



National Patient Experience Survey 2017

St. Columcille's Hospital

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 Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

 An Roinn Sláinte
DEPARTMENT OF HEALTH

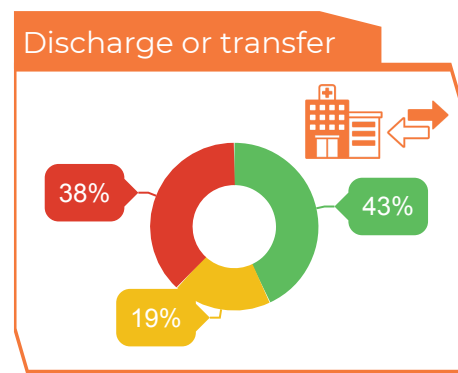
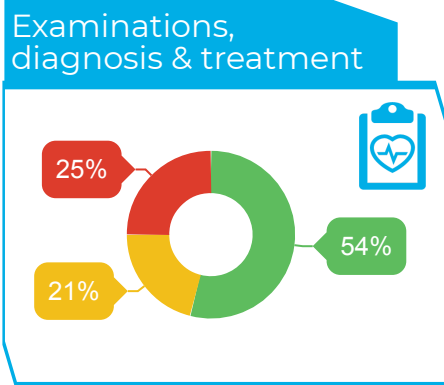
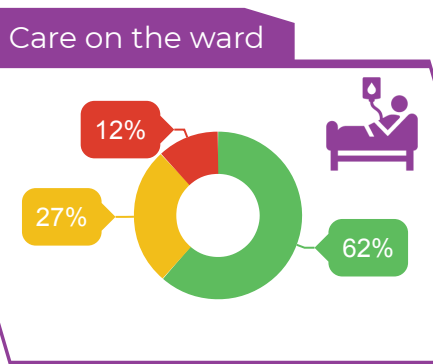


Thank you to the people who participated in the National Patient Experience Survey 2017, and to their families and carers. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve healthcare in Ireland. By putting the voice of the patient at the centre of acute healthcare, we can make sure that the needs and wishes of the people who matter most are met. The survey will be repeated annually in the future, which will allow us to explore how the patient voice has helped shape changes in acute healthcare.

Thank you to the staff of all participating hospitals for contributing to the success of the survey, and in particular for engaging with and informing patients while the survey was ongoing.

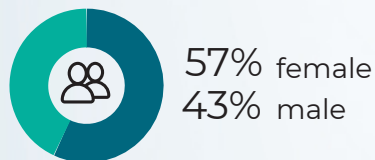
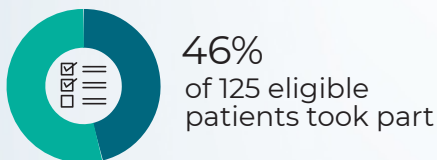
The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups.

Stages of care



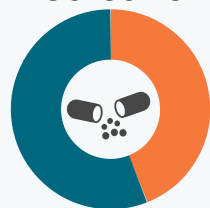
* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

St. Columcille's Hospital



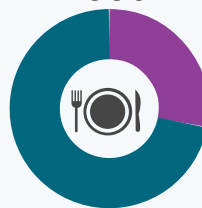
Average age:
71 years

Medication



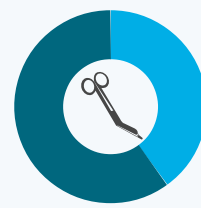
were not fully told about medication side effects to watch for at home.

Food



rated the food as fair or poor.

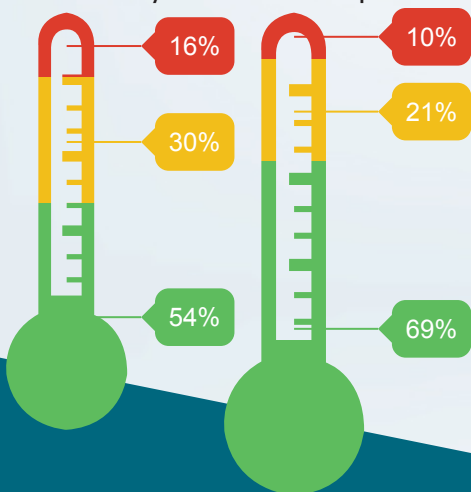
Treatment



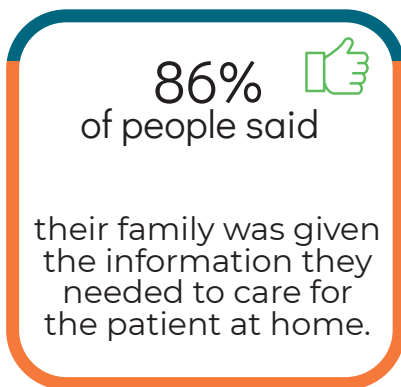
didn't have results of tests explained to them in a way that they could completely understand.

Overall experience

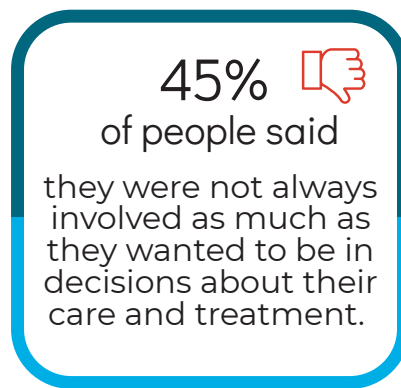
Nationally This hospital



Areas of good experience



Areas needing improvement



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This chapter presents the areas of good experience and the areas needing improvement in St. Columcille's Hospital.

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Chapter 1

Patients' experiences of acute hospital care in St. Columcille's 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 St. Columcille's Hospital during the month of May 2017. In total, 58 participants from St. Columcille's Hospital 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.

1 Questions on Admissions did not apply to St. Columcille's Hospital as it does not have an emergency department.

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, which is a fundamental principle within patient-centred care. The survey acknowledges both positive and negative experiences, as told by the 58 people from St. Columcille's Hospital. While thousands of people surveyed nationally said that they had a very good experience of acute hospital care, it is important also to listen to those people who were able to identify areas for improvement. These voices and experiences will play a key role in shaping the future of patient-centred care in Ireland.

Hospital profile

St. Columcille's Hospital is a public acute hospital located in Loughlinstown, Co. Dublin. There were 109 inpatient beds in operation in the hospital during May 2017. 125 eligible discharges were recorded during the survey period of 1 May – 31 May 2017 inclusive. St. Columcille's Hospital 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 St. Columcille's 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 St. Columcille's Hospital. A quality improvement plan developed by St. Columcille's Hospital will be published on www.patientexperience.ie in December 2017.

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



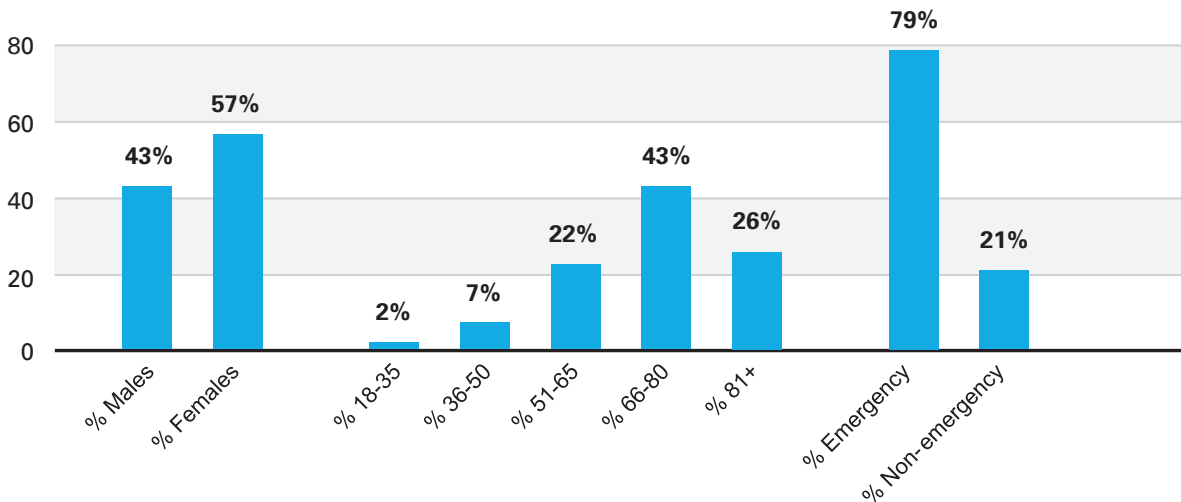
Who took part in the survey?

Description of the respondents who took part in the survey

Overall, 125 people discharged from St. Columcille's Hospital in May 2017 were invited to participate in the survey. Of those, 58 people (46%) completed the survey.

Figure 1. below shows information about the respondents who took part in the survey in St. Columcille's Hospital. 43% of people who responded to the survey in St. Columcille's Hospital were male and 57% were female. 79% of patients said that their hospital stay was an emergency².

Figure 1. Survey participants from St. Columcille's Hospital by sex, age group and admission route



² Patients were asked if their hospital stay was planned in advance or an emergency. While St. Columcille's 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 St. Columcille's.

What were the main findings for St. Columcille's Hospital?



Overall, patients' ratings of their experiences at St. Columcille's were above the national average. 90% of patients at St. Columcille's said they had a 'very good' or 'good' experience, compared with 84% nationally.

Patients admitted to St. Columcille's reported positive experiences around some areas of the discharge process. For example patients' involvement in decisions about their discharge from hospital and provision of notice and information to family members about planned discharge. Patients were also positive about the help they received to eat at mealtimes and the privacy they received while being examined or treated.

However, responses to questions around 'care on the ward' and 'examinations, diagnosis and treatment' were less positive. Communication was identified as an area requiring improvement, for example patients reported that they had not always received information they could understand about their treatments and procedures. Patients also noted that they were not always as involved as they wanted to be in decision-making, and could not always find someone to talk to about their worries and fears.

A large number of patients had a positive experience of acute care in St. Columcille's Hospital. However, for many people their experience was as positive as it should have been. In designing and delivering improved healthcare services it is important to listen to every patient voice.

Areas of good experience and areas needing improvement in St. Columcille's 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 St. Columcille's Hospital are:

Patients had positive experiences in several areas, particularly as regards privacy while being examined or treated and receiving help with eating meals. Positive responses were given on several items relating to discharge or transfer, particularly around family involvement in the process.

Care on the ward | Q19.

Help from staff to eat meals

75% of people who said they needed help with their meals, reported that they always got enough help from staff.

Examination, diagnosis and treatment | Q31.

Privacy when being examined or treated

Out of 52 people who answered the question, 49 (94%) said that they were always given enough privacy while being examined or treated.

Discharge or transfer | Q40.

Involvement in decisions about discharge

Of the 42 people who said they wanted to be involved in decisions about their discharge from hospital, 39 (93%) said they were definitely involved, or were involved to some extent.

Discharge or transfer | Q42.

Family given sufficient notice about discharge

Of the 45 people who answered this question, 39 (87%) said their family was definitely given enough notice about their discharge.

Discharge or transfer | Q49.

Provision of information to family members

86% of people who answered the question said their family was definitely or to some extent given the information they needed to care for the patient at home.

The areas needing improvement in St. Columcille's Hospital are:

Patients highlighted areas needing improvement. Patients said they did not always understand explanations of procedures and answers from nurses. They were not as involved in decision-making as they would like to have been and were not always able to find someone to talk to about their worries and fears.

Care on the ward | Q22.

Clear answers from a nurse

16 people (38%) who had important questions to ask a nurse said that they did not receive, or only sometimes, received an answer they could understand.

Examination, diagnosis and treatment | Q24.

Involvement in decisions about care and treatment

Of the 49 people who answered the question, 22 (45%) said that they were not, or were only to some extent, involved as much as they wanted to be in decisions about their care

Care on the ward | Q28.

Someone to talk to about worries and fears

57% of people said that they did not, or only to some extent, found someone on the hospital staff to talk to about their worries and fears.

Examination, diagnosis and treatment | Q35.

Clear explanation of the risks or benefits of treatments

9 people (27%) said that a member of staff did not, or only sometimes, explained the risks or benefits of a treatment in a way they could understand.

Examination, diagnosis and treatment | Q39.

Clear explanation of the outcome of an operation or procedure

28% of the people who answered this question said that a member of staff did not, or only sometimes, explained how an operation or procedure had gone in a way they could understand.



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:

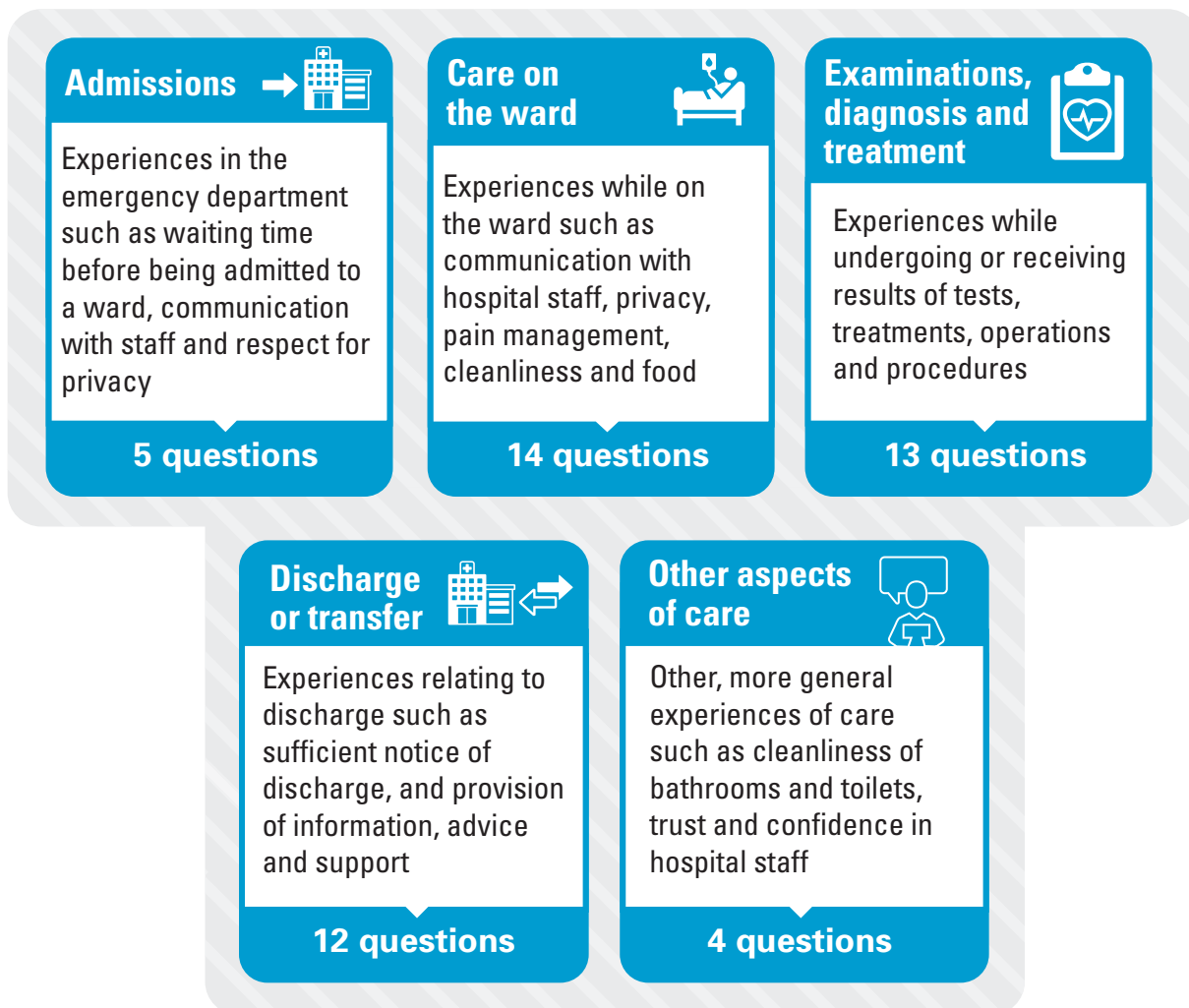
- **admissions³**
- **care on the ward**
- **examinations, diagnosis and treatment**
- **discharge or transfer**
- **other aspects of care.**

“Overall I was treated very well, no complaints.”

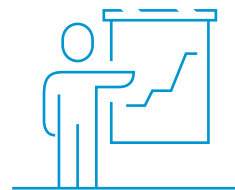
3 Questions on Admissions did not apply to St. Columcille's Hospital as it does not have an emergency department.

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

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



How to interpret the results for the stages of care



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

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

Figure 3. Guide to interpreting the results

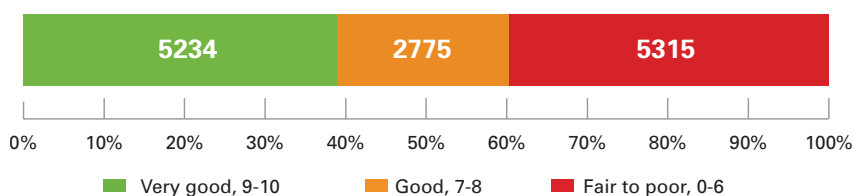
1. Experience rating for a stage of care

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

Example:

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

Figure 2.22 | Discharge or transfer ratings



2. Breakdown of patient comments by theme

Patients' comments for the three open-ended questions were summarised into themes. The number of comments received per theme is presented throughout the report. In total, nationally, patients made 21,528 comments.

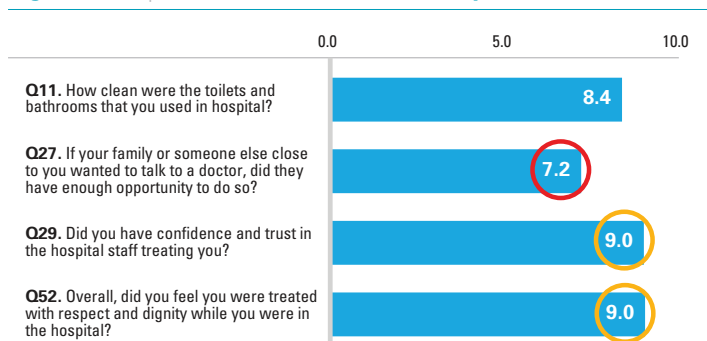
Example:

The example below shows how many positive comments and suggestions for improvement patients made about 'nursing staff', 'doctors or consultants' and 'waiting times for planned procedures'.

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

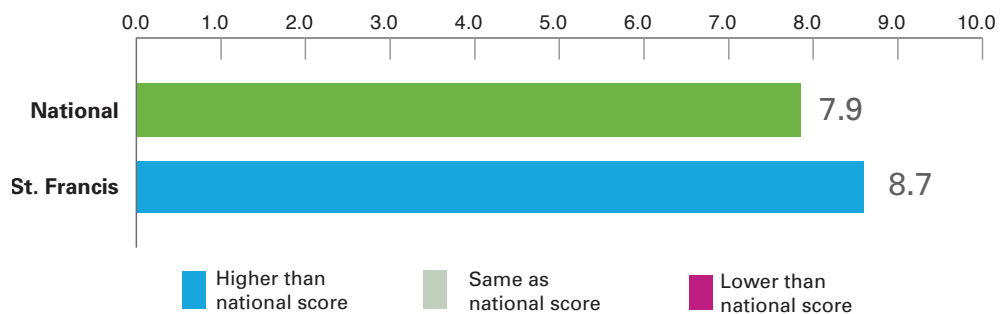


3. Detailed question responses

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

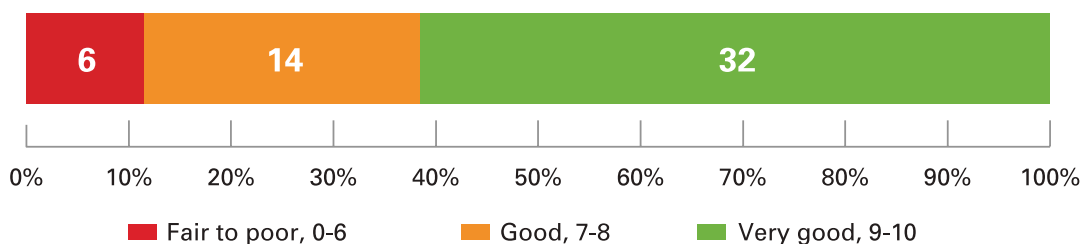


In summary: what were patients' experiences of care for patients?

'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 52 people who rated their experience of care on the ward, six people (12%) reported having a 'fair to poor' experience during their stay on a ward in St. Columcille's Hospital. On the other hand, 32 people (62%) reported having a very good experience during their stay on a ward in May 2017. These experience ratings are summarised in Figure 4. below.

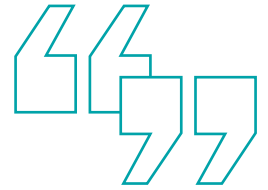
Figure 4. Experience ratings for care on the ward



What were the key findings for care on the ward?

- Out of 43 people, a total of 37 (86%) said that staff always wore name badges. This was the highest rated question for this stage.
- 57% of people said that they did not, or only to some extent, find someone on the hospital staff to talk to about their worries and fears.
- St. Columcille's Hospital scored 8.1 out of 10 for this stage of care, compared with the national average of 8.3 out of 10. This means that people in the hospital had a similar experience to patients nationally for this stage of care.

"Everyone in the hospital was doing their best, sometimes under difficult circumstances."



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

In total, patients discharged from St. Columcille's Hospital made 25 comments in the 2017 survey about: 'staffing levels, availability and responsiveness', 'hospital staff', 'food, drink, cleanliness and hygiene'. 44% of the comments were received for Q60, which asked respondents for suggestions for improvement.

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

Staffing levels, availability and responsiveness

"The staff were very professional, caring, attentive."

"Nurses were very understaffed."

Hospital staff

"The care from the nurses, healthcare assistants, [Healthcare Professional] and [Healthcare professional] was very good. They were caring courteous and professional."

"Healthcare assistants need more manual handling training."

Food, drink, cleanliness and hygiene

"The hospital was very clean and the doctors were very good."

"Food should be improved - service healthy food."

Quantitative results for questions on care on the ward

Fourteen questions asked about care on the ward.



Q13 was the highest rated question for this stage of care. Out of 43 people, a total of 37 (86%) said that staff always wore name badges.

The lowest scoring question was about finding a member of staff to talk to about worries and fears. 57% of people said that they did not find someone, or only to some extent, found someone on the hospital staff to talk to about their worries and fears.

Figure 5. below summarises the scores for St. Columcille's Hospital for the care on the ward stage.

Figure 5. St. Columcille's scores for questions on care on the ward

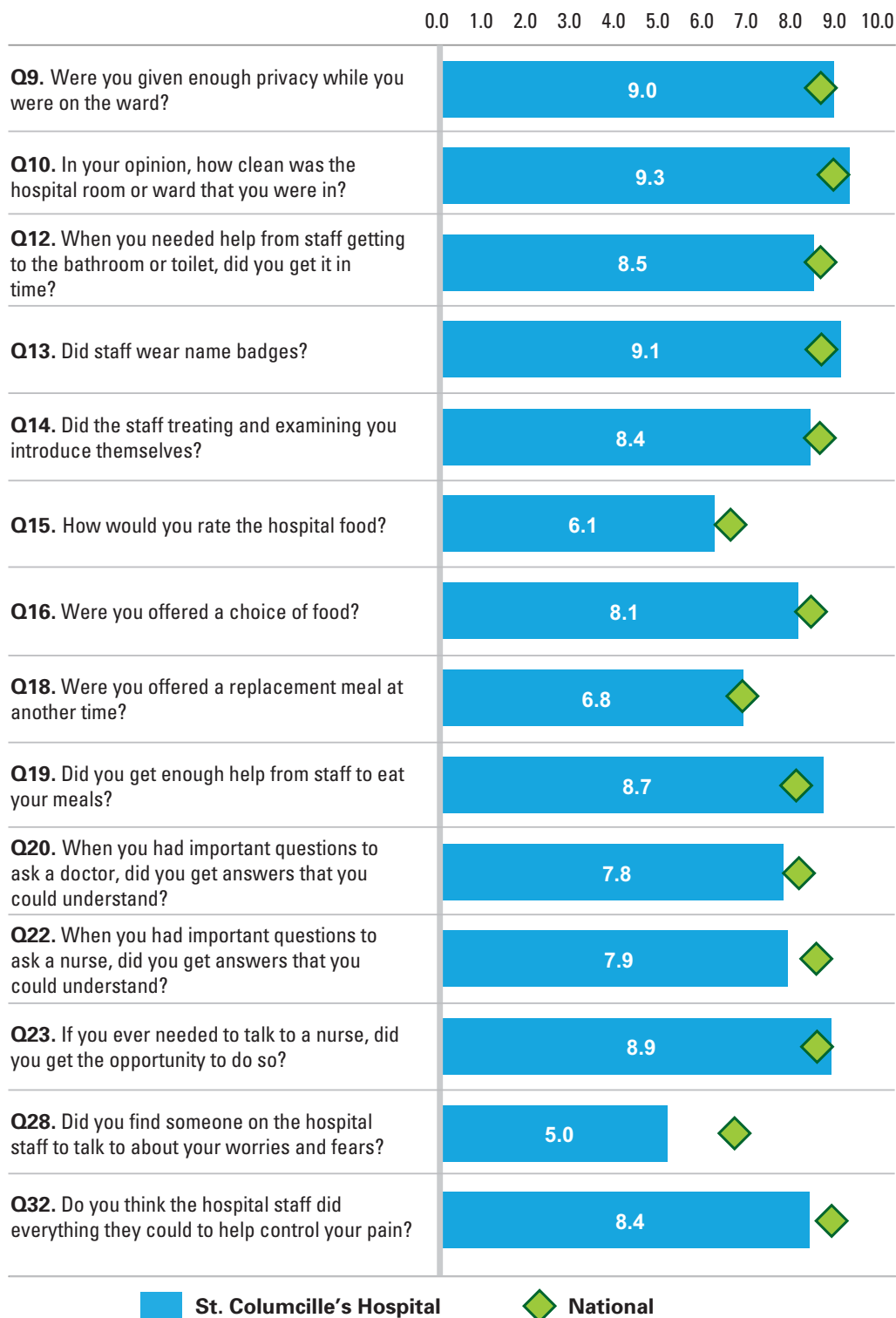
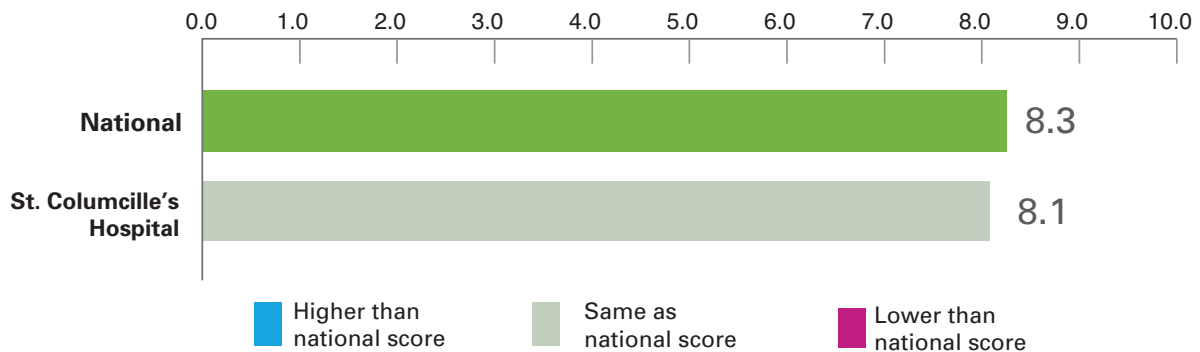


Figure 6. shows that, within the care on the ward stage, the average score for St. Columcille's Hospital (8.1 out of 10) is about the same the national average⁴ (8.3 out of 10). This means that patients who attended St. Columcille's Hospital in May 2017 reported a similar experience of care on the ward compared to the national average.

Figure 6. Comparison of St. Columcille's Hospital with the national average score for care on the ward (out of a maximum of 10)



Care on the ward: what do these results mean?

Patients in St. Columcille's reported a similar experience to the national average for care on the ward. People were positive about the cleanliness of their ward or room, and the fact that most staff wore name badges. Less positive ratings were received on the hospital food and being able to find someone to talk to about worries and fears.

⁴ Even though St. Columcille's score for care on the ward is lower than the national average, the difference is not statistically significant. For more information see Appendix 4.

Examinations, diagnosis and treatment

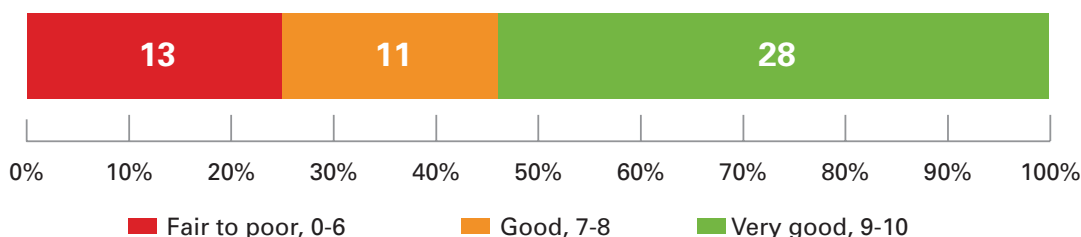


In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

52 people rated their experience of examinations, diagnosis and treatment in St. Columcille's Hospital, with 13 (25%) reporting that they had a 'fair to poor' experience. However, 28 (54%) rated their experience during this stage of care as 'very good'. These experience ratings are summarised in Figure 7. below.

Figure 7. Experience ratings for examinations, diagnosis and treatment



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

- Q31, which asked if people were given enough privacy when being treated in St. Columcille's Hospital in May 2017, was the highest ranking question in this section with a score of 9.4 out of 10.
- 36% of the people who answered Q39 said that a member of staff did not, or only sometimes, explain how an operation or procedure had gone in a way they could understand.
- St. Columcille's achieved an overall score of 7.8 out of 10 for the examinations, diagnosis and treatment stage. This is similar to the average score nationally, meaning that patients in St. Columcille's Hospital reported a similar experience for this stage of care to other patients nationally.



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

People made 24 comments from St. Columcille's Hospital about: 'nursing staff', 'doctors or consultants' and 'waiting times for planned procedures'. Two of the comments were received for Q60, which asked for suggestions for improvement. Some example comments for this stage of care are provided below.

Nursing staff

"Nurses very polite and helpful. Excellent nursing care."

"Some of the nurses and the [Nurse Type] of [Ward Name] in Loughlinstown Hospital were very rude towards me and my family."

Doctors or consultants

"Nurses and doctors were very kind and caring, I really couldn't complain about anything."

"Some staff not very good English when trying to talk to them and ask questions."

Waiting times for planned procedures

"I felt I was given good care with minimum delays considering the pressures and business of the area."

"Closing time for such an important department should be extended. My case wasn't the worst case scenario but if someone's [Procedure Name] is needed for a quick [Procedure Name] having to wait for two hours might be critical."

Quantitative results for questions on examinations, diagnosis and treatment

Thirteen questions asked about examinations, diagnosis and treatment

Out of 52 people, 49 (94%) said they were definitely given enough privacy when being examined or treated while in St. Columcille's Hospital. 64% of patients said that after an operation or procedure they were told how it had gone in a way they could understand however, 21% said that they were not told at all.

Figure 8. summarises the scores for St. Columcille's Hospital during examinations, diagnosis and treatment.

Figure 8. St. Columcille's scores for questions on examinations, diagnosis and treatment

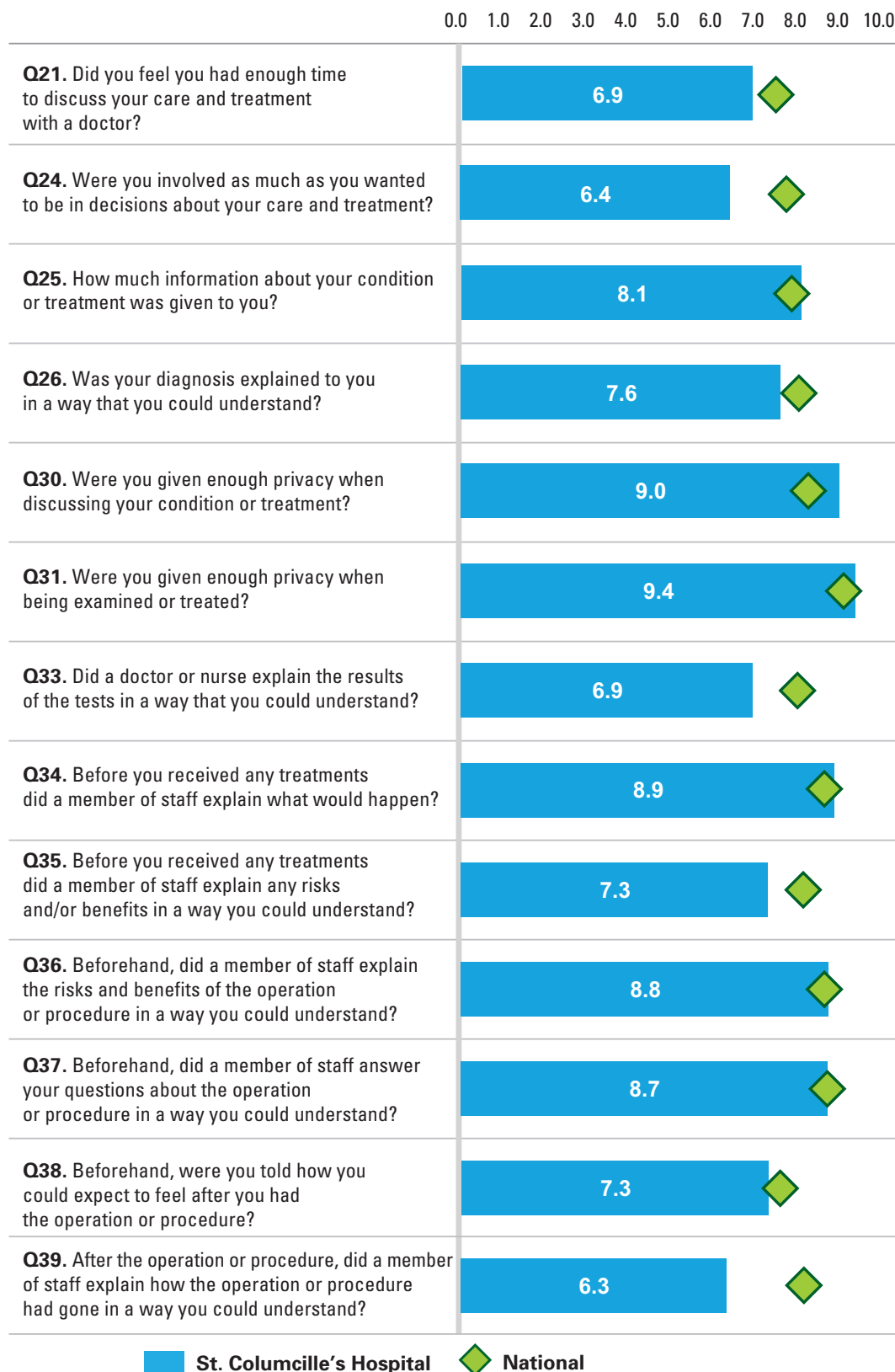
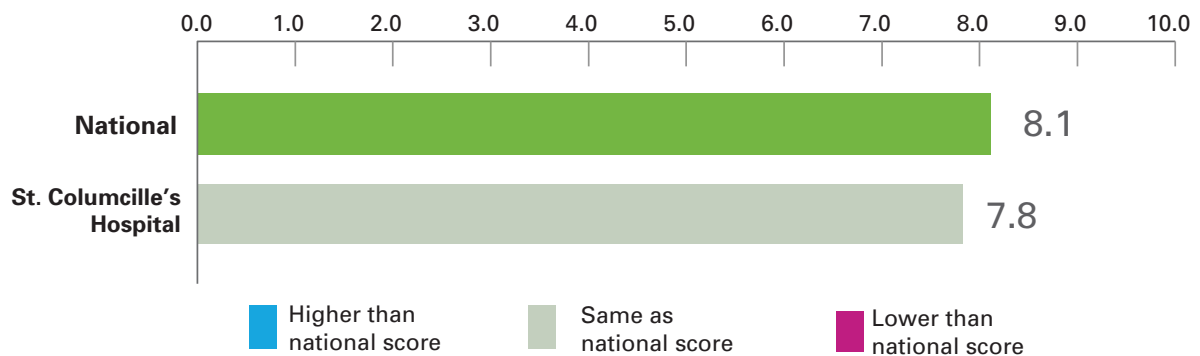


Figure 9. shows that, within the examinations, diagnosis and treatment stage, the average score for St. Columcille's Hospital (7.8 out of 10) is around the same as the national average⁵ (8.1 out of 10). This means that patients who attended St. Columcille's Hospital in May 2017 reported a similar experience compared to the national average.

Figure 9. Comparison of St. Columcille's Hospital with the national average score for examinations, diagnosis and treatment (out of a maximum of 10)



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

Patients discharged from St. Columcille's reported a similar experience to the national average for examination, diagnosis and treatment. People were positive about the privacy they were given while discussing or receiving treatment. People were less positive about how their procedures were explained to them after they had happened, and being involved in decisions about their care.

⁵ Even though St. Columcille's score for examinations, diagnosis and treatment is lower than the national average, the difference is not statistically significant. For more information see Appendix 4.

Discharge or transfer

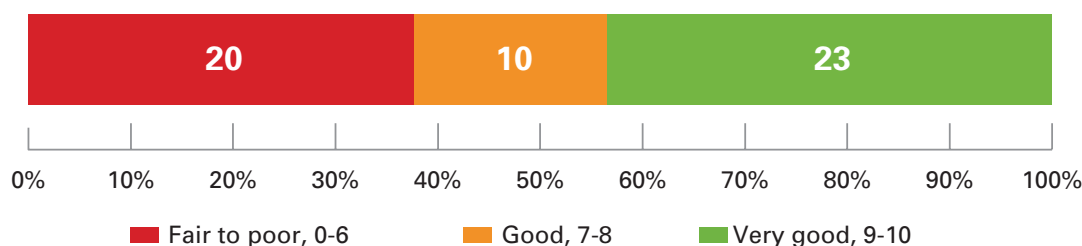


In summary: what were the experiences of patients during discharge or transfer process from hospital?

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

Out of the 53 people who rated their experience of discharge or transfer from the hospital, 20 (38%) said that their experience was 'fair to poor'. 23 (43%) reported having a very good experience of discharge or transfer from St. Columcille's Hospital. 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 45 people, 39 (87%) said that their family had definitely been given enough notice about their discharge.
- With a score of 5.0 out of 10, Q46 was the lowest ranking question in this stage of care. 44% of people who answered Q46 said they were not informed about the potential side effects of their medication to watch for when they were at home.
- St. Columcille's Hospital scored about the same as the national average for this stage of care, with an overall score of 7 out of 10. This means that the experiences of patients in this hospital were similar to that of patients in other hospitals for this stage of care.

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



In total, patients discharged from St. Columcille's Hospital made two comments in the 2017 survey about 'discharge and aftercare management. Both of these comments suggested areas for improvement. An example comment is provided below.

Discharge and aftercare

"The patients should be informed of going home at least a day prior to discharge not on the same day!"

Quantitative results for questions on discharge or transfer from hospital

Twelve questions asked about discharge or transfer

Out of 45 people, 39 (87%) said that their family had definitely been given enough notice about their discharge. 44% of people who answered Q46 said they were not informed about potential side effects of medication to watch for at home.

Figure 11. summarises the scores for St. Columcille's Hospital for questions on discharge or transfer from the hospital.

Figure 11. St. Columcille's scores for questions on discharge or transfer

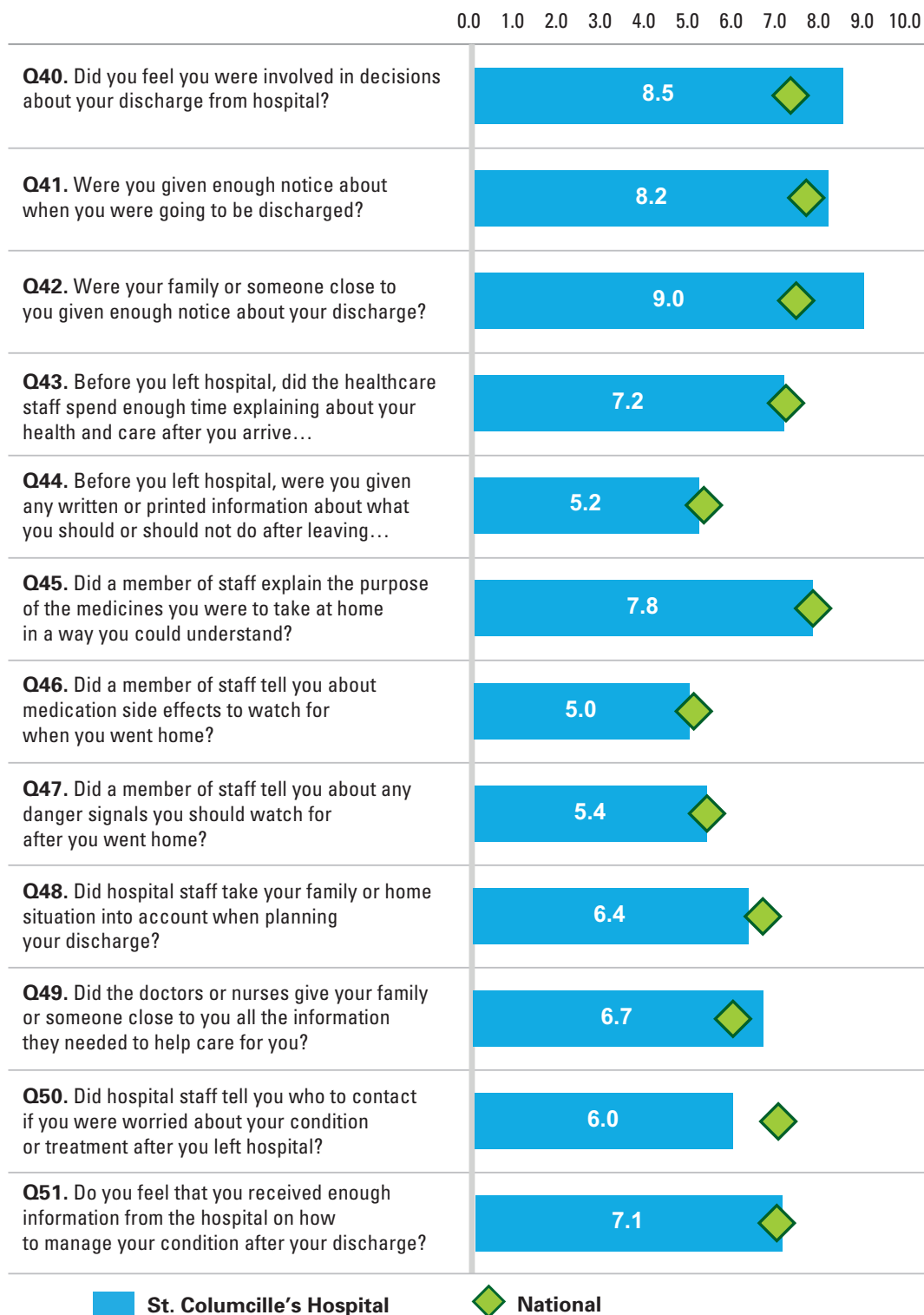
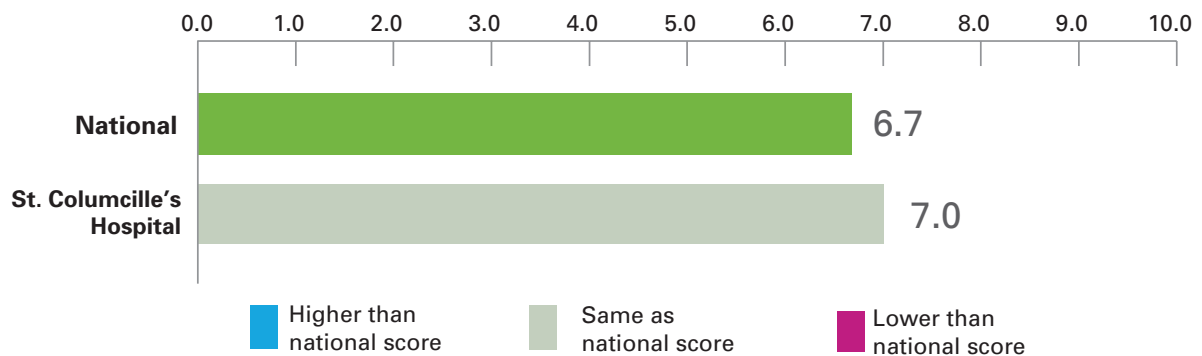


Figure 12. shows that as regards the discharge or transfer stage, the average score for St. Columcille's Hospital (7 out of 10) is about the same as the national average⁶ (6.7 out of 10). This means that patients who attended St. Columcille's Hospital in May 2017 reported a similar experience in comparison to the national average for this stage of care.

Figure 12. Comparison of St. Columcille's Hospital with the national average score for examinations, diagnosis and treatment (out of a maximum of 10).



Discharge or transfer: what do these results mean?

Patients discharged from St. Columcille's reported a similar experience to the national average for discharge or transfer. This stage of care has been identified as an area with significant room for improvement nationally. People were positive about the notice given to their family prior to discharge. Less positive ratings were received on the communication of medication side effects to watch out for, and the things patients should or should not do when they got home.

⁶ Even though St. Columcille's score for discharge or transfer is higher than the national average, the difference is not statistically significant. For more 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?

- Q11 and Q52 were the highest ranking questions on other aspects of care (a score of 9 out of 10). 84% of people said the bathrooms in St. Columcille's were very clean. 89% of people said that they were always treated with respect and dignity
- Q27 asked about whether family or friends had enough opportunity to talk to a doctor, was the lowest ranking questions on other aspects of care, with a score of 6.4 out of 10.

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



People discharged from St. Columcille's Hospital made 42 comments in the 2017 survey about 'staff in general', 'communication with patients, family and friends', 'physical comfort and hospital facilities', and 'other comments'. 31% of these comments suggested areas for improvement. Some examples of the comments for other aspect of care are provided below.

Staff in general

"Nursing and all staff were particularly nice and helpful - nothing was too much trouble for them, all very cheerful."

"Staff smiling more when going around and having a little talk to people and making it feel a bit more friendly"

**Communication
with patients,
family and
friends**

"I would like my specialist to have spoken to me each time she visited the ward"

**Physical
comfort
and hospital
facilities**

"I don't believe it is acceptable in this day and age to expect patients to stay in rooms of a sub-standard nature"

**Other
comments**

"Very good atmosphere between staff. Respectful, cheerful & kind staff - nursing & other people."

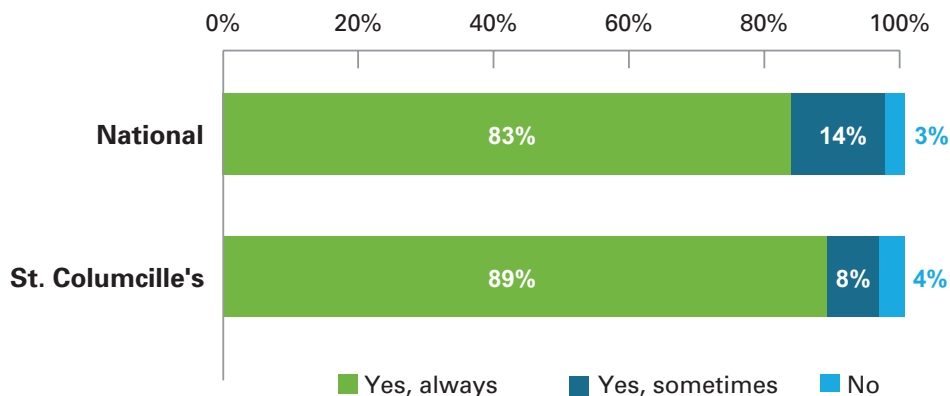
"Move into the 21st century. Paper files with loose pages must lead to missing information and make it difficult for medical/nursing staff to get medical history. Why is all of this not online?"

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 St. Columcille's Hospital in May 2017. Overall, 47 people (89%) said that they were always treated with respect and dignity, while two people (4%) said that they were not. This question scored of 9 out of 10, meaning that, in general, people reported quite a positive experience of being treated with respect and dignity.

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

Figure 13. Ratings for dignity and respect in St. Columcille's Hospital



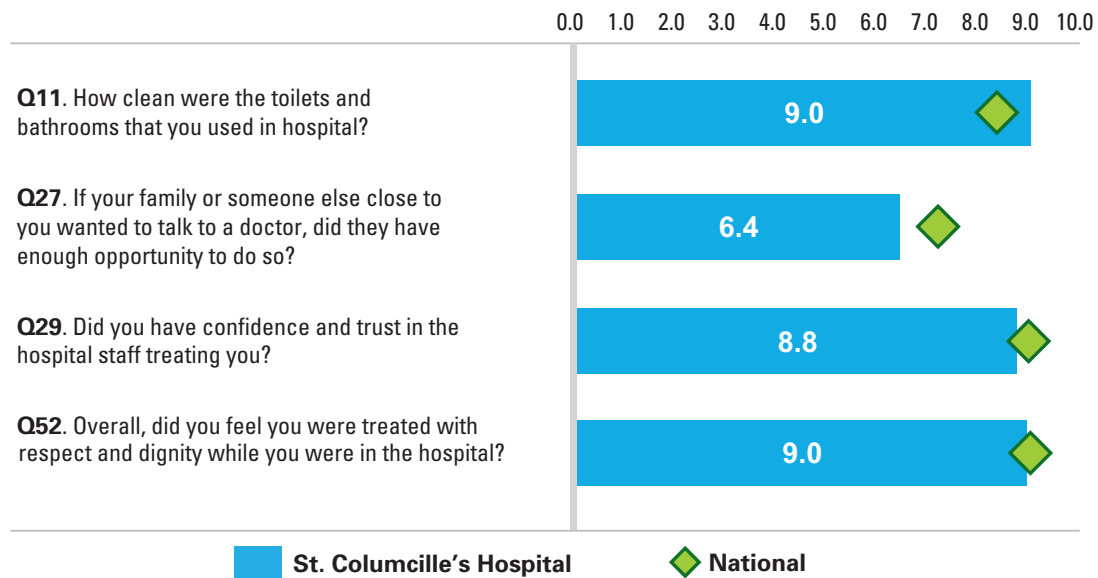
Question 29 asked people if they had confidence and trust in the hospital staff treating them. 41 people (80% of all people who answered Q29) said that they always had confidence and trust in the hospital staff, while two people (4%) said that they did not.

Question 11 asked people about the cleanliness of the bathrooms and toilets in St. Columcille's Hospital. 43 people (84% of all people who answered Q11) said that the bathrooms and toilets were very clean, while two people (4%) said that they were not very clean or not clean at all.

Question 27 asked people if their family or someone close to them had sufficient opportunities to talk to a doctor. Out of 40 people, 18 (45%) said that their family or people close to them had sufficient opportunities to talk to a doctor. However, seven people (18%) said that their family or friends did not.

Figure 14. summarises the scores for St. Columcille's Hospital for questions about other aspects of care.

Figure 14. St. Columcille's scores for questions on other aspects of care



Other aspects of care: what do these results mean?

Patients discharged from St. Columcille's reported positive experiences of being treated with dignity, and bathroom cleanliness. Slightly below average ratings were given for confidence and trust in hospital staff, and family opportunities to talk to a doctor.



Chapter 3

Overall experience

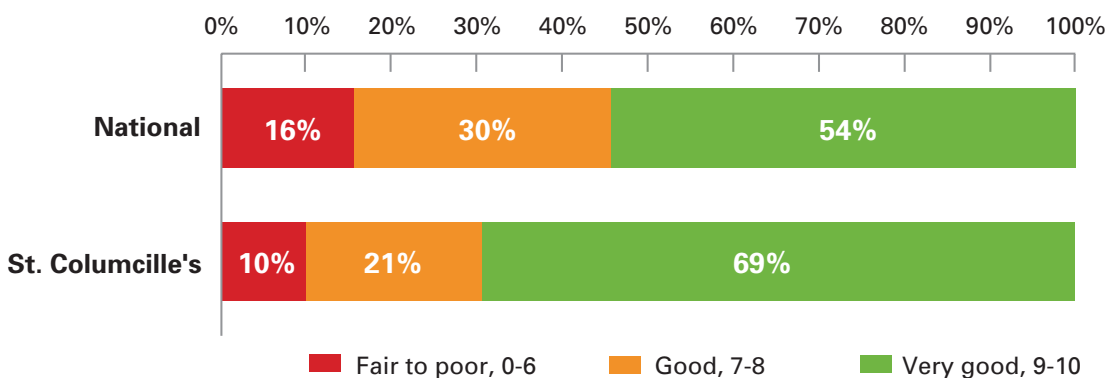
Ratings of overall experience

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 St. Columcille's Hospital compared with the national average.

In general, most people (69%), who stayed in St. Columcille's Hospital in May 2017, reported having a very good experience in this hospital, which is above the national average. 10% of respondents indicated a fair to poor experience in St. Columcille's Hospital.

Figure 15. Overall rating of hospital experience for St. Columcille's Hospital and nationally





Chapter 4

Conclusion

How did patients experience hospital care in St. Columcille's Hospital?

Overall, patients' ratings of their experiences at St. Columcille's were above the national average. 90% of patients at St. Columcille's said they had a 'very good' or 'good' experience, compared with 84% nationally.

Patients admitted to St. Columcille's reported positive experiences around some areas of the discharge process. For example patients' involvement in decisions about their discharge from hospital and provision of notice and information to family members about planned discharge. Patients were also positive about the help they received to eat at mealtimes and the privacy they received while being examined or treated.

However, responses to questions around 'care on the ward' and 'examinations, diagnosis and treatment' were less positive. Communication was identified as an area requiring improvement, for example patients reported that they had not always received information they could understand about their treatments and procedures. Patients also noted that they were not always as involved as they wanted to be in decision-making, and could not always find someone to talk to about their worries and fears.

A large number of patients had a positive experience of acute care in St. Columcille's Hospital. However, for many people their experience was as positive as it should have been. In designing and delivering improved healthcare services it is important to listen to every patient voice.

What happens next?

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

The HSE has also set up a governance structure, including an oversight group to lead the development of a national quality improvement plan, which will be made publicly available on www.patientexperience.ie in December 2017. This plan will outline a vision and direction for the future of patient-centred care in Ireland.

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 strengths and priorities for improvement

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

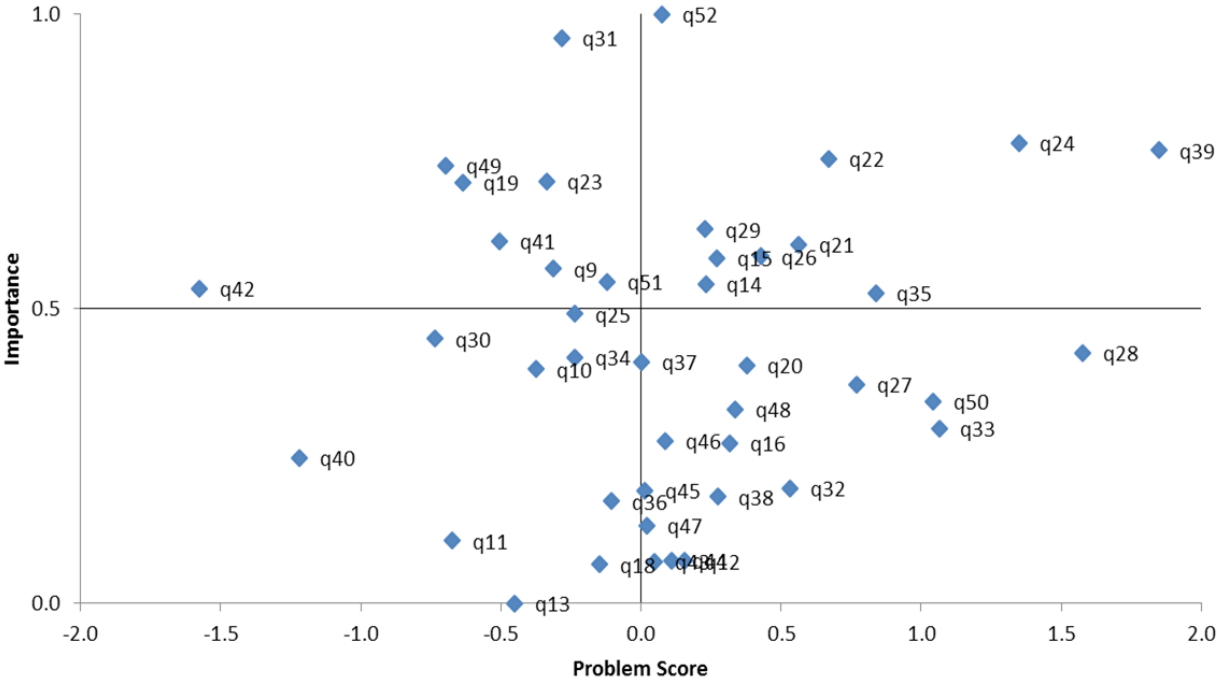
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected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

Figure 16. Overall patient experience map for St. Columille's 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 care⁷: 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.

⁷ 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.

