



## National Patient Experience Survey 2017

# Our Lady of Lourdes Hospital

We're committed to excellence in healthcare

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. While the report refers to 'Our Lady of Lourdes Hospital, Drogheda' throughout, the responses of survey respondents who attended Louth County hospital are included.



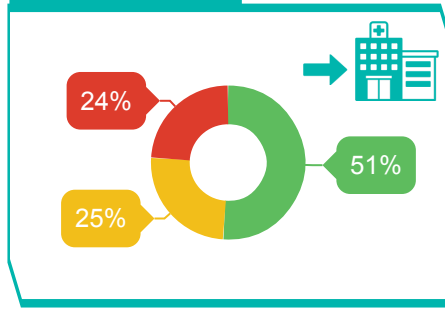
Thank you to the people who participated in the National Patient Experience Survey 2017, and to their families and carers. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve healthcare in Ireland. By putting the voice of the patient at the centre of acute healthcare, we can make sure that the needs and wishes of the people who matter most are met. The survey will be repeated annually in the future, which will allow us to explore how the patient voice has helped shape changes in acute healthcare.

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

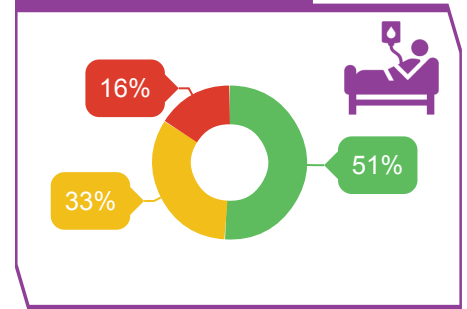
The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups.

## Stages of care

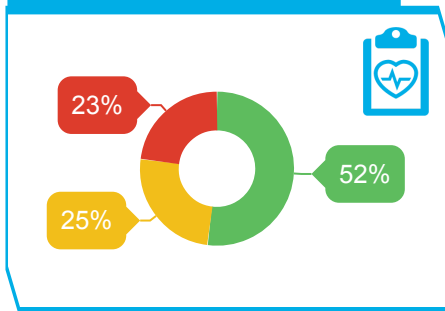
### Admission



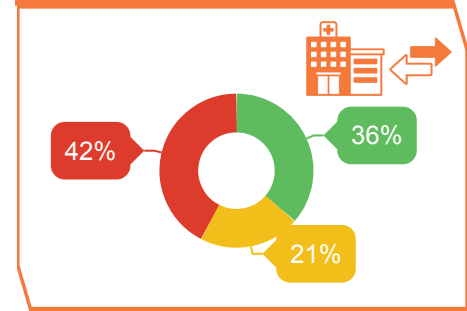
### Care on the ward



### Examinations, diagnosis & treatment



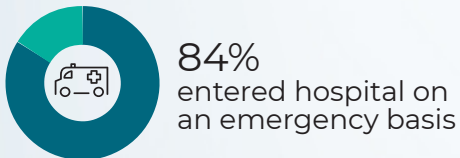
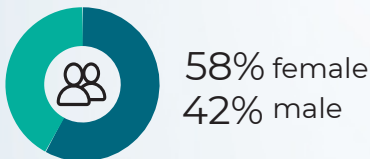
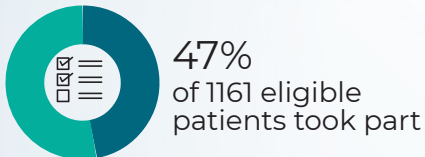
### Discharge or transfer



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

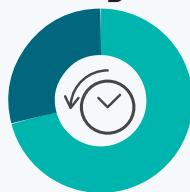


# Our Lady of Lourdes Hospital



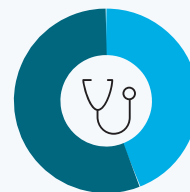
Average age: 63 years

### Waiting time



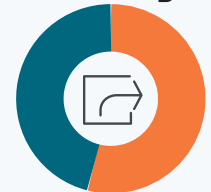
waited longer than six hours before being admitted to a ward.

### Examination



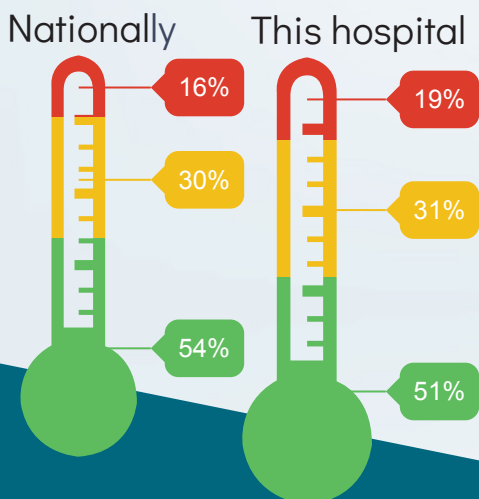
were not always told how they could expect to feel after an operation or procedure.

### Discharge



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

## Overall experience



## Areas of good experience



## Areas needing improvement



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## Chapter 1

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# Patients' experiences of acute hospital care in Our Lady of Lourdes Hospital

## About the National Patient Experience Survey 2017

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

Nationally, 26,635 people were invited to participate in the first National Patient Experience Survey in 2017. In total, 13,706 people took part. The results outlined in this report reflect the experiences of patients who were discharged from Our Lady of Lourdes Hospital<sup>1</sup> during the month of May 2017. In total, 546 participants from Our Lady of Lourdes Hospital took part in the survey.

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

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<sup>1</sup> 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.

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 546 patients from Our Lady of Lourdes Hospital who completed the survey. While thousands of people surveyed nationally said that they had a very good experience of acute hospital care, it is important also to listen to those people who identified areas for improvement.

These voices and experiences will play a key role in shaping the future of patient-centred care in Ireland.

## Hospital profile

Our Lady of Lourdes Hospital is a public acute hospital located in Drogheda, Co. Louth. There were 338 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 1161 eligible discharges were recorded during this time. An emergency department is present in the hospital. Patients at this hospital were asked to answer questions across each stage of care.

## Purpose of this report

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

The Health Service Executive (HSE) is committed to using the findings of the survey to make improvements to the quality of care provided to patients and to outline a direction for the future of patient-centred care in Our Lady of Lourdes Hospital. A quality improvement plan will be developed for Our Lady of Lourdes Hospital in response to the survey results and will be publicly available from [www.patientexperience.ie](http://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 inform HIQA's approach to the monitoring of hospitals.



## Who took part in the survey?

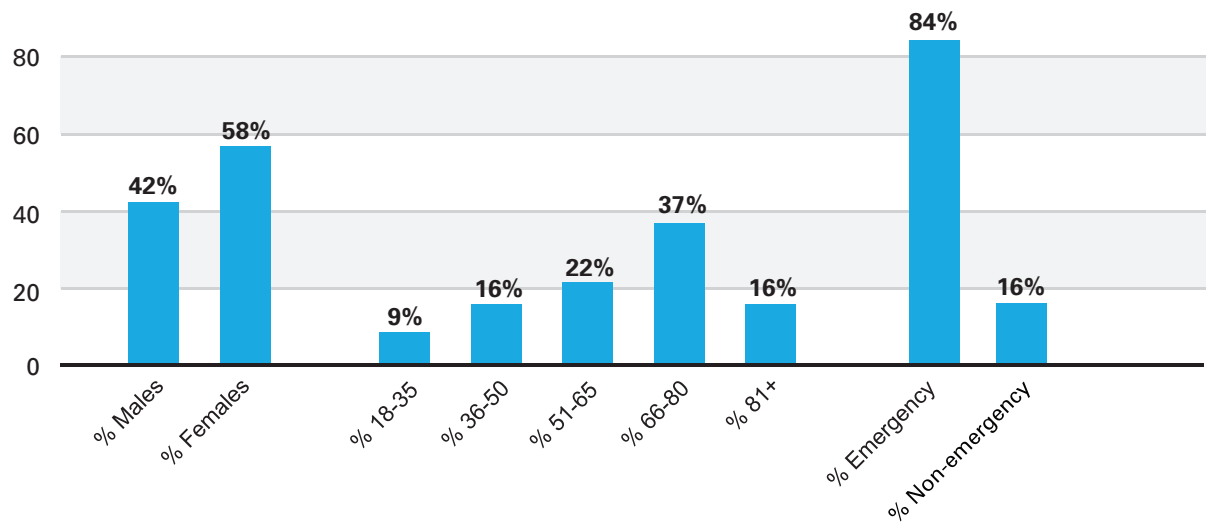
### Description of the respondents who took part in the survey

**1,161** people discharged from Our Lady of Lourdes Hospital during the month of May 2017 were invited to participate in the survey.

**546** people completed the survey, achieving a response rate of 47%.

42% of people who responded to the survey were male and 58% were female. Most respondents (84%) said they entered the hospital through the emergency department. Figure 1. below shows information about the respondents who took part in the survey from Our Lady of Lourdes Hospital.

**Figure 1. Survey participants from Our Lady of Lourdes Hospital by sex, age group and admission route**





## What were the main findings for Our Lady of Lourdes Hospital?

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Overall, patients' ratings of their experiences at Our Lady of Lourdes Hospital were below the national average. 79% of patients at Our Lady of Lourdes Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

It was reported that, overall, people in Our Lady of Lourdes Hospital were generally given privacy when discussing or receiving treatment. It was found that the majority of patients had positive experiences as regards pain management and also commented on the standard of cleanliness in the room or ward they stayed in.

Several areas across each stage of care were identified as needing improvement. In relation to admission, the large majority of patients reported waiting more than six hours in the emergency department. Patients also reported a lack of privacy when being examined or treated in the emergency department.

Some patients reported negative experiences as regards communication with hospital staff, for example, people said that they were not involved in decisions about their care and treatment, or that they did not understand the explanations given by doctors or nurses, about their care and treatment. Furthermore, a number of people said that they found it difficult to talk to someone about their worries and fears.

Communication in relation to discharge was also highlighted as requiring improvement, with many patients feeling that staff did not provide sufficient information on how to care for themselves after being discharged from hospital. People also reported a lack of information regarding medication side effects and the danger signals to watch out for. However, the survey found that, in general, patients said that both they and their family received sufficient notice about their discharge from hospital.

These findings will serve to inform quality improvement initiatives in Our Lady of Lourdes Hospital.

## Areas of good experience and areas needing improvement in Our Lady of Lourdes Hospital

This section lists the areas where most patients had 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 Our Lady of Lourdes Hospital are:

Patients had positive experiences in several areas, particularly as regards pain management and help from staff to eat their meals. Positive experiences were also reported as regards respect and dignity from hospital staff and the notice provided to family members in relation to a patient being discharged from hospital.

#### Care on the ward | Q19.

##### Help from staff to eat meals

143 (78%) of the 184 people who answered this question always got help from staff to eat their meals, when needed.

#### Care on the ward | Q32.

##### Pain management

84% of the 444 people who answered this question said that staff always did their best to help control pain.

#### Other aspects of care | Q27.

##### Opportunity for family members to talk to a doctor

316 people (88%) said that their family or someone close to them definitely or to some extent had an opportunity to talk to a doctor.

#### Discharge or transfer | Q42.

##### Family given sufficient notice of discharge

86% of the 446 people who answered this question said their family was definitely or to some extent given enough notice about the patient's discharge from hospital.

#### Other aspects of care | Q52.

##### Respect and dignity

82% of the 508 people who answered this question said that they were always treated with respect and dignity in Our Lady of Lourdes Hospital.

## The areas needing improvement in Our Lady of Lourdes Hospital are:

Patients highlighted areas needing improvement, for example, as regards finding someone to talk to about their worries and fears, and being offered a replacement meal if they were away from the ward at mealtimes. Patients were not always positive about their involvement in decisions, or communication with staff, both on the ward and prior to discharge. Patients were also less positive in terms of the respect and dignity that they were shown; with Our Lady of Lourdes Hospital scoring lower than the national average in this regard.

### Admissions | Q6

#### Respect and dignity in the emergency department

90 people (21% of those who answered this question) said that they were not, or only sometimes, treated with respect and dignity in the emergency department

### Care on the ward | Q18

#### Offer of a replacement meal

65 (49%) of the 134 people who answered this question said that they were not, or only sometimes, offered a replacement meal at another time, if they missed a mealtime.

### Care on the ward | Q28.

#### Someone to talk to about worries and fears

162 people (50% of those who answered this question) said that they could not, or could only to some extent, find someone to talk to about their worries and fears.

### Examinations, diagnosis and treatment | Q24.

#### Involvement in decisions about care and treatment

207 (41%) of the 510 people who answered this question felt that they were not, or only to some extent, involved in decisions about their care and treatment.

### Examinations, diagnosis and treatment | Q25

#### Information about condition or treatment

132 (26%) of the 511 people said that they were given too much, or not enough, information about their condition or treatment.

### Discharge or transfer | Q51

#### Information on how to manage condition

48% of the 452 people who answered this question said that they did not receive, or only received to some extent, enough information on how to manage their condition after their discharge.

### Care on the ward | Q29

#### Confidence and trust in hospital staff

99 (19%) of the 513 people who answered this question said they did not have, or only had to some extent, confidence and trust in hospital staff.



## Chapter 2

# The patient journey through hospital

Qualitative and quantitative findings from the 2017 survey

## Findings of the 2017 survey

### The stages of care along the patient journey

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

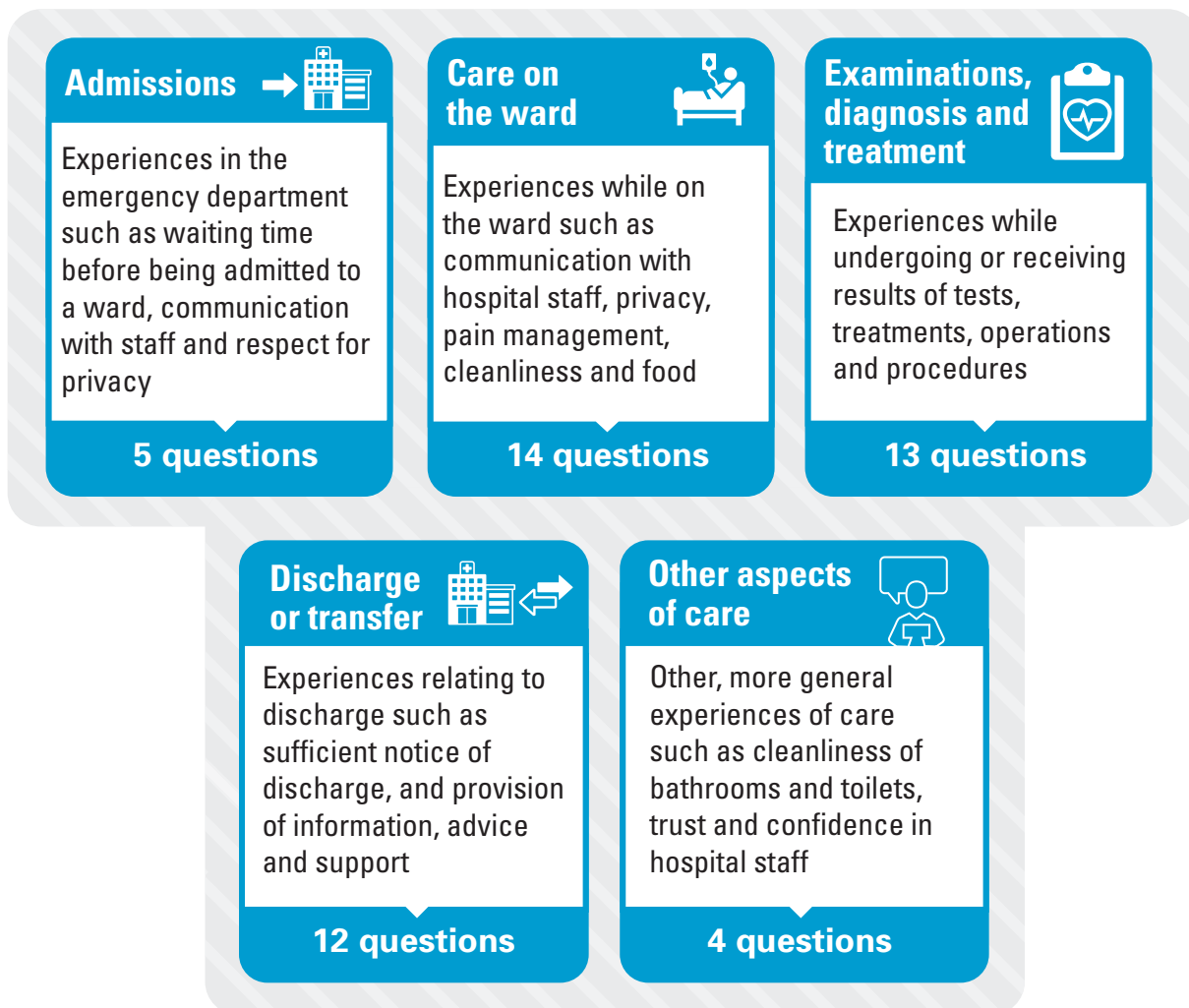
The survey questions were grouped into five stages along the patient journey:

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

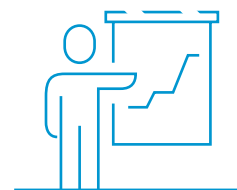
**"The care I got was excellent. I would like to thank the nurses and doctors for the excellent care and attention I received in their care."**

Figure 2. provides a brief 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 for many questions show that many people had a positive experience in hospital, it is important to listen to those patients who had negative experiences. Listening to the voices of all patients allows hospitals to make improvements across the patient journey. For each stage of care, the results are presented in the following way, as shown in Figure 3:

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

Figure 3. Guide to interpreting the results

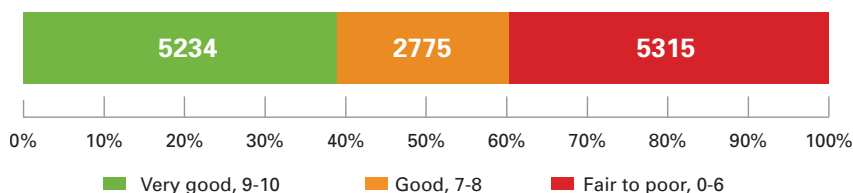
## 1. Experience rating for a stage of care

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

### Example:

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

Figure 2.22 | Discharge or transfer ratings



## 2. Scores out of 10

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

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

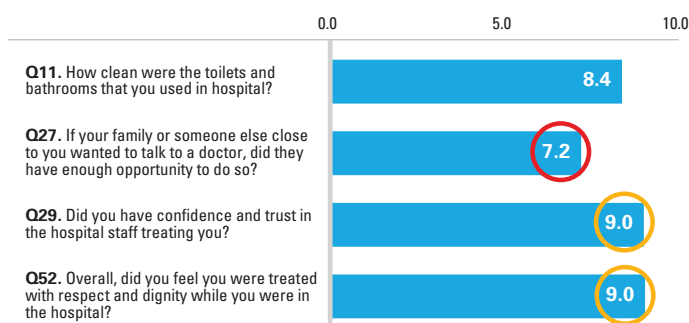
### Example:

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

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

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

Figure 2.28 | National score for other aspects of care

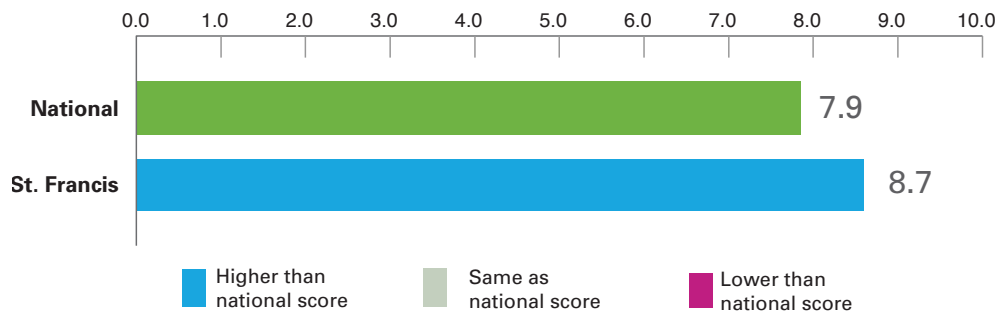


### 3. Comparisons

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

#### Example:

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



# Admissions

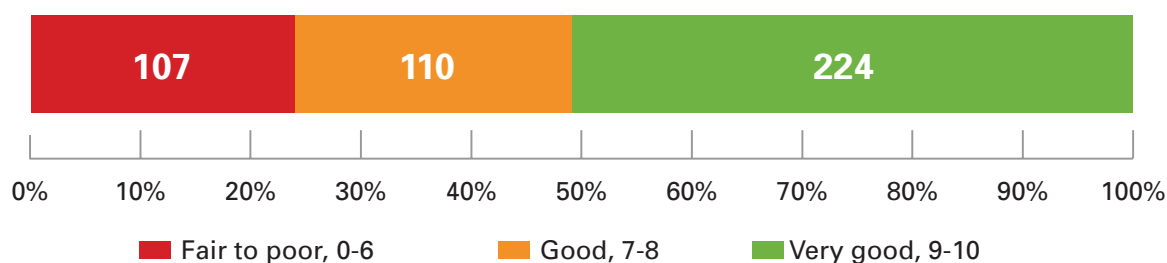


## In summary: what were patients' experiences of the admissions process?

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

107 people (24%) had a fair to poor experience of admission to Our Lady of Lourdes Hospital. However, 224 (51%) people rated their experience as very good. The findings are summarised in Figure 4.

**Figure 4. Experience ratings for admissions**



## What were the key findings for admissions?

- Waiting times in the emergency department was the lowest scoring question, with 71% of people saying they waited longer than six hours before being admitted to a ward.
- 79% of respondents who spent time in the emergency department said that they were always treated with respect and dignity there.
- 168 respondents (40%) said that they were not or were only to some extent given privacy while being examined or treated in the emergency department.
- Our Lady of Lourdes Hospital scored 7.8 out of 10 overall for this stage of care, which is around the same as the national score of 7.9 out of 10.



## The patient voice: what patients said about admissions



Respondents from Our Lady of Lourdes Hospital made 206 open-ended comments related to the following themes: 'dignity, respect and privacy', 'communication with the patient', and 'emergency department environment or waiting times'. 102 of the comments were made in response to Q60 which asked for suggestions for improvement. Some example comments for this stage of care are provided below.

### Dignity, respect and privacy

"I was treated with respect and dignity at all times. All the medical staff I had dealings with were very helpful and I have the upmost respect for them and all the other general staff."

"Dignity was the big BIG minus. In an open ward room I saw things I did not want to see and looked away. The curtains should have been pulled around the bed. I also knew all the other patients illnesses as the doctors and nurses talked openly at the bottom of the bed, and sometimes they asked embarrassing questions in front of all the other patients, that should have been kept more private."

### Communication with the patient

"Yes. I felt safe in the hands of staff and doctors. Someone was always available to answer my questions, to reassure me, and help me with toilet requirements, day and night. Thank you to all involved with my care when I was a patient in their care."

Just not aware of what was being done and didn't realise I would have to stay for 5 days in hospital. Not told previous to procedure."

### Emergency department environment or waiting times

"Patient was seen by doctor very soon after admission to A&E, was given correct diagnosis and was subsequently given medication to treat symptoms. Therefore felt comfortable in a short space of time after admission to hospital."

"Yes, less waiting time and for staff to be a bit more helpful with me. I was left in A&E for hours, there was one time that I was sitting outside for 24 hours without seeing a doctor or a nurse."

## Quantitative results for questions on admissions

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

71% of people who answered Q8 had to wait longer than 6 hours before being admitted to a ward. More detail on waiting times is provided later in this section.

346 respondents (79%) from Our Lady of Lourdes Hospital said that they were always treated with respect and dignity in the emergency department. With a score of 8.8 out of 10, this is the highest performing area within the admissions stage.

Out of 424 people, 168 (40%) said that they were not, or only to some extent, given enough privacy when being examined or treated while in the emergency department.

**“Waiting time in the emergency department, staff were very busy and under pressure. Poor attention to patients needs regarding food/drink while in emergency department.”**

Figure 5. summarises the scores for Our Lady of Lourdes Hospital for the admissions stage of care.

**Figure 5. Our Lady of Lourdes Hospital scores for questions on admissions**

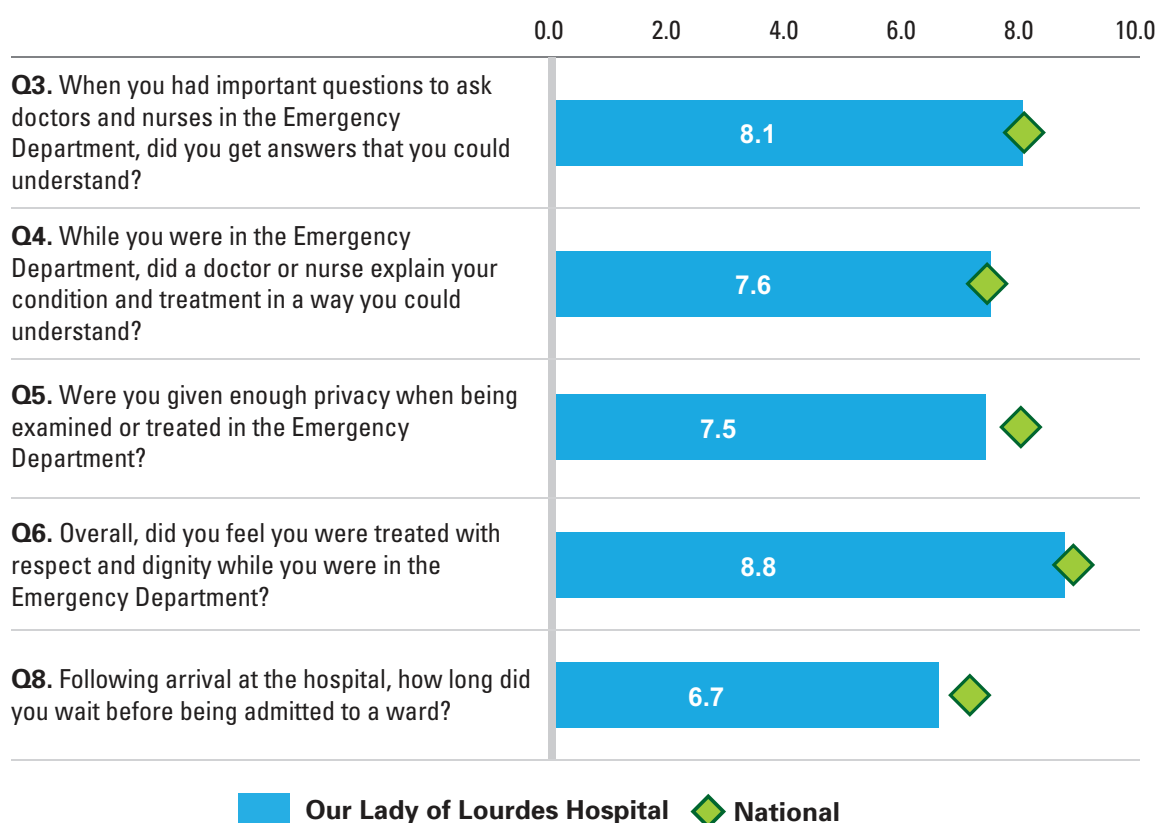
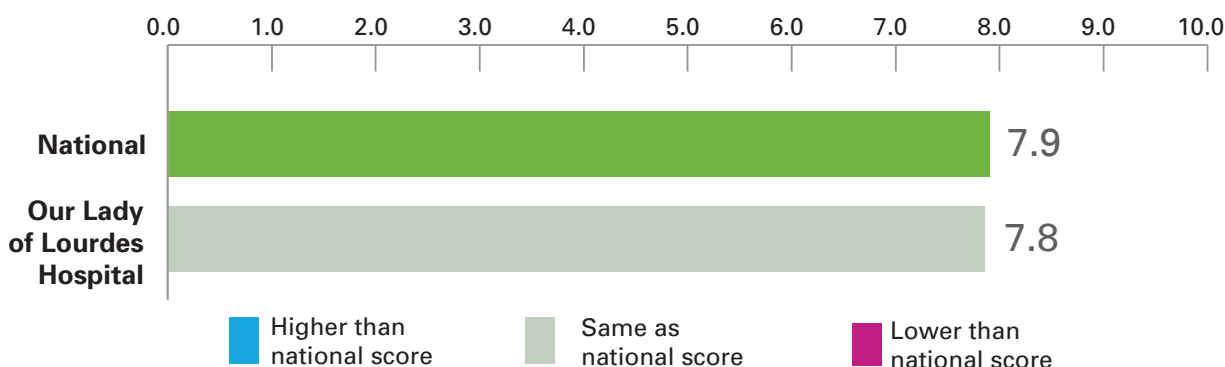


Figure 6. shows that, within the admissions stage, the average score for Our Lady of Lourdes Hospital (7.8 out of 10) is similar to the national average (7.9 out of 10)<sup>2</sup>.

**Figure 6. Comparison of Our Lady of Lourdes Hospital with the national average score for admissions (out of a maximum of 10).**



## Emergency department waiting times

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

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

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

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

The HSE measures emergency department waiting times differently to the survey, namely from the time a patient registers at the emergency department until they leave it. It is likely that there are some differences between survey findings and the official HSE figures.<sup>3</sup>

## Waiting time before being admitted to a ward

In Our Lady of Lourdes Hospital, respondents (29%) said they were admitted to a ward within six hours of arriving at the emergency department, while 204 respondents (53%) reported waiting between six and 24 hours. 67 patients (17%) reported waiting 24 hours or more before being admitted to a ward in Our Lady of Lourdes Hospital, with 14 people saying they waited more than 48 hours.

<sup>2</sup> Though Our Lady of Lourdes Hospital's admission score is lower than the national score, the difference is not statistically significant. For further information see Appendix 4.

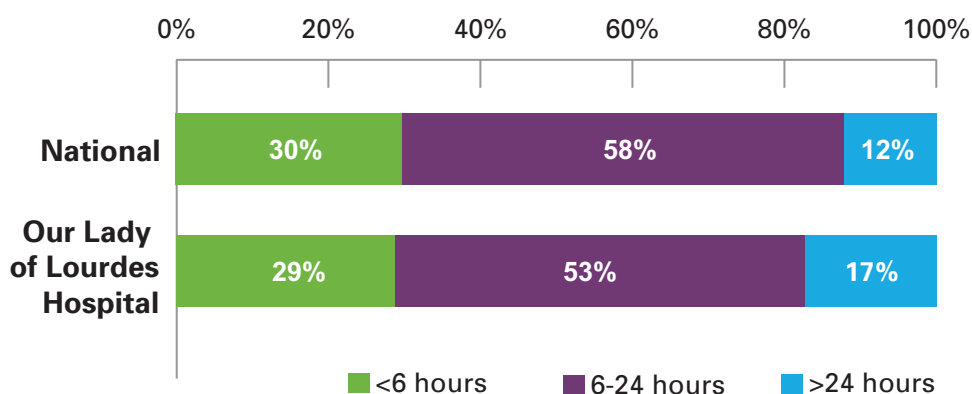
<sup>3</sup> The HSE 2017 targets can be viewed at: <https://www.hse.ie/eng/services/publications/KPIs/Acute-Hospitals-KPI-Metadata-2017.pdf>

Figure 7. outlines the patient-reported waiting times in Our Lady of Lourdes Hospital, compared with the national average.

### What does this mean for Our Lady of Lourdes Hospital?

With just 29% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that Our Lady of Lourdes Hospital performed below the reported national average, where 30% of people said that they were admitted within six hours. Patient-reported waiting times in Our Lady of Lourdes Hospital also fell short of the HSE target for waiting times. Studies have found that long waiting times in the emergency department after a decision has been made to admit a patient can have negative consequences for patient’s health<sup>(1,2)</sup>.

**Figure 7. Patient-reported emergency department waiting times for Our Lady of Lourdes Hospital and nationally**



### Admissions: what do these results mean?

The majority of patients reported waiting longer than six hours in the emergency department, a performance which is below the national average and also the targets set by the HSE. Lengthy waiting times are associated with poor outcomes for patients. It was also reported that while most people were treated with dignity and respect in the emergency department, some were not always given enough privacy while being examined or treated.

# Care on the ward

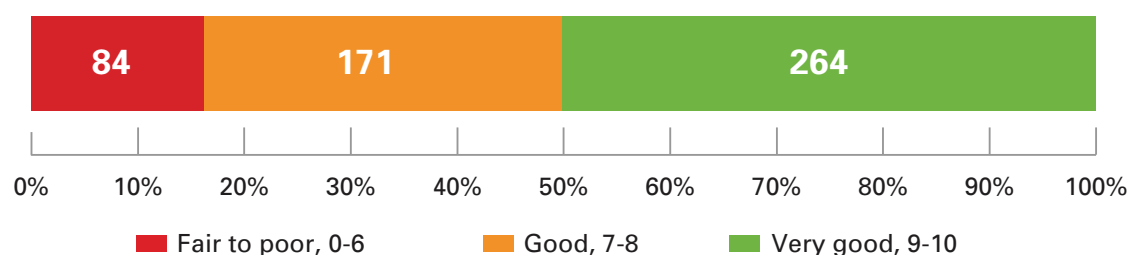


## In summary: what were patients' experiences of care on the ward?

'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.

84 respondents (16%) said that their experience of care on the ward was fair to poor. However, 264 respondents (51%) reported having a very good experience during their stay on a ward in Our Lady of Lourdes Hospital. Figure 8. summarises patients' experiences of care on the ward.

**Figure 8. Experience ratings for care on the ward**



## What were the key findings for care on the ward?

- In general, patients said that staff did their best to help control pain; this question scored 9.1 out of 10.
- Food and drink was the lowest rated area, scoring 6.0 out of 10. 35% of respondents rated the food as 'poor' or 'fair'.
- Our Lady of Lourdes Hospital scored 8.1 out of 10 for care on the ward, which is around the same as the national average score of 8.3 out of 10.

**I would like to have been treated faster, but that was impossible as all the staff were extremely busy. When they were free they took very good care of me.**



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

267 open-ended comments from Our Lady of Lourdes Hospital related to the following themes: 'staffing levels', 'staff availability and responsiveness' 'other healthcare staff', 'other staff', and 'food and drink', 'cleanliness and hygiene'. 107 of the comments offered suggestions for improvement. Some example comments for this stage of care are provided below.

### Staffing levels

"The nurses, doctors and all staff amazing, working very long hours under very stressful conditions but always smiling and 100 percent attention to all patients. And despite awful conditions in A+E they were outstanding."

"The ward nurse was under far too much pressure. I feel that is why there was a mix up with my IV and the patient in the bed next to me. This was very serious and could have proved fatal for both of us."

### Staff availability and responsiveness

"Yes. I felt safe in the hands of staff and doctors. Someone was always available to answer my questions, to reassure me, and help me with toilet requirements, day and night. Thank you to all involved with my care when I was a patient in their care."

"When I was moved to ward I found it surprising that there was a drop off in care, most of all lack of response when ringing for attention nothing usually happened. When a nurse said she would return most times they would not, being asked if I had been medicated by [Medication] only they all seemed to be too busy. Toilets unusable for a woman."

### Other staff

"Yes, the household staff who gave me my meals, treated me with dignity, and talked to me and expressed interest and concern about how I was feeling."

"I found the admin. staff rude and dismissive. The nurses hours (12 hour shift) in my opinion is too long (tired staff make mistakes). No one is alert after a 12 hour shift."

## Food and drink

"I have to say my stay in Our Lady of Lourdes Hospital can only be described as excellent, the staff were very efficient & pleasant, cleaning staff very quiet & thorough. Ward I was in was spotless including toilet. The food I was served 3 times a day would rival any hotel, piping hot meals, beautiful served up by very pleasant catering staff. First class very high standard. Top marks."

"The food really needs improving, it was disgusting. Vegetables were inedible and I am a big fan usually of vegetables but I found all of the food to be awful apart from the soup, that was nice. Salad was ok but smelled awful due to the ham maybe only vegetarian salad should be served."

## Cleanliness and hygiene

"I was surprised at the cleanliness, care and attention. The hospital has improved vastly."

"The cleaning of the bathrooms on [Ward Name] leaves a lot to be desired. Definitely not up to standard for a hospital."

## Quantitative results for questions on care on the ward

### Fourteen questions asked about care on the ward.

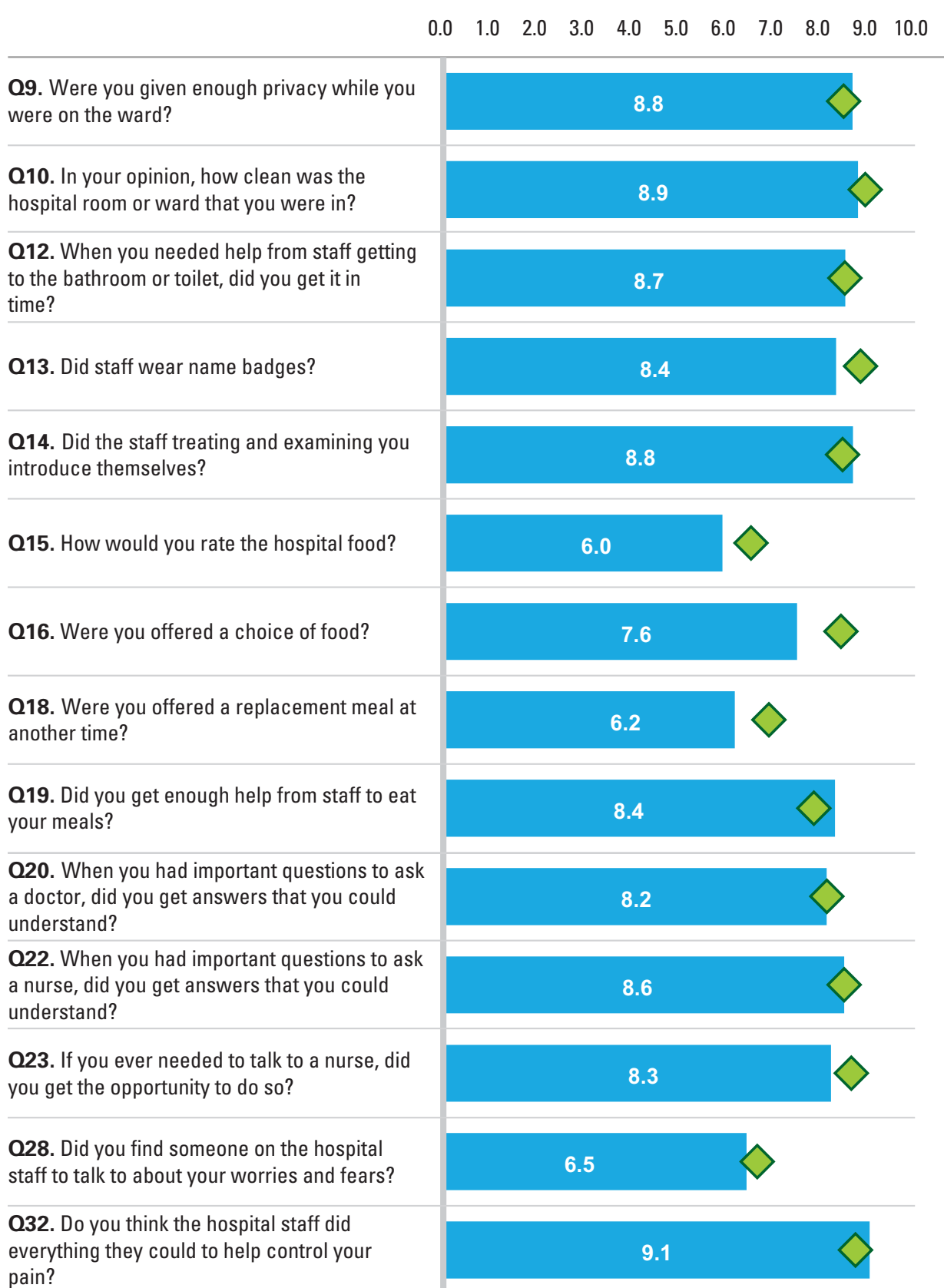


Figure 9. shows the scores out of 10 for each question. 372 respondents (84%) from Our Lady of Lourdes Hospital said that staff did their best to help control pain.

The lowest scoring question (Q15) relates to hospital food. 179 respondents (35%) rated the food as 'fair' or 'poor', with this question scoring 6.0 out of 10.

**"Food was very bad I did not eat very much during my stay. There was only one toilet on a ward of six beds."**

**Figure 9. Our Lady of Lourdes Hospital scores for questions on care on the ward**

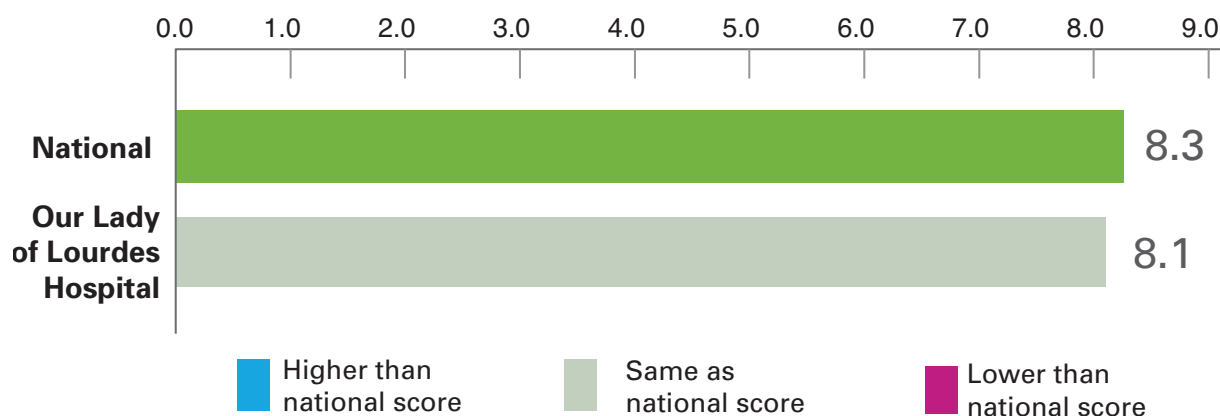


■ Our Lady of Lourdes Hospital ◆ National



Figure 10. shows that, within the care on the ward stage, the average score for Our Lady of Lourdes Hospital (8.1 out of 10) is around the same as the national average (8.3 out of 10) <sup>4</sup>.

**Figure 10. Comparison of Our Lady of Lourdes Hospital with the national average score for care on the ward (out of a maximum of 10)**



### Care on the ward: what do these results mean?

People had mixed experiences of care on the ward in Our Lady of Lourdes Hospital. Many patients did not have positive experiences in relation to the standard of food they received, with below average ratings given as regards the choice of food on offer. Patients were not always able find a member of staff to talk to about their worries and fears but remarked positively as regards the efforts of staff to help control pain. Overall, patients in Our Lady of Lourdes Hospital reported a less positive experience of care on the ward than the national average.

<sup>4</sup> Though Our Lady of Lourdes Hospital's care on the ward score is lower than the national score, the difference is not statistically significant. For further information see Appendix 4.

# Examinations, diagnosis and treatment

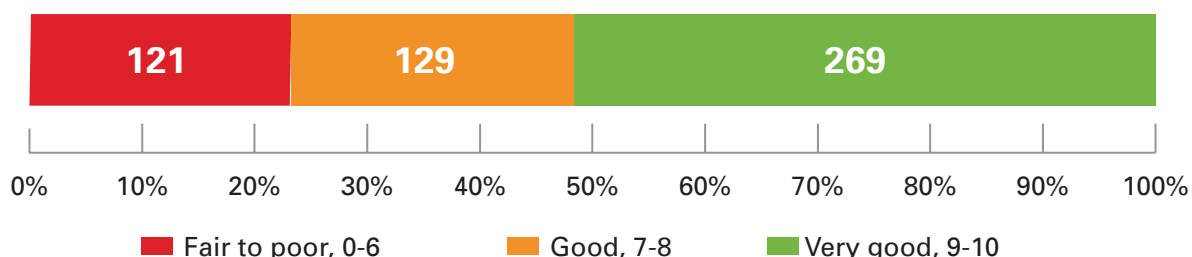


## In summary: what were patients’ experiences of examinations, diagnosis and treatment?

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

121 respondents (23%) said that their experience of examinations, diagnosis and treatment in Our Lady of Lourdes Hospital was fair to poor. On the other hand, 269 respondents (52%) reported having a very good experience in Our Lady of Lourdes Hospital in this regard. Figure 11. summarises patients’ experiences of examinations, diagnosis and treatment.

Figure 11. Experience ratings for examinations, diagnosis and treatment



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

- 420 people (82%) said that they were always given enough privacy when they were being examined or treated, with a score of 9.0 out of 10 for this question.
- A total of 114 respondents (44%) said they were not always, or only to some extent, informed about what they could expect to feel after an operation or procedure.
- Our Lady of Lourdes Hospital scored 7.9 out of 10 for examinations, diagnosis and treatment, which is around the same as the national average score of 8.1 out of 10.

**“The communication between consultants and nurses seemed to be very poor.”**

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



199 open-ended comments were made about the following themes: 'nursing staff', 'doctors or consultants', 'waiting time for planned procedures'. 21 of these comments were in response to Q60 which asked for suggestions for improvement. Some example comments for this stage of care are provided below.

### Nursing staff

"The nurses were very attentive & helpful & I felt that they really cared about you as a patient, even though they were extremely busy."

"One nurse who was my nurse in A and E though I did not know it at the time, took an hour between instruction to set up a [Procedure Type] and when it was done. She only did it after I had chased it down."

### Doctors or consultants

"The care I received from the doctors, when I saw them, was comprehensive and thorough."

"The consultant who saw me on day two was quite abrupt and I felt that he asked me questions and didn't allow me to answer them properly. His [Doctor] was much nicer."

### Waiting times for planned procedures

"Yes the follow up plan, I was told I would have a [Specialist Area] appointment regarding the issue and given tablets to stop the [Condition type] for 2 weeks however, when following up on the appointment as an outpatient I was told it would be 18 months for appointment, I have to go back to my own GP regarding the tablets now."

## Quantitative results for questions on examinations, diagnosis and treatment

### Thirteen questions asked about examinations, diagnosis and treatment.

Figure 12. shows the scores out of 10 for each question in this stage. 420 (82%) of respondents who answered the question said they always

"I had to fast for surgery which kept being delayed. This was very frustrating. I fasted for one day + surgery was postponed. I fasted the second day and had surgery at 10:30 that night. This was extremely difficult"

received enough privacy when being examined or treated. This was the highest scoring question for the stage, at 9.0 out of 10 overall.

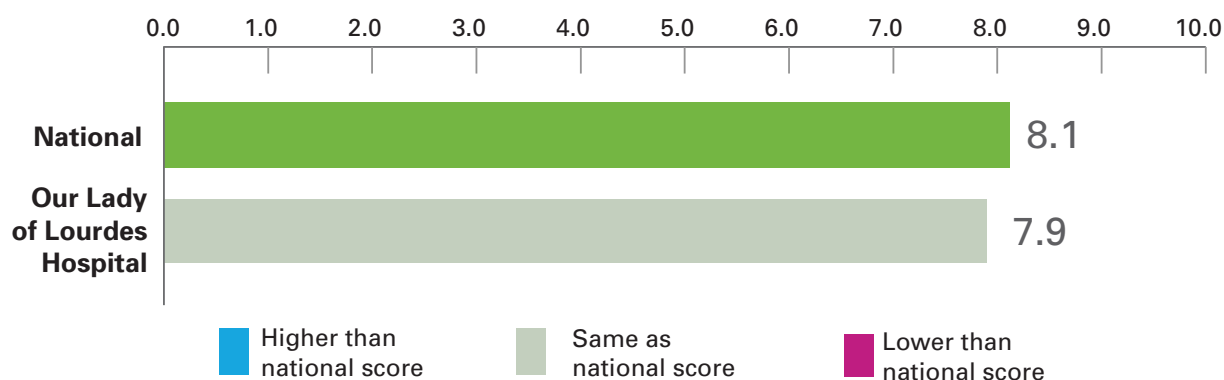
The lowest scoring question (Q38) asked people whether they were informed about how they could expect to feel after an operation or procedure. 114 people (44%) said that they were not or were only to some extent told how they could expect to feel.

**Figure 12. Our Lady of Lourdes Hospital scores for questions on examinations, diagnosis and treatment**



Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for Our Lady of Lourdes Hospital (7.9 out of 10) is around the same as the national average (8.1 out of 10)<sup>5</sup>.

**Figure 13. Comparison of Our Lady of Lourdes Hospital with the national average for examinations, diagnosis and treatment (out of a maximum of 10).**



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

Patients in Our Lady of Lourdes Hospital reported most positively in relation to the privacy they were given when being examined or treated while on the ward. However, people reported more negative experiences as regards the amount of time they had talk to a doctor about their care and treatment, and also the information they received from staff. For example, patients commented on the lack of information they were given before and after an operation or procedure.

<sup>5</sup> Though Our Lady of Lourdes Hospital's examinations, diagnosis and treatment score is lower than the national score, the difference is not statistically significant. For further information see Appendix 4.

# Discharge or transfer

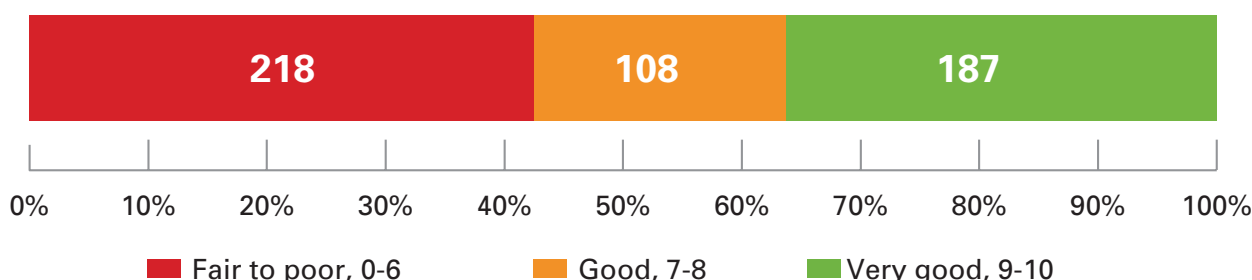


## In summary: what were the experiences of patients during discharge or transfer process from hospital?

'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 519 people who rated their experience of discharge or transfer from Our Lady of Lourdes Hospital, 218 (42%) said that their experience was 'fair to poor'. 187 people (36%) reported having a very good experience of being discharged or transferred from Our Lady of Lourdes Hospital. Figure 14. below summarises these experience ratings.

**Figure 14. Experience ratings for discharge or transfer**



## What were the key findings for discharge or transfer?

- Out of 502 people, 339 (68%) said that they were definitely given enough notice about when they were going to be discharged from hospital.
- 263 people (54%) 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.
- Our Lady of Lourdes scored around the same as the national average for this stage of care, with an overall score of 6.7 out of 10. This means that the experiences of patients in this hospital were similar to the national average.

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



In total, people from Our Lady of Lourdes Hospital made 36 comments in the 2017 survey about 'discharge and aftercare management'. 47% of these comments were in response to Q60, which asked for suggestions for improvement. Some example comments for this stage of care are provided below.

### Discharge and aftercare

"The staff were very helpful regarding discharge and the organisation of a convalescence bed for a week afterwards due to family circumstances. However, after being told by the Doctor and 2 nurses on the ward that discharge would not be until at least the following day. I received 15 minutes notice of discharge a day early."

"I did not leave with a diagnosis or treatment plan. This was my third time presenting with the same complaint at the hospital."

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## Quantitative results for questions on discharge or transfer from hospital

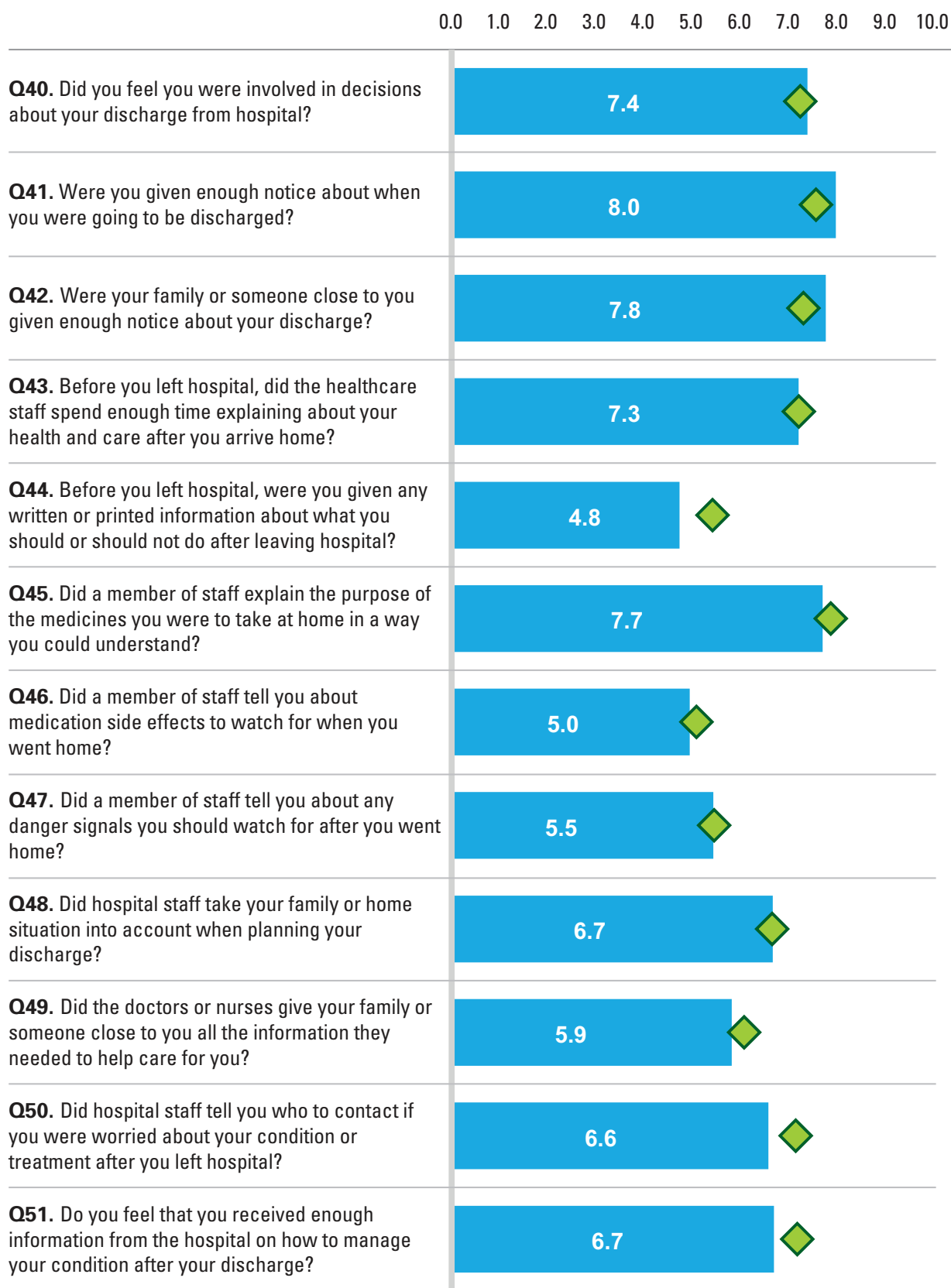
### Twelve questions asked about discharge or transfer.

Out of 502 people, 339 (68%) said that they were definitely given enough notice about their discharge

263 people (54%) who answered Q44 said that they were not given any written or printed information about what they should or should not do after leaving hospital.

Figure 15. summarises the scores for Our Lady of Lourdes Hospital for questions on discharge or transfer from the hospital.

**Figure 15. Our Lady of Lourdes Hospital scores for questions on discharge or transfer**



Our Lady of Lourdes Hospital    National



Figure 16. shows that within the discharge or transfer from hospital stage the average score for Our Lady of Lourdes Hospital (6.7 out of 10) is the same as the national average (6.7 out of 10). This means that patients who attended Our Lady of Lourdes Hospital in May 2017 reported similar experiences to the national average for this stage of care.

**Figure 16. Comparison of Our Lady of Lourdes Hospital with the national average score for discharge or transfer (out of a maximum of 10).**



### Discharge or transfer: what do these results mean?

Based on their experience of the discharge or transfer process, patients from Our Lady of Lourdes Hospital made a number of suggestions for improvement. When compared with the other stages of care, the hospital performed quite poorly in this area, suggesting that the discharge or transfer stage is particularly problematic for Our Lady of Lourdes Hospital. Communication as regards the information provided to patients is a key area needing improvement, particularly in relation to what patients should or should not do after leaving hospital and the side effects of their medication.

# 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 9.1 out of 10). 82% of people said that they were always treated with respect and dignity while they were in hospital.
- Q27 was the lowest ranking question on other aspects of care (score of 7.4 out of 10). 41% of those who wanted their family involved said they were not, or were only to some extent, given enough opportunity to talk to a doctor.

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



275 open-ended comments were about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'clinical information and history' and 'private health insurance'. 83 of these comments were made in response to Q60, which asked for suggestions for improvement. Some example comments for this stage of care are provided below.

### Staff in general

"Everything, so much so, I didn't want to leave never had to ring the bell at my bedside! All staff from consultants down to catering staff & male cleaners made my three week stay in Our Lady of Lourdes Hospital a pleasure and they all work so hard, carers great."

"Hygiene for all staff in A & E needs to improve - not wearing gloves while setting up drips on patients. Not changing gloves between patients."

## Communication with family and friends

"More information. A doctor to answer questions. Family member to have access to a doctor when the patient is in too much pain to understand everything."

## Physical comfort

"From the A&E department, to the [Ward Type] I stayed in for 2 weeks I have received the utmost dignity, respect, care and kindness. The staff up in Drogheda Hospital were truly incredible. They made me feel safe and secure and at ease at one of the hardest times of my life. They are all the reason I made it home."

"More nurses needed on [Ward Type]. Hospital ward too warm day and night. Bathrooms in [Ward Type] were dirty come afternoon time. Would have been nice to stay in 1 or less places rather than constantly moved. After an x-ray no one escorted me back or I wasn't told what would happen after."

## Hospital facilities

"Well I liked the new ward I was staying in and nice and big bed."

"1. The patient toilet was out-of-order for nearly 2 days. 2. Sink in my [Ward Type] cubicle was permanently out-of-order for my stay. 3. I spent [Number of Days] in [Ward Type] on a "trolley" and 1 day in a ward. [Ward Type] is not suitable for that length of stay - the general lack of privacy, poor access to a toilet, discomfort of the trolley for that length of time. I should have been moved to a ward after the assessment on the 1st or 2nd day."

## Clinical information and history

"List of medications prescribed were totally unsatisfactory. I was advised by the [Healthcare Professional] and later my [Healthcare Professional] not to take the dose prescribed."

## Private health insurance

"If you have private cover, a bed in private or semi private should be as stated, not in a public ward with a 2 bedded room."

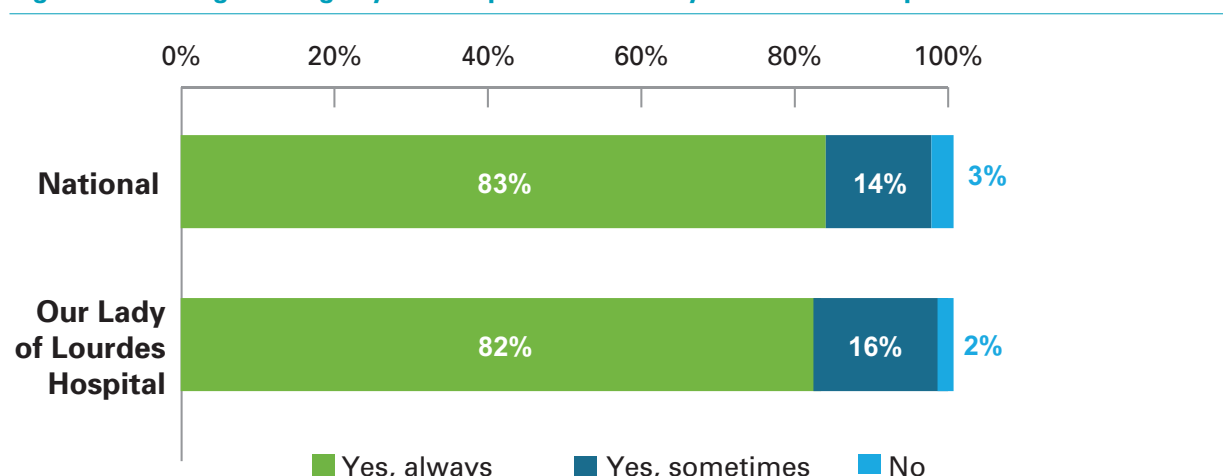
## Quantitative results for questions on other aspects of care

Four survey questions related to other, more general aspects of care that are not specific to a particular stage of care, but rather, apply throughout the hospital journey.

**Question 52** asked people if they felt that they were treated with respect and dignity while in Our Lady of Lourdes Hospital in May 2017. Overall, 416 people (82%) said that they were always treated with respect and dignity, while 11 people (2%) said that they were not. This question scored an average of 9.1 out of 10, meaning that, in general, people reported a positive experience of this aspect of care.

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

**Figure 17. Ratings for dignity and respect in Our Lady of Lourdes Hospital**



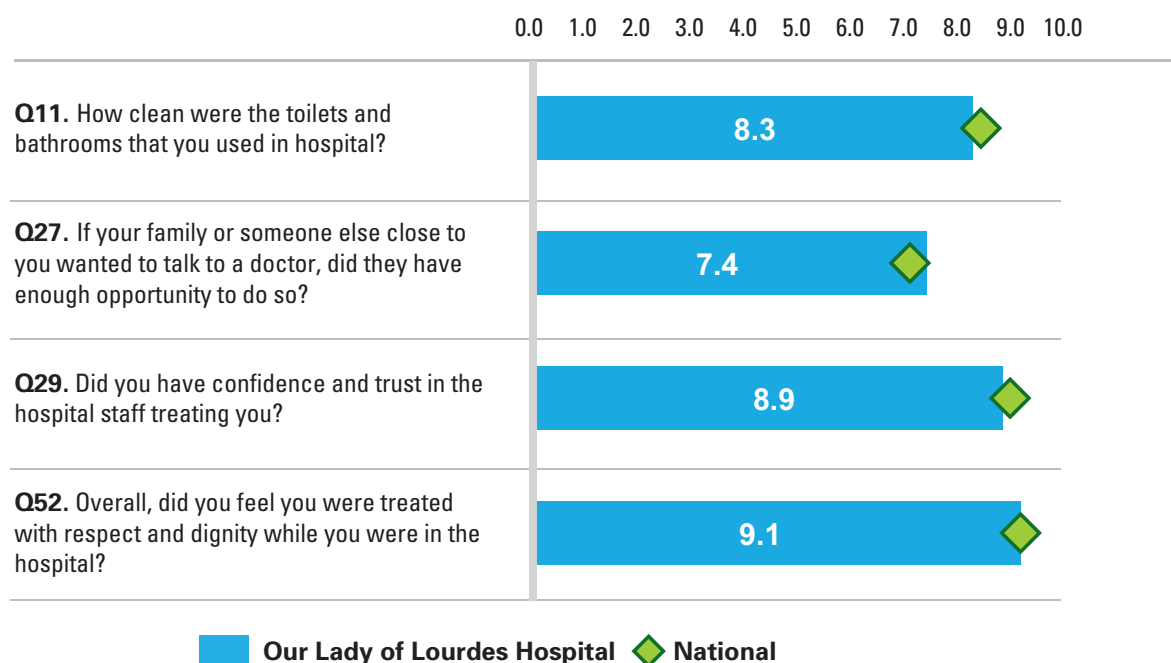
**Question 29** asked people if they had confidence and trust in the hospital staff treating them. 414 people (81% of all people who answered Q29) said that they always had confidence and trust in the hospital staff, while 14 people (3%) said that they did not.

**Question 11** asked people about the cleanliness of the bathrooms and toilets in Our Lady of Lourdes Hospital. While 291 people (59% of people who answered Q11) said that the bathrooms and toilets were very clean, 47 people (10%) said that they were not very clean or not at all clean.

**Question 27**, which asked people if their family or someone close to them had sufficient opportunities to talk to a doctor, was the lowest scoring question of other aspects of care. Out of 358 people, 212 (59%) said that their family or people close to them definitely had sufficient opportunities to talk to a doctor. However, 146 people (41%) said that their family or friends did not, or only had to some extent.

Figure 18. summarises the scores for Our Lady of Lourdes Hospital for questions about other aspects of care.

**Figure 18. Our Lady of Lourdes Hospital scores for questions on other aspects of care**



### Other aspects of care: what do these results mean?

Most people said that they were treated with respect and dignity and had confidence in the hospital staff treating them. However, patients in Our Lady of Lourdes Hospital reported challenges as regards opportunities for their family or someone close to them to talk to a doctor. This is an area which is linked with patients reporting a positive overall experience, and is thus very important to address. The hospital performed slightly lower than the national average in relation to the cleanliness of bathrooms and toilets.



## Chapter 3

# Overall experience

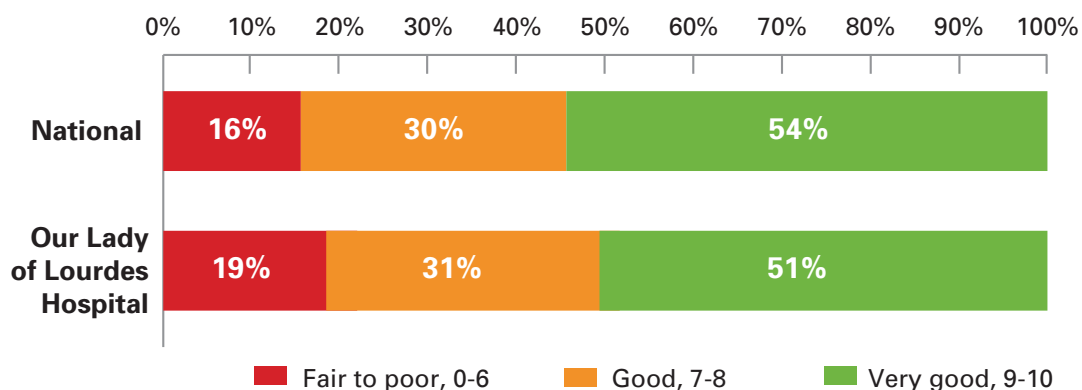
### Ratings of overall experience

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

In Figure 19. below, the average overall rating of hospital experience for Our Lady of Lourdes Hospital is provided and compared with the national average.

236 people (51%), who stayed in Our Lady of Lourdes Hospital in May 2017 reported having a very good experience in this hospital, while 19% of respondents indicated a fair to poor experience in Our Lady of Lourdes Hospital.

**Figure 19. Overall rating of hospital experience for Our Lady of Lourdes Hospital and nationally**





## Chapter 4

# Conclusion

### How did patients experience hospital care in Our Lady of Lourdes Hospital in May 2017?

Overall, patients' ratings of their experiences at Our Lady of Lourdes Hospital were below the national average. 79% of patients at Our Lady of Lourdes Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

Patients in Our Lady of Lourdes Hospital generally has positive experiences of being given privacy when discussing or receiving treatment. Many patients felt staff were effective at managing their pain. The standard of cleanliness in the room or ward patients stayed in was also positively rated.

A number of areas needing improvement were also identified. In relation to admission, most patients who entered the hospital through the emergency department said that they waited more than six hours before being admitted. Patients also reported a lack of privacy when being examined or treated in the emergency department.

Communication with staff was problematic for some patients. For example, people said that they were not involved in decisions about their care and treatment, or that they did not understand the explanations given by doctors or nurses, about their care and treatment. A number of people also said that they found it difficult to talk to someone about their worries and fears.

The discharge process was also highlighted as requiring improvement, with many patients feeling that staff did not provide sufficient information on how to care for themselves after being discharged from hospital. People also reported a lack of information regarding medication side effects and the danger signals to watch out for.

However, the survey found that, in general, patients said that both they and their family received sufficient notice about their discharge from hospital.

These findings will serve to inform quality improvement initiatives in Our Lady of Lourdes Hospital.

## What happens next?

The HSE has committed to using the findings of the National Patient Experience Survey 2017 to support wide ranging quality improvements in every 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.

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](http://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 inform HIQA's approach to the 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](http://www.patientexperience.ie).

# Appendix 3:

## Identifying areas of good experience and areas needing improvement

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

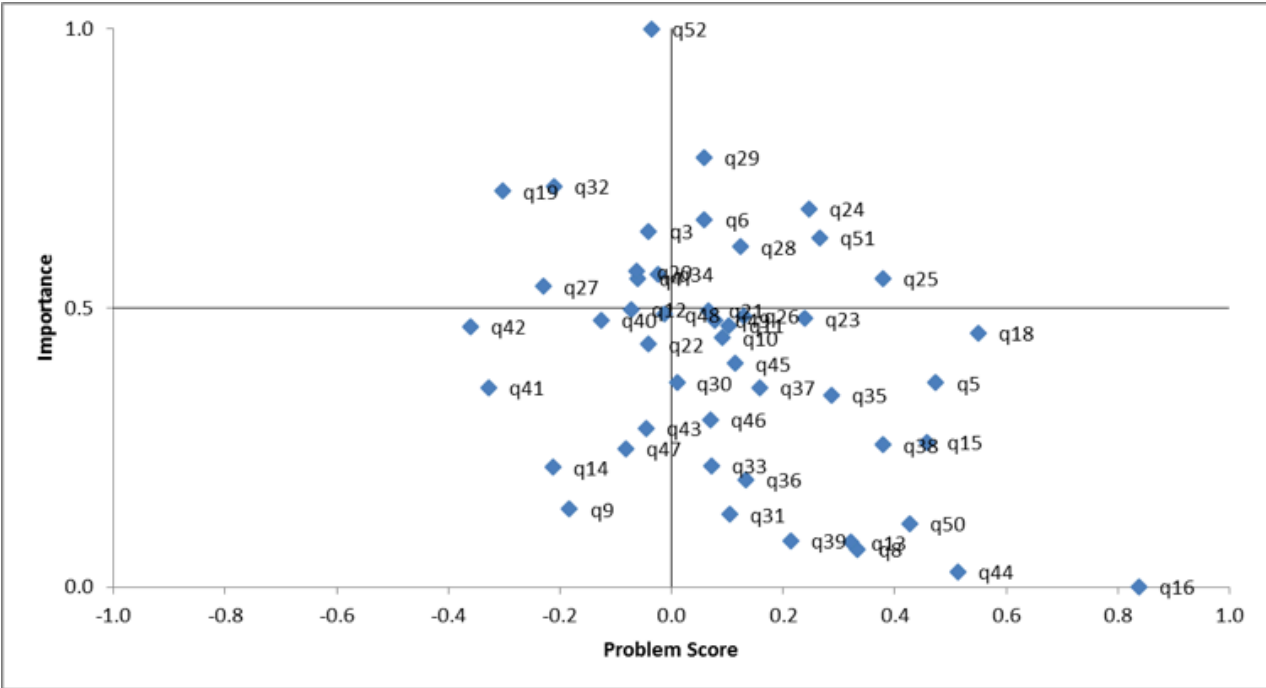
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected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

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

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

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

Figure 20. Overall patient experience map for Our Lady of Lourdes Hospital



# 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 care<sup>6</sup>: 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.

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<sup>6</sup> 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
<b>Sum of scores</b>	<b>30</b>

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](http://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.

## References

1. Singer AJ, Thode Jr HC, Viccellio P, Pines JM. The Association Between Length of Emergency Department Boarding and Mortality. *Academic Emergency Medicine*. 2011;18(12):1324-9.
2. Plunkett PK, Byrne DG, Breslin T, Bennett K, Silke B. Increasing wait times predict increasing mortality for emergency medical admissions. *European Journal of Emergency Medicine*. 2011;18(4):192-6.