



## National Patient Experience Survey 2017

# Sligo University Hospital

We're committed to excellence in healthcare





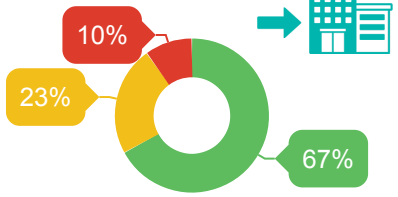
Thank you to the people who participated in the National Patient Experience Survey 2017, and to their families and carers. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve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

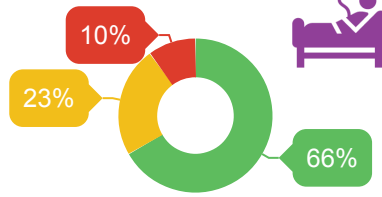
The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups.

## Stages of care

### Admission



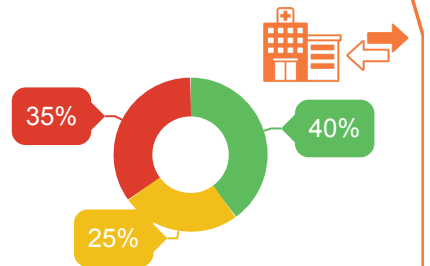
### Care on the ward



### Examinations, diagnosis & treatment

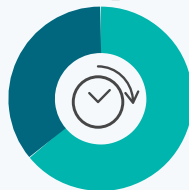


### Discharge or transfer



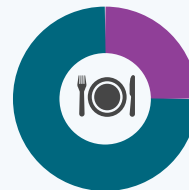
\* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

### Waiting time



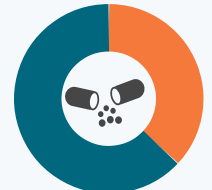
waited for more than six hours before being admitted to a ward.

### Food



rated the food as fair or poor.

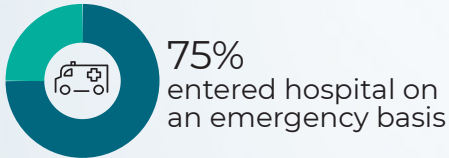
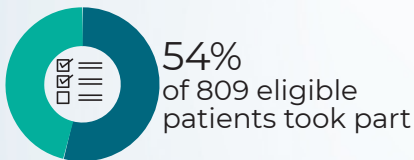
### Medication



were not fully informed about medication side effects to watch for.

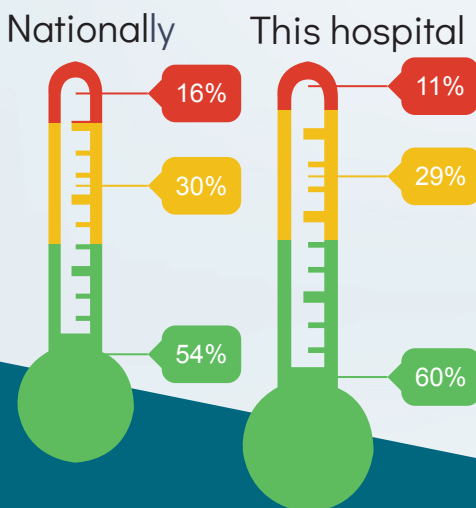


# Sligo University Hospital



Average age:  
**64 years**

## Overall experience



## Areas of good experience

85% of people said

they always received help from staff to eat their meals, when necessary.

## Areas needing improvement

48% of people said

that they were not given written or printed information about what they should or should not do after leaving hospital.

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This chapter presents the areas of good experience and the areas needing improvement in Sligo University Hospital.

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## Chapter 1

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# Patients' experiences of acute hospital care in Sligo University Hospital

Areas of good experience and areas needing improvement

## 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 Sligo University Hospital during the month of May 2017. In total, 432 participants from Sligo University Hospital took part in the survey.

The survey asked 61 questions, based on five stages of care along the patient journey in hospital: admissions; care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other aspects of care. Three of the questions asked respondents for written comments about what was good about the care they received and what could be improved. The list of questions from the National Patient Experience Survey can be found in Appendix 1. 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. The survey acknowledges both positive and negative experiences, as told by the 432 patients from Sligo University Hospital who completed the survey. While many people 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

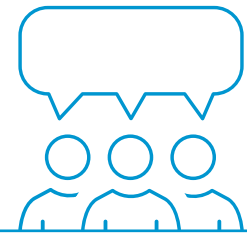
Sligo University Hospital is a public acute hospital, located in Co. Sligo. There were 298 inpatient beds available in the hospital during the survey period of 1 May – 31 May 2017 and 809 eligible discharges were recorded during this time. Sligo University Hospital has an emergency department. Patients 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 Sligo University Hospital in May 2017. The report highlights areas where patients had positive experiences and outlines where there is significant room for improvement.

The Health Service Executive (HSE) is committed to using the findings of the survey to make improvements to the quality of care provided to patients and to outline a direction for the future of patient-centred care in Sligo University Hospital. A quality improvement plan will be developed for Sligo University Hospital in response to the survey results and will be publicly available from [www.patientexperience.ie](http://www.patientexperience.ie) in December 2017.

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



## Who took part in the survey?

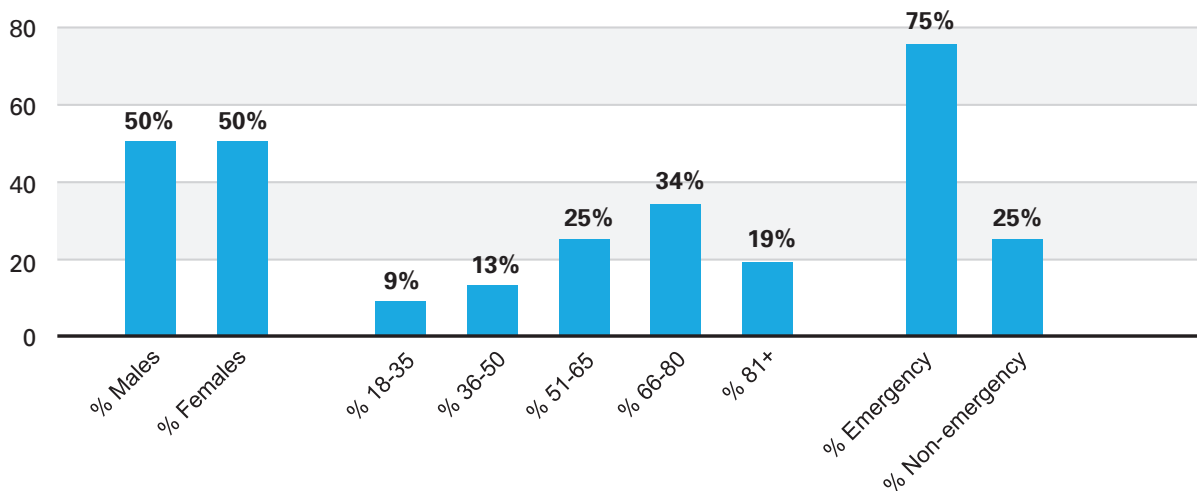
### Description of the respondents who took part in the survey

**809** people discharged from Sligo University Hospital during the month of May 2017 were invited to participate in the survey.

**432** people completed the survey from Sligo University Hospital, achieving an overall response rate of 54%.

50% of people who responded to the survey in Sligo University Hospital were male and 50% were female. The majority of respondents (75%) entered the hospital through the emergency department. Figure 1 below shows information about the people who took part in the survey from Sligo University Hospital.

**Figure 1. Survey participants from Sligo University Hospital by sex, age group and admission route**





## What were the main findings for Sligo University Hospital?

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Overall, patients' ratings of their experiences at Sligo University Hospital were above the national average. 89% of patients at Sligo University Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

Patients reported being given privacy when they were being examined or treated. People were also very positive about the amount of time they had to discuss their care and treatment with a doctor.

In general, Sligo University Hospital performed above the national average on the questions relating to admissions. Many patients admitted through the emergency department said that they were always treated with respect and dignity.

A large number of patients also reported that all of the hospital staff wore name badges. The survey further found that many patients were very positive about how their pain was managed. Generally, patients in Sligo University Hospital reported high levels of trust and confidence in the hospital staff treating them.

However, with the majority of respondents waiting for more than six hours to be admitted to a ward, waiting times in the emergency department is one area which requires improvement in Sligo University Hospital. While patient-reported waiting times in Sligo University Hospital were above the national average, the hospital did not meet the national waiting time targets. Studies have shown that long delays in admitting patients to a ward can have negative consequences for their health.

The survey found some issues around food in the hospital. This was noted as an area requiring improvement. While some patients reported that they could not find hospital staff to talk to about their worries or fears, many more patients said that this support was available to them.

The discharge or transfer process was the lowest scoring stage of care in Sligo University Hospital. In particular, many patients reported not getting sufficient information to help them recover at home.

The findings from the National Patient Experience Survey will serve to inform quality improvement initiatives in Sligo University Hospital.

## Areas of good experience and areas needing improvement in Sligo University Hospital

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 Sligo University Hospital are:

Patients had very positive experiences in several areas, particularly as regards to the care they received on the ward.

#### Care on the ward | Q19.

##### Help from staff to eat meals

Out of 131 people who needed help eating meals, 112 (85%) said that they always got enough help from staff to do so.

#### Care on the ward | Q28.

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

Out of 259 patients who experienced worries and fears, 226 (87%) said that they definitely or to some extent found someone on the hospital staff to talk to about their worries and fears.

#### Discharge or transfer | Q42.

##### Family given enough notice of discharge

265 people (71%) said that their families or friends were definitely given enough notice about when they were going to be discharged.

#### Discharge or transfer | Q48.

##### Consideration of home/family situation

Out of 277 people who family or friends were involved, 232 (84%) said that hospital staff completely or to some extent took their family or home situation into account when planning their discharge.

## The areas needing improvement in Sligo University Hospital are:

Patients highlighted areas needing improvement across each stage of care. Communication about the discharge process requires improvement for example, the explanations given to patients from the medical staff on how to manage their condition or medication at home were unsatisfactory.

### Discharge or transfer | Q44.

#### Written or printed information

194 people (48%) said that they were not given written or printed information about what they should or should not do after leaving hospital.

### Discharge or transfer | Q46.

#### Information on the side effects of medication

105 people (37%) said that they were not told about medication side effects to watch for when they went home.

### Discharge or transfer | Q47.

#### Danger signals to watch out for

109 people (36%) said that they were not told about danger signals to watch for after they went home.



## Chapter 2

# The patient journey through hospital

Qualitative and quantitative findings from the 2017 survey

## Findings of the 2017 survey

### The stages of care along the patient journey

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

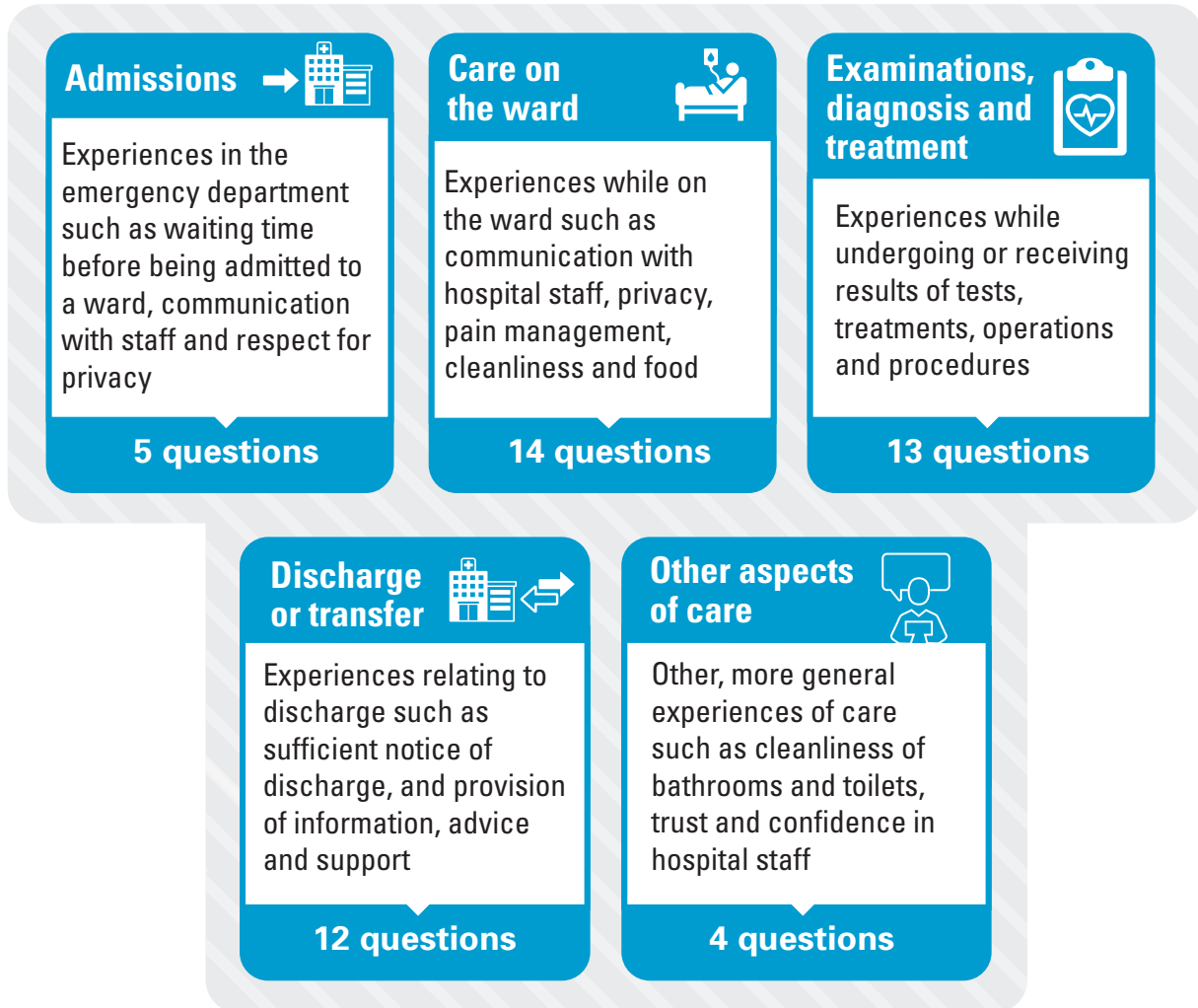
The survey questions were grouped into five stages along the patient journey:

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

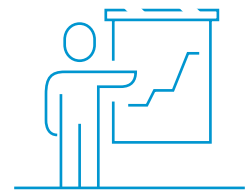
**“Once I got to a ward and was in the system I got good care and happily got home in good form.”**

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

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



## How to interpret the results for the stages of care



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

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

Figure 3. Guide to interpreting the results

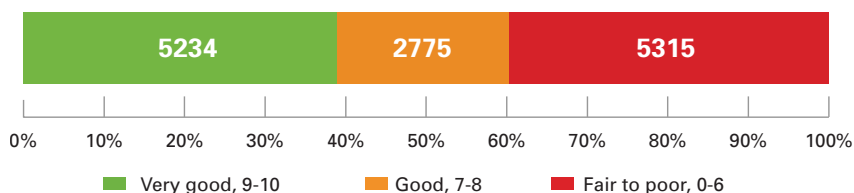
## 1 Experience rating for a stage of care

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

### Example:

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

Figure 2.22 | Discharge or transfer ratings



## 2. Scores out of 10

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

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

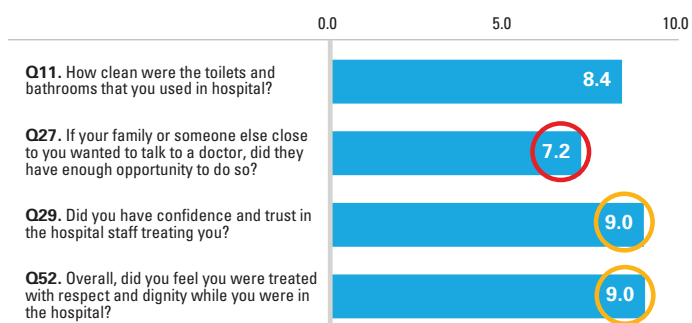
### Example:

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

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

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

Figure 2.28 | National score for other aspects of care

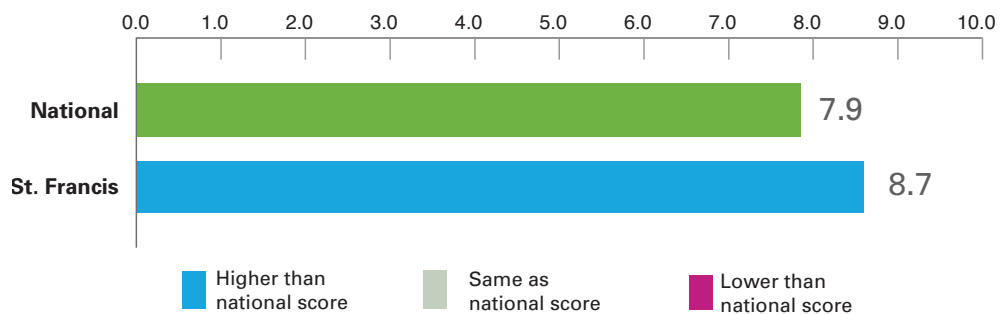


### 3 Comparisons

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

#### Example:

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



# Admissions

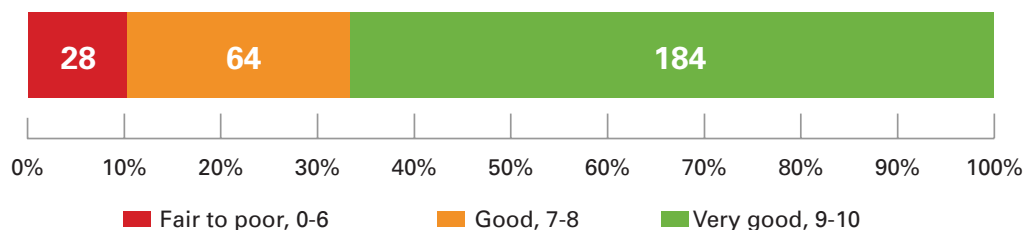


## In summary: what were patients’ experiences of the admissions process?

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

28 people (10%) reported a ‘fair to poor’ experience. However, 184 people (67%), who attended Sligo University Hospital during the same period rated their experience as ‘very good’. Figure 4 below summarises these experience ratings.

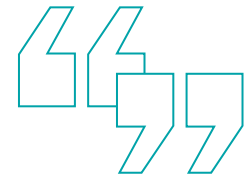
**Figure 4. Experience ratings for admissions**



## What were the key findings for admissions?

- Only 36% of patients were admitted to a ward within the target waiting time of six hours.
- 247 people (90% of people who answered Q6) said that they were always treated with respect and dignity in the emergency department in Sligo University Hospital.
- With a score of 8.5 out of 10, patients in Sligo University Hospital reported more positive experiences of this stage of care than patients in other hospitals.





## The patient voice: what patients said about admissions

Patients discharged from Sligo University Hospital made 72 comments about the following themes: 'dignity, respect and privacy', 'communication with the patient', 'emergency department management and environment' and 'emergency department waiting times'. 43 comments (60%) offered suggestions for improvement. Of those 13 comments mentioned the waiting times in the emergency department. Some examples of the comments received for this stage of care are provided below.

### Dignity, respect and privacy

"Respect, dignity preservation privacy all maintained. Care delivery very good."

"Yes. A toilet in casualty room?? I had to use a commode extremely frequently during my 36 hours in ED in an unlocked room while on a drip attached to my trolley which was quite degrading when any person could enter the room at any time. I could hear people outside the room at all times and felt uneasy when using the commode. There was little privacy."

### Communication with the patient

"I liked the hospital as the doctors took their time in talking and listening to their patient and tried everything they could to help you out."

"Perhaps the constant retelling of my father's health history – He has been admitted 5/6 times in 12 months and I (his daughter and next of kin) have had to endure hours and hours of retelling the same health history each time. Surely in this day and age of high technological advances – there is a better and more efficient way!"

### Emergency department management and environment

"I was treated in a side room in the A&E department which was a bit worse for wear and could have done with a bit of TLC. Coving and flooring cracked and broken. The room was generally run down and felt a bit grubby."

### Emergency department waiting times

"No delays being admitted to ward."

"Waiting time in the Emergency Department is terrible and unacceptable. One doctor on duty is unsafe for both patients and doctors (this area needs urgent attention)."

## 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.

Q6 which asked about respect and dignity in the emergency department, was the highest scoring question for admissions (score of 9.5 out of 10). On this question, Sligo University Hospital scored above the national average. 247 people (90% of people who answered Q6) said that they were always treated with respect and dignity in the emergency department in Sligo University Hospital.

164 people (64% of people) reported that they had to wait for more than six hours before being admitted to a ward, making Q8 the lowest scoring question for this stage (score of 7.9 out of 10). Further detail on waiting times is provided later in this section.

**“I had to wait on a trolley in a corridor for about two hours which I found not private and therefore not a good experience.”**

Figure 5. presents the scores for Sligo University Hospital for questions related to admissions.

**Figure 5. Sligo University Hospital scores for questions on admission**

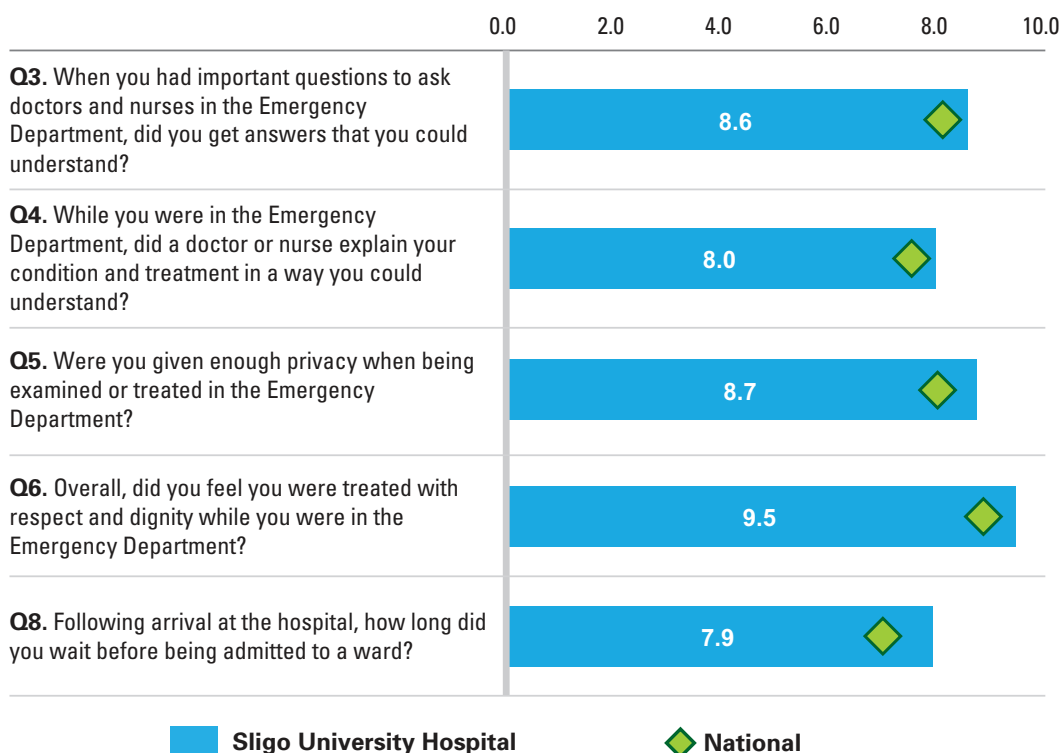
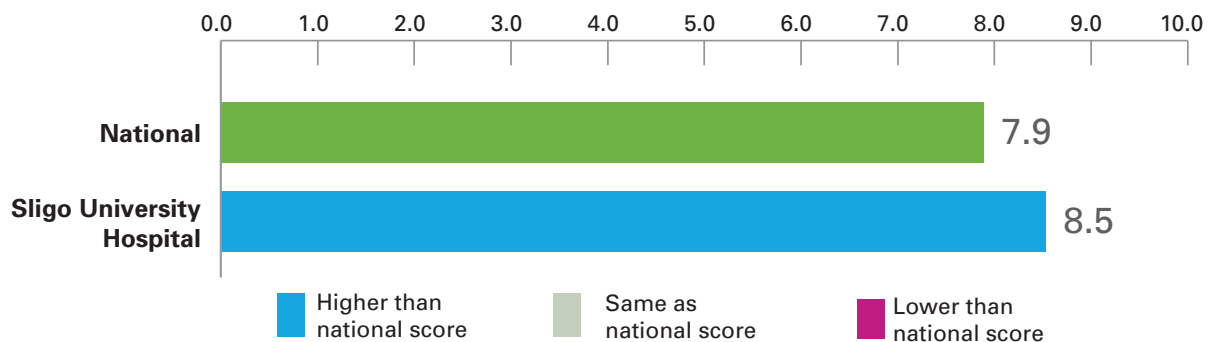


Figure 6. shows that, within the admissions stage, the average score for Sligo University Hospital (8.5 out of 10) is higher than the national average score (7.9 out of 10). This means that patients who attended Sligo University Hospital reported more positive experiences as patients in other hospitals, based on the national average score for this stage of care.

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



## Emergency department waiting times

The HSE sets targets for the performance of acute hospitals, including targets that are relevant to waiting times in emergency departments, such as: '75% of people attending the emergency department are discharged or admitted to a ward within six hours of registration and none should wait for longer than nine hours.'

A separate target has been set for patients aged 75 years or older who are attending an emergency department: '95% of people attending the emergency department aged 75 years or older are discharged or admitted to a ward within six hours of registration and none should wait for longer than nine hours.'

The HSE measures emergency department waiting times differently to the survey, namely from the time a patient registers at the emergency department until they leave it. It is likely that there are some differences between survey findings and the official HSE figures.<sup>1</sup>

## Waiting time before being admitted to a ward

Out of 258 patients from Sligo University Hospital who reported waiting times in the emergency department, 94 (36%) said they were admitted to a ward within six hours of arriving at the emergency department. 158 people (62%) reported waiting between six and 24 hours. 6 people (2%) said that they waited 24 hours or more in the emergency department, while one person reported waiting for 48 hours or more before being admitted to a ward.

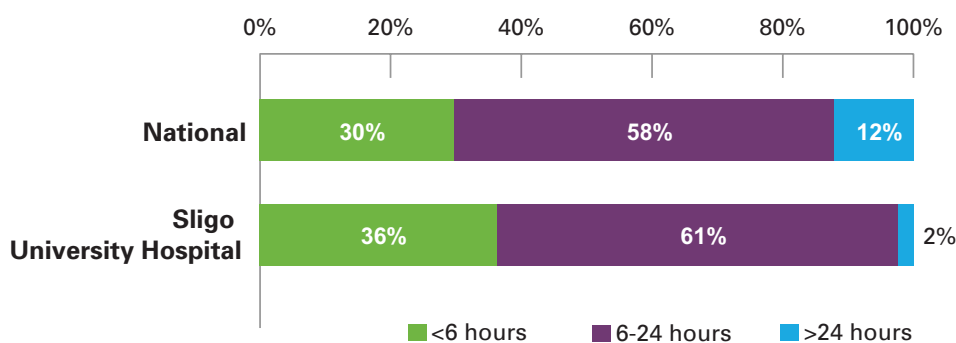
<sup>1</sup> The HSE 2017 targets can be viewed at: <https://www.hse.ie/eng/services/publications/KPIs/Acute-Hospitals-KPI-Metadata-2017.pdf>

Figure 7. outlines the waiting times in Sligo University Hospital, as experienced by patients, compared with the national average.

## What does this mean for Sligo University Hospital?

With 36% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that Sligo University Hospital performed above the reported national average, where 30% of people said that they were admitted within six hours of arriving. Patient-reported waiting times in Sligo University Hospital were, however, below 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 patients’ health <sup>(1,2)</sup>.

**Figure 7. Patient-reported emergency department waiting times for Sligo University Hospital and nationally**



### Admissions: what do these results mean?

Patients who attended Sligo University Hospital said that they were treated with respect and dignity in the emergency department. On this question, patients had a more positive experience than the national average. Patient-reported waiting times show that only a third of patients in the emergency department are admitted to a ward within the six hour target. In Sligo University Hospital 64% of people reported that they waited in the emergency department more than 6 hours before being admitted to a ward. The hospital performed above the national average for emergency department waiting times, but fell well short of the targets set by the HSE.

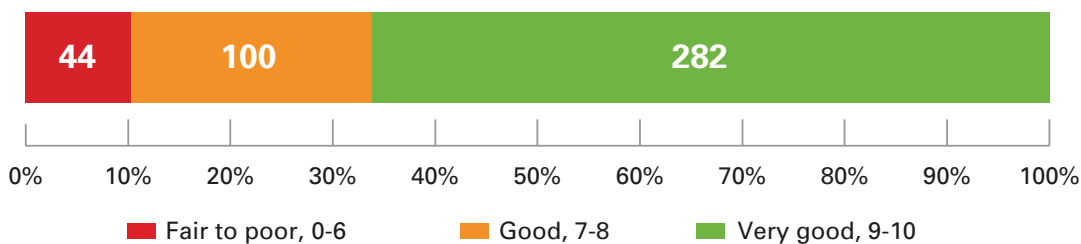
# Care on the ward



## 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 426 people who rated their experience of care on the ward, 44 people (10%) reported having a 'fair to poor' experience during their stay in Sligo University Hospital in May 2017. 282 people (66%) reported having a very good experience during the same period. These experience ratings are summarised in Figure 8 below.

Figure 8. Experience ratings for care on the ward



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

- Sligo University Hospital performed above the national average on most of the questions on care on the ward.
- Q15 was among the lowest scoring questions, with many patients rating the food they ate in hospital as either 'fair' or 'poor'. Patients also offered 34 suggestions for improving the food and drink in Sligo University Hospital.
- Many patients reported that they could not find someone on the hospital staff to talk to about their worries or fears.

**"The nursing staff were unbelievable. The attention and care I received was incredible."**



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

In total, patients who attended Sligo University Hospital made 211 comments about: 'staffing levels', 'staff availability and responsiveness' 'other healthcare staff', 'other staff', 'food and drink', 'cleanliness and hygiene'. Of those, 114 were positive comments. Of the 97 suggestion for improvement, 34 were about food and drink in Sligo University Hospital. Some examples of the comments received for this stage of care are provided below.

### Staffing levels

"The nursing staff were extremely kind, patient and good at their job. They are of a high standard but unfortunately short staffed, so when they got busy they were run off their feet which is not good for the patient or the staff."

"There should be more staff on the wards. After surgery I was quite disorientated for a few days and was not always wearing my sling or was pulling at the plaster on my temporary cast. More staff are needed to keep an eye on patients."

### Staff availability and responsiveness

"Proactive care, teamwork in evidence, open communications, regular updates on what's happening next, plenty scope to ask questions, all gave confidence. Development of quality improvement metrics displayed on notice boards gives confidence that there is focus on improvements."

"Less waiting for medical rounds, decisions and procedures. More inclusion of family in discussions, as my hearing is impaired. My family were asked to leave when doctors approached."

### Other healthcare staff

"Yes, healthcare assistants and auxiliary staff superb, given much more responsibility for patient care than I would previously thought. Range of snacks, drinks and frequency of availability."

### Other staff

"Yes, the nursing staff, students, carers and cleaners and kitchen staff. All friendly companionable and efficient. Other patients very companionable."

"Variety of meals could be improved. Catering staff could be a bit more patient and friendlier."

## Food and drink

“Apart from the timing of the meals, the food was, for a hospital, very good. The devotion, care and concern of the nursing staff was, as usual, exceptional.”

“The food is just awful. No consideration of dietary science at all. Had not eaten for 8 days due to a [Condition Name] and was presented with rashers and sausages. Nothing is ever fresh, no salads, no fruit. All cooked to oblivion and full of salt, fat, sugar.”

## Cleanliness and hygiene

“The food was very good, the ward was clean and all staff were friendly. [Nurse Type] were excellent.”

“Bathroom was disgustingly dirty. Overflowing bin. Overflowing sanitary bin waste and toilet paper strewn across the floor. Dirty basin and shower felt unable to use the bathroom during my stay.”

## Quantitative results for questions on care on the ward

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



Q13 which asked if hospital staff wore name badges, was among the highest scoring questions on care on the ward (score of 9.2 out of 10). Of the people who took notice, 332 (86%) said that all of the staff wore name badges.

Q32, which asked about pain management on the ward also scored 9.2 out of 10. Out of 353 patients who experienced pain in hospital, 303 (86%) said that the hospital staff definitely did everything they could to help control pain.

Q15 was the lowest scoring question for this stage of care. Of the 407 patients who rated the hospital food, 64 people (16%) said it was ‘fair’, while 37 (9%) said that it was ‘poor’.

Q28 was also among the lowest scoring questions for care on the ward. Of the 259 people who experienced worries or fears, 105 said that they could not, or only to some extent, find someone on the hospital staff to talk to about this. Nonetheless, Sligo University Hospital scored above the national average for this question.

“Sligo hospital has fully embraced the ‘Hello, my name is...’ initiative and I cannot stress how important this was to me as a vulnerable patient.”

Figure 9. below summarises the scores for Sligo University Hospital for the care on the ward stage.

**Figure 9. Sligo University Hospital scores for questions on care on the ward**

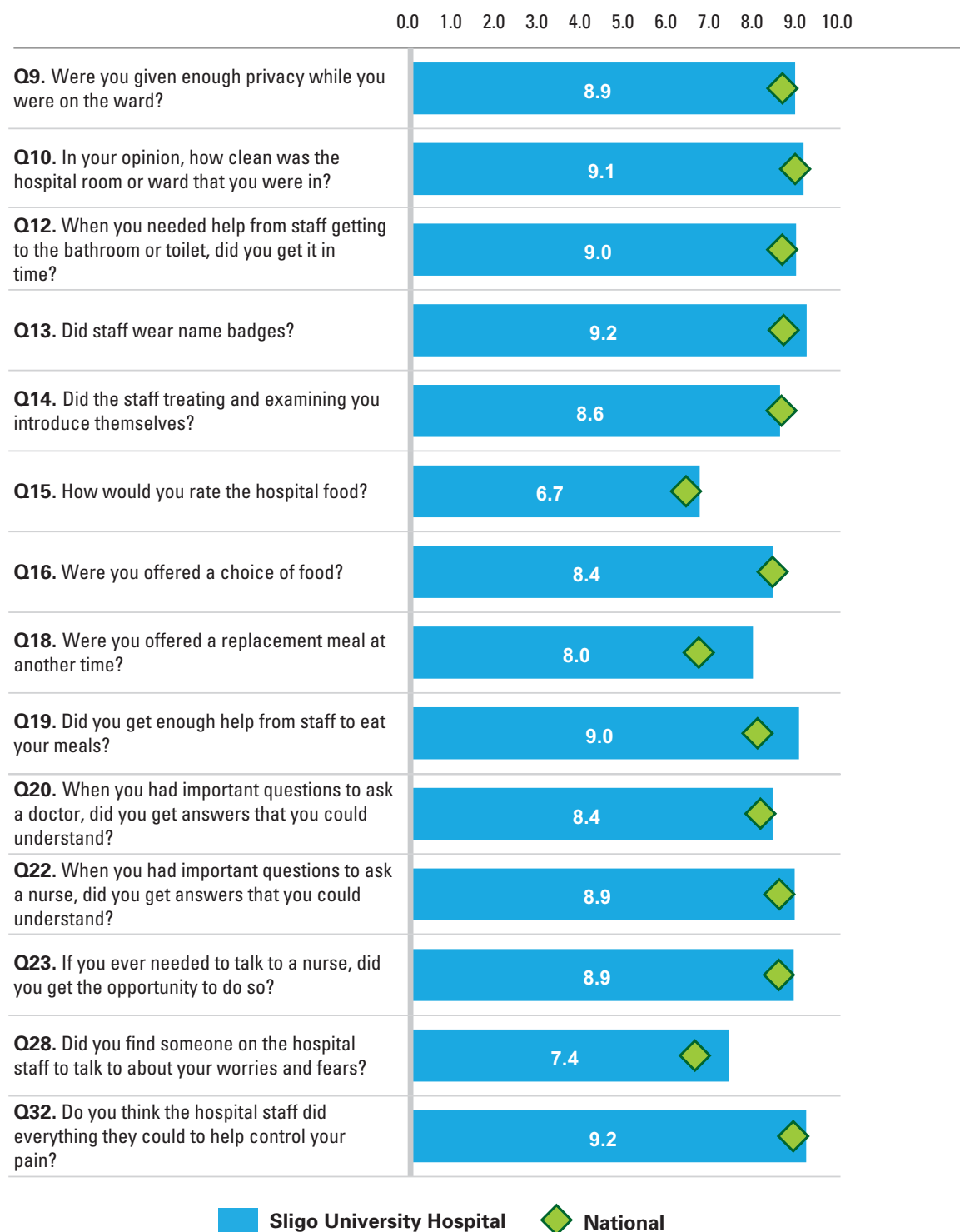
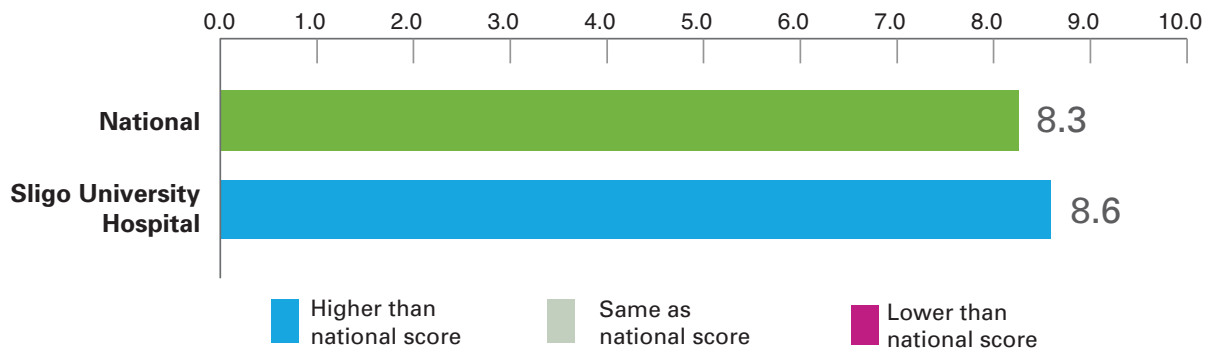




Figure 10. shows that, within the care on the ward stage, the average score for Sligo University Hospital (8.6 out of 10) is higher than the national average score (8.3 out of 10). This means that patients who attended Sligo University Hospital in May 2017 reported a more positive experience than patients in other hospitals.

**Figure 10. Comparison of Sligo University Hospital with the national average for care on the ward (out of a maximum of 10).**



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

Sligo University Hospital performed quite well on this stage of care, with patients reporting a more positive experience than the national average. A large number of patients said that staff in the hospital always wore name badges. Many patients said that they got enough help from staff to eat their meals. The hospital also performed well as regards pain management. The food in Sligo University Hospital is an area needing improvement. Many patients also reported difficulties in finding someone to talk to about their worries and fears.

# Examinations, diagnosis and treatment

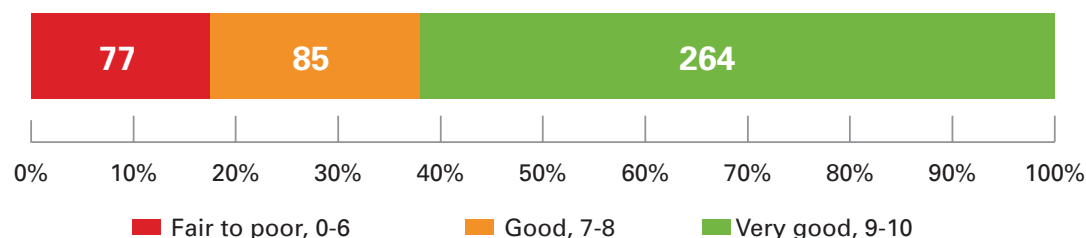


## In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

77 people (18%) reported that they had a 'fair to poor' experience of examinations, diagnosis and treatment in Sligo University Hospital. 264 (62%) rated their experience during this stage of care as 'very good'. These experience ratings are summarised in Figure 11 below.

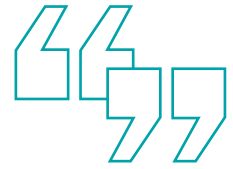
**Figure 11. Experience ratings for examinations, diagnosis and treatment**



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

- Patients in Sligo University Hospital reported a more positive experience of this stage of care than patients in other hospitals.
- 89% of patients said that they were always given privacy when being examined or treated.
- 157 people said that they did not feel that they had enough time to discuss their care and treatment with a doctor.

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



People made 189 comments about: 'nursing staff', 'doctors or consultants' and 'waiting times for planned procedures'. 162 (86%) were positive. Of those, 103 were about the nursing staff in Sligo University Hospital and 59 were about doctors and consultants. Some examples of the comments received for this stage of care are provided below.

### Nursing staff

"Yes, I was in terrible pain after a car accident and they treated me physically, emotionally to the upmost care and concern. It was my first time in this General Hospital and I couldn't praise it enough. [Consultant Name], nurses and carers they sure to their job excellently."

"I asked a nurse what to look out for in regards to infection after surgery. The reply I got was 'you'll know yourself' clearly not if I had asked, and I did end up with an [Condition Type]."

### Doctors or consultants

"The doctor who performed my operation spoke to me in our terms and was easy to talk to and ask questions of."

"It would have been nice if the surgeon had spoken to me before and after the operation, and explained the procedure to me. I was disappointed he did not."

### Waiting times for planned procedures

"I was booked in for an afternoon surgery at 4 o'clock but had to go in for 8am, which there was no need as I was waiting in a day care room all day for no reason."

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

Q31 was the highest scoring question in this stage of care. Out of 422 people who answered this question, 375 (89%) said they were always given privacy when being examined or treated in Sligo University Hospital. This area achieved an overall score of 9.4 out of 10.

Q21 was the lowest scoring question on examinations, diagnosis and treatment (score of 7.7 out of 10). Out of 423 people who answered this question, 157 said that they did not have or only to some extent had enough time to discuss their care and treatment with a doctor. Nonetheless, Sligo University Hospital scored higher than the national average on this particular question.

With a score of 7.9 out of 10, Q24 was also a low scoring question for this stage of care. Of the 420 people who answered this question, 150 said they were not, or only to some extent, involved in the decisions about their care and treatment as much as they wanted to be.

Figure 12. summarises the scores for Sligo University Hospital during examinations, diagnosis and treatment.

**Figure 12. Sligo University Hospital scores for questions on examinations, diagnosis and treatment**

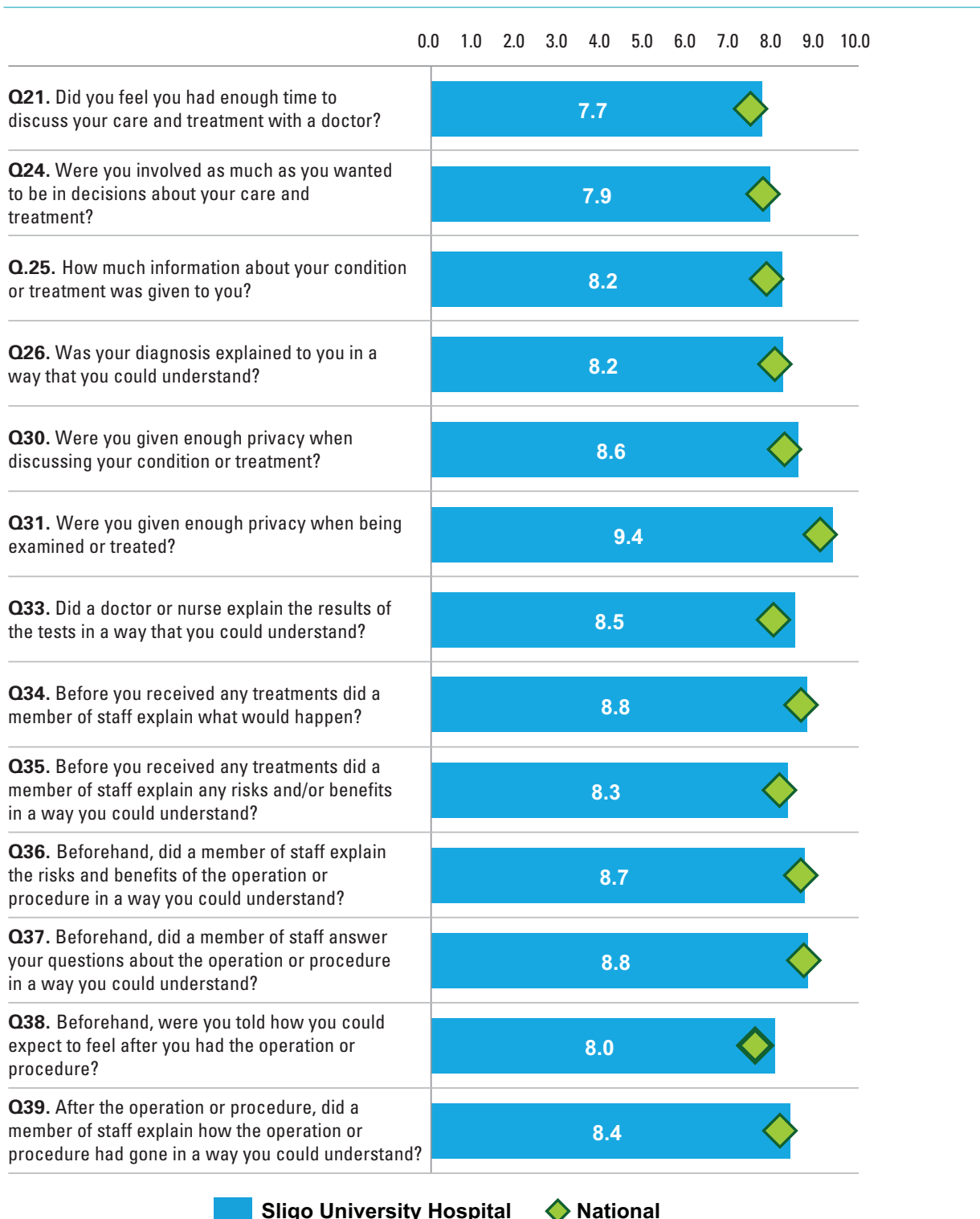
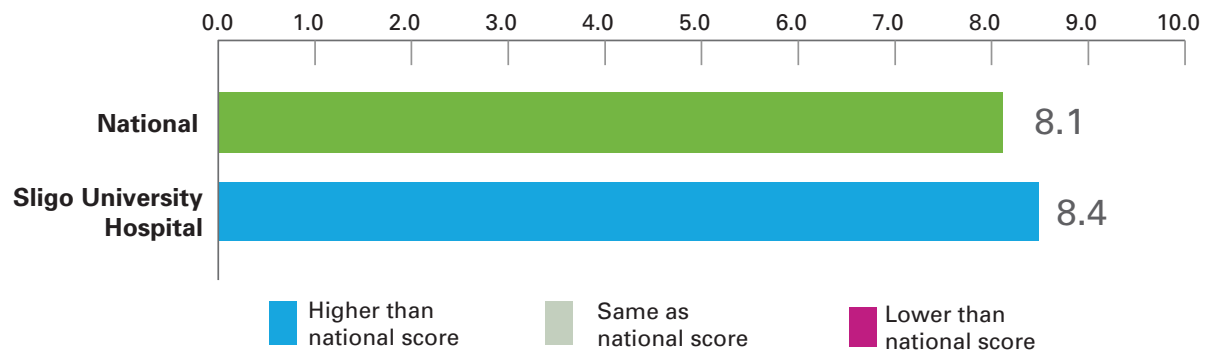


Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for Sligo University Hospital (8.4 out of 10) is higher than the national average score (8.1 out of 10). This means that patients who attended Sligo University Hospital in May 2017 reported a more positive experience than patients in other hospitals, based on the national average.

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



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

Patients in Sligo University Hospital reported more positive experiences than patients in other hospitals for this stage of care. The hospital performed above the national average on every question on examinations, diagnosis and treatment. Many patients said that they were always given enough privacy when being examined and treated on the ward. However, patients were less positive about having had enough time to discuss their care and treatment with a doctor. Patients were also less positive about the extent to which they were involved in the decisions about their care and treatment.

# Discharge or transfer

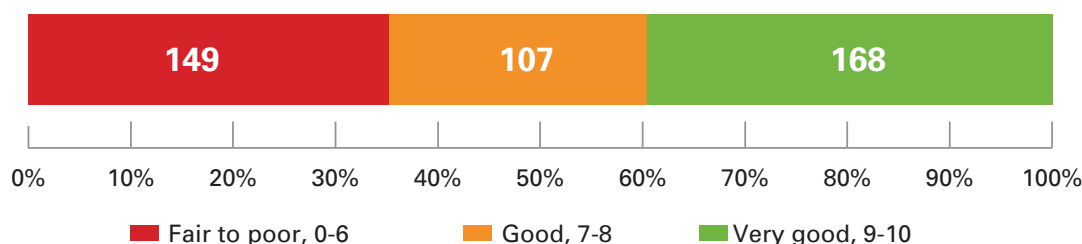


## In summary: what were the experiences of patients during discharge or transfer process from hospital?

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

Out of the 424 people who rated their experience of discharge or transfer from the hospital, 149 (35%) said that their experience of discharge or transfer was 'fair to poor'. 168 people (40%) reported having a very good experience of this stage of care in Sligo University Hospitals. Figure 14 below summarises these experience ratings.

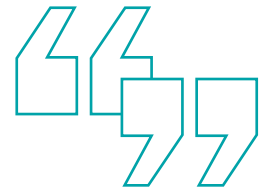
Figure 14. Experience ratings for discharge or transfer



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

- Patients at Sligo University Hospital reported more positive experiences than the national average for the discharge or transfer stage of care.
- A large number of people said that a member of staff explained the purpose of the medicines they were to take home in a way they could understand.
- The results for Q44 and Q46 highlight issues around communication with patients during the discharge or transfer process from hospital.

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



In total, patients discharged from Sligo University Hospital made 13 comments in the 2017 survey about 'discharge and aftercare' management. 8 comments suggested areas for improvement.

Some examples of the comments received for this stage of care are provided below.

### Discharge and aftercare

"Patient was treated with dignity and respect. Very robust home care package put in place. Home support, meals on wheels and blister pack medication."

"Too long waiting to be discharged - was told at 10:45 that morning and didn't get discharged until 8:30 that evening - waiting on doctors to discharge me."

"The diligence/care of the staff was excellent. A follow up call from the A&E doctor the day following discharge made me feel my wellbeing and recovery was the priority of all the staff I encountered. A revisit after 24 hours and again 7 days later for reconstructive surgery were both good experiences for me."

"My mum had to wait 5 hours to get a doctor to prescribe pain relief and had to wait an extra day in hospital to get a doctor to discharge her. There was no doctor available the first evening I called to collect her so she was advised by the nurse to wait. Called back the next evening and still no doctor had seen her to discharge her. Finally after many phone calls a doctor arrived and she could go home."

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

### Twelve questions asked about discharge or transfer.

Q45 was the highest scoring question in this stage of care (score of 8.3 out of 10). 257 out of 351 people who were supposed to take medication said that a member of staff explained the purpose of the medicines they were to take home in a way they could understand.

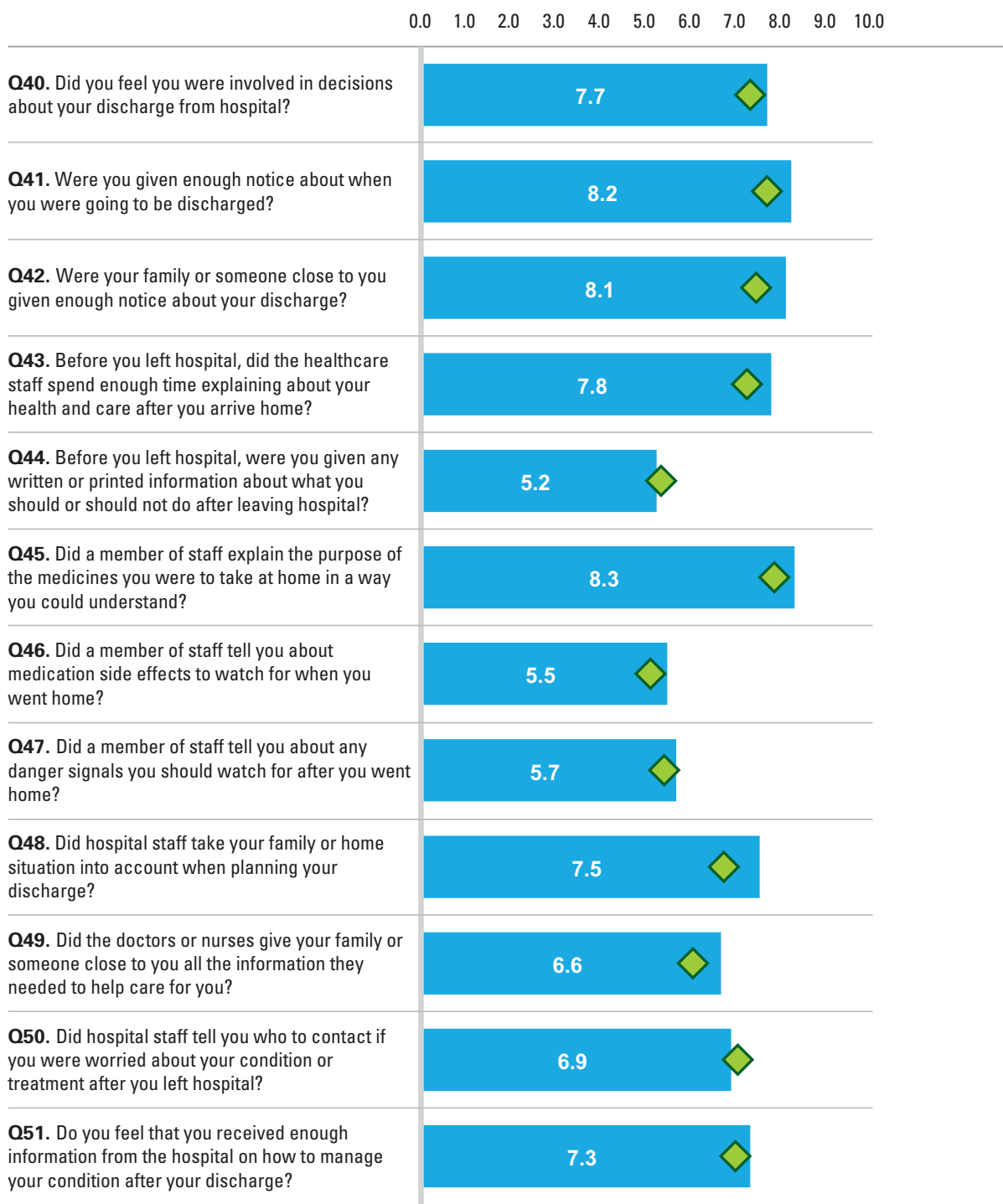
With a score of 5.2 out of 10, Q44 was the lowest scoring question on discharge and transfer. Out of 402 people who answered this question, 194 (48%) said that they were not given any written or printed information about what they should or should not do after leaving hospital.

"Waiting around for three hours to get a prescription and letter of discharge; as a result the person taking me home was also waiting around."

Q46 received the second lowest score for this stage of care. It asked if people were informed about potential side effects of medication to watch for when they went home. While some people did not need an explanation, 105 (37%) said that they were not told about any danger signals to watch for when they went home.

Figure 15. summarises the scores for Sligo University Hospital for questions on discharge or transfer from the hospital.

**Figure 15. Sligo University Hospital scores for questions on discharge or transfer**

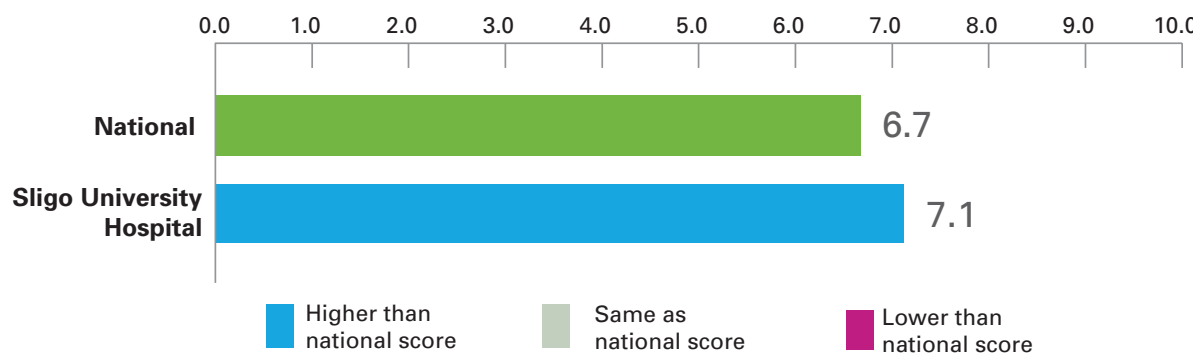


■ Sligo University Hospital    ◆ National



Figure 16. shows that as regards discharge or transfer from hospital, the average score for Sligo University Hospital (7.1 out of 10) is higher than the national average (6.7 out of 10). This means that patients who were admitted to Sligo University Hospital in May 2017 reported more positive experiences of the discharge process in comparison with patients in other hospitals, based on the national average scores.

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



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

Sligo University Hospital did not perform as well on this stage of care compared with the other stages. The hospital's score for this stage of care was, however, higher than the national average. In Sligo University Hospital, hospital staff generally took patients' family or home situation into account when planning discharges. Many patients also said that they and their families were given enough notice about when they were going to be discharged. While patients were generally told about the purpose of the medicines they were to take at home in a way that they could understand, many people reported not having been given written or printed information about what they should or should not do after leaving hospital. Moreover, many patients said that they were not told about the potential side effects of medication, or danger signals to watch for after leaving hospital.

# 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?

- In Sligo University Hospital, 88% of patients said that overall they felt that they were treated with respect and dignity, compared with 83% nationally.
- Generally, patients in Sligo University Hospital had confidence and trust in the hospital staff treating them.
- Q27, which asked about whether patients' families or friends had enough opportunity to talk to a doctor was the lowest scoring question on this stage of care with a score of 7.3 out of 10.

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



People from Sligo University Hospital made 166 comments in the 2017 survey about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', and 'health insurance'. 124 were positive comments of which 116 were about staff in general.

### Staff in general

"Could not fault care and attention received from all staff including consultants, doctors, nurses, carers etc. during all my stay in Sligo University Hospital."

"Provide name tags to all staff including cleaning staff, develop cleanliness metrics ward by ward for publishing on notice board, would give recognition to their contribution to hygiene & help to create more inclusive atmosphere. I got the feeling that they live a parallel existence don't feel part of ward team & report to other line management."

### Communication with family and friends

"We could not get through to the reception desk when we did they would not let us pass information to the doctor who was with [Patient Name] that we were receiving from [Nursing Home Name]. She was there a week and left with bed sores."

### Physical comfort

"Doctors and nurses were very calm, straight forward, and positive. I felt very safe and well looked after. The room was very spacious and well ventilated. I had a very, very good experience!"

"The noise level was high so I was unable to get the proper rest at night."

### Hospital facilities

"I think SUH has improved so much, even since three years ago. Even all the fruit and veg. I certainly can't complain. I've just spent nearly 4 weeks there."

"Availability of wheelchairs in the hospital... They were like gold dust."

### Private health insurance

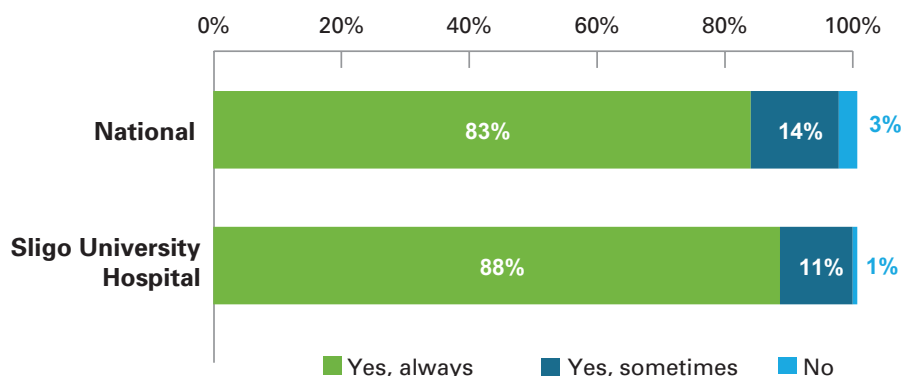
"I felt under pressure to sign a form to say that I had health insurance. I feel this could be improved."

## 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 Sligo University Hospital. Overall, 373 of people (88%) said that they were always treated with respect and dignity while in hospital in May 2017, while only three people (1%) said that they were not.

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

**Figure 17. Ratings for dignity and respect towards patients in Sligo University Hospital**



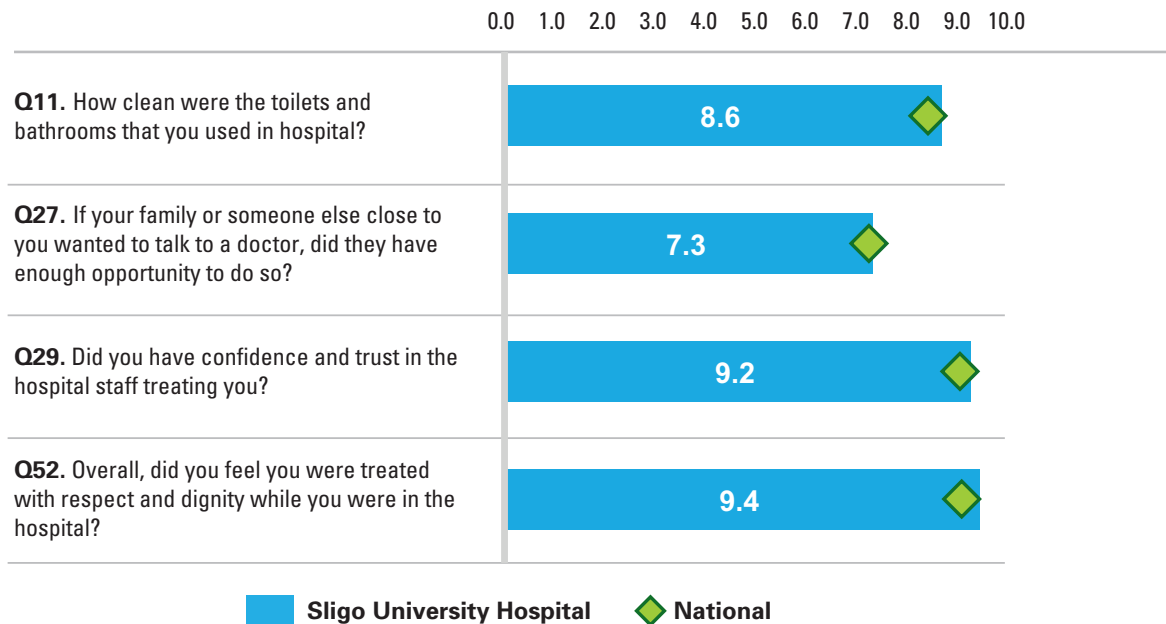
**Question 29** asked people if they had confidence and trust in the hospital staff treating them. 363 people (86% of the 432 who answered Q29) said that they always had confidence and trust in the hospital staff treating them, while seven people (2%) said that they did not.

**Question 11** asked people about the cleanliness of the bathrooms and toilets in Sligo University Hospital. While 275 people (67% of the 412 people who used a toilet or a bathroom in Sligo University Hospital) said that the toilets and bathrooms were very clean, 27 people (7%) said that they were not very clean or not at all clean.

**Question 27** asked people if their family or someone close to them had sufficient opportunities to talk to a doctor in Sligo University Hospital. This was the lowest scoring question on other aspects of care. Out of 281 people, 155 (55%) said that their family or people close to them had sufficient opportunities to talk to a doctor. However, 30 people (11%) said that their family or friends did not get the opportunity to talk to a doctor.

Figure 18. summarises the scores for Sligo University Hospital for questions about other aspects of care.

**Figure 18. Sligo University Hospital scores for questions on other aspects of care**



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

Overall, patients said that they were treated with dignity and respect in Sligo University Hospital. Most people also said that they had confidence and trust in the hospital staff who treated them. The cleanliness of toilets and bathrooms was also rated highly. However, many patients said that their families or friends did not get sufficient opportunities to speak with hospital staff.



## Chapter 3

# Overall experience

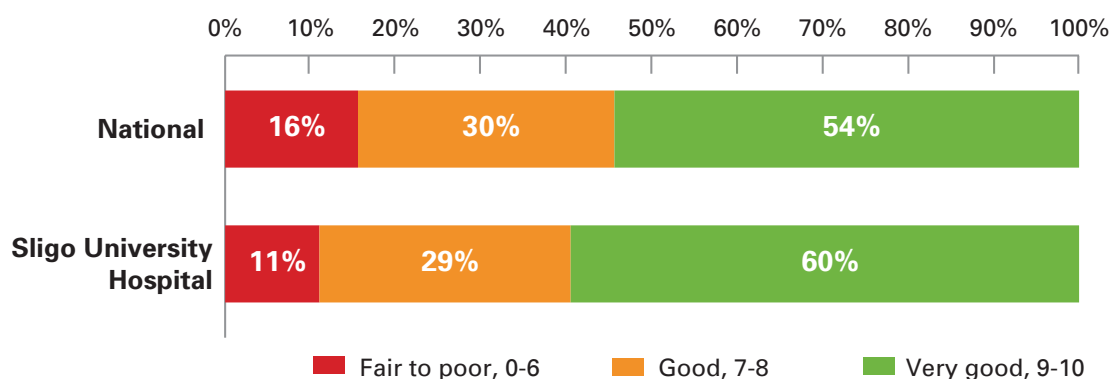
### Ratings of overall experience

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 19. below provides the average overall rating of hospital experience, reported by people who completed the survey in Sligo University Hospital, compared with the national average.

In general, over half of people (60%), who stayed in Sligo University Hospital in May 2017, reported having a very good experience in this hospital, which is above the national average. 11% of people indicated a fair to poor experience.

**Figure 19. Overall rating of hospital experience for Sligo University Hospital and nationally**



# 4

## Chapter 4 Conclusion

### How did patients experience hospital care in Sligo University Hospital in May 2017?

Overall, patients' ratings of their experiences at Sligo University Hospital were above the national average. 89% of patients at Sligo University Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

Patients reported being given privacy when they were being examined or treated. People were also very positive about the amount of time they had to discuss their care and treatment with a doctor.

In general, Sligo University Hospital performed above the national average on the questions relating to admissions. Many patients admitted through the emergency department said that they were always treated with respect and dignity. However, with the majority of respondents waiting for more than six hours to be admitted to a ward, waiting times in the emergency department is one area which requires improvement in Sligo University Hospital. While patient-reported waiting times in Sligo University Hospital were above the national average, the hospital did not meet the national waiting time targets. Studies have shown that long delays in admitting patients to a ward can have negative consequences for their health.

The survey found some issues around food in the hospital. This was noted as an area requiring improvement. While some patients reported that they could not find hospital staff to talk to about their worries or fears, many more patients said that this support was available to them. A large number of patients also reported that all of the hospital staff wore name badges. The survey further found that many patients were very positive about how their pain was managed.

The discharge or transfer process was the lowest scoring stage of care in Sligo University Hospital. In particular, many patients reported not getting sufficient information to help them recover at home. Generally, patients in Sligo University Hospital reported high levels of trust and confidence in the hospital staff treating them.

The findings from the National Patient Experience Survey will serve to inform quality improvement initiatives in Sligo University Hospital.

## What happens next?

The HSE has committed to using the findings of the National Patient Experience Survey 2017 to support wide ranging quality improvements in every hospital in Ireland. In direct response to what people have said in this survey, the HSE will develop and publish a national quality improvement plan, which will outline a vision and direction for the future of patient-centred care in Ireland.

The HSE has also set up a governance structure, including an oversight group to lead the development of a national quality improvement plan, which will be made publicly available on [www.patientexperience.ie](http://www.patientexperience.ie) in December 2017.

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



# Appendix 1:

## National Patient Experience Survey 2017 questions

No.	Question
1	Was your most recent hospital stay planned in advance or an emergency?
2	When you arrived at the hospital, did you go to the Emergency Department (also known as the A&E Department or Casualty)?
3	When you had important questions to ask doctors and nurses in the Emergency Department, did you get answers that you could understand?
4	While you were in the Emergency Department, did a doctor or nurse explain your condition and treatment in a way you could understand?
5	Were you given enough privacy when being examined or treated in the Emergency Department?
6	Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department?
7	Did you remain in the Emergency Department for the entire time of your stay?
8	Following arrival at the hospital, how long did you wait before being admitted to a ward?
9	Were you given enough privacy while you were on the ward?
10	In your opinion, how clean was the hospital room or ward that you were in?
11	How clean were the toilets and bathrooms that you used in hospital?
12	When you needed help from staff getting to the bathroom or toilet, did you get it in time?
13	Did staff wear name badges?
14	Did the staff treating and examining you introduce themselves?
15	How would you rate the hospital food?
16	Were you offered a choice of food?
17	Were you ever unable to eat during mealtimes (e.g. because you were away from the ward, recovery from surgery etc.)?
18	Were you offered a replacement meal at another time?
19	Did you get enough help from staff to eat your meals?
20	When you had important questions to ask a doctor, did you get answers that you could understand?
21	Did you feel you had enough time to discuss your care and treatment with a doctor?

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

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

# Appendix 2:

## Background to the National Patient Experience Survey Programme

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

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

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

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

Further information on the management of the survey is available at [www.patientexperience.ie](http://www.patientexperience.ie).

# Appendix 3:

## Identifying areas of good experience and areas needing improvement

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

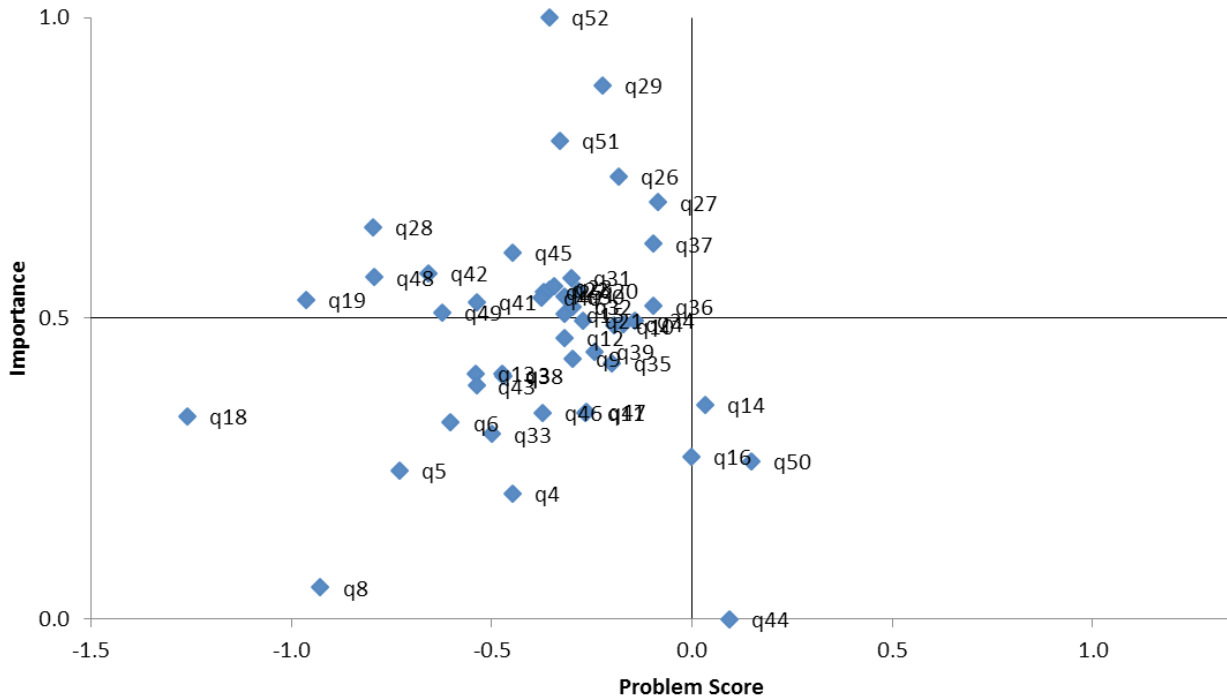
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected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

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

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

Questions that have high problem scores and are important to patients' overall experience appear in the top right section of the map - these are areas needing improvement in Sligo University Hospital. 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 Sligo University Hospital.

Figure 20. Overall patient experience map for Sligo University Hospital



# Appendix 4:

## A technical note on analyses and interpretation

### Preliminary note

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

### Scoring methodology

The National Patient Experience Survey scoring methodology is based on the methodology adopted by the Care Quality Commission on behalf of the National Health Service (NHS) in England.

The scores for the patient journey were calculated by grouping survey questions into five stages of care<sup>2</sup>: admissions; care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other stages of care. Scores are presented for individual questions making up a stage of care. The responses to questions in each stage were also summarised to form overall scales ranging from 0-10.

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

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<sup>2</sup> There are 48 questions relating to the patient journey stages of care. Filter questions, that is, questions whose main purpose it was to route respondents to the next applicable question, were excluded from this categorisation.

Figure A. Example of a scored question in the 2017 survey

### The Emergency Department

Q3. When you had important questions to ask doctors and nurses in the Emergency Department, did you get answers that you could understand?

- 10 Yes, always
- 5 Yes, sometimes
- 0 No
- 5 I had no need to ask / I was too unwell to ask any questions

The table below shows how scores are calculated for a specific question. In this example the scores of five respondents are presented. The score for Q3 is calculated by summing the scores in the right hand column (10+10+5+0+5), before dividing them by the number of people who responded to this question (30/5=6). The average score for Q3 is 6 out of 10.

Q3. When you had important questions to ask doctors and nurses in the Emergency Department, did you get answers that you could understand?	
Respondent	Score
1	10
2	10
3	5
4	0
5	5
<b>Sum of scores</b>	<b>30</b>

Scores for the stages of care (scales) were constructed by calculating the average scores for all questions belonging to that stage.



## Comparing groups

### When is a difference a 'real' difference?

Statistical tests were carried out to examine if there were significant differences in patient experience across patient groups (that is men and women, and different age groups).

A 'z-test' was used to compare patient experience data at the 99% confidence level. A z-test is a statistical test used to examine whether two population mean scores are different, when the variances are known and the sample size is large. A statistically significant difference means it is very unlikely that results were obtained by chance alone. Therefore, when a score is significantly 'higher than' or 'lower than' the national average, this is highly unlikely to have occurred by chance.

To protect anonymity of people who took part in the survey, and to allow for strong comparisons, sample sizes of less than 30 were not reported.

The National Patient Experience Survey 2017 technical report, available in 2018 at [www.patientexperience.ie](http://www.patientexperience.ie), provides details on all aspects of the analyses, including response rates, mapping of questions to reporting themes, computation of patient journey scores, statistical comparisons, and application of adjustment weights.

## How was the survey data analysed and reported?

Quantitative survey data was analysed using the statistical package SPSS (Version 24).

The responses to the open-ended questions were transcribed and anonymised. All references to names of patients or hospital staff, places, nationalities, wards, specific health conditions, operations and procedures were removed from the qualitative comments before they were thematically analysed and coded.

### Analysing open-ended comments

The last three questions (questions 59-61) of the 2017 survey encouraged participants to provide additional information, in their own words, on their experience in hospitals. The free-text comments were very useful as they allowed people to give a more in-depth description of their experience. It also allowed them to talk about various things (good or bad) that could not be captured by the structured questions. Nationally, a total of 21,528 comments were received in response to the open-ended questions in the 2017 survey.

A coding framework was developed to carry out a thematic analysis of the open-ended responses to the free-text questions at the end of the questionnaire. All open-ended-questions were analysed and multi-coded using the following 20 codes:

- Dignity, respect and privacy
- Communication with the patient
- Emergency Department management and environment
- Emergency Department waiting times
- Staffing levels
- Staff availability and responsiveness
- Other healthcare staff
- Other staff
- Food and drink
- Cleanliness and hygiene
- Nursing staff
- Doctors or consultants
- Waiting times for planned procedures
- Discharge and aftercare management
- Staff in general
- Communication with family and friends
- Hospital facilities
- Parking facilities
- Clinical information and history
- Private health insurance.

## Glossary

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

**Emergency care:** refers to life-saving care. People who present to hospital with a medical emergency may need to be admitted to hospital.

**Emergency department:** an area in a hospital where patients can access emergency care 24 hours a day, seven days a week. The emergency department is also sometimes known as 'Accident and Emergency' (A&E) or 'casualty'.

**Hospital groups:** all public hospitals in Ireland are organised into seven hospital groups, six of which participated in the 2017 survey. The Children's Hospital Group is the seventh hospital group in Ireland. Paediatric hospitals and children's services were not surveyed on this occasion.

**Inpatient:** a person who is admitted to hospital to receive medical or surgical treatment and stays at least one night.

**Non-emergency/elective care:** care that is not usually urgent, but rather is planned in advance by the patient and a doctor.

**Patient experience of hospital care:** what a person feels, observes, perceives, recognises, understands and remembers about their medical care and treatment in hospital.

**Patient journey:** the patient's progression through hospital from admission to discharge.

**Patient or person-centred care:** care that is centred on the needs, values and preferences of the patient/person. Essential to this definition is the promotion of kindness, dignity, privacy and autonomy.

**Stages of care:** refers to specific points along the patient journey. The stages of care are: admissions; care on the ward; examinations, diagnosis and treatment; and discharge or transfer.

## References

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