were very good. Cleanliness was excellent. I was treated with the utmost respect and dignity."

Staff in general

"Kindness of staff. Good atmosphere - pleasant and caring. Overall cleanliness. Very competent nursing staff and medical."

Physical comfort

"My experience was very good, excellent care, food and comfort and all staff were so pleasant at all times. Everything v clean."

"Impossible to move the dripstand to keep me independent as wheels wouldn't roll."

Hospital facilities

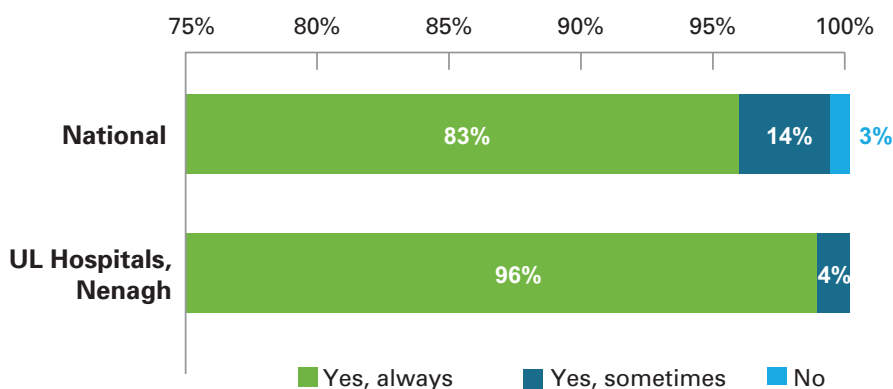
"Maintenance was slow. Repairs within the ward were not addressed promptly."

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 UL Hospitals, Nenagh in May 2017. Overall, 49 people (96%) said that they were always treated with respect and dignity, while two people (4%) said that they were sometimes. This question scored an average of 9.8 out of 10, meaning that, in general, people reported a positive experience of this aspect of care.

Figure 13. below shows these patients' ratings of the level of dignity and respect they were shown in hospital.

Figure 13. Ratings for dignity and respect



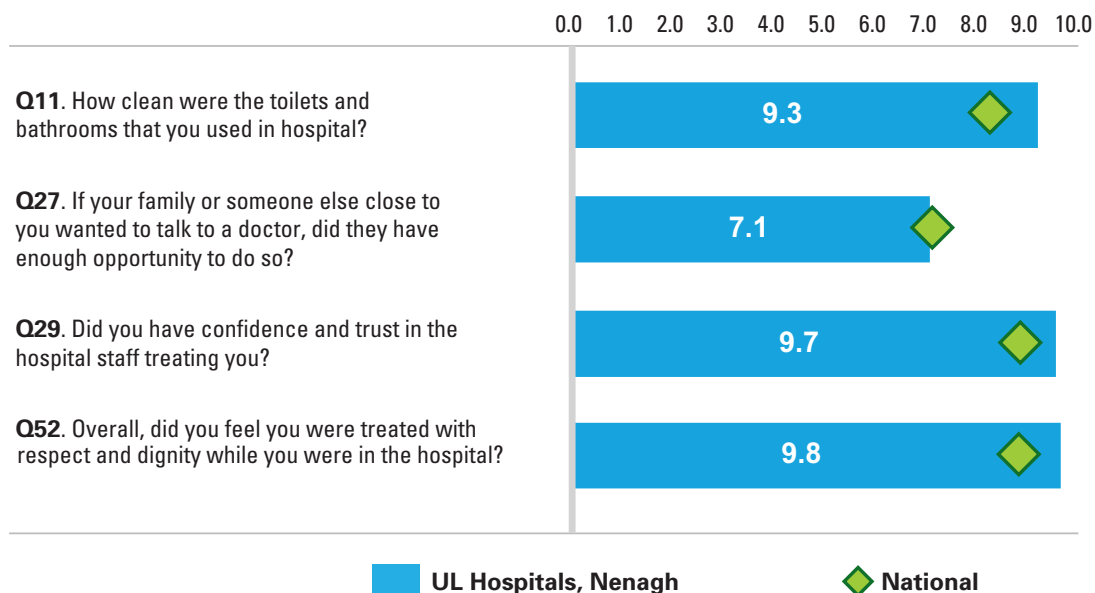
Question 29 asked people if they had confidence and trust in the hospital staff treating them. 49 people (94% of all people who answered Q29) said that they always had confidence and trust in the hospital staff, while three people (6%) said that they did not.

Question 11 asked people about the cleanliness of the bathrooms and toilets in UL Hospitals, Nenagh. 40 people (78% of people who answered Q11) said that the bathrooms and toilets were very clean and 11 people (22%) said that they were fairly clean.

Question 27 asked people if their family or someone close to them had sufficient opportunities to talk to a doctor in UL Hospitals, Nenagh. Out of 41 people, 23 (56%) said that their family or people close to them definitely had sufficient opportunities to talk to a doctor. However, 18 people (44%) said that their family or friends did not, or only had to extent.

Figure 14. summarises the scores for UL Hospitals, Nenagh for questions about other aspects of care.

Figure 14. UL Hospitals, Nenagh scores for questions on other aspects of care



Other aspects of care: what do these results mean?

The majority of people said that they were treated with respect and dignity and had confidence in the hospital staff treating them. These areas are strongly linked with patients reporting a positive overall experience and UL Hospitals, Nenagh performed above the national average for these questions. However, patients reported some challenges as regards opportunities for their family to talk to a doctor, indicating a need for improvement in this area.



Chapter 3

Overall experience

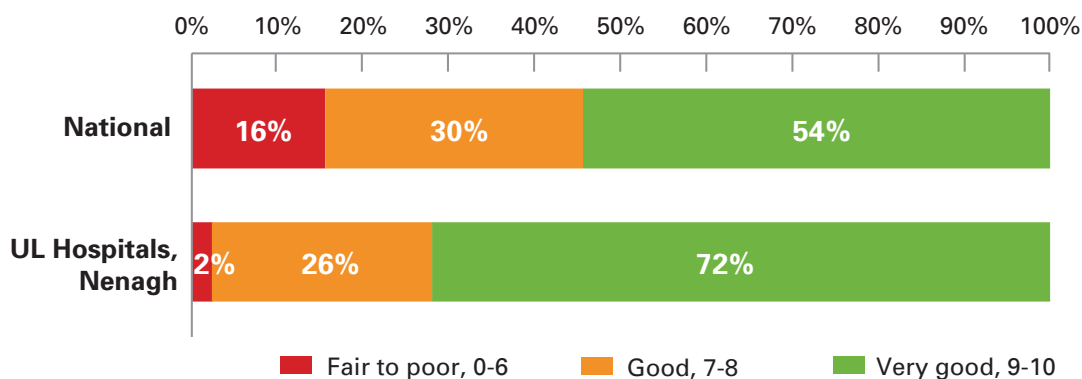
Ratings of overall experience

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.

Figure 15. below provides the average overall rating of hospital experience for UL Hospitals, Nenagh compared with the national average.

34 people (72%), who stayed in UL Hospitals, Nenagh in May 2017, reported having a very good experience in this hospital, while 2% of respondents indicated a fair to poor experience.

Figure 15. Overall rating of hospital experience for UL Hospitals, Nenagh and nationally





Chapter 4

Conclusion

How did patients experience hospital care in UL Hospitals, Nenagh in May 2017?

Overall, patients' ratings of their experiences in UL Hospitals, Nenagh were above the national average. 98% of patients at UL Hospitals, Nenagh said they had a 'very good' or 'good' experience, compared with 84% nationally.

The hospital scored above the national average on many questions, especially on the care on the ward stage. 96% of patients reported that they were always treated with respect and dignity by hospital staff in May 2017.

In general, patients reported favourably on the food they received while in hospital and also commented positively on the support shown to patients who required help from staff at mealtimes. Positive experiences were reported in terms of opportunities for patients to talk to nurses on the ward. Overall, patients felt that they were given enough privacy when being examined or treated.

Some areas needing improvement were highlighted in the survey, particularly throughout the discharge or transfer stage of care. In some cases, it was reported that staff did not provide sufficient information to patients to help them to care for themselves at home, including danger signals to watch out for and medication side effects.

Some patients reported difficulties in terms of finding a member of staff to talk to about their worries and fears, while others noted insufficient opportunities for family members to talk to a doctor. In addition, a number of patients felt that they did not receive the right amount of information about their condition or treatment. These findings indicate that communication with the patient and their family is one area needing improvement in this hospital.

These findings will serve to inform quality improvement initiatives in UL Hospitals, Nenagh.

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 public 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. Each hospital will also produce a quality improvement plan to address the issues raised by its patients.

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 monitoring of hospitals.

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.

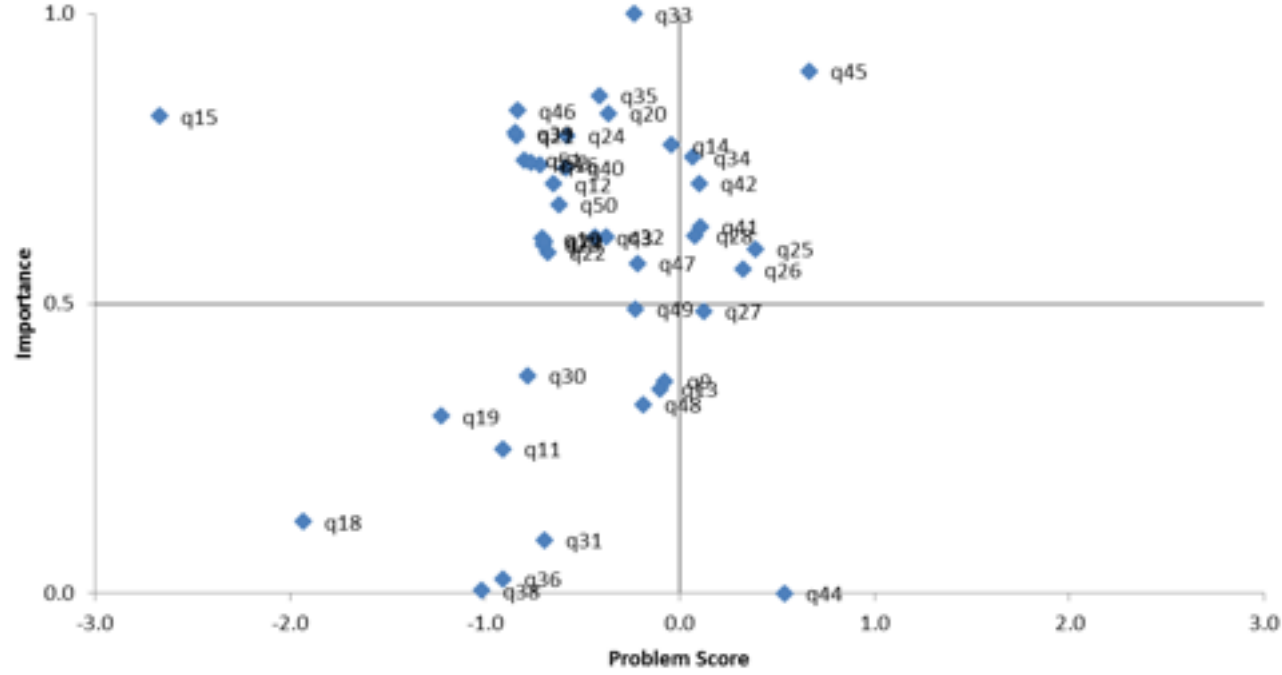
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected 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 16. 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 UL Hospitals, Nenagh 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 UL Hospitals, Nenagh 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 UL Hospitals, Nenagh has scored less than the national average for that question. For example, if a hospital scored 8.8 for Q52 which is lower than the national average of 9.0, this would mean it had a problem score of 0.2 for this question.

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

Figure 20. Overall patient experience map for UL Hospitals, Nenagh



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 care⁶: admissions; care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other stages of care. Scores are presented for individual questions making up a stage of care. The responses to questions in each stage were also summarised to form overall scales ranging from 0-10.

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

⁶ 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.

