



National Patient Experience Survey 2017

St. Michael's Hospital

We're committed to excellence in healthcare



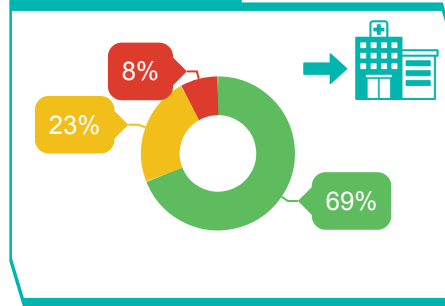
Thank you to the people who participated in the National Patient Experience Survey 2017, and to their families and carers. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve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

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

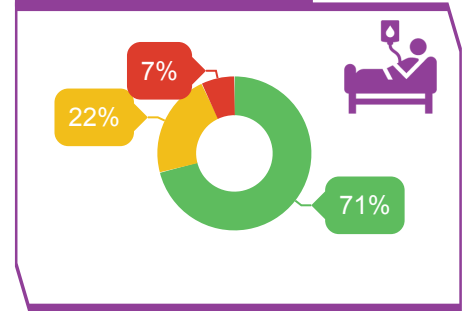
The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups.

Stages of care

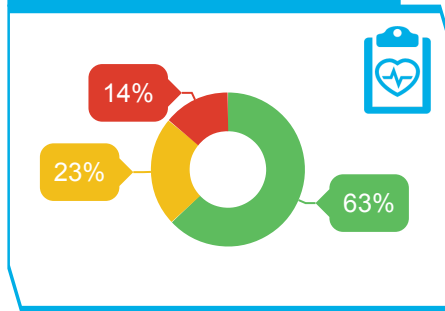
Admission



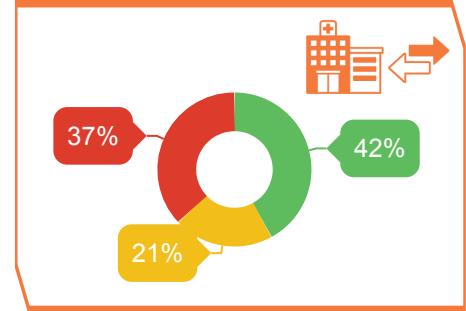
Care on the ward



Examinations, diagnosis & treatment

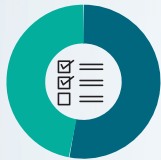


Discharge or transfer

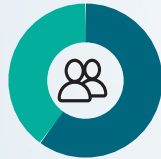


* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

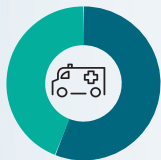
St. Michael's Hospital



53% of 245 eligible patients took part



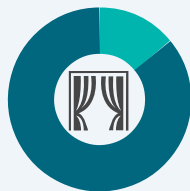
60% female
40% male



56% entered hospital on emergency basis

Average age:
65 years

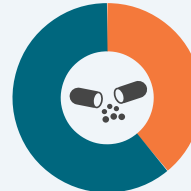
Privacy



14%

were not always given enough privacy when being examined in the emergency department.

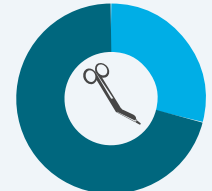
Medication



39%

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

Treatment

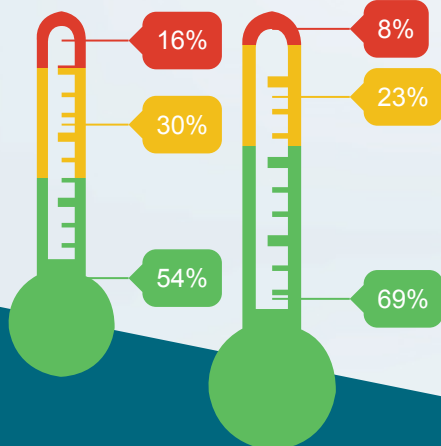


29%

were not fully informed how they could expect to feel after the operation or procedure.

Overall experience

Nationally This hospital



Areas of good experience

99%

of people said that the bathrooms and toilets were very clean or fairly clean.

Areas needing improvement

49%

of people said that they did not always find someone on the hospital staff to talk to about their worries and fears.

Structure and content of this report

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

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Chapter 1

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

About the National Patient Experience Survey 2017

The National Patient Experience Survey is a nationwide 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 ever National Patient Experience Survey in 2017. In total, 13,706 people took part in this inaugural survey. The results outlined in this report reflect the experiences of patients who were discharged from St. Michael's Hospital during the month of May 2017. In total, 131 participants from St. Michael's Hospital took part in the survey.

The survey consists of 61 questions, based on five stages of care along the patient journey in hospital: admissions; care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other aspects of care.

Three of the questions asked respondents for written comments about what was good about the care they received and what could be improved. The list of questions from the National Patient Experience Survey can be found in Appendix 1.

It is important to note that patients did not always answer every question so there is variation in the number of responses to each question. This survey is part of the National Patient Experience Survey Programme, which aims to help improve the quality and safety of healthcare services provided to people in Ireland. A more detailed background to the survey programme can be found in Appendix 2.

The National Patient Experience Survey values and seeks to represent the patient voice. The survey acknowledges both positive and negative experiences, as told by the 131 people from St. Michael's Hospital. While thousands of people surveyed nationally said that they had a very good experience of acute hospital care, it is important also to listen to those people who 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. Michael's Hospital is a public acute hospital, located in Co. Dublin. There were 100 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 245 eligible discharges were recorded during this time. St. Michael's Hospital has an emergency department that operates between 8am and 8pm, seven days a week. 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. Michael'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. Michael's Hospital. A quality improvement plan developed by St. Michael's Hospital will be published on www.patientexperience.ie in December 2017.

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



Who took part in the survey?

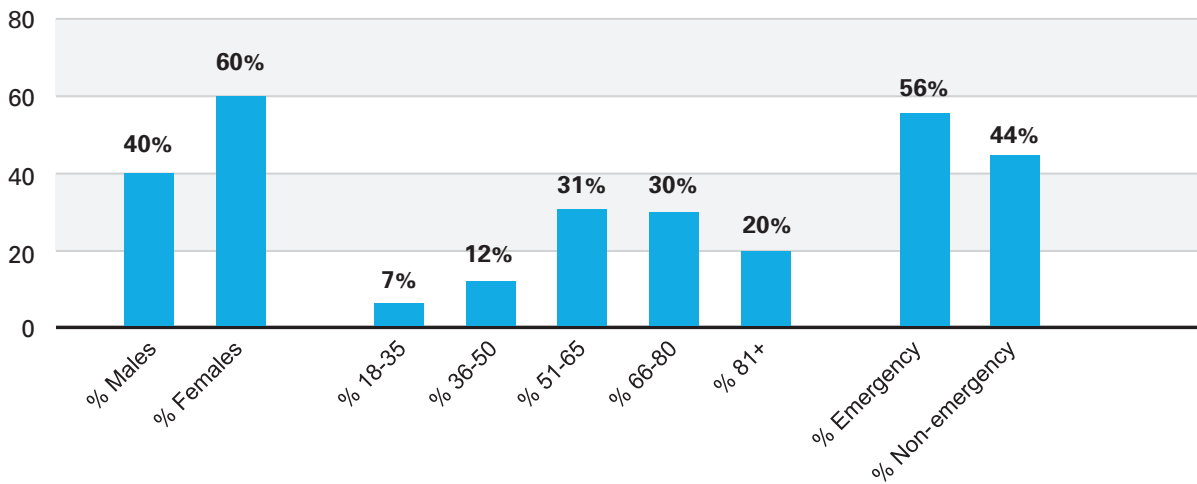
Description of the respondents who took part in the survey

Overall, **245** people discharged from St. Michael's Hospital during the month of May 2017 were invited to participate in the survey.

Of those, **131** people (53%) completed the survey.

Figure 1. below shows information about the people who took part in the survey in St. Michael's Hospital. 40% of people who responded in St. Michael's Hospital were male and 60% were female, with the majority of respondents (56%) entering hospital on an emergency basis.

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



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



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

The survey found that, overall, people in St. Michael's Hospital were generally treated with respect and dignity. People also reported positive experiences around privacy while being examined or treated in the hospital, including in the emergency department. The standard of cleanliness and hygiene of bathrooms, as well as the food provided at mealtimes were rated highly.

However, questions around the discharge or transfer stage of care were among the lowest ranking questions. Two of the lowest rated areas for St. Michael's were related to this stage of care. People felt that they were not informed about medication side effects, and their families were not given enough information to help care for them at home.

Some areas needing improvement were also found in relation to care on the ward in St. Michael's Hospital. A number of respondents felt that staff did not do everything they could to help control pain when patients required it. Issues were also identified in relation to communication, as people said that they did not find someone on the hospital staff to talk to about their worries and fears.

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

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

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

Appendix 3 explains how these areas were identified.

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

Patients had particularly positive experiences in several areas, specifically as regards cleanliness, being treated with dignity and respect, and privacy while being examined or treated.

Admission | Q5.

Privacy while being examined or treated in emergency department

Of the 69 people who answered the question, 59 (86%) said that they definitely were given enough privacy when being examined or treated in the emergency department.

Other aspects of care | Q11.

Cleanliness of toilets and bathrooms

Out of 125 people, 123 (99%) said the toilets and bathrooms were 'very clean' or 'fairly clean'.

Care on the ward | Q15.

Food rating

108 people (86% of people who answered this question) said the hospital food was 'good' or 'very good'.

Examination, diagnosis and treatment | Q31.

Privacy when being examined or treated

Out of 129 people, 117 (91%) said that they always had enough privacy when being examined or treated

Other aspects of care | Q52.

Respect and dignity

114 people (88%) said that they were always treated with respect and dignity.

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

Patients highlighted several areas needing improvement. Communication about the discharge process, pain control and emotional support were particularly problematic.

Care on the ward | Q28.

Someone to talk to about worries and fears

36 (49%) of the 74 people who answered this question said that they did not find or only to some extent found someone on the hospital staff to talk to about their worries and fears.

Care on the ward | Q32.

Pain management

17 people (17%) who required pain relief said that staff did not do everything they could to relieve their pain, or only tried to some extent.

Discharge or transfer | Q46.

Information on the side effects of medication

28 of the 72 people who answered this question (39%) said that they were not told about medication side effects to watch out for when they went home.

Discharge or transfer | Q49.

Provision of information to family members

25 people (31%) said their family did not receive enough information to help care for them.



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.

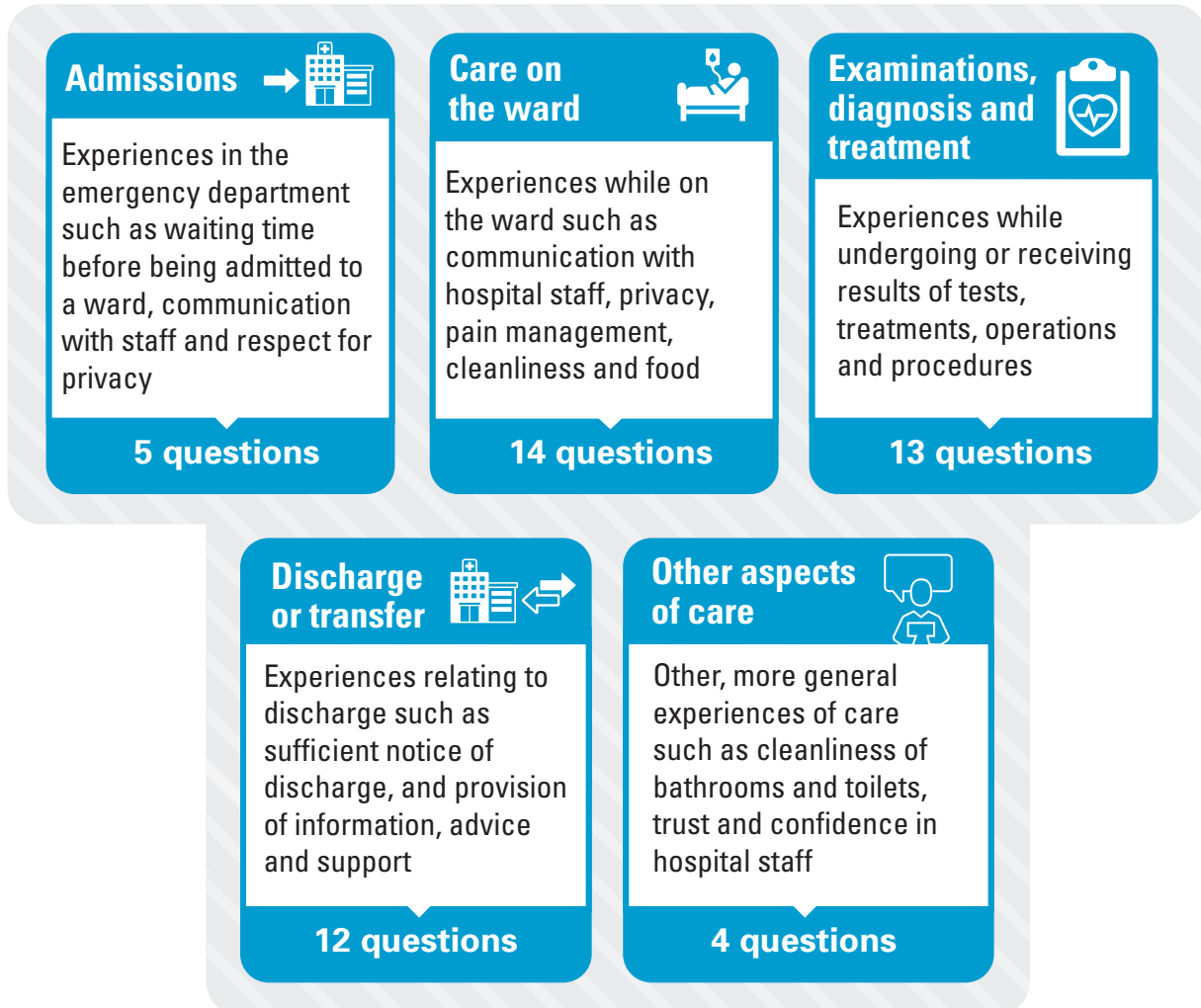
The survey questions were grouped into five stages along the patient journey:

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

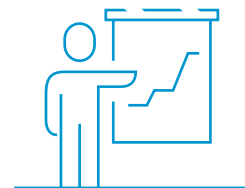
“St. Michael’s is an excellent facility and community hospital - fund it properly please.”

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

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



How to interpret the results for the stages of care



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

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

Figure 3. Guide to interpreting the results

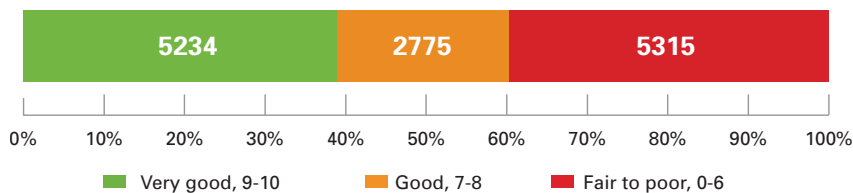
1 Experience rating for a stage of care

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

Example:

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

Figure 2.22 | Discharge or transfer ratings



2. Scores out of 10

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

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

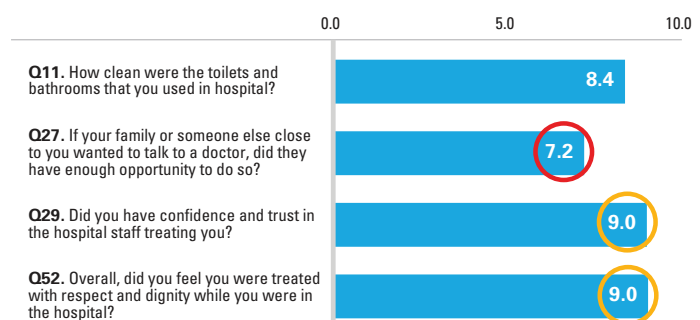
Example:

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

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

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

Figure 2.28 | National score for other aspects of care

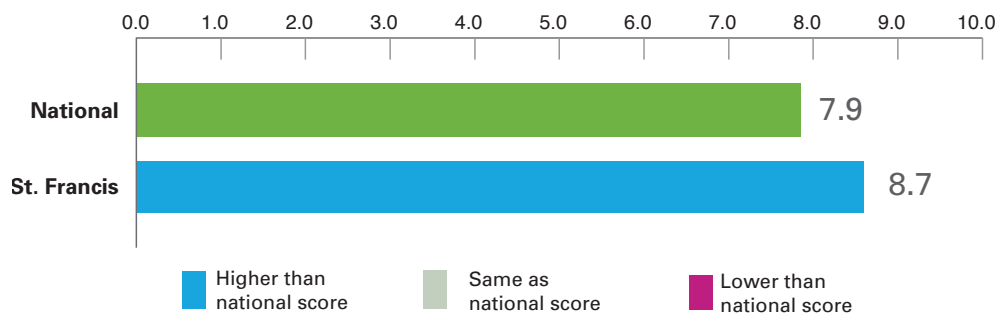


3 Comparisons

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

Example:

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



Admissions

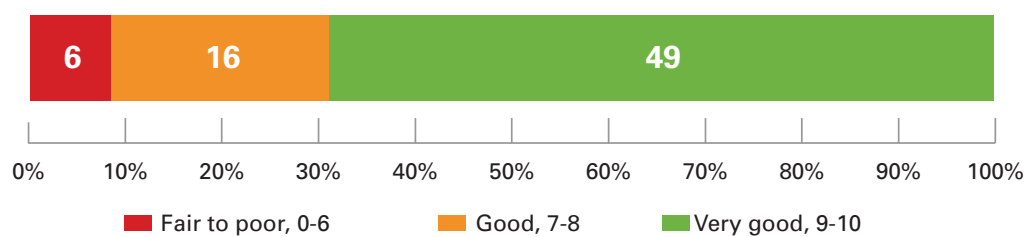


In summary: what were patients' experiences of the admissions process?

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

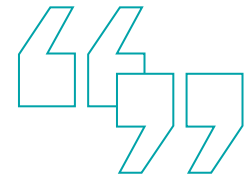
Of the 71 people who rated their experience of the admission, six people (8%) reported a 'fair to poor' experience of admission. However, 49 people (69%), who attended during the same period, rated their experience as 'very good'. Figure 4. below summarises these experience ratings.

Figure 4. Experience ratings for admissions



What were the key findings for admissions?

- 63 people (89%) said that they were always treated with respect and dignity during their time in the emergency department.
- Out of 64 people, 43 (67%) said they were admitted to ward within six hours of arrival at the emergency department.
- 10 people (14%) said they were not, or were only to some extent, given enough privacy when being examined or treated in the emergency department.
- St. Michael's Hospital scored 8.7 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. Michael's 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. Michael's made 37 comments about the following themes: 'dignity, respect and privacy', 'communication with the patient', and 'emergency department environment and waiting times'. 54% of these comments were in response to Q60 which asked patients if there was anything that could be improved about their experience. Some examples of the comments received for this stage of care are provided below.

Dignity, respect and privacy

"I was completely satisfied, treated always with dignity and respect and expert care."

"Staff came and went into my room which included cleaning and food staff. This did not allow for privacy all the time and I was especially conscious of this when I was being examined by the surgeon in my room and during, a nurse came in so the door opened and people walking along the corridor were able to see into my room while I was being examined."

Communication with the patient

"Everyone tried hard to answer questions and deal with the most urgent patients first."

"Doctor in A&E didn't look at my notes, sent ahead by GP. Had them in his hand and was discharging me when I pointed out that he should read them. Ended up in [Ward Type] overnight. Right decision."

Emergency department environment and waiting times

"In Dun Laoghaire St. Michaels I was treated in A & E very quickly and efficiently and sent to the ward very quickly. Very impressive."

"A&E area in hospital (reception area) could be made bigger."

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.

63 people (89%) from St. Michael's Hospital said that they were always treated with respect and dignity in the emergency department. This question achieved a score of 9.4 out of 10, making it the highest performing area in this stage of care.

However, 25 people (39%) who answered Q4 did not have or only to some extent had their condition explained by a doctor or nurse in a way that they could understand. This was rated as the lowest scoring question, with a score of 7.9 out of 10.

"I found everything excellent in A&E and in the [Ward type] I was in. I was very grateful for the attention I received."

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

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

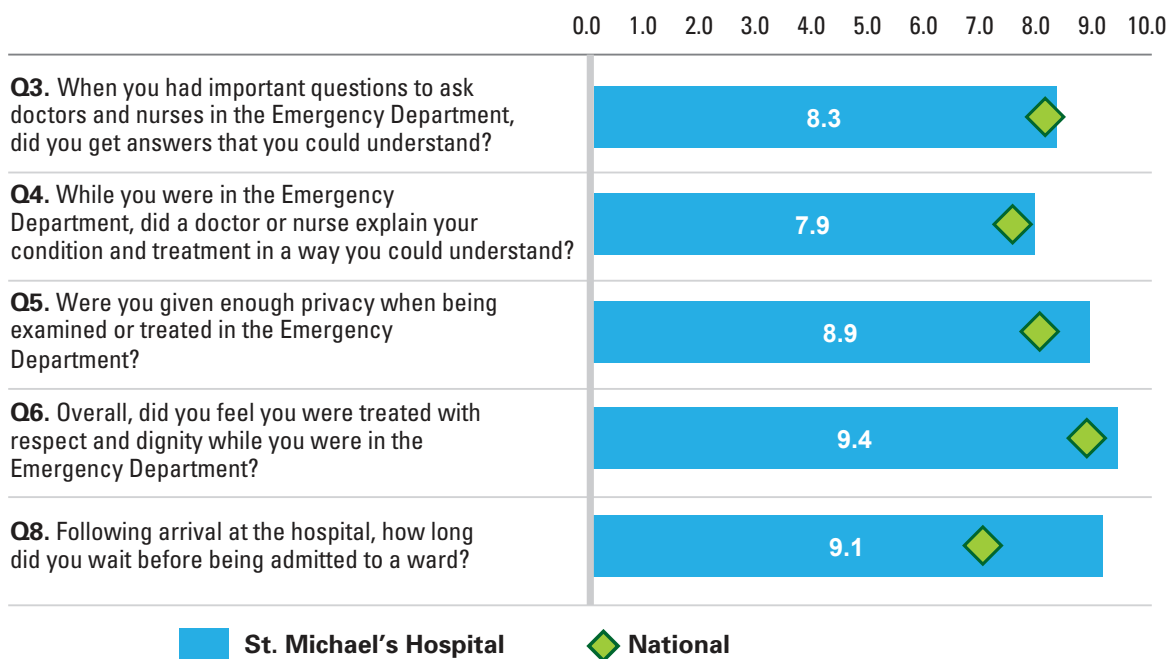
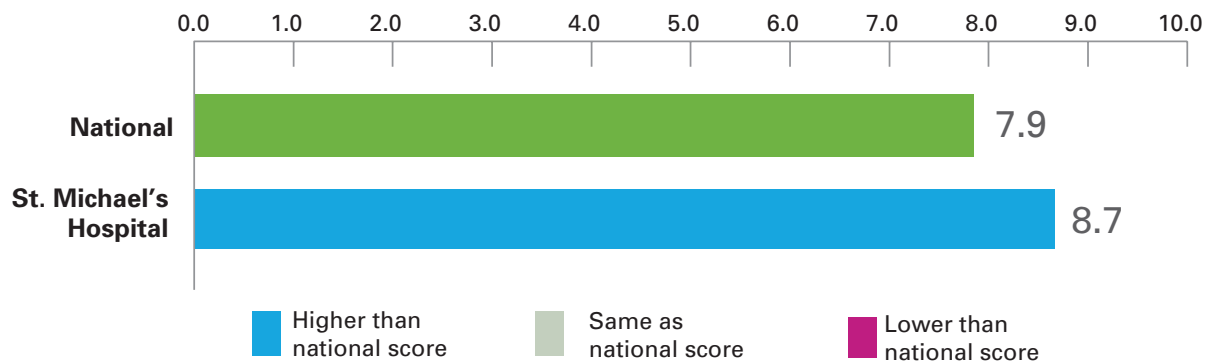


Figure 6. shows that, within the admissions stage, the average score for St. Michael's Hospital (8.7 out of 10) is higher than the national average score (7.9 out of 10). This means that patients who attended St. Michael's Hospital had a more positive experience during the admissions process in comparison to the national average.

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



Emergency department waiting times

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

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

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

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

The HSE measures emergency department waiting times differently to the survey, namely from the time a patient registers at the emergency department until they leave it. It is likely that there are some differences between survey findings and the official HSE figures¹.

Waiting time before being admitted to a ward

In St. Michael's Hospital, 43 people (67%) said they were admitted to a ward within six hours of arriving at the emergency department. 20 respondents (31%) reported waiting between six and 24 hours. One person (2%) reported waiting for 24 hours or more in the emergency department before being admitted to a ward in St. Michael's Hospital.

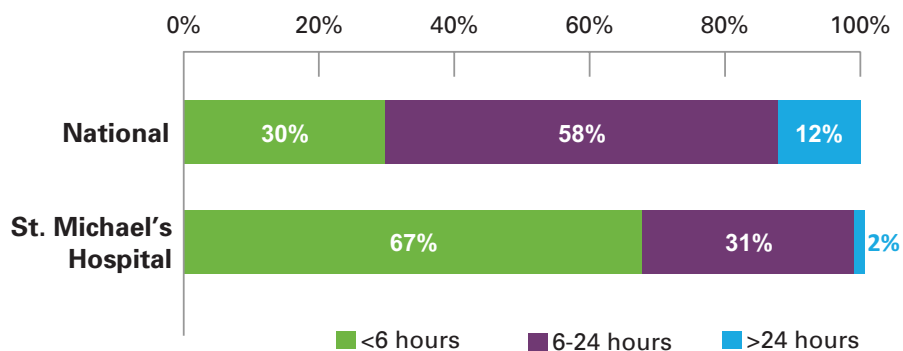
¹ The HSE 2017 targets can be viewed at: <https://www.hse.ie/eng/services/publications/KPIs/Acute-Hospitals-KPI-Metadata-2017.pdf>

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

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

With 67% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that St. Michael's Hospital performed better than the reported national average, where 30% of people said that they were admitted within six hours of arriving. However, patient-reported waiting times in St. Michael's 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. Michael's and nationally



Admissions: what do these results mean?

St. Michael's Hospital performed relatively well on this stage of care, with patients reporting a more positive experience than the national average. St. Michael's performed far better than the national average for emergency department waiting times but still fell short of the target set by the HSE.

Care on the ward

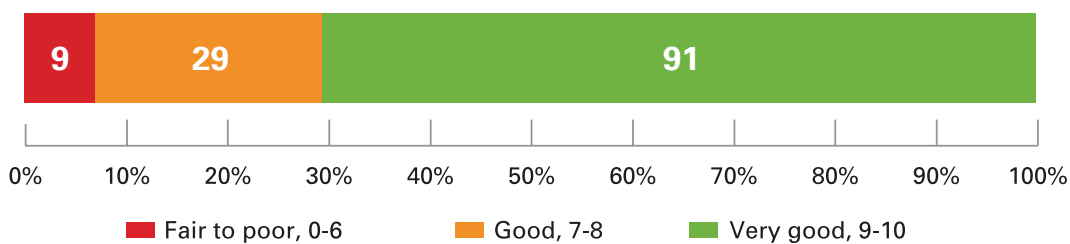


In summary: what were patients' experiences of care on the ward?

'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 129 people who rated their experience of care on the ward, nine people (7%) reported having a 'fair to poor' experience during their stay on a ward in St. Michael's Hospital. On the other hand, 91 people (71%) 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 127 people, a total of 117 (92%) said that the room or ward they were in was very clean.
- Finding a member of staff to talk to about worries and fears was the lowest rated question for this stage. 36 people (49%) said they did not always find someone to talk to.
- St. Michael's Hospital scored 8.7 out of 10 for care on the ward, compared with the national average of 8.3 out of 10. This means that people in the hospital had a more positive experience of this stage than patients nationally for this stage of care.

"Had a very comfortable stay and highly recommended."



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

In total, patients discharged from St. Michael's Hospital made 62 comments in the 2017 survey about: 'staffing levels, availability and responsiveness' 'other healthcare staff', 'other staff', 'food and drink', 'cleanliness and hygiene'. 40% of the comments were received for Q60, which asked respondents for suggestions for improvements. Some example comments for this stage of care are provided below.

Staffing levels, availability and responsiveness

"I have to say the staff although they were busy they were always very kind, friendly and attentive."

"Staff should respond to patient bell a lot faster."

Other healthcare staff

"I found care assistants very helpful and kind, the nurses also."

"Health care assistants need to wear name badges and assist patients more, and a little more polite and stop chewing bubble gum while on duty and not shove food into vulnerable people with a fork."

Other staff

"Caring attitude at reception of A&E and also the admin staff who visited the ward."

"Cleaning staff should clean the toilets sooner in the morning."

Food and drink

"The staff were brilliant and the hospital food served piping hot and well presented."

"Smaller portions for some patients. My mum has a small appetite and is currently off her food, so a smaller portion would have helped and she got distressed about wasting the food."

Cleanliness and hygiene

"The hospital has to be the cleanest that I have been in"

"I had to ask many times to get the shared toilet and shower cleaned of blood even when I left it was not totally cleaned"

Quantitative results for questions on care on the ward

Fourteen questions asked about care on the ward.

117 people (92%) said that hospital room or ward was very clean. The lowest scoring question relates to finding someone to talk to about worries and fears. 36 people (49%) said they were not or were only to some extent able to find someone to talk to about their worries and fears.



"Overall I was very happy with all the care I was given from doctors, nurses and staff."

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

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

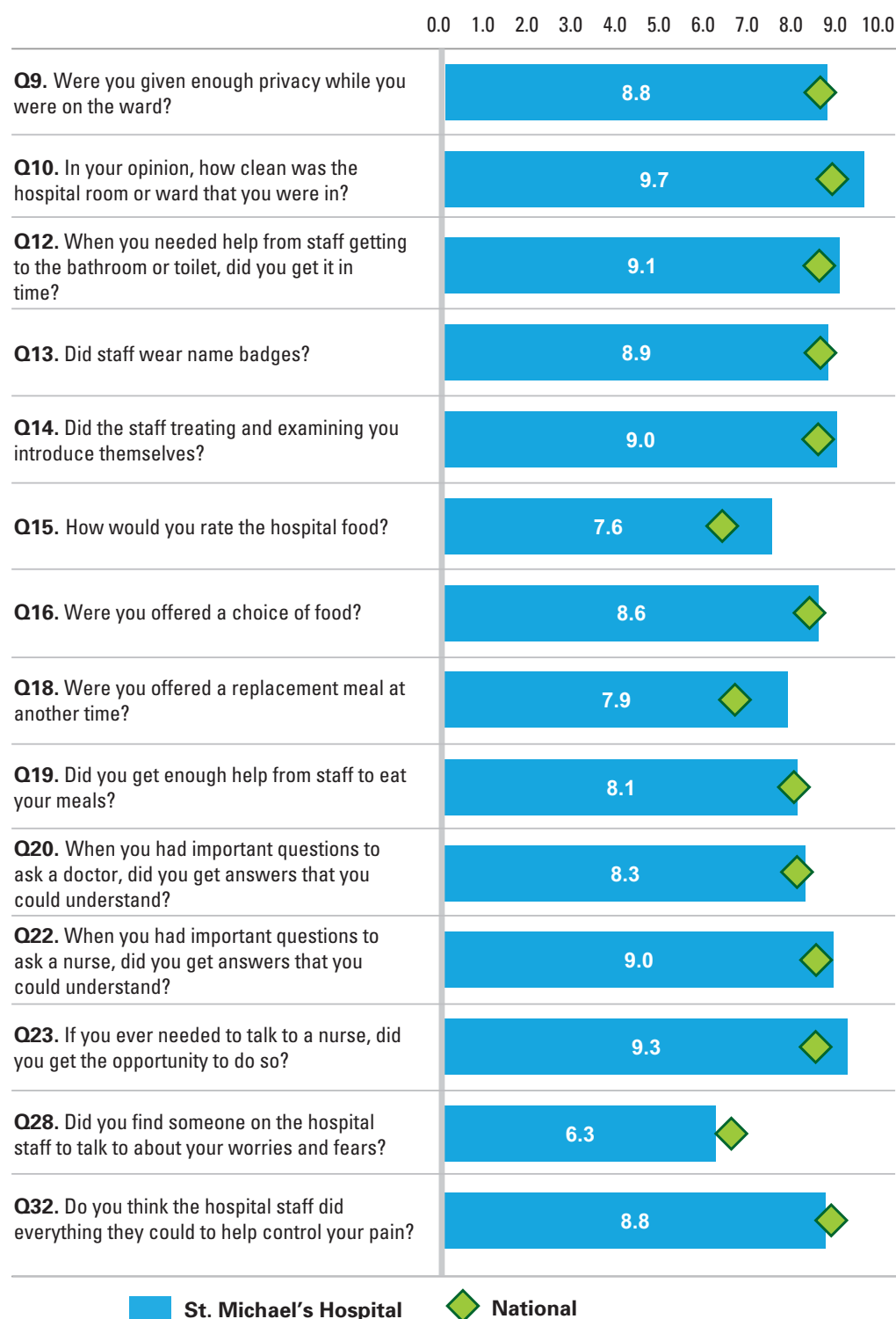
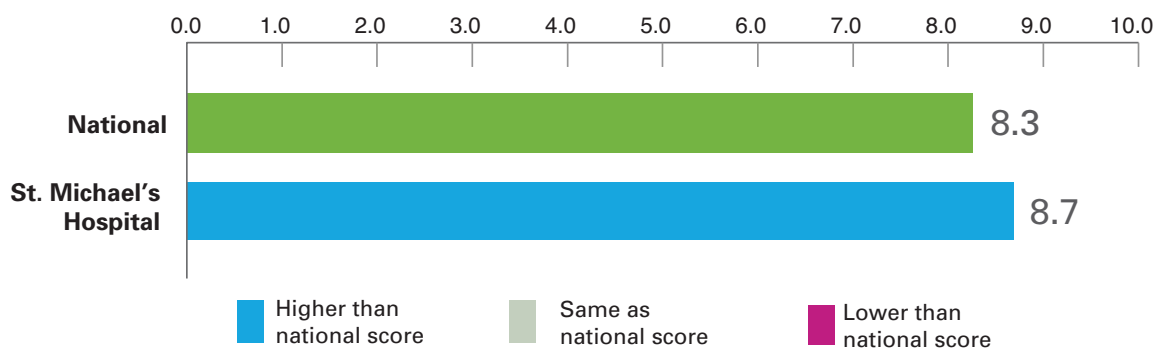


Figure 10. shows that, within the care on the ward stage, the average score for St. Michael's Hospital (8.7 out of 10) is higher than the national average score (8.3 out of 10). This means that patients who attended St. Michael's Hospital in May 2017 reported a more positive experience in comparison to the national average for this stage of care.

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



Care on the ward: what do these results mean?

St. Michael's Hospital performed quite well on this stage of care, with patients reporting a more positive experience than the national average. St. Michael's performed very well on cleanliness but was below average on patients being able to find someone to talk to about worries and fears.

Examinations, diagnosis and treatment

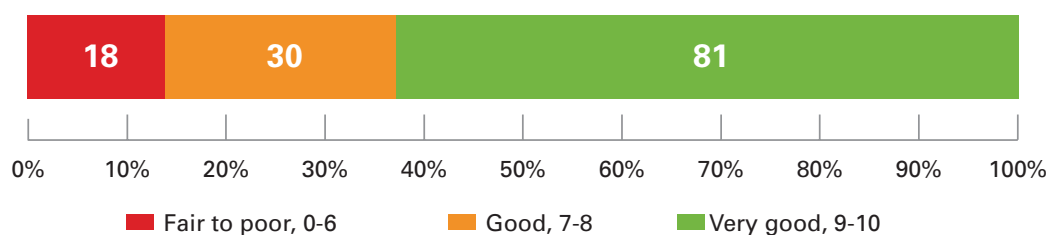


In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

129 people rated their experience of examinations, diagnosis and treatment in St. Michael's Hospital, with 18 (14%) reporting that they had a 'fair to poor' experience. However, 81 (63%) rated their experience during this stage of care as 'very good'. These experience ratings are summarised in Figure 11. below.

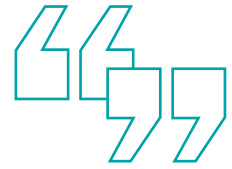
Figure 11. Experience ratings for examinations, diagnosis and treatment



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

- Q31, which asked if people were given enough privacy when being treated in St. Michael's Hospital in May 2017, was the highest ranking question in this section with a score of 9.3 out of 10.
- 21 (29%) of the 72 people who answered Q38 said that they were not or only to some extent told how they could expect to feel after the operation or procedure.
- St. Michael's Hospital achieved an overall score of 8.4 out of 10 for the examinations, diagnosis and treatment stage. This is similar to the overall score nationally, meaning that patients in St. Michael's Hospital reported having an average experience of examinations, diagnosis and treatment.

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



Patients discharged from St. Michael's made 54 comments about: 'nursing staff', 'doctors or consultants' and 'waiting times for planned procedures'. 19% of the comments were received for Q60, which asked for suggestions for improvement.

Nursing staff

"Nurses were wonderful, professional and friendly"

"Nurses could improve in responding when you call for one"

Doctors or consultants

"Good staff - patient ratio. Doctors and nurses went out of their way to be pleasant & good humoured, despite the long hours and some unpleasant tasks."

"Unsurprisingly, the consultant in charge could work on his bedside manner. All others incredibly friendly and helpful."

Waiting times for planned procedures

"Very pleased that initial presenting complaint was assessed and operation carried out so quickly."

"The waiting time for my operation was 15 months. I had [Procedure Type] 2 weeks prior to this operation and because of the delay my surgery was very complex and was carried out far from my home which meant a longer recovery process."

Quantitative results for questions on examinations, diagnosis and treatment

Thirteen questions asked about examinations, diagnosis and treatment.

Out of 129 people, 117 (91%) said they were always given privacy when being examined or treated in St. Michael's Hospital.

For Q38, 71% of people said that they were told completely how they could expect to feel after their operation or procedure, seven (10%) said that they were not told at all.

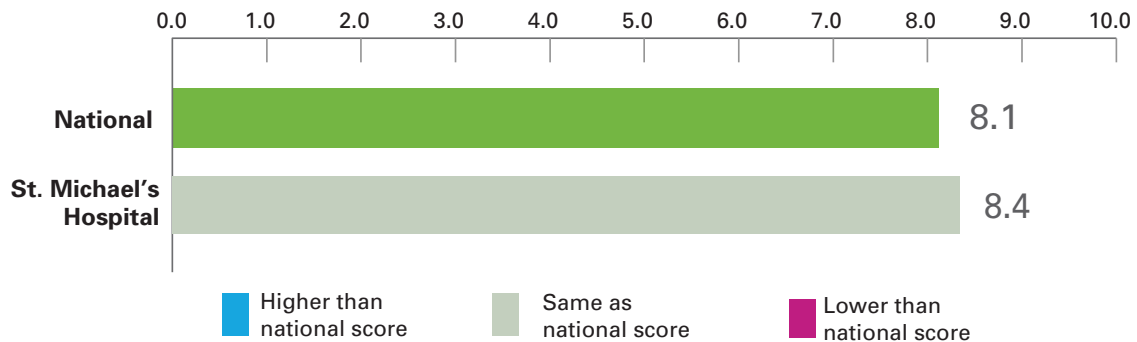
Figure 12. summarises the scores for St. Michael's Hospital during examinations, diagnosis and treatment.

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



Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for St. Michael's Hospital (8.4 out of 10) is the same as the national average score (8.1 out of 10)². This means that patients who attended St. Michael's Hospital in May 2017 reported a similar experience of examination, diagnosis and treatment in comparison to the national average.

Figure 13. Comparison of St. Michael'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?

St. Michael's Hospital had an average performance on this stage of care, with patients reporting a similar experience to the national average. Patients in St. Michael's reported being given enough privacy during examination and treatment, but were less positive as regards communication from medical staff before treatment.

² Though the St. Michael's examination, diagnosis and treatment score is higher than the national score, the difference is not statistically significant. For further information see Appendix 4.

Discharge or transfer

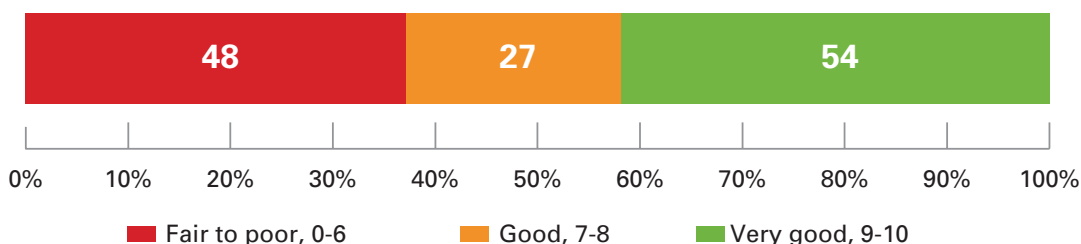


In summary: what were the experiences of patients during discharge or transfer from hospital?

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

Out of the 129 people who rated their experience of discharge or transfer from the hospital, 48 (37%) said that their experience was 'fair to poor'. 54 (42%) reported having a very good experience of discharge or transfer from St. Michael's Hospital. Figure 14. below summarises these experience ratings.

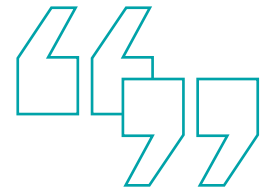
Figure 14. Experience ratings for discharge or transfer



What were the key findings for discharge or transfer?

- Out of 90 people, 67 (74%) said that a member of staff explained the purpose of the medicines they would need to take at home in a way they could understand.
- With a score of 4.7 out of 10, Q46 was the lowest ranking question in this stage of care. 28 (39%) people who answered Q46 said they were not informed about medication side effects to watch for at home.
- St. Michael's Hospital scored about the same as the national average for this stage of care, with an overall score of 6.9 out of 10. This means that the experiences of patients in this hospital were similar to that of patients in other hospitals for this stage of care.

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



In total, patients discharged from St. Michael's made seven comments in the 2017 survey about 'discharge and aftercare management'. 86% of these comments were in response to Q60, which asked patients whether anything could be improved. Some example comments for this stage of care are provided below.

Discharge and aftercare

"Treatment in A&E was prompt and efficient. Everyone was very kind. I was asked if I would stay overnight for [Procedure Name] I stayed two nights and [went] back for a further 24hrs check at home"

"Got no information on aftercare, dressings, what to watch out for. When re-admitted with [Condition Type] from painkillers, was discharged next day despite pleading to stay one more night as was very unwell and could not imagine how to look after myself at home alone. Very very upsetting"

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 explained the purpose of the medicines they would need to take at home in a way they could understand. Q46 was the lowest ranking question in this stage of care. 28 people (39%) said they were not informed about medication side effects to watch for at home.

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

Figure 15. St. Michael's Hospital scores for discharge or transfer

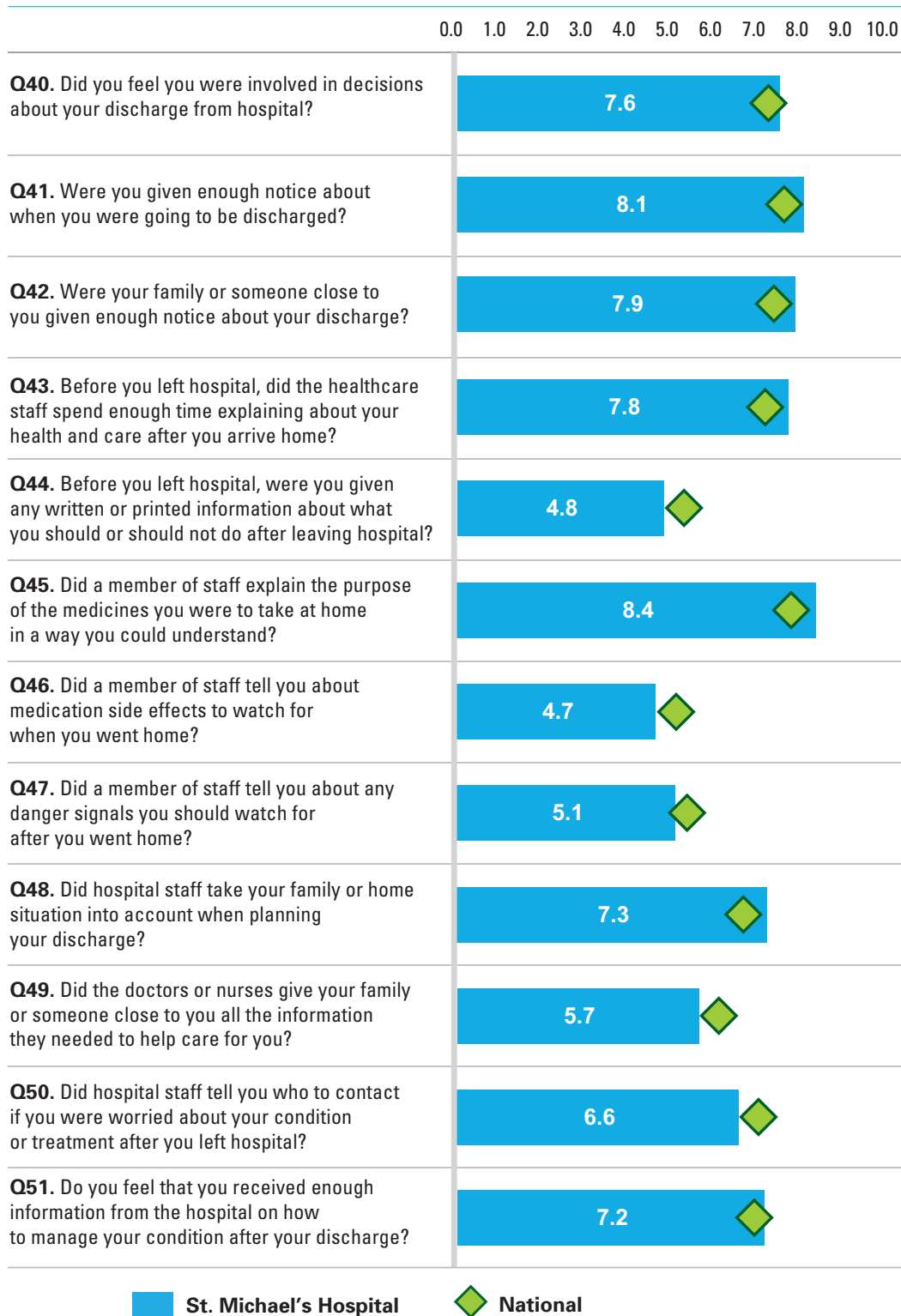
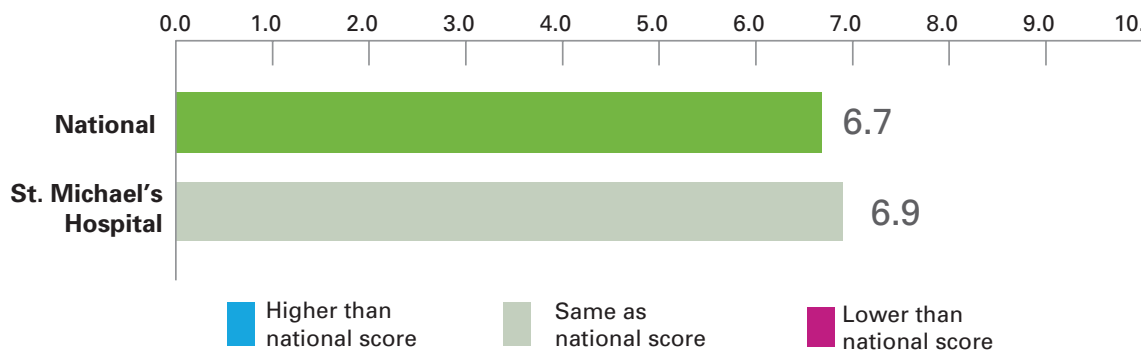


Figure 16. shows that as regards discharge or transfer from hospital, the average score for St. Michael's Hospital (6.9 out of 10) is around the same as the national average³ (6.7 out of 10). This means that patients who attended St. Michael's Hospital in May 2017 reported a similar experience in comparison to the national average for this stage of care.

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



Discharge or transfer: what do these results mean?

St. Michael's Hospital had an average performance on this stage of care, with patients reporting a similar experience to the national average. Patients in St. Michael's reported that staff explained the purpose of medications they were to take in a way they could understand. However, many patients said that members of staff did not explain the potential side effects of their medication.

³ Though the St. Michael'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?

- Q52 was the highest ranking question for other aspects of care (a score of 9.2 out of 10). 88% of people said they were always treated with respect and dignity in St. Michael's Hospital.
- Q27 asked about whether family or friends had enough opportunity to talk to a doctor, was the lowest ranking questions on other aspects of care, with a score of 7.8 out of 10.
- Out of the 125 people who answered Q11, 78% said the toilets and bathrooms in St. Michael's Hospital were very clean.

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



Patients discharged from St. Michael's Hospital made 69 comments in the 2017 survey about 'staff in general', 'physical comfort, and 'hospital facilities'. 20% of these comments suggested areas for improvement. Some example comments for this stage of care are provided below. These comments suggested areas for improvement.

Staff in general

"The staff were amazing, particularly the nurses and care assistants. Very patient and kind. Clearly under pressure but always doing their best."

"Some of the staff-patient care could have been kinder."

Physical comfort

"The hospital is small and quiet and clean and you can get a bed in under 6 hours [which] is a plus"

"A patient in the ward was talking endlessly or moving about endlessly during the night, preventing sleep."

Hospital facilities

"staff were very friendly and accommodating, rooms were bright and airy,"

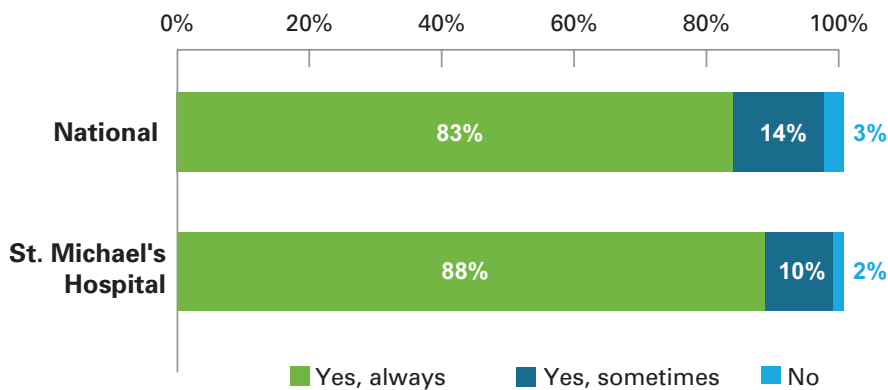
"While taking blood samples equipment was faulty. While on drip the machine repeatedly mis-functions."

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. Michael's Hospital in May 2017. Overall, 114 (88%) of people said that they were always treated with respect and dignity. Two people (2%) said that they were not treated with respect and dignity while in hospital. This question scored an average of 9.2 out of 10, meaning that, in general, people reported a very positive experience of being treated with respect and dignity.

Figure 17. below shows these patient-reported ratings, based on their experience of being treated with dignity and respect in hospital.

Figure 17. Ratings for dignity and respect in St. Michael's Hospital



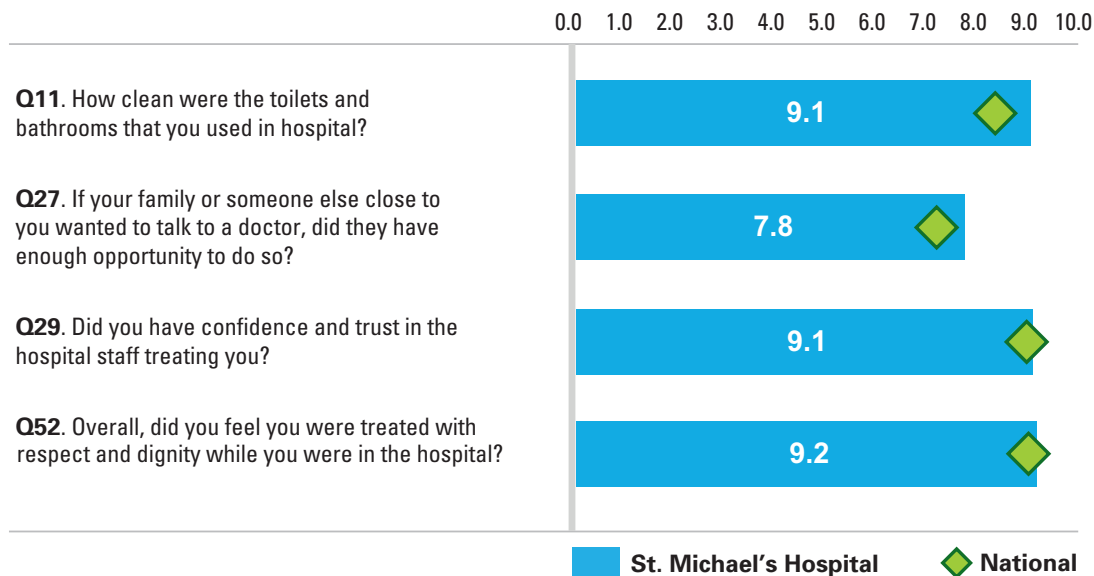
Question 29 asked people if they had confidence and trust in the hospital staff treating them. 108 people (84% of all people who answered Q29) said that they always had confidence and trust in the hospital staff treating them, while one person (1%) said that they did not.

Question 11 asked people about the cleanliness of the bathrooms and toilets in St. Michael's Hospital. While 97 people (78% of all 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. Michael's Hospital. Out of 77 people, 49 (64%) said that their family or people close to them definitely had sufficient opportunities to talk to a doctor. However, eight people (10%) said that their family or friends did not.

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

Figure 18. St. Michael's Hospital scores for other aspects of care



Other aspects of care: what do these results mean?

Patients in St. Michael's Hospital reported positive experiences of being treated with dignity and respect, and had confidence in the hospital staff treating them. These areas are strongly linked with patients reporting a positive overall experience, and the results are thus positive for St. Michael's Hospital. However, people had less positive views on the level of communication between hospital staff and their families or friends.



Chapter 3

Overall experience

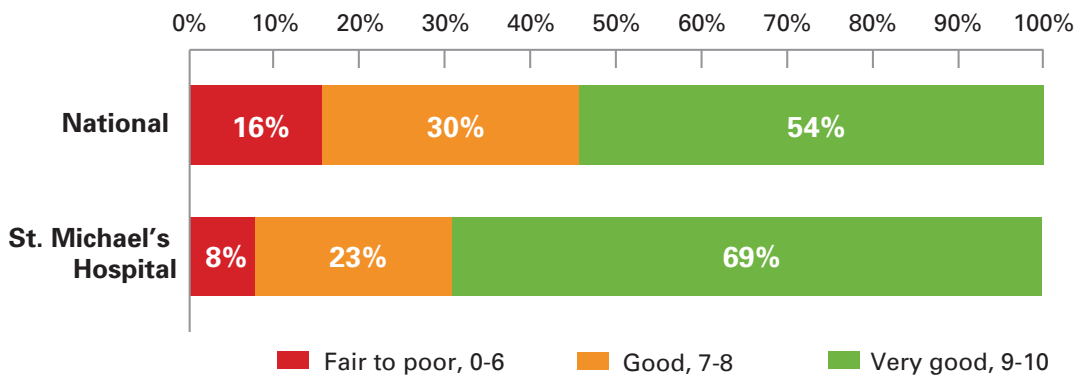
Ratings of overall experience

Q53 asked patients to rate their overall hospital experience on a scale of 0 to 10, with 10 being the most positive experience, and 0 the most negative experience.

Figure 19. below provides the average overall rating of hospital experience, reported by people who completed the survey in St. Michael's Hospital, compared with the national average.

Well over half of people (69%), who stayed in St. Michael's Hospital in May 2017, reported having a very good experience in this hospital, which is above the national average. 8% of respondents indicated a fair to poor experience in St. Michael's Hospital.

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



4

Chapter 4 Conclusion

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

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

The survey found that, overall, people in St. Michael's Hospital were generally treated with respect and dignity. People also reported positive experiences around privacy while being examined or treated in the hospital, including in the emergency department. The standard of cleanliness and hygiene of bathrooms, as well as the food provided at mealtimes were rated highly.

However, questions around the discharge or transfer stage of care were among the lowest ranking questions. Two of the lowest rated areas for St. Michael's were related to this stage of care. People felt that they were not informed about medication side effects, and their families were not given enough information to help care for them at home.

Some areas needing improvement were also found in relation to care on the ward in St. Michael's Hospital. A number of respondents felt that staff did not do everything they could to help control pain when patients required it. Issues were also identified in relation to communication, as people said that they did not find someone on the hospital staff to talk to about their worries and fears.

These findings will serve to inform quality improvement initiatives in St. Michael'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 hospital in Ireland. In direct response to what people have said in this survey, the HSE will develop and publish a national quality improvement plan which will outline a vision and direction for the future of patient-centred care in Ireland. Each hospital will also produce a quality improvement plan to address the issues raised by its patients.

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

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.

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.

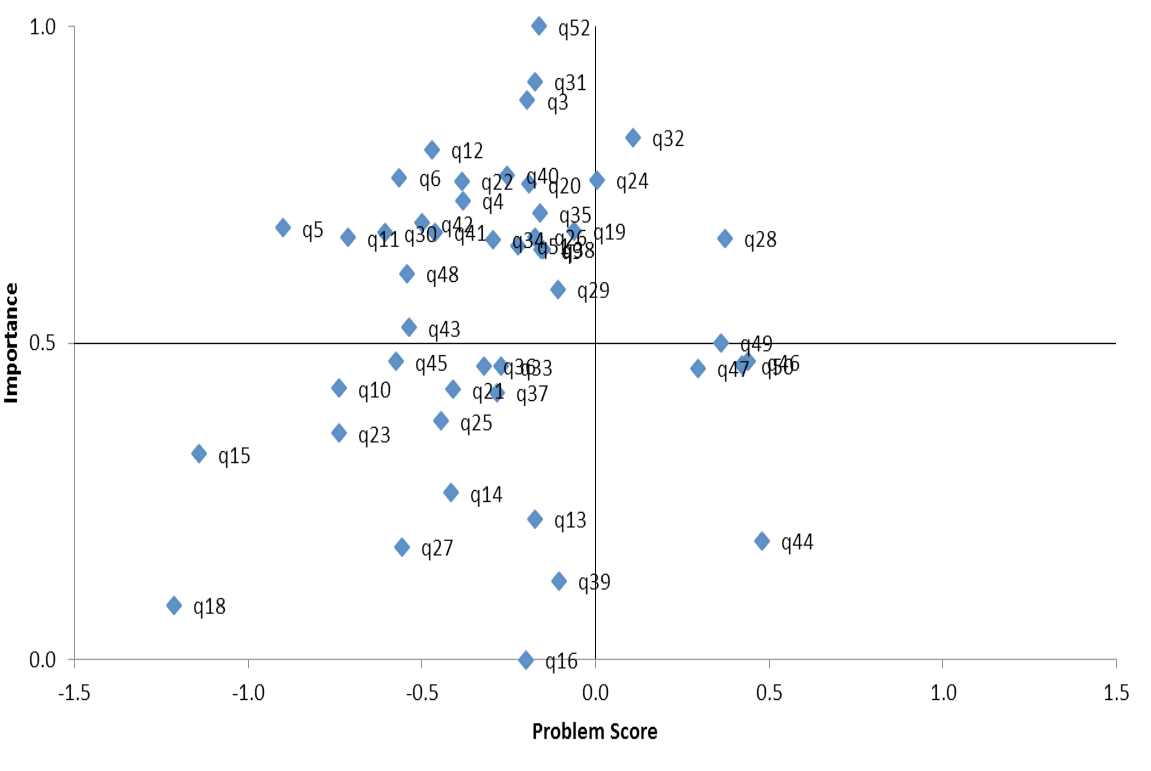
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected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

Figure 20. Overall patient experience map for St. Michael's Hospital



Appendix 4:

A technical note on analyses and interpretation

Preliminary note

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

Scoring methodology

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

The scores for the patient journey were calculated by grouping survey questions into five stages of care⁴: admissions, care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other stages of care. Scores are presented for individual questions making up a stage of care. The responses to questions in each stage were also summarised to form overall scales ranging from 0-10.

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

⁴ There are 48 questions relating to the patient journey stages of care. Filter questions, that is, questions whose main purpose it was to route respondents to the next applicable question, were excluded from this categorisation.

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

The Emergency Department

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

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

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

Q3. When you had important questions to ask doctors and nurses in the Emergency Department, did you get answers that you could understand?	
Respondent	Score
1	10
2	10
3	5
4	0
5	5
Sum of scores	30

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

Comparing groups

When is a difference a 'real' difference?

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

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

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

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

How was the survey data analysed and reported?

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

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

Analysing open-ended comments

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

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

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

Glossary

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

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

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

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

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

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

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

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

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

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

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