



National Patient Experience Survey 2017

Royal Victoria Eye and Ear Hospital

We're committed to excellence in healthcare



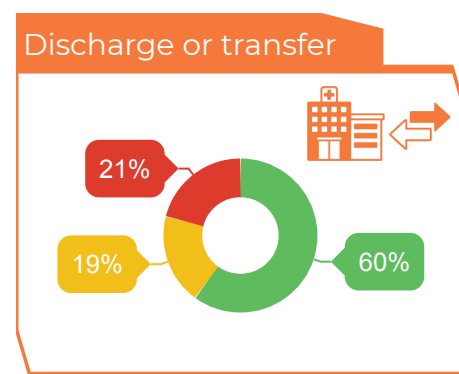
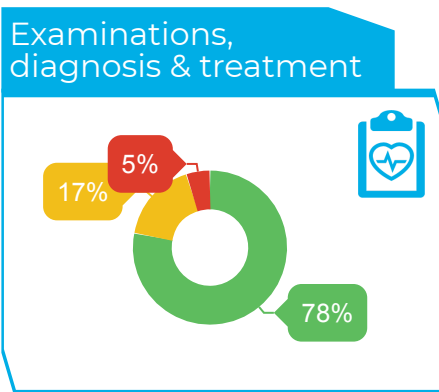
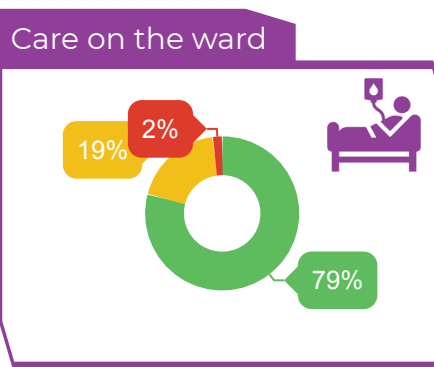
Thank you to the people who participated in the National Patient Experience Survey 2017, and to their families and carers. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve 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.

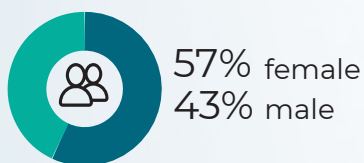
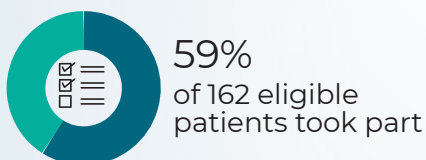
The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups.

Stages of care



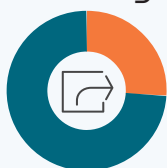
* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

Royal Victoria Eye and Ear Hospital



Average age:
59 years

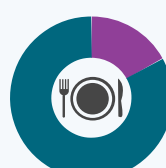
Discharge



26%

were not completely told about danger signals to watch out for after they went home.

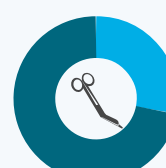
Food



17%

rated the hospital food as fair or poor.

Treatment



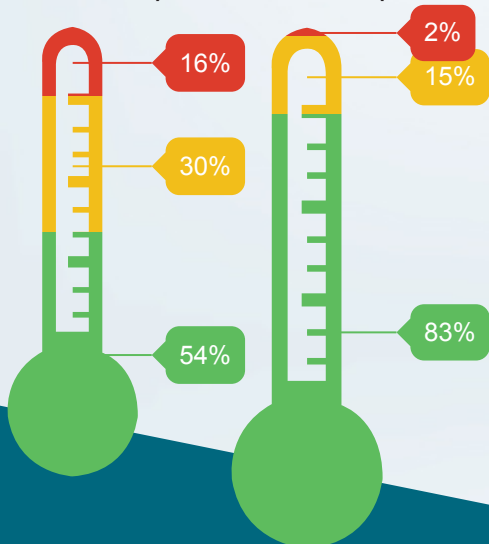
28%

were not told how they could expect to feel after an operation in a way they could completely understand.

Overall experience

Nationally

This hospital



Areas of good experience

94% of people said

that they did have enough time to discuss their care or treatment with a doctor.

Areas needing improvement

22% of people said

they were not always as involved as they wanted to be in decisions about their care.

Structure and content of this report

Chapter 1: patients' experiences of acute hospital care in RVEEH **4**

This chapter presents the areas of good experience and the areas needing improvement in Royal Victoria Eye and Ear Hospital (RVEEH).

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

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

This chapter presents the findings of the 2017 survey.

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

Chapter 3: overall experience **30**

This chapter analyses patients' overall experiences in RVEEH.

Chapter 4: conclusion **31**

This chapter summarises the findings of the 2017 survey.

Appendices **33**

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

Glossary **43**

References **44**



Chapter 1

Patients' experiences of acute hospital care in Royal Victoria Eye and Ear Hospital (RVEEH)

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 RVEEH during the month of May 2017. In total, 95 participants from RVEEH took part in the survey.

The survey asked 61 questions based on five stages of care along the patient journey in hospital: admissions¹, care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other aspects of care.

¹ As there were fewer than 30 responses to Admissions questions for RVEEH, the results for this stage of care are suppressed to protect the anonymity of respondents. This approach follows international best-practice.

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 of 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 95 patients from RVEEH. While thousands of people surveyed nationally said that they had a very good experience of acute hospital care, it is important also to listen to those people who identified areas for improvement. These voices and experiences will play a key role in shaping the future of patient-centred care in Ireland.

Hospital profile

RVEEH is a public acute hospital located in Dublin city, specialised in providing eye and ear care. There were 60 inpatient beds in operation in the hospital during May 2017. 162 eligible discharges were recorded during the survey period of 1 May – 31 May 2017 inclusive. RVEEH has a specialised emergency department for eye and ear-related conditions. Patients from RVEEH were asked to answer questions on each stage of care but as only 19 people answered questions on the admissions stage the results for this stage are not included in this report. This is in order to protect the anonymity of these respondents.

Purpose of this report

The purpose of this report is to outline the key findings of the National Patient Experience Survey, based on the experiences of patients who stayed in RVEEH in May 2017.

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 RVEEH. A quality improvement plan developed by RVEEH will be published 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.



Who took part in the survey?

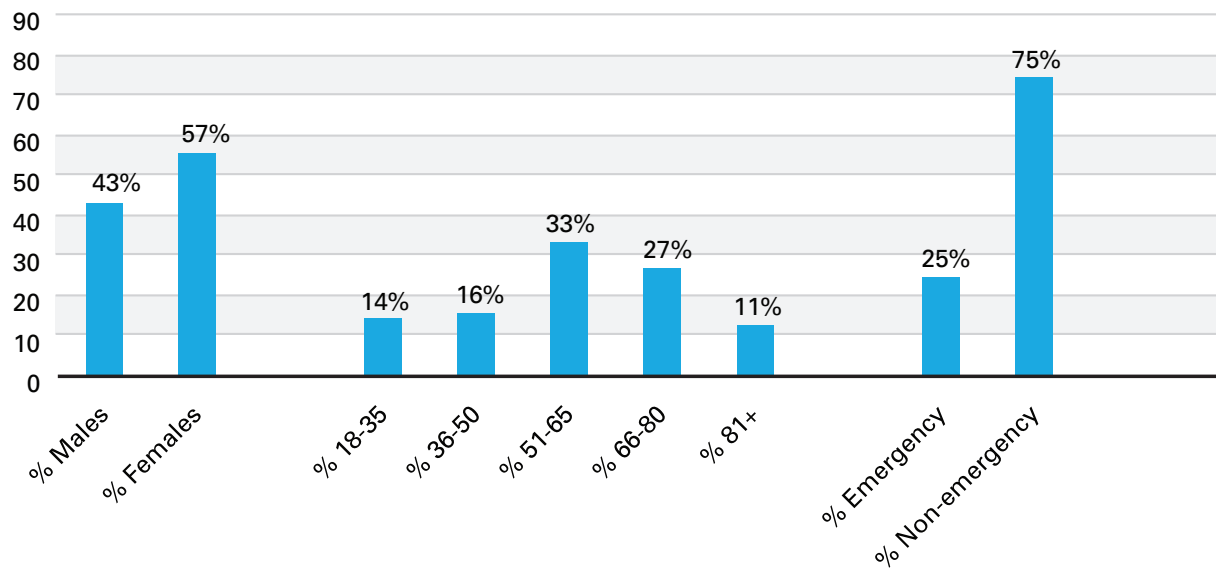
Description of the respondents who took part in the survey

Overall, **162** people discharged from RVEEH in May 2017 were invited to participate in the survey.

Of those, **95** people (59%) completed the survey.

Figure 1. below shows information about the respondents who took part in the survey in RVEEH. 43% of people who responded to the survey in RVEEH were male and 57% were female. 25% of patients said that their hospital stay was an emergency.

Figure 1. Survey participants from RVEEH by sex, age group and admission route



What were the main findings for RVEEH?



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

RVEEH scored above the national average on every question, indicating very strong performance across all stages of care.

The majority of patients said that they had enough time to discuss their care and treatment with doctors, and trusted the staff that treated them. Patients were also treated with respect and dignity. RVEEH performed well above average on discharge or transfer questions, though some room for improvement was still evident.

Other areas with room for improvement included patient involvement in decisions about their care and getting help with going to the bathroom, when required.

These findings will serve to inform quality improvement initiatives in RVEEH.

Areas of good experience and areas needing improvement in RVEEH

This section lists the areas where 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 RVEEH are:

Patients generally had positive experiences, with above average scores on several questions around discharge or transfers. Patients reported having sufficient time to discuss their care and treatment.

Examination, diagnosis and treatment | Q21.

Time to discuss care and treatment with a doctor

89 of the 95 people who answered this question (94%) said that they definitely, or to some extent, had enough time to discuss their care or treatment with a doctor.

Discharge or transfer | Q44.

Written or printed information

74 people (81% of people who answered this question) said they were given written or printed information about what they should or should not do after leaving hospital. This is above the national average.

Discharge or transfer | Q49.

Provision of information to family members

52 of the 62 people who answered this question (84%) said that their family were definitely, or to some extent, given enough information to care for them at home.

Discharge or transfer | Q51.

Information on how to manage a condition

81 (95%) of the 85 people who answered this question said that they were definitely, or to some extent, given enough information on how to manage their condition after discharge.

The areas needing improvement in RVEEH are:

The majority of RVEEH patients had positive experiences, and the hospital scored above the national average on every question in the survey. Nevertheless, room for improvement was apparent in several areas.

Care on the ward | Q12.

Help from staff to get to the bathroom

Of the 54 people who answered the question, seven (13%) said they did not always get the help they needed from staff to get to the bathroom.

Examinations, diagnosis and treatment | Q24.

Involvement in decisions about care and treatment

Despite the majority of people reporting that they were always involved in decisions about their care, 21 out of 95 people (22%) said that they were not involved as much as they wanted to be, or only involved to some extent.

Discharge or transfer | Q46.

Information on the side effects of medication

25 people (39%), who answered question 46, said that they were not informed about any medication side effects to watch for when they went home.



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.

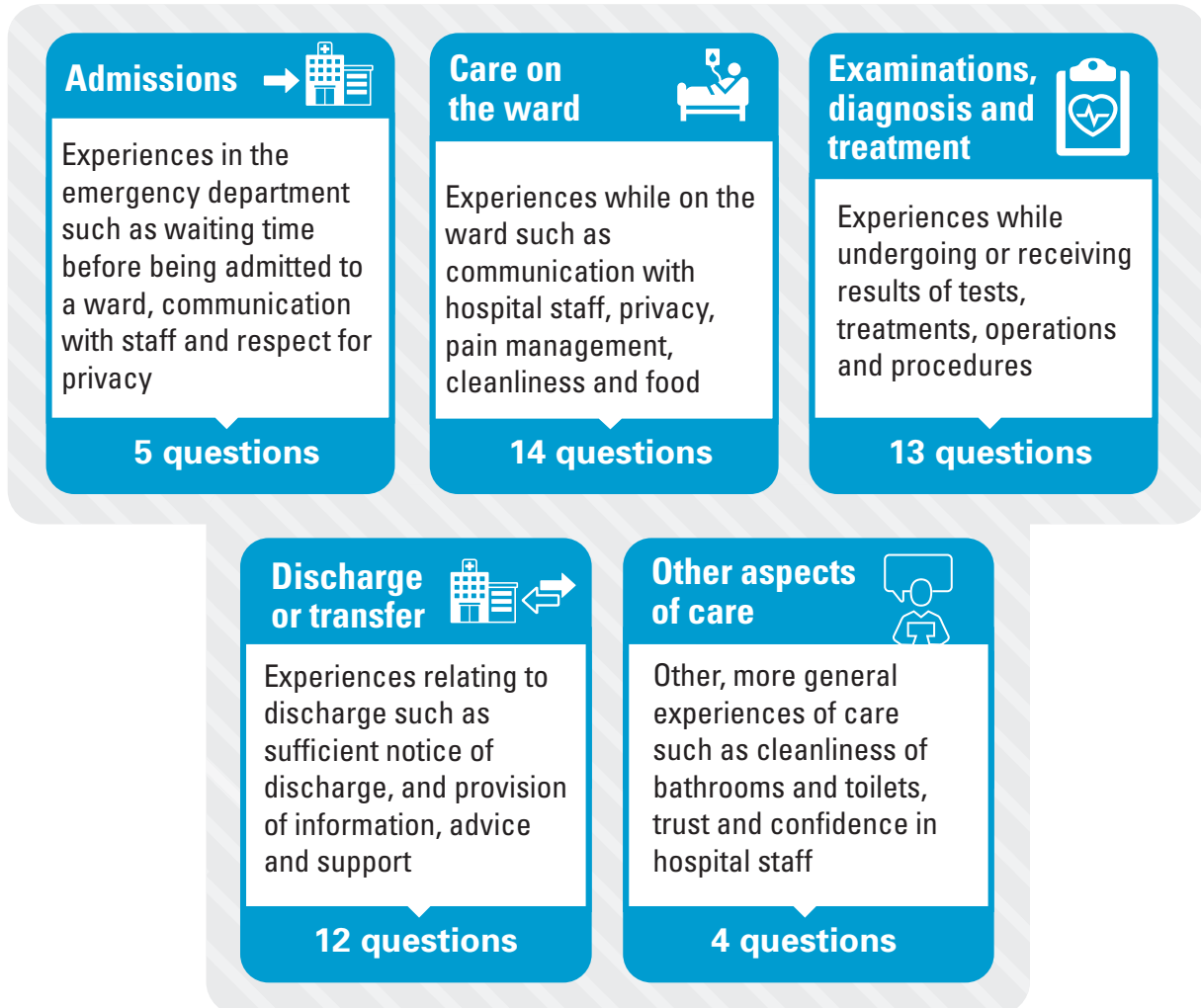
The survey questions were grouped into five stages along the patient journey:

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

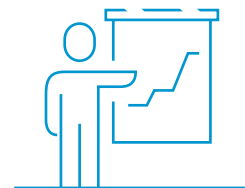
"I couldn't fault anybody in the hospital. Porters, cleaners, doctors, nurses, all treated me with care and respect"

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

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



How to interpret the results for the stages of care



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

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

Figure 3. Guide to interpreting the results

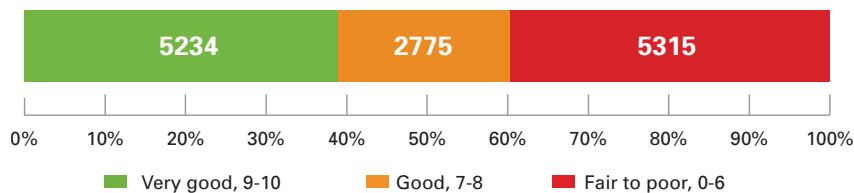
1. Experience rating for a stage of care

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

Example:

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

Figure 2.22 | Discharge or transfer ratings



2. Scores out of 10

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

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

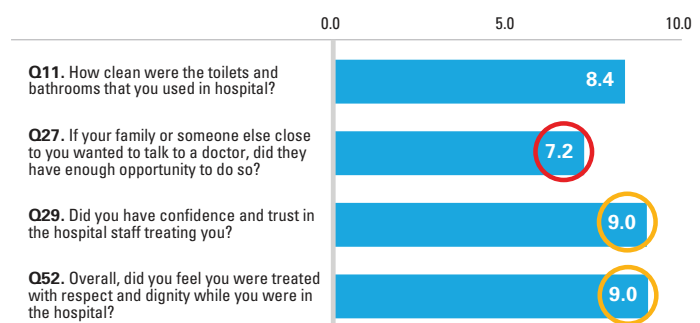
Example:

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

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

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

Figure 2.28 | National score for other aspects of care

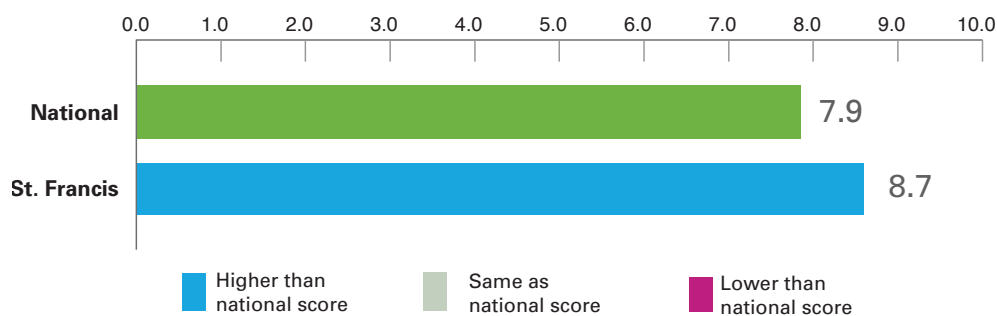


3. Comparisons

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

Example:

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



Care on the ward

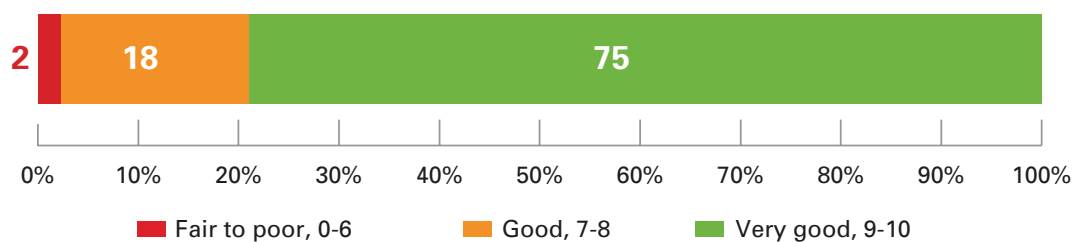


In summary: what were patients' experiences of care on the ward?

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

Out of the 95 people who rated their experience of care on the ward, two people (2%) reported having a 'fair to poor' experience during their stay on a ward in RVEEH. On the other hand, 75 people (79%) reported having a very good experience during their stay on a ward in May 2017. These experience ratings are summarised in Figure 4. below.

Figure 4. Experience ratings for care on the ward

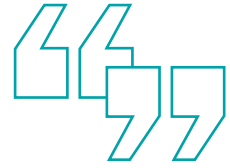


What were the key findings for care on the ward?

- 77 people (88%) said that they always had an opportunity to talk to a nurse if they wanted to.
- 16 people (17%) said that the food was 'fair' or 'poor'. However, this score was still above the national average.
- People in RVEEH rated their experience of care on the ward as 9.2 out of 10, compared with the national average of 8.3 out of 10. This means that people in the hospital had a more positive experience of care on the ward than patients nationally.

"I was very pleased with the attention & urgency that my case was handled [with]"

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



In total, people discharged from RVEEH made 96 comments in the 2017 survey about: 'staffing levels, availability and responsiveness' 'hospital staff', 'food and drink', 'cleanliness and hygiene'. 18% of the comments were received for Q60, which asked respondents for suggestions for improvement. Some example comments for this stage of care are provided below.

Staffing levels, availability and responsiveness

"The staff were at all times available and reassuring. Many thanks to all."

"When I was brought out into recovery I asked for my mother to come to me, I was told on a few occasions that someone would get her but they didn't. I was in pain and frightened, but they never rang for my mother. I was very upset about this considering it was a nurse who asked me first, if I wanted my mam to come for me."

Hospital staff

"Everyone I came in contact with from the staff serving meals, Nurses, Dr's, and everyone in the operating Theatre were extremely kind and caring."

"Contract medical staff did not act right at time, so I think that should be improved."

Food and drink

"The food was excellent, the staff from the catering, nursing, operative surgery were brilliant, 10 out of 10."

"Food. Eggs not hot in morning. Same with tea/coffee."

Cleanliness and hygiene

"The hospital was the cleanest I have ever been in and the food was excellent. I could not fault any aspect of my stay."


"Cleanliness in toilets. No stoppers in sinks."

Quantitative results for questions on care on the ward

Fourteen questions asked about care on the ward.

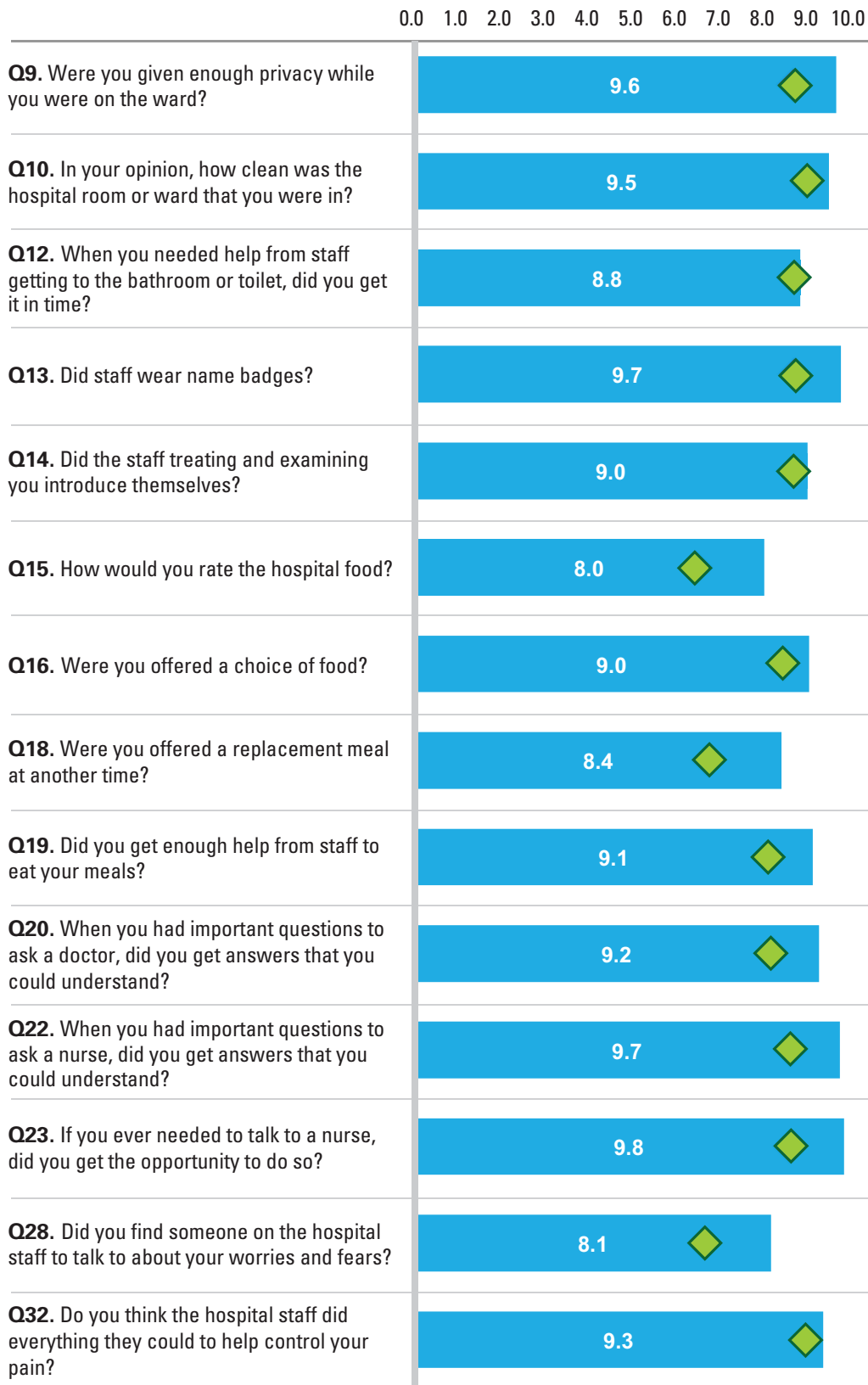
77 people (88%) out of the 88 people that answered the question said that they always had an opportunity to talk to a nurse if they wanted to. The lowest scoring question relates to patients ratings of the hospital food (score of 8.0 out of 10). 16 people (17%) said that the food was 'fair' or 'poor'. However, this score was still above the national average.

Figure 5. below summarises the scores for RVEEH for the care on the ward stage.



“As I was a patient in a smaller, more specialised hospital, I do feel this meant my experience was more positive and personal than in some of the larger general hospitals.”

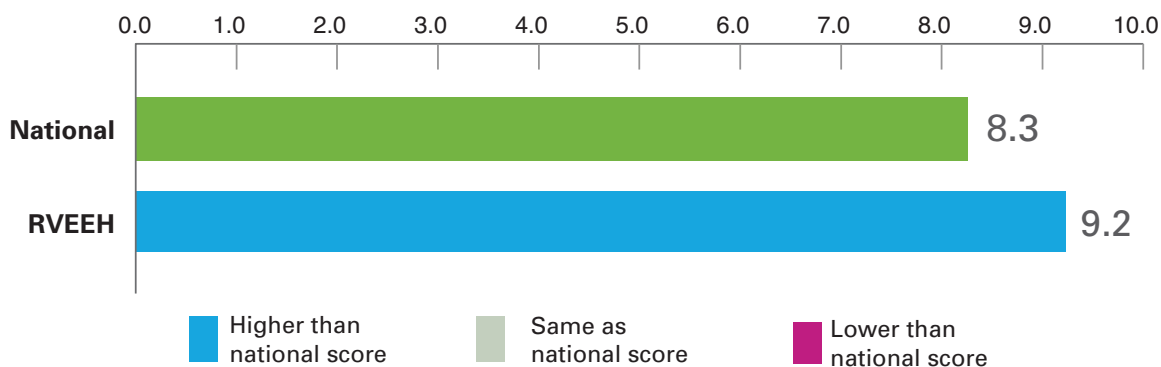
Figure 5. RVEEH scores for questions on care on the ward



■ Royal Victoria Eye and Ear Hospital
 ◆ National

Figure 6. shows that, within the care on the ward stage, the average score for RVEEH (9.2 out of 10) is higher the national average (8.3 out of 10). This means that patients who attended RVEEH in May 2017 reported a more positive experience of care on the ward than the national average.

Figure 6. Comparison of RVEEH with the national average for care on the ward (out of a maximum of 10)



Care on the ward: what do these results mean?

RVEEH performed quite well on this stage of care, with patients reporting a more positive experience than the national average. RVEEH performed very well on staff availability and support, but a significant number of patients said they were not able to find someone to talk to about their worries and fears. Ratings of hospital food were above average but there was still room for improvement.

Examinations, diagnosis and treatment

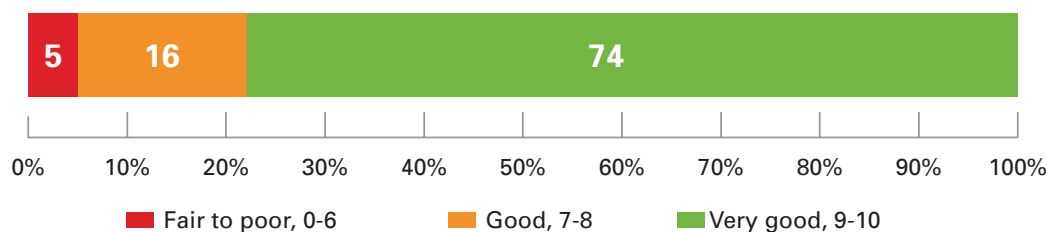


In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

95 people rated their experience of examinations, diagnosis and treatment in RVEEH, with five people (5%) reporting that they had a 'fair to poor' experience. However, 74 people (78%) rated their experience during this stage of care as 'very good'. These experience ratings are summarised in Figure 7. below.

Figure 7. Experience ratings for examinations, diagnosis and treatment



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

- Out of 95 people, 91 (96%) said they were given the definitely given enough privacy while being examined or treated.
- 21 people (22%) said that they were not involved, or were only involved to some extent, in decisions about their care or treatment.
- RVEEH achieved an overall score of 9.1 out of 10 for the examinations, diagnosis and treatment stage. This is higher than the overall score nationally, meaning that patients in RVEEH reported a more positive experience for this stage than other patients nationally.

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



Patients discharged from RVEEH made 49 comments about: 'nursing staff' and 'doctors or consultants'. Two of the comments were received for Q60, which asked for suggestions for improvement. Examples of comments for this stage of care are provided below.

Discharge and aftercare

"The nurses in the Royal Victoria Eye and Ear are an absolute credit to the health sector. All nurses were so nice and caring."

"A large group of nurses outside room talking loudly, laughing for ten to fifteen minutes. I had only been placed to my cubicle a half hour, in transition to operation prep. The noise and intensity of the banter could be experienced in Temple Bar on a Friday night! I had to get up and go outside to get some calm into me."

Doctors and consultants

"Consultant and all staff were excellent in every way."

"I was not happy the way the Doctor spoke with me on the day I was discharged, he was not friendly."

Quantitative results for questions on examinations, diagnosis and treatment

Thirteen questions asked about examinations, diagnosis and treatment.

Out of 95 people, 91 (96%) said they were definitely given enough privacy while being examined or treated.

However, 21 people (22%) said that they were not involved, or were only involved to some extent, in decisions about their care or treatment.

Figure 8. summarises the scores for RVEEH during examinations, diagnosis and treatment.

Figure 8. Hospital scores for questions on examinations, diagnosis and treatment

Figure 9. shows that, within the examinations, diagnosis and treatment stage, the average score for RVEEH (9.1 out of 10) is higher than the national average (8.1 out of 10). This means that patients who attended RVEEH in May 2017 reported a more positive experience than the national average.

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



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

RVEEH had an above average performance on this stage of care, with patients reporting a more positive experience than the national average. It was clear that doctors and nurses provided explanations of conditions and treatments that patients could understand. A number of patients were not as involved as they would like to have been in decisions about their care.

Discharge or transfer

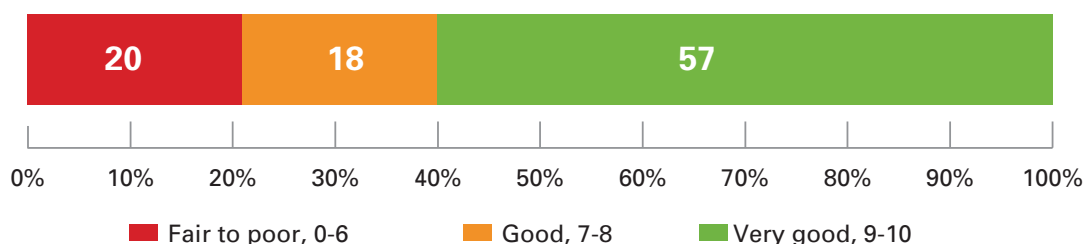


In summary: what were the experiences of patients during discharge or transfer from hospital?

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

Out of the 95 people who rated their experience of discharge or transfer from the hospital, 20 (21%) said that their experience was 'fair to poor'. On the other hand, 57 (60%) reported having a very good experience of being discharged or transferred from RVEEH. Figure 10. below summarises these experience ratings.

Figure 10. Experience ratings for discharge or transfer



What were the key findings for discharge or transfer?

- Out of 91 people, 82 (90%) said that healthcare staff spent enough time explaining about their health and care at home.
- 25 people (39%), who answered Q46, said that they were not informed about any medication side effects to watch for when they went home.
- The average score for RVEEH on this stage of care (8.4 out of 10) is much higher than the national average (6.7 out of 10). This means that patients who attended RVEEH in May 2017 reported a much more positive experience of discharge or transfer than the national average.

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



In total, patients discharged from RVEEH made four comments in the 2017 survey about 'discharge and aftercare management'. Two comments suggested areas for improvement. Some examples of the comments received for this stage of care are provided below.

Discharge and aftercare

"I would like to say thank you for the prompt care and reassurance given in my recent stay. The efficiency of operating which was necessary. Also the after care and follow up appointments. And treatments needed."

"Discharge could be improved as it took 5 hours from final review to discharge letter holding a bed for no good reason. A time of discharge should be possible for routine procedures."

Quantitative results for questions on discharge or transfer from hospital

Twelve questions asked about discharge or transfer.

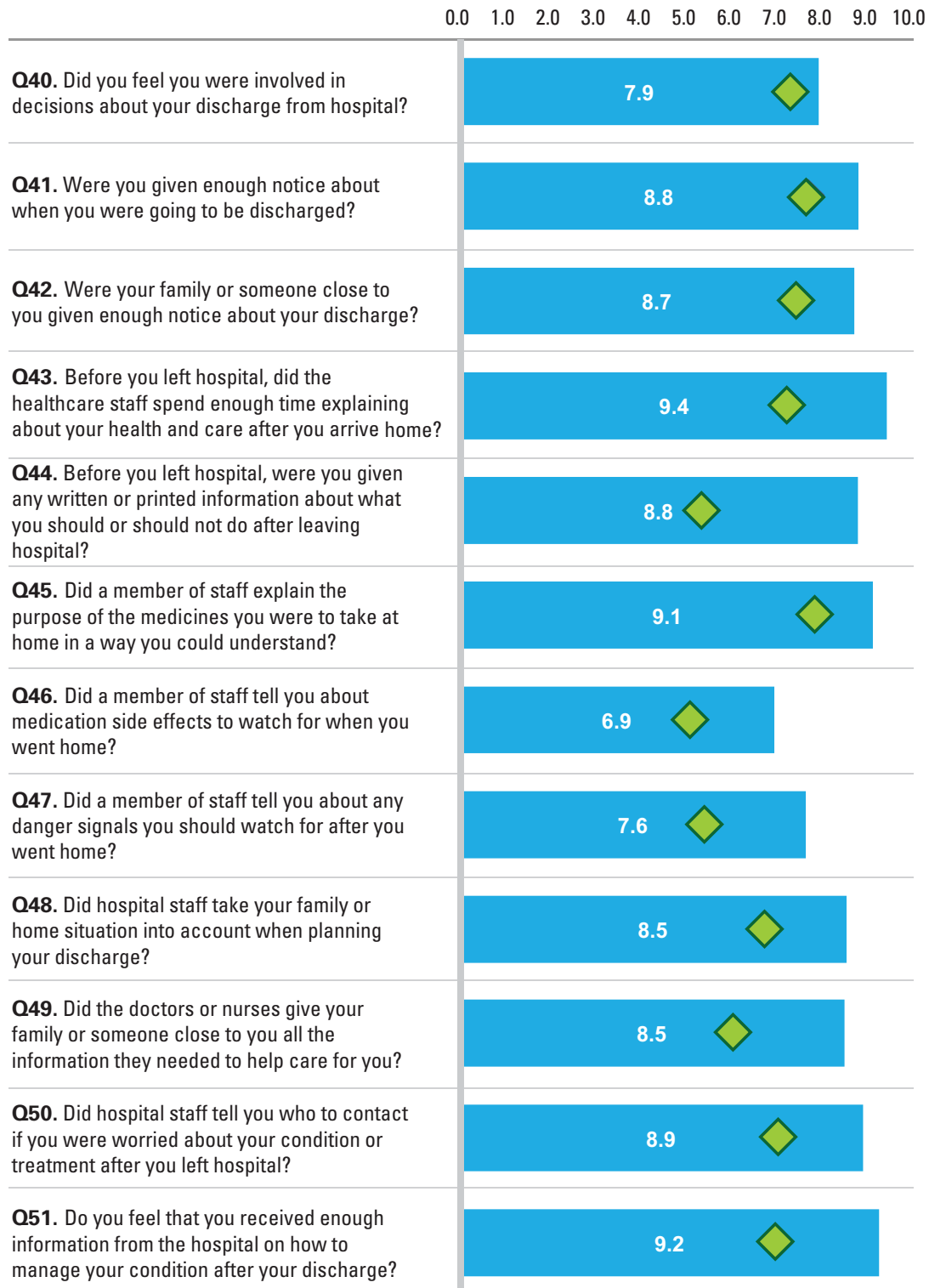
Out of 91 people, 82 (90%) said that healthcare staff spent enough time explaining about their health and care at home.

25 people (39%), who answered Q46, said that they were not informed about any medication side effects to watch for when they went home.

"Travel arrangements hard to organise at short notice."

Figure 11. summarises the scores for RVEEH for questions on discharge or transfer from the hospital.

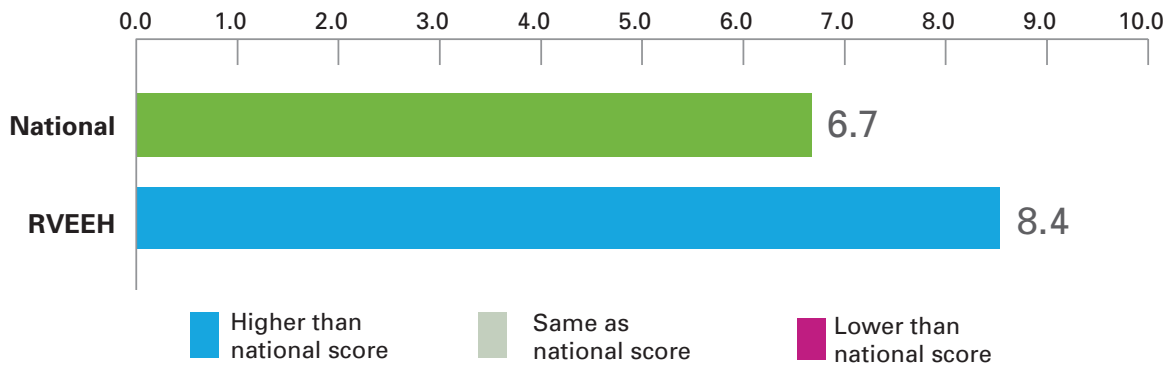
Figure 11. RVEEH scores for questions on discharge or transfer



■ Royal Victoria Eye and Ear Hospital ◆ National

This means that patients who attended RVEEH in May 2017 reported a much more positive experience than the national average for this stage of care. Figure 12. shows that, within the discharge or transfer stage, the average score for the RVEEH (8.4 out of 10) is higher than the national average (6.7 out of 10).

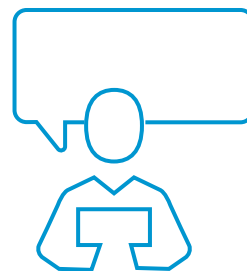
Figure 12. Comparison of RVEEH with the national average for discharge or transfer (out of a maximum of 10).



Discharge or transfer: what do these results mean?

RVEEH performed well above the national average on this stage of care, with patients generally reporting positive experiences. Most patients said that they received detailed information on their care after leaving hospital. Nevertheless, there was room for improvement, particularly in relation to information on medication side effects and danger signals to watch out for when they get home.

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?

- Q29 and Q52 were the highest ranking questions on other aspects of care (a score of 9.8 out of 10). 96% of people said they were always treated with respect and dignity in RVEEH. 93% of people said that they always had confidence and trust in hospital staff.
- Q27 asked about whether family or friends had enough opportunity to talk to a doctor, was the lowest ranking questions on other aspects of care, with a score of 8.5 out of 10.

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



People discharged from RVEEH made 79 comments in the 2017 survey about: 'staff in general', 'communication with patients, family and friends', 'physical comfort and hospital facilities', and 'other comments'. 25% of these comments suggested areas for improvement. Some examples of the comments received for this stage of care are provided below.

Hospital facilities

"I was treated exceptionally well particularly on my second stay (2 ops in 7 days) so there was time to address my concerns. The issues that had arisen post-op the 1st week were listened to and effectively remedied which was not only helpful to me but indicative of the patient first ethos, and effective communication and problem solving is observed"

"I would have liked more time with doctor to discuss treatment and side effects before operation."

Physical comfort and hospital facilities

“comfort and freedom to move around”

“The building is old and process efficiencies could possibly be made with more space.”

Other comments

“I was treated fairly and with respect, thanks!”

“Horried that it was a shared bathroom for male and female patients.”

Staff in general

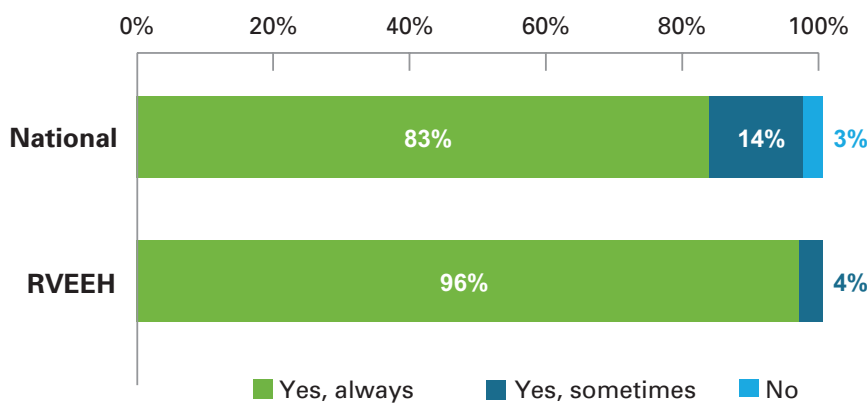
“Staff very pleasant and helpful - a big bonus for a patient who is nervous!!”

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 RVEEH in May 2017. Overall, 89 people (96%) said that they were always treated with respect and dignity. This question scored of 9.8 out of 10, meaning that, in general, people reported quite a positive experience of being treated with respect and dignity.

Figure 13. below shows these patient-reported ratings, based on their experience of being treated with dignity and respect in hospital.

Figure 13. Ratings for dignity and respect in Royal Victoria Eye and Ear Hospital

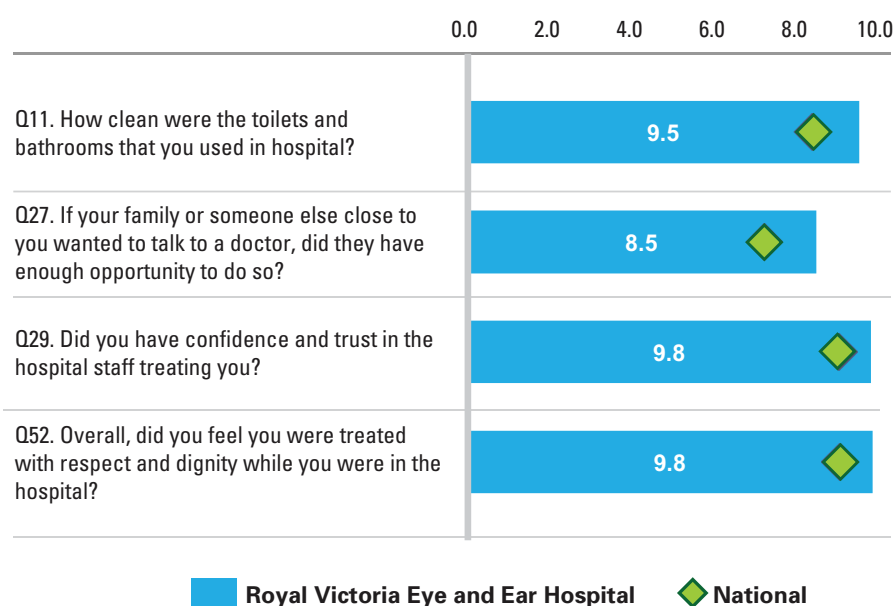


Question 29 asked people if they had confidence and trust in the hospital staff treating them. 88 people (93% of all people who answered Q29) said that they always had confidence and trust in the hospital staff treating them. Seven people (7%) said that they sometimes had confidence and trust in the hospital staff treating them.

Question 11 asked people about the cleanliness of the bathrooms and toilets in the Royal Victoria Eye and Ear Hospital. While 74 people (80% of all people who answered Q11) said that the bathrooms and toilets were very clean, one person (1%) said that they were not very clean

Question 27 asked people if their family or someone close to them had sufficient opportunities to talk to a doctor in Royal Victoria Eye and Ear Hospital. Out of 55 people, 42 (76%) said that their family or people close to them definitely had sufficient opportunities to talk to a doctor. However, 13 people (24%) said that their family or friends did not, or only to some extent, got the opportunity to talk to a doctor.

Figure 14. RVEEH scores for questions on other aspects of care



Other aspects of care: what do these results mean?

Patients in RVEEH reported positive experiences of being treated with dignity and respect, and had confidence and trust in hospital staff. However, people had less positive views on the level of communication between hospital staff and their families or friends, even though RVEEH performed slightly above the national average for this question.



Chapter 3

Overall experience

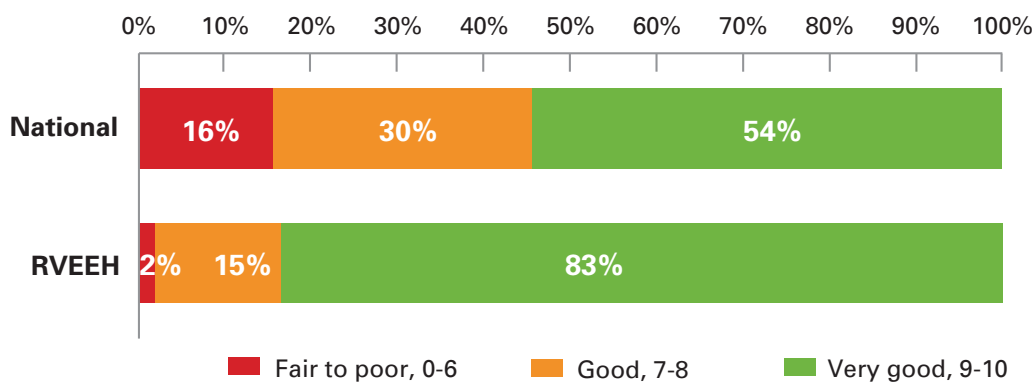
Ratings of overall experience

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

Figure 15. below provides the average overall rating of hospital experience, reported by people who completed the survey in RVEEH, compared with the national average.

In general, most people (83%), who stayed in RVEEH in May 2017, reported having a very good experience in this hospital, well above the national average. Two people (2%) indicated a fair to poor experience in RVEEH.

Figure 15. Overall rating of hospital experience for RVEEH and nationally





Chapter 4

Conclusion

How did patients experience hospital care in RVEEH in May 2017?

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

The majority of patients who attended RVEEH said that they had sufficient time to discuss their care and treatment with doctors and had confidence and trust in the hospital staff. The survey also found that, in general, patients were treated with dignity and respect while in the hospital.

While RVEEH performed above average on the discharge or transfer stage of care, some areas needing improvement were identified. The survey also found areas for improvement across other stages of care, including patient involvement in decisions about their care and, when required, help with getting to the bathroom.

These findings will serve to inform quality improvement initiatives in RVEEH.

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?

No.	Question
22	When you had important questions to ask a nurse, did you get answers that you could understand?
23	If you ever needed to talk to a nurse, did you get the opportunity to do so?
24	Were you involved as much as you wanted to be in decisions about your care and treatment?
25	How much information about your condition or treatment was given to you?
26	Was your diagnosis explained to you in a way that you could understand?
27	If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?
28	Did you find someone on the hospital staff to talk to about your worries and fears?
29	Did you have confidence and trust in the hospital staff treating you?
30	Were you given enough privacy when discussing your condition or treatment?
31	Were you given enough privacy when being examined or treated?
32	Do you think the hospital staff did everything they could to help control your pain?
33	Did a doctor or nurse explain the results of the tests in a way that you could understand?
34	Before you received any treatments did a member of staff explain what would happen?
35	Before you received any treatments did a member of staff explain any risks and/or benefits in a way you could understand?
36	Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?
37	Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?
38	Beforehand, were you told how you could expect to feel after you had the operation or procedure?
39	After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?
40	Did you feel you were involved in decisions about your discharge from hospital?
41	Were you given enough notice about when you were going to be discharged?
42	Were your family or someone close to you given enough notice about your discharge?
43	Before you left hospital, did the healthcare staff spend enough time explaining about your health and care after you arrive home?
44	Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?

No.	Question
45	Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?
46	Did a member of staff tell you about medication side effects to watch for when you went home?
47	Did a member of staff tell you about any danger signals you should watch for after you went home?
48	Did hospital staff take your family or home situation into account when planning your discharge?
49	Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?
50	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
51	Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?
52	Overall, did you feel you were treated with respect and dignity while you were in the hospital?
53	Overall... (please circle a number from 0 to 10 that summarises your experience. 0 represents a very poor experience, 10 represents a very good experience.)
54	Who was the main person or people that filled in this questionnaire?
55	Are you male or female?
56	What is your month and year of birth?
57	What is your ethnic or cultural background?
58	Do you currently have: A medical card; Private health insurance; Both medical card and private health insurance; Neither medical card nor private health insurance?
59	Was there anything particularly good about your hospital care?
60	Was there anything that could be improved?
61	Any other comments or suggestions?

Appendix 2:

Background to the National Patient Experience Survey Programme

The National Patient Experience Survey Programme is a partnership between the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. The aim of the National Patient Experience Survey Programme is to engage with and understand the experience of patients, and use this feedback to inform the future development, planning, design and delivery of improved patient-centred care in Irish hospitals.

The objectives of the programme are to provide patients with the opportunity to share their experiences, helping the partner organisations to:

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

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

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

Appendix 3:

Identifying areas of good experience and areas needing improvement

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

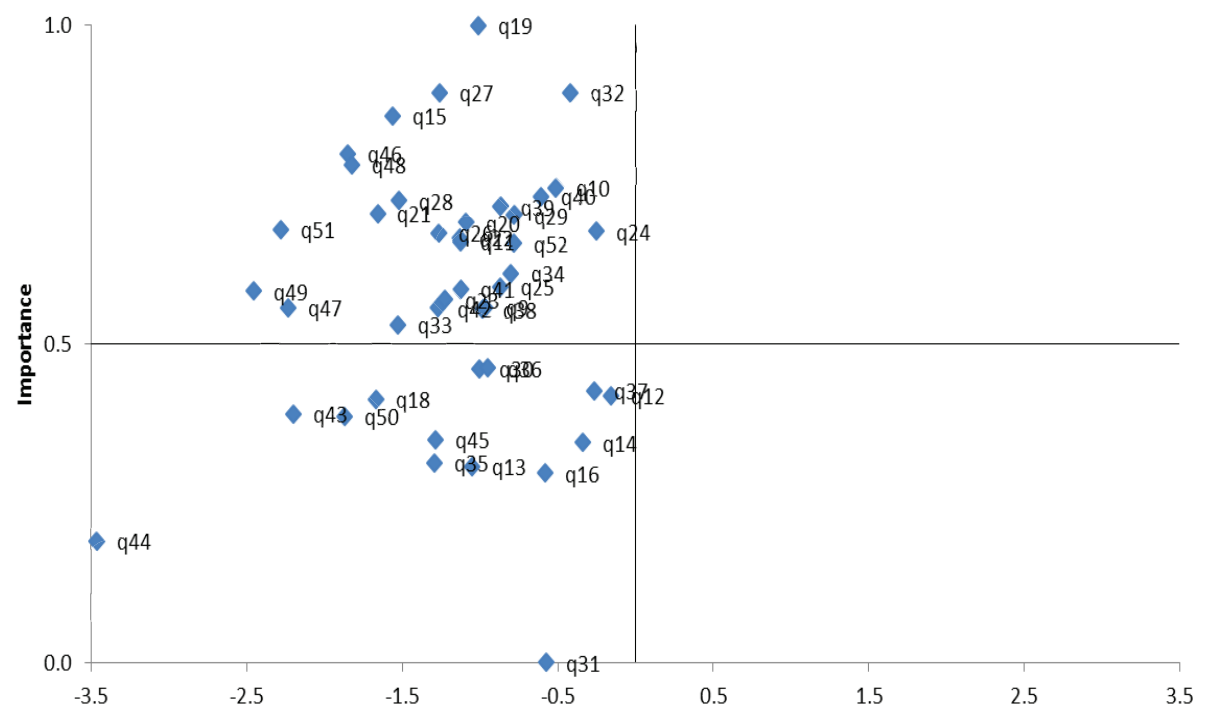
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected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

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

Figure 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 RVEEH 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 RVEEH 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 RVEEH 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 RVEEH. 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 RVEEH.

Figure 16. Overall patient experience map for RVEEH



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 care²: 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.

2 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

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