National Patient Experience Survey

National Patient Experience Survey Programme

Review of Survey Processes 2017

We're committed to excellence in healthcare

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

An Roinn Sláinte
Department of Health

About the National Patient Experience Survey

The National Patient Experience Survey is a new national survey, asking people for feedback on their recent stay in a public acute hospital. The survey 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 representatives from each of the six participating hospital groups and Patient Focus, a patient advocacy organisation, in order to ensure that patients were central to the design and implementation of the survey.

The National Patient Experience Survey values and seeks to represent the patient voice. The aim of the survey is to help improve the quality and safety of healthcare services provided to people in Ireland.

In 2017, the survey asked 61 questions in total, 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. 58 of the questions were therefore quantitative and 3 were qualitative.

In 2017, 26,635 people who had been discharged from any of the 40 participating hospitals across Ireland were invited to participate in the first National Patient Experience Survey. In total, 13,706 (51%) people took part. The results of the survey were analysed by the National Patient Experience Survey Team, based in HIQA. A national report, 39 hospital reports and 6 hospital group reports were produced and are available on www.patientexperience.ie. The survey will run on an annual basis.

Contents

1. Introduction 4
2. Purpose of this document 5
3. Overview of the consultation process 5
4. Overview of the responses received 7
   4.1 Communication and promotion of the National Patient Experience Survey 7
   4.2 The online dashboard 9
   4.3 Outcomes of the National Patient Experience Survey 15
   4.4 Resources 16
   4.5 Scope of the survey 17
   4.6 Patients' contact data 19
5. Conclusion and overall recommendations 21
6. Next steps 23

Appendices 24
   Appendix 1: Online evaluation 25
   Appendix 2: Content of focus groups: Hospital and hospital group staff 26
   Appendix 3: Content of Focus Groups: Managed service 28

Glossary of terms 30

1. Introduction

The first National Patient Experience Survey in Ireland took place in May 2017. All patients discharged from a public acute hospital who met the eligibility criteria (outlined in Figure 1.) were invited to participate.

Figure 1: National Patient Experience eligibility criteria

The planning and implementation of the survey involved the establishment of new roles, responsibilities and processes across the health system. The objective of this review is to assess whether National Patient Experience Survey processes, which were approved and used during the first iteration of the survey, worked well and where and how they can be improved for future patient experience surveys.

The five National Patient Experience Survey processes under review were:

- communications and stakeholder engagement
- promotion of the survey
- the extraction, submission and receipt of patients’ data
- checks to ensure eligible survey participants were not deceased
- the opt out process in hospitals.

The purpose of the review is to determine if these processes were effective in meeting and delivering requirements necessary for the planning, implementation and continued operation of the National Patient Experience Survey Programme.

2. Purpose of this document

This document presents a review of National Patient Experience Survey processes. It gives an overview of the consultation process and the responses, comments and suggestions from participants. Based on these findings, it makes recommendations for the future administration of the National Patient Experience Survey Programme.

3. Overview of the consultation process

In order to collate a complete account of stakeholders’ experiences of the National Patient Experience Survey, the review process consisted of two components — an online evaluation and focus groups.

a) Online evaluation

An online evaluation was conducted from 25 October to 07 November 2017. It was distributed to general managers and National Patient Experience Survey leads in the 40 hospitals that participated in the survey. The National Patient Experience Survey leads were responsible for promoting the survey in their hospitals. It was also distributed to members of the three National Patient Experience Survey governance groups, that is, the Steering Group, the Advisory Group and the Delivery Group.

In all, 143 stakeholders were invited to participate. The evaluation was conducted through the online survey platform Polldaddy. Access to the evaluation was not restricted. This means that participants were able to complete the evaluation on behalf of their organisation or alternatively forward it to colleagues who wished to offer feedback.

The evaluation consisted of four general questions on the planning and implementation of the National Patient Experience Survey 2017. These questions are contained in Appendix 1.

The online evaluation had a response rate of 53.1%, with 76 responses.

b) Focus groups

A focus group provides a forum for stakeholders to give their feedback on a particular product, service, concept or proposal. In this case, the focus group reviewed processes used for the National Patient Experience Survey 2017.

Four focus groups were held. Three focus groups solicited feedback from hospital and hospital group staff. 24 stakeholders were invited to participate, with 23 accepting. The themes and questions discussed by these focus groups can be found in Appendix 2.

The fourth focus group solicited feedback from the National Patient Experience Survey's managed service. The managed service is responsible for the administration of the National Patient Experience Survey, that is, printing and distributing surveys and processing and anonymising survey responses. Seven members of staff attended this focus group. The themes and questions discussed by this focus group can be found in Appendix 3.

We would like to thank all those who submitted feedback through the online evaluation and to those who attended our focus groups. Their time, experience and expertise, is greatly appreciated by the National Patient Experience Survey Team. All feedback submitted, through either medium, was reviewed in detail by the team.

4. Overview of the responses received

4.1 Communication and promotion of the National Patient Experience Survey

The National Patient Experience Survey 2017 was the first of its kind in Ireland. Communicating the concept and value of the survey to healthcare professionals, patients and the wider public was therefore a key priority.

Communication with hospital staff, patients and the public included the following:

- 37 hospital visits by HIQA and HSE representatives
- seven staff information sessions
- six training sessions on the National Patient Experience Survey reporting dashboard
- six teleconferences with hospital staff responsible for extracting the data of eligible participants
- two communications workshops, to engage with hospital staff on how to promote the survey in their own hospital
- weekly updates for staff on their hospital's response rate
- a dedicated website
- promotional materials for hospitals, including National Patient Experience Survey branded banners, posters, frequently asked questions (FAQs) and napkins
- a media campaign covering traditional and online media
- ongoing email and Freephone support for staff and members of the public.

Given the importance of informing staff, patients and the wider public about the survey, focus group participants were asked their opinion on the communication and promotion of the survey. Please see appendix 2 and 3.

What did respondents and participants say?

Focus group participants overall expressed satisfaction in National Patient Experience Survey communications and promotion. Consensus was reached by members on the following:

- sufficient information was made available on all aspects of the survey
- communications and information sessions, hospital visits and staff training sessions helped to prepare hospital and hospital group staff for the survey and promote it to patients

- a similar communication strategy should be employed in future iterations of the survey to ensure staff buy-in and familiarise new staff with the survey
- the promotional material provided was a positive form of stakeholder engagement, and achieved both staff and patient buy-in
- National Patient Experience Survey napkins are an innovative way to promote the survey
- further innovative forms of promoting the survey in hospitals should be identified.

Possible improvements to processes were identified in the distribution, delivery and quantity of materials. It was noted that:

- more communication was needed around the delivery of promotional material to ensure its timely display and maximise its benefit at the hospital level
- more communication was needed around the quantity, delivery and distribution of napkins to ensure their optimal usage during the survey period.

The opinions of focus group participants were reflected in the responses to the online evaluation:

> I really welcomed the survey and thought it was extremely well implemented. Excellent promotion campaign led to the good response rate.

> Great communication from the NPES Team i.e. regular updates and named contact people who were extremely helpful.

> It was well advertised both nationally, locally and within the hospital.

> Dissemination of the information from the survey to the whole population and specific hospitals would be good. I only heard about it from an agenda item at a meeting.

Recommendations

- The current communications strategy and promotional methods will be employed and, where appropriate enhanced, to ensure that the profile of the survey is maintained and where feasible, further developed. A minority of respondents to the online evaluation reported that there was a deficit in information on the survey, further reinforcing the need for continued communication and promotion of the survey.

- The distribution of promotional material will be communicated clearly to hospitals, through the identification of a key contact, who will receive, distribute and display National Patient Experience Survey promotional materials.

- Further means of promoting the survey at hospital level will be identified and utilised where feasible, including the following suggestions from focus groups participants:

  - digital signage in hospital reception and waiting areas
  - staff intranet and training websites
  - staff t-shirts
  - staff identification badges
  - paper cups.

4.2 The online dashboard

The dashboard is an online reporting tool for healthcare professionals. Once survey responses have been anonymised by the National Patient Experience Survey Team, they are uploaded to the dashboard. Relevant staff across the healthcare system are granted role-based access by means of passwords. The primary aim of the dashboard is to bring feedback from patients to staff in a way that is timely and easy to understand, which enables teams to act when improvements are needed.

What did respondents and participants say?

All 23 focus group participants from hospitals and hospital groups had access to the National Patient Experience Survey dashboard. Given the importance of the dashboard in communicating patients' experiences of hospital care to relevant healthcare professionals, the dashboard was one of the four themes for discussion in the three focus groups comprising of hospital staff. Participants were asked how they generally felt about the dashboard, how they used it and what could be improved. Please see Appendix 2 for a full list of the questions asked.

All three focus groups acknowledged that the dashboard was a useful tool for hospital staff. Consensus was reached by focus group participants on the following:

- the dashboard is a positive form of patient engagement, as it allows hospitals and hospital groups to see how patients experience healthcare, as told in their own words
- the data on the dashboard, while restricted to nominated staff members, was distributed to the wider staff body at team and management meetings
- the dashboard allowed areas in need of improvement to be identified in real time
- the facility to identify positive patient experience had a positive impact on staff morale
- the ability to compare patient experience at a hospital group and national level was helpful, in that it provided context to local results
- features such as the performance summary and the word cloud were innovative and user-friendly
- difficulty was often experienced in loading and accessing data on the dashboard
- the addition of certain features could make the dashboard more accessible to users and the data easier to disseminate to colleagues
- the content and format of dashboard training sessions were beneficial
- the current format used to train dashboard users should be continued
- training on how to interpret data on the dashboard would be helpful.

As with the focus groups, responses to the online evaluation identified areas of the dashboard that were positive, namely that it was beneficial to have the real-time results of the survey, which could be monitored and compared across the system.

While the online evaluation did not contain a specific question on the dashboard, 15% of responses to question 2 (10 out of a total of 66 responses) — 'Was there anything particularly good about the survey?' —- referred to the dashboard.

The comments below provide a snapshot of what respondents to the online evaluation had to say:

> The reporting tool was excellent and very user friendly. The support from HIQA and the HSE was also very good.

> The survey is fantastic. I particularly love the access to the data via the dashboard.

> The dashboard was excellent and very easy to use.

> The survey highlighted many positives for the hospital. The results enabled the hospital to reassure staff with the confidence that we are doing many things well.

The dashboard allows for the transmission of feedback from patients to staff in a way that is timely and easy to understand. Over 34% of responses to the online evaluation, that is 26 out of 76 respondents, referred to the positive impact the survey has on patient engagement.

Below are examples of responses to the online evaluation about the positive impact of the survey on patient engagement:

The NPES provided valuable patient feedback which, used in conjunction with feedback and evaluation results gathered by the hospital, will drive ongoing quality improvements… The survey results were an opportunity to acknowledge and thank hospital staff for the high standard of care that they provide to patients every

Patient views and comments enabled us to see what was working well and not so well from the patient perspective and affords us the opportunity to develop a quality improvement plan to address same.

A lot of staff commented that they were motivated by the survey because the results reflected the quality of the care that they gave to their patients on a daily basis.

We are delighted to have patient experience data which is so diverse and rich in detail from which to structure and inform quality improvement locally. It's useful that the feedback is grouped into themes and we're delighted to get the patient comments and

ADMISSIONS
86%
Your Average

Comparisons
ADMISSIONS

National	89%
Group	87%
Your Average	86%

CARE ON THE WARD
76%
Your Average

Comparisons
CARE ON THE WARD

National	89%
Group	87%
Your Average	76%

EXAMINATION & DIAGNOSIS
79%
Your Average

Comparisons
EXAMINATION & DIAGNOSIS

National	89%
Group	87%
Your Average	79%

OPERATIONS & PROCEDURES
86%
Your Average

Comparisons
OPERATIONS & PROCEDURES

National	89%
Group	87%
Your Average	86%

DISCHARGE / TRANSFERS
76%
Your Average

Comparisons
DISCHARGE / TRANSFERS

National	89%
Group	87%
Your Average	76%

OTHER
79%
Your Average

Comparisons
OTHER

National	89%
Group	87%
Your Average	79%

HIGHEST RATING QUESTIONS

SURVEY QUESTION	YOUR AVERAGE	NATIONAL AVERAGE
Please rate us on our overall communication with you, where 0 means 'Poor' and 10 means 'Excellent'.	96%	94%
Please rate us on your overall involvement in your care and decisions, where 0 means 'Poor' and 10 means 'Excellent'.	92%	89%
Please rate us on how we cared for you overall, where 0 means 'Poor' and 10 means 'Excellent'.	89%	92%

OPPORTUNITY FOR IMPROVEMENT

SURVEY QUESTION	YOUR AVERAGE	NATIONAL AVERAGE
Please rate us on our overall communication with you, where 0 means 'Poor' and 10 means 'Excellent'.	96%	94%
Please rate us on your overall involvement in your care and decisions, where 0 means 'Poor' and 10 means 'Excellent'.	92%	89%
Please rate us on how we cared for you overall, where 0 means 'Poor' and 10 means 'Excellent'.	89%	92%

Figure 2: The performance summary on the dashboard, providing dashboard users with an overview of how their hospital is performing

Recommendations

Making the dashboard as user-friendly and as relevant to the needs of healthcare professionals as possible is imperative to the success of the National Patient Experience Survey. Focus group participants identified a number of areas of improvement concerning the dashboard's capabilities. These were as follows:

Issues identified:

- filters — data filters, in particular the data range, automatically reset themselves, which caused confusion
- graphs — graphs were slow to load and, at times, failed to load.

Need for additional capabilities identified:

- a report or presentation feature, to allow for wider distribution, review and discussion of results with colleagues
- the capacity to export and print overall results, for review and wider discussion
- the addition of a keyword search function
- the capability to link quantitative and qualitative comments, to contextualise a patient's overall experience
- further granularity — currently the names of hospital wards are anonymised. Respondents and participants requested that dashboard users be able to see the names of wards, to allow for targeted quality improvements at ward level
- access to the range of general patient satisfaction measured in question 53 of the survey, i.e. the lowest and the highest score
- the facility to see comparative responses from hospitals of a similar size/model
- time stamping uploaded responses or setting a threshold date for the release of new data on the dashboard during the survey period. This would allow for consistent tracking of quantitative responses and reduce duplication of effort.

4.3 Outcomes of the National Patient Experience Survey

The National Patient Experience Survey allows us to see what is good about healthcare in Ireland and where improvements are needed, from the patient's perspective.

What did respondents and participants say?

Focus group participants were mindful of how the National Patient Experience Survey would be perceived by patients and the wider public if proposed improvements to the health service, resulting from the survey, were not demonstrated.

While some respondents to the online evaluation welcomed an annual survey of patient experience, other respondents agreed that there are challenges to planning and implementing all of the planned quality improvements before the next survey is conducted in May 2018:

> Annual survey is too frequent to enable sufficient time to bring in improvements. Every 2 years sufficient.

> Running the survey on a yearly basis is a positive step in ensuring recommendations are met and putting QIPs in place.

> This needs to be an annual survey with similar themes, so hospitals can assess implemented improvements.

> Personally I feel it's too optimistic to run the same survey again in 2018, the low hanging quick fixes may have been achieved, however the more difficult issues and those that yield most benefit to the patients will not be addressed in time for the next survey.

Recommendations

The HSE has committed to using the findings of the National Patient Experience Survey 2017 to support wide-ranging quality improvements in public acute hospitals in Ireland. They have developed and published national quality improvement plans, which outline a vision and direction for the future of patient-centred care in Ireland. They can be found at: www.patientexperience.ie.

- The survey will take place on an annual basis, allowing for year-on-year comparisons of quality improvements in healthcare. Quality improvement plans and outcomes should be logged, tracked and reported on an annual basis.
- Case studies of resulting quality improvements and information sharing sessions should be conducted at hospital and hospital group level to demonstrate the implementation of quality improvement initiatives.

4.4 Resources

The National Patient Experience Survey is a national survey, implemented across 40 public acute hospitals. The administration, analysis and reporting is managed centrally by the National Patient Experience Survey Team. This eliminates the need to extend hospital resources to manage and implement these functions.

That said, resources were required at hospital level to:

- promote the survey
- upload the patient contact dataset
- ensure that deceased patients' contact details were taken out of the patient contact dataset
- opt patients out of the survey, in line with patient requests
- distribute information about the survey to patients on discharge.

What did respondents and participants say?

Respondents to the online evaluation expressed their dissatisfaction with the extra workload as it was not factored into their work plan.

Despite the survey being managed off site, the process is very much resource dependant in terms of how well hospitals can prepare for and promote the survey…..no additional on-site resources were made available for this piece of work.

From a resource perspective it was good that the management of the survey questionnaire (i.e. posting out/receiving back etc.) and the inputting of results was managed by a team outside of the hospital.

Recommendations

- Resources are not within the scope of this review. The National Patient Experience Survey Steering Group will be made aware of participants' and respondents' feedback on resourcing at hospital level.

4.5 Scope of the survey

The National Patient Experience Survey will take place on a yearly basis, using the survey tool that was used in 2017 for a further two years. This will allow results to be compared, year-on-year.

The survey tool was developed utilising a robust process. Questions were:

- purchased from an internationally-validated question bank
- tested in an Irish context with six patient focus groups and two data user focus groups
- prioritised through a Delphi Study, in order to select the most relevant questions
- reviewed by Picker Institute Europe to ensure that each question would yield informative results for analysis.

More detail on the development of the questionnaire can be found here: www.patientexperience.ie.

What did respondents and participants say?

Focus group participants and respondents to the online evaluation suggested:

- reducing the number of questions, to make the survey more accessible
- increasing the number of questions, to capture more specialised areas of care
- extending the survey to other areas of healthcare. Suggestions included maternity, paediatrics, outpatients and bereaved families of patients.

> I felt it was too long and too complicated for some of the patients.

> The survey could be expanded to include other patient care areas such as out patient and day care units to provide a comprehensive outlook of the patient experience.

> Include maternity patients in the survey. Have a similar survey for parents of children in hospital.

> Extending the survey to other areas e.g. OPD, DSU, would have measurable benefits for the quality of the service delivered.

Recommendations

- Suggestions on the scope of the survey tool will be logged and consulted during future revisions of the survey questionnaire.
- It is recommended that the survey be extended to other areas of care.

4.6 Patients’ contact data

To implement the survey, a range of roles and responsibilities were created. Hospitals had the responsibility of:

- extracting the contact details of patients
- submitting patients’ contact details to the National Patient Experience Survey Team via encrypted software
- ensuring that the information of deceased patients was removed from the dataset of eligible participants
- opting patients out upon discharge, in line with patients’ requests.

The National Patient Experience Survey Team oversaw the:

- receipt and secure storage of the patient contact dataset
- printing and distribution of surveys to eligible participants
- receipt, anonymisation and quality assurance of the patient contact datasets
- uploading of participants’ responses to the dashboard
- operation of a helpline for eligible participants and the public during the survey period.

What did respondents and participants say?

There was consensus among focus groups participants that:

- appropriate support and guidance was provided by the National Patient Experience Survey Team to staff responsible for the collection, submission and receipt of data
- the how-to guide on the extraction of the patient dataset was helpful
- training, organised for both hospital and managed service staff, was valuable

- the testing phase, where data extraction and submission processes were tested prior to the implementation of the survey, was useful for identifying potential issues
- further guidance is needed on the collation of the patient dataset to avoid onerous quality assurance upon receipt
- ensuring that surveys were not sent to deceased patients was an onerous and resource-intensive task
- more guidance is needed on the opt-out process within hospitals
- information is needed on how the survey complies with the Data Protection Acts (1988) (2003) and General Data Protection Regulation (GDPR) 2018
- the development of a coding framework for uploading patient feedback to the dashboard, and related training, was constructive
- the absence of acronyms in the coding framework made the anonymisation of the data a more resource-intensive task.

Recommendations

- training on the extraction of the patient contact dataset should be repeated with each iteration of the survey
- the testing phase should be repeated with each iteration of the survey
- training and further guidance should be provided on the format and type of information to be contained in the patient contact dataset and the deceased patients' contact dataset
- further training should be given on the coding framework
- the current coding framework should be further developed to include agreed usage of acronyms
- a standardised process should be developed for the identification of deceased patients
- a standardised process should be developed for in-hospital opt-outs
- information should be made publicly available on how the National Patient Experience Survey complies with current Data Protection legislation and GDPR, to be introduced in 2018.

5. Conclusion and overall recommendations

The below outlines recommendations based on the review of National Patient Experience Survey processes. These recommendations will help to inform the future development of the National Patient Experience Survey.

A number of issues raised by focus group participants and respondents to the online evaluation are beyond the scope of this review, namely the frequency and content of the survey and resourcing within the HSE. The National Patient Experience Survey Steering Group will be made aware of same.

The recommendations for the National Patient Experience Survey Programme are:

Communication and promotion of the National Patient Experience Survey

- The stakeholder engagement and communications strategies utilised during the planning and implementation of the survey in 2017 should be employed and, resources permitting, escalated in 2018, due to its favourable reception by stakeholders.
- National Patient Experience Survey promotional material is effective in informing staff and patients about the survey. The promotional material should be reutilised and, where possible, further developed for future iterations of the survey.
- Greater communication is needed around the delivery and display of promotional material to ensure that it is of optimal benefit during the entirety of the survey period.

The online dashboard

- Continued training should be provided for National Patient Experience Survey dashboard users, in light of continual upgrading of the dashboard's features and functionality, and the addition of new staff and dashboard users.
- The dashboard should be upgraded to include the features outlined on page 13 of this document, to ensure that it is accessible and user-friendly.

- Technical issues experienced by dashboard users should be identified and mitigated going forward.
- Greater granularity should be provided in the data available on the dashboard; the names of hospital wards should not be anonymised.
- The framework of acronyms should be developed to facilitate more effective coding and uploading of survey responses to the dashboard.

Outcomes of the survey

- The value of the survey should be confirmed to both staff and patients prior to the next iteration of the survey through the demonstration of effective quality improvements.

Scope of the survey

- The survey should be extended to other areas of healthcare, where feasible.

National Patient Experience Survey in-hospital processes

- The in-hospital opt-out process for patients should be clarified and standardised.
- The death check process should be clarified and standardised.
- Testing of processes, i.e. data extraction, should be conducted in advance of the survey in 2018.
- All data submitted by hospitals to the managed service should be quality assured at hospital level, prior to submission. This includes the submission of eligible participants' data, the details of deceased patients and the details of patients who requested to opt out during or prior to discharge.

- Information on how the survey complies with GDPR should be made available to hospital staff and patients in advance of the introduction of GDPR in May 2018.

6. Next Steps

The National Patient Experience Survey will take place in May 2018. The recommendations outlined in this document will be reviewed by the National Patient Experience Survey Team and Steering Group and, where appropriate, acted on to ensure more effective and streamlined survey processes for future iterations of the survey.

Appendices

Appendix 1: Online evaluation

Q.1 What was your role in the National Patient Experience Survey?

Q.2 Was there anything particularly good about the survey?

Q.3 Was there anything that could be improved?

Q.4 Do you have any other comments or suggestions on the survey?

Appendix 2: Content of focus groups: Themes and questions

Hospital and hospital group staff

The focus groups will concentrate on the methodology used to implement the National Patient Experience Team. The facilitator will guide the group through the following:

Theme 1: Communications and promotion of the survey (25 minutes)
How did you find the communication and promotional methods?

For consideration
- What did you think of the information sessions, workshops and hospital visits?
- Did the survey team give enough support and guidance to hospital staff?
- How else can the survey be promoted in hospitals?

Theme 2: National Patient Experience Survey dashboard (25 minutes)
What did you think of the National Patient Experience dashboard?

For consideration
- How is the data on the dashboard used in your hospital?
- What could be improved about the dashboard?

Theme 3: Opt-out (20 minutes)
How was the opt-out process managed in your hospital?

For consideration
- How did patients know about the opt-out process in your hospital?
- How could this process be improved?

Theme 4: Datasets (20 minutes)
What did you think of the guidance and support for coordinating the datasets?

For consideration
- Were staff given clear information on what they had to do with the datasets?
- Was the National Patient Experience Process Guide useful?
- Is there any way that this process could be improved?

Scope

In scope

- Communications and promotion of the survey
- National Patient Experience Survey dashboard
- Opt-out process
- Datasets

Out of scope

- Survey tool, i.e. questionnaire
- Governance structure
- Resourcing within the HSE

Appendix 3: Content of focus groups: Themes and questions

Managed service

The focus groups will concentrate on the methodology used to implement the National Patient Experience Survey. The facilitator will guide the groups through the following:

Theme 1: Areas of strength (20 minutes)

What do you think worked well with the National Patient Experience Survey?

For consideration:

- Communication, distribution, punching, coding, analysis

Theme 2: Operations (25 minutes)

What are your thoughts on the operations, including project management?

For consideration

- Testing, helpdesk, punching, coding, dashboard, analysis, development of themes, information governance, communication between project team members

Theme 3: Datasets (20 minutes)

Was the dataset processing effective?

For consideration

- Dataset for Extraction, death check, quality assurance, masterfile, response file

Theme 4: Areas for improvement (25 minutes)

Going forward what would you like to see improved?

For consideration

- Communications, operations, datasets

Scope

In scope

- areas of strength
- operations
- datasets
- areas for improvement

Out of scope

- Survey tool, i.e. questionnaire
- Governance structure
- Resourcing within the HSE

Glossary of Terms

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

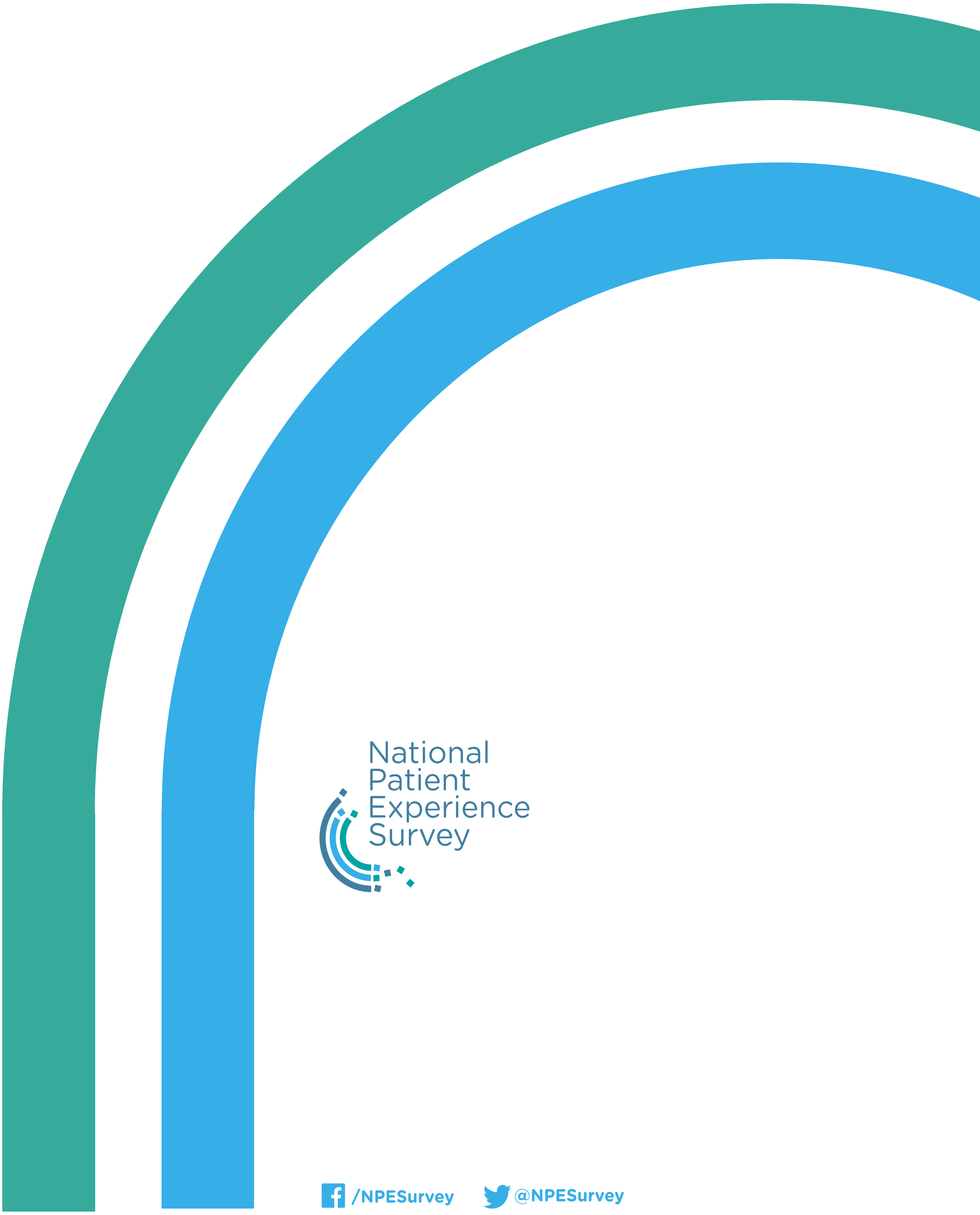
Delphi Study: A method for obtaining group consensus involving the use of a series of mailed questionnaires and controlled feedback to respondents which continues until consensus is reached.

General Data Protection Regulation (GDPR): GDPR is designed to harmonise data privacy laws across Europe, to protect and empower all EU citizens' data privacy and to reshape the way organisations across the region approach data privacy.

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 of at least one night.

Patient-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.



National
Patient
Experience
Survey

/NPESurvey @NPESurvey