



National Patient Experience Survey 2017

St. Luke's General Hospital

We're committed to excellence in healthcare



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

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

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

Very good 9 - 10

Good 7 - 8

Fair to poor 0 - 6

National Patient Experience Survey

St. Luke's General Hospital

47% of 678 eligible patients took part

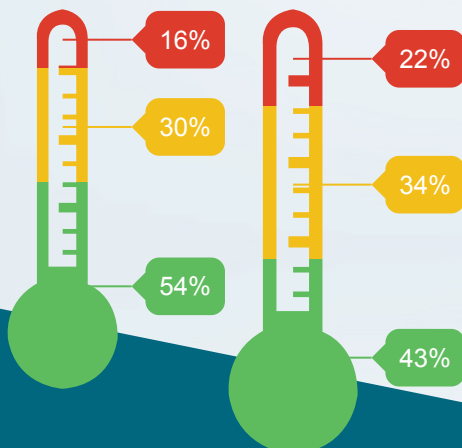
50% female
50% male

90% entered hospital on an emergency basis

Average age:
63 years

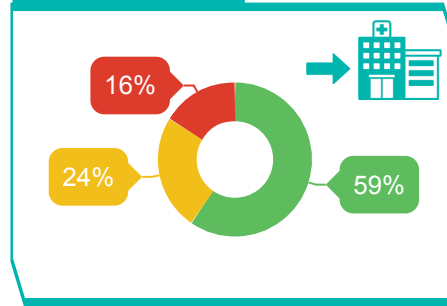
Overall experience

Nationally This hospital

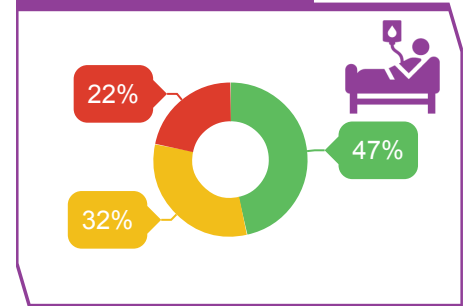


Stages of care

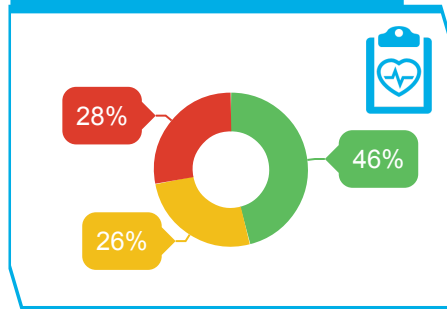
Admission



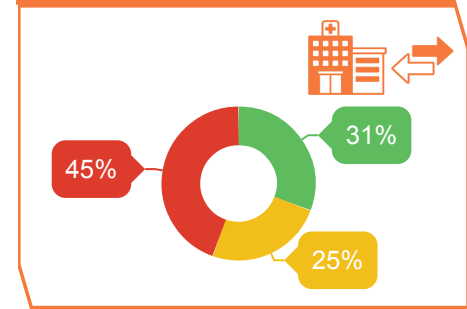
Care on the ward



Examinations, diagnosis & treatment

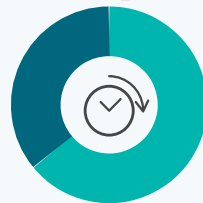


Discharge or transfer



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

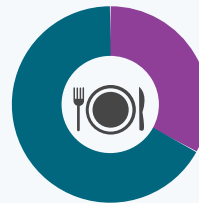
Waiting time



64%

waited for more than six hours before being admitted to a ward.

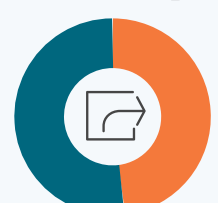
Food



33%

rated the food as poor or fair.

Discharge



48%

said that their family or home situation was not always taken into account when planning their discharge.

Areas of good experience

87%



of people said they were always treated with respect and dignity in the emergency department.

Areas needing improvement

37%



of people said they were not always given enough privacy while on the ward.

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. Luke's General Hospital

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Chapter 1

Patients' experiences of acute hospital care in St. Luke's General Hospital

About the National Patient Experience Survey 2017

The National Patient Experience Survey is a new national survey, asking people for feedback on their recent stay in a public acute hospital. This survey will run on an annual basis and is a partnership between the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. The survey was developed with the involvement of Patient Focus, a patient advocacy organisation, in order to ensure that patients were central to the design and execution of the survey.

Nationally, 26,635 people were invited to participate in the first National Patient Experience Survey in 2017. In total, 13,706 people took part. The results outlined in this report reflect the experience of patients who were discharged from St. Luke's General Hospital during the month of May 2017. In total, 320 participants from St. Luke's General Hospital took part in the survey.

The survey asked 61 questions, based on five stages of care along the patient journey in hospital: admissions; care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other aspects of care. Three of the questions asked respondents for written comments about what was good about the care they received and what could be improved. The list of questions from the National Patient Experience Survey can be found in Appendix 1. It is important to note that patients did not always answer every question so there is variation in the number of responses to each question.

This survey is part of the National Patient Experience Survey Programme, which aims to help improve the quality and safety of healthcare services provided to people in Ireland. A more detailed background to the survey programme can be found in Appendix 2.

The National Patient Experience Survey values and seeks to represent the patient voice, which is a fundamental principle of patient-centred care. The survey acknowledges both positive and negative experiences, as told by the 320 patients from St. Luke's General 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

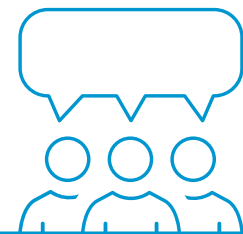
St. Luke's General Hospital is a public acute hospital located in Kilkenny. There were 210 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 678 eligible discharges were recorded during this time. St. Luke's General Hospital has an emergency department. Patients at this hospital were asked to answer questions across each stage of care.

Purpose of this report

The purpose of this report is to present the key findings of the National Patient Experience Survey, based on the experiences of patients who stayed in St. Luke's General 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. Luke's General Hospital. A quality improvement plan will be developed by St. Luke's General Hospital in response to the survey results and will be publicly available from www.patientexperience.ie in December 2017.

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



Who took part in the survey?

Description of the respondents who took part in the survey

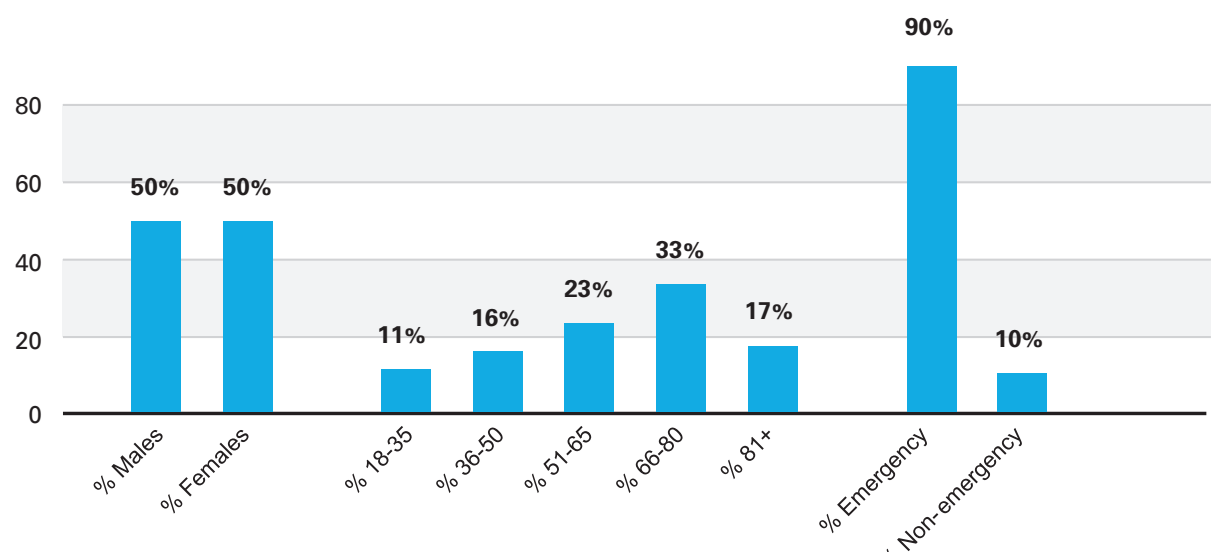
678 people discharged from St. Luke's General Hospital during the month of May 2017 were invited to participate in the survey.

320 people completed the survey, achieving a response rate of 47%.

50% of people who responded to the survey in St. Luke's General Hospital were male and 50% were female, with the majority of respondents (90%) entering hospital through the emergency department.

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

Figure 1. Survey participants for St. Luke's General Hospital



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



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

The survey found that, overall, patients in St. Luke's General Hospital were given privacy and treated with respect and dignity while in the emergency department. Patients were also more positive than the national average about the quality of food they received. However, patients reported lengthy waiting times in the emergency department, with the majority saying they waited for more than the recommended six hours before being admitted to a ward. Previous research has found that long waits in the emergency department can lead to negative consequences for the health of affected patients.

In contrast to the positive experiences of privacy in the emergency department, privacy on the ward appeared problematic. Patients reported below-average experiences of general privacy on the ward, as well as a lack of privacy when discussing their condition or treatment. In addition, a number of patients said that they did not have enough time to discuss their care or treatment with a doctor. Issues relating to discharge were also highlighted as requiring improvement, with many feeling that staff did not take their family or home situation into account when planning their discharge. While many reported being treated with respect and dignity during their time in hospital, St. Luke's General Hospital performed below the national average for this question, which is strongly related to how patients rate their experience overall. It is thus a priority for improvement.

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

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

This section lists the areas where patients had positive experiences, and details those areas where there is the most room for improvement.

Appendix 3 explains how these areas were identified.

The areas of good experience in St. Luke's General Hospital are:

Patients gave positive reports on some aspects of their experiences in the emergency department, particularly in relation to privacy while being examined or treated, and being treated with respect and dignity. Ratings for hospital food were also above the national average.

Admission | Q5.

Privacy while being examined or treated

Of the 269 people who answered the question, 227 (83%) said they were definitely given enough privacy while being examined or treated in the emergency department.

Admission | Q6.

Respect and dignity in the emergency department

Of the 274 people who answered the question, 239 (87%) said they were always treated with respect and dignity in the emergency department.

Care on the ward | Q15.

Food rating

201 of the 297 people who answered the question (68%) said the hospital food was 'good' or 'very good'.

The areas needing improvement in St. Luke's General Hospital:

Patients' experiences of privacy on the ward and while discussing their condition and treatment were highlighted as areas needing improvement. Patients also gave comparatively low ratings of the time they had to discuss their care with a doctor, and the extent to which their family or home situation was taken into account prior to their discharge. Patients' experiences of being treated with respect and dignity was below the national average.

Care on the ward | Q9.

Privacy on the ward

115 of the 305 people who answered the question (37%) said they were not or were only sometimes given enough privacy while on the ward.

Examination, diagnosis and treatment | Q21.

Time to discuss care and treatment with a doctor

Of the 307 people who answered this question, 155 (50%) said that they did not or only sometimes, had enough time to discuss their care or treatment with a doctor.

Examination, diagnosis and treatment | Q30.

Privacy when discussing condition or treatment

114 of the 307 people who answered the question (37%) said they were not or were only sometimes given enough privacy while discussing their condition.

Discharge or transfer | Q48.

Consideration of home/family situation

Of the 200 people who answered this question, 94 (48%) said that their family or home situation was not or was only to some extent taken into account when planning their discharge.

Other aspects of care | Q52.

Respect and dignity

72 of the 301 people who answered this question (24%) said that they were not or were only sometimes treated with respect and dignity. This was below the national average.



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.

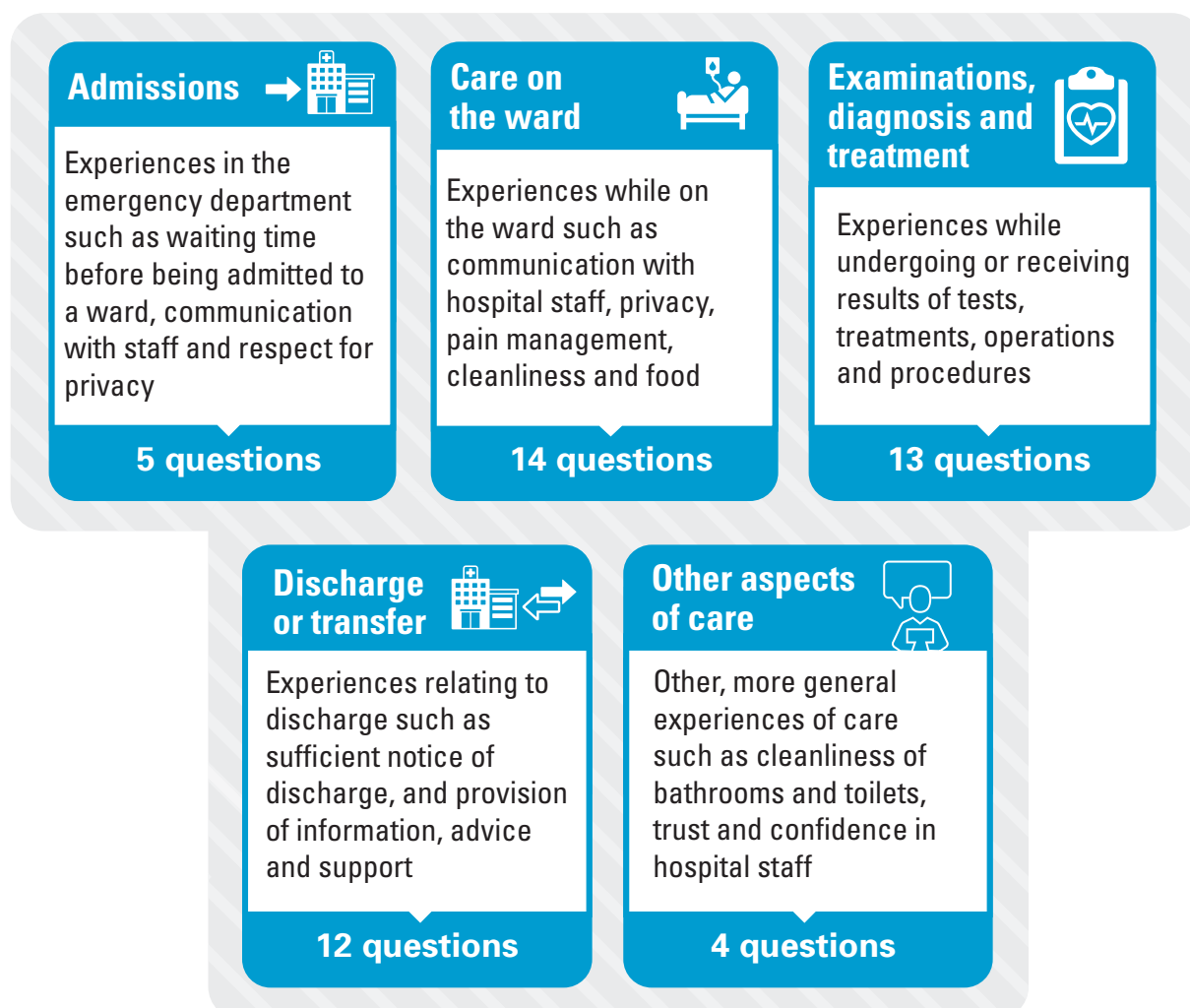
The survey questions were grouped into five stages along the patient journey:

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

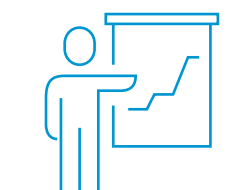
"Despite being very unwell, my overall experience was very pleasant."

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

Rating	Count
Very good, 9-10	5234
Good, 7-8	2775
Fair to poor, 0-6	5315

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

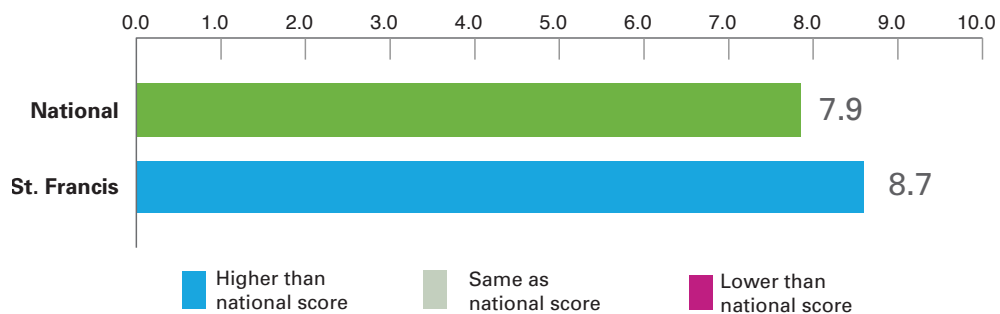
Question	Score
Q11. How clean were the toilets and bathrooms that you used in hospital?	8.4
Q27. If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?	7.2
Q29. Did you have confidence and trust in the hospital staff treating you?	9.0
Q52. Overall, did you feel you were treated with respect and dignity while you were in the hospital?	9.0

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

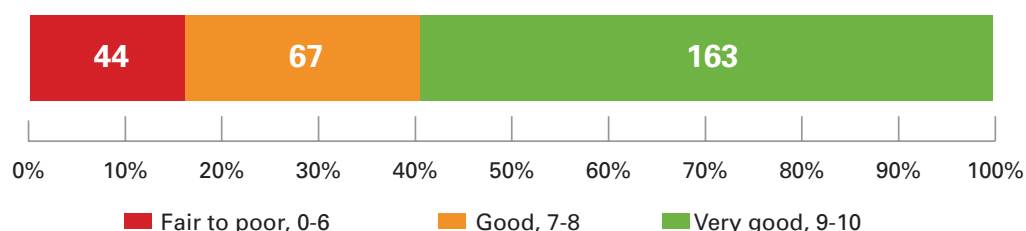


In summary: what were patients' experiences of the admissions process?

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

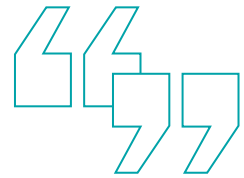
44 people (16%) reported a 'fair to poor' experience of admission. However, 163 people (59%) who attended during the same period rated their experience as 'very good'. Figure 4. below summarises these experience ratings.

Figure 4. Experience ratings for admissions



What were the key findings for admissions?

- 161 people (64%) reported that they waited for more than six hours in the emergency department before being admitted to a ward, falling well short of the HSE target for waiting times.
- Of the 274 people who answered the question, 239 (87%) said they were always treated with respect and dignity in the emergency department.
- 153 comments were made in relation to admission to hospital, with 53% of these in response to Q60, which asked for suggestions for improvement
- St. Luke's General Hospital scored 8.3 out of 10 overall for this stage of care, which is higher than the national score of 7.9 out of 10. This means that patients at St. Luke's General Hospital had a more positive experience of the admissions stage than the national average.



The patient voice: what patients said about admissions

Patients discharged from St. Luke's General Hospital made 153 comments about the following themes: 'dignity, respect and privacy', 'communication with the patient', and 'emergency department environment and waiting times'. Some examples are provided below.

53% of these comments were suggestions for improvement.

Dignity, respect and privacy

"I couldn't thank the staff enough for the treatment I was given. I was dealt with a lot of care and discretion."

"I was examined on a chair beside other patients... I was placed on a corridor overnight with a curtain that either covered the top of bed or bottom, not long enough. There was also a security camera overhead."

Communication with the patient

"A&E were very good and kind. My doctor was very nice and explained everything, always had time to chat."

"The way doctors speak and give information to patients. I had to sleep on a corridor under air conditioning and got a cold as a result. Doctors did not communicate to each other as I was given conflicting information about my results. I am still none the wiser."

Emergency department environment and waiting times

"The new ER department was very good, gave confidence to be in up to date surroundings."

"I was, and other patients too, spending good lot of time on the corridor of the A&E department and at the ward too, before I had a bed (almost half a day). Some people longer. Not a great place to be when you are sick."

Quantitative results for questions on admissions

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

274 people (87%) from St. Luke's General Hospital said that they were always treated with respect and dignity in the emergency department. This question achieved a score of 9.3 out of 10, making it the highest performing area in this stage of care.

However, 113 people (44%) who answered Q4 did not have or had only to some extent their condition explained by a doctor or nurse in a way that they could understand. This was rated as the joint-lowest scoring question, with a score of 7.5 out of 10. The question on emergency department waiting times also scored 7.5 out of 10 and will be discussed in more detail later in this chapter.

"Through no fault of the staff, the hospital was not able to handle the amount of people in A&E. The hospital is too small and understaffed"

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

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

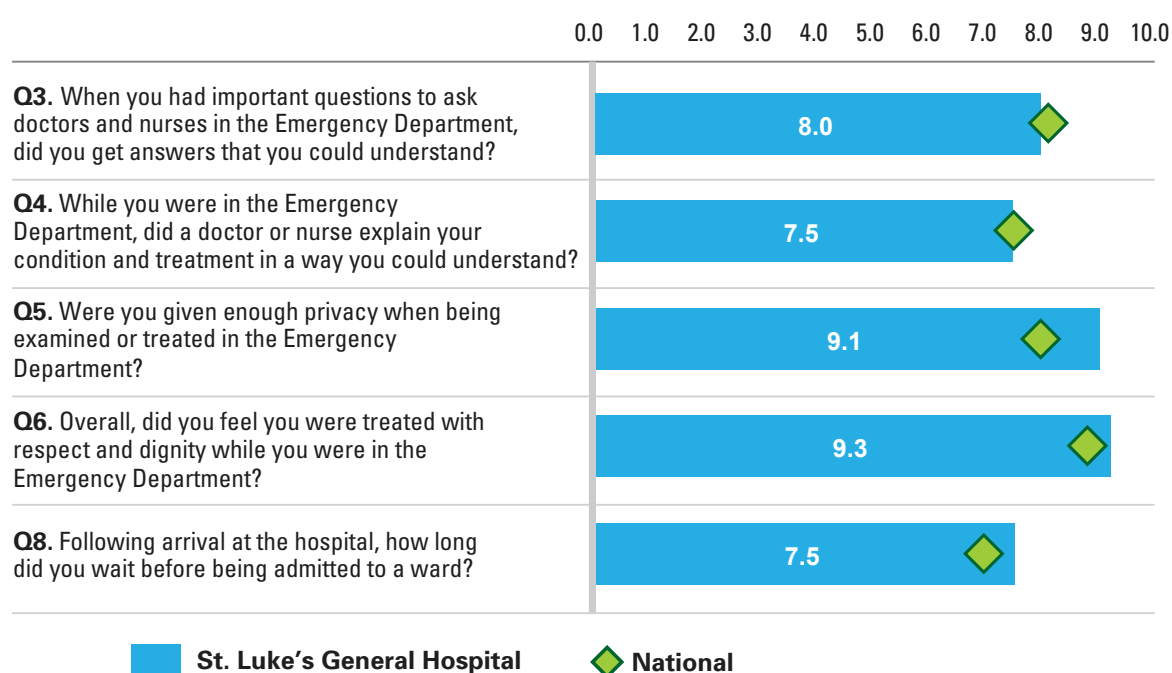
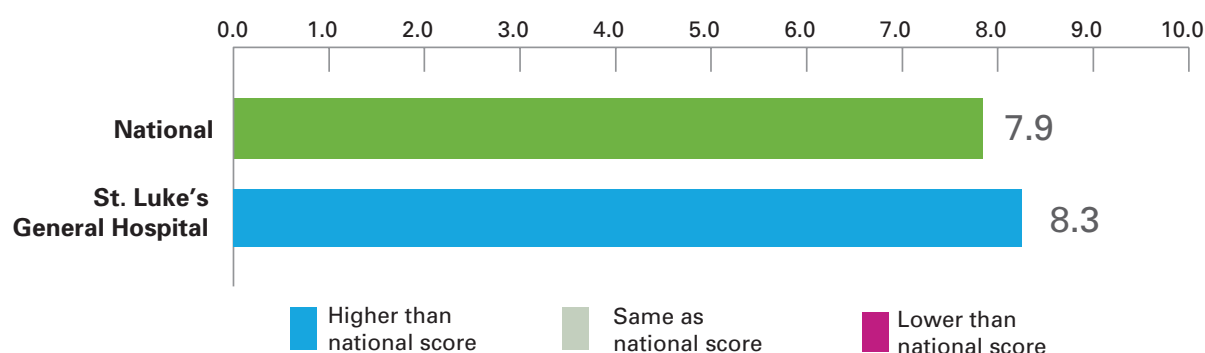


Figure 6. shows that, within the admissions stage, the average score for St. Luke's General Hospital (8.3 out of 10) is higher than the national average score (7.9 out of 10). This means that patients who attended St. Luke's General Hospital had a more positive experience during the admissions process in comparison to the national average.

Figure 6. Comparison of St. Luke's General Hospital with the national average score for admissions (out of a maximum of 10).



Emergency department waiting times

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

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

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

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

The HSE measures emergency department waiting times differently to the survey, namely from the time a patient registers at the emergency department until they leave it. It is likely that there are some differences between survey findings and the official HSE figures.¹

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

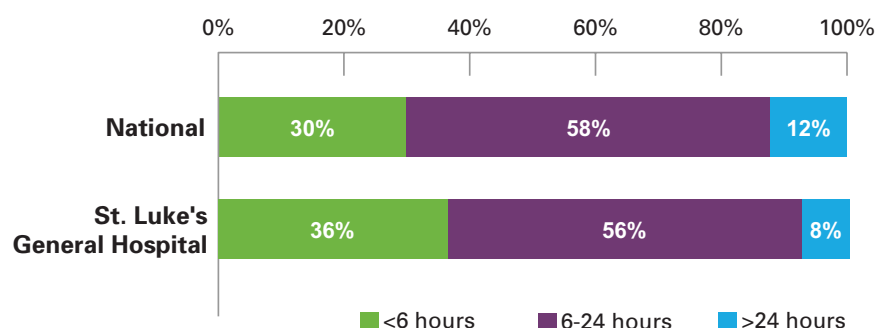
In St. Luke's General Hospital, 92 people (36%) said they were admitted to a ward within six hours of arriving at the emergency department. 142 respondents (56%) reported waiting between six and 24 hours. 19 people (8%) reported waiting for 24 hours or more in the emergency department before being admitted to a ward, with four of these saying they waited for more than 48 hours.

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

What does this mean for St. Luke's General Hospital?

With 36% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that St. Luke's General Hospital performed better than the national average, where 30% of people said that they were admitted within six hours of arriving. However, patient-reported waiting times in St. Luke's General Hospital fell short of the HSE target for waiting times. Studies have found that long waiting times in the emergency department after a decision has been made to admit a patient can have negative consequences for patient's health^(1,2).

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



Admissions: what do these results mean?

St. Luke's General Hospital performed better than the national average for emergency department waiting times but still fell short of the target set by the HSE. People reported slightly better than average experiences of privacy while being examined or treated in the emergency department, and being treated with respect and dignity. Overall, patients at St. Luke's General Hospital had a more positive experience of this stage of care than average.

Care on the ward

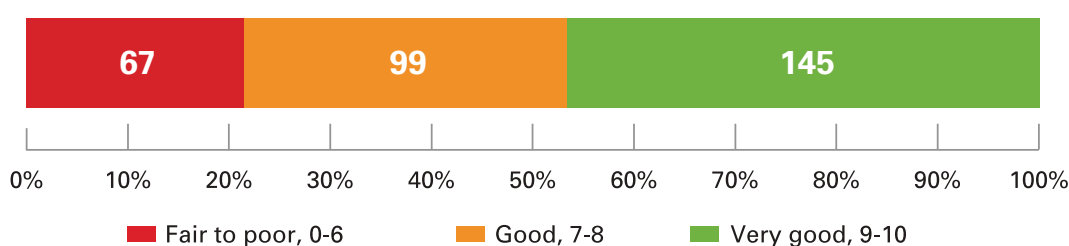


In summary: what were patients' experiences of care on the ward?

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

Out of the 311 people who rated their experience of care on the ward, 67 people (22%) reported having a 'fair to poor' experience during their stay on a ward in St. Luke's General Hospital. On the other hand, 145 people (47%) reported having a very good experience during their stay on a ward in May 2017. These experience ratings are summarised in Figure 8. below.

Figure 8. Experience ratings for care on the ward



What were the key findings for care on the ward?

- Out of 243 people, 196 (81%) said that staff definitely did everything they could to control their pain.
- 47 of the 201 people who answered Q28 (23%) said they did not find someone to talk to about their worries and fears.
- 223 comments were made in relation to care on the ward, 35% which were received for Q60, which asked respondents for suggestions for improvement.
- People in St. Luke's General Hospital rated their experience of care on the ward as 7.9 out of 10, which compares with the national average of 8.3 out of 10. This means that people in the hospital had a less positive experience than patients nationally.

"Staff were very considerate and helpful in all areas of treatment."



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

In total, patients discharged from St. Luke's General Hospital made 223 comments in the 2017 survey about: 'staffing levels', 'staff availability and responsiveness' 'other healthcare staff', 'other staff', 'food and drink', 'cleanliness and hygiene'. Some example comments are provided below. 35% of the comments were received for Q60, which asked respondents for suggestions for improvement.

Staffing levels

"The nursing staff were always obliging and made every effort to engage with the patients and give as much time as they could to everyone despite being extremely busy. All of the staff were courteous and considerate."

"If our healthcare is to carry on at this level they must get more staff, if not there will be a big burnout."

Staff availability and responsiveness

"The nursing staff very attentive and helpful, caring and answered questions — never gave the impression that they were in a hurry despite being on a busy ward."

"I was pulling the emergency bell for an hour and a half with no reply until a patient screamed for a nurse."

Other healthcare staff

"A male care assistant on night duty when I was admitted to a bed on the corridor & left unattended could see I was distressed & in pain & attended to me in a caring & polite manner."

"More staff needed"

Other staff

"The kindness of the people (most of them) who looked after me, and the kindness can be found between the different levels. It was there from the catering staff, from the nurses, from the doctors, from the people who take you to the wards."

"The bathrooms were not clean. I would have an issue with health & safety. Overall, the staff (cleaning) did not seem to have been properly trained for hospital cleaning. I suggest that proper training be quickly put in place."

Food and drink

"The food was good and a good variety."

"The food, particularly breakfast. The porridge was atrocious, Weetabix not far behind and each had same taste. Toast? Portions too small."

Cleanliness and hygiene

"The new part of the hospital is amazingly beautiful and clean and [meets] high standards."

"I was placed in a mixed ward with 12 beds. There were 2 toilets and 1 shower for the ward with the result the toilets and shower room were filthy and in constant need of attention. Surely in this day and age that can be improved, very little privacy."

Quantitative results for questions on care on the ward

Fourteen questions asked about care on the ward.



196 people (81%) said that staff definitely did everything they could to control their pain. The lowest scoring question relates to finding someone to talk to about worries and fears. 47 people (23%) said they did not find someone to talk to.

"The staff were run off their feet very busy — more staff"

Figure 9. below summarises the scores for St. Luke's General Hospital for the care on the ward stage.

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

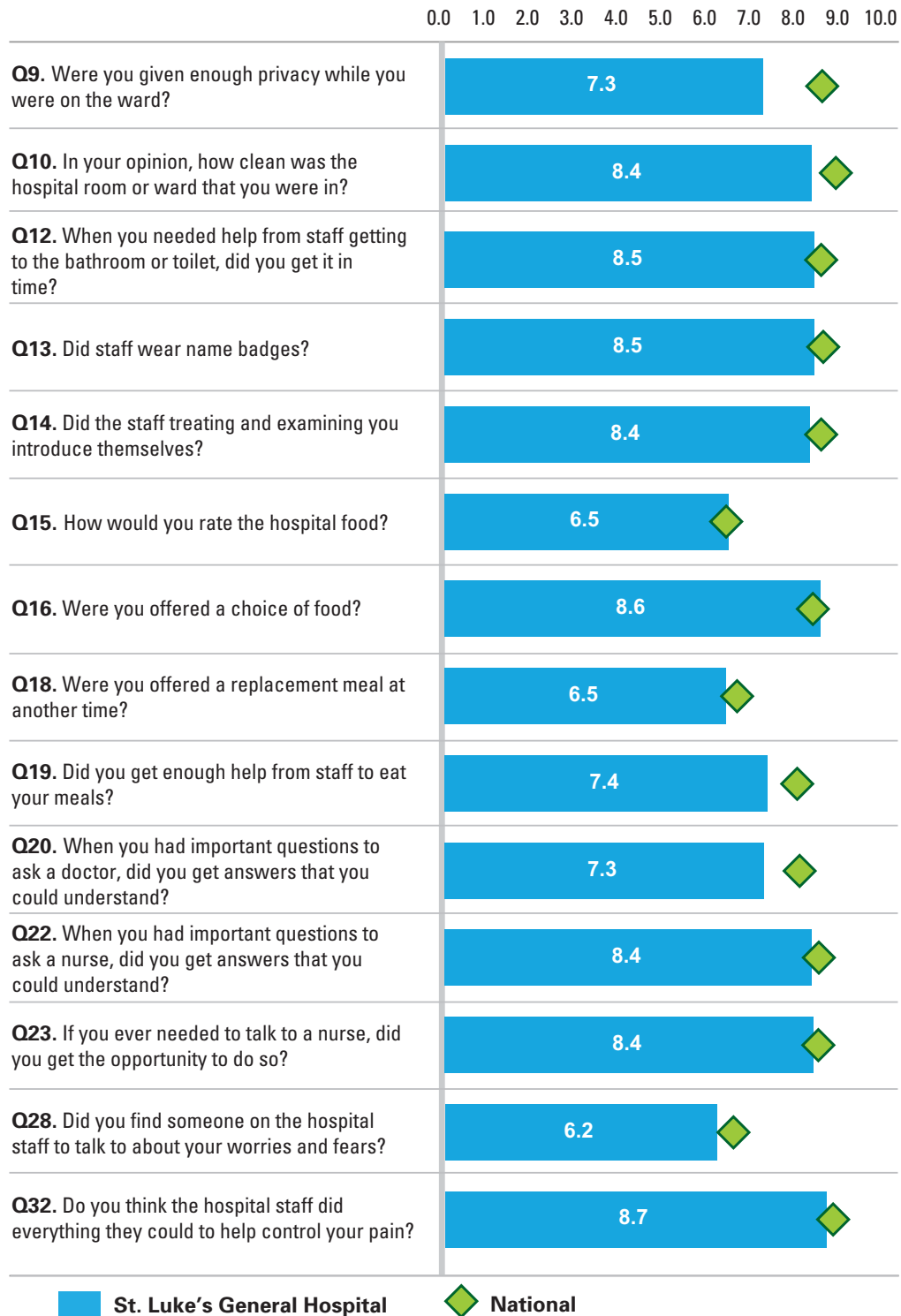


Figure 10. shows that within the care on the ward stage the average score for St. Luke's General Hospital (7.9 out of 10) is lower than the national average score (8.3 out of 10). This means that patients who attended St. Luke's General Hospital in May 2017 reported a less positive experience of care on the ward in comparison to the national average.

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



Care on the ward: what do these results mean?

People had mixed experiences of care on the ward in St. Luke's General Hospital. The majority of patients who responded to the survey said that staff did everything they could to control their pain. Patients were less positive about the privacy they experienced on the ward, and as regards being able to find a member of staff to talk to about their worries and fears. The scores for both of these questions were below the national average.

Examinations, diagnosis and treatment

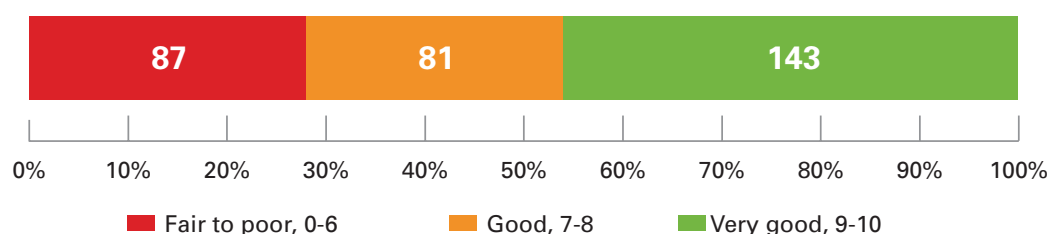


In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

311 people rated their experience of examinations, diagnosis and treatment in St. Luke's General Hospital, with 87 (28%) reporting that they had a 'fair to poor' experience. However, 143 (46%) rated their experience during this stage of care as 'very good'. These experience ratings are summarised in Figure 11. below.

Figure 11. Experience ratings for examinations, diagnosis and treatment

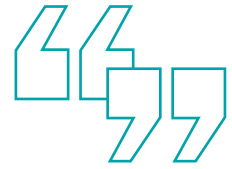


What were the key findings for examinations, diagnosis and treatment?

- Out of 306 people who answered the question, 242 (79%) said they were always given privacy when being examined or treated in St. Luke's General Hospital.
- However, even though 50% of people said that they definitely had enough time to discuss their care and treatment with a doctor, 47 out of 307 people (15%) said at they did not.
- St. Luke's General Hospital achieved an overall score of 7.6 out of 10 for the examinations, diagnosis and treatment stage. This is lower than the national score, meaning that patients in St. Luke's General Hospital reported a less positive experience for this stage than the majority of patients in other hospitals.

"I would to thank the nurses and doctors for their wonderful care at all times."

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



Patients discharged from St. Luke's General Hospital made 75 comments about: 'nursing staff', 'doctors or consultants' and 'waiting times for planned procedures'. Some examples are provided below. Four of the comments were received for Q60, which asked for suggestions for improvement.

Nursing staff

"The nursing staff were very helpful and I felt very comfortable with them."

"I found the nursing care to be very poor. You were assigned to one nurse + never really saw her at all. You only received help if you were very ill."

Doctors or consultants

"I felt the medical care I got from the surgeon and his medical team was excellent."

"Doctor misdiagnosed me initially which happened my dad a couple of weeks later as well"

Waiting times for planned procedures

"I got all tests done very quickly. All staff were very kind."

"I have a really bad [Condition Name] I am still waiting for surgery in a lot of discomfort and pain for the last 8 weeks."

Quantitative results for questions on examinations, diagnosis and treatment

Thirteen questions asked about examinations, diagnosis and treatment.

Out of 306 people who answered the question, 242 (79%) said they were always given privacy when being examined or treated in St. Luke's General Hospital. However, even though 50% of people said that they definitely had enough time to discuss their care and treatment with a doctor, 47 (15%) said that they did not.

"I noticed a huge difference in nursing standards when there was a senior nurse on duty."

Figure 12. summarises the scores for St. Luke's General Hospital during examinations, diagnosis and treatment.

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

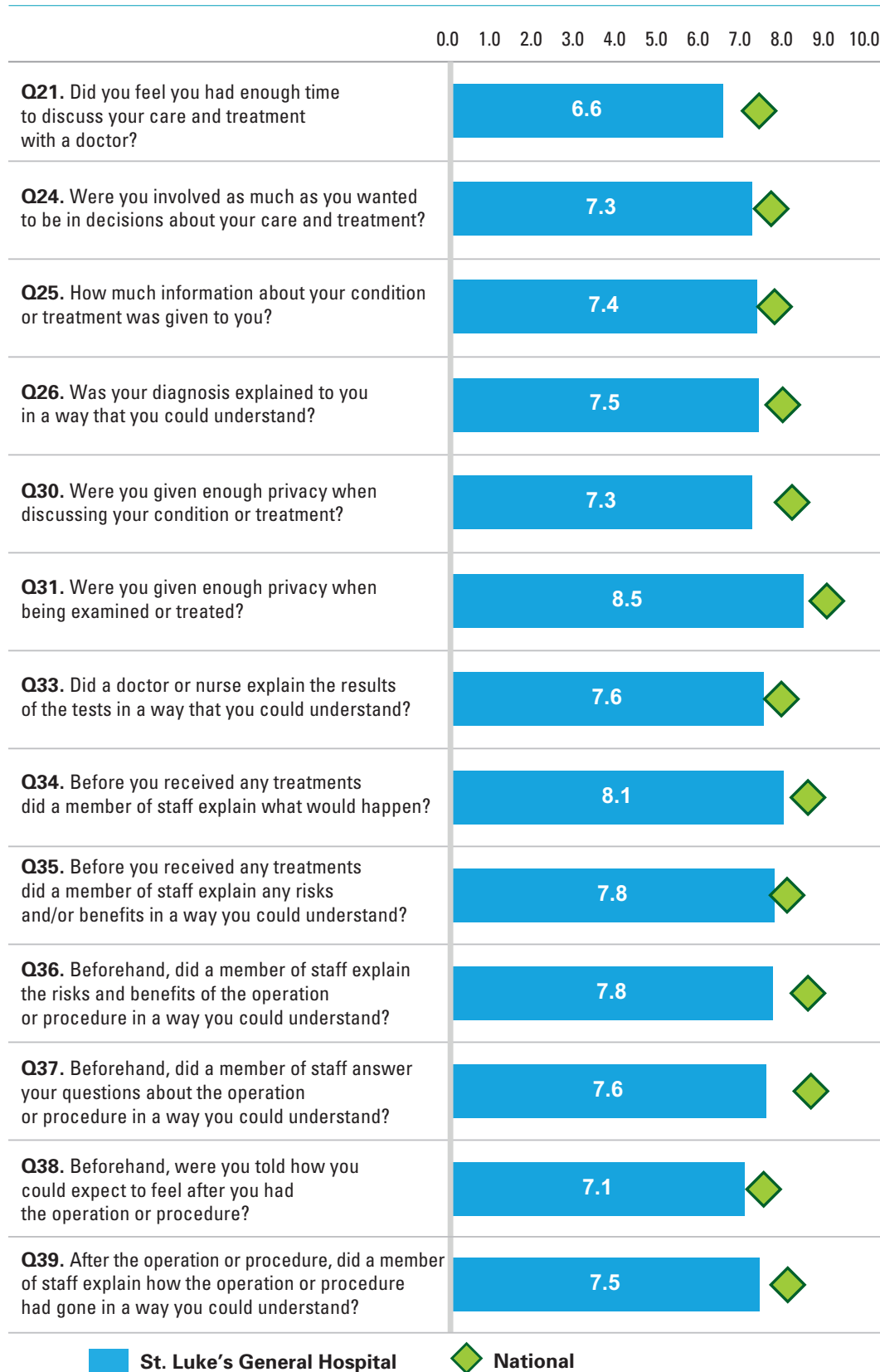
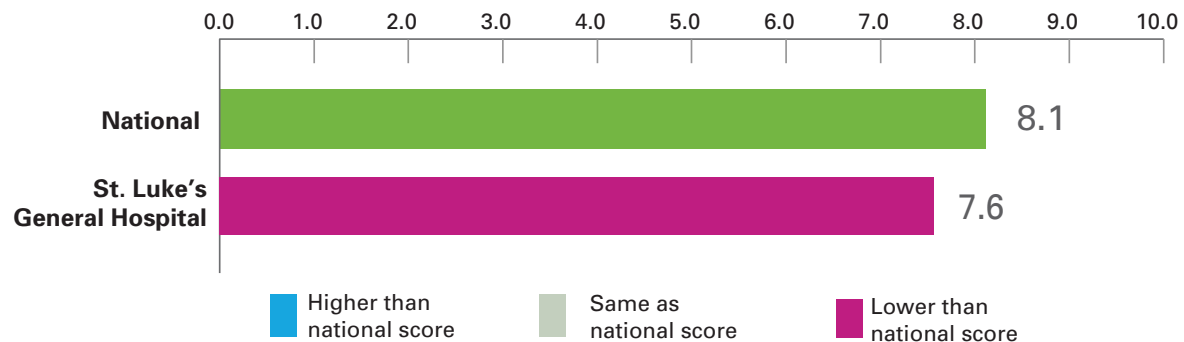


Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for St. Luke's General Hospital (7.6 out of 10) is the lower than the national average (8.1 out of 10). This means that patients who attended St. Luke's General Hospital in May 2017 reported a less positive experience of examination, diagnosis and treatment in comparison to the national average.

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



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

Patients in St. Luke's General Hospital gave below-average ratings for all of the examination, diagnosis and treatment questions. Many patients evidently experienced issues with being able to communicate with and understand staff involved in their treatment. Patients also identified problems in relation to privacy while discussing and receiving treatment.

Discharge or transfer

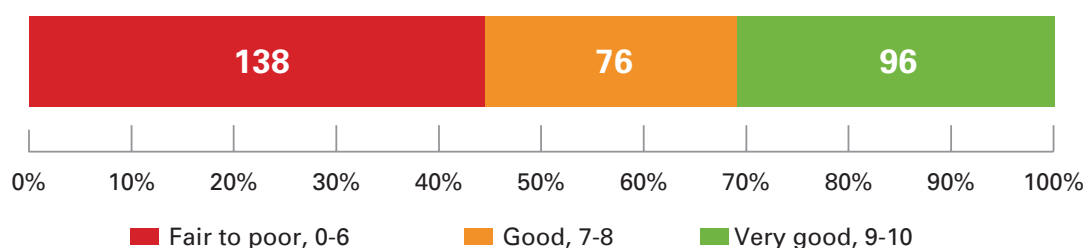


In summary: what were the experiences of patients during discharge or transfer from hospital?

'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 310 people who rated their experience of discharge or transfer from the hospital, 138 (45%) said that their experience was 'fair to poor'. On the other hand, 96 (31%) reported having a very good experience of being discharged or transferred from St. Luke's General Hospital. Figure 14. below summarises these experience ratings.

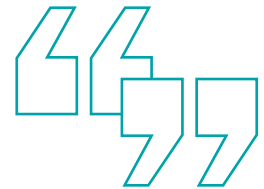
Figure 14. Experience ratings for discharge or transfer



What were the key findings for discharge or transfer?

- Out of 250 people, 95 (38%) said that a member of staff explained the purpose of the medicines they were to take at home in a way they could understand.
- 160 people (54%) who answered Q44 said that they were not given written or printed information about what they should or should not do after they arrived home.
- 27 comments were made about discharge or transfer, with 59% of these in response to Q60, which asked for suggestions for improvement.
- St. Luke's General Hospital scored lower than the national average for this stage of care, with an overall score of 6.3 out of 10. This means that the experiences of patients in this hospital were less positive than those of patients in other hospitals.

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



In total, patients discharged from St. Luke's General Hospital made 27 comments in the 2017 survey about discharge and aftercare management. Some examples are provided below. 59% of these comments suggested areas for improvement.

Discharge and aftercare

"Follow up care and information provided much improved. Volunteers a great help."

"Discharge process needs to be improved. My 77 year old father was removed from his ward around 10 am with very little notice (20 mins) and taken to the discharge unit. He was not dressed (left in pyjamas) waited four hours for a lift home. His 73 year old wife was given no help in bringing him and his belongings to the car. Staff in the discharge unit refused to help."

Quantitative results for questions on discharge or transfer from hospital

Twelve questions asked about discharge or transfer.

Out of 250 people, 95 (38%) said that a member of staff explained the purpose of the medicines they were to take at home in a way they could understand.

160 people (54%), who answered Q44 said that they were not given written or printed information about what they should or should not do after they arrived home.

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

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

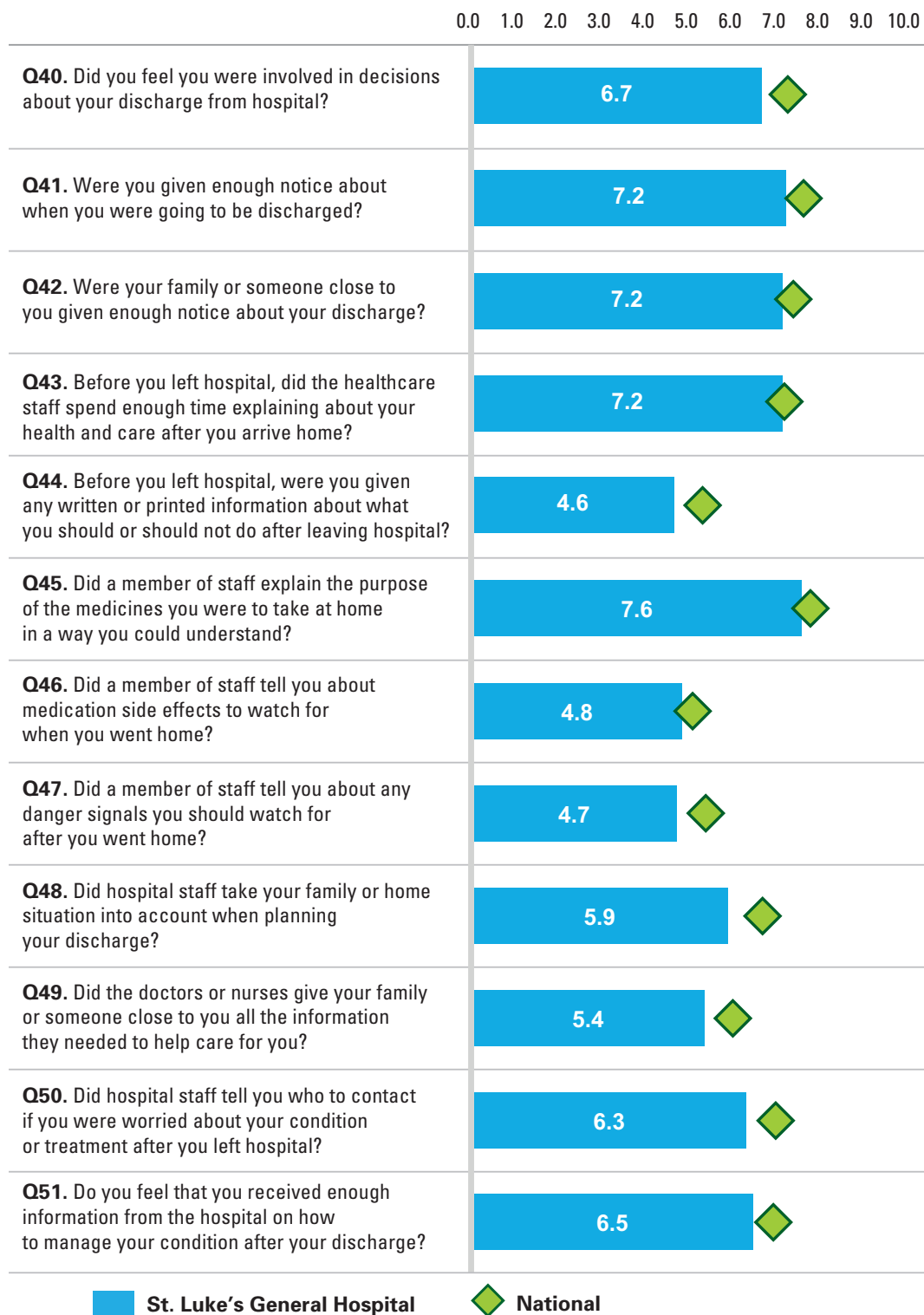


Figure 16. shows that within the discharge and transfer from hospital stage the average score for St. Luke's General Hospital (6.3 out of 10) is lower than the national average score (6.7 out of 10). This means that patients who attended St. Luke's General Hospital in May 2017 reported a less positive experience in comparison to the national average for this stage of care.

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



Discharge or transfer: what do these results mean?

Patients at St. Luke's General Hospital had a less positive experience of this stage of care than patients in other hospitals, suggesting it is particularly problematic for the hospital. Patients require more information and support when they are leaving hospital and preparing to care for themselves at home.

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 questions on other aspects of care (score of 8.5 out of 10). 74% said they always had confidence and trust in hospital staff treating them.
- Q27, which asked about whether family or friends had enough opportunity to talk to a doctor, was the lowest ranking questions on other aspects of care, with a score of 6.6 out of 10.

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



People from St. Luke's General Hospital made 223 comments in the 2017 survey about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'clinical information and history' and 'health insurance'. 36% of these comments suggested areas for improvement. Some examples are provided below.

Staff in general

"The nurses and staff were very pleasant and nice and even though they were very busy always had a word and a comforting smile for me."

"I feel that persons/ not all in bed management roles be more courteous in dealing with patients on appointments or discharge."

Communication with family and friends

"St Lukes has a perfect balance, caring staff (from domestics to doctors + nurses all excellent) great with patients + family members helpful + through great care given to me by all I was in contact with."

"It was very difficult for family to get to speak to any doctors during visits to see how treatment was going. Maybe arrangements for phone calls to family could be made at quieter times."

Physical comfort

"I had a very comfortable stay, in a nice spacious ward, Bathroom as well."

"Accommodation - slept on corridor. Inadequate toilet and shower facilities for number of patients."

Hospital facilities

"The environment in emergency was of a very high standard."

"Some of the bed areas had very little room around them and the privacy of most patients was restricted. The screens around the beds were dated and hanging awkwardly due to insufficient hooks. The large ward was very noisy at night and I found it extremely difficult to sleep at night."

Clinical information and history

"On admission I was dehydrated and weak and had infections. I explained that I was allergic to various antibiotics and suggested that my GP could be contacted — no one listened. The prescribed antibiotic given knocked me out and fluid had to be given — IV."

Private health insurance

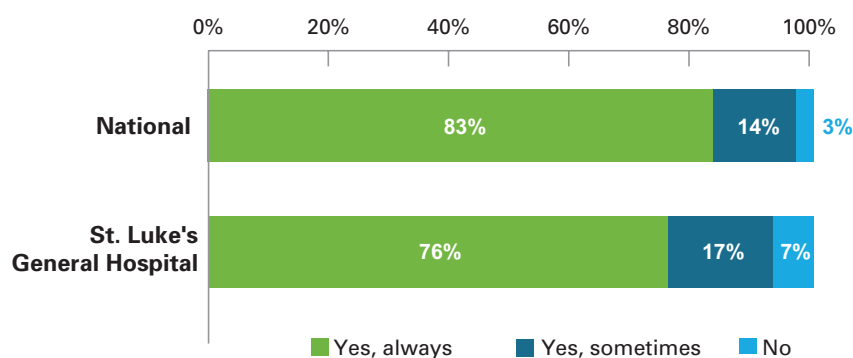
"I would be extremely disappointed if my VHI account was charged for a private room in circumstances where I slept in a corridor. Also I didn't meet my consultant."

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. Luke's General Hospital in May 2017. Overall, 229 people (76%) said that they were always treated with respect and dignity, while 20 people (7%) said that they were not. This question scored an average of 8.4 out of 10, meaning that, in general, people reported a positive experience of this aspect of care.

Figure 17. below shows patients' ratings of the level of dignity and respect they were shown in hospital.

Figure 17. Ratings for dignity and respect

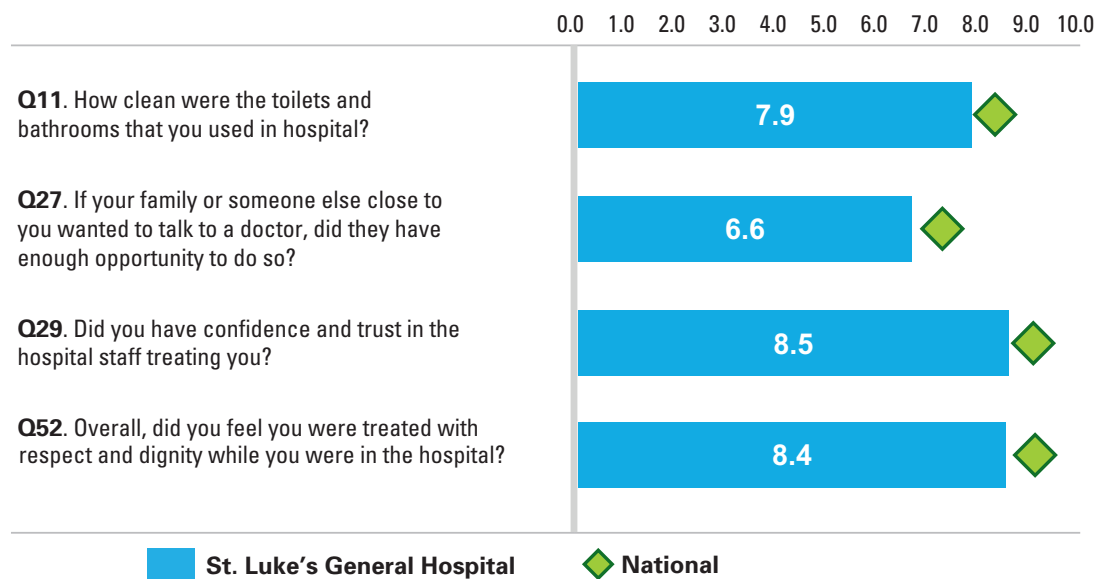


Question 29 asked people if they had confidence and trust in the hospital staff treating them. 222 people (74% of all people who answered Q29) said that they always had confidence and trust in the hospital staff treating them. 12 people (4%) said that they did not.

Question 11 asked people about the cleanliness of the bathrooms and toilets in St. Luke's General Hospital. 169 people (56% of all people who answered Q11) said that the bathrooms and toilets were very clean, while 32 people (10%) 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. Luke's General Hospital. Out of 220 people, 109 (50%) said that their family or people close to them had sufficient opportunities to talk to a doctor. However, 40 people (18%) said that their family or friends did not.

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

Figure 18. St. Luke's General Hospital scores for 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. However, the St. Luke's General Hospital's scores on these questions were still slightly below the national average. These areas are strongly linked with patients reporting a positive overall experience, and are thus very important to address. Patients also reported that toilets and bathrooms were not as clean as the national average.



Chapter 3

Overall experience

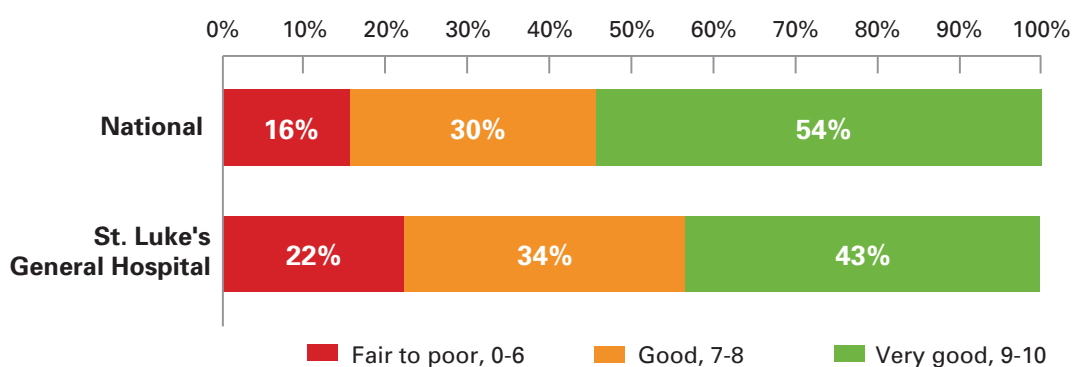
Ratings of overall experience

People were also asked to rate their overall hospital experience on a scale of 0 to 10, with 10 being the most positive experience, and 0 the most negative experience.

Figure 19. below provides the average overall rating of hospital experience for St. Luke's General Hospital compared with the national average.

Fewer than half of people (43%) who stayed in St. Luke's General Hospital in May 2017 reported having a very good experience in this hospital, which is below the national average of 54%. 22% of respondents indicated a fair to poor experience in St. Luke's General Hospital.

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





Chapter 4

Conclusion

How did patients experience hospital care in St. Luke's General Hospital, in May 2017?

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

The survey found that, overall, patients in St. Luke's General Hospital were given privacy and treated with respect and dignity while in the emergency department. Patients were also more positive than the national average about the quality of food they received. However, patients reported lengthy waiting times in the emergency department, with the majority saying they waited for more than the recommended six hours before being admitted to a ward. Previous research has found that long waits in the emergency department can lead to negative consequences for the health of affected patients.

In contrast to the positive experiences of privacy in the emergency department, privacy on the ward appeared problematic. Patients reported below-average experiences of general privacy on the ward, as well as a lack of privacy when discussing their condition or treatment. In addition, a number of patients said that they did not have enough time to discuss their care or treatment with a doctor.

Issues in relation to discharge were also highlighted as requiring improvement, with many feeling that staff did not take their family or home situation into account when planning their discharge. While many patients reported being treated with respect and dignity during their time in hospital, St. Luke's General Hospital performed below the national average for this question, which is strongly related to how patients rate their experience overall. It is thus a priority for improvement.

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

What happens next?

The HSE has committed to using the findings of the National Patient Experience Survey 2017 to support wide-ranging quality improvements 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 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.

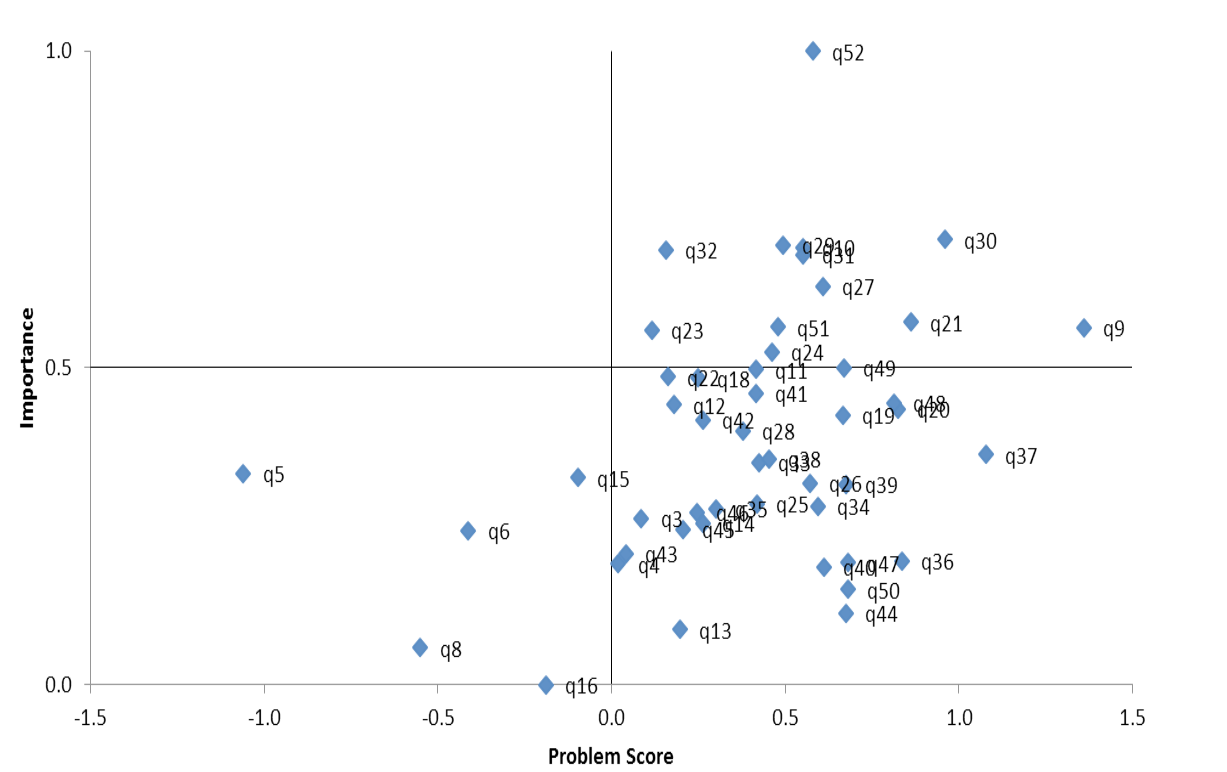
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected 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. Luke's General Hospital and the score for each question nationally. This map helps to identify some of the areas of positive experience and areas needing improvement presented in Chapter 1. The importance of the relationship between each question and overall experience is given as a number between 0 and 1, with 1 being the most important possible relationship. The difference between question scores for St. Luke's General Hospital and national scores is described as a 'problem score'. If a question has a problem score with a value greater than zero, it means that St. Luke's General Hospital has scored less than the national average for that question. For example, if a hospital scored 8.8 for Q52 which is lower than the national average of 9.0, this would mean it had a problem score of 0.2 for this question.

Questions that have high problem scores and are important to patients' overall experience appear in the top right section of the map - these are areas needing improvement in St. Luke's General Hospital. Questions that have low problem scores and are important to patients' overall experience can be found in the top left-hand section of the map - these are areas of good experience, as reported by patients of St. Luke's General Hospital.

Figure 20. Overall Patient Experience Map for St. Lukes General Hospital



Appendix 4:

A technical note on analyses and interpretation

Preliminary note

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

Scoring methodology

The National Patient Experience Survey scoring methodology is based on the methodology adopted by the Care Quality Commission on behalf of the National Health Service (NHS) in England.

The scores for the patient journey were calculated by grouping survey questions into five stages of care²: 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.

2 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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