



National Patient Experience Survey 2017

South Infirmary Victoria University Hospital (SIVUH)

We're committed to excellence in healthcare



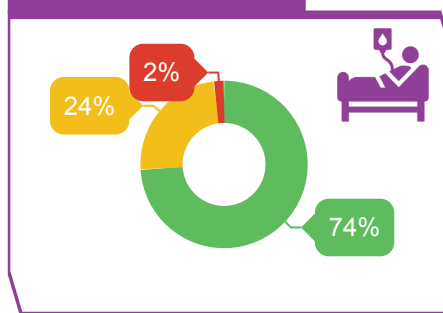
Thank you to the people who participated in the National Patient Experience Survey 2017, and to their families and carers. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve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

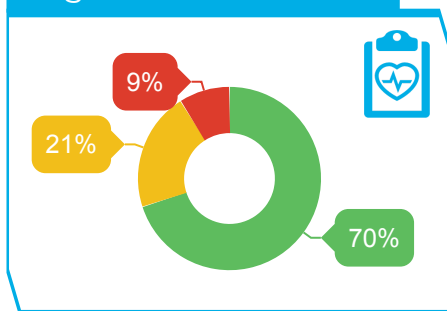
The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups.

Stages of care

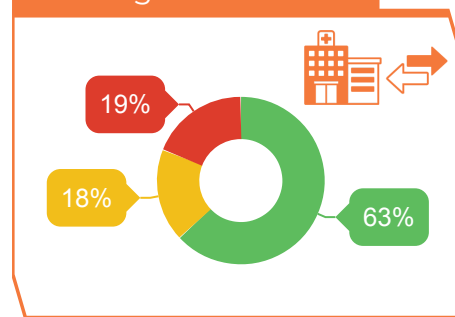
Care on the ward



Examinations, diagnosis & treatment

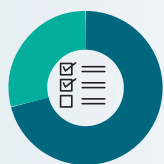


Discharge or transfer

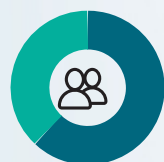


* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

South Infirmary Victoria University Hospital



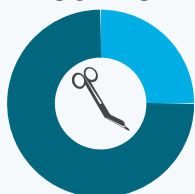
71% of 312 eligible patients took part



62% female
38% male

Average age:
59 years

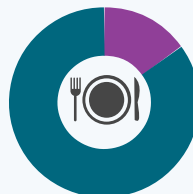
Treatment



25%

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

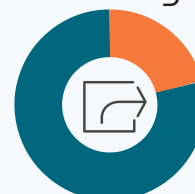
Food



15%

rated the hospital food as fair or poor.

Discharge

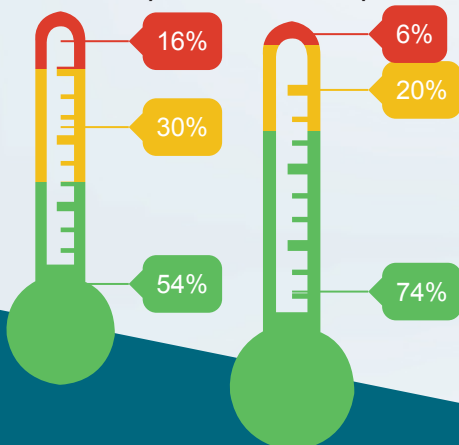


21%

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

Overall experience

Nationally This hospital



Areas of good experience

87%

of people said

that they were informed about the danger signals to watch out for after leaving hospital.

Areas needing improvement

28%

of people said

that they were not always offered a choice of food.

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Chapter 1

Patients' experiences of acute hospital care in South Infirmary Victoria 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 South Infirmary Victoria University Hospital (SIVUH) during the month of May 2017. In total, 220 participants from SIVUH 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. 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 220 people from SIVUH 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

SIVUH is a public acute hospital, located in Co. Cork. There were 155 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 312 eligible discharges were recorded during this time. SIVUH does not have an emergency department. This means that patients admitted to this hospital were not required to answer questions on the 'admissions' 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 SIVUH 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 SIVUH. A quality improvement plan will be developed for SIVUH in response to the survey results and will be publicly available from www.patientexperience.ie in December 2017.

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

1 As SIVUH does not have an emergency department, survey participants did not answer the questions on Admissions.



Who took part in the survey?

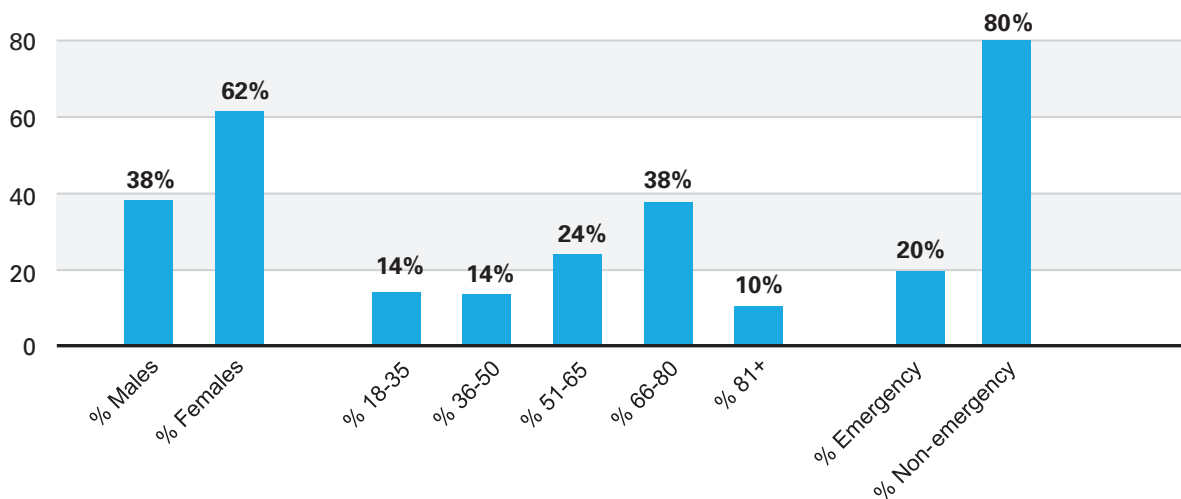
Description of the respondents who took part in the survey

312 people discharged from SIVUH during the month of May 2017 were invited to participate in the survey.

220 people completed the survey, achieving an overall response rate of 71%.

38% of people who responded to the survey in SIVUH were male and 62% were female. 20% of these people said they entered hospital on an emergency basis². Figure 1. below shows information about the people who took part in the survey from SIVUH.

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



² Patients were asked if their hospital stay was planned in advance or an emergency. While SIVUH does not have an emergency department, patients may have felt that their condition was an emergency. It is also possible that these patients were originally admitted to a hospital with an emergency department before being transferred to SIVUH.

What were the main findings for SIVUH?



Overall, patients' ratings of their experiences at SIVUH were above the national average. 94% of patients at SIVUH said they had a 'very good' or 'good' experience, compared with 84% nationally.

74% of people reported having a very good overall experience of care in SIVUH. The survey found that staff placed a value on treating patients with respect and dignity in the hospital and it was also reported that patients were given enough privacy when being examined or treated. Patients noted that they had confidence and trust in the staff who treated them in hospital, while many also said that they were able to find someone to talk to about their worries and fears.

Based on patient reports, discharge or transfer is one stage of care which needs improvement and many of the lower scoring questions relate to this area. In particular, communication during the discharge process was lacking in some cases. People reported that they were not always informed about the side effects of the medicines they would need to take at home and they also noted a lack of printed information about what they should or should not do after leaving hospital; these findings are in line with the national report.

Food is also an area needing improvement in the hospital, particularly the provision of a replacement meal to patients if they are unable to eat during mealtimes.

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

Areas of good experience and areas needing improvement in SIVUH

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 SIVUH are:

SIVUH performed above the national average in many areas across the stages of care. However, there is still room for improvement in these areas to ensure that every patient is treated with a consistently high level of care.

Care on the ward | Q28.

Someone to talk to about worries and fears

Out of 126 people who answered this question, 90 (71%) reported that they were able to find someone to talk to about their worries and fears.

Discharge or transfer | Q45.

Explanation of the purpose of medications

157 people (82% of those who answered this question) said that a member of staff explained the purpose of the medicines they were to take at home in a way they could understand.

Discharge or transfer | Q47.

Danger signals to watch out for

161 people (87%) said that they were completely or to some extent informed about the danger signals to watch out for after leaving hospital.

Discharge or transfer | Q48.

Consideration of home/family situation

158 people answered this question, with 115 (73%) reporting that hospital staff completely took their family or home situation into account when planning their discharge.

The areas needing improvement in SIVUH are:

Even though SIVUH performed higher than the national average in many areas, there are some areas which require improvement, particularly during the care on the ward stage.

Care on the ward | Q13.

Staff name badges

Out of 180 people who answered this question, 29 people (16%) said that some staff wore their name badge, while 7 people (4%) said that very few or no staff wore a badge.

Care on the ward | Q16.

Choice of food

While the majority of people were always offered a choice of food, out of 209 people, 58 (28%) said that they were not or were only sometimes offered a choice of food.



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:

- **admissions³**
- **care on the ward**
- **examinations, diagnosis and treatment**
- **discharge or transfer**
- **other aspects of care.**

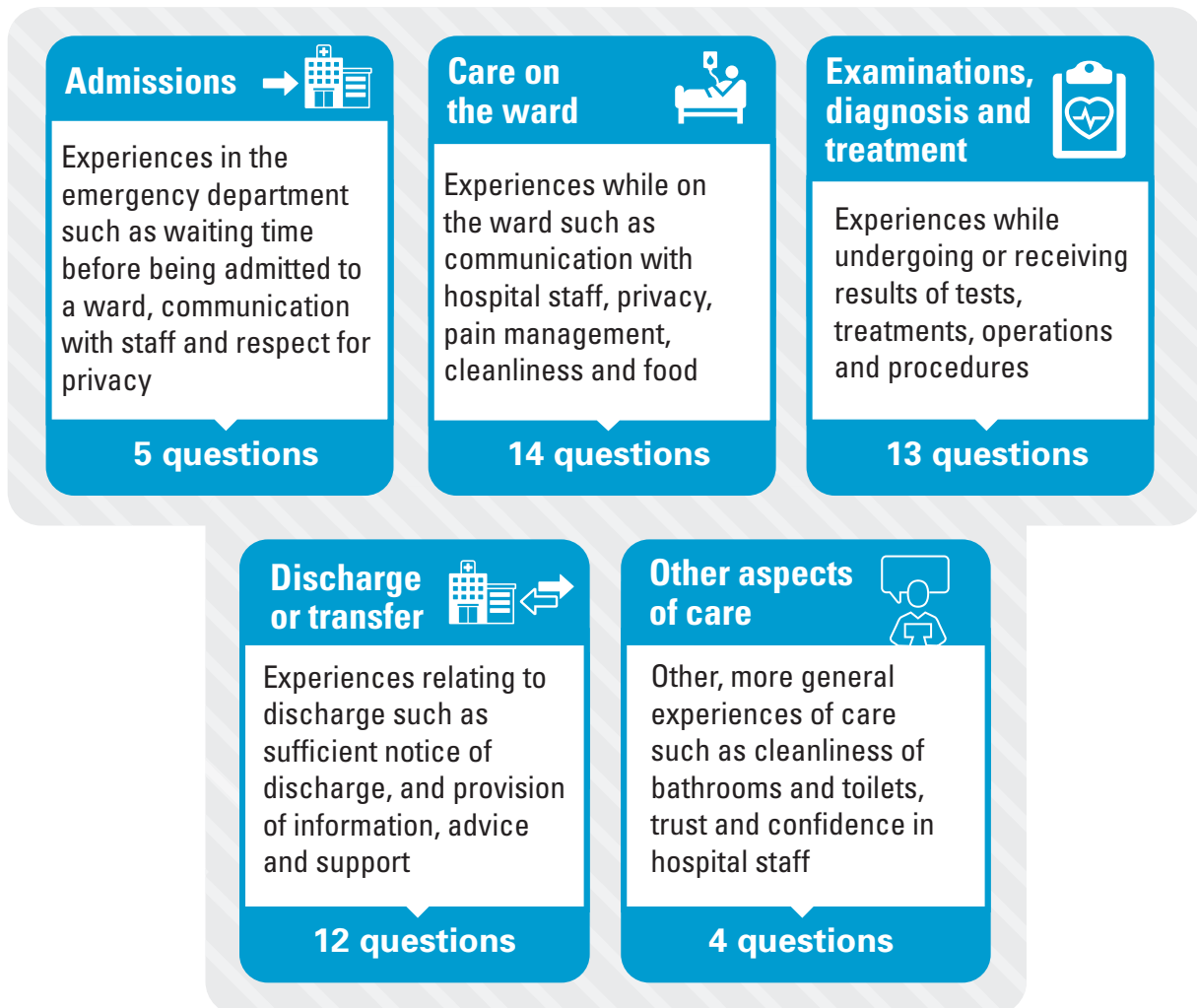


I only spent three days in hospital and in that time I was cared for by competent compassionate staff.

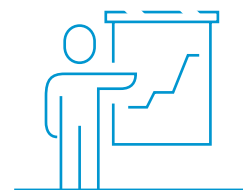
³ As SIVUH does not have an emergency department, survey participants did not answer the questions on admissions.

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

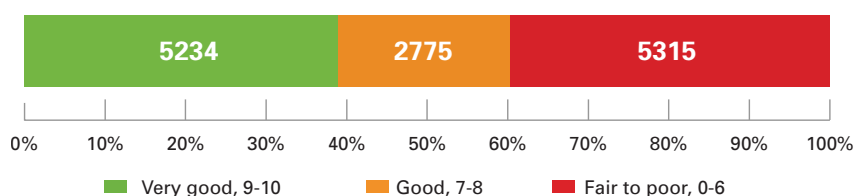
1. Experience rating for a stage of care

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.

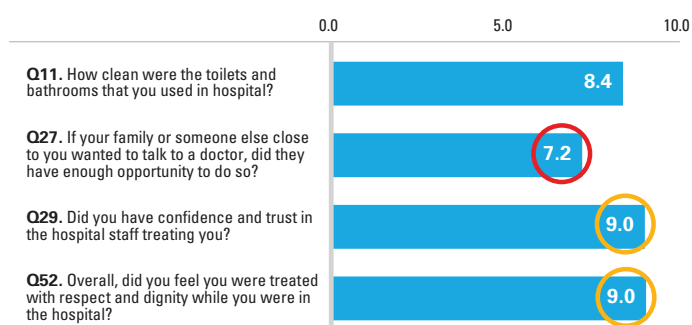
Example:

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

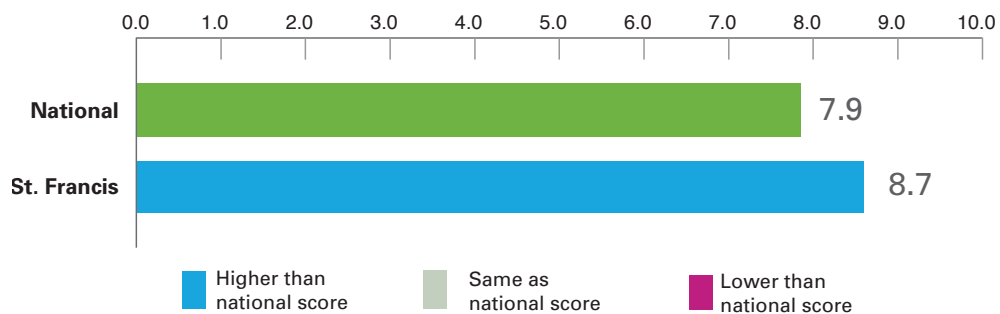


3. Comparisons

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.



Care on the ward

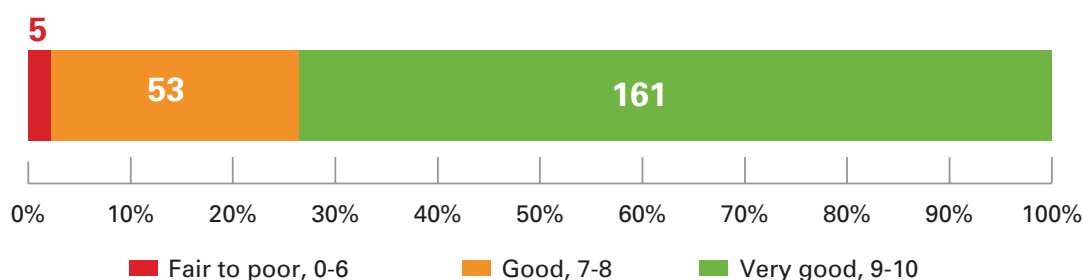


In summary: what were patients' experiences of care on the ward?

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

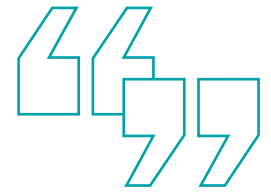
Out of the 219 people who rated their experience of care on the ward, 5 people (2%) reported having a 'fair to poor' experience during their stay on a ward in SIVUH in May 2017. On the other hand, 161 people (74%) reported having a very good experience during the same period. These experience ratings 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?

- 193 people (89% who answered Q10) reported positively on the cleanliness of the room or ward they stayed in.
- People also remarked positively on the help they received from staff in accessing the bathroom and being provided with answers from nurses which they could understand.
- 36% of comments made by people offered suggestions for improvement during care on the ward.



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

In total, people who attended SIVUH made 102 comments about: 'staffing levels', 'staff availability and responsiveness' 'other healthcare staff', 'other staff', 'food and drink' and 'cleanliness and hygiene'. 36% of these comments were suggestions for improvement.

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

Staffing levels, availability and responsiveness

"The staff were amazing and looked after me so well- following surgery they checked on me every 30 mins and made relevant queries to the doctor who performed the surgery."

"I felt the nurses on duty that night could have walked down along the ward more often than they did. Someone could have fallen out bed they would not have seen them. Because I did not sleep that night, I see the situation as it was."

Other staff

"The staff were brilliant! All of them, doctors, nurses, healthcare assistants, porters and kitchen staff. They were friendly, helpful and knew what they were doing."

"[Healthcare Professional] before discharge became annoyed when I said I wouldn't do the [Treatment Type] she prescribed. It turned out she was looking that the wrong file. No apology offered."

Food and drink

"Surprised by quality of food and how staff went out of their way to help when hungry after my operation."

"Dinners - some of the dinners were not nice to look at. Some patients - including myself, find it hard to eat or have a lack of appetite after surgery. Some of the food was so unpalatable that I asked family to bring in sandwiches from outside shops."

Cleanliness and hygiene

"The nursing care and cleanliness of the ward was what you would expect to find in every hospital in the 21st Century. I have been in and out of hospitals since 2004 and this hospital the best."

"Cleaning of the wards - did not pull out the beds in the 6 days I was there."

Quantitative results for questions on care on the ward

Fourteen questions asked about care on the ward.



Out of the 217 people who answered Q10, a total of 193 (89%) reported that the room or ward they stayed in was very clean.

157 people (96%) who needed assistance from staff to access the bathroom or toilet said that they always got help in time.

Out of the 196 people who had important questions to ask a nurse, 180 people (92%) said they always got answers that they could understand.

Q15, which asked people to rate the hospital food, was the lowest scoring question for this stage of care. While just over half the people who answered the question reported that the food in SIVUH was 'very good', 31 people (15%) said it was 'fair' or 'poor'.

"The staff were all pleasant and very professional. The ward hygiene was of a high standard. Meals were satisfactory."

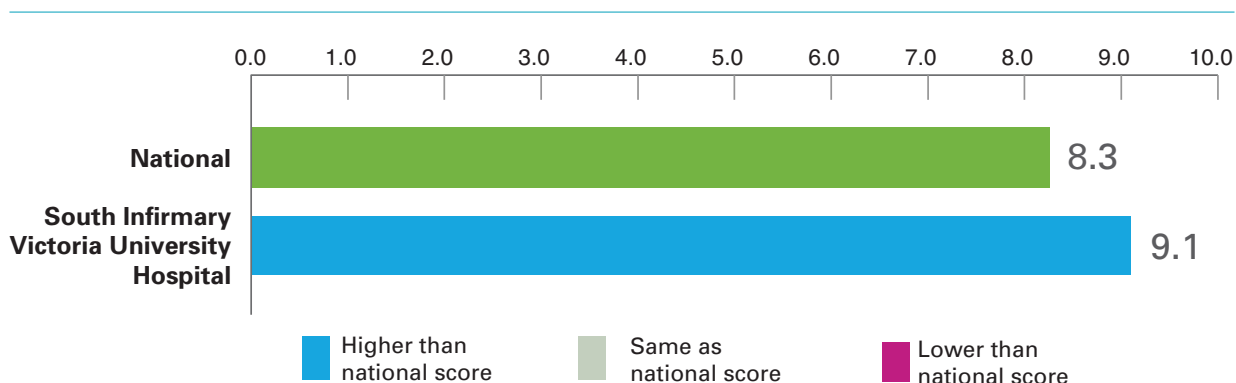
Figure 5. below summarises the scores for SIVUH for the care on the ward stage.

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



Figure 6. shows that, within the care on the ward stage, the average score for SIVUH (9.1 out of 10) is significantly higher than the national average score (8.3 out of 10). This means that patients who attended SIVUH in May 2017 reported a more positive experience than patients in other hospitals, based on the national average score for this stage of care.

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



Care on the ward: what do these results mean?

SIVUH performed well on this stage of care. Most people reported positively on the cleanliness of the ward they stayed in and were happy with the help they received from staff to access the bathroom. Patients also said that when they asked a nurse a question, they received an answer they could understand. However, food was one of the more negative aspects of their experience in the hospital, with people reporting that they were not offered a replacement meal, if they were unable to eat during mealtimes.

Examinations, diagnosis and treatment

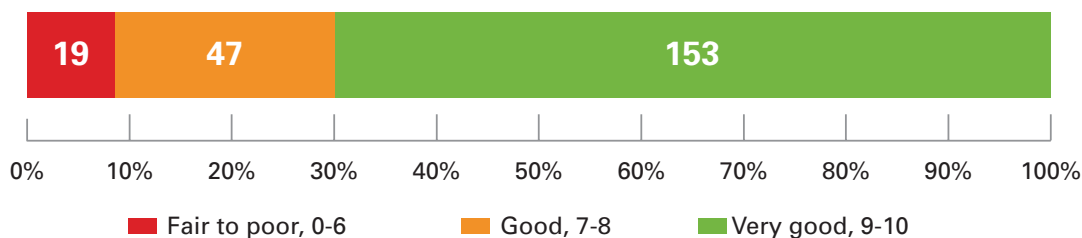


In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

219 people rated their experience of this stage of care in SIVUH, with 19 people (9%) reporting that they had a 'fair to poor' experience. On the other hand, 153 (70%) rated their experience 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?

- The majority of people said that they were always given enough privacy while being examined or treated in the hospital.
- Communication from hospital staff before and after a procedure or operation needs some improvement.
- 77 comments were made about this stage of care, with 74% of them containing positive feedback



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

Patients of SIVUH made 77 comments about: 'nursing staff', 'doctors or consultants' and 'waiting times for planned procedures'. The majority of these comments (74%) contained positive feedback. Some examples of comments received for this stage of care are provided below.

Nursing staff

"The nurses were very calming and reassuring towards me and my urgent admission."

Doctors or consultants

"Very professional staff including doctors, nurses, catering and cleaning staff. As well as friendly and helpful. Doctors treating me liaised with my [Specialist Doctor] to ensure treatment for condition I was in hospital for did not adversely impact on my [Condition Name]."

"The communication between the 2 consultants dealing with my condition was slow. I didn't hear the results from my biopsy for 3 weeks after my operation and no one contacted me during that time. Not hearing from my doctor or his team made me anxious and stressed."

Waiting times for planned procedures

"My admission to South Infirmary Cork was for elective [Procedure Name] I had a [Condition Type] The [Ward Types] are highly efficient and well organised. I was nervous but had a wonderful 4 day stay. All the care and attention I needed and lovely staff. The [Department Name] is run like a well-oiled machine."

"Everything was good except the waiting time was excessive. Fasting from the night before - in at 7am, and then not seen until 5pm for my surgery. Then of course late surgery meant I had to stay overnight at extra cost. Mine was meant to be day surgery only."

Quantitative results for questions on examinations, diagnosis and treatment

Thirteen questions asked about examinations, diagnosis and treatment

With an average score of 9.9 out of 10, Q31 was the highest scoring question in this stage of care. Out of 215 people who answered this question, 205 people (95%) said they were always given privacy when being examined or treated in SIVUH.

Q38 received the lowest score for this stage of care, with an average score of 8.0 out of 10. While the majority of people said that they were completely informed by hospital staff about how they could expect to feel after an operation or procedure, 47 people (25%) reported that they were not informed or only informed 'to some extent'.

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

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

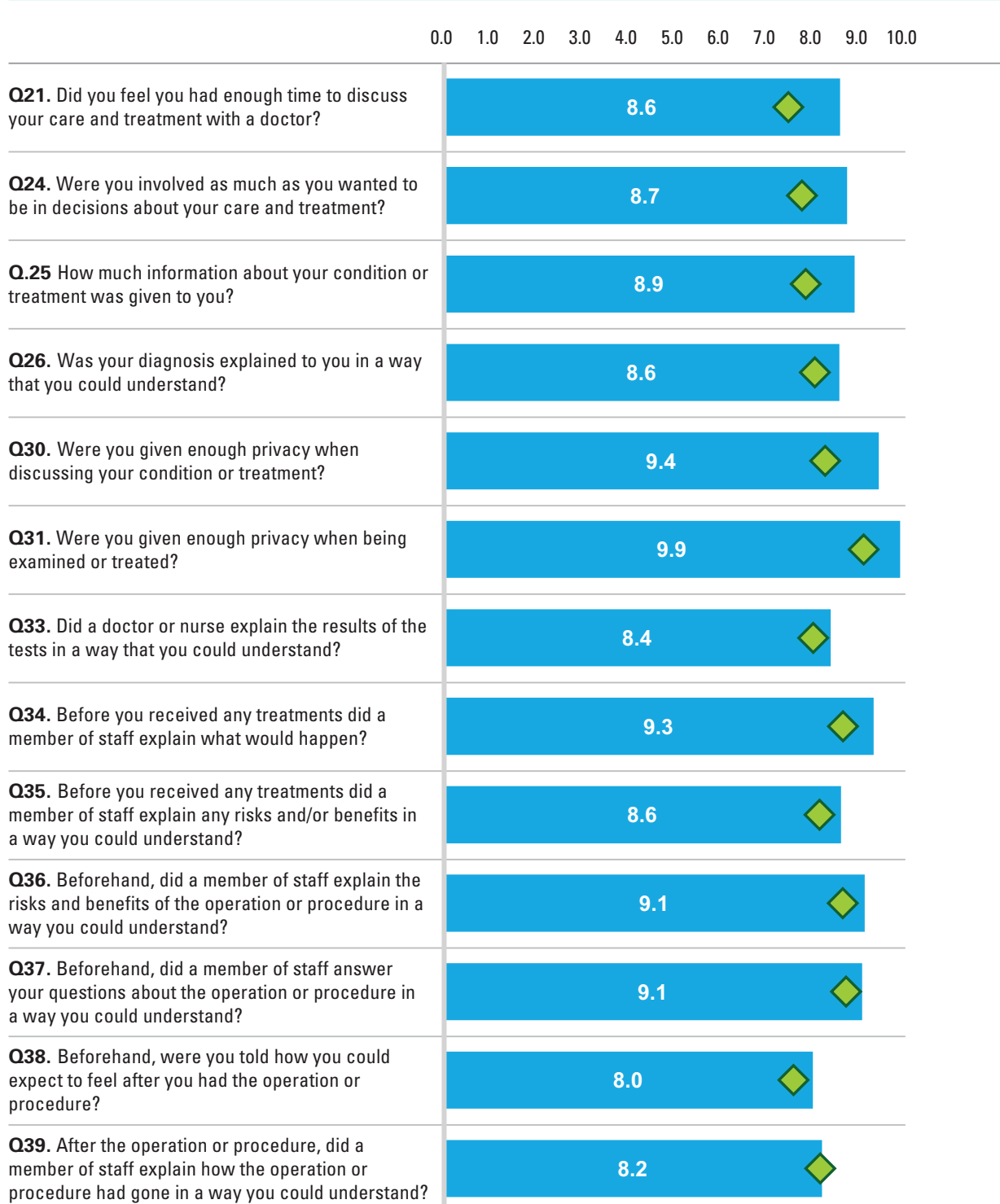
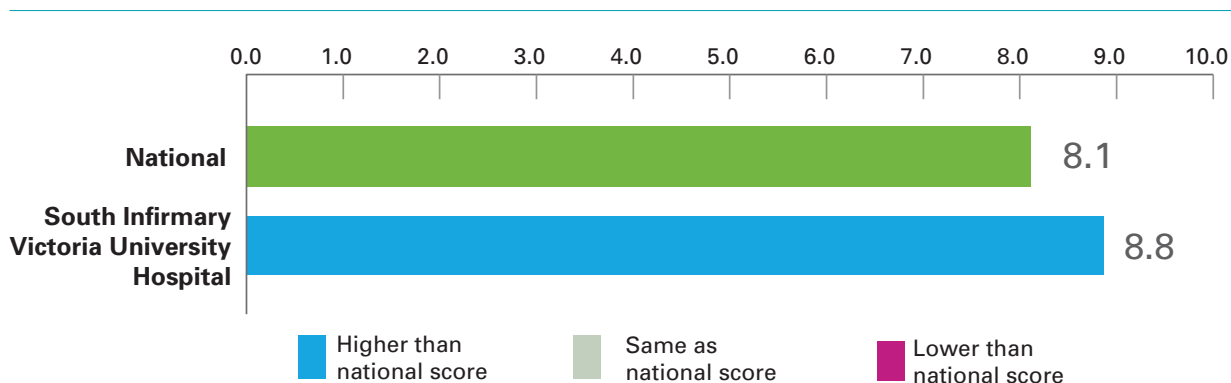


Figure 9. shows that, within the examinations, diagnosis and treatment stage, the average score for SIVUH (8.8 out of 10) is significantly higher than the national average score (8.1 out of 10). This means that patients who attended SIVUH in May 2017 reported a more positive experience than patients in other hospitals for this stage of care.

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



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

SIVUH performed well on this stage of care, achieving a significantly higher overall score than the national average. Patients remarked positively on the privacy they were given when being examined or treated. However, communication from doctors and nurses needs improvement in some cases — in particular, as regards informing patients before a procedure about how they could expect to feel afterwards and explaining how the procedure had gone.

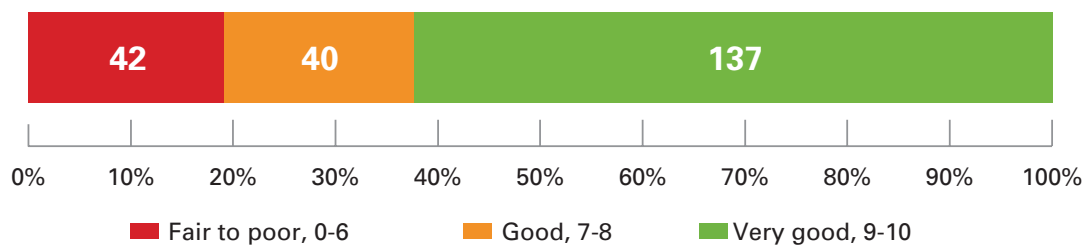
Discharge or transfer



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

Out of the 219 people who rated their experience of discharge or transfer, 42 (19%) said that their experience was 'fair to poor'. However, 137 people (63%) reported having a very good experience during the discharge or transfer process from SIVUH. 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 191 people, 157 (82%) said that a member of staff explained the purpose of the medicines they were to take home in a way they could understand.
- Communication as regards the discharge process requires improvement. People reported a lack of printed information and explanations about the side effects of medication, as well as danger signals to watch out for at home.
- Discharge or transfer was the lowest performing stage of care for SIVUH in May 2017, as reported by patients.

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



In total, people from SIVUH made 13 comments in the 2017 survey about discharge and aftercare management, seven of which suggested areas for improvement. An example of comments received for this stage of care is provided below.

Discharge and aftercare

“Everything about my operation was explained. I was never in pain because the nurses gave me adequate pain relief. I was informed fully on my aftercare.”

“I feel that I was under pressure to leave the hospital, even though I still felt quite unwell. I feel another day or two would have been very beneficial to me and my recovery.”

Quantitative results for questions on discharge or transfer from hospital

Twelve questions asked about discharge or transfer

With an average score of 9.0 out of 10, Q45 was the highest scoring question in this stage of care. Out of 191 people, 157 (82%) said that a member of staff explained the purpose of the medicines they were to take home in a way they could understand.

Q44 was the lowest scoring question of this stage. Out of 217 people who answered the question, 46 people (21%) said that they were not provided with any printed information about what they should or should not do at home after leaving hospital.

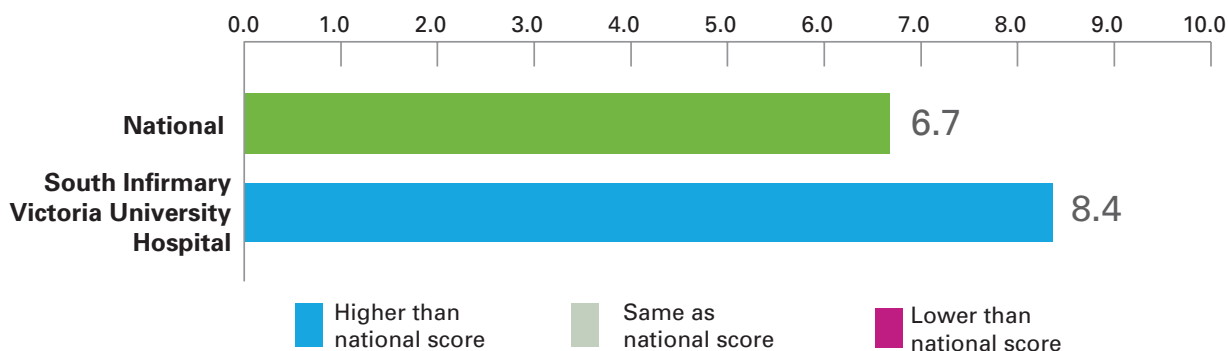
Figure 11. summarises the scores for discharge and transfer in SIVUH.

Figure 11. SIVUH scores for questions on discharge or transfer



Figure 12. shows that, as regards discharge or transfer from hospital, the average score for SIVUH (8.4 out of 10) is significantly higher than the national average score (6.7 out of 10). This means that patients who attended SIVUH in May 2017 reported a more positive experience for this stage of care than patients in other hospitals

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



Discharge or transfer: what do these results mean?

While this was the lowest performing area for SIVUH, overall, it still ranked higher than the national average. Communication is a key area which needs to be improved within the discharge process. While patients reported being told about the purpose of the medicines they were to take at home, they reported a lack of communication about the danger signals to watch out for at home and also said they did not receive any printed information on aftercare.

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?

- 208 people (95%) said that they were always treated with respect and dignity in SIVUH.
- 207 people (96%) said that they always had confidence and trust in hospital staff.
- Out of the 217 people who answered Q11, a total of 183 people (84%) said that the toilets and bathrooms in SIVUH were very clean.
- Q27 was the lowest scoring question in terms of other aspects of care, with an average score of 7.6 out of 10. While the majority of people reported that their family or friends had sufficient opportunity to talk to a doctor, out of 132 people, 14 (11%) said that they did not.

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



Patients from SIVUH made 128 comments in the 2017 survey about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'clinical information and history', 'health insurance', 'dignity, respect and privacy' and 'communication with family'. 26% of these comments were in response to Q60, which asked for suggestions for improvement. Some examples are provided below.

Dignity, respect and privacy

"Staff - nurses and doctors. I have never been treated with so much respect and patience by any other nursing / medical team - and I have attended many hospitals in my lifetime. South Infirmary / Victoria, set a bar which other hospitals should aim to emulate."

"Male and female patients sharing same wards, toilet facilities and shower facilities/no private shower cubicles/show curtains. Confidentiality - no curtain drawn on doctors rounds. Attention to changing bed linen after an operation eg blood on pillow case."

Communication with patients

"The care that was given by all of the hospital staff was exceptional. Every question was answered by a very kind staff both day & night. Everything was explained in detail from the pre op assessment to the day of discharge. Overall very nice stay in a well run [Ward Type]"

"More compassion and friendliness [is needed] from people in charge on the ward. Better communication with patient."

Staff in general

"Nurses were so caring, courteous, friendly, helpful and very meticulous. Surgeon and doctor visited each day which was comforting and helpful. The hospital was very clean. [Healthcare Professionals] were very informative and friendly. On the day of the pre-operation I was made to feel relaxed by all I came in contact with."

"Better oversight by senior staff of junior staff carrying out procedures. Senior staff should not leave junior staff unsupervised while carrying out duties/procedures."

Physical comfort

"I felt the doctors who treated me and the hospital staff who looked after me were very professional and very caring. This was my first overnight stay in a hospital and I can honestly say I was very well cared for and I felt safe and relaxed."

"It was very difficult to sleep with so many people in the ward. The nurses' station was also in the room so the lights were not turned off until very late and when anyone rang the bell for a nurse everyone could hear it."

Hospital facilities

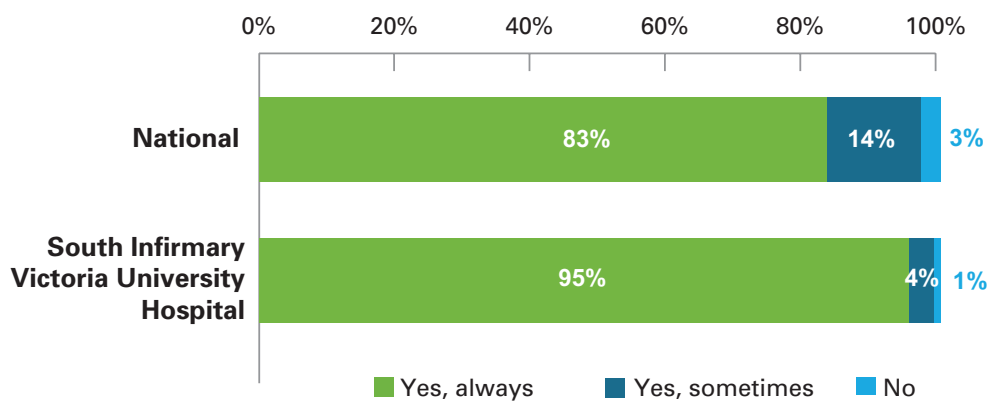
"The room really needs an updated refurbishment. The radiator was falling off the wall. The T.V needs to be updated. Flooring is very shabby and needs upgrading. There was no sink in the en suite; it was situated at the far end of the room."

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 SIVUH in May 2017. Overall, 208 people (95% of those who answered the question) said that they were always treated with respect and dignity in May 2017, while eight people (4%) said that they were only 'sometimes' treated with respect and dignity. With an overall score of 9.9 out of 10, this was one of the highest performing questions in the entire survey.

Figure 13. below shows patients' ratings of the level of dignity and respect they were shown in hospital.

Figure 13. Ratings for dignity and respect SIVUH



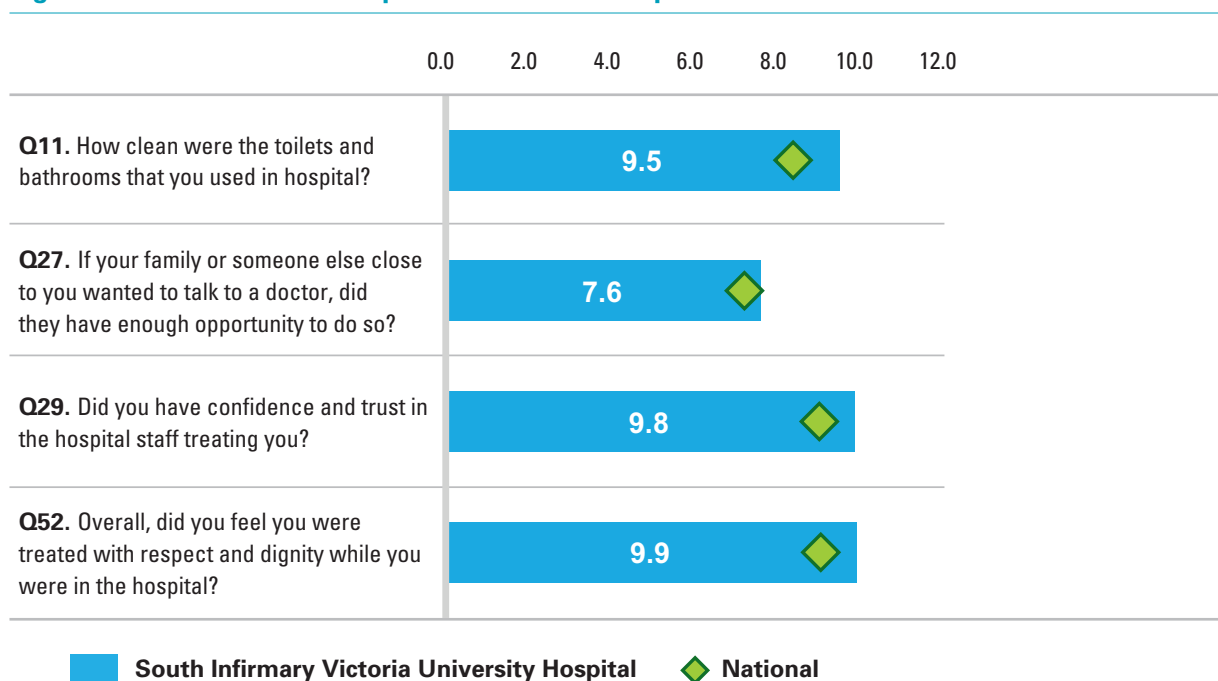
Question 29 asked people if they had confidence and trust in the hospital staff treating them, and was the highest scoring question on this stage. 207 people (96% of all people who answered Q29) said that they always had confidence and trust in the hospital staff treating them.

Question 11 asked people about the cleanliness of the bathrooms and toilets in SIVUH. 183 people (84% of all people who answered Q11) said that the bathrooms and toilets were very clean.

Question 27 asked people if their family or someone close to them had sufficient opportunities to talk to a doctor in SIVUH. Out of 132 people, 33 (25%) said that, to an extent, their family or people close to them had enough opportunities to talk to a doctor. 14 people (11%) said that they did not have sufficient opportunity.

Figure 14. summarises the scores for SIVUH for questions about other aspects of care.

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



Other aspects of care: what do these results mean?

Patients in SIVUH reported that, overall, they were treated with dignity and respect, and had confidence and trust in the hospital staff who treated them. The cleanliness of toilets and bathrooms was also rated highly. However, people reported a need for improvement as regards opportunities for their families or friends to speak to 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 15. below provides the average overall rating of hospital experience, reported by people who completed the survey in SIVUH, compared with the national average.

In general, the majority of people (74%) of people who stayed in SIVUH in May 2017 reported having a very good experience in this hospital, whereas 6% indicated a fair to poor experience.

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





Chapter 4

Conclusion

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

94% of patients at SIVUH said that they had a 'very good' or 'good' experience, compared with 84% nationally.

The survey found that, in general, patients were treated with respect and dignity in the hospital and were given sufficient privacy when being examined or treated. Patients also reported that they had confidence and trust in the staff who treated them, with most reporting that they were provided with emotional support whenever they had worries or fears while in hospital.

However, discharge or transfer was identified as a stage of care which needs improvement, with many of the lower scoring questions contained in this area. Communication is one area which received less positive feedback from patients. Many people noted that they were not completely informed about the side effects of their medication, and a lack of printed information about what they should or should not do after leaving hospital was also reported.

The survey found that food is an area which needs improvement in SIVUH, particularly as regards the provision of a replacement meal in cases where a patient is unable to eat during mealtimes.

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

What happens next?

The HSE has committed to using the findings of the National Patient Experience Survey 2017 to support wide-ranging quality improvements across public hospitals 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 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 experience, helping the partner organisations to:

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

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

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

Appendix 3:

Identifying strengths and priorities for improvement

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

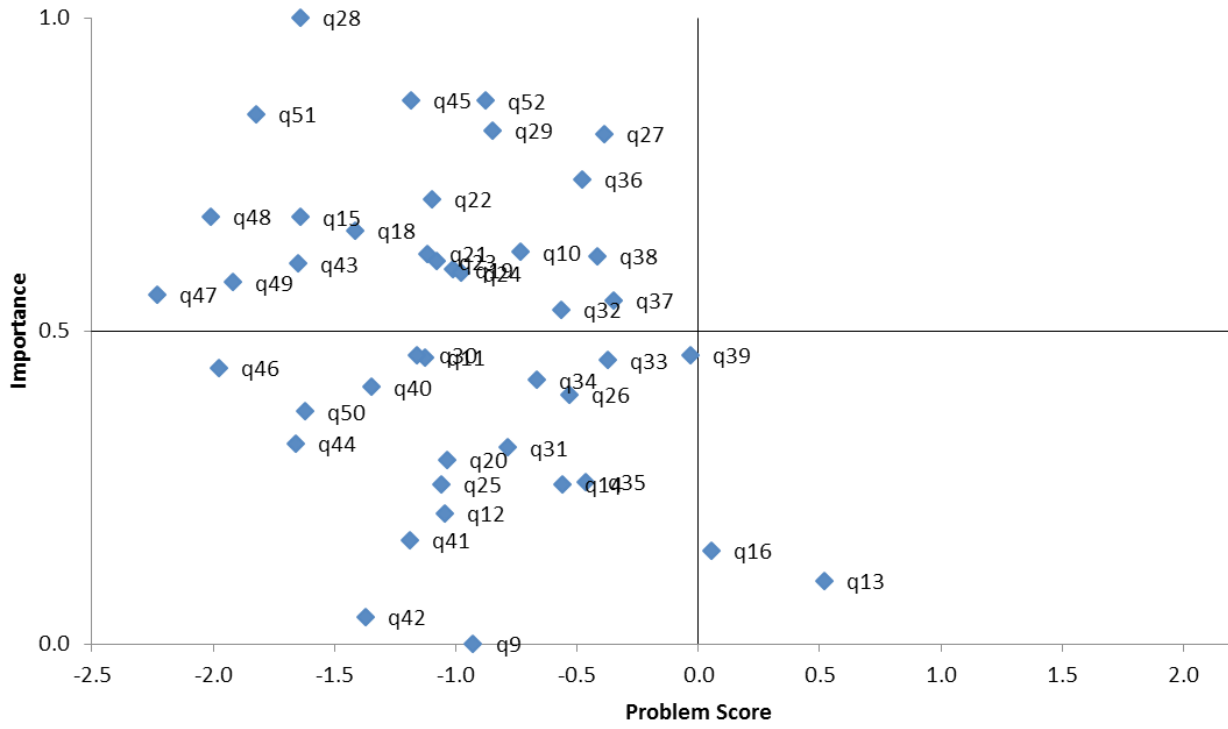
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected 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 16. 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 SIVUH 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 SIVUH 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 SIVUH 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 SIVUH. 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 SIVUH.

Figure 16. Overall patient experience map for SIVUH



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 care⁴: 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.

4 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.