



National Patient Experience Survey 2017

St. James's Hospital

We're committed to excellence in healthcare



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

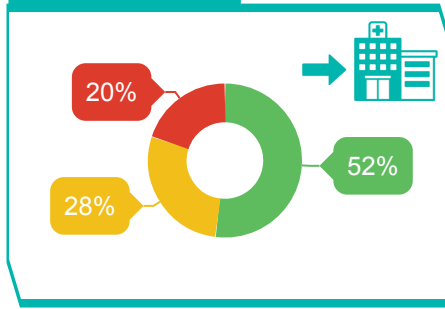
By putting the voice of the patient at the centre of acute healthcare, we can make sure that the needs and wishes of the people who matter most are met. The survey will be repeated annually in the future, which will allow us to explore how the patient voice has helped shape changes in acute healthcare.

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

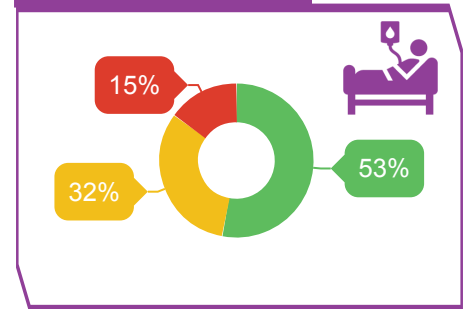
The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups.

Stages of care

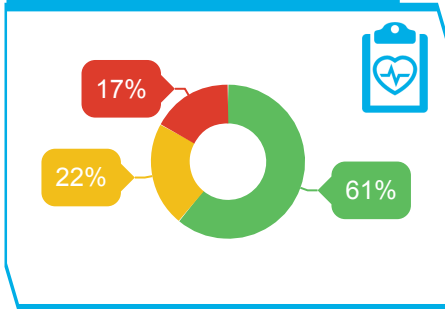
Admission



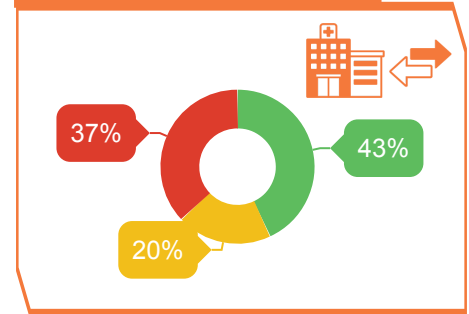
Care on the ward



Examinations, diagnosis & treatment



Discharge or transfer



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



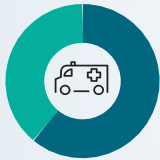
St. James' Hospital



50% of 1684 eligible patients took part



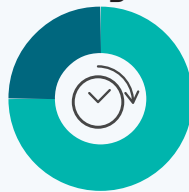
50% female
50% male



61% entered hospital on an emergency basis

Average age:
61 years

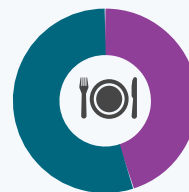
Waiting time



75%

waited longer than six hours before being admitted to a ward.

Food



45%

rated the food as fair or poor.

Medication



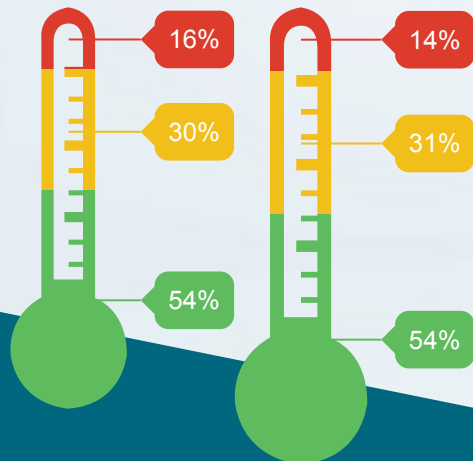
37%

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

Overall experience

Nationally

This hospital



Areas of good experience

93%

of people said they were involved as much as they wanted to be in decisions about their care and treatment.

Areas needing improvement

55%

of people said they were not always offered a replacement meal when they needed it.

Structure and content of this report

Chapter 1: patients' experiences of acute hospital care in St. James's Hospital 4

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

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

Chapter 2: the patient journey through hospital 10

This chapter presents the findings of the 2017 survey.

The stages of care along the patient journey	10
How to interpret the results for the stages of care	11
Admissions	14
Care on the ward	19
Examinations, diagnosis and treatment	24
Discharge or transfer	28
Other aspects of care	32

Chapter 3: overall experience 36

This chapter analyses patients' overall experiences in St. James's Hospital.

Chapter 4: conclusion 37

This chapter summarises the findings of the 2017 survey.

Appendices 39

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

Glossary 49

References 50



Chapter 1

Patients' experiences of acute hospital care in St. James'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. James's Hospital during the month of May 2017. In total, 841 patients from St. James's 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, which is a fundamental principle of patient-centred care. The survey acknowledges both positive and negative experiences, as told by the 841 patients from St. James's Hospital who completed the survey. While thousands of people surveyed nationally said that they had a very good experience of acute hospital care, it is important also to listen to those people who identified areas for improvement. These voices and experiences will play a key role in shaping the future of patient-centred care in Ireland.

Hospital profile

St. James's Hospital is a public acute hospital, located in Dublin. There were 701 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 1,684 eligible discharges were recorded during this time. St. James's 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 St. James's 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 St. James's Hospital. A quality improvement plan will be developed by St. James's 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?

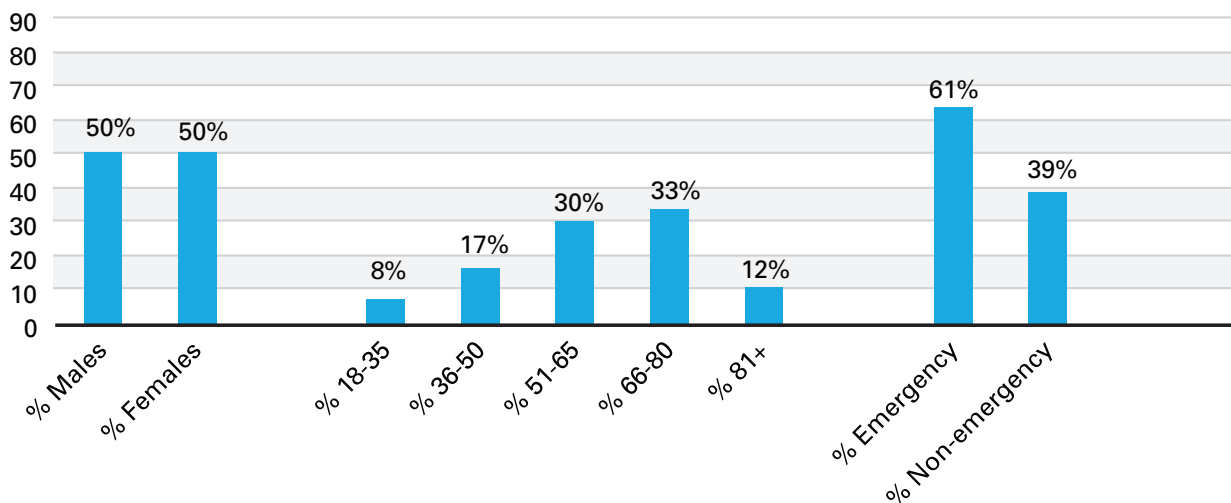
Description of the respondents who took part in the survey

1,684 people discharged from St. James's Hospital during the month of May 2017 were invited to participate in the survey.

841 people completed the survey, achieving a response rate of 50%.

50% of people who responded to the survey were male and 50% were female. Most respondents (61%) said they entered the hospital through the emergency department. Figure 1 below shows information about the respondents who took part in the survey from St. James's.

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



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



Overall, patients' ratings of their experiences at St. James's Hospital were slightly above the national average. 85% of patients at St. James's Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

Most patients reported that their family were given enough time to discuss their care and treatment with a doctor, while the majority felt that they were as involved as they wanted to be in decisions about their care. The hospital performed above the national average in two questions as part of the discharge or transfer stage of care.

However, people identified many areas needing improvement in St. James's Hospital. 75% of patients reported waiting more than six hours in the emergency department before they were admitted to a ward. Many patients also reported negative experiences as regards staff availability when they required assistance in accessing the toilet or bathroom. The survey found that the hospital food requires improvement, with some patients rating the food as poor while others said that they were not offered a replacement meal, if they missed a mealtime. It was also reported that many patients were not always able to understand the answers they received from nurses.

These findings will serve to inform quality improvement initiatives in St. James's Hospital.

Areas of good experience and areas needing improvement in St. James's Hospital

This section lists the areas where patients had particularly 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. James's Hospital are:

Patients had positive experiences in several areas, particularly as regards the time doctors took to discuss their treatment, and their involvement in decisions about their care. Family members were also, in the most case, given ample opportunity to talk to a doctor. Furthermore, most patients gave positive responses about the level of information they received about their care when leaving hospital.

Examinations, diagnosis and treatment | Q21.

Time to discuss care and treatment with a doctor

91% of the 832 people who answered this question said that they definitely or sometimes had enough time to discuss their care and treatment with a doctor.

Examinations, diagnosis and treatment | Q24.

Involvement in decisions about care and treatment

93% of the 829 people who answered this question said that they were definitely or to some extent involved as much as they wanted to be in decisions about their care and treatment.

Other aspects of care | Q27.

Opportunity for family members to talk to a doctor

519 (89%) of the 583 people who answered this question said that their family was definitely or to some extent given sufficient opportunity to talk to a doctor.

Discharge or transfer | Q44.

Written or printed information

484 people (60%) said that they were given written or printed information about what they should or should not do after leaving hospital. This was above the national average for this question.

Discharge or transfer | Q51.

Information on how to manage a condition

627 people (84%) said that they definitely or to some extent received enough information on how to manage their condition after discharge.

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

Patients highlighted areas needing improvement, for example, as regards the quality of food and the cleanliness of toilets and bathrooms. Replacement meals were not always available and patients could not always get help to access the bathroom. Some patients could not understand the answers they got from nurses.

Other aspects of care | Q11.

Cleanliness of toilets and bathrooms

116 people (14%) of the 824 people who answered this question said that the bathrooms were not very clean or not at all clean.

Care on the ward | Q12.

Help from staff to get to the bathroom

118 (26%) of the 454 people who said they needed help from staff to access the bathroom or toilet said that they did not or only sometimes got it.

Care on the ward | Q15.

Food rating

356 (45%) of the 801 people who rated the food said it was 'fair' or 'poor'.

Care on the ward | Q18.

Offer of a replacement meal

Of the 302 people who answered the question, 166 (55%) said they were not or only sometimes offered a replacement meal when they needed it.

Care on the ward | Q22.

Clear answers from a nurse

205 people (26%) said that they did not or only sometimes got an answer they could understand when they asked a nurse a question.



Chapter 2

The patient journey through hospital

Qualitative and quantitative findings of the 2017 survey

Findings of the 2017 survey

The stages of care along the patient journey

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

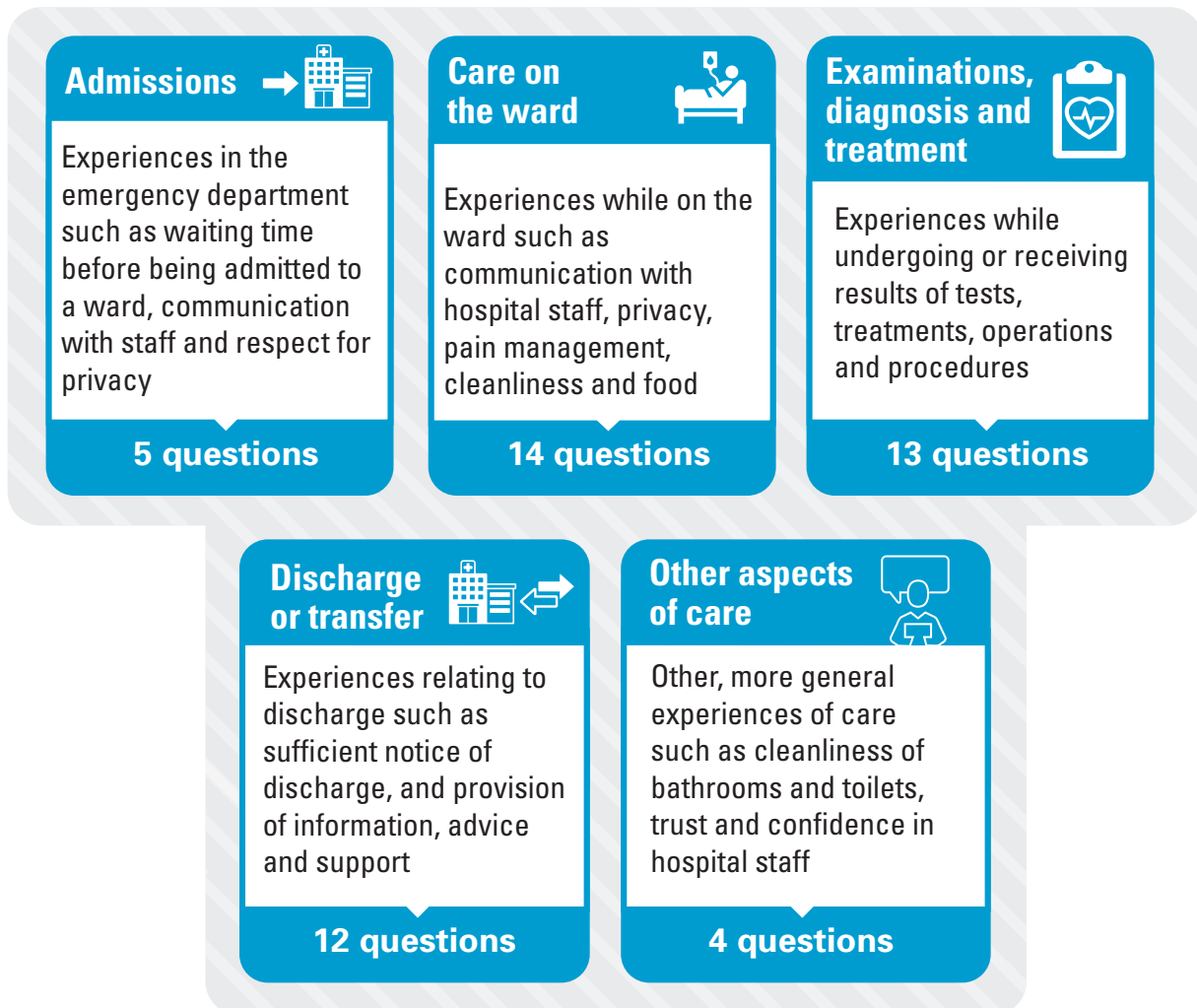
The survey questions were grouped into five stages along the patient journey:

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

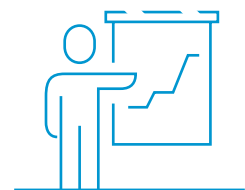
"I received the best possible care while admitted at the hospital. I was very well looked after and cared for."

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

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



How to interpret the results for the stages of care



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

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

Figure 3. Guide to interpreting the results

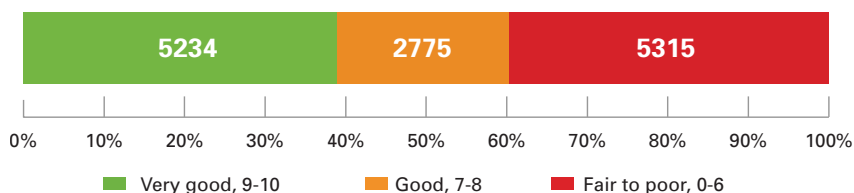
1. Experience rating for a stage of care

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

Example:

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

Figure 2.22 | Discharge or transfer ratings



2. Scores out of 10

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

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

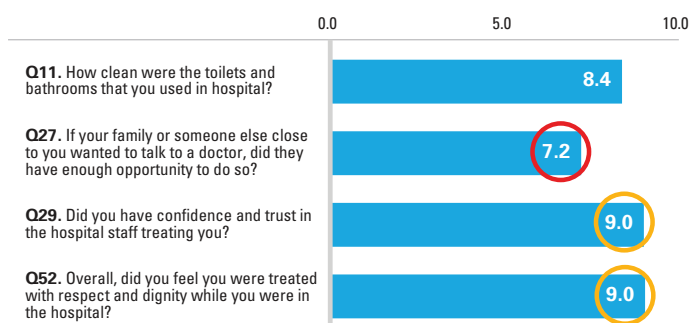
Example:

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

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

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

Figure 2.28 | National score for other aspects of care

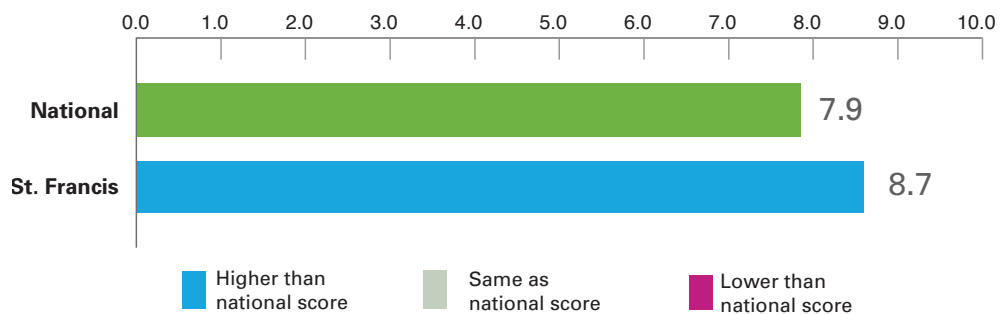


3. Comparisons

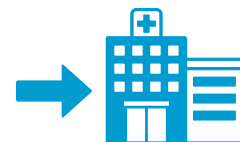
When hospital scores are compared with the national average, statistical tests were carried out to check if any differences were genuine or simply down to chance. The way hospital scores are calculated is explained in Appendix 4.

Example:

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



Admissions

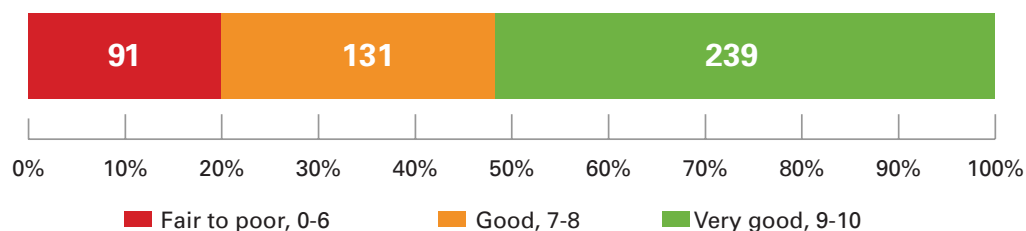


In summary: what were patients' experiences of the admissions process?

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

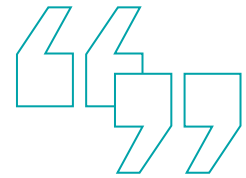
91 people (20%) had a fair to poor experience of the emergency department in St. James's Hospital. However, 239 (52%) people rated their experience as very good. The findings are summarised in Figure 4.

Figure 4. Experience ratings for admissions



What were the key findings for admissions?

- Waiting time in the emergency department was the lowest scoring question, with 75% of people saying they waited longer than six hours before being admitted to a ward.
- 81% of respondents who spent time in the emergency department said that they were always treated with respect and dignity there.
- 170 respondents (40%) who needed an explanation said that their condition and treatment was not or was only to some extent explained in a way that they could understand while in the emergency department.
- St. James's Hospital scored 7.9 out of 10 overall for this stage of care, which is the same as the national score of 7.9 out of 10.



The patient voice: what patients said about admissions

Respondents from St. James's Hospital made 286 open-ended comments related to the following themes: 'dignity, respect and privacy', 'communication with the patient', 'emergency department management or environment', and 'emergency department waiting times'. 133 (47%) of the comments were made in response to the question seeking suggestions for improvement. Examples of these comments are provided below.

Dignity, respect and privacy

"All the hospital staff including doctors, nurses, cleaners, porters and dinner ladies were very kind and thoughtful. I was treated with respect at all times."

"I feel there should be more privacy when discussing any patient's condition/diagnosis or treatment in a ward setting."

Communication with the patient

"The doctor took time to answer my questions, I felt that I could ask him anything about my condition."

"Doctors could be more involved with their patients explaining their illness and medication to them in a way the patient can understand."

Emergency department management or environment

"My visit to A&E was much better compared to a previous visit last year"

"The waiting room in A&E was terrible — chairs were broken, and there was not enough room for people to sit down."

Emergency department waiting times

"Urgent response from A&E team - I was admitted with a [Condition Type] & they reacted swiftly."

"The wait in A&E for the condition I had was disgraceful. I was diagnosed with a life threatening condition and had to wait 8 hours for a blood test and to see a doctor which would have shown the seriousness of my condition if done at the start."

Quantitative results for questions on admissions

Five questions asked about admissions. Respondents who did not come into hospital through the emergency department did not answer these questions.

75% of people who answered Q8 had to wait longer than six hours before being admitted to a ward. More detail on waiting times is provided later in this section.

368 respondents (81%) from St. James's Hospital said that they were always treated with respect and dignity in the emergency department. With a score of 8.9 out of 10, this is the highest performing area of the admissions stage.

"The time left waiting in A&E was very stressful."

Figure 5. summarises the scores for St. James's Hospital for the admissions stage of care.

Figure 5. St. James's Hospital scores for questions on admissions

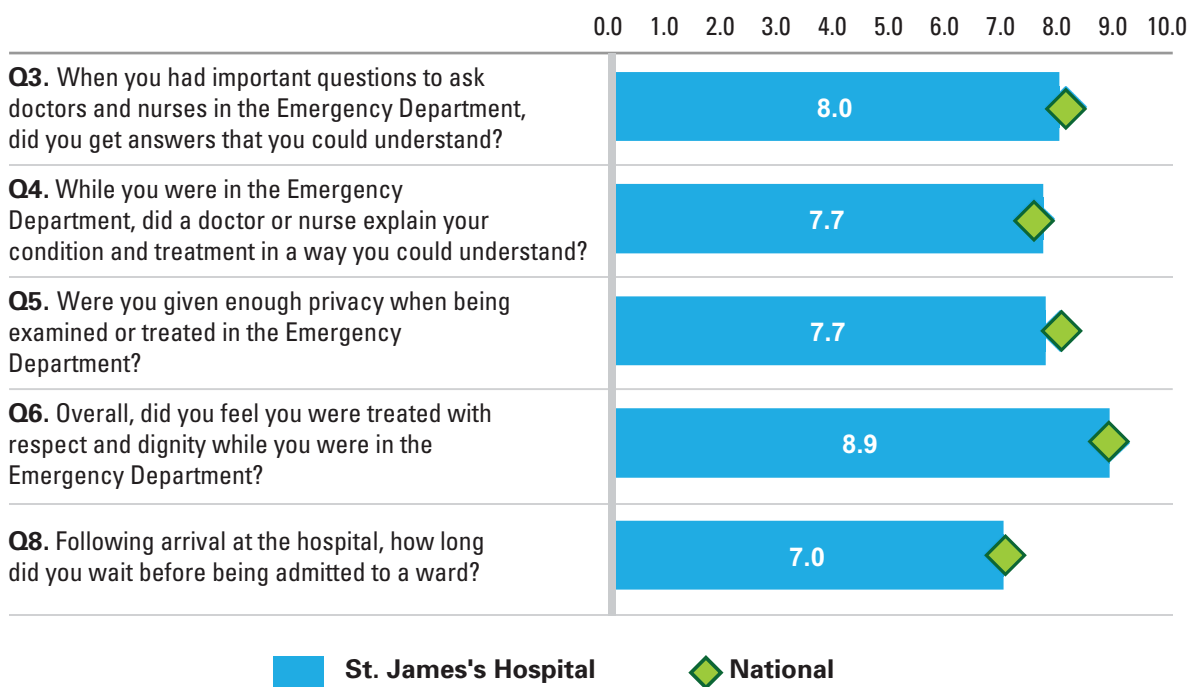


Figure 6. shows that, within the admissions stage, the average score for St. James's Hospital (7.9 out of 10) is the same as the national average (7.9 out of 10). This means that patients who attended St. James's Hospital in May 2017 reported similar experiences for the admissions stage of care than patients in other hospitals.

Figure 6. Comparison of St. James's 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 figures¹.

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

Waiting time before being admitted to a ward

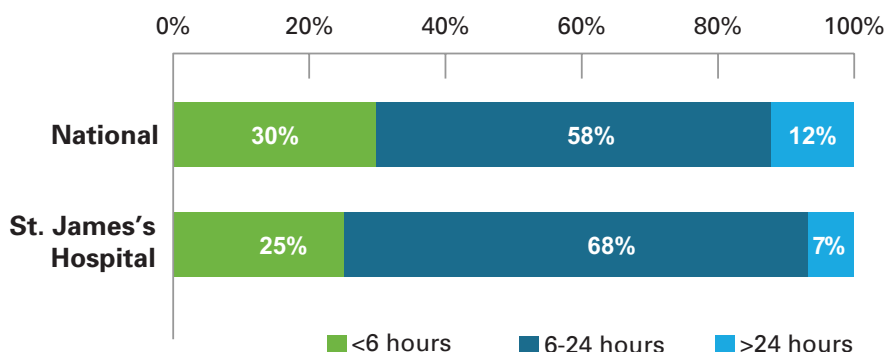
In St. James's Hospital, 109 respondents (25%) said they were admitted to a ward within six hours of arriving at the emergency department. 295 respondents (68%) reported waiting between six and 24 hours. 32 respondents (7%) reported waiting 24 hours or more before being admitted to a ward in St. James's Hospital, with seven people saying they waited more than 48 hours.

Figure 7. outlines the patient-reported waiting times in St. James's Hospital, compared with the national average.

What does this mean for St. James's Hospital?

With 25% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that St. James's Hospital performed below the national average, where 30% of people said that they were admitted within six hours of arriving. Patient-reported waiting times in St. James's Hospital fell well 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 a patient's health^(1,2).

Figure 7. Patient-reported emergency department waiting times for St. James's Hospital and nationally



Admissions: what do these results mean?

The large majority of patients reported waiting longer than six hours in the emergency department. Lengthy waiting times are associated with poor outcomes for patients. Most patients said they were treated with respect and dignity in the emergency department; however, ratings of privacy in the emergency department were below the national average.

Care on the ward

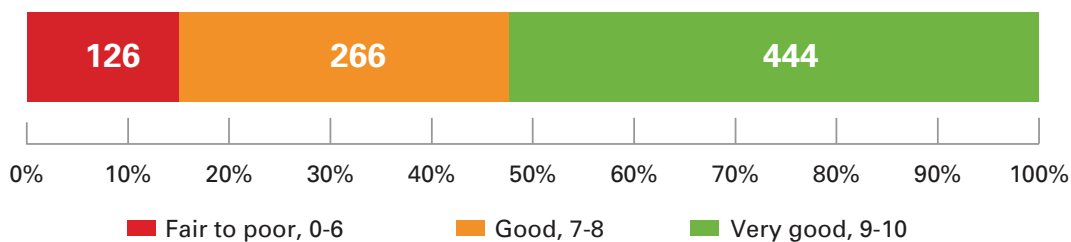


In summary: what were patients' experiences of care on the ward?

'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.

126 respondents (15%) reported having a very good experience during their stay on a ward in St. James's Hospital. However, 444 respondents (53%) said that their experience of care on the ward was fair to poor. Figure 8. summarises patients' experiences of care on the ward.

Figure 8. Experience ratings for care on the ward



What were the key findings for care on the ward?

- 791 respondents (96%) from St. James's Hospital said that the room or ward they were in was very clean or fairly clean.
- 356 respondents (45%) rated the food as 'fair' or 'poor', with this question scoring 5.5 out of 10.
- St. James's Hospital scored 8.2 out of 10 for care on the ward, which is slightly lower than the national average score of 8.3 out of 10.

"This was my first experience of an Irish hospital and the care was excellent."



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

574 open-ended comments from St. James's Hospital related to the following themes: 'staffing levels', 'staff availability and responsiveness', 'other healthcare staff', 'other staff', 'food and drink' and 'cleanliness and hygiene'. 247 (43%) of the comments offered suggestions for improvement. Some examples are provided below.

Staffing levels

"Staff were very hard-working and did their best though they were overloaded."

"I honestly think the nurses need more help. They do an excellent job under severe pressure. I think too much is asked of them."

Staff availability and responsiveness

"Nurses in general were very good. No time waiting whenever needed, very professional, very caring, and knowledgeable."

"Sometimes I had to wait too long for help/assistance to go to the bathroom"

Other healthcare staff

"The healthcare assistants were wonderful. Great personalities, very capable. They never stopped working (nearly all of them) On a scale of 1 to 10, they would get a 9. Very involved and caring with patients."

"The manner of the [Healthcare Professional] left a lot to be desired. I am aware I have a weight problem which is being addressed but his attitude was obnoxious and he was heavier than me."

Other staff

"I was in [Ward Name]. All the staff were great, and a special mention for the catering and cleaning staff, they were a real tonic."

"Whereas the nurses were constantly operating in top gear, I felt the admin. staff were coasting in here, and occasionally with the wrong attitude."

Food and drink

"The food was so good I put on a few pounds."

"I feel the quality of some meals need to be looked at as the health benefits of some meals would not be great."

Cleanliness and hygiene

"The hospital was generally very clean and well maintained."

"The shower room on the ward was not cleaned during my stay."

Quantitative results for questions on care on the ward

Fourteen questions asked about care on the ward.



Figure 9. shows the scores out of 10 for each question. 791 respondents (96%) from St. James's Hospital said that the room or ward they were in was very clean or fairly clean. The lowest scoring question (Q16) relates to hospital food. 356 respondents (45%) rated the food as 'fair' or 'poor', with this question scoring 5.5 out of 10.

"My experience attending St James's has always been very positive and I would like to say a big thank you to all the staff."

Figure 9. St. James's Hospital scores for questions on care on the ward

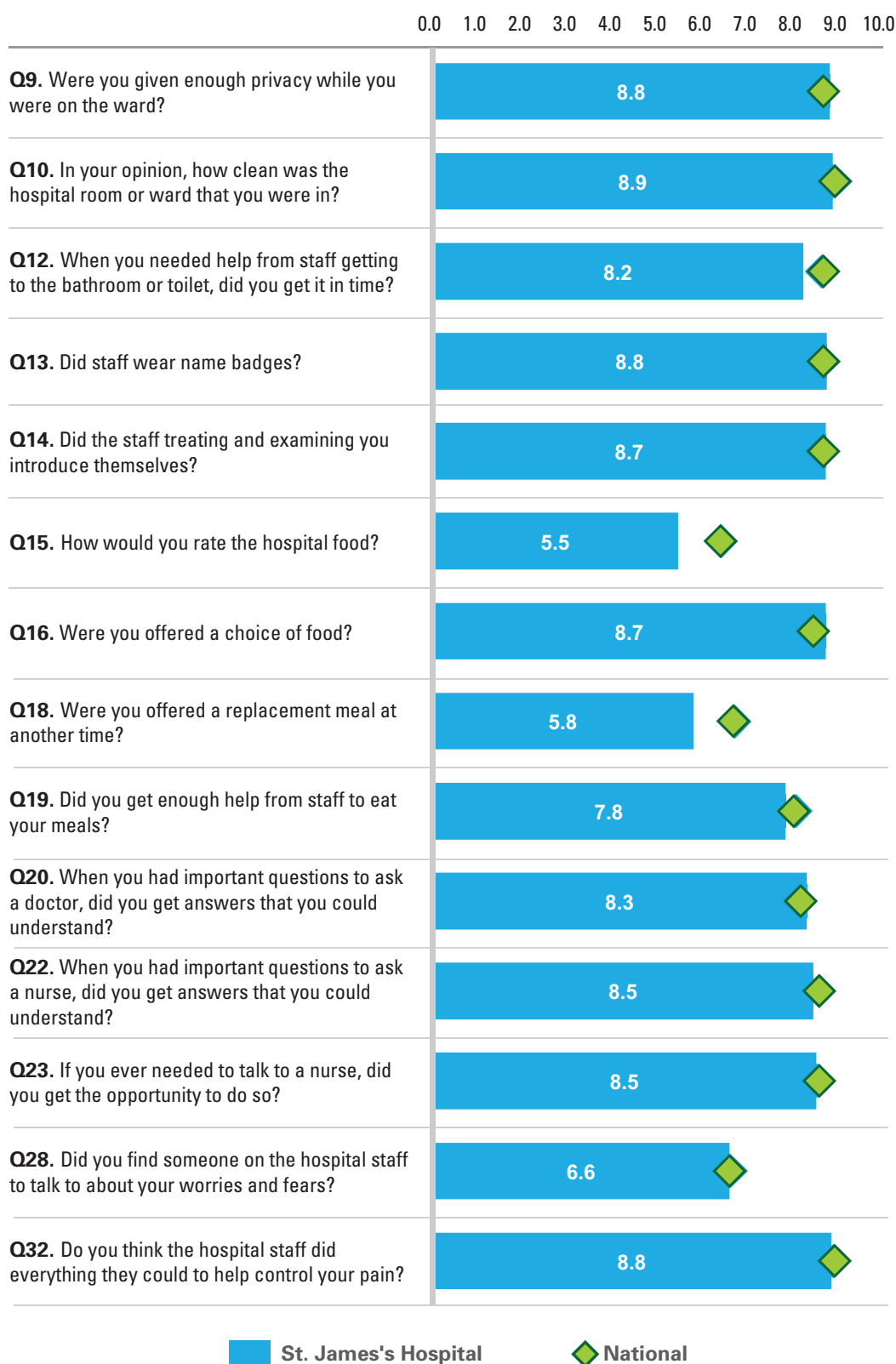
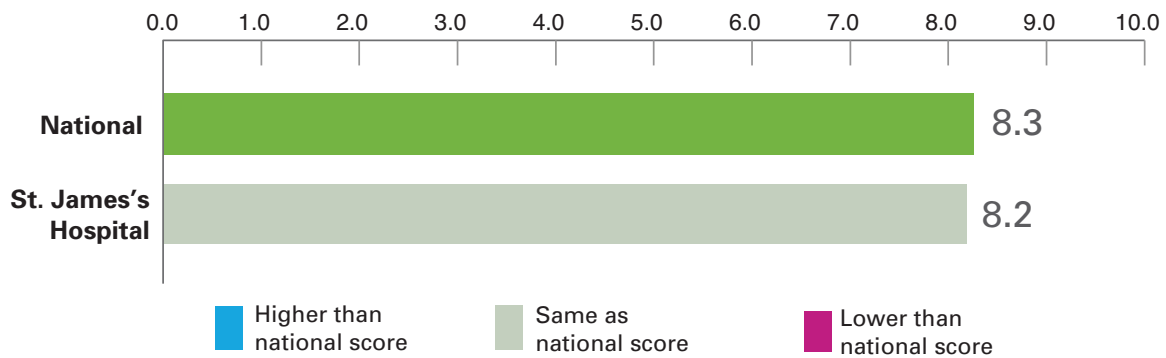


Figure 10. shows that, within the care on the ward stage, the average score for St. James's Hospital (8.2 out of 10) is similar to the national average (8.3 out of 10)². This means that patients who attended St. James's Hospital in May 2017 reported a similar experience as patients in other hospitals for this stage of care.

Figure 10. Comparison of St. James's 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?

People had mixed experiences of care on the ward in St. James's Hospital. Many patients did not have positive experiences in relation to the standard of food they received; however, above average ratings were given as regards the choice of food on offer. Patients did not always receive a replacement meal when it was required, and many said they could not find a staff member to talk to about their worries and fears.

² Though the St. James's Hospital care on the ward score is lower than the national score, the difference is not statistically significant. For further information see Appendix 4.



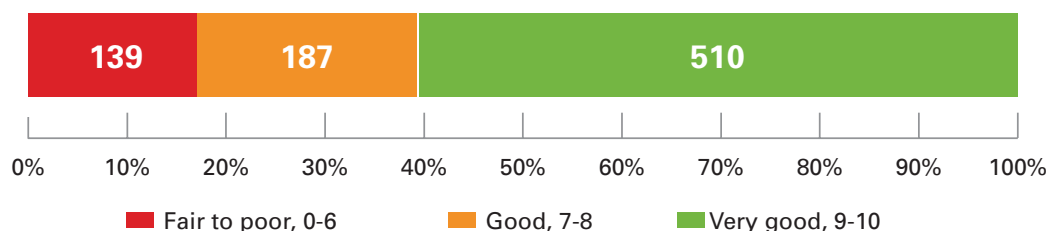
Examinations, diagnosis and treatment

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

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

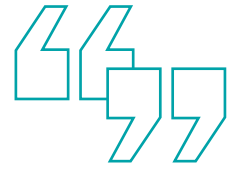
139 respondents (17%) said that their experience of examinations, diagnosis and treatment in St. James's Hospital was fair to poor. On the other hand, 510 respondents (61%) reported having a very good experience. Figure 11. summarises patients' experiences of examinations, diagnosis and treatment.

Figure 11. Experience ratings for examinations, diagnosis and treatment



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

- 721 respondents (87%) who answered the question said they always received enough privacy when being examined or treated.
- The lowest rated question asked patients whether they had enough time to discuss their care and treatment with a doctor, scoring 7.7 out of 10. A total of 306 respondents (37%) said they did not have or only sometimes had enough time to discuss their care and treatment with a doctor. However, this was still above the national average for this question.
- St. James's Hospital scored 8.3 out of 10 for examinations, diagnosis and treatment, which is similar to the national average (8.1 out of 10).



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

529 open-ended comments were made about the following themes: 'nursing staff', 'doctors or consultants' and 'waiting times for planned procedures'. 68 (13%) of these comments were in response to Q60, which asked patients for suggestions for improvement. Some examples of these comments are provided below.

Nursing staff

"The nurses were fantastic; it was my first time in hospital and they really made me feel at ease. It would have been a much scarier experience had they not been so great."

"Two or three of the nurses were very abrupt with me and other elderly patients."

Doctors or consultants

"Consultants took great care explaining everything and answering questions."

"Doctors could be more involved with their patients explaining their illness and medication to them in a way the patient can understand."

Waiting times for planned procedures

"All of my procedures were performed on the day they were supposed to."

"I was waiting for 16 months for this procedure from which the consultant initially told me I was an urgent case. Throughout those 16 months, my date for admission was cancelled on three occasions and I was admitted on the fourth date that was given to me. I found this very stressful and upsetting as my condition was deteriorating."

Quantitative results for questions on examinations, diagnosis and treatment

Thirteen questions asked about examinations, diagnosis and treatment.

Figure 12. shows the scores out of 10 for each question in this stage. 721 respondents (87%) who answered the question said they always received enough privacy when being examined or treated. This was the highest scoring question for the stage at 9.2 out of 10 overall.

"[I] would have liked to have seen my MRI images and have them explained to me so I had a better understanding of my condition."

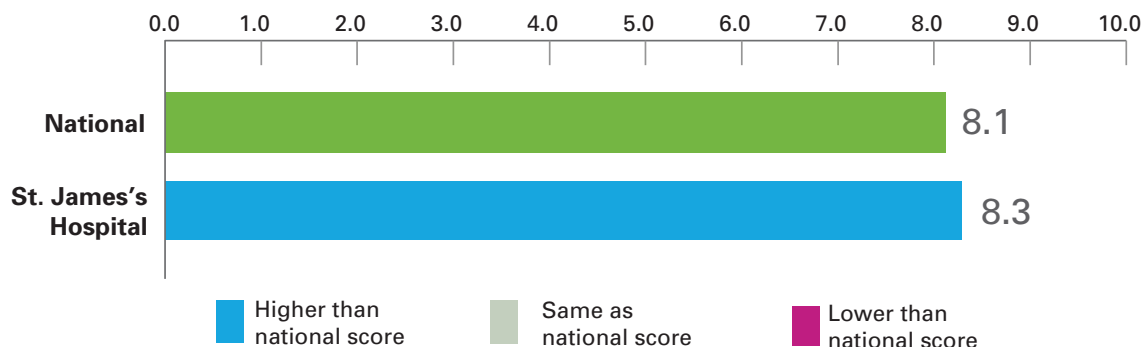
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Figure 12. St. James's Hospital scores for questions on examinations, diagnosis and treatment



Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for St. James's Hospital (8.3 out of 10) is higher than the national average (8.1 out of 10). This means that patients in St. James's Hospital reported a more positive experience of examinations, diagnosis and treatment than patients in other hospitals.

Figure 13. Comparison of St. James's Hospital with the national average for examinations, diagnosis and treatment (out of a maximum of 10).



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

Patients in St. James's Hospital gave above average ratings of the privacy they were given when discussing or receiving treatment. Patients also gave above average ratings of the time they had to discuss their treatment with a doctor, but there was still room for improvement in this area.

Discharge or transfer

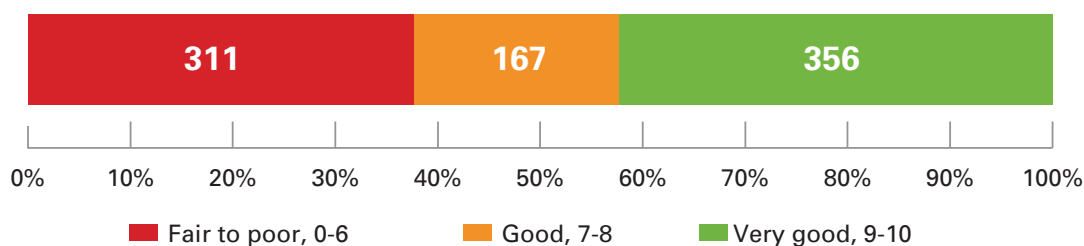


In summary: what were the experiences of patients during discharge or transfer from hospital?

'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 834 people who rated their experience of discharge or transfer from the hospital, 311 (37%) said that their experience was 'fair to poor'. On the other hand, 356 (43%) reported having a very good experience of being discharged or transferred from St. James's 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?

- Out of 712 people, 645 (90%) said that a member of staff completely or to some extent explained, in a way they could understand, the purpose of the medicines they were to take at home.
- 218 people (37%) who answered Q46 said that they were not informed about any medication side effects to watch for when they went home.
- St. James's Hospital scored around the same as the national average for this stage of care, with an overall score of 6.9 out of 10.

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



In total, people from St. James's Hospital made 72 comments in the 2017 survey about 'discharge and aftercare management'. 47% of these comments were in response to Q60, which asked for suggestions for improvement. Some example comments are provided below.

Discharge and aftercare

"I was told everything to expect about my operation and how to cope afterwards."

"There was no link to the community for when I went home and it would have been reassuring to have a nurse assess my pain medication requirements and examine my dressings. I had to contact the hospital and travel in for this."

Quantitative results for questions on discharge or transfer from hospital

Twelve questions asked about discharge or transfer.

Out of 712 people, 645 (90%) said that a member of staff completely or to some extent explained, in a way they could understand, the purpose of the medicines they were to take at home. 218 people (37%), who answered Q46 said that they were not informed about any medication side effects to watch for when they went home.

Figure 15. summarises the scores for St. James's Hospital for questions on discharge or transfer from the hospital.

Figure 15. St. James's Hospital scores for questions on discharge or transfer

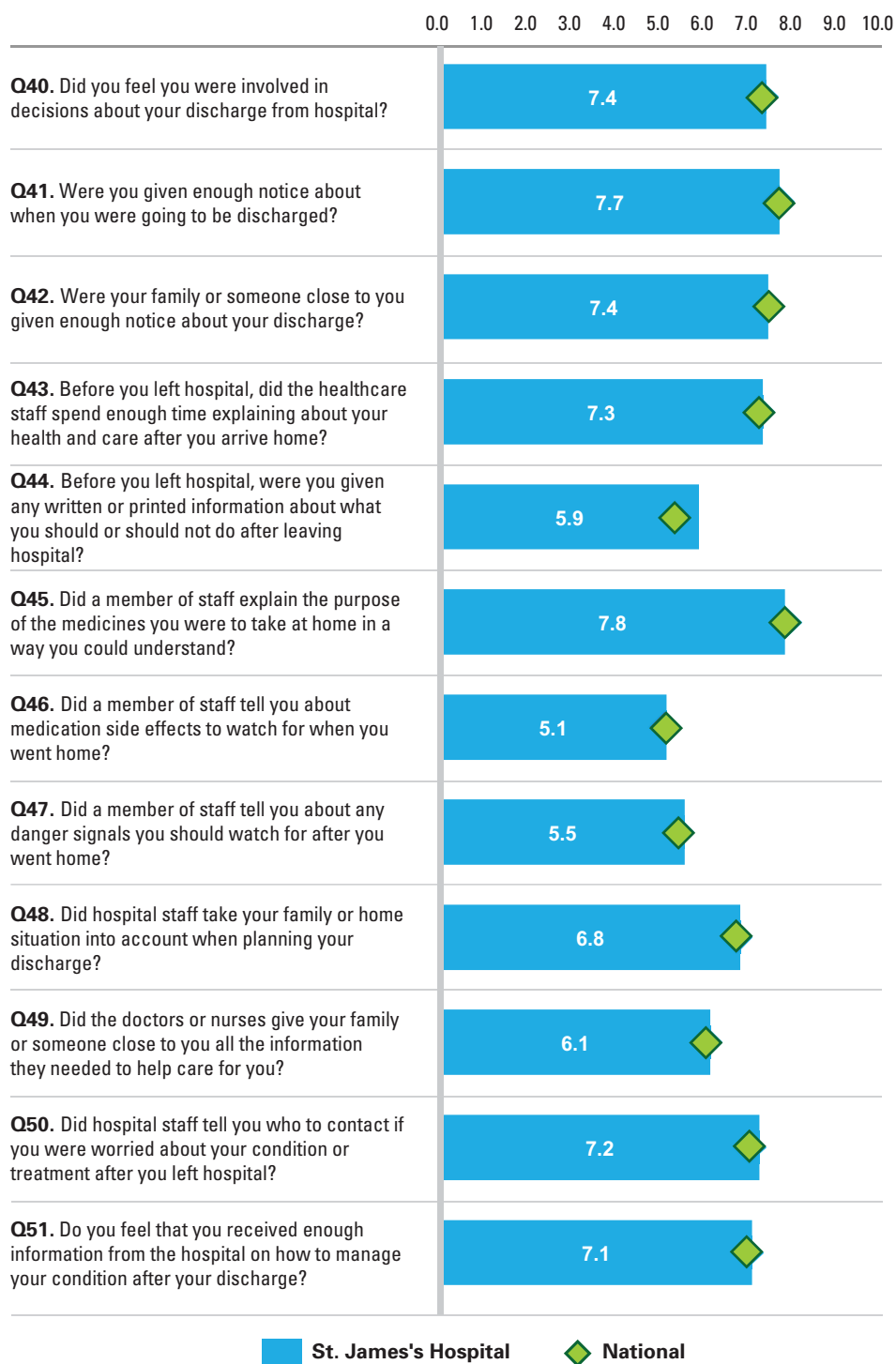
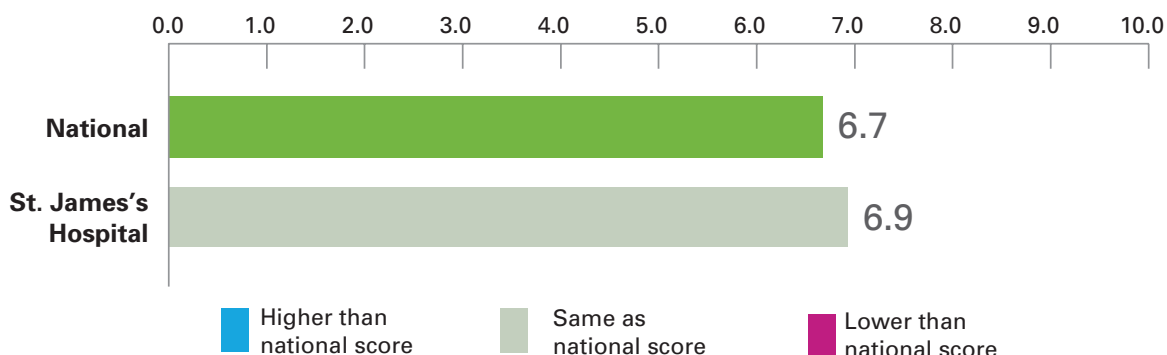


Figure 16. shows that within the discharge or transfer stage, the average score for St. James's Hospital (6.9 out of 10) is similar to the national average (6.7 out of 10)³. This means that patients who attended St. James's Hospital in May 2017 reported a similar experience in comparison to the national average for this stage of care.

Figure 16. Comparison of St. James's Hospital with the national average for discharge or transfer (out of a maximum of 10)



Discharge or transfer: what do these results mean?

Patients' ratings of discharge or transfer from St. James's Hospital were similar to the national average for this stage of care. Even though St. James's performed above the national average on several questions, patients still required more information and support when they were leaving hospital and preparing to care for themselves at home.

³ Though the St. James's Hospital discharge or transfer score is higher 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?

- 691 people (83% of all people who answered Q29) said that they always had confidence and trust in the hospital staff treating them. However, 17 people (2%) said that they did not.
- Out of 583 people, 346 (59%) said that their family or people close to them definitely had sufficient opportunities to talk to a doctor. However, 64 people (11%) said that their family or friends did not.

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



457 open-ended comments received from patients of St. James's Hospital in the 2017 survey were about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'parking facilities', 'clinical information and history' and 'private health insurance'. 107 of these comments were in response to Q60, which asked for suggestions for improvement.

Staff in general

"I was very happy with the care and attention I got. The doctors, nurses, catering staff, and cleaners were brilliant. The porters were very witty. They would take your mind off any tests you were doing. All the staff I encountered were tops."

"Some staff didn't introduce themselves or wear name tags, but it's not a major issue."

Communication with family and friends

"[Dr Name] was so good. Phoned my daughter when my operation was over, which pleased me when I got home."

"Everyone was very busy and it was hard to find the time to fully explain to me my procedure, treatment and follow up. There was no time for relatives to meet with doctors to discuss outcome, follow up, etc."

Physical comfort

"The hospital was clean and tidy. It was very relaxing and I felt very safe after having an awful incident. I believe that the atmosphere helped my recovery."

"If someone in A&E is drunk or on drugs they should be put in a room till they sober up. Leave the trollies for sick people."

Hospital facilities

"All facilities, care and staff were exceptional."

"Bathroom facilities. Shower area and toilet unsuitable for mobility impaired. Also only one shower seat for ward - very bad. Told use ordinary chair quite dangerous and unhygienic - very poor, need proper facilities."

Clinical information and history

"I feel that since it has been recognised that I am a [Condition Name], extra care is being given to me particularly in regard to procedures being carried out on me."

"Staff had not read my file, constantly having to make sure my meds were not given wrongly as I had an allergy to one medication."

Private health insurance

"The speed with which I was taken care of on the day of my admission [was particularly good]. Due to being a private patient."

"I felt that I should not have been asked if I was to use my health insurance in view of the fact that I was on public ward and could not be placed in a private ward."

Parking facilities

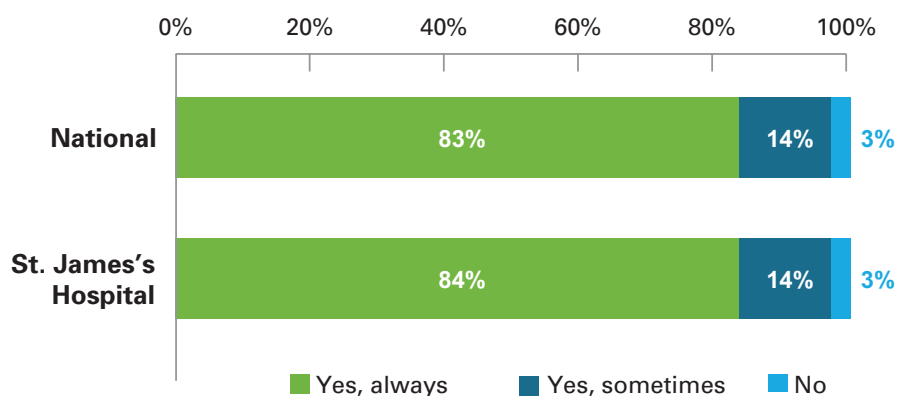
"Car park fees were excessive, please reduce or cap prices."

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. James's Hospital in May 2017. Overall, 694 people (84%) said that they were always treated with respect and dignity, while 21 people (3%) said that they were not. This question scored an average of 9 out of 10, meaning that, in general, people reported a positive experience.

Figure 17. below shows

Figure 17. Ratings for dignity and respect



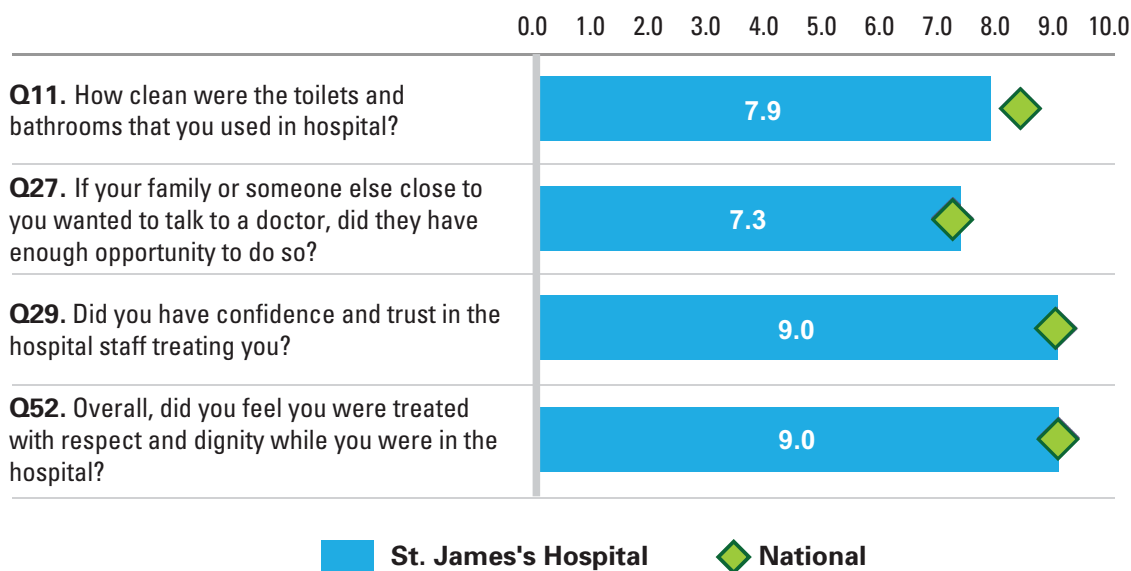
Question 29 asked people if they had confidence and trust in the hospital staff treating them. 691 people (83% of all people who answered Q29) said that they always had confidence and trust in the hospital staff, while 17 people (2%) said that they did not.

Question 11 asked people about the cleanliness of the bathrooms and toilets in St. James's Hospital. While 427 people (52% of people who answered Q11) said that the bathrooms and toilets were very clean, 116 people (14%) 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 St. James's Hospital. Out of 583 people, 346 (59%) said that their family or people close to them definitely had enough opportunities to talk to a doctor. However, 64 people (11%) said that they did not.

Figure 18. summarises the scores for St. James's Hospital for questions about other aspects of care.

Figure 18. St. James's Hospital scores for questions on other aspects of care



Other aspects of care: what do these results mean?

Most people said that they were treated with respect and dignity, and had confidence in the hospital staff treating them. St. James's performed above average in relation to family opportunities to talk to a doctor. However, patients reported that toilets and bathrooms were not as clean as the national average.



Chapter 3

Overall experience

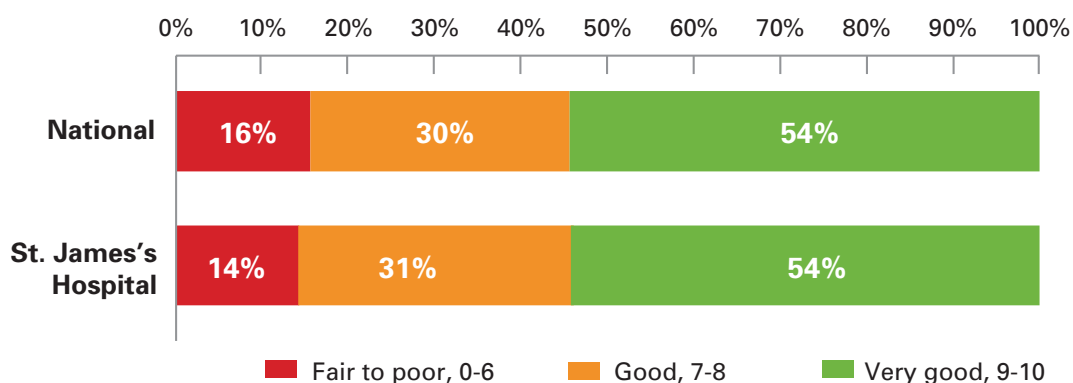
Ratings of overall experience

Respondents 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.

In Figure 19. below, the average overall rating of hospital experience for St. James's Hospital is provided compared with the national average.

423 people (54%), who stayed in St. James's Hospital in May 2017, reported having a very good experience, while 14% of respondents indicated a fair to poor experience.

Figure 19. Overall rating of hospital experience for St. James's Hospital and nationally



4

Chapter 4 Conclusion

How did patients experience hospital care in St. James's Hospital in May 2017?

Overall, patients' ratings of their experiences at St. James's Hospital were slightly above the national average. 85% of patients at St. James's Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

The survey found that, overall, people in St. James's Hospital said that they and their family were given time to discuss their care and treatment with a doctor. Most patients also felt that they were as involved as they wanted to be in decisions about their care. St James's performed above the national average on two questions related to the discharge or transfer stage of care.

Several areas were identified as needing improvement. In relation to admission, 75% of patients reported waiting more than six hours in the emergency department. Many patients also rated the hospital food poorly, and said that replacement meals were not always available when required. Patients reported negative experiences in relation to staff availability to help them access the toilet or bathroom. Some respondents also said that they were not always able to understand the answers they got from nurses.

The discharge or transfer stage of care was problematic for St. James's Hospital. Many patients said that they received insufficient information on medication side effects, danger signals to watch for and who to contact if they were worried about their condition or treatment. Many people also said that their families were not always provided with the necessary information to help care for them.

These findings will serve to inform quality improvement initiatives in St. James's Hospital.

What happens next?

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

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

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

Appendix 1:

National Patient Experience Survey 2017 questions

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

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

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

Appendix 2:

background to the National Patient Experience Survey Programme

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

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

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

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

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

Appendix 3:

identifying areas of good experience and areas needing improvement

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

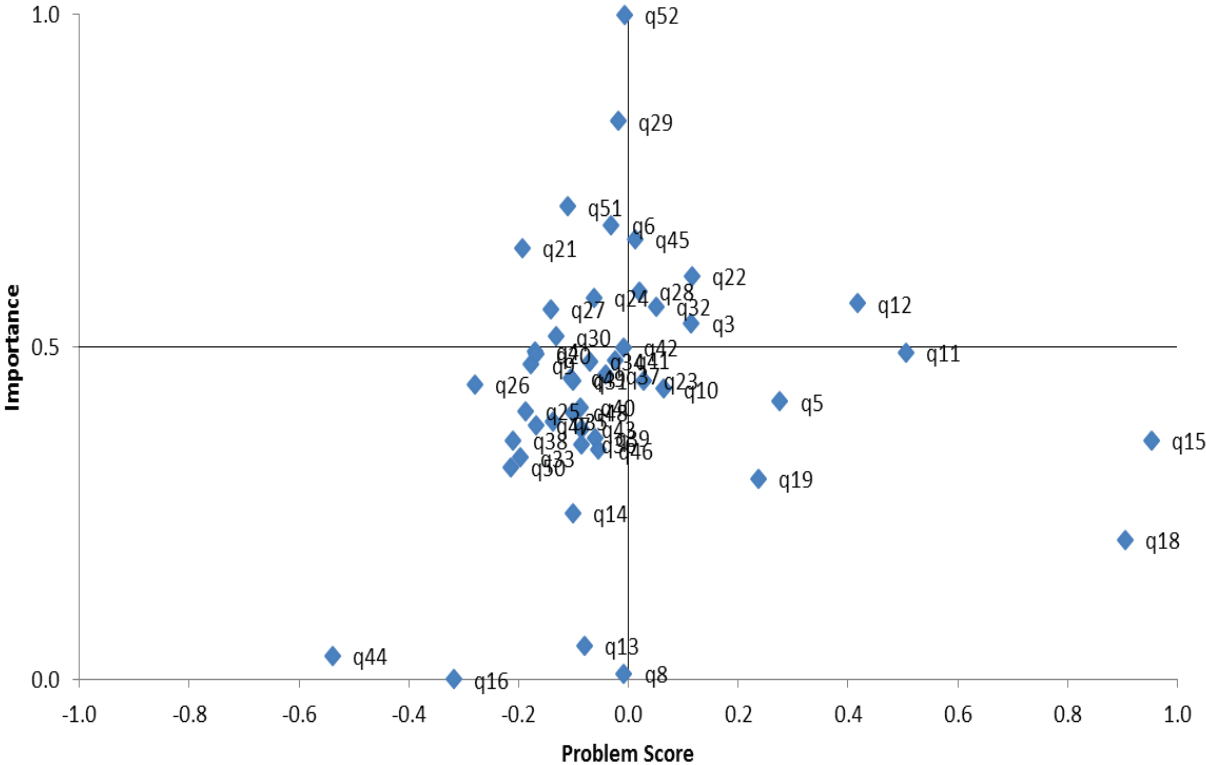
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected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

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

Figure 20. below, shows a map of the survey questions based on how strongly each question is connected to overall experience. The map also shows the difference between the score for each question in St. James'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. James'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. James'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. James'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. James's Hospital.

Figure 20. Overall patient experience map for St. James'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 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.

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