



National Patient Experience Survey 2017

South Tipperary General 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.

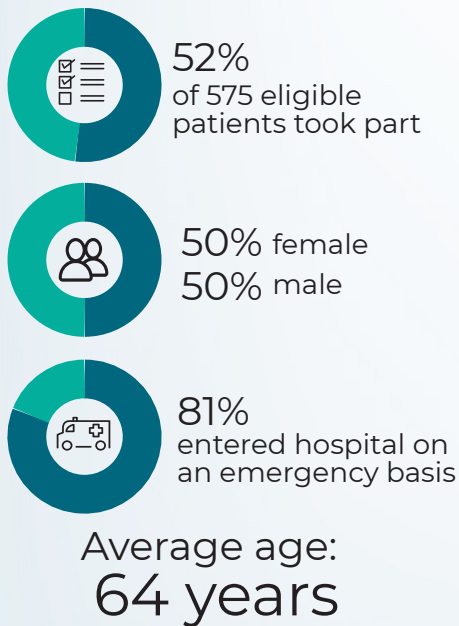
Very good 9 - 10

Good 7 - 8

Fair to poor 0 - 6

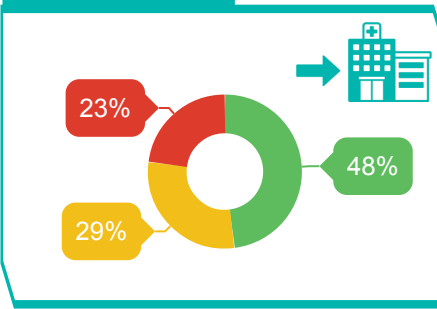


South Tipperary General Hospital

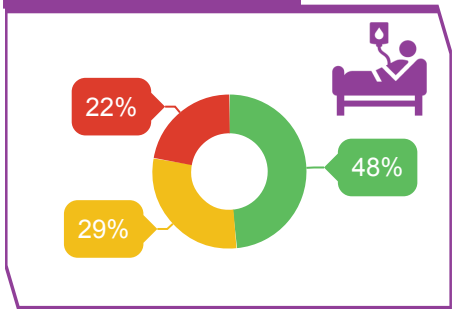


Stages of care

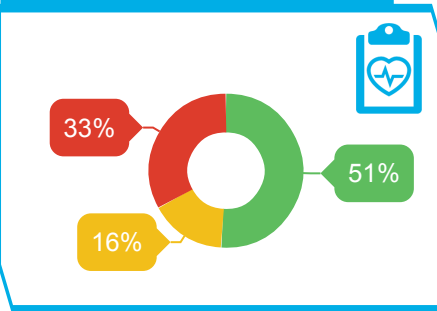
Admission



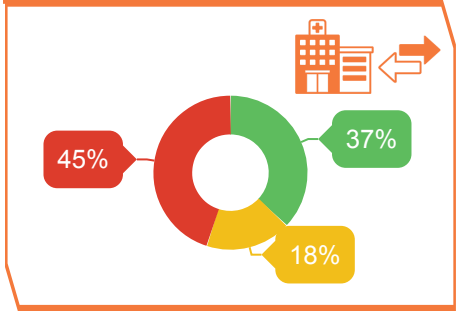
Care on the ward



Examinations, diagnosis & treatment

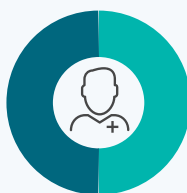


Discharge or transfer



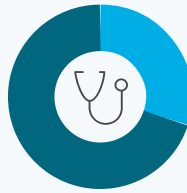
* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

Admission



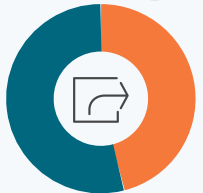
did not always receive an explanation about their condition that they could understand.

Treatment



did not receive the right amount of information about their condition or treatment.

Discharge

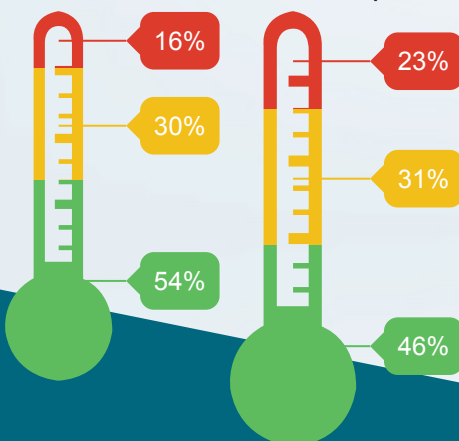


were not provided with any information about what they should or should not do at home.

Overall experience

Nationally

This hospital



Areas of good experience

86%  of people said

that they were told beforehand how they could expect to feel after they had the operation or procedure.

Areas needing improvement

52%  of people said

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

Structure and content of this report

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This chapter presents the areas of good experience and the areas needing improvement in South Tipperary General Hospital.

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Chapter 1

Patients' experiences of acute hospital care in South Tipperary General Hospital

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 Tipperary General Hospital during the month of May 2017. In total, 299 participants from South Tipperary General 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 299 people from South Tipperary General 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

South Tipperary General Hospital is a public acute hospital, located in Co. Tipperary. There were 168 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 575 eligible discharges were recorded during this time. South Tipperary General 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 South Tipperary 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 South Tipperary General Hospital. A quality improvement plan will be developed for South Tipperary General Hospital in response to the survey results and will be publicly available from www.patientexperience.ie in December 2017.

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



Who took part in the survey?

Description of the respondents who took part in the survey

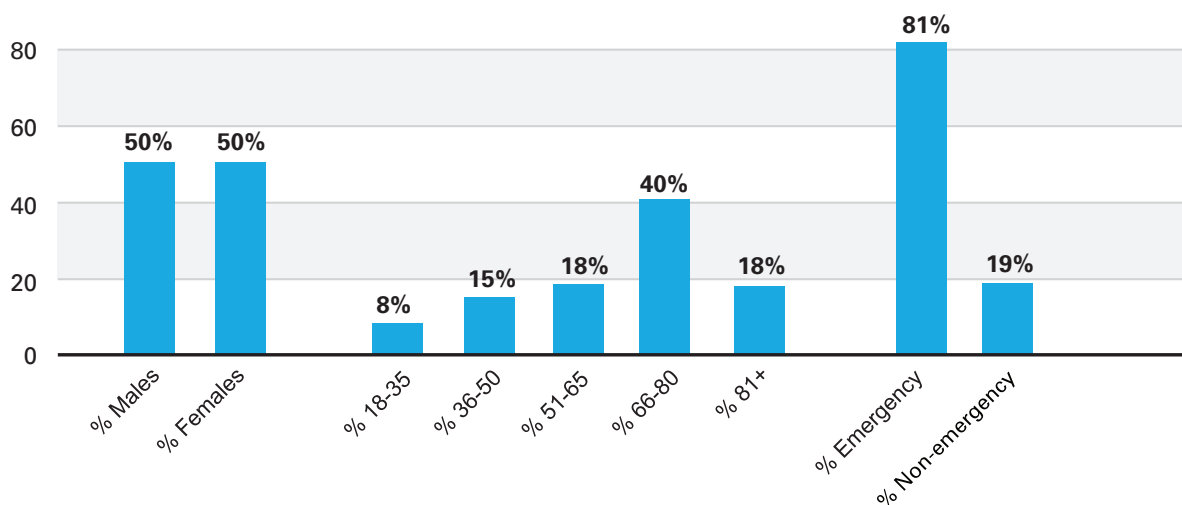
575 people discharged from South Tipperary General Hospital during the month of May 2017 were invited to participate in the survey.

299 people completed the survey, achieving an overall response rate of 52%.

50% of people who responded to the survey in South Tipperary General Hospital were male and 50% were female. 81% of these people entered hospital on an emergency basis.

Figure 1. below shows information about the people who took part in the survey from South Tipperary General Hospital.

Figure 1. Survey participants from South Tipperary General Hospital by sex, age group and admission route



What were the main findings for South Tipperary General Hospital?



Overall, patients' ratings of their experiences at South Tipperary General Hospital were below the national average. 77% of patients at South Tipperary General Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

The survey found that people were treated with respect and dignity during their time in the hospital and people also reported positive experiences of physical comfort and pain management.

The majority of people reported that they waited for more than six hours in the emergency department before being admitted to a ward, indicating that waiting times is one area which requires improvement in South Tipperary General Hospital. Studies have shown that long delays in admitting patients to a ward can have negative consequences for their health. It was also found that, during their time in the emergency department, some patients did not understand the doctor or nurse's explanation of their condition and treatment.

The survey found that communication with the patient during the discharge process is another area which requires improvement. The 'discharge or transfer' stage contained the lowest scoring question in the entire survey regarding an explanation of medication side effects. Other points reported by patients during this stage include a lack of information about danger signals to watch out for at home and lack of printed information about what to do or not do after leaving hospital. Some people also said that their family or someone close to them did not always receive information on how to help care for the patient at home.

The survey also noted challenges as regards staff being available to talk to patients about their worries and fears, in addition to opportunities for patients' family or someone close to them to speak with a doctor. Hospital food was also one of the lower performing areas.

These findings will serve to inform quality improvement initiatives in South Tipperary General Hospital.

Areas of good experience and areas needing improvement in South Tipperary General 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 South Tipperary General Hospital are:

South Tipperary General Hospital performed well in certain areas, including information on how their operation or procedure went, and pain management also featured as an area of good experience.

Care on the ward | Q18.

Offer of a replacement meal

58 people (80%) said that, if they were unable to eat during mealtimes, they were always or sometimes offered a replacement meal.

Examinations, diagnosis and treatment | Q38.

Information on the expected outcome of an operation or procedure

121 people (86%) reported that they were completely or to some extent told beforehand how they could expect to feel after they had the operation or procedure.

Examinations, diagnosis and treatment | Q39.

Clear explanation of the outcome of an operation or procedure

99 people (71%) said that a member of staff explained to them how the operation or procedure had gone in a way they could understand.

Care on the ward | Q32.

Pain management

192 people (81%) said that hospital staff did everything they could to help control pain.

The areas needing improvement in South Tipperary General Hospital are:

There are a number of areas which require improvement in South Tipperary General Hospital, in particular as regards communication with patients during the discharge or transfer stage. Explanations about their condition or treatment during the admissions process and while on the ward are also areas needing improvement.

Admissions | Q4.

Clear explanation of a condition or treatment in the emergency department

108 people (50%) said that they were not or were only to some extent able to understand the explanation given by a doctor or nurse about their condition or treatment.

Examinations, diagnosis and treatment | Q25.

Information about condition or treatment.

86 people (30%) said they were not given the right amount of information about their condition or treatment.

Care on the ward | Q28.

Someone to talk to about worries and fears

102 people (52%) said they were not able or only to some extent able to find someone on the hospital staff to talk to about their worries and fears.

Discharge or transfer | Q41.

Sufficient notice of discharge

121 people (44%) said that they were not or were only to some extent given enough notice about when they were going to be discharged.

Discharge or transfer | Q42.

Family given sufficient notice of discharge

105 people (42%) said that their family or someone close to them were not or were only to some extent given enough notice about their discharge.

Discharge or transfer | Q45.

Explanation of the purpose of medications

91 people (41%) said that a member of staff did not explain or only to some extent explained the purpose of the medicines they were to take at home in a way they could understand.

Discharge or transfer | Q51.

Information on how to manage a condition

123 people (51%) said that they did not receive or only to some extent received enough information from the hospital on how to manage their condition after their discharge.



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.

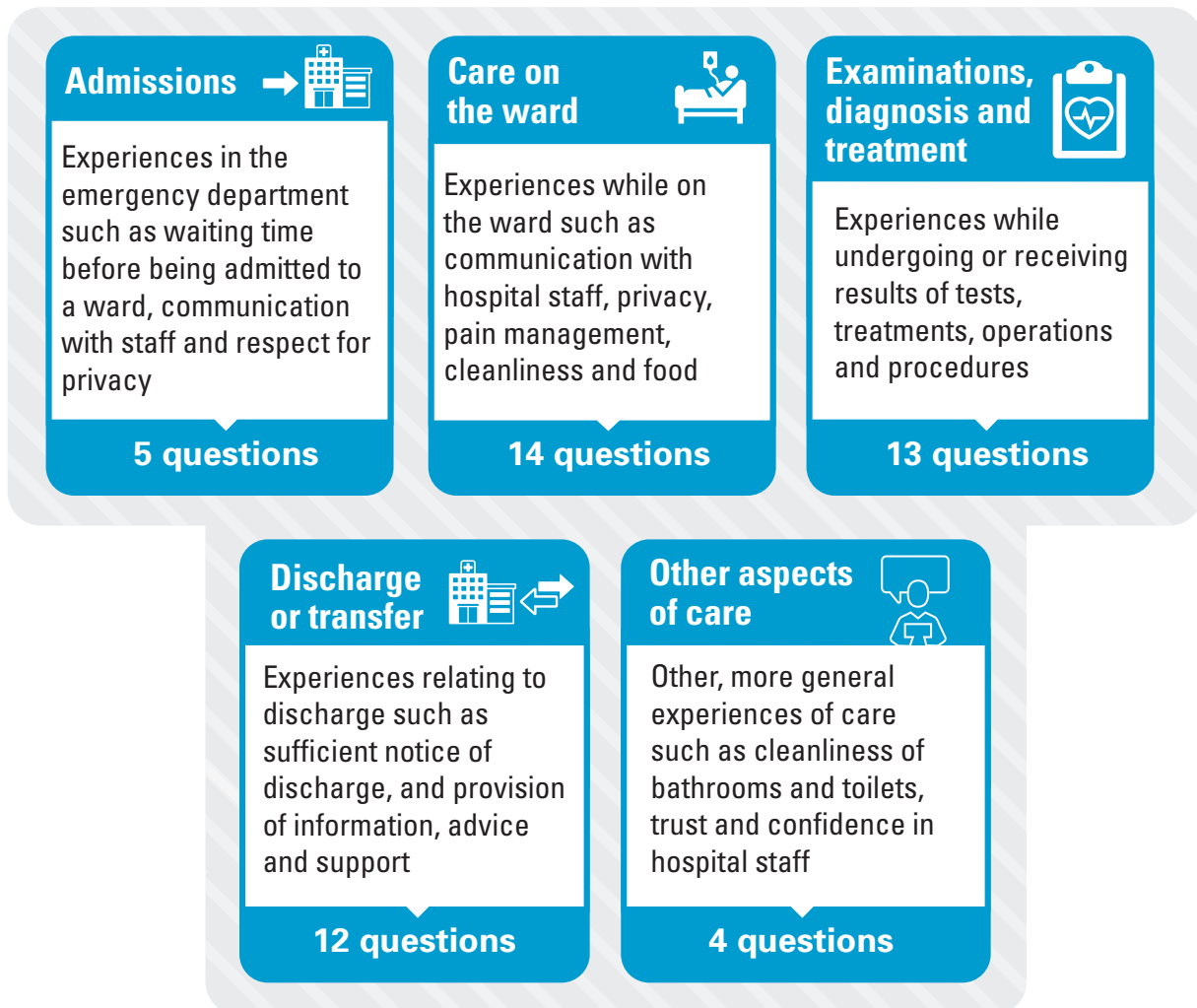
The survey questions were grouped into five stages along the patient journey:

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

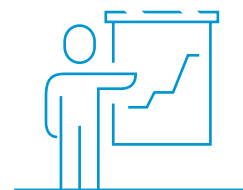
"From the time I was in hospital the care and treatment I received was excellent from doctors, nurses and household staff."

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

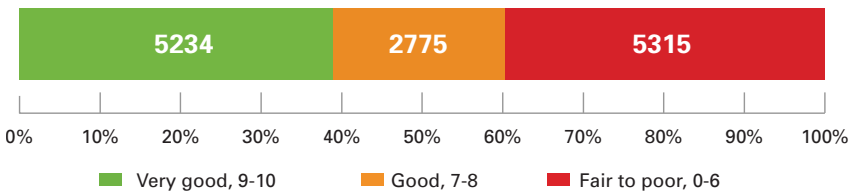
1. Experience rating for a stage of care

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.

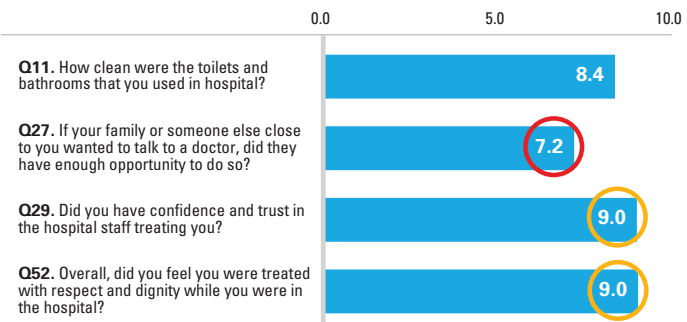
Example:

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

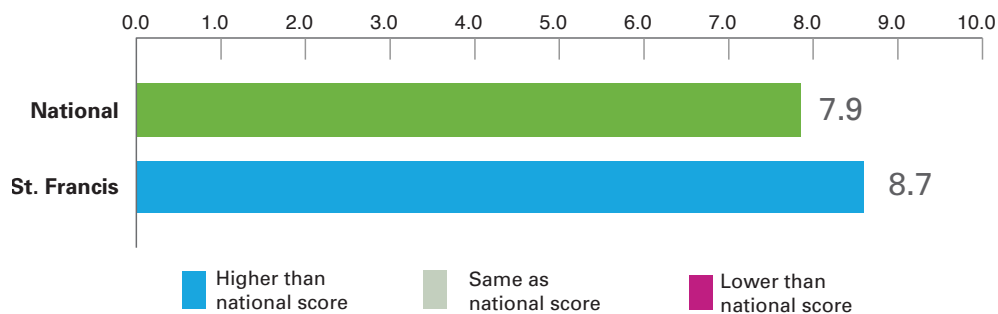


3. Comparisons

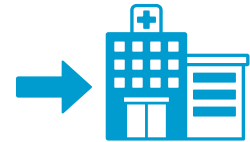
When hospital scores are compared with the national average, statistical tests were carried out to check if any differences were genuine or simply down to chance. The way hospital scores are calculated is explained in Appendix 4.

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

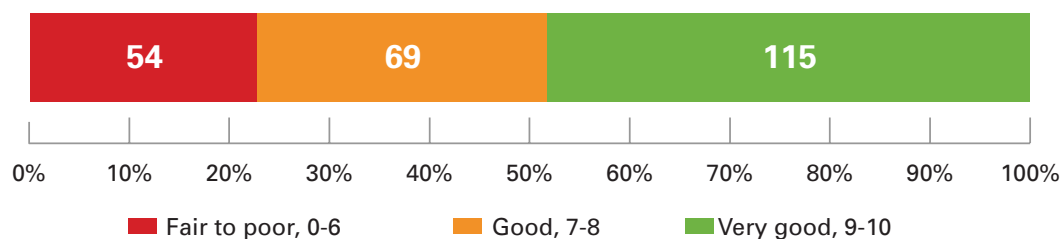


In summary: what were patients' experiences of the admissions process?

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

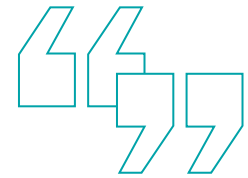
Out of the 238 people from South Tipperary General Hospital who rated their experience of the admissions process, 54 people (23%) reported a 'fair to poor' experience. However, 115 people (48%), who attended during the same period, rated their experience as 'very good'. Figure 4. below summarises these experience ratings.

Figure 4. Experience ratings for admissions



What were the key findings for admissions?

- 80% of people reported that they were treated with dignity and respect while in the emergency department.
- 61% of people reported that they waited more than six hours to be admitted to a ward.
- 51% of comments for this stage of care offered suggestions for improvement.



The patient voice: what patients said about admissions

People made 98 comments about the following themes: 'dignity, respect and privacy', 'communication with the patient', 'Emergency Department management and environment' and 'Emergency Department waiting times'. The majority of comments (51%) offered suggestions for improvement.

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

Dignity, respect and privacy

"I was treated with respect by medical and nursing staff also domestic staff. The ambulance staff were gentlemen and the female, a lady."

"The biggest problem I encountered was the whole time I spent in hospital apart from the time I was being examined was on a trolley in a corridor, without the comfort of even a blanket or a pillow resulting in complete lack of sleep. The consultant would have liked me to stay at least another day or maybe 2, but I asked to be let home as I could not stand the thought of another night in that corridor."

Communication with the patient

"I have a very rare medical condition + a lot of staff listened to me + learned about my illness. Many looked into it more + asked questions so that they could give me the best treatment they could"

"Doctors were more concerned about talking to each other than to me, and when I asked my nurse what was happening she wouldn't know. Also the day I was being discharged I didn't know about it, but they rang (5.30pm) my family to collect me and I found out when they came in."

Emergency department management and environment

"A&E were very good, it deteriorated when moved to a ward"

"The A&E could be improved. Trolleys in the corridors. Patients have no privacy. The nurses are severely overworked."

Emergency Department waiting times

"Looked after very well. Only 1/2 hour waiting in emergency A&E. Arrived around 2pm, after all the tests. Got bed in ward at 7pm, overnight stay. Discharged next day at 6pm, so it really was very good treatment all round."

"I waited 18 hours in the waiting room. Ridiculous really, this was my worst visit. It was over 12 hours between one doctor and the next. It was busy but everyone who came into A&E after me were seen before me. I have [Condition Type]. My back was killing me and I had no food. More staff, more beds."

Quantitative results for questions on admissions

Five questions asked about admissions. Only people who were admitted through the emergency department were asked to answer these questions.

Q6, which asked about dignity and respect in the emergency department, was the highest scoring question for this stage of care. 187 people (80% of those who answered this question) from South Tipperary General Hospital said that they were always treated with respect and dignity in the emergency department.

Q4 was the lowest ranking question for this stage of care, with an average score of 6.7 out of 10. Out of 215 people, 108 (50%) said that they did not understand or only to some extent understood explanations from a doctor or nurse about their condition or treatment.

132 people (61%) reported that they had to wait more than six hours in the emergency department before being admitted to a ward, making waiting times one of the lower scoring areas for the hospital. Further detail on waiting times is provided later in this section. Figure 5. presents the scores for South Tipperary General Hospital for questions related to admissions.

"Waiting times in A&E are madness. The waiting can be anywhere from 5 hours to over 10 hours, it is frustrating. The staff are doing their best but waiting hours need to be addressed."

Figure 5. South Tipperary General Hospital scores for questions on admissions

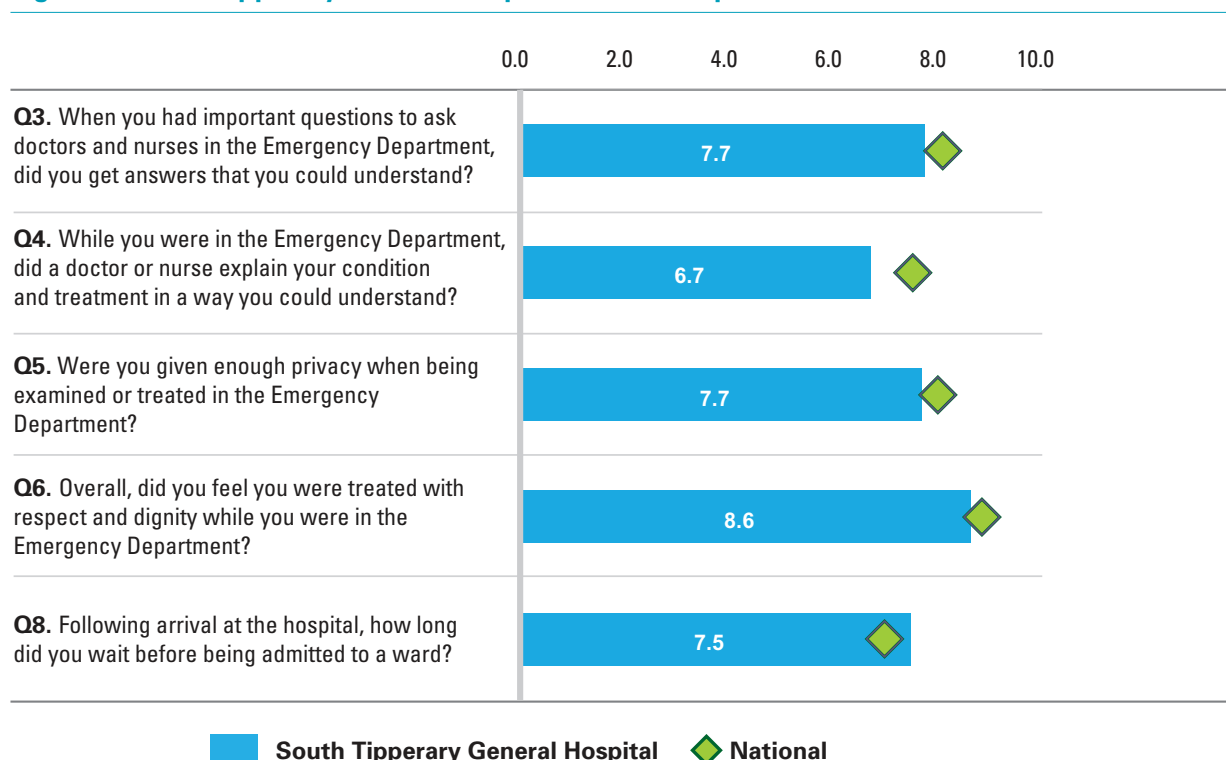
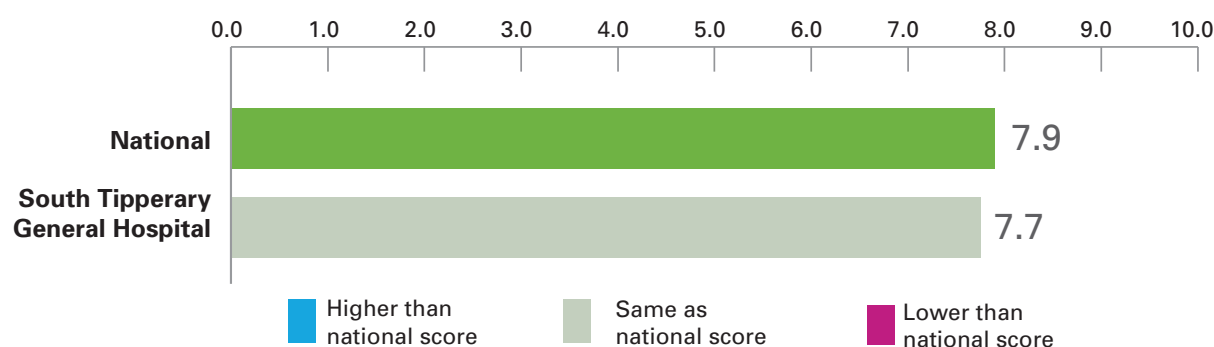


Figure 6. shows that, within the admissions stage, the average score for South Tipperary General Hospital (7.7 out of 10) is similar to the national average score (7.9 out of 10)¹. This means that patients who attended South Tipperary General Hospital reported similar experiences to patients in other hospitals for this stage of care.

Figure 6. Comparison of South Tipperary General Hospital with the national average for admissions (out of a maximum of 10).



Emergency department waiting times

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

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

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

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

The HSE measures emergency department waiting times differently to the survey, namely from the time a patient registers at the emergency department until they leave it. It is likely that there are some differences between survey findings and the official HSE figures.²

Waiting time before being admitted to a ward

Out of 218 people from South Tipperary General Hospital who answered the question on waiting times in the emergency department, 86 (39%) said they were admitted to a ward within six hours of arriving at the emergency department. 106 people (49%) reported waiting between six and 24 hours. 26 people (12%) said that they waited for 24 hours or more in the emergency department, with a total of 12 respondents reporting that they waited for more than 48 hours before being admitted to a ward.

¹ Though South Tipperary General Hospital's admission score is lower than the national score, the difference is not statistically significant. For further information see Appendix 4.

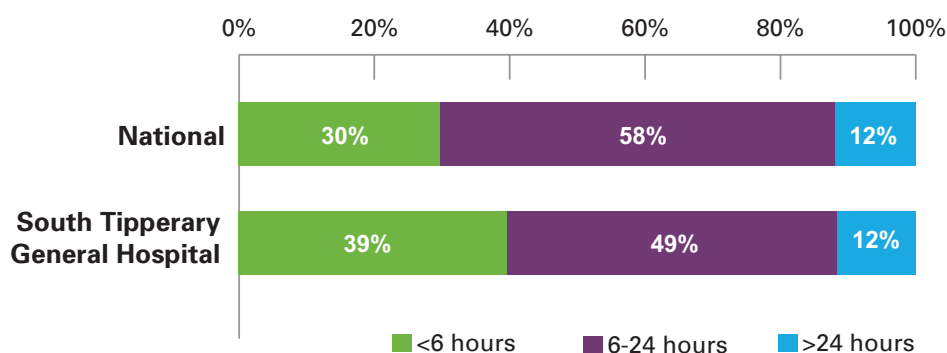
² The HSE 2017 targets can be viewed at: <https://www.hse.ie/eng/services/publications/KPIs/Acute-Hospitals-KPI-Metadata-2017.pdf>

Figure 7. outlines the waiting times in South Tipperary General Hospital as experienced by patients, compared with the national average.

What does this mean for South Tipperary General Hospital?

With 39% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that South Tipperary General Hospital performed above the reported national average, where 30% of people said that they were admitted within six hours of arriving. However, patient-reported waiting times in South Tipperary General Hospital fell short of the HSE target for waiting times. Studies have found that long waiting times in the emergency department, after a decision has been made to admit a patient, can have negative consequences for patient's health ^(1, 2).

Figure 7. Waiting times from emergency department to admission to a ward for South Tipperary General Hospital and nationally



Admissions: what do these results mean?

While patients who attended South Tipperary General Hospital said they were treated with respect and dignity in the emergency department, waiting times proved to be problematic. South Tipperary General Hospital performed higher than the national average for emergency department waiting times, but it fell well short of the target set by the HSE; just 39% of people reported being admitted to a ward within six hours of arriving in the emergency department, while 12 people reported waiting 48 hours or more before being admitted to a ward. The emergency department waiting times is an area which needs improvement in this hospital.

Care on the ward

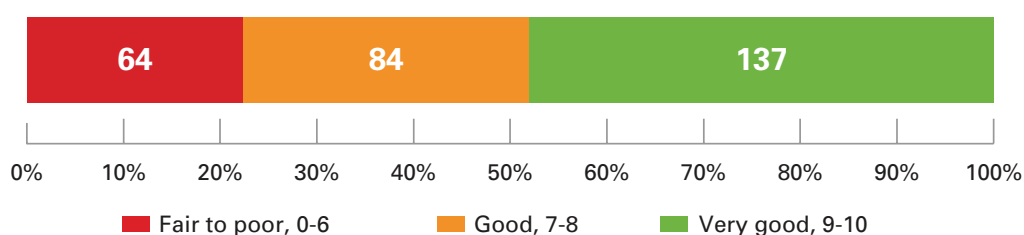


In summary: what were patients' experiences of care on the ward?

In the 2017 survey, 'care on the ward' refers to people's experiences while on the ward, such as communication with hospital staff, privacy, pain management, cleanliness and food.

Out of the 285 people who rated their experience of care on the ward, 64 people (22%) reported having a 'fair to poor' experience during their stay on a ward in South Tipperary General Hospital in May 2017. On the other hand, 137 people (48%) 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?

- 192 people (81%) reported that hospital staff did everything they could to help control pain.
- 70 people (25%) rated the hospital food as 'fair', while 32 people (12%) rated it as 'poor'.
- 42% 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 South Tipperary General Hospital made 157 comments about: 'staffing levels', 'staff availability and responsiveness', 'other healthcare staff', 'other staff', 'food and drink' and 'cleanliness and hygiene'. 42% of these comments were suggestions for improvement. Some examples of comments received for this stage of care are provided below.

Staffing levels

"Best thing about my hospital care was the staff. All were brilliant, even though they were short staffed at times."

"The conditions under which the staff worked were inadequate. The pace at which they had to work was relentless. In spite of that, they did a wonderful job."

Staff availability and responsiveness

"The staff were very friendly but quite professional. They tried as much as possible to do as asked. I noticed they had great patience with problem patients, I felt I would trust them if I become a problem."

"I was left crying in severe pain for long periods of time. I had asked for medication but was forgotten about on more than one occasion, by one nurse in particular who unfortunately was working a lot over my 9 day period on that ward. Body language made it obvious that helping people wasn't her main priority. I was in a room with 3 men that tried to comfort me when I was crying. Other than this I found my stay faultless."

Other staff

"The ambulance service was very good as I had to be taken to Waterford and the staff in the ambulance were excellent."

"If there's anything I feel that could be improved is some staffs attitude towards patients. I am referring to some of the catering staff. I realise that patients can be hard to deal with and kitchen staff are dealing with alot of patients but there's ways and means of dealing with people."

Food and drink

"Staff were friendly and food was excellent"

"The food was awful - non appetising. Veg's - you could wring the water out of them. Meat - tough and very uninteresting for someone who cannot get out of bed. To make a tasty bite to eat use some imagination!! Is there no [Healthcare Professional] to help plan meals?"

Cleanliness and hygiene

"My hospital care in the ward was very good. The nurses were always available when I needed help and the ward was kept clean at all times. It is a very busy place and I think the nurses work very hard."

"I know both men and women have to share bathrooms and toilets but every time I went in I had to clean something."

Quantitative results for questions on care on the ward

Fourteen questions asked about care on the ward.



Q32, which asked about pain management, was the highest scoring question for the care on the ward stage. 238 people answered this question, with 192 (81%) reporting that hospital staff did everything they could to help control pain.

Q15, which asked about hospital food, was the lowest scoring question for this stage. 32 people (12%) said that the food was 'poor', while 70 people (25%) rated it as 'fair'.

"Yes on some occasions the food wasn't that good especially dinner, received cold."

Figure 9. below summarises the scores for South Tipperary General Hospital for the care on the ward stage.

Figure 9. South Tipperary General Hospital scores for questions on care on the ward



Figure 10. shows that, within the care on the ward stage, the average score for South Tipperary General Hospital (7.9 out of 10) is significantly lower than the national average score (8.3 out of 10). This means that patients who attended South Tipperary General Hospital in May 2017 reported a less positive experience to that of patients in other hospitals for this stage of care.

Figure 10. Comparison of South Tipperary General 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?

Patients who stayed in South Tipperary General Hospital reported most positively on the help they received from staff to control pain, privacy while on the ward and the standard of cleanliness. However, they experienced difficulties in finding someone to talk to about their worries and fears. Food was also one of the more negative aspects of their experience in the hospital, receiving a low overall rating.

Examinations, diagnosis and treatment



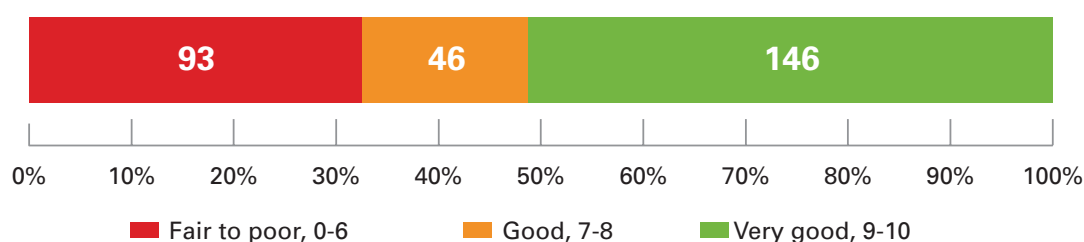
In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

285 people rated their experience of examinations, diagnosis and treatment in South Tipperary General Hospital. 93 people (33%) reported that they had a 'fair to poor' experience. 146 (51%) 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?

- 108 people (77% of those who answered the question) said that they were always informed about the risks and/or benefits of a procedure or operation.
- 86 people (30%) said that they received too much or too little information about their condition or treatment.

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



Patients of South Tipperary General Hospital made 111 comments about: 'nursing staff', 'doctors or consultants' and 'waiting times for planned procedures'. 18% of the comments offered suggestions for improvement. Some examples of comments received for this stage of care are provided below.

Nursing staff

"The nurses were very kind and did everything they could for you, if they had the time. Treated you with respect and listened to you about any worries and concerns."

"The attitude of some of the nurses, they made me feel bad"

Doctors or consultants

"The doctors were very caring in all their procedures and made sure that I was ok."

"Doctors, they should listen to their patients more."

Waiting times for planned procedures

"I needed an operation urgently and it was facilitated at a very early date for me. I was under care of [Consultant Name] and [Dr. Name] on a number of occasions. He is excellent and very thorough."

"Was fasting on Friday as I was very sick, did not eat all day. Then I was asked to fast for surgery. I didn't have surgery until after 2pm Sunday. I lost over 6kg in my short stay. I feel this should have been managed better."

Quantitative results for questions on examinations, diagnosis and treatment

Thirteen questions asked about examinations, diagnosis and treatment.

Q36 was the highest scoring question in this stage of care with an average score of 8.7 out of 10. 108 people (77% of those who answered this question) said a member of staff always explained the risks and/or benefits about an operation or procedure in a way they could understand.

Q25 received the lowest score for this stage of care, with an average score of 7.2 out of 10. While the majority of people said that they received the right amount of information about their condition or treatment, 86 people (30%) felt that they did not receive enough, or they received too much information.

Figure 12. summarises the scores for South Tipperary General Hospital during examinations, diagnosis and treatment.

Figure 12. South Tipperary General Hospital scores for questions on examinations, diagnosis and treatment

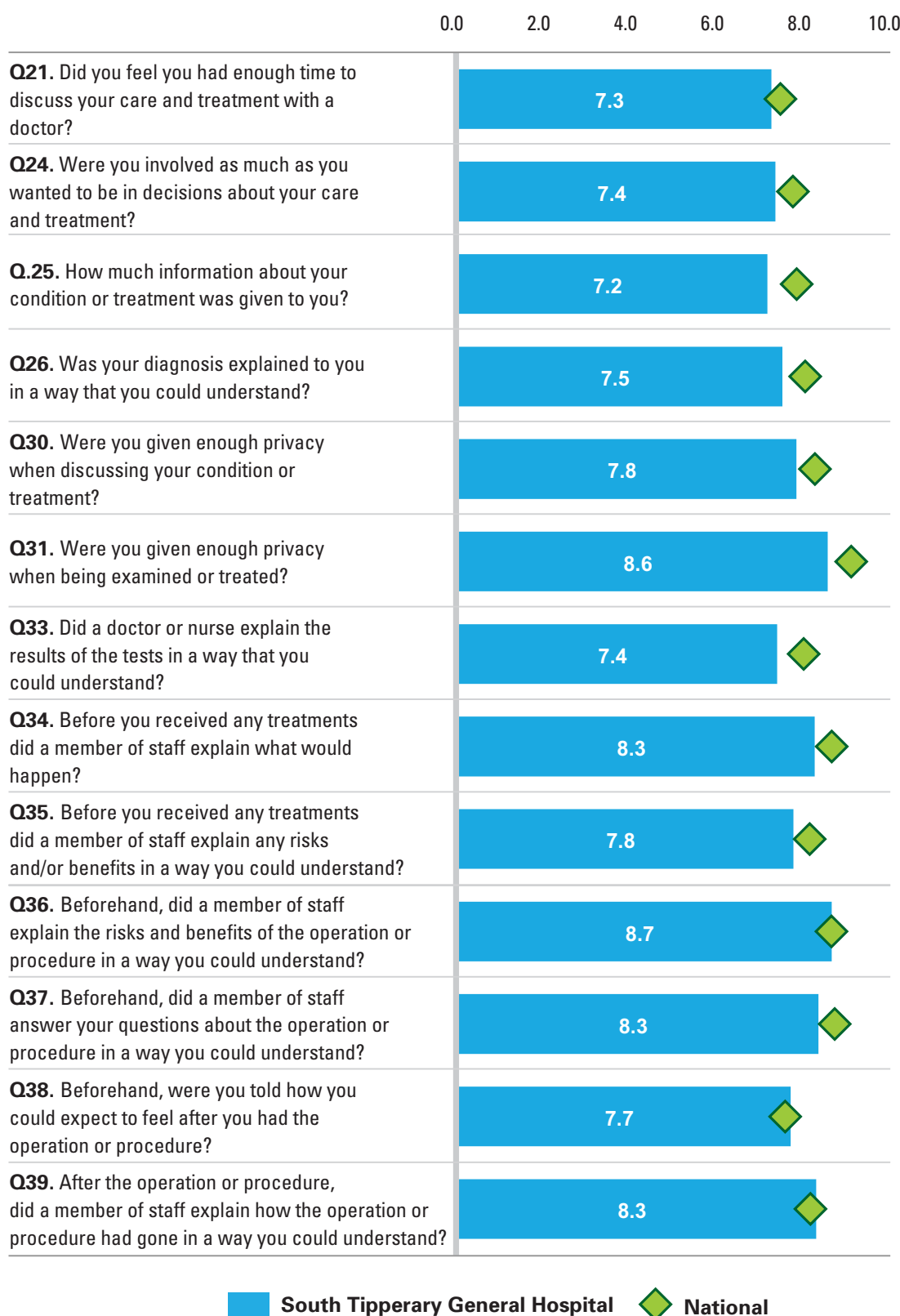


Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for South Tipperary General Hospital (7.7 out of 10) is significantly lower than the national average score (8.1 out of 10). This means that patients who attended South Tipperary General Hospital in May 2017 reported a more negative experience than patients in other hospitals, based on the national average score for this stage of care.

Figure 13. Comparison of South Tipperary General 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 reported that they were always informed by a member of staff about the risks and/or benefits of a procedure or operation, and also remarked positively on the amount of privacy they were given while on the ward. However, some people reported that they did not always have enough time to discuss their care and treatment with a doctor and also were less positive as regards the amount of information they received about their condition or treatment; some received too much information others did not receive enough.

Discharge or transfer

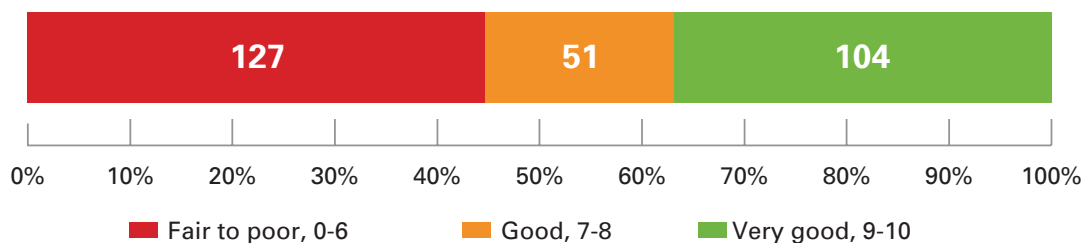


In summary: what were the experiences of patients during discharge or transfer from hospital?

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

Out of the 282 people who rated their experience of discharge or transfer, 127 (45%) said that their experience was 'fair to poor'. 104 people (37%) reported having a very good experience during the discharge or transfer process from South Tipperary General Hospital. Figure 14. below summarises these experience ratings.

Figure 14. Experience ratings for discharge or transfer



What were the key findings for discharge or transfer?

- 130 people (59%) said that a member of staff explained the purpose of the medicines they would need to take at 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 when they are at home.
- Discharge or transfer was the lowest performing stage of care for South Tipperary General Hospital, as reported by patients.

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



In total, people from South Tipperary General Hospital made 39 comments in the 2017 survey about 'discharge and aftercare management', 52% of which suggested areas for improvement.

An example of a comment received for this stage of care is provided below.

Discharge and aftercare

"Staff are too busy to keep you informed of what is happening from the time you enter the hospital until you are discharged. I couldn't even stand up and was as weak as a kitten when they discharged me and I ended up in a convalescent hospital, and being very ill the following day. I felt that they just wanted to get rid of me."

"The level of care post surgery was not appropriate. I required daily dressings post surgery but the hospital failed to note this and felt it was not necessary."

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, with an average score of 7.1 out of 10. Out of 221 people, 130 (59%) said that a member of staff explained the purpose of the medicines they were to take at home in a way they could understand.

Q44 was the lowest scoring question of this stage, with an average score of 4.9 out of 10. Out of 269 people, 124 (46%) said that they did not receive any written or printed material on what they should or should not do after leaving hospital.

Figure 15. summarises the scores for discharge and transfer in South Tipperary General Hospital.

Figure 15. South Tipperary General Hospital scores for questions on discharge or transfer

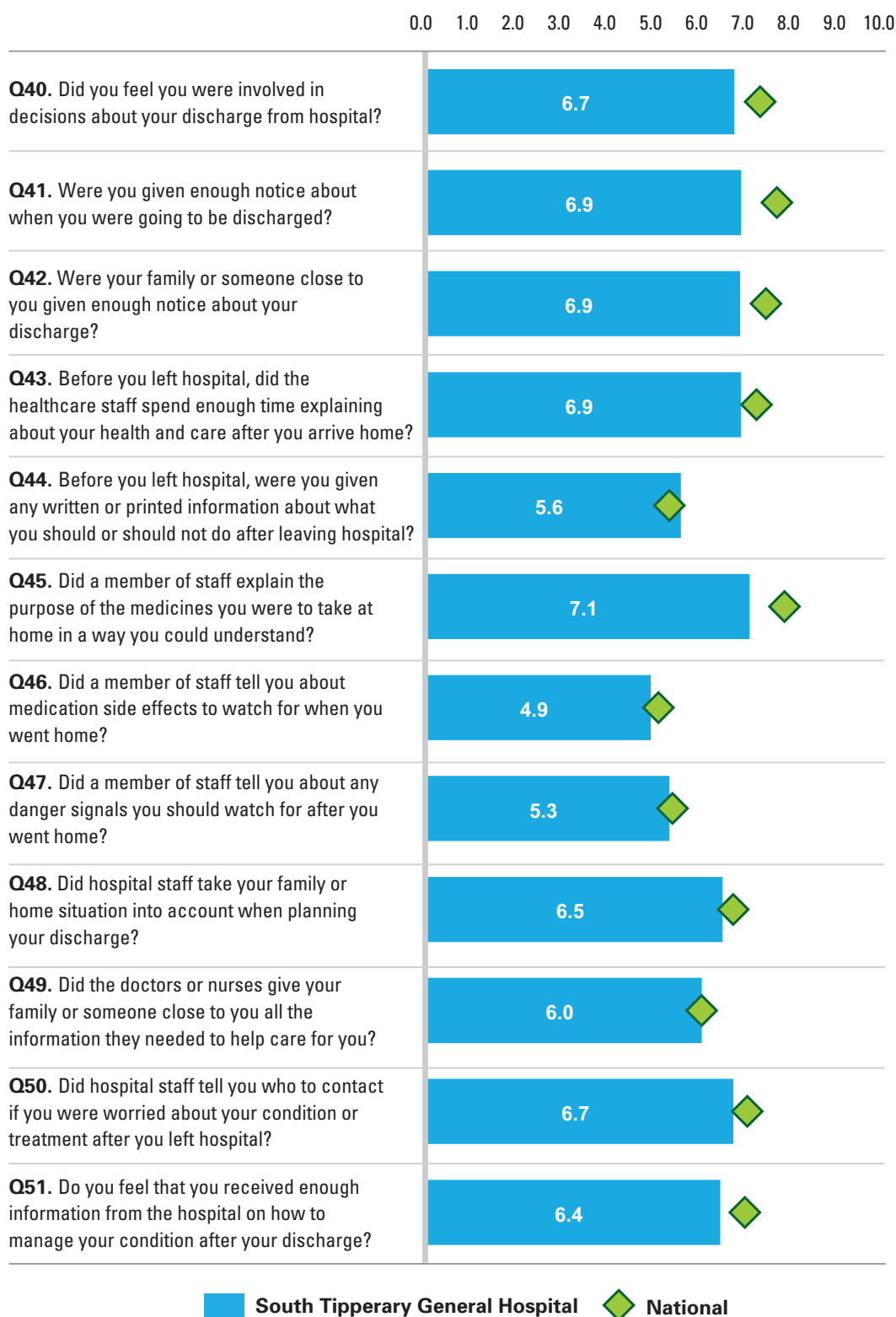
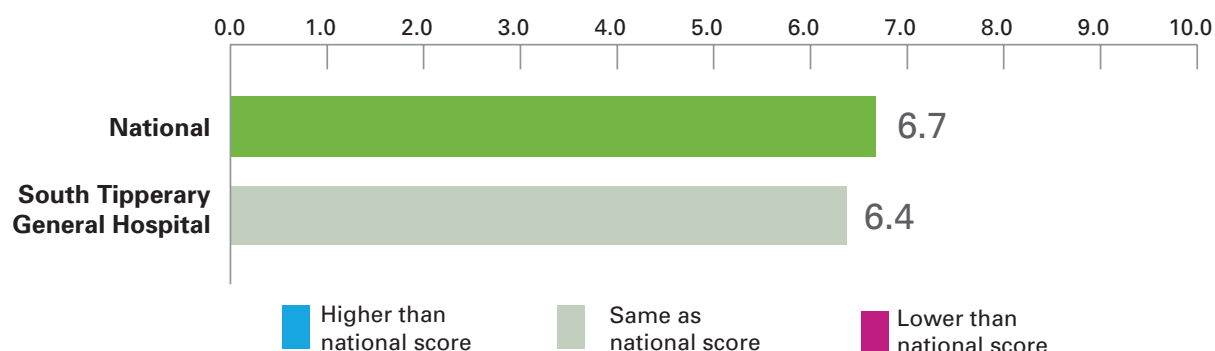


Figure 16. shows that, as regards discharge or transfer from hospital, the average score for South Tipperary General Hospital (6.4 out of 10) is similar to the national average score (6.7 out of 10)³. This means that patients who attended South Tipperary General Hospital in May 2017 reported a similar experience to patients in other hospitals, based on the national average score for this stage of care.

Figure 16. Comparison of South Tipperary General Hospital with the national average for discharge or transfer (out of a maximum of 10)

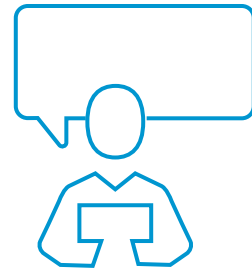


Discharge or transfer: what do these results mean?

South Tipperary General Hospital did not perform as well on this stage of care, compared with the other stages. Communication is a key area which needs to be improved within the discharge process; while patients said that they were 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. It was also reported that more information is needed to support the family of patients, to help them care for patients after they leave hospital.

³ Though South Tipperary General Hospital's discharge or transfer score is lower than the national score, the difference is not statistically significant. For further information see Appendix 4.

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?

- Out of 276 people, 214 (78%) said that they were treated with respect and dignity in South Tipperary General Hospital.
- 214 people (75% of those who answered Q29) said that they always had confidence and trust in hospital staff.
- 151 people (54% of those who answered Q11) said that the toilets and bathrooms in South Tipperary General Hospital were very clean, but 36 people (13%) reported that they were not very clean or not clean at all.
- Q27 was the lowest scoring question in terms of other aspects of care, with an average score of 6.9 out of 10. While the majority of people reported that their family or friends had sufficient opportunity to talk to a doctor, 36 people (17% of those who answered the question) said that they did not.

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



Patients from South Tipperary General Hospital made 163 comments in the 2017 survey about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'clinical information and history' and 'health insurance'. 33% of the comments were received for Q60, which asked for suggestions for improvement. Some example comments for this stage of care are provided below.

Staff in general

"All staff members were very friendly and helpful. I was put at ease from the moment I arrived at the hospital, they were all down to earth, couldn't have asked to be treated any better than I was. Have the greatest respect for them."

"Night staff need to be more quiet in their talk and actions during the night. Seem to forget they are looking after sick people who need sleep in order to recover."

Communication with family and friends

"I am filling this questionnaire on behalf of my brother who has [Condition name]. My family and I were treated with utmost courtesy while [First Name] was there. My wife and I had to stay overnight when [First Name] was seriously ill. We got great kindness, support and understanding particularly from the nurse in charge that night."

"A family member rang enquiring about after care and the [Nurse Type] was abrupt, unhelpful and hung up. Even though the enquiry was reasonable and polite. When I asked about who carried out the procedure, I received no clarification."

Physical comfort

"Nurses and domestic staff on ward on a daily basis, worked very hard and efficiently to ensure I was comfortable at all times during my hospital stay."

"I waited 18 hours in the waiting room. Ridiculous really, this was my worst visit. It was over 12 hours between one Doctor and the next. It was busy but everyone who came into A&E after me were seen before me. I have [Condition Type]. My back was killing me and I had no food. More staff, more beds."

Hospital facilities

"The staff were excellent, friendly and caring. I made a full recovery in record time. The unit was only 10 years old and state of the art. There was a small relatives' room."

"There was no shower facility at A and E department. I spent from Monday to Thursday on a trolley in a corridor with 40 other patients sharing one bathroom with a broken toilet and one small sink basin. I am [Age] years of age and found this very distressing."

Clinical information and history

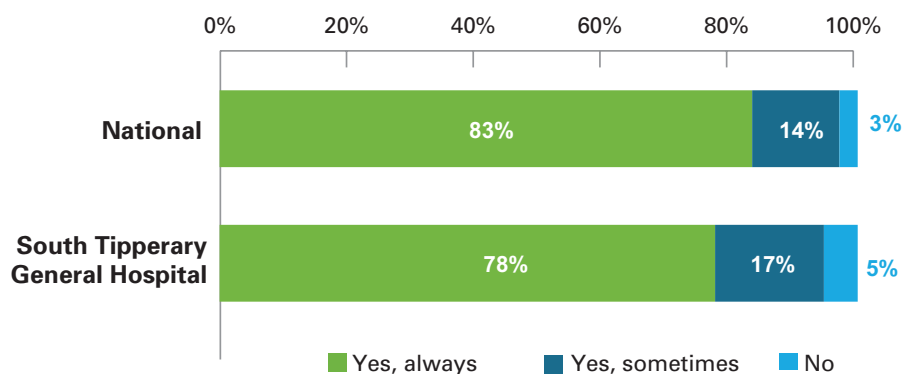
"I was a [Condition Name] patient and because it was a bank holiday I had to wait three days before I saw a consultant. Also consultant changed by [Medication] without consulting my specialist in [City Name]. I just think there is a lack of communication with nurses and doctors."

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 South Tipperary General Hospital in May 2017. Overall, 214 people (78%) said that they were always treated with respect and dignity in May 2017, while 15 people (5%) 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 in South Tipperary General Hospital



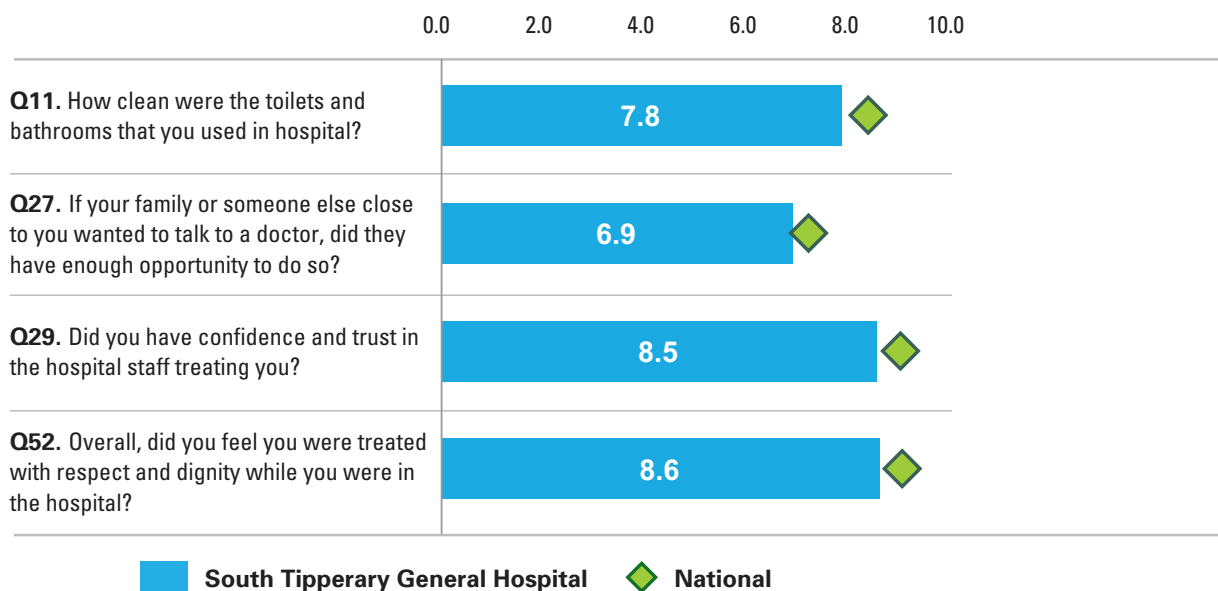
Question 29 asked people if they had confidence and trust in the hospital staff treating them, and was the highest scoring question on this stage. 214 people (75%) said that they always had confidence and trust in the hospital staff treating them.

Question 11 asked people about the cleanliness of the bathrooms and toilets in South Tipperary General Hospital. While 151 people (54% of all people who answered Q11) said that the bathrooms and toilets were very clean, 36 people (13%) 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 South Tipperary General Hospital. Out of 209 people, 110 (53%) said that their family or people close to them had sufficient opportunities to talk to a doctor. However, 36 people (17%) said that their family or friends did not get this opportunity.

Figure 18. summarises the scores for South Tipperary General Hospital for questions about other aspects of care.

Figure 18. South Tipperary General Hospital scores for questions on other aspects of care



Other aspects of care: what do these results mean?

Patients in South Tipperary General Hospital reported that they were treated with dignity and respect, and had confidence and trust in the hospital staff who treated them. However, people reported a challenge as regards the opportunities for their families or friends to speak to hospital staff.



Chapter 3

Overall experience

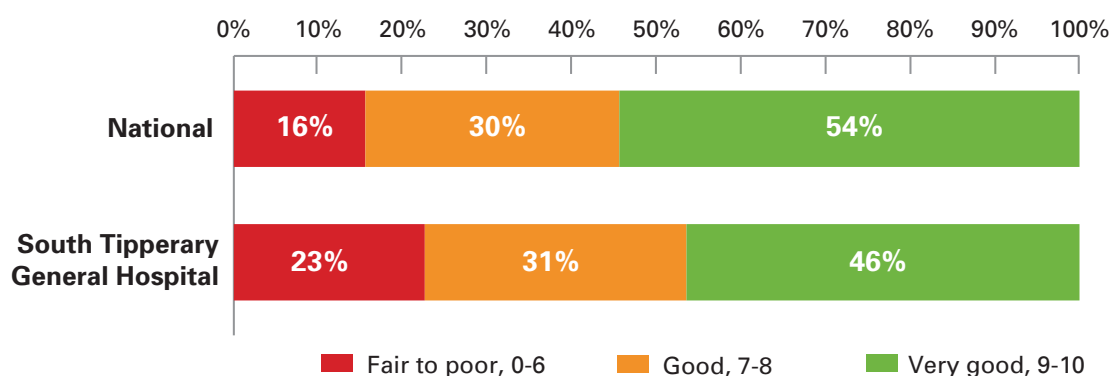
Ratings of overall experience

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

In general, just under half (46%) of the people who stayed in South Tipperary General Hospital in May 2017 reported having a very good experience in this hospital, which is below the national average. 23% of people indicated a fair to poor experience.

Figure 19. Overall rating of hospital experience for South Tipperary General Hospital and nationally





Chapter 4

Conclusion

How did patients experience hospital care in South Tipperary General Hospital in May 2017?

Overall, patients' ratings of their experiences at South Tipperary General Hospital were below the national average. 77% of patients at South Tipperary General Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

The majority of people reported that they were treated with respect and dignity while they were in hospital and they also reported positively on pain management and physical comfort.

Waiting times in the emergency department is one area which requires improvement, with the majority of people reporting that they waited for more than six hours before being admitted to a ward. As demonstrated in studies, long delays in admitting patients to a ward can have negative consequences on their health. Improvements are also needed in the emergency department as regards explanations, provided by doctors and nurses, in relation to a patient's condition or treatment.

The discharge or transfer process was the lowest performing stage of care for South Tipperary General Hospital, particularly as regards communication with the patient during this time. Some patients reported that they did not receive any printed information about what they should or should not do after leaving hospital and many were not informed about medication side effects or danger signals to watch out for at home. More support and information for patients' families or someone close to them is also required to help them care for the patient at home, in addition to opportunities for families to talk to a doctor. Hospital food was also one of the lower performing areas.

The survey also noted challenges as regards staff being available to talk to patients about their worries and fears, in addition to opportunities for patients' families or someone close to them to speak with a doctor. Hospital food was also one of the lower performing areas.

These findings will serve to inform quality improvement initiatives in South Tipperary General 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 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 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 areas of good experience and areas needing improvement

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

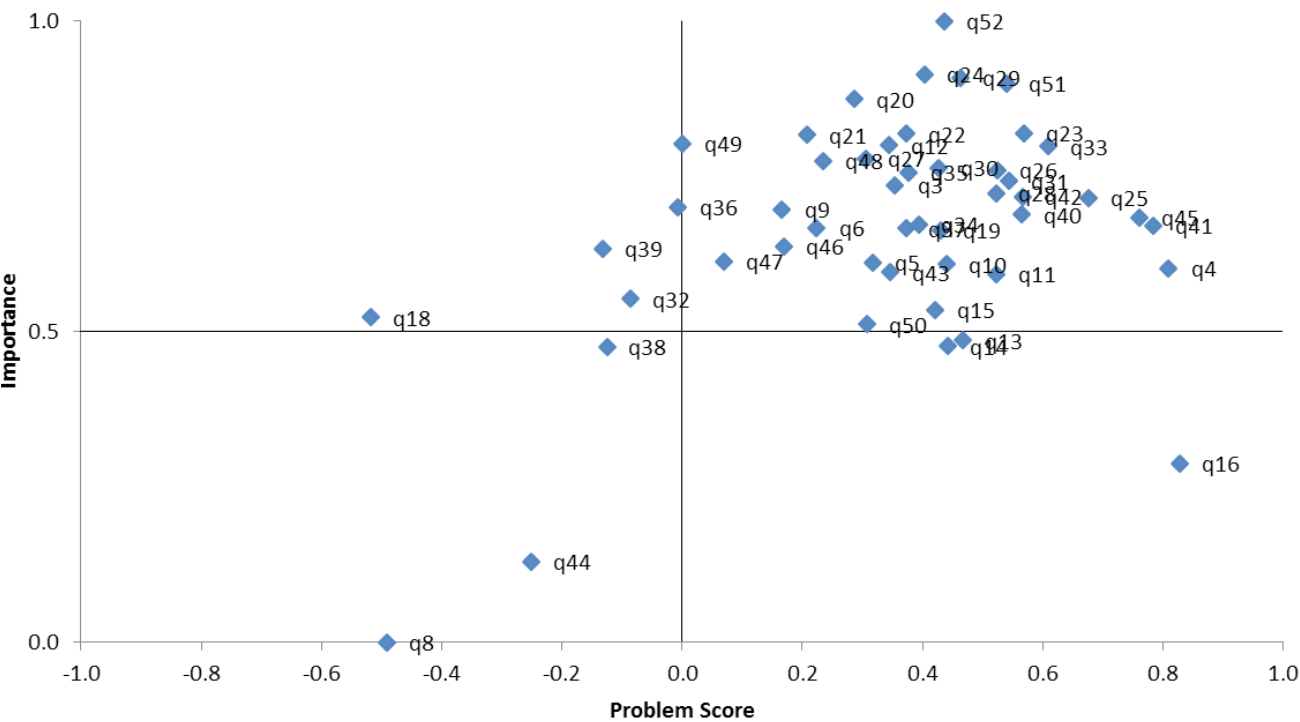
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected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

Figure 20. Overall patient experience map for South Tipperary General 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 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.

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.