



## National Patient Experience Survey 2017

# St. John's Hospital

We're committed to excellence in healthcare





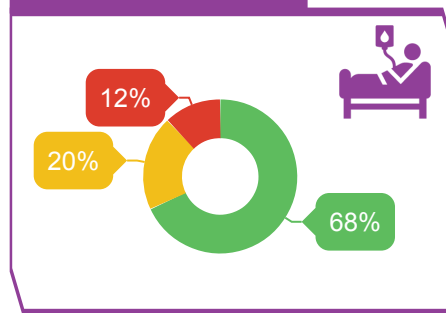
Thank you to the people who participated in the National Patient Experience Survey 2017, and to their families and carers. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve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

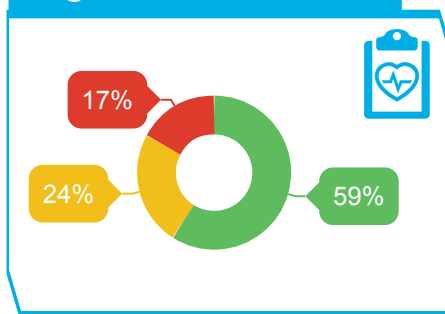
The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups.

# Stages of care

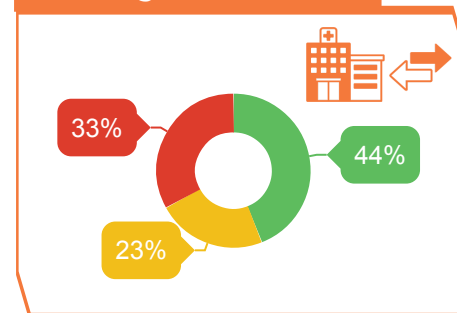
## Care on the ward



## Examinations, diagnosis & treatment



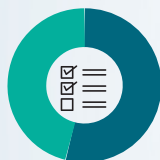
## Discharge or transfer



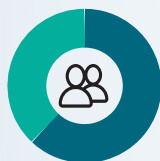
\* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.



# St. John's Hospital



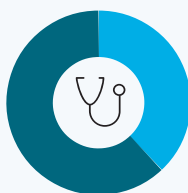
54% of 207 eligible patients took part



62% female  
38% male

Average age:  
**66 years**

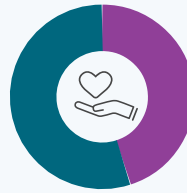
### Treatment



**38%**

were not always told how they could expect to feel after their operation or procedure.

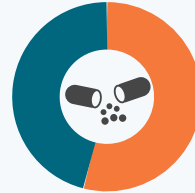
### Care



**45%**

could not find a member of staff to talk to about their worries and fears.

### Medication



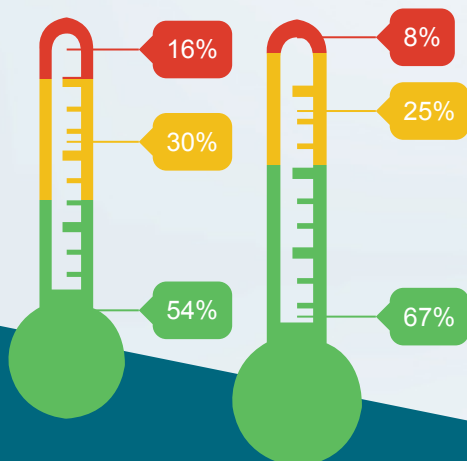
**54%**

were not fully informed about potential side effects to watch for at home.

## Overall experience

Nationally

This hospital



## Areas of good experience

**94%**

of people said that they did have enough time to talk to a doctor about their care and treatment.

## Areas needing improvement

**44%**

of people said their family or home situation was not always taken into account when the hospital was planning their discharge.

# Structure and content of this report

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

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## Chapter 1

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# Patients' experiences of acute hospital care in St. John'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. John's Hospital during the month of May 2017. In total, 111 participants from St. John'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<sup>1</sup>; 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.

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1 As St. John's Hospital does not have an emergency department, survey participants did not answer the questions on Admissions.

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 111 patients from St. John'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. John's Hospital is a public acute hospital, located in Co. Limerick. There were 93 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 207 eligible discharges were recorded during this time. St. John'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. John'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. John's Hospital. A quality improvement plan will be developed by St. John's Hospital in response to the survey results and will be publicly available from [www.patientexperience.ie](http://www.patientexperience.ie) in December 2017.

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



## Who took part in the survey?

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

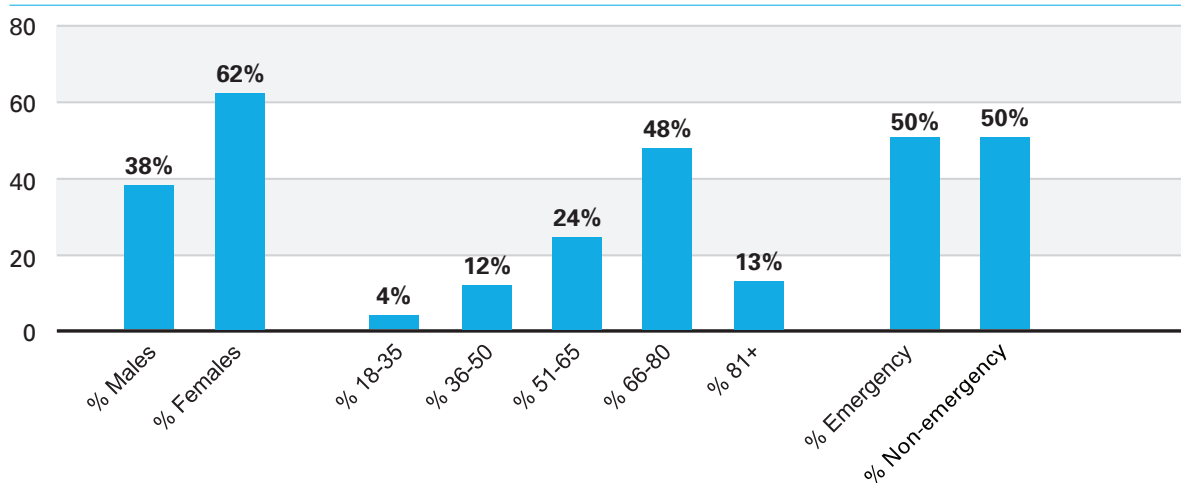
**207** people discharged from St. John's Hospital during the month of May 2017 were invited to participate in the survey.

**111** people completed the survey, achieving a response rate of 54%.

38% of people who responded to the survey were male and 62% were female. 55 respondents (50%) said they entered hospital on an emergency basis<sup>2</sup>.

Figure 1. below shows information about the respondents who took part in the survey from St. John's Hospital.

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



<sup>2</sup> Patients were asked if their hospital stay was planned in advance or an emergency. While St. John's Hospital 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. John's Hospital.



## What were the main findings for St. John's Hospital

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Overall, patients' ratings of their experiences at St. John's Hospital were above the national average. 92% of patients at St. John's Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

In general, the hospital achieved above average scores in the area of food, particularly as regards the choice of food provided to patients. The survey also found positive experiences on the ward in relation to pain management, privacy given to patients while being examined and treated on the ward and the overall cleanliness of wards and bathrooms. Patients also reported that they were informed about the purpose of their medicines and felt that they were involved in decisions about their discharge from hospital.

However, there are some areas for improvement in St. John's Hospital. While the majority of patients reported positive experiences as regards the amount of time they had to talk to staff about their care, some patients experienced challenges as regards their understanding of the explanations given by staff about procedures, operations and test results. Many patients said that they were not as involved as they wanted to be in decisions about their care and treatment, indicating a need for improvement in this area as regards listening to the voice of the patient.

Discharge or transfer was one of the lower performing stages of care for this hospital. A number of improvements are required in relation to the information provided to patients about medication side effects and any danger signals to watch out for at home.

While many reported being treated with respect and dignity, St. John's Hospital performed slightly below the national average for this question. Respect and dignity is strongly related to how patients rate their experience overall. Therefore, it is an area which requires improvement.

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

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

This section lists the areas where most 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. John's Hospital are:

Patients had positive experiences in several areas, particularly as regards the food provided in the hospital, which scored above the national average, and also being treated with respect and dignity by hospital staff. Positive experiences were also reported as regards patient involvement in decisions relating to their discharge and information to help support themselves at home, while pain management also featured positively in the survey.

#### Care on the ward | Q18

### Offer of a replacement meal

76% of the 33 people who answered this question said that they were always offered a replacement meal, if they missed a mealtime.

#### Care on the ward | Q12

### Help from staff to get to the bathroom

Of the 74 people who answered this question, 85% said that they always got help from staff in time when they needed to get to the bathroom.

#### Care on the ward | Q15

### Food rating

90 people (85%) said that the food provided in the hospital was 'good' or 'very good'.

#### Care on the ward | Q16

### Choice of food

93 people (89%) said that they were always offered a choice of food in St. John's Hospital.

#### Care on the ward | Q32

### Pain management

90 (89%) of the 101 people who answered this question said that staff definitely did their best to help control pain.

#### Examinations, diagnosis and treatment | Q21

### Time to discuss care and treatment with a doctor

Out of 108 people, 102 (94%) said that they definitely, or to some extent, had enough time to discuss their care and treatment with a doctor.

**Discharge or transfer | Q51****Information on how to manage a condition**

89% of the 101 people who answered this question said that they were definitely, or to some extent, given enough information on how to manage their condition after their discharge.

**Discharge or transfer | Q40****Involvement in decisions about discharge**

91% of the 104 people who answered this question said that they were definitely, or to some extent, involved in decisions about their discharge.

**Other aspects of care | Q52****Respect and dignity**

Out of 109 people, 90% said that they were always treated with respect and dignity in St. John's Hospital.

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

Patients highlighted areas needing improvement, for example, as regards discharge arrangements, privacy while discussing their condition or treatment and also the numbers of staff who do not wear their name badge. Patients were also less positive in terms of the answers provided by staff members in response to questions asked by the patients regarding operations and procedures and test results, with many patients reporting that the answers were not always easy to understand.

**Care on the ward | Q13****Staff name badges**

20 (23%) of the 86 people who answered this question said none, very few or only some of the staff wore name badges.

**Care on the ward | Q19****Help from staff to eat meals**

9 (20%) of the 44 people who needed assistance at mealtimes did not get help from staff to eat their meals, or only got help sometimes.

**Examination, diagnosis and treatment | Q33****Clear explanation of test results**

32 (40%) of the 80 people who answered this question felt that a doctor or nurse did not explain the results of the tests, or only explained them to an extent, in a way that they could understand.

**Examinations, diagnosis and treatment | Q30****Privacy when discussing a condition or treatment**

29 (26%) of the people who answered this question said that they were not, or were only to an extent, given enough privacy when discussing their condition or treatment.

**Examinations, diagnosis and treatment | Q37****Clear answers to questions about an operation or procedure**

22% of the 60 people who had questions to ask about their procedure or operation said they were not able to understand, or only able to understand to an extent, the answers to their questions.

**Discharge or transfer | Q48****Consideration of home/family situation**

34 (44%) of the 77 people who answered this question said their family or home situation was not, or only to some extent, taken into account when the hospital was planning their discharge.



## 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:

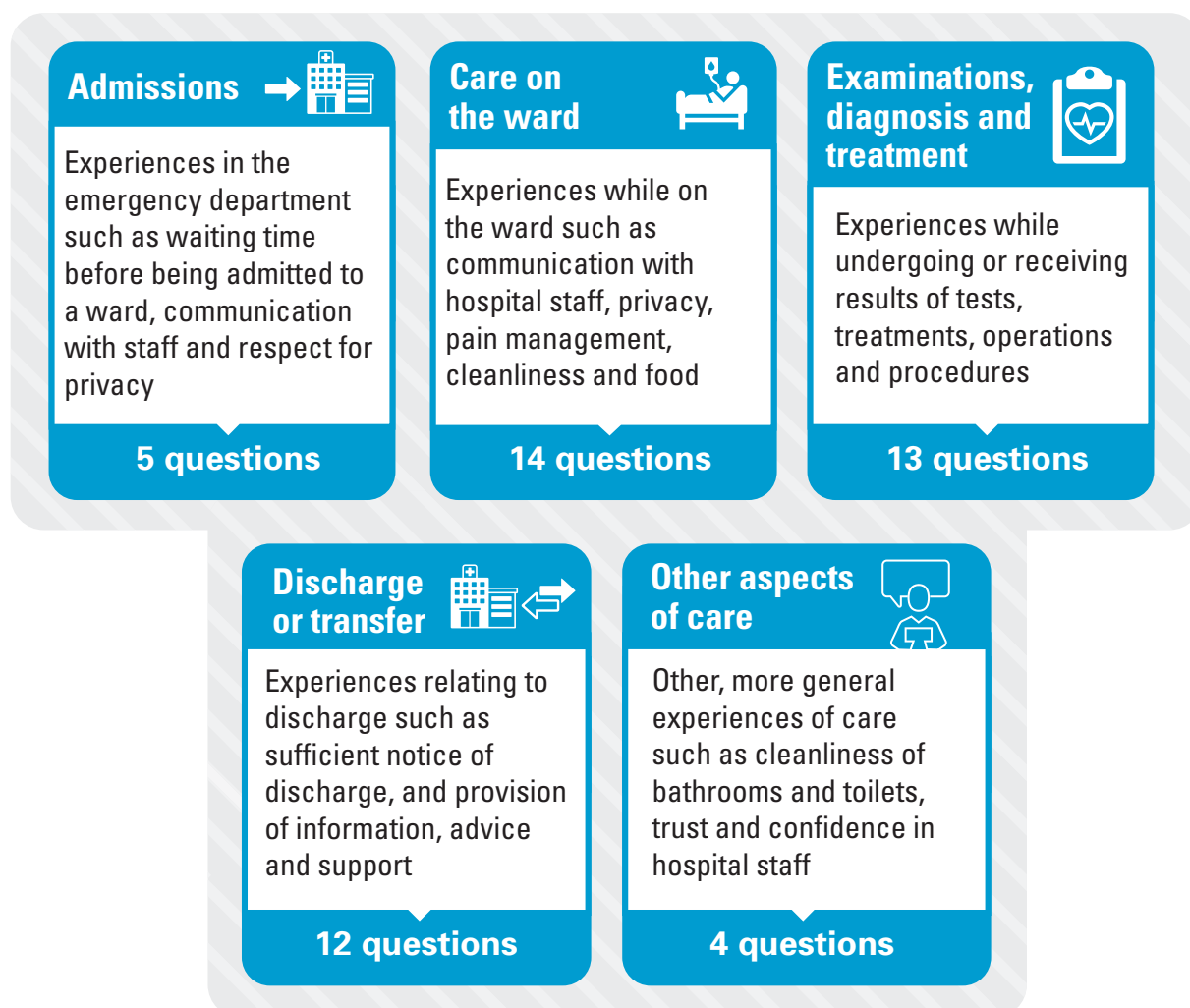
- **admissions<sup>3</sup>**
- **care on the ward**
- **examinations, diagnosis and treatment**
- **discharge or transfer**
- **other aspects of care.**

**"I found my stay in St. John's very good. They were very good, from Drs. Nurses and general workers."**

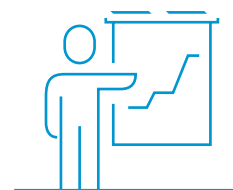
<sup>3</sup> As St. John's Hospital does not have an emergency department, survey participants did not answer the questions on Admissions.

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

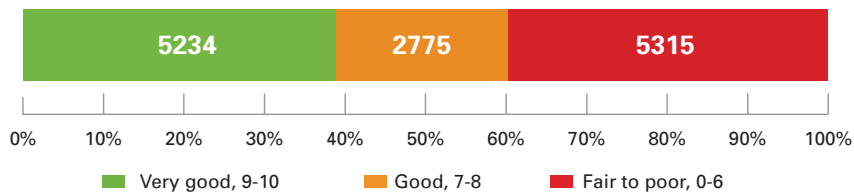
## 1 Experience rating for a stage of care

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.

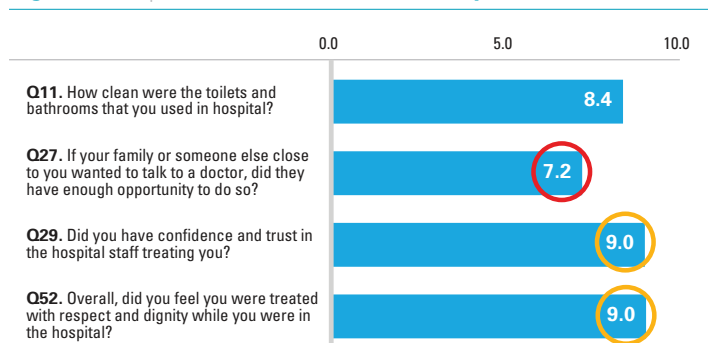
### Example:

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

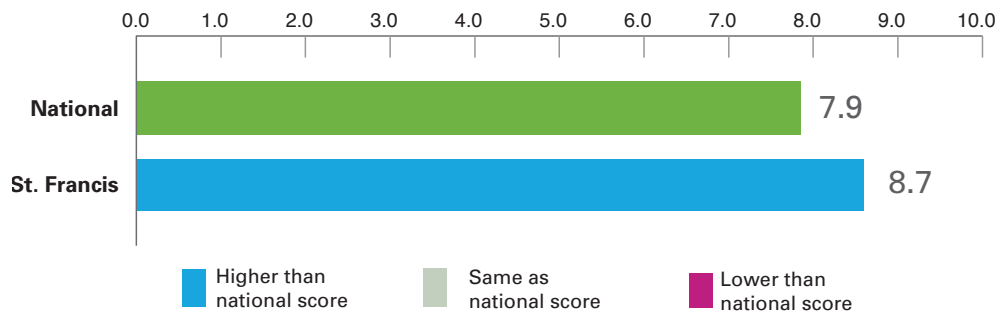


### 3 Detailed question responses

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

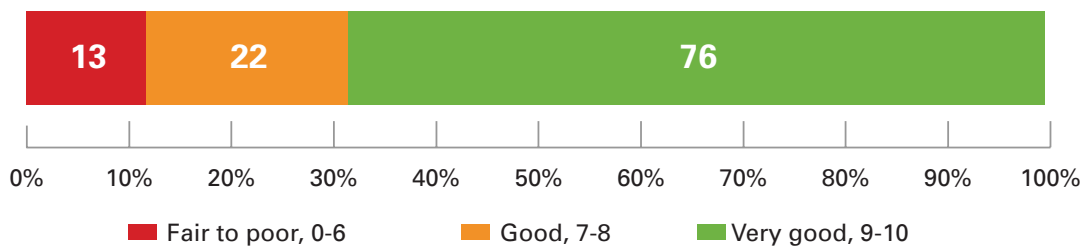


## In summary: what were patients' experiences of care on the ward?

'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.

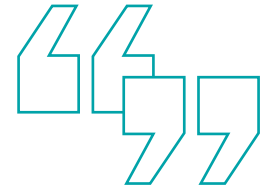
13 respondents (12%) said that their experience of care on the ward was fair to poor. However, 76 respondents (68%) reported having a very good experience during their stay on a ward in St. John's Hospital. Figure 4. summarises patients' experiences of care on the ward.

**Figure 4. Experience ratings for care on the ward**



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

- In general, the food offered in the hospital scored above the national average. 93 people (89%) said that they were always offered a choice of food at mealtimes.
- Q28 was the lowest scoring question for this stage of care; 32 people (45%) said that they experienced difficulties in finding someone in the hospital to talk to about their worries and fears.
- St. John's Hospital scored 8.6 out of 10 for care on the ward, which is higher than the national average score of 8.3 out of 10.



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

51 open-ended comments from St. John'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'. 16 of the comments offered suggestions for improvement. Some example comments for this stage of care are provided below.

### Staffing levels

"The nurses despite being overworked were extremely caring."

"Staff were under pressure, working very hard I may add. So I guess the usual answer to that is more staff-to allievate pressure and give more time to patients."

### Staff availability and responsiveness

"Was very sick from [Condition Type] and found nurses came as soon as they heard me being sick. Did not have to ring bell."

"One nurse spoiled my experience, just one. In my ward of six men if you told her you needed to pee and your bottle was full you were told I will get to you in a minute, when I am finished what I am doing. That minute = 20 minutes and beds were wet and nurse was not happy."

### Other staff

"Admission staff were very helpful"

### Food and drink

"The staff were all exceptionally friendly (save one nurse) and keen to help and make sure I was comfortable. The vegetarian food that I did eat (only one meal) was wonderful, and a great surprise. Better than anything I had eaten in a proper cafe or restaurant, very impressed, also with the choice too - well done!"

"More helpings of food. Very small portion at present."

## Cleanliness and hygiene

"The ward and toilet areas were very very clean. All the staff were very friendly."

"There was a possible source of damp spores alongside my bed."

## Quantitative results for questions on care on the ward

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



Figure 5. shows the scores out of 10 for each question. Q10 achieved a score of 9.5 out of 10; a total of 96 respondents (86%) from St. John's Hospital said the room or ward they stayed in was 'very clean'. Patients also remarked positively on the choice of food provided in the hospital (Q16), with 93 people (89%) reporting that they always received a choice of food at mealtimes.

The lowest scoring question (Q28) relates to communication with staff. 32 respondents (45%) said they could not, or only to an extent, find someone on the hospital staff to talk to about their worries and fears.

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

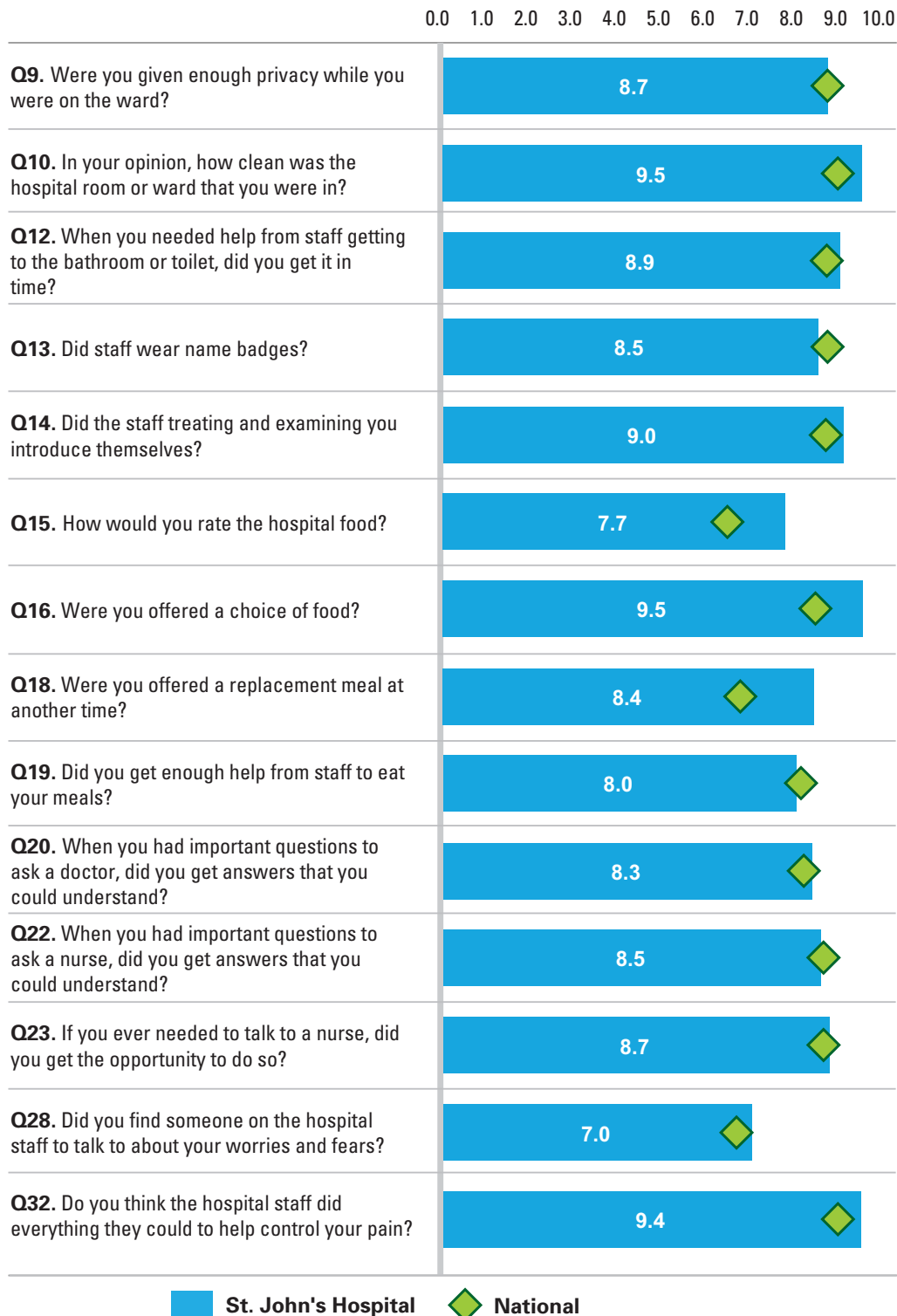
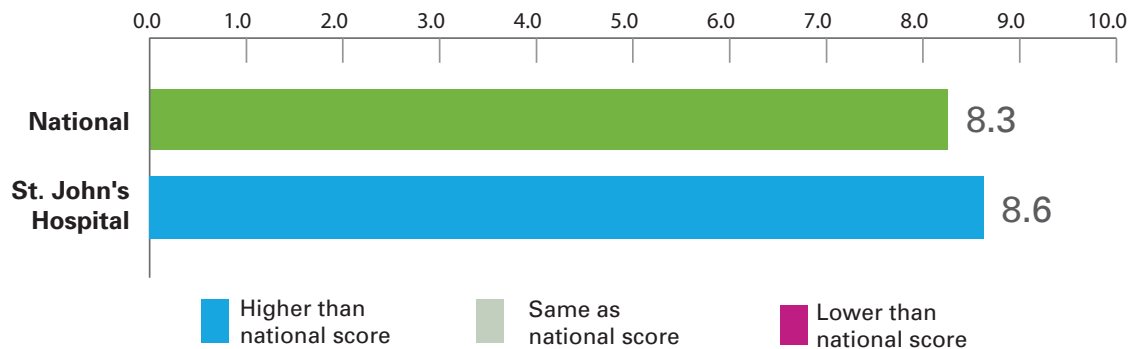


Figure 6. shows that, within the care on the ward stage, the average score for St. John's Hospital (8.6 out of 10) is significantly higher than the national average (8.3 out of 10). This means that patients who attended St. John's Hospital in May 2017 reported more positive experiences for this stage of care, in comparison to the national average.

**Figure 6. Comparison of St. John'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?

St. John's Hospital achieved higher than average scores for most survey questions on food, and performed particularly well as regards the choice of food provided to patients. Pain management and the cleanliness of rooms also received positive reports. However, patients were not always able to find a member of staff to talk to about their worries and fears. It was also noted that not all staff wore name badges, an area which achieved a below average score in St. John's Hospital. Overall, patients in the hospital reported a more positive experience of care on the ward than the national average.

# Examinations, diagnosis and treatment

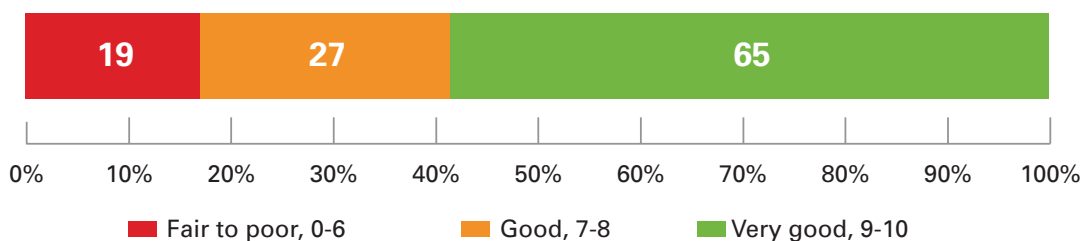


## In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

19 respondents (17%) said that their experience of examinations, diagnosis and treatment in St. John's Hospital was fair to poor. On the other hand, 65 respondents (59%) reported having a very good experience in this regard. Figure 7. summarises patients' experiences of examinations, diagnosis and treatment.

**Figure 7. Experience ratings for examinations, diagnosis and treatment**

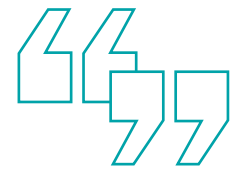


## What were the key findings?

- Many people said that they were given enough privacy when they were being examined or treated, with a score of 9.3 out of 10 for this question.
- The lowest rated question was Q38, which asked patients whether a member of staff explained how they could expect to feel after an operation or procedure. This question scored 7.4 out of 10. A total of 25 respondents (38%) said they did not always have enough discussion time.
- St. John's Hospital scored 8.1 out of 10 for examinations, diagnosis and treatment, which is the same as the national average score of 8.1 out of 10.

**"Very clean, very good food, very good [Nurse Type], nursing care very good. Thank you!!"**

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



57 open-ended comments were made about the following themes: 'nursing staff', 'doctors or consultants' and 'waiting time for planned procedures'. 4 of these comments were in response to Q60 which asked for suggestions for improvement. Some example comments for this stage of care are provided below.

### Nursing staff

"I found nursing staff very kind and caring and helpful very impressed with the patience and kindness shown to a patient with [Condition Name] in the ward. I experienced a friendly homely atmosphere in St. Johns Hospital during my stay there."

### Doctors or consultants

"My main consultants gave me great care and respect and treated me with dignity."

"Doctor came to put in an I.V. for drip and didn't use gloves in doing so"

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

### Thirteen questions asked about examinations, diagnosis and treatment

Figure 8. shows the scores out of 10 for each question in this stage. 97 (88%) of respondents who answered the question said they always received enough privacy when being examined or treated. Q31 was the highest scoring question for the stage, with a score of 9.3 out of 10 overall.

"Very good attention by staff pre and post op. Nice clean hospital."

The lowest scoring question (Q38) asked people whether a member of staff explained beforehand how they could expect to feel after their operation or procedure. Only 40 people (62%) who answered this question answered 'yes, definitely', with the remaining 25 (38%) answering 'no' or 'yes, to some extent'.

**Figure 8. St. John's Hospital scores for questions on examinations, diagnosis and treatment**

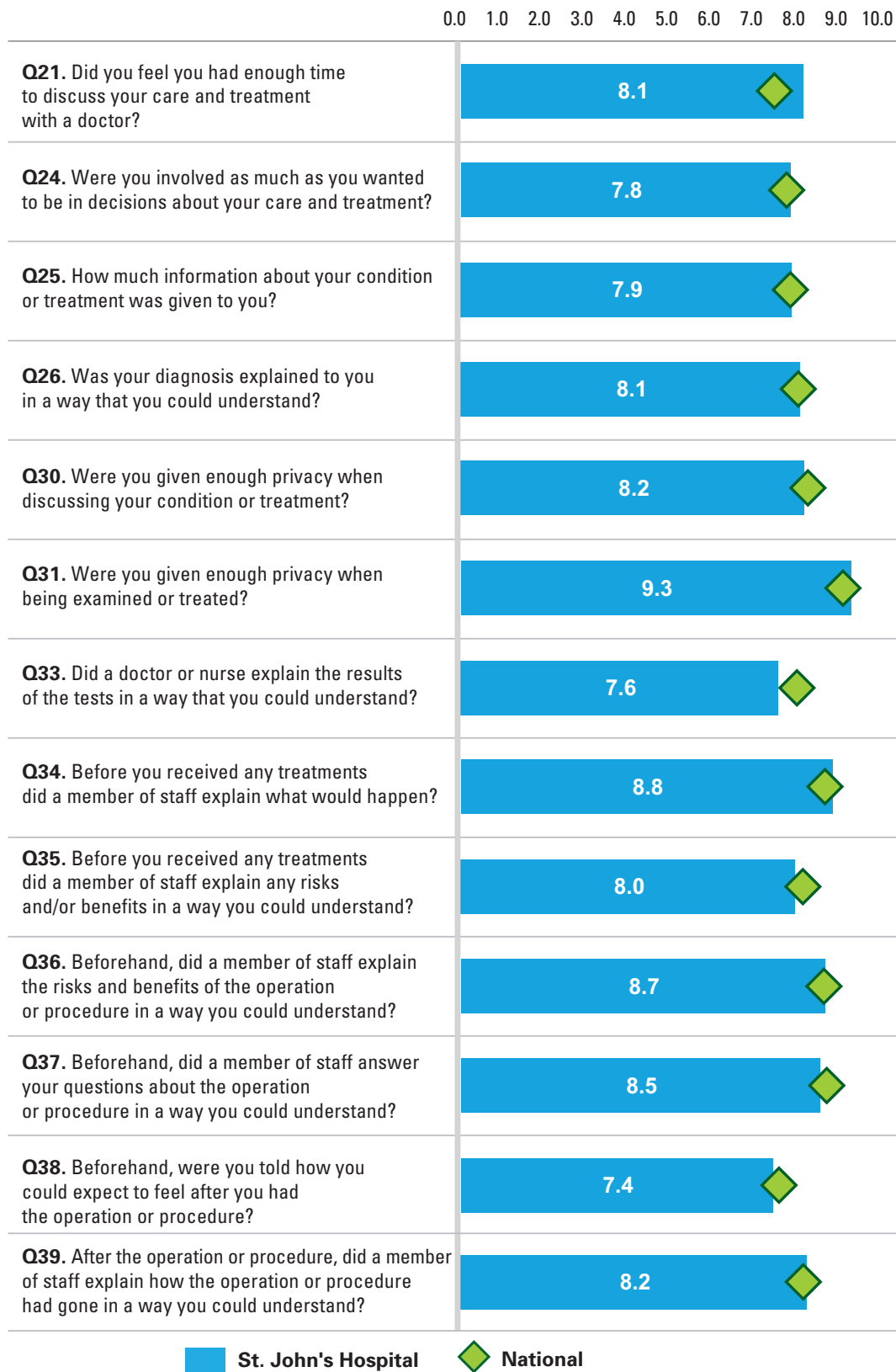
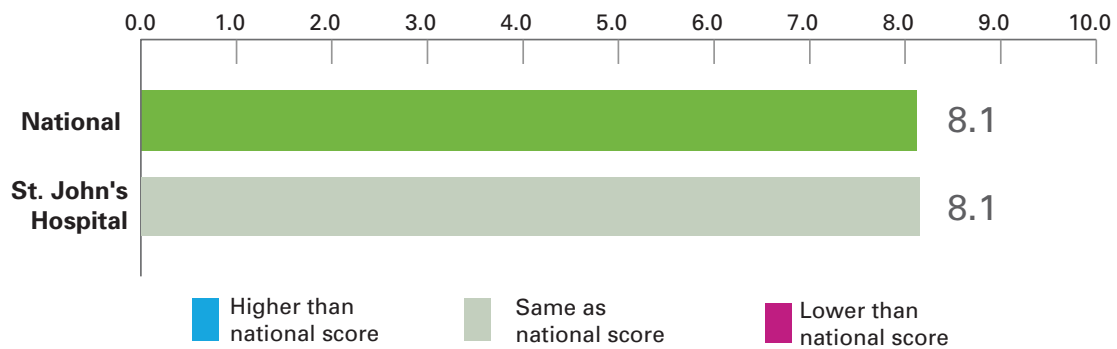




Figure 9. shows that, within the examinations, diagnosis and treatment stage, the average score for St. John's Hospital (8.1 out of 10) is around the same as the national average (8.1 out of 10). This means that patients who attended St. John's Hospital in May 2017 reported similar experiences to the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

**Figure 9. Comparison of St. John'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. John's Hospital reported very positively on the amount of privacy they were given when being examined and treated. They also said that they were told by a member of staff what would happen, before undergoing treatment. However, patients were slightly less positive about the explanations they received from staff about test results, and about how they could expect to feel after their operation or procedure. Some people also reported that they were not as involved as they wanted to be in decisions about their care and treatment and did not receive the right amount of information about their condition or treatment. These findings suggest that communication with patients about their care could be improved.

# Discharge or transfer

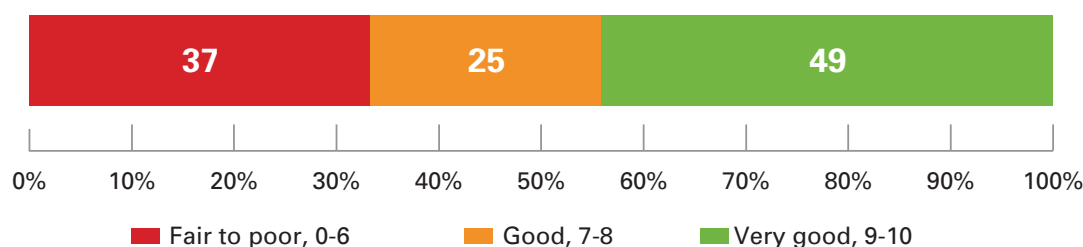


## In summary: what were the experiences of patients during discharge or transfer from hospital?

'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 111 people who rated their experience of discharge or transfer from St. John's Hospital, 37 (33%) said that their experience was 'fair to poor'. On the other hand, 49 (44%) reported having a very good experience of being discharged or transferred from the hospital. Figure 10. below summarises these experience ratings.

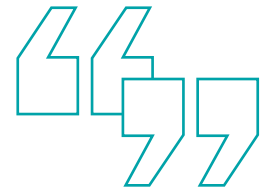
**Figure 10. Experience ratings for discharge or transfer**



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

- Out of 90 people, 67 (74%) said that a member of staff completely or to some extent explained the purpose of the medicines they were to take at home in a way they could understand.
- 54% of people who answered Q46 said that they were not told about medication side effects to watch for when they went home.
- St. John's Hospital scored around the same as the national average for this stage of care, with an overall score of 7.1 out of 10. This means that the experiences of patients in this hospital were similar to the national average for this stage of care.

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



In total, people from St. John's Hospital made 4 comments in the 2017 survey about 'discharge and aftercare management'. 3 of these comments were in response to Q60, which asked for suggestions for improvement. Some example comments for this stage of care are provided below.

### Discharge and aftercare

"The discharge procedure could be more organised & efficient."

"More help when you come home from hospital. If you have things happen give the name of a person that you can ring to speak to let you know what to do."

---

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

### Twelve questions asked about discharge or transfer

Out of 90 people, 67 (74%) said that a member of staff completely or to some extent explained the purpose of the medicines they were to take at home in a way they could understand.

45 people (54%) who answered Q46 said that they were not or were only to some extent informed about any medication side effects to watch for when they went home.

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

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

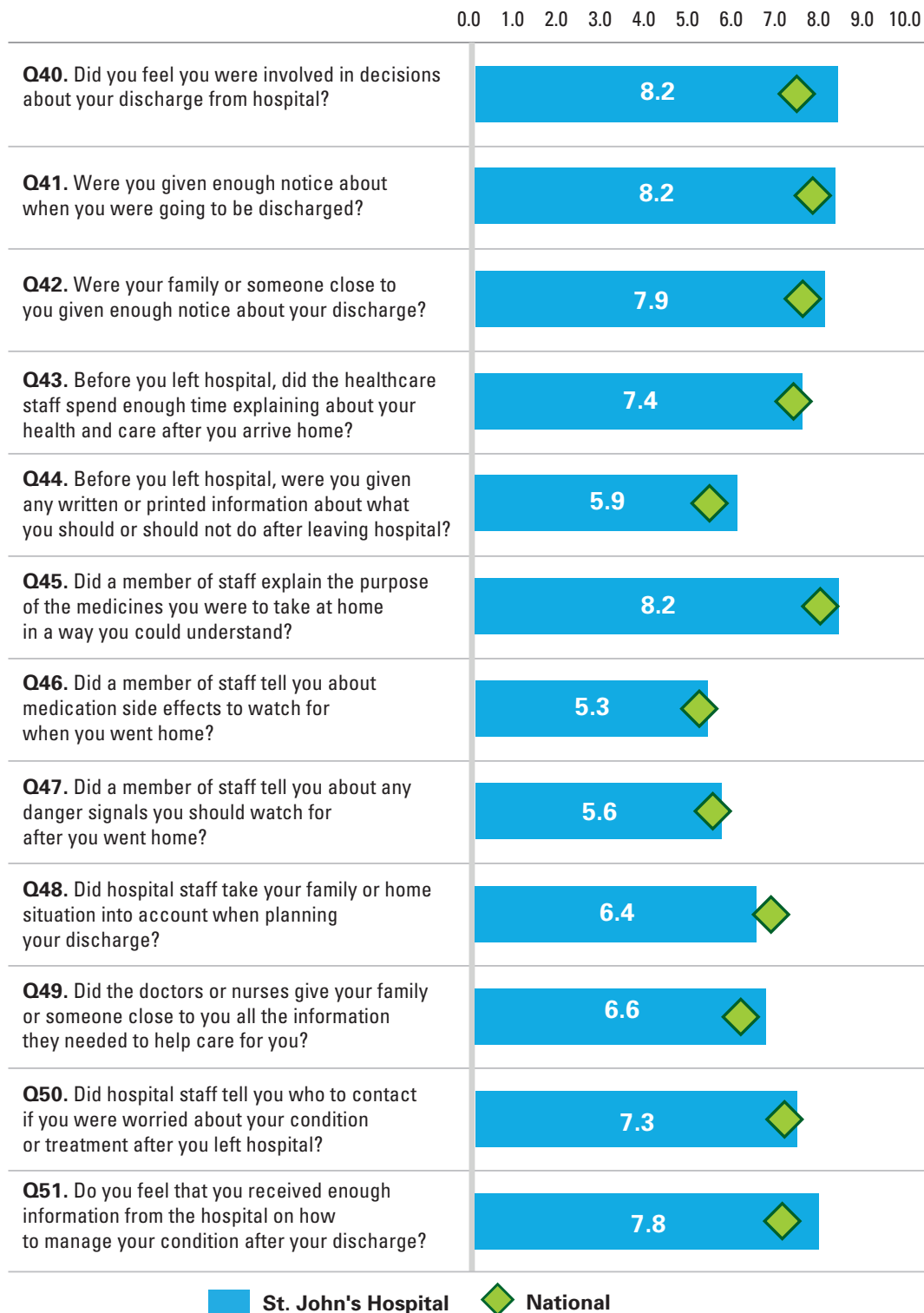


Figure 12. shows that within the discharge or transfer from hospital stage, the average score for St. John's Hospital (7.1 out of 10) is around the same as the national average (6.7 out of 10)<sup>4</sup>. This means that patients who attended St. John's Hospital in May 2017 reported similar experiences to the national average, for this stage of care.

**Figure 12. Comparison of St. John'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 require more information and support when leaving hospital and preparing to care for themselves at home. The results also indicate that more information and support is required for family members in order to help them care for the patient after leaving hospital.

<sup>4</sup> Though St. John's Hospital's 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?

- Q29 was the highest ranking question on other aspects of care (score of 9.6 out of 10). 92% of people said that they always had confidence and trust in the people treating them.
- Q27 was the lowest ranking question on other aspects of care (score of 7.6 out of 10). 33% of those who wanted their family involved said they were not, or were only to some extent, given sufficient opportunities to talk to a doctor.

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



80 open-ended comments were about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'clinical information and history' and 'private health insurance'. 27 of these comments were made in response to Q60, which asked for suggestions for improvement. Some example comments for this stage of care are provided below.

### Communication with patients

"The DR's, nurses, staff could not have been more friendly and the friendly DR's took away all fears explaining what to expect. The nurses were like brother and sisters to me."

"Doctors and nurses getting more time to spend with patient so they can explain and answer more."

**Dignity and respect**

"Was always treated with care and respect by consultants, doctors, nurses and all other members of staff at the hospital."

**Staff in general**

"All the staff were more than professional but extremely caring and helpful at all times which made my surgery a lot less stressful experience."

**Communication with family and friends**

"My husband would have like to talk to my Doctor but didn't or couldn't get the opportunity ie Doctor seemed to be too busy."

**Physical comfort**

"Just the noisy trollies at night. I wasn't sick enough to be too bothered about the noise but really sick patients would be deprived to much needed sleep."

**Hospital facilities**

"Automatic doors from entrance through the corridors would be a lot easier for elderly or special needs to get access to the main wards."

**Private health insurance**

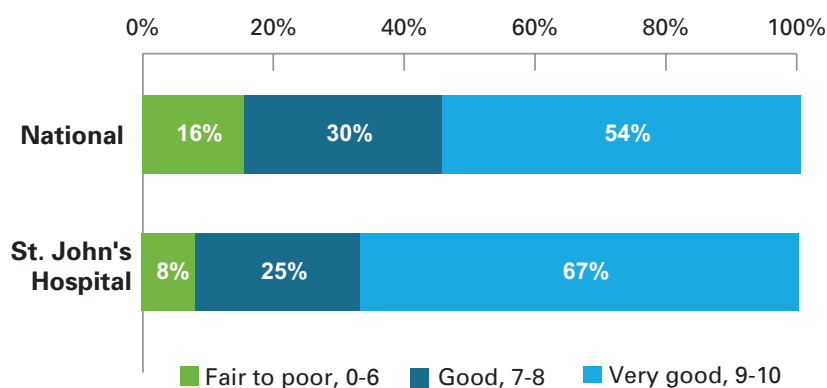
"I was in a Public Ward although I had insurance. So, bed allocation could be better."

## 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. John's Hospital in May 2017. Overall, 98 people (90%) said that they were always treated with respect and dignity, while one person (1%) said that they were not. This question scored an average of 9.4 out of 10, meaning that, in general, people reported a positive experience of this aspect of care.

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

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



**Question 29** asked people if they had confidence and trust in the hospital staff treating them. 101 people (92% of all people who answered Q29) said that they always had confidence and trust in the hospital staff, while 9 people (8%) said that they did not.

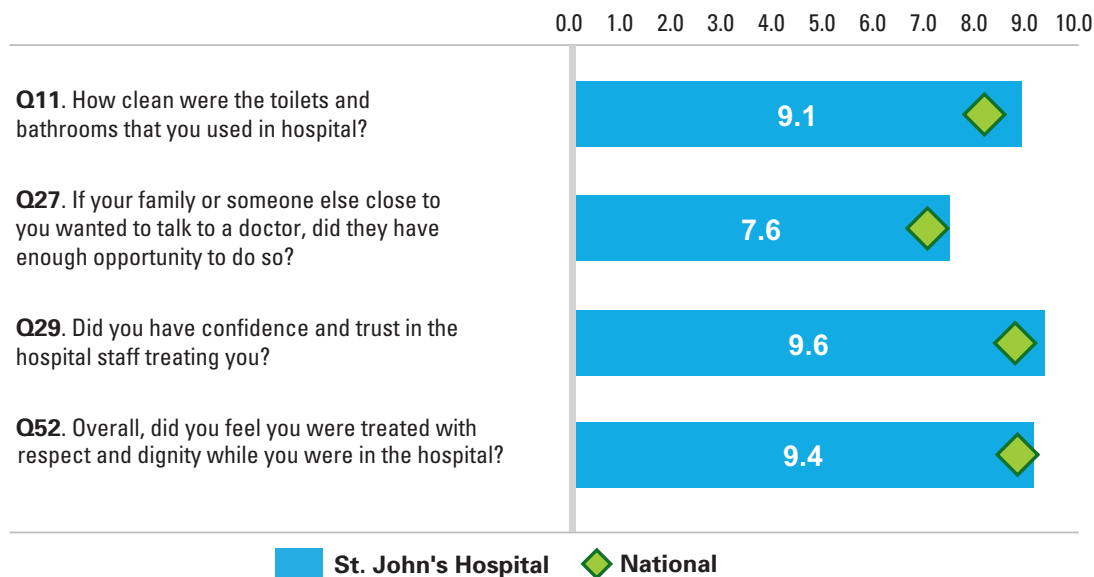
**Question 11** asked people about the cleanliness of the bathrooms and toilets in St. John's Hospital. While 84 people (76% of people who answered Q11) said that the bathrooms and toilets were very clean, two people (2%) said that they were not very clean or not at all clean.

**Question 27** asked people if their family or someone close to them had sufficient opportunities to talk to a doctor in St. John's Hospital. Out of 79 people, 53 (67%) said that their family or people close to them definitely had sufficient opportunities to talk to a doctor. However, 26 people (33%) said that their family or friends did not or only had to some extent.



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

**Figure 14. St. John's Hospital scores for questions on other aspects of care**



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

The majority of people said that they were treated with respect and dignity and had confidence in the hospital staff treating them. Most of St. John's Hospital's scores on these questions were slightly above the national average. These areas are very important as they are strongly linked with patients reporting a positive overall experience. Patients in St. John's Hospital reported challenges as regards opportunities for their family or someone close to them to talk to a doctor.



## Chapter 3

# Overall experience

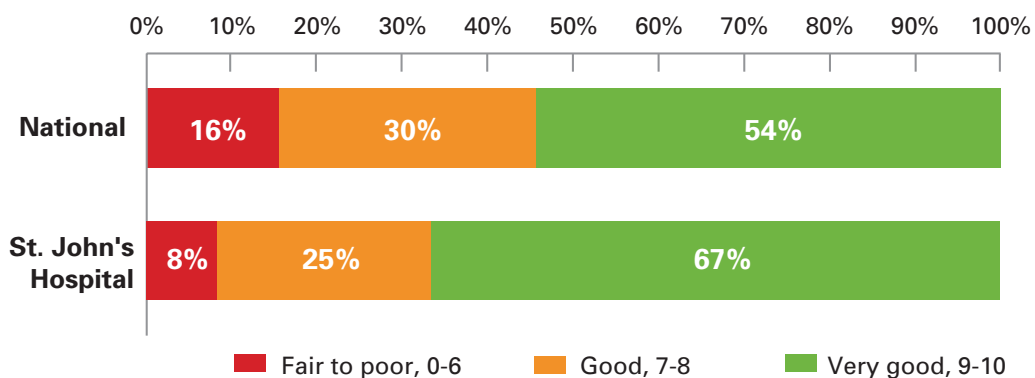
### Ratings of overall experience

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 15. below, the average overall rating of hospital experience for St. John's Hospital is compared with the national average.

64 people (67%), who stayed in St. John's Hospital in May 2017 reported having a very good experience in this hospital, while 8% of respondents indicated a fair to poor experience in St. John's Hospital.

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



# 4

## Chapter 4 Conclusion

### What were patients' experiences of hospital care in St. John's Hospital in May 2017?

Overall, patients' ratings of their experiences at St. John's Hospital were above the national average. 92% of patients at St. John's Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

Patients who stayed in St. John's Hospital in May reported very positively on the food they received, including the choice of food that is available to patients. Most patients also had positive experiences in terms of pain management, the cleanliness of wards and bathrooms, and the majority of people were given enough privacy while being examined or treated. Furthermore, the hospital achieved above average scores for a number of questions during the discharge or transfer stage of care; most patients said that they were informed of the purpose of their medication and felt that they were involved in decisions about their discharge.

Nevertheless, the survey found a number of areas for improvement in the hospital. Some patients reported challenges as regards their understanding of the explanations given by staff about their procedures and test results. Many people were not involved as much as they wanted to be in decisions about their care and treatment, highlighting the need to place a greater emphasis on listening to the voice of the patient.

While the hospital achieved above average scores for many questions on the discharge or transfer stage, improvements are required as regards the information given to patients about the danger signals to watch out for at home and also the side effects of their medication.

Respect and dignity is linked to how patients rate their overall experience in hospital. Even though the majority of people reported that they were treated with respect and dignity, the hospital achieved below average results for this stage, which highlights the need for improvement in this area.

These findings will serve to inform quality improvement initiatives in St. John'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. 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](http://www.patientexperience.ie) in December 2017.

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

# 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?   |
| 22  | When you had important questions to ask a nurse, did you get answers that you could understand?  |

| No. | Question   |
|-----|--|
| 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? |
| 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?  |

| No. | Question  |
|-----|---|
| 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](http://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.

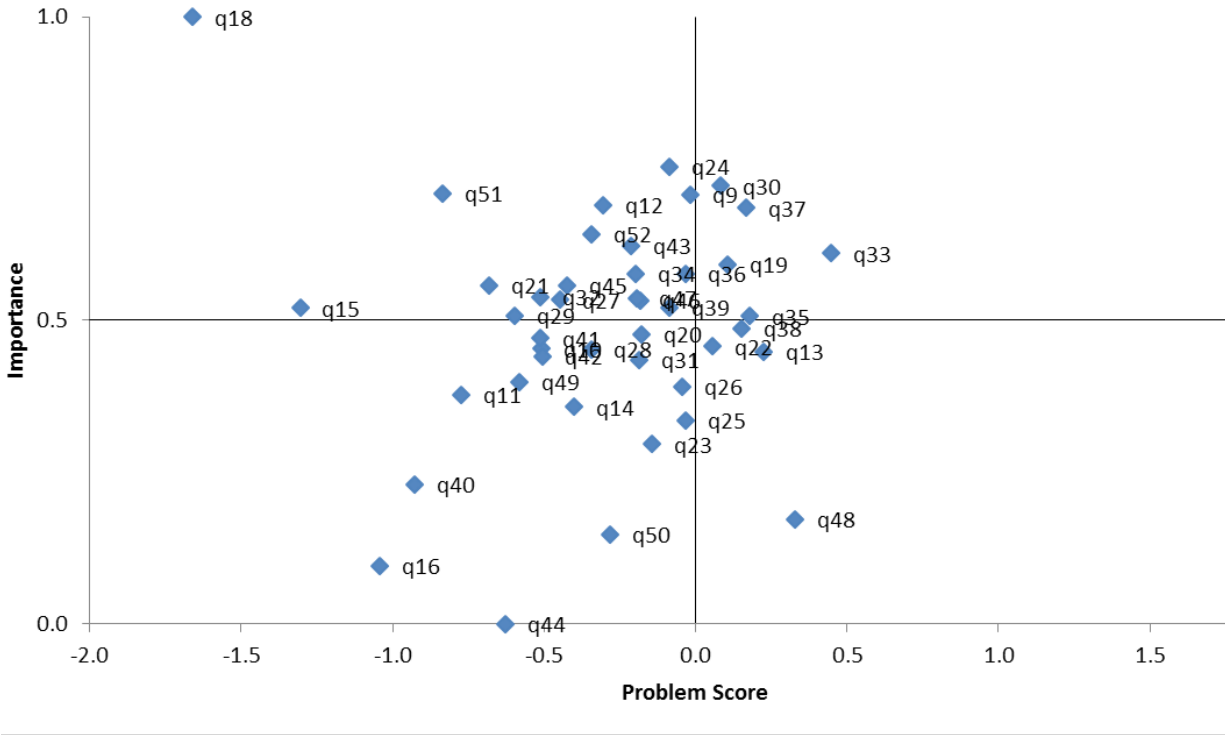
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected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

Figure 16. Overall patient experience map for St. John'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 four stages of care<sup>5</sup>: care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other stages of care. Scores are presented for individual questions making up a stage of care. The responses to questions in each stage were also summarised to form overall scales ranging from 0-10.

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

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

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

## The Emergency Department

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

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

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

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

| Respondent           | Score     |
|----------------------|-----------|
| 1                    | 10        |
| 2                    | 10        |
| 3                    | 5         |
| 4                    | 0         |
| 5                    | 5         |
| <b>Sum of scores</b> | <b>30</b> |

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

## Comparing groups

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

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

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

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

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

## How was the survey data analysed and reported?

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

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

### Analysing open-ended comments

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

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

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

## Glossary

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

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

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

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

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

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

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

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

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

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

