



National Patient Experience Survey 2017

Midland Regional Hospital Portlaoise

We're committed to excellence in healthcare



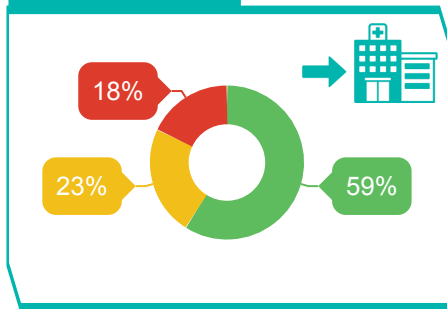
Thank you to the people who participated in the National Patient Experience Survey 2017, and to their families and carers. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve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

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

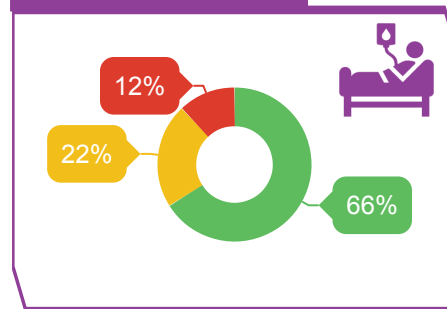
The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups.

Stages of care

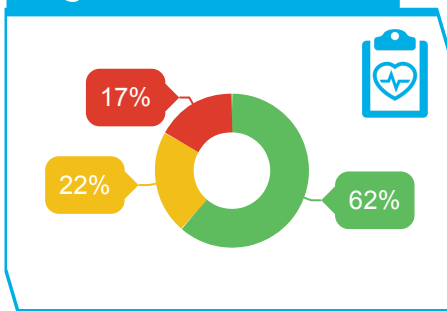
Admission



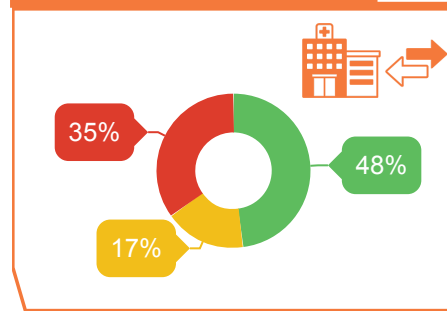
Care on the ward



Examinations, diagnosis & treatment

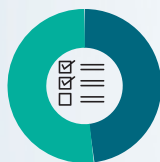


Discharge or transfer

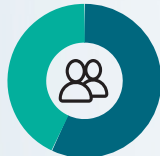


* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

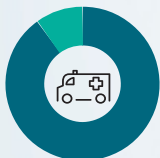
Midlands Regional Hospital Portlaoise



48% of 475 eligible patients took part



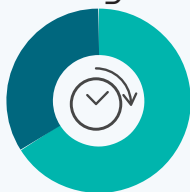
57% female
43% male



90% entered hospital on an emergency basis

Average age:
63 years

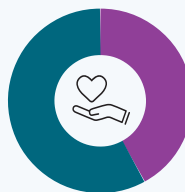
Waiting time



66%

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

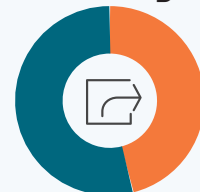
Care



42%

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

Discharge

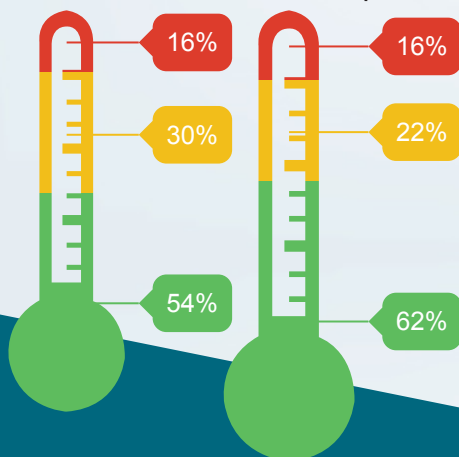


46%

were not provided with any information about what they should or should not do at home.

Overall experience

Nationally This hospital



Areas of good experience

82% of people said

that the food they ate was good.

Areas needing improvement

38% of people said

that their condition and treatment was not fully explained in the emergency department.

Structure and content of this report

Chapter 1: Patients' experiences of acute hospital care in Midland Regional Hospital Portlaoise **4**

This chapter presents the areas of good experience and the areas needing improvement in Midland Regional Hospital Portlaoise.

About the National Patient Experience Survey 2017	4
Midland Regional Hospital Portlaoise 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
Admissions	14
Care on the ward	19
Examinations, diagnosis and treatment	24
Discharge or transfer	28
Other aspects of care	32

Chapter 3: Overall experience **36**

This chapter analyses patients' overall experiences in Midland Regional Hospital Portlaoise.

Chapter 4: Conclusion **37**

This chapter summarises the findings of the 2017 survey.

Appendices **39**

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 **49**

References **50**



Chapter 1

Patients' experiences of acute hospital care in Midland Regional Hospital Portlaoise

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 Midland Regional Hospital Portlaoise during the month of May 2017. In total, 220 participants from Midland Regional Hospital Portlaoise took part in the survey.

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

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

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

The National Patient Experience Survey values and seeks to represent the patient voice, which is a fundamental principle of patient-centred care. The survey acknowledges both positive and negative experiences, as told by the 220 patients from Midland Regional Hospital Portlaoise who completed the survey. While thousands of people surveyed 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

Midland Regional Hospital Portlaoise is a public acute hospital, located in Co. Laois. There were 135 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 475 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 Midland Regional Hospital Portlaoise 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 Midland Regional Hospital Portlaoise. A quality improvement plan will be developed by Midland Regional Hospital Portlaoise 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?

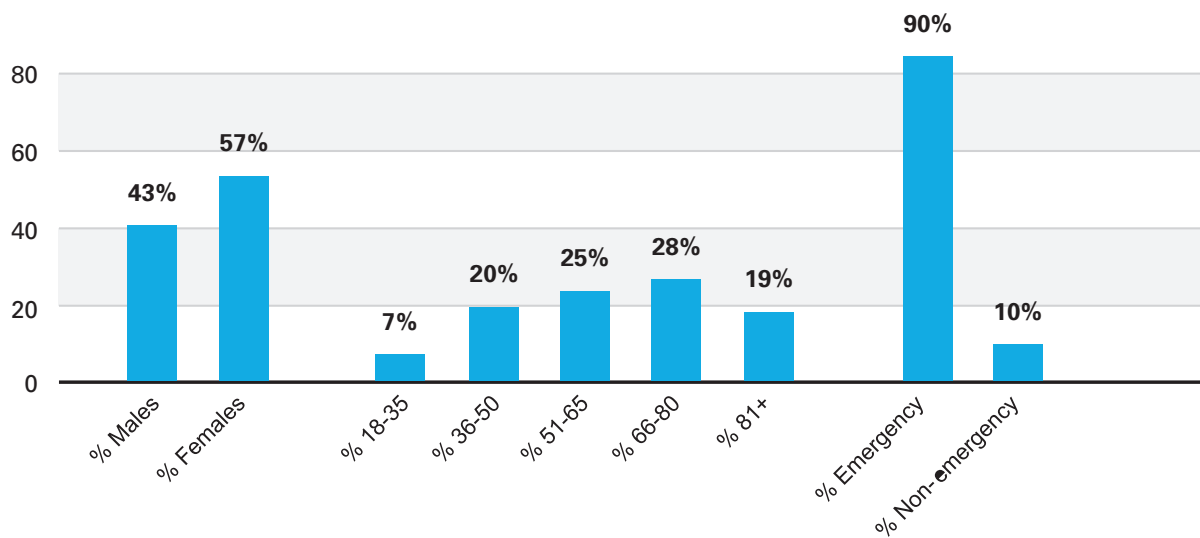
Description of the respondents who took part in the survey

475 people discharged from Midland Regional Hospital Portlaoise during the month of May 2017 were invited to participate in the survey.

220 people completed the survey, achieving a response rate of 48%.

43% of people who responded to the survey were male and 57% were female. Most respondents (90%) said they entered the hospital through the emergency department. Figure 1. below shows information about the respondents who took part in the survey from Midland Regional Hospital Portlaoise.

Figure 1. Survey participants from Midland Regional Hospital Portlaoise by sex, age group and admission route



What were the main findings for Midland Regional Hospital Portlaoise?



Overall, patients' ratings of their experiences at Midland Regional Hospital Portlaoise were the same as the national average. 84% of patients at Midland Regional Hospital Portlaoise said they had a 'very good' or 'good' experience.

Areas of good experiences were found across the care on the ward and discharge or transfer stages. The hospital performed above the national average on food, and, compared with the national average, patients were more likely to be offered a replacement meal if they could not eat at mealtimes.

Many patients reported positive experiences on their discharge or transfer. People said that their families were given enough information to help with their care and that hospital staff took their family or home situation into account when planning their discharge. Patients in Midland Regional Hospital Portlaoise were more likely to be informed about the medication side effects to watch out for, compared with the national average.

The survey found that, overall, people in Midland Regional Hospital Portlaoise were generally treated with respect and dignity. The majority of patients also had trust and confidence in the staff treating them.

The areas of care needing improvement in Midland Regional Hospital Portlaoise relate to admissions and discharge or transfer.

As regards admissions, the majority of patients in the emergency department reported waiting for longer than the target six-hour waiting time before being admitted to a ward. The hospital fell short of the waiting time targets set by the HSE. As regards the discharge or transfer process, patients of Midland Regional Hospital Portlaoise sometimes received insufficient advice on what to do after leaving hospital, including who to contact if they were worried. Many patients were also not told about danger signals to watch out for.

These findings will serve to inform quality improvement initiatives in Midland Regional Hospital Portlaoise.

Areas of good experience and areas needing improvement in Midland Regional Hospital Portlaoise

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 Midland Regional Hospital Portlaoise are:

Patients had positive experiences in several areas, particularly as regards the discharge or transfer process from hospital. Positive experiences were also reported in terms of the quality of food on offer and the fact that patients were offered a replacement meal if they could not eat at mealtimes.

Discharge or transfer | Q49.

Provision of information to family members

Of 135 respondents, 84 (62%) said their family or friends were given all the information needed to help care for them.

Care on the ward | Q15.

Food rating

Of 194 respondents, 159 (82%) said that the food they ate in Midland Regional Hospital Portlaoise was very good or good.

Discharge or transfer | Q48.

Consideration of home/family situation

91 (68%) out of 133 respondents said that hospital staff completely took their family or home situation into account when planning their discharge.

Care on the ward | Q18.

Offer of a replacement meal

Out of 57 people who said they had been unable to eat at mealtimes, 35 people (61%) said that they were always offered a replacement meal at another time.

Discharge or transfer | Q46.

Information on the side effects of medication

Out of 139 respondents, 88 (64%) said that a member of staff completely told them about medication side effects to watch for when they went home.

The areas needing improvement in Midland Regional Hospital Portlaoise are:

Patients highlighted areas needing improvement, for example, as regards the communication of important information during the discharge or transfer process. With many patients not being admitted to a ward within the target time of six hours, the waiting times in the emergency room were highlighted as an additional area requiring improvement.

Discharge or transfer | Q44.

Written or printed information

89 (46%) of the 195 people who answered this question said that before they left hospital, they were not given any written or printed information about what they should or should not do after leaving hospital.

Discharge or transfer | Q47.

Danger signals to watch out for

Out of 141 respondents, 81 (57%) said that a member of staff did not, or only to some extent, tell them about any danger signals they should watch for after they went home.

Discharge or transfer | Q50.

Information on support services after discharge

Out of 183 respondents, 57 (31%) said that they were not told who to contact if they were worried about their condition or treatment after they left hospital.

Admissions | Q8.

Emergency department waiting times

Of the 167 people who reported waiting times, 110 (66%) said that they waited for longer than six hours before being admitted to a ward.



Chapter 2

The patient journey through hospital

Qualitative and quantitative findings of the 2017 survey

Findings of the 2017 survey

The stages of care along the patient journey

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

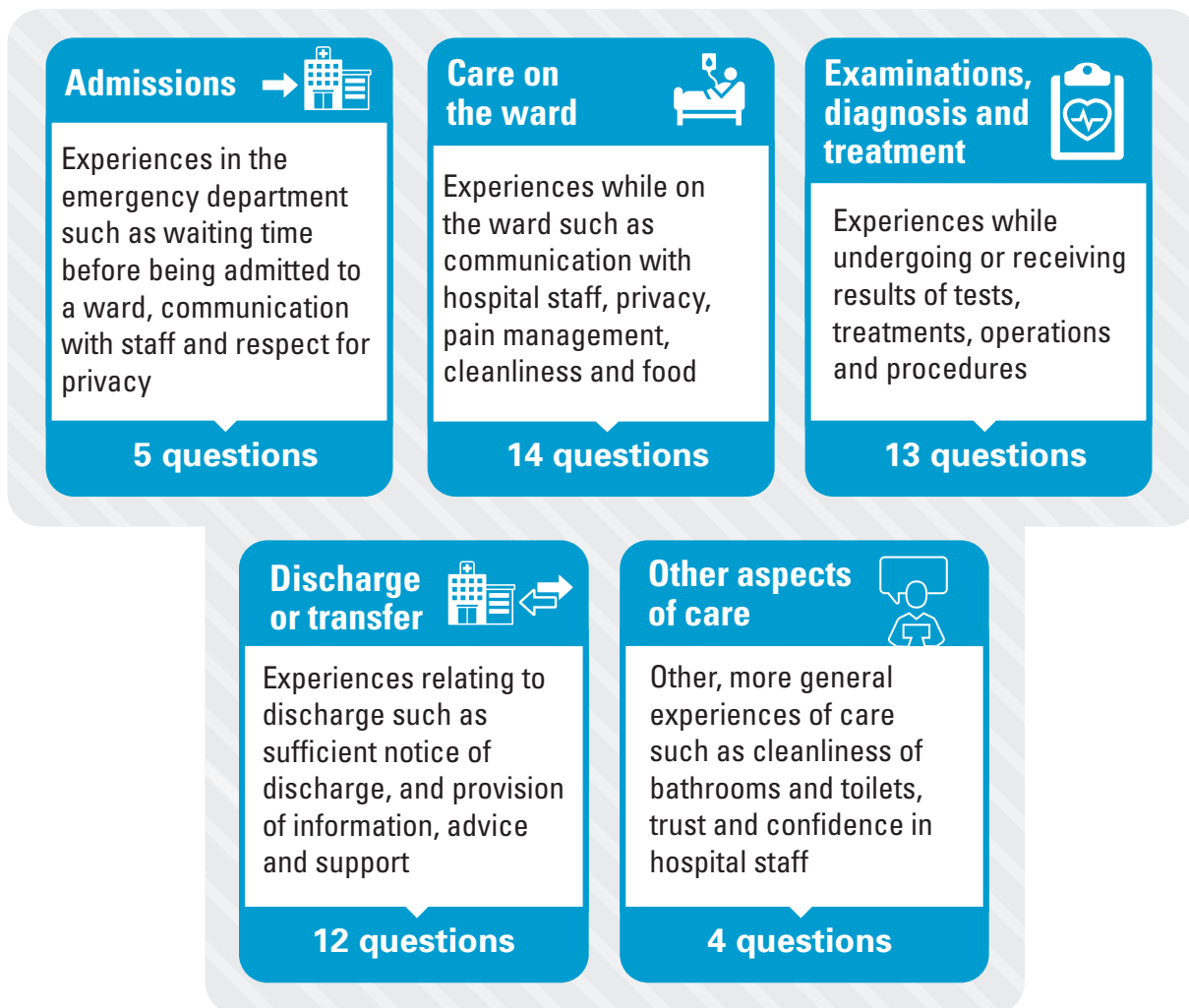
The survey questions were grouped into five stages along the patient journey:

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

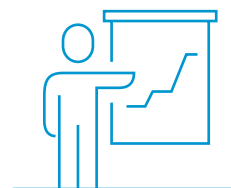
“I found the staff very nice and it was very busy. I was on a trolley and lots of other people were also, but I was treated well and as comfortable as I could be. I was happy with all.”

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

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



How to interpret the results for the stages of care



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

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

Figure 3. Guide to interpreting the results

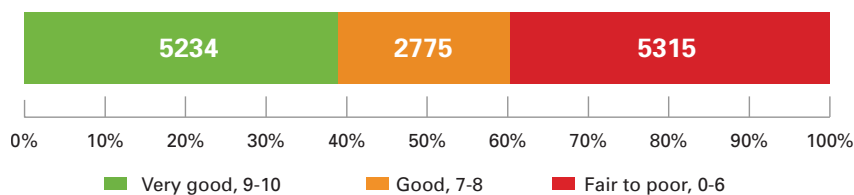
1. Experience rating for a stage of care

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

Example:

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

Figure 2.22 | Discharge or transfer ratings



2. Scores out of 10

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

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

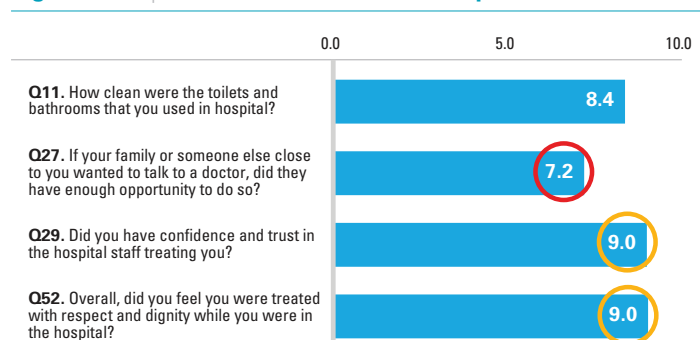
Example:

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

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

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

Figure 2.28 | National score for other aspects of care

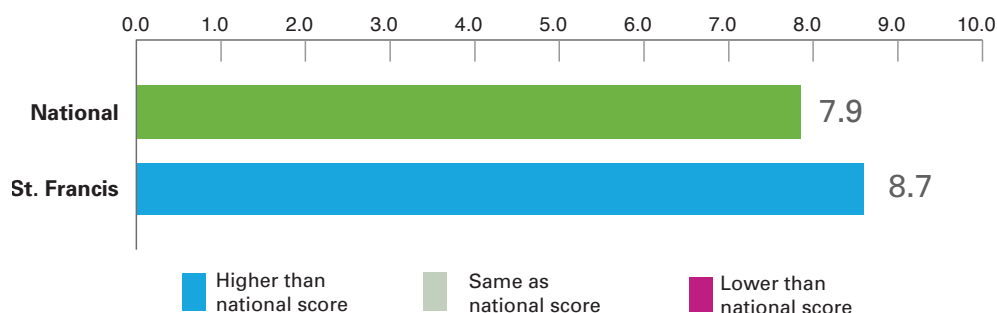


3. Comparisons

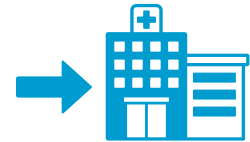
When hospital scores are compared with the national average, statistical tests were carried out to check if any differences were genuine or simply down to chance. The way hospital scores are calculated is explained in Appendix 4.

Example:

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



Admissions



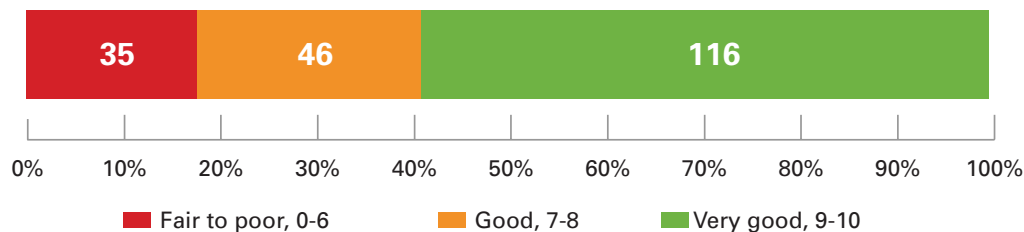
In summary: what were patients' experiences of the admissions process?

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

35 people (18%) had a fair to poor experience of admission to Midland Regional Hospital Portlaoise. However, 116 (59%) people rated their experience as very good. The findings are summarised in Figure 4.

Figure 4. Experience ratings for admissions

Figure 4. Experience ratings for admissions



What were the key findings for admissions?

- 66% of people said they waited longer than six hours before being admitted to a ward.
- 85% of respondents who spent time in the emergency department said that they were always treated with respect and dignity there.
- 70 respondents (38%) said that their condition and treatment was not explained in a way that they could completely understand while in the emergency department.
- Midland Regional Hospital Portlaoise scored 8.3 out of 10 overall for this stage of care, which was higher than the national score of 7.9 out of 10.



The patient voice: what patients said about admissions

Respondents from Midland Regional Hospital Portlaoise made 80 open-ended comments related to the following themes: 'dignity, respect and privacy', 'communication with the patient', and 'emergency department environment or waiting times'. 38 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

"In my opinion I think I was treated excellent by both doctors and nurses. Their advice and time they gave was always with dignity and respect. They made me feel safe and secure in the time I spent in hospital."

"The fact that there were about 20 patients on trolleys was a nightmare. The department is not geared up for this amount of patients, and is terrible to have to sleep on one of those things when other patients making noise etc. I think that this situation needs attention. Not sure what the answer is, hard to believe that so many people were ill that night and had to be admitted, but no beds in the hospital. However, was seen by the consultant the next morning, and given appropriate medicine, so, I was reasonably happy, but obviously there is no privacy under these conditions, so, that really needs attention."

Communication with the patient

"Communciation between A&E ward and the surgeon overseeing operation was poor as I had to inform him of my symptoms. Operation was not carried out until approx 36 hours after entering A&E ward, despite having [Condition Type]."

Emergency department environment or waiting times

"I was seen very quickly when I arrived at the hospital. The lady Doctor was very good, I arrived at 3.30 am approx and I was in a bed in a ward at 6 am approx. (Admitted)."

"Yes, Question 3, did you get answers to your questions? I didn't get to ask the questions! When in casualty having gone there with a letter from my Doctor explaining everything about my condition. I had to do all the answering of questions on four different occasions in the period of six hours. I had to explain my condition to four different medical personale. 'Good evening and why are you here today?' I give my explanation-off they go. Sometime later a different person 'rambles' in to the cubicle, 'Good evening, and what is the reason you are here today?' and so forth. Invariably a beeper would go off at some stage and they would go off and return to start the whole process again. Given that I am elderly and I was there because of [Condition Type] this didn't make sense!! Only I had a relative with me I wouldn't be able to keep talking and remembering everything."

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.

163 respondents (85%) from Midland Regional Hospital Portlaoise said that they were always treated with respect and dignity in the emergency department. With a score of 9.1 out of 10 this was the highest performing area of the admissions stage.

Q8, which asked respondents about the length of time they waited before being admitted to a ward, was the lowest scoring question on admissions (score of 7.3 out of 10). 66% 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.

Q4 was also a low scoring question on admissions. 70 people (38%) said that doctors or nurses in the emergency department did not explain, or explained only to some extent, their condition and treatment in a way they could understand.

Figure 5. summarises the scores for Midland Regional Hospital Portlaoise for the admissions stage of care.

“Staff in A&E should not have left 80yr old lady with [Condition Name] on a trolley while they were deciding whether she was to be admitted to medical or surgical. Family were distressed enough and so was lady in question.”

Figure 5. Midland Regional Hospital Portlaoise scores for questions on admissions

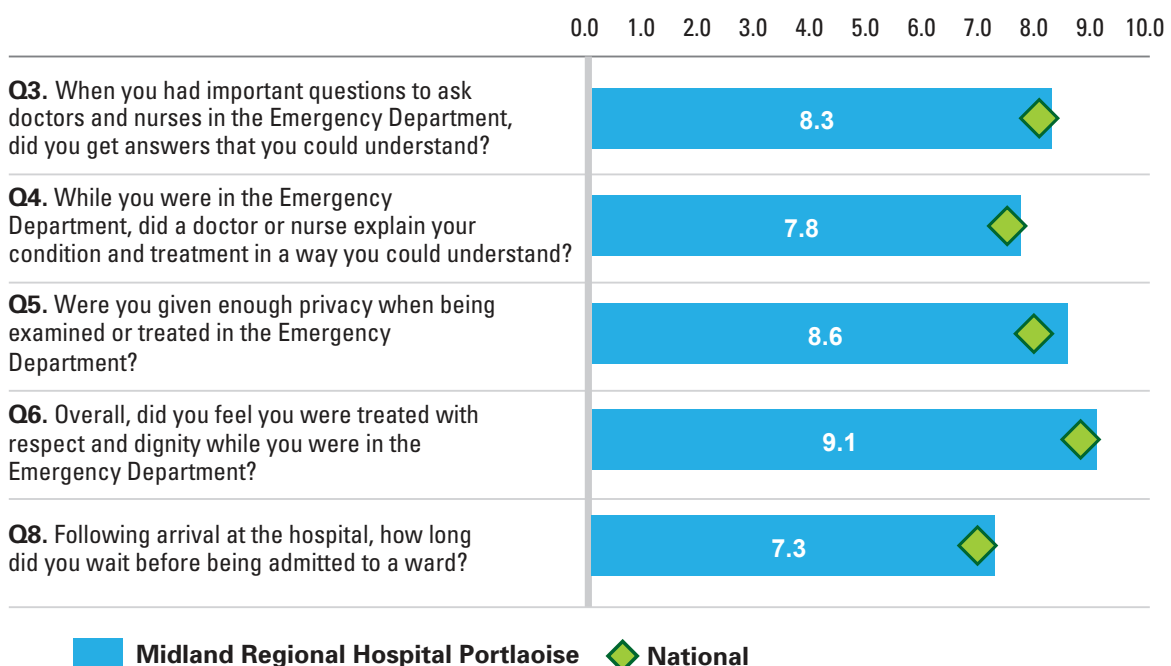
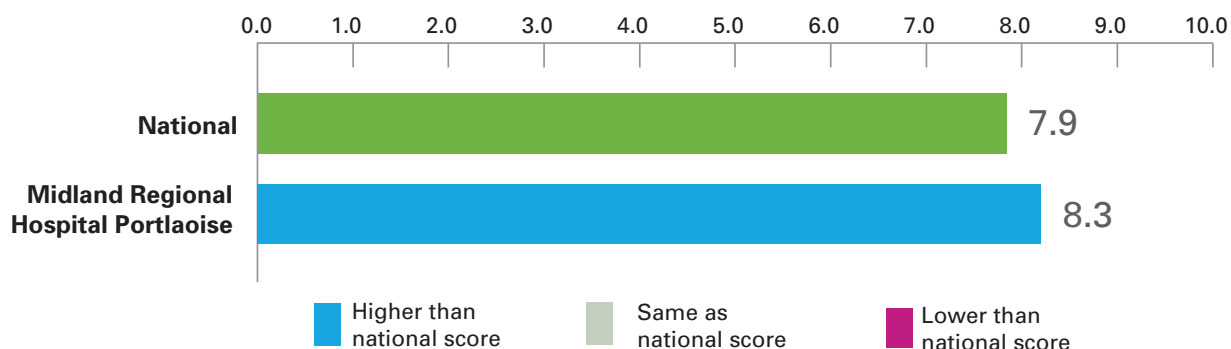


Figure 6. shows that, within the admissions stage, the average score for Midland Regional Hospital Portlaoise (8.3 out of 10) is higher than the national average (7.9 out of 10). This means that patients who attended Midland Regional Hospital Portlaoise in May 2017 reported a more positive experience of this stage of care than patients in other hospitals.

Figure 6. Comparison of Midland Regional Hospital Portlaoise with the national average for admissions (out of a maximum of 10).



Emergency department waiting times

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

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

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

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

The HSE measures emergency department waiting times differently to the survey, namely from the time a patient registers at the emergency department until they leave it. It is likely that there are some differences between survey findings and the official HSE figures².

Waiting time before being admitted to a ward

In Midland Regional Hospital Portlaoise, 57 respondents (34%) said they were admitted to a ward within six hours of arriving at the emergency department, while 94 people (56%) reported waiting between six and 24 hours. 16 respondents (10%) said that they waited 24 hours or more before being admitted to a ward in Midland Regional Hospital Portlaoise, with seven people stating that they waited more than 48 hours.

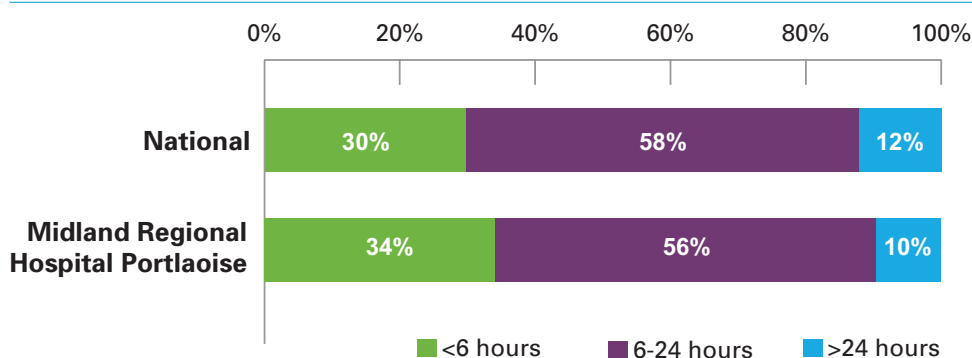
2 The HSE 2017 targets can be viewed at: <https://www.hse.ie/eng/services/publications/KPIs/Acute-Hospitals-KPI-Metadata-2017.pdf>

Figure 7. outlines the patient-reported waiting times in Midland Regional Hospital Portlaoise, compared with the national average.

What does this mean for Midland Regional Hospital Portlaoise?

With 34% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that Midland Regional Hospital Portlaoise performed above the reported national average, where 30% of people said that they were admitted within six hours of arriving. However, patient-reported waiting times in Midland Regional Hospital Portlaoise 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 a patient's health(1,2).

Figure 7. Patient-reported emergency department waiting times for Midland Regional Hospital Portlaoise and nationally



Admissions: what do these results mean?

The large majority of patients reported waiting longer than six hours in the emergency department. This figure was above the national average, yet below the targets set by the HSE. Lengthy waiting times are associated with poor outcomes for patients. Overall, however, Midland Regional Hospital Portlaoise scored above the national average for admissions, meaning that patients in this hospital had more positive experiences than patients in other hospitals for this stage of care. A high percentage of patients reported being treated with dignity and respect in the emergency department.

Care on the ward

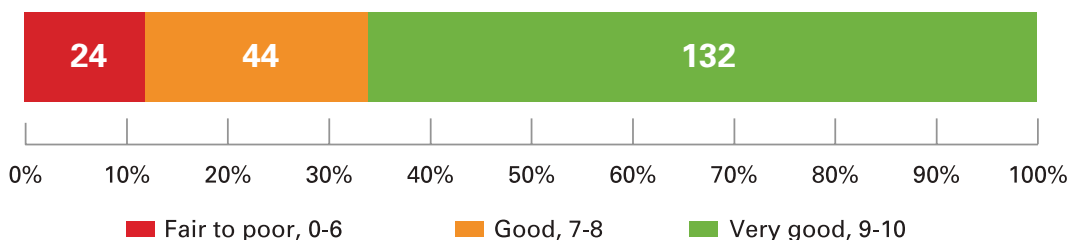


In summary: what were patients' experiences of care on the ward?

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

24 respondents (12%) said that their experience of care on the ward was fair to poor. However, 132 respondents (66%) reported having a very good experience during their stay on a ward in Midland Regional Hospital Portlaoise. Figure 8. summarises patients' experiences of care on the ward.

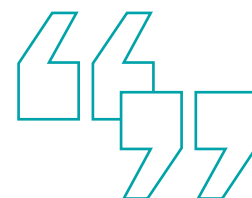
Figure 8. Experience ratings for care on the ward



What were the key findings for care on the ward?

- Many people said that the hospital room or ward they stayed in was very clean.
- 53 people (42%) said that they could not, or could only to some extent, find someone on the hospital staff to talk to about their worries or fears.
- Midland Regional Hospital Portlaoise scored 8.7 out of 10 for care on the ward, which was higher than the national average score of 8.3 out of 10.

"I appreciated the care I received in Portlaoise. I found the staff amazingly caring, so important when patient is at their most vulnerable."



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

146 open-ended comments from Midland Regional Hospital Portlaoise related to the following themes: 'staffing levels', 'staff availability and responsiveness', 'other healthcare staff', 'other staff', 'food and drink' and 'cleanliness and hygiene'. 41 of the comments offered suggestions for improvement. Some example comments for this stage of care are provided below.

Staffing levels

"Staff were all very pleasant and tried their best to share limited resources and time amongst everyone. The staff struggled to get breaks. Behind all their smiles they must be so cross with years of the same."

"I have to say the nurses were run off their feet. And they were doing paper work all the time. Not enough nurses. More nurses. All the beds were too close together."

Staff availability and responsiveness

"The response time of all staff particularly in the early days following admissions when I needed care most."

"My husband was in hospital for 20 days but was only showered twice in spite of repeated requests. Need better response to nurse call bell. My husband soiled himself due to long wait (10-15 minutes) waiting for bedpan or commode."

Other healthcare staff

"The hospital staff were exceptional from care assistants, catering, cleaners, doctors especially the nurses. I was looked after 100%. Family member stayed at night with me — no problem with staff in doing so. Although I had a difficult time with my sudden illness my stay was almost like home from home."

Other staff

"I can honestly say I'm 48 year old to go into hospital [Condition Name] operation. I was so scared from the minute I landed in hospital from the staff — doctors, cooks, cleaners — made me so secure so safe so clean thank you all very much for everything. I'm even feeling great four weeks on thank you Portlaoise Hospital again for everything."

"Cleaning staff need to change habits, not use same cloth to clean everything and to properly clean. Not to be on phones and talking loudly when cleaning rooms about other staff and patients."

Food and drink

"I was treated in Portlaoise Midland General Hospital for 10 days, the care and attention I received from start to finish was beyond excellent — the doctors, consultants (of which I had two every day!) and the nurses, the porters, and the people who served food — were all professional courteous, kind and understanding. This hospital is second to none; I was on a trolley for about 2 hours and then transferred to a [Ward Type] and then into a general ward of 8 beds. The hospital was spotlessly clean, and the food was excellent taking into consideration diet and portion sizes it was well balanced and provided good food. I had consultations with a [Healthcare Professional], [Healthcare Professional] and they were both excellent in their field of expertise."

"The food in Portlaoise for vegetarians is absolutely dreadful. Food in general too stodgy and no effort put into making a fresh, new and healthy menu. Major changes need to be made."

Cleanliness and hygiene

"The cleanliness of the hospital is perfect. The toilets are in top condition. The food is excellent and the nurses are brilliant. But the system in A&E needs a lot of improvement and i think if improvements are not made closing it might not be a bad idea. I saw a man with a cut on his arm, he arrived at 11 o'clock and it was 3 o'clock before he got stitches."

"The toilets could have been cleaner. One bathroom had a full urine basin thing full to the top sitting in the bathroom for over 24hrs. I told the nurses and cleaners."

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. Q10, which asked about the cleanliness of the ward, was the highest scoring question on care on the ward (score of 9.4 out of 10). 162 (83%) out of 195 people who responded to this question said that the the ward they were in was very clean.

The lowest scoring question (Q28) asked if patients could find someone on the hospital staff to talk to if they had worries and fears. While 73 respondents (58%) said that they could definitely find a member of staff, 53 (42%) said that they could not.

"Bed linen on the trolley was disgraceful as were the pillows — not suitable for a three night stay. There was no shower available and toilets had dustbins overflowing."

Figure 9. Midland Regional Hospital Portlaoise scores for questions on care on the ward

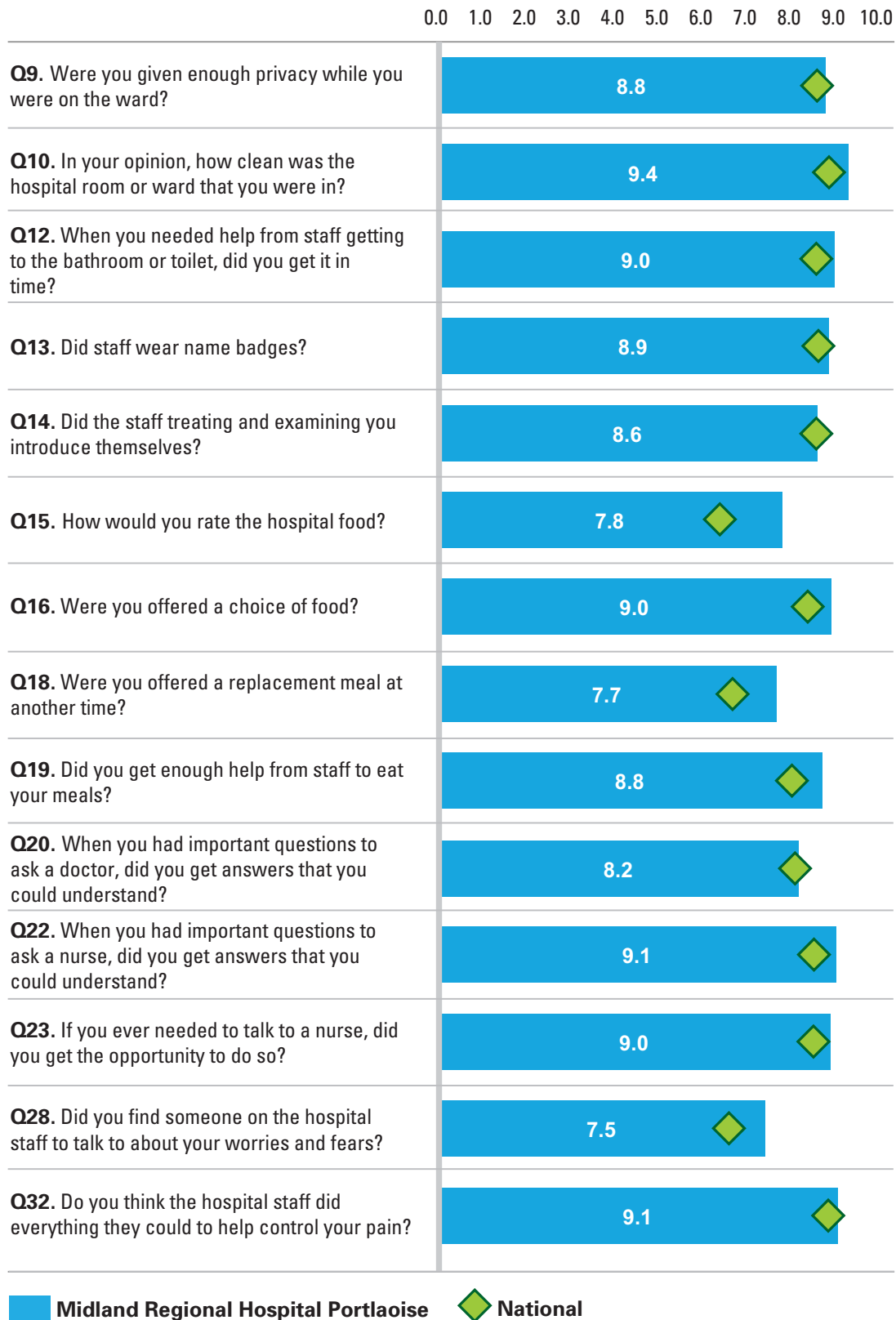
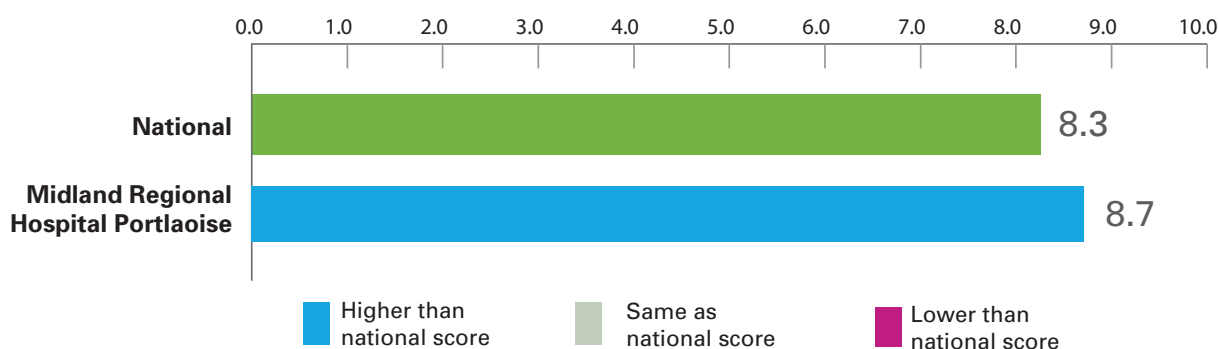


Figure 10. shows that, within the care on the ward stage, the average score for Midland Regional Hospital Portlaoise (8.7 out of 10) is higher than the national average (8.3 out of 10). This means that patients who attended Midland Regional Hospital Portlaoise in May 2017 reported more positive experiences in comparison to the national average for this stage of care.

Figure 10. Comparison of Midland Regional Hospital Portlaoise 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?

Patients in Midland Regional Hospital Portlaoise had above-average experiences of care on the ward. The hospital scored higher than national average on every question related to the care on the ward stage of care, with the exception of question 14, where it matched the national score. The hospital food and the provision of replacement meals were particularly positive areas. Nonetheless, patients also reported negative experiences, particularly as regards staff availability when they needed someone to talk to about their worries and fears.

Examinations, diagnosis and treatment

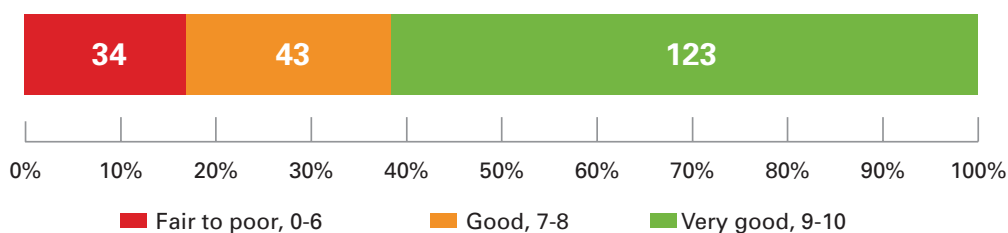


In summary: what were the experiences of patients during examinations, diagnosis and treatment?

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

34 respondents (17%) said that their experience of examinations, diagnosis and treatment in Midland Regional Hospital Portlaoise was fair to poor. However, 123 respondents (62%) reported having a very good experience in this regard. Figure 11. summarises patients' experiences of examinations, diagnosis and treatment.

Figure 11. Experience ratings for examinations, diagnosis and treatment



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

- Many people said that a member of staff explained the risks and benefits of the operation or procedure in a way they could understand.
- The lowest rated question asked patients if they were told how they could expect to feel after an operation or procedure, scoring 8 out of 10. 26 respondents (31%) said they did not always receive sufficient information in this regard.
- Midland Regional Hospital Portlaoise scored 8.5 out of 10 for examinations, diagnosis and treatment, which was higher than the national average score of 8.1 out of 10.

"Nurse Name] she greeted us on arrival. [Nurse Name] is an asset to the hospital. She explained everything in detail. She was very friendly and very professional. The doctors were also very helpful. Answered all questions."

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



118 open-ended comments were made on the following themes: 'nursing staff', 'doctors or consultants' and 'waiting times for planned procedures'. Only 11 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

"I had a very good experience. Everyone answered any questions I had and the nurses in my ward were very professional & a credit to the hospital. Very caring & no ask was too much. It was very much appreciated."

"More attention to detail. Our nurse who took blood from me had no gloves on (before I was brought to the ward, before I got my first lot of antibiotics). I only noticed because my blood started to spill out of the IV line that she had just put in."

Doctors or consultants

"Very happy with the consultant and medical team I was under. Nursing staff very nice and caring despite being understaffed and under pressure."

Waiting times for planned procedures

"Doctors acted as quick as possible for me to get my procedure. Some nurses were very caring, reminded me of the old days before pay cuts."

"Waiting 24 hours for [Procedure Name] test results was stressful. Especially when patient doesn't know what's wrong. Treatment decisions changed with no reason why. Mix up in follow up treatment dates left me feeling extremely stressed."

Quantitative results for questions on examinations, diagnosis and treatment

Thirteen questions asked about examinations, diagnosis and treatment.

"I would have been liked to be told more about my operation and how it went afterwards, and to see the doctor who performed the surgery for these answers."

Figure 12. shows the scores out of 10 for each question in this stage. With a score of 9.4 out of 10, Q36 was the highest scoring question on examinations, diagnosis and treatment. Of 83 people, 72 (87%) said that before their operation or procedure a member of staff explained the risks and benefits of the operation or procedure in a way they could understand.

The lowest scoring question (Q38) asked people whether they were told how they could expect to feel after their operation or procedure. 59 people (69%) who answered this question answered 'yes, completely', with the remaining 26 (31%) answering 'no' or 'yes, to some extent'.

Figure 12. Midland Regional Hospital Portlaoise scores for questions on examinations, diagnosis and treatment

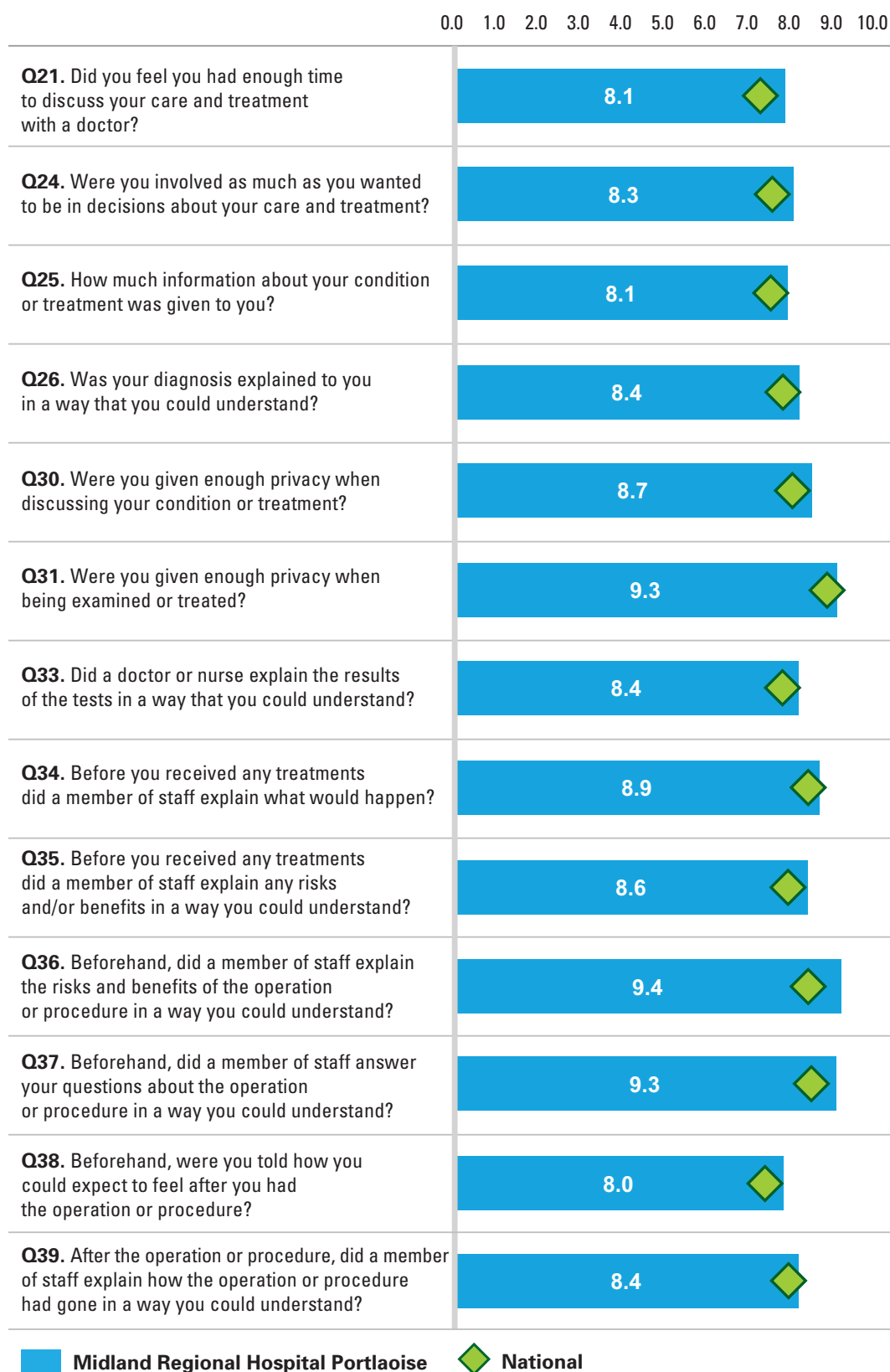
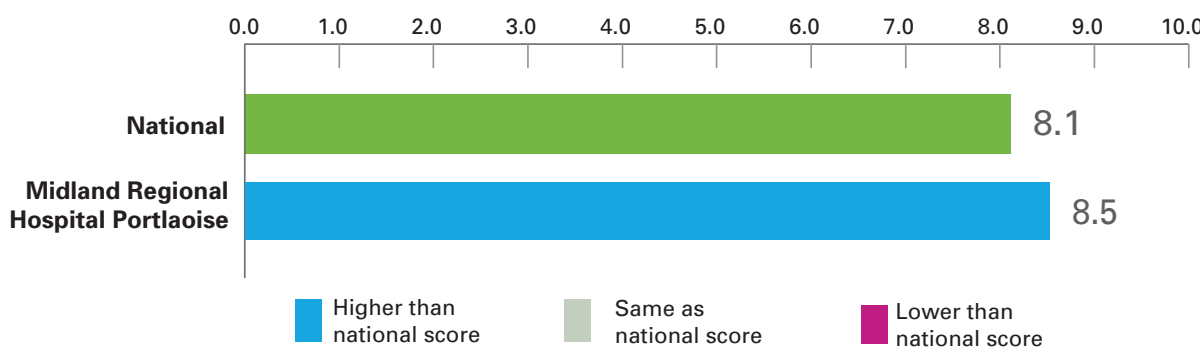


Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for Midland Regional Hospital Portlaoise (8.5 out of 10) is higher than the national average (8.1 out of 10). This means that patients who attended Midland Regional Hospital Portlaoise in May 2017 reported a more positive experience than patients in other hospitals, based on the national average score for the examinations, diagnosis and treatment stage of care.

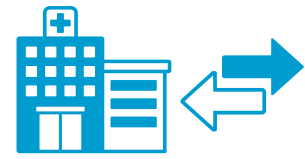
Figure 13. Comparison of Midland Regional Hospital Portlaoise with the national average for examinations, diagnosis and treatment (out of a maximum of 10).



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

Patients in Midland Regional Hospital Portlaoise reported more positive experiences of examinations, diagnosis and treatment than patients nationally. Nonetheless, patients reported mixed experiences as regards the communication they received from hospital staff in advance of operations or procedures. While many patients said that they were informed about the potential risks and benefits of operations or procedures, a large number of patients were not told how they could expect to feel afterwards. This suggests that more could be done to inform and prepare patients before they undergo operations or procedures.

Discharge or transfer

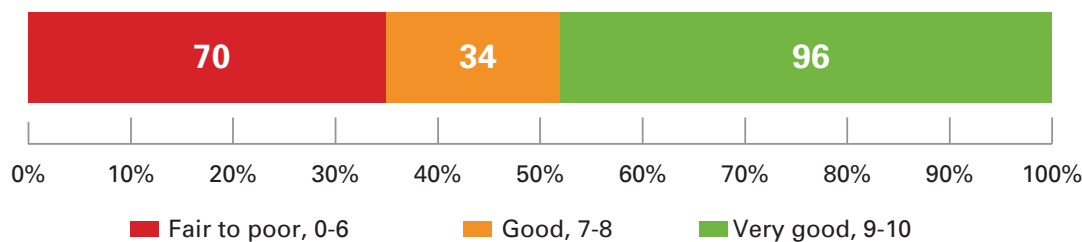


In summary: what were the experiences of patients during discharge or transfer from hospital?

'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 200 people who rated their experience of discharge or transfer from Midland Regional Hospital Portlaoise, 70 (35%) said that their experience was 'fair to poor'. On the other hand, 96 (48%) reported having a very good experience of being discharged or transferred from the hospital. Figure 14. below summarises these experience ratings.

Figure 14. Experience ratings for discharge or transfer



What were the key findings for discharge or transfer?

- Out of 197 people, 144 (73%) said that they were given enough notice of their discharge.
- Q46 and Q47 were the lowest scoring questions for the discharge or transfer stage of care. Many patients said that they were not told about medication side effects or danger signals to watch out for at home.
- Midland Regional Hospital Portlaoise scored above the national average for the discharge or transfer stage of care, with an overall score of 7.5 out of 10. This means that for this stage of care the experiences of patients in this hospital were more positive than the national average.

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



In total, patients from Midland Regional Hospital Portlaoise made 18 comments in the 2017 survey about 'discharge and aftercare management'. 10 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

"Nurses were very good. Discharge lounge was brilliant. Great treatment pre-surgery. Staff very informative."

"I was told I wasn't going home till the weekend. I went for a shower and when I got back the nurse said Dr told her I was going home. I was then brought to the [Ward Type] and had to stay there till 4o'clock sitting on a chair all day."

"Discharge procedures — I had no discharge plan in place and therefore spent an extra 2 nights over the weekend unnecessarily. I was told that there was no member of my team on duty for the weekend to discharge me even though all my tests were clear."

Quantitative results for questions on discharge or transfer from hospital

Twelve questions asked about discharge or transfer.

Q41 was the highest scoring question on discharge or transfer (score of 8.5 out of 10). Out of 197 people, 144 (73%) said that they were given enough notice of their discharge.

With scores of 6 out of 10, Q46 and Q47 were the two lowest scoring questions for the discharge or transfer stage of care. In response to Q46, 74 people (53%) said that they were not, or were only to some extent, informed about medication side effects to watch for at home. Furthermore, of the 141 who answered Q47, 81 people (57%) said that they were not told about any danger signals to watch for after discharge.

Figure 15. summarises the scores for Midland Regional Hospital Portlaoise for questions on discharge or transfer from hospital.

Figure 15. Midland Regional Hospital Portlaoise scores for questions on discharge or transfer

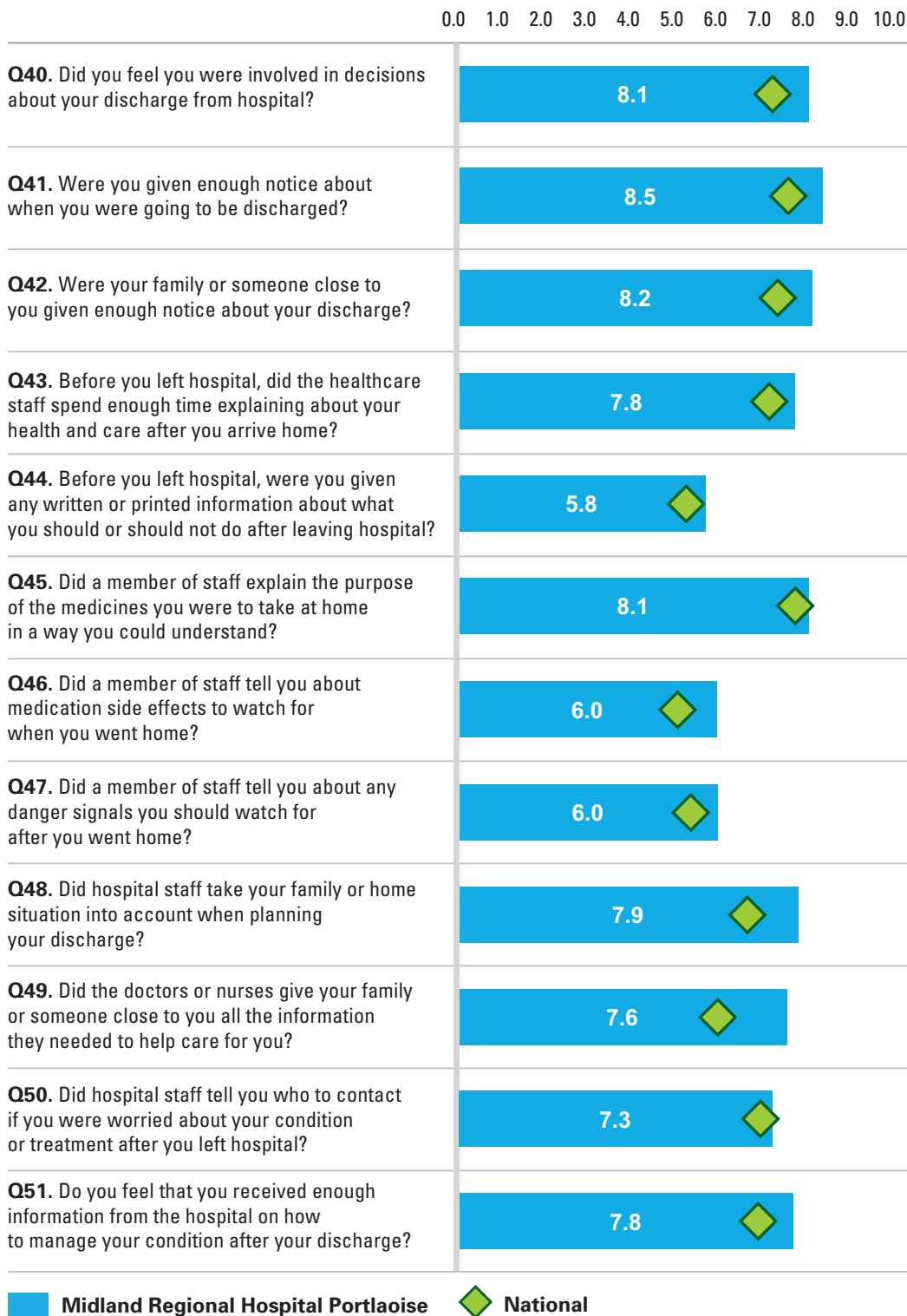
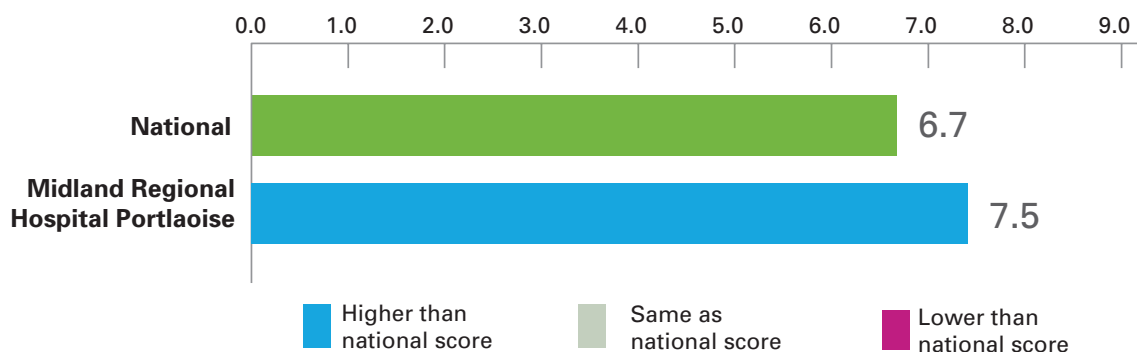


Figure 16. shows that within the discharge or transfer from hospital stage the average score for Midland Regional Hospital Portlaoise (7.5 out of 10) is higher than the national average (6.7 out of 10).

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



Discharge or transfer: what do these results mean?

Midland Regional Hospital Portlaoise scored above the national average on all questions for the discharge or transfer stage of care. This means that patients who attended Midland Regional Hospital Portlaoise in May 2017 reported more positive experiences than the national average for this stage of care. Many patients reported positively that they were given enough notice of their discharge; however, others reported negatively on the discharge process, with many saying that they received insufficient information on medication side effects or danger signals to watch out for. While Q46 was one of the lowest scoring questions on this stage of care, Portlaoise Hospital scored above the national average on this question.

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 scoring question on other aspects of care (score of 9.5 out of 10). 89% 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 8.1 out of 10). 33% of those who wanted their family involved said they were not, or were only to some extent, given sufficient opportunity to talk to a doctor.

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



129 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'. 28 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

"[Name] Hospital should be proud of all the staff. Their kindness and compassion was excellent. Everyone had something nice to say. The world would be a better place if they could see the staff co-ordinate with one another not forgetting the compassion and kindness they showed to all the patients. I will remember you all in my prayers."

"Yes, the A and E staff were horrible!!!! One lady said to me ,An [County] man in [County], what do you want!?' Some nurses didn't really care, pay cuts????"

Communication with family and friends

"The support shown to my loved ones while I was in [Ward Type] was much appreciated."

"Yes my husband rang the hospital on the day of my op to see if I was out of it and nobody would tell him anything. He had to drive over and wait till I came out of the op to see that everything was ok. He is my next of kin."

Physical comfort

"The doctor and nurses were excellent and took very good care of me during my stay. Everything was explained clearly to me and I felt comfortable during my stay."

"Yes the noise levels at night too much — slamming of doors and disposal bins also crockery and trays from the kitchen immediately beside the ward which I was in. As part of a patient's recovery surely a good night's uninterrupted sleep is essential. Would it not be helpful if 'quiet place' signs were placed in the corridors even during the day — I'm sure most people would respect them."

Hospital facilities

"I can't speak highly enough of Portlaoise Hospital from the cleaning staff to the nurses and doctors — the care given to me was 100%. There is not a better hospital in Ireland. Thanks for everything. [Respondant's Name]."

"I had private cover but nothing different in care then public. Defintely overcrowded wards like 'sardines in a can'. Bathroom and old fashioned showerware. 2 doors down corridor (not great when feeling weak). Meals and mealtimes, i.e. supper at 4.30pm — crazy. Parts of hospital not fit for purpose for modern healthcare. I've since been back to OPD and it is filthy, i.e. waiting room, chairs, floors on corridors. HIQA must not have gone there. How can cleaners on wards clean properly when there is no space for clothes, personal belongings, furniture equipment. A&E was so crazy busy, I can't imagine what would happen if this hospital closed down."

Clinical information and history

"I would advice for all to double check prescription going home as my prescription was given for capsules and should have been suppositories. I had to ring the ward twice for it to be rectified."

Private health insurance

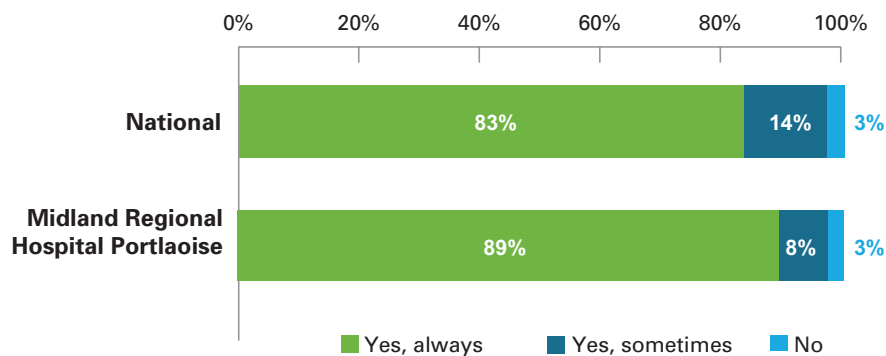
"Everything, I spent 3 full days on a trolley in a corridor. I asked to be able to shower the second day and was unable to even wash. No showers available, one toilet for 24 patients on trolleys. I saw a patient in isolation (which was the family room) being taken out by a [Nurse Type] and sat at the end of my bed while the nurse used the room to take other patients blood. He was then put back in the room where doctors and nurses gowned up and put masks on when entering, this seems ludicrous when he was in the public corridor for hours previously and was being treated for [Condition Name]! No privacy as you could hear everyone's ailments. On my day of discharge the [Nurse Type] would not take my bloods as he had a row with the nurse treating me over the patient in isolation and didn't want to accommodate her so I suffered and wasn't discharged until 4pm. I could have been gone from 10am. I was sent to a 'discharge lounge' finally and saw a beautiful new part of the hospital with new rooms and wards unoccupied while patients lay on corridors in A&E. It was an awful experience. I pay a lot of money for private health care which was useless in this instance."

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 Midland Regional Hospital Portlaoise in May 2017. Overall, 178 people (89%) said that they were always treated with respect and dignity, while 5 people (3%) said that they were not. This question scored an average of 9.5 out of 10, meaning that, in general, people reported a positive experience of this aspect of care.

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

Figure 17. Ratings for dignity and respect in Midland Regional Hospital Portlaoise



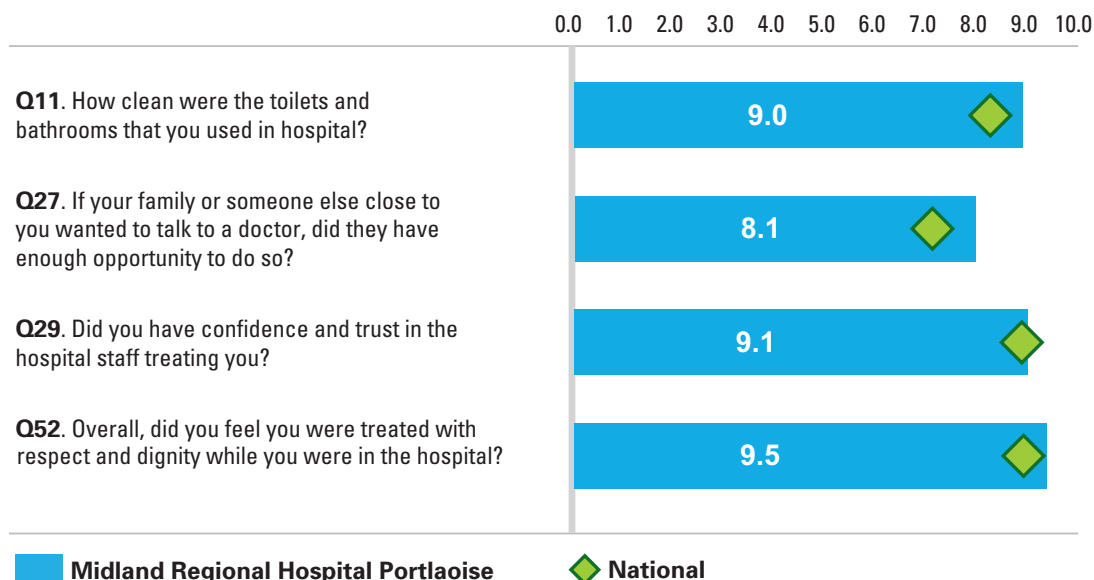
Question 29 asked people if they had confidence and trust in the hospital staff treating them. 165 people (83% of all people who answered Q29) said that they always had confidence and trust in the hospital staff, while 7 people (4%) said that they did not.

Question 11 asked people about the cleanliness of the bathrooms and toilets in Midland Regional Hospital Portlaoise. While 144 people (74% of people who answered Q11) said that the bathrooms and toilets were very clean, 12 people (7%) said that they were not very clean or not clean at all.

Question 27 asked people if their family or someone close to them had sufficient opportunities to talk to a doctor in Midland Regional Hospital Portlaoise. Out of 149 people, 100 (67%) said that their family or people close to them definitely had sufficient opportunities to talk to a doctor. However, 49 people (33%) said that their family or friends did not, or only to some extent, have enough time to do so.

Figure 18. summarises the scores for Midland Regional Hospital Portlaoise for questions about other aspects of care.

Figure 18. Midland Regional Hospital Portlaoise scores for questions on other aspects of care



Other aspects of care: what do these results mean?

Patients of Midland Regional Hospital Portlaoise were more likely to say that they were treated with respect and dignity compared with patients of other hospitals. The majority of people also said that they had confidence and trust in the hospital staff treating them and reported that toilets and bathrooms were cleaner than the national average. While Q27, which asked about family opportunities to talk to a doctor, was the lowest scoring question on other stages of care, Midland Regional Hospital Portlaoise's scores for this question were higher than the national average.



Chapter 3

Overall experience

Ratings of overall experience

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

Figure 19. below provides the average overall rating of hospital experience for Midland Regional Hospital Portlaoise compared with the national average.

117 people (62%), who stayed in Midland Regional Hospital Portlaoise in May 2017 reported having a very good experience in this hospital, while 16% of respondents indicated a fair to poor experience.

Figure 19. Overall rating of hospital experience for Midland Regional Hospital Portlaoise and nationally





Chapter 4

Conclusion

How did patients experience hospital care in Midland Regional Hospital Portlaoise in May 2017?

Overall, patients' ratings of their experiences at Midland Regional Hospital Portlaoise were the same as the national average. 84% of patients at Midland Regional Hospital Portlaoise said they had a 'very good' or 'good' experience, compared with 84% nationally.

As regards admissions, most patients reported waiting times of more than six hours before being admitted to a ward. The survey also found issues concerning communication between doctors, nurses and patients. However, patients reported many positive experiences in terms of being treated with respect and dignity in the emergency department. Midland Regional Hospital Portlaoise performed above the national average on the admissions stage of care.

The hospital also received above-average ratings for care on the ward stage of care. In particular, patients' reported positive experiences of the cleanliness of wards, hospital food and the availability of replacement meals. The lowest scoring question on this stage of care showed that many people could not find someone on the hospital staff to talk to about their worries or fears.

Patients also gave above-average ratings for the examinations, diagnosis and treatment stage of care, but reported mixed experiences of communication with hospital staff before operations or procedures.

Most of the areas needing improvement, as outlined in Chapter 1, relate to the 'discharge or transfer' stage of care. Many patients were not told about the danger signals to watch out for and who to contact if they were worried about their condition or treatment.

Nonetheless, the hospital scored higher on every question on discharge or transfer in comparison to the national average. Many patients said that they were given enough notice of their discharge. Several people reported that staff gave their families all the information necessary to help care for them and took their family or home situation into account when planning their discharge.

In general, patients in Midland Regional Hospital Portlaoise said that they were treated with respect and dignity and that they had confidence and trust in the hospital staff treating them.

These findings will serve to inform quality improvement initiatives in Midland Regional Hospital Portlaoise.

What happens next?

The HSE has committed to using the findings of the National Patient Experience Survey 2017 to support wide ranging quality improvements in every hospital in Ireland. In direct response to what people have said in this survey, the HSE will develop and publish a national quality improvement plan, which will outline a vision and direction for the future of patient-centred care in Ireland. 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?
22	When you had important questions to ask a nurse, did you get answers that you could understand?

No.	Question
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?
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?

No.	Question
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:

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 experience, helping the partner organisations to:

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

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

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

Appendix 3:

Identifying areas of good experience and areas needing improvement

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

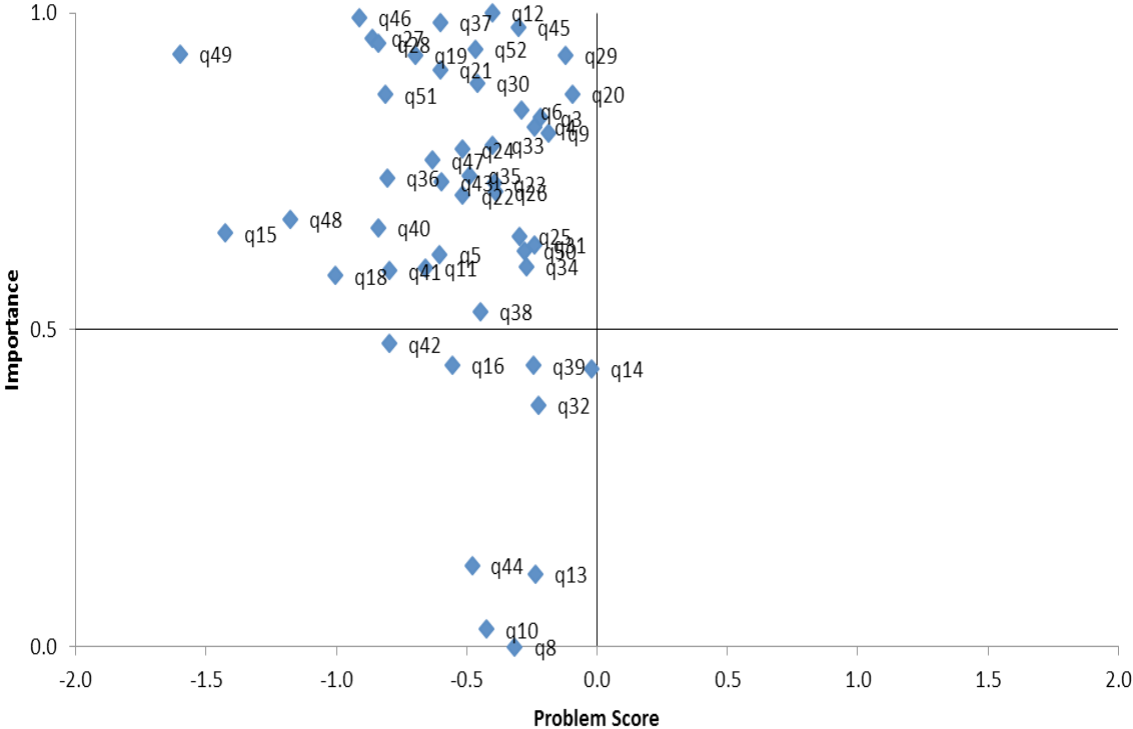
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected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

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

Figure 20. below shows a map of the survey questions based on how strongly each question is connected to overall experience. The map also shows the difference between the score for each question in Midland Regional Hospital Portlaoise 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 Midland Regional Hospital Portlaoise 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 Midland Regional Hospital Portlaoise 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 Midland Regional Hospital Portlaoise. 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 Midland Regional Hospital Portlaoise.

Figure 20. Overall patient experience map for Midland Regional Hospital Portlaoise



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 care³: 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.

3 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.

References

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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.