



National Patient Experience Survey 2017

St. Vincent's University Hospital

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 Health
Information
and Quality
Authority
An tAidias Um Fhairsnéis
agus Caliocht Sláinte

 Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

 An Roinn Sláinte
DEPARTMENT OF HEALTH



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

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

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

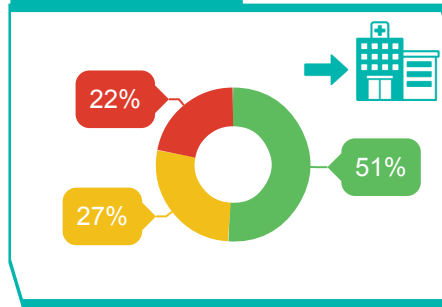
Very good 9 - 10

Good 7 - 8

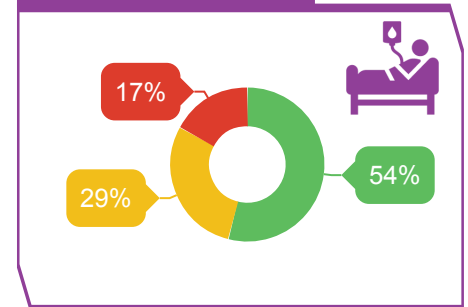
Fair to poor 0 - 6

Stages of care

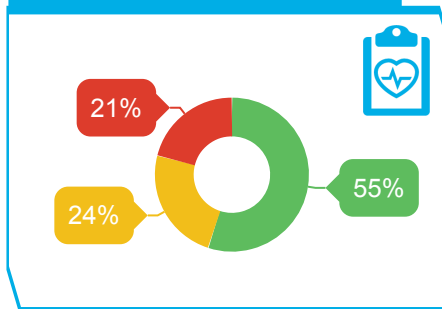
Admission



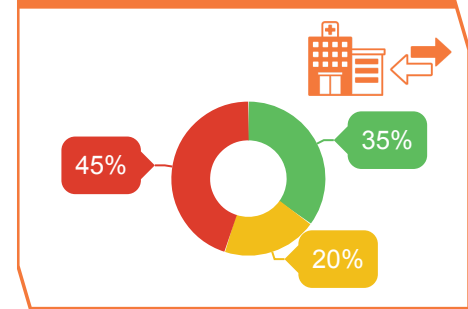
Care on the ward



Examinations, diagnosis & treatment



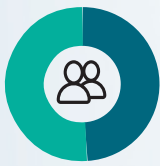
Discharge or transfer



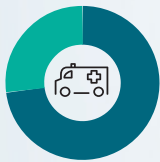
* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.



51%
of 1471 eligible
patients took part



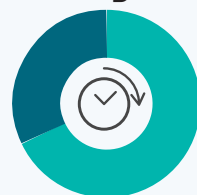
49% female
51% male



73%
entered hospital on
an emergency basis

Average age:
62 years

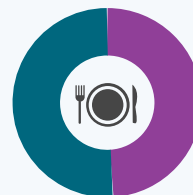
Waiting time



68%

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

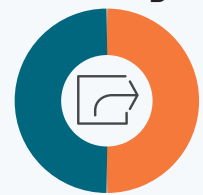
Food



49%

were not always
offered a replacement
meal when required.

Discharge

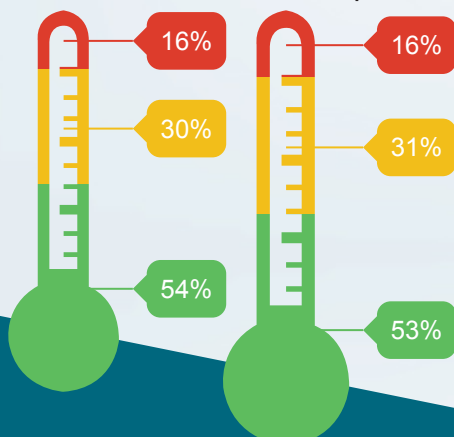


50%


were not given written or
printed information
about what they should
or should not do when
they left hospital.

Overall experience

Nationally This hospital




Areas of good experience

98% 
of people said

that they were given
enough privacy when
being examined or
treated on the ward.

Areas needing improvement

40% 
of people said

that the food
was fair or poor.

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. Vincent's University Hospital.

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Chapter 1

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

About the National Patient Experience Survey 2017

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

Nationally, 26,635 people were invited to participate in the first National Patient Experience Survey in 2017. In total, 13,706 people took part. The results outlined in this report reflect the experiences of patients who were discharged from St. Vincent's University Hospital (SVUH) during the month of May 2017. In total, 745 patients from SVUH 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. Please 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 745 patients from SVUH 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. Vincent's University Hospital (SVUH) is a public acute hospital located, south of Dublin city. There were 536 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 1,471 eligible discharges were recorded during this time. St. Vincent's has an emergency department. Patients in 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 SVUH 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 SVUH. A quality improvement plan will be developed by SVUH in response to the survey results and will be publicly available in December 2017 from www.patientexperience.ie.

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



Who took part in the survey?

Description of the respondents who took part in the survey

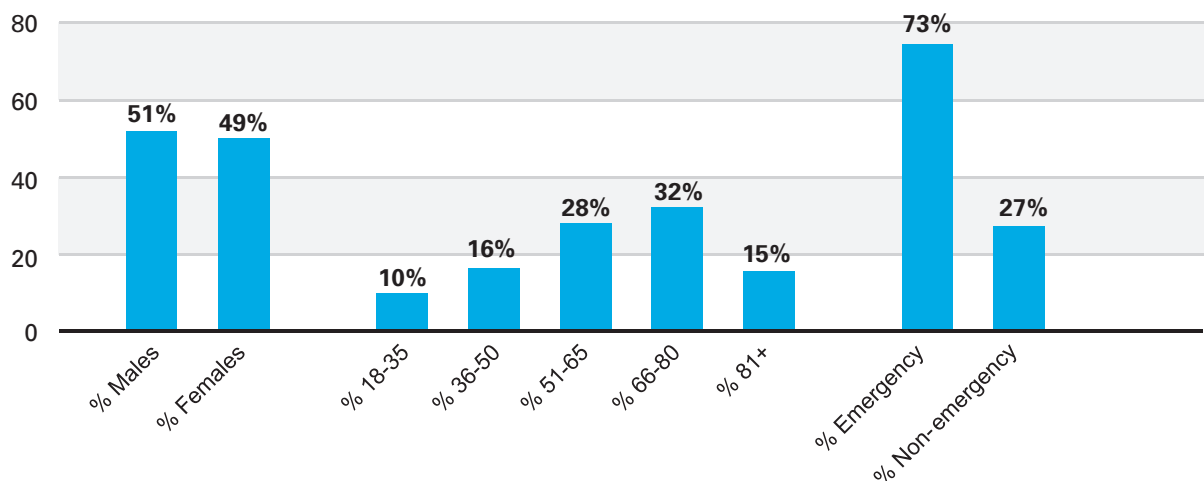
1,471 people discharged from SVUH during the month of May 2017 were invited to participate in the survey.

745 people completed the survey, achieving a response rate of 51%.

51% of people who responded to the survey in SVUH were male and 49% were female. Most respondents (73%) said they entered the hospital through the emergency department.

Figure 1. below shows information about the respondents who took part in the survey from SVUH.

Figure 1. Survey participants from SVUH by sex, age group and admission route



What were the main findings for SVUH?



Overall, patients' ratings of their experiences at SVUH were the same as the national average. 84% of patients at SVUH said they had a 'very good' or 'good' experience, compared with 84% nationally.

The survey found that, overall, people in SVUH were given privacy when discussing or receiving treatment. Patients also reported that they were usually offered a choice of food. A large number of positive comments were received in relation to the level of care provided by staff.

Several areas across each stage of care were identified as needing improvement. In relation to admission, the large majority of patients reported waiting more than six hours in the emergency department. Many patients also rated the hospital food poorly. Several questions relating to communication were negatively rated, with some patients reporting, for example, that their family was not involved in decisions about their care, and that they were not told how they could expect to feel after an operation or procedure.

Communication in relation to discharge was also highlighted as requiring improvement, with many patients feeling that staff did not provide sufficient information on managing their condition at home.

While many reported being treated with respect and dignity, SVUH performed below the national average for this question, which is strongly related to how patients rate their experience overall. Treating patients with dignity and respect is thus a priority for improvement. Similarly, patient confidence and trust in the staff treating them were slightly below average and had a strong relationship with patients' ratings of their overall experience of care.

These findings will serve to inform quality improvement initiatives in SVUH.

Areas of good experience and areas needing improvement in SVUH

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

Appendix 3 explains how these areas were identified.

The areas of good experience in SVUH are:

Patients had positive experiences in several areas, particularly as regards privacy when receiving and discussing treatment on the ward. Positive experiences were also reported as regards the choice of food on offer.

Other aspects of care | Q27.

Opportunity for family members to talk to a doctor

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

Care on the ward | Q16.

Choice of food

95% of the 684 people who answered this question said that they were always or sometimes offered a choice of food.

Examinations, diagnosis and treatment | Q30.

Privacy when discussing condition or treatment

93% of the 697 people who answered this question said that they were sometimes or always given enough privacy when discussing their condition or treatment.

Examinations, diagnosis and treatment | Q31.

Privacy when being examined or treated

688 people (98%) said that they were sometimes or always given enough privacy when being examined or treated on the ward.

The areas needing improvement in SVUH are:

Patients highlighted areas needing improvement, for example, as regards the quality of food and the offer of help from staff to eat meals. Many patients felt their family was not given sufficient opportunity to talk to a doctor. Patient ratings of dignity and respect, and their confidence and trust in staff, were below the national average.

Care on the ward | Q15.

Food rating

275 (40%) of the 686 people who rated the food said it was 'fair' or 'poor'.

Care on the ward | Q19.

Help from staff to eat meals

67 (32%) of the 208 people who said they needed help from staff to eat meals said that they did not or only sometimes got it.

Other aspects of care | Q27.

Family opportunity to talk to a doctor

227 people (49%) who answered this question said that their family did not have or only to some extent had an opportunity to talk to a doctor.

Other aspects of care | Q29.

Confidence and trust in hospital staff

147 (21%) of the 704 people who answered this question said that they did not have, or had only to some extent, confidence and trust in the hospital staff that treated them — a result below the national average for this question. Having confidence and trust in staff was strongly related to patients' overall experience.

Other aspects of care | Q52.

Respect and dignity

132 (18%) of the 708 people who answered this question said they were not or were only sometimes treated with respect and dignity. This is below the national average for this question. Having confidence and trust in staff was strongly related to patients' overall experience.



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

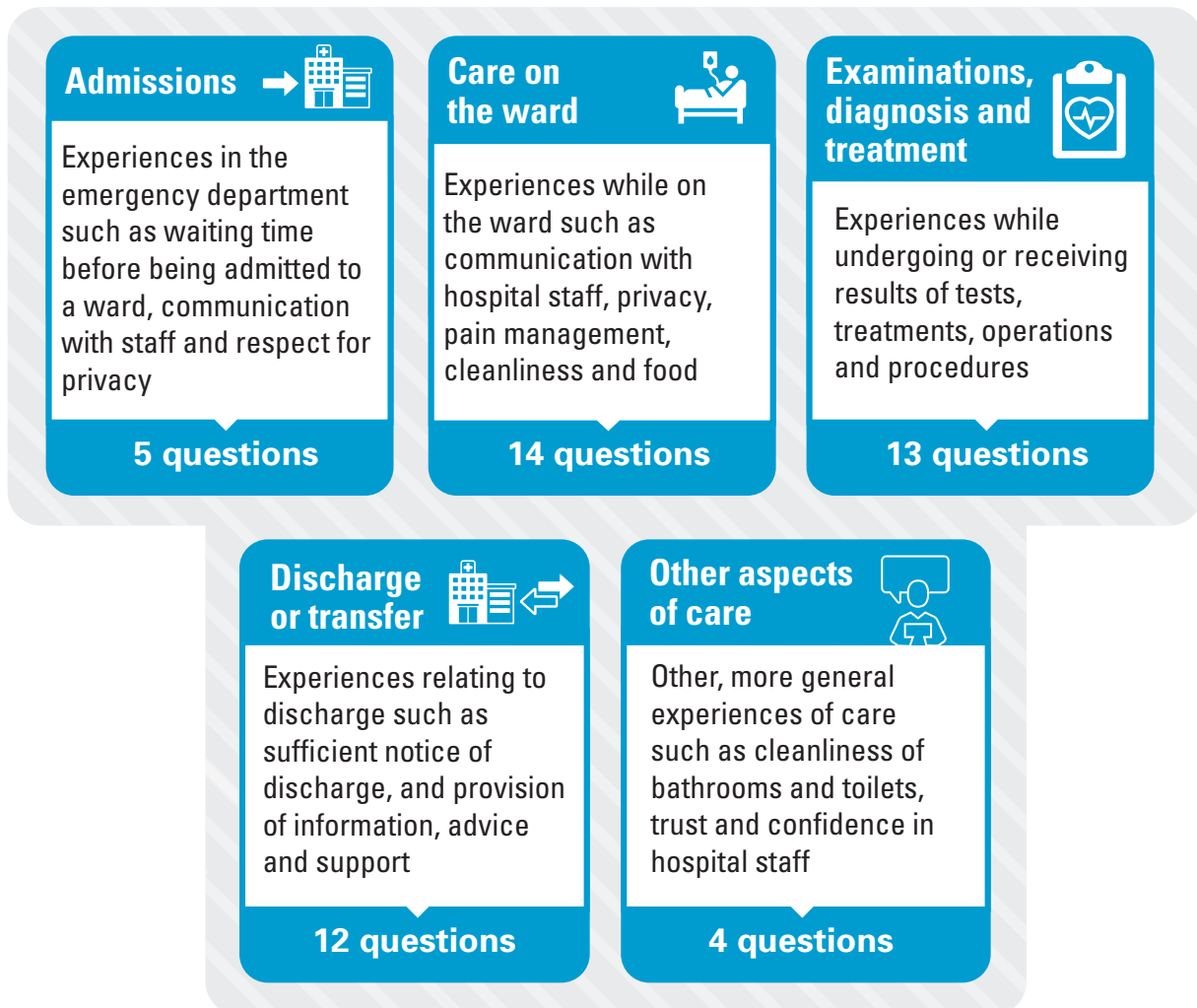
The National Patient Experience Survey 2017 follows the patient journey through hospital from admission to discharge.

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

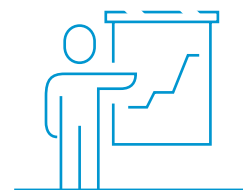
- **admissions**
- **care on the ward**
- **examinations, diagnosis and treatment**
- **discharge or transfer**
- **other aspects of care.**

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

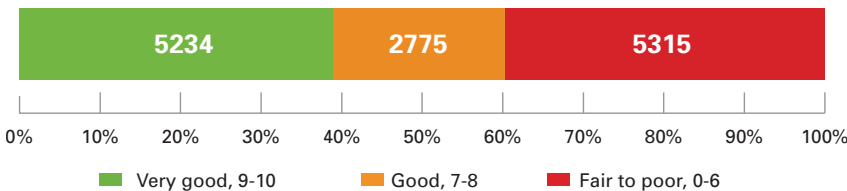
1. Experience rating for a stage of care

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.

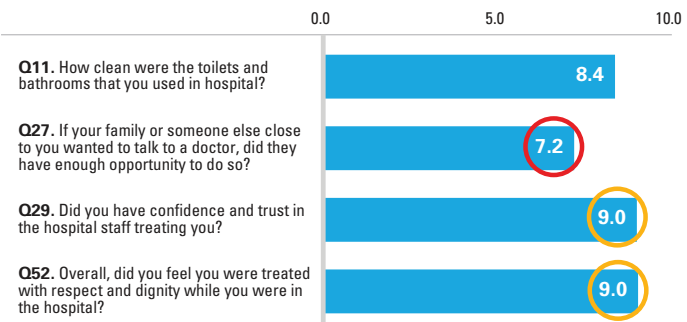
Example:

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

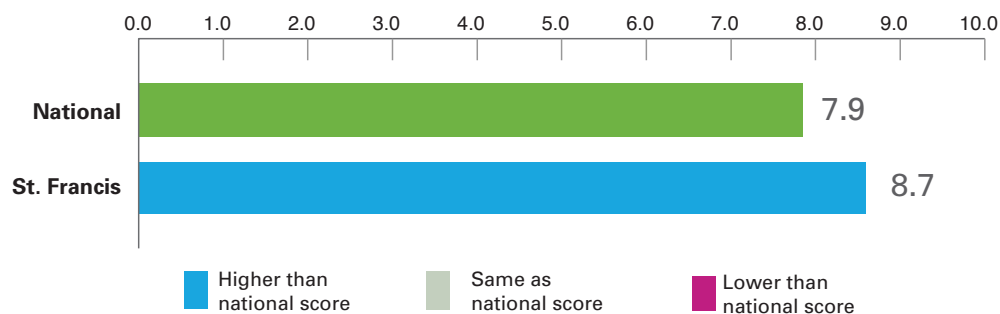


3. Comparisons

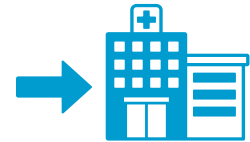
When hospital scores are compared with the national average, statistical tests were carried out to check if any differences were genuine or simply down to chance. The way hospital scores are calculated is explained in Appendix 4.

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

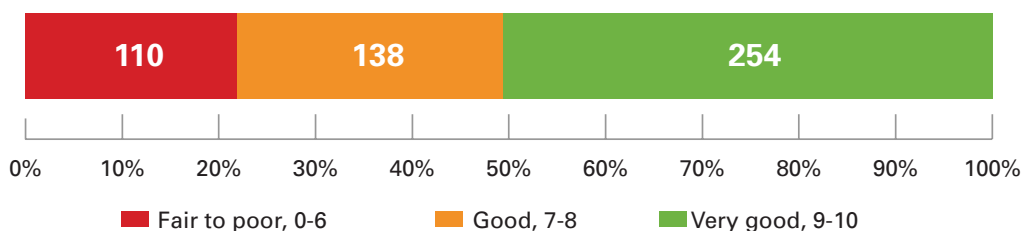


In summary: what were patients' experiences of the admissions process?

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

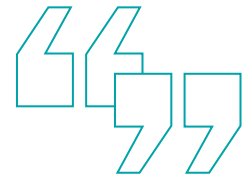
110 people (22%) had a fair to poor experience of the emergency department in SVUH. However, 254 (51%) people rated their experience as very good. The findings are summarised in Figure 4.

Figure 4. Experience ratings for admissions



What were the key findings for admissions?

- Waiting time in the emergency department was the lowest scoring question, with 68% of people saying they waited longer than six hours before being admitted to a ward.
- 80% of respondents who spent time in the emergency department said that they were always treated with respect and dignity there.
- 196 respondents who needed an explanation (43%) said that their condition and treatment was not, or was only to some extent, explained in a way that they could understand while in the emergency department.
- SVUH scored 7.8 out of 10 overall for this stage of care, which is similar to the national score of 7.9 out of 10. This means patients in SVUH had a similar experience of this stage of care to patients in other hospitals.



The patient voice: what patients said about admissions

Respondents from SVUH made 280 open-ended comments related to the following themes: 'dignity, respect and privacy', 'communication with the patient', 'emergency department management or environment', and 'emergency department waiting times'. Examples of these comments are provided below. 131 (47%) of the comments were made in response to the question seeking suggestions for improvement.

Dignity, respect and privacy

"I feel I was treated with respect and dignity, from my journey in the ambulance to the discharge area. I felt safe at any of my stays at S.V.U.H."

"Privacy! For example, I was told of my diagnosis in an A&E corridor with other patients nearby. I only had privacy during examinations."

Communication with the patient

"Staff in A&E from receptionist through to nurses and doctors were courteous, professional and efficient. They listened and spoke to me as a person and their care and attention was excellent."

"There needs to be more communication between doctors on different teams. Also more communications with patients, regarding treatments."

Emergency department management or environment

"The A&E department was very good, once they agreed I had [Condition Name], the pain medication was good and they had a pack of essentials such as toothbrush, paste, socks, sleep mask."

"The A&E could do with a lot more space and accommodation but this is a countrywide drawback."

Emergency department waiting times

"I was seen to 3 hours after I arrived at A&E, was put on IV quite quickly and given a bed."

"The waiting time is completely unacceptable. 6 hours before Doctor saw me and no pain relief."

Quantitative results for questions on admissions

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

68% of people who answered Q8 had to wait longer than six hours before being admitted to a ward. More detail on waiting times is provided later in this section.

399 respondents (80%) from SVUH said that they were always treated with respect and dignity in the emergency department. With a score of 8.8 out of 10 this is the highest performing area of the admissions stage.

Figure 5. summarises the scores for SVUH for the admissions stage of care.

"My experience in A&E was probably not the worst, but being on a trolley meant absolutely no privacy."

Figure 5. SVUH scores for questions on admissions

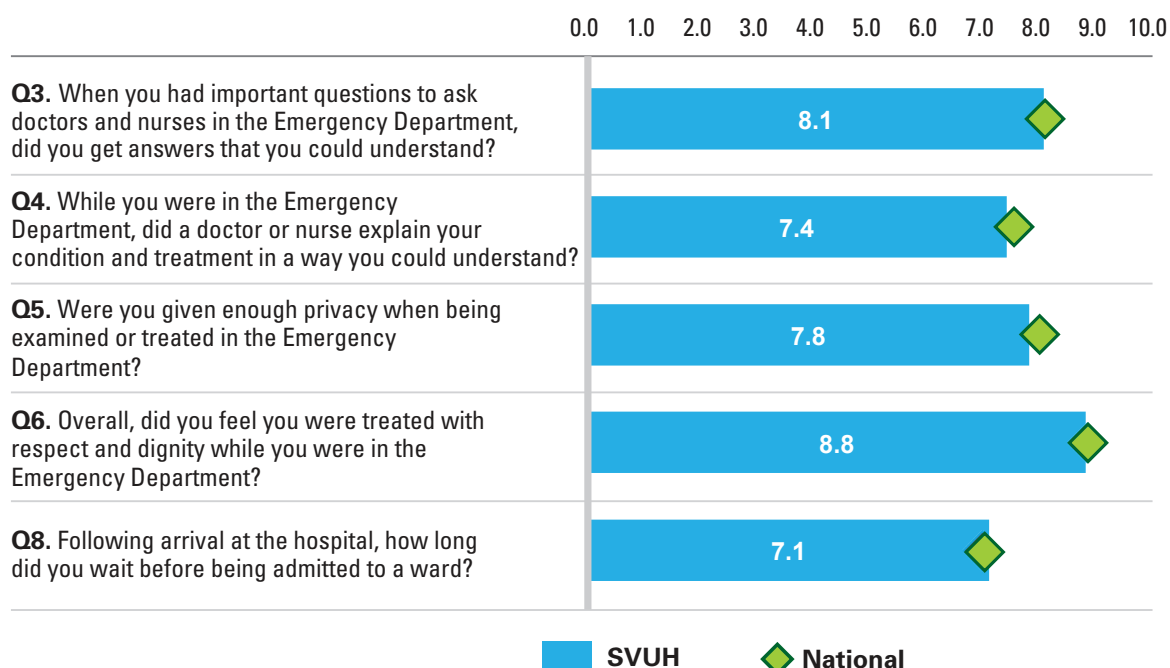


Figure 6. shows that, within the admissions stage, the average score for SVUH (7.8 out of 10) is similar to the national average (7.9 out of 10)¹.

Figure 6. Comparison of SVUH 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 figures².

¹ Though the SVUH admission score is lower than the national score, the difference is not statistically significant. For further information see Appendix 4.

² 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

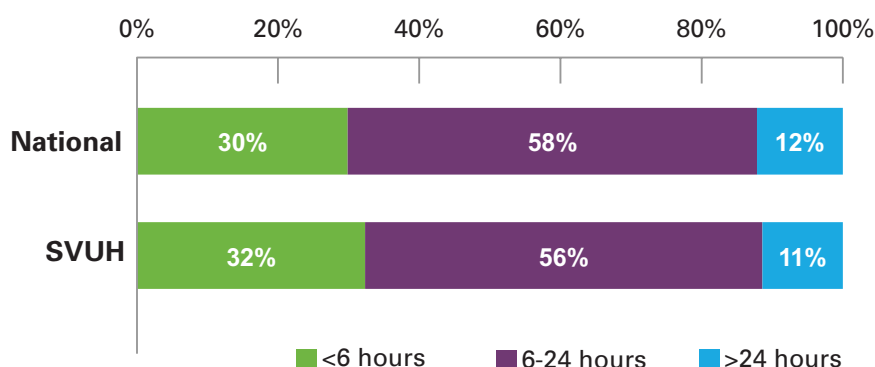
In SVUH, 144 respondents (32%) said they were admitted to a ward within six hours of arriving at the emergency department. 251 respondents (56%) reported waiting between six and 24 hours. 51 respondents (11%) reported waiting 24 hours or more before being admitted to a ward in SVUH, with nine of these people saying they waited more than 48 hours.

Figure 7. outlines the patient-reported waiting times in SVUH, compared with the national average.

What does this mean for SVUH?

With 32% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that SVUH performed slightly above the national average, where 30% of people said that they were admitted within six hours of arriving. However, patient-reported waiting times in SVUH fell well short of the HSE target for waiting times. Studies have found that long waiting times in the emergency department after a decision has been made to admit a patient can have negative consequences for patient's health^(1, 2).

Figure 7. Patient-reported emergency department waiting times for SVUH and nationally



Admissions: what do these results mean?

The large majority of patients reported waiting for longer than six hours in the emergency department, well below the performance targets set by the HSE. Lengthy waiting times are associated with poor outcomes for patients. Most patients said they were treated with respect and dignity in the emergency department but there was still room for improvement in this area.

Care on the ward

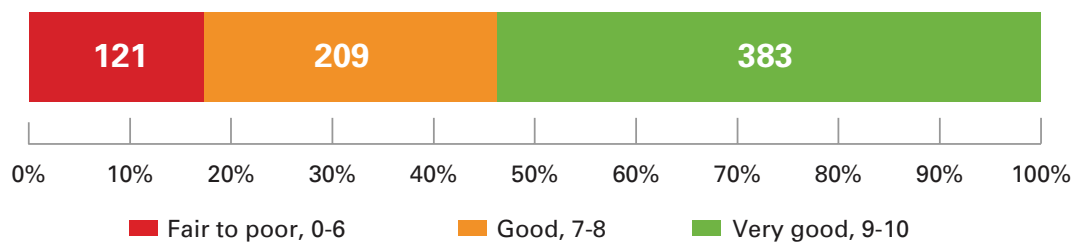


In summary: what were patients' experiences of care on the ward?

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

383 respondents (54%) reported having a very good experience during their stay on a ward in SVUH. However, 121 respondents (17%) said that their experience of care on the ward was fair to poor. Figure 8. summarises patients' experiences of care on the ward.

Figure 8. Experience ratings for care on the ward



What were the key findings for care on the ward?

- 538 respondents (79%) from SVUH said that they were always offered a choice of food, which is above the national average.
- 275 respondents (40%) rated the food as 'fair' or 'poor', with this question scoring 5.8 out of 10.
- SVUH scored 8.2 out of 10 for care on the ward, which is similar to the national average score of 8.3 out of 10. This means that patients in SVUH had a similar experience of this stage of care to patients in other hospitals.

"I would like to thank every one of the staff. They do an amazing job"



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

469 open-ended comments from SVUH patients related to the following themes: 'staffing levels', 'staff availability and responsiveness', 'other healthcare staff', 'other staff', 'food and drink', 'cleanliness and hygiene'. Examples of these comments are provided below. 197 (42%) of the comments were in response to the question seeking suggestions for improvement.

Staffing levels

"The staff were excellent considering they were run off their feet. I was treated with kindness and respect, however I felt they were understaffed."

"I felt the ward I was on was extremely understaffed. I was afraid to ring the bell for a nurse because I knew how busy they were."

Staff availability and responsiveness

"I was dealt with very quickly and not left in pain."

"Visits from the consultants concerned were very rushed that was a bit disconcerting as I had a few questions that would have reduced my anxiety had there been less of a rush."

Other healthcare staff

"The nurses' assistant [Staff Name] brightened my stay with willingness and good humour."

"Physiotherapists and other non-nursing professionals should always wear name tags."

Other staff

"All the staff on the ward were wonderful. Nurses, cleaners, the guy who gave out the meals. Another guy who brought life-saving cups of tea. Everyone had time to say "hello, how are you today?" and sound like they really meant it."

"The hygiene in the ward and the toilet was not always great. The contract cleaners did not seem to care about it too much. In the end the care assistants/nurses would have to clean up."

Food and drink

"There was a good choice of hospital food and the people who served the food were very friendly."

"The food was awful throughout, in both the quality of the food and the manner in which it was delivered, oftentimes with parts of the meal missing or the entire meal itself not brought up."

Cleanliness and hygiene

"I was very impressed by the number of times I saw the cleaner going around cleaning everywhere."

"The only thing that is letting the ward down is the toilet facilities. They are not kept well and clean for patients. I think they should be cleaned more often."

Quantitative results for questions on care on the ward

Fourteen questions asked about care on the ward.



Figure 9. shows the scores out of 10 for each question. 538 respondents (79%) from SVUH said that they were always offered a choice of food, which is above the national average. The lowest scoring question (Q16) also relates to hospital food. 275 respondents (40%) rated the food as 'fair' or 'poor', with this question scoring 5.8 out of 10.

"Grateful to hospital staff for the work they do and the courtesy they show to patients."

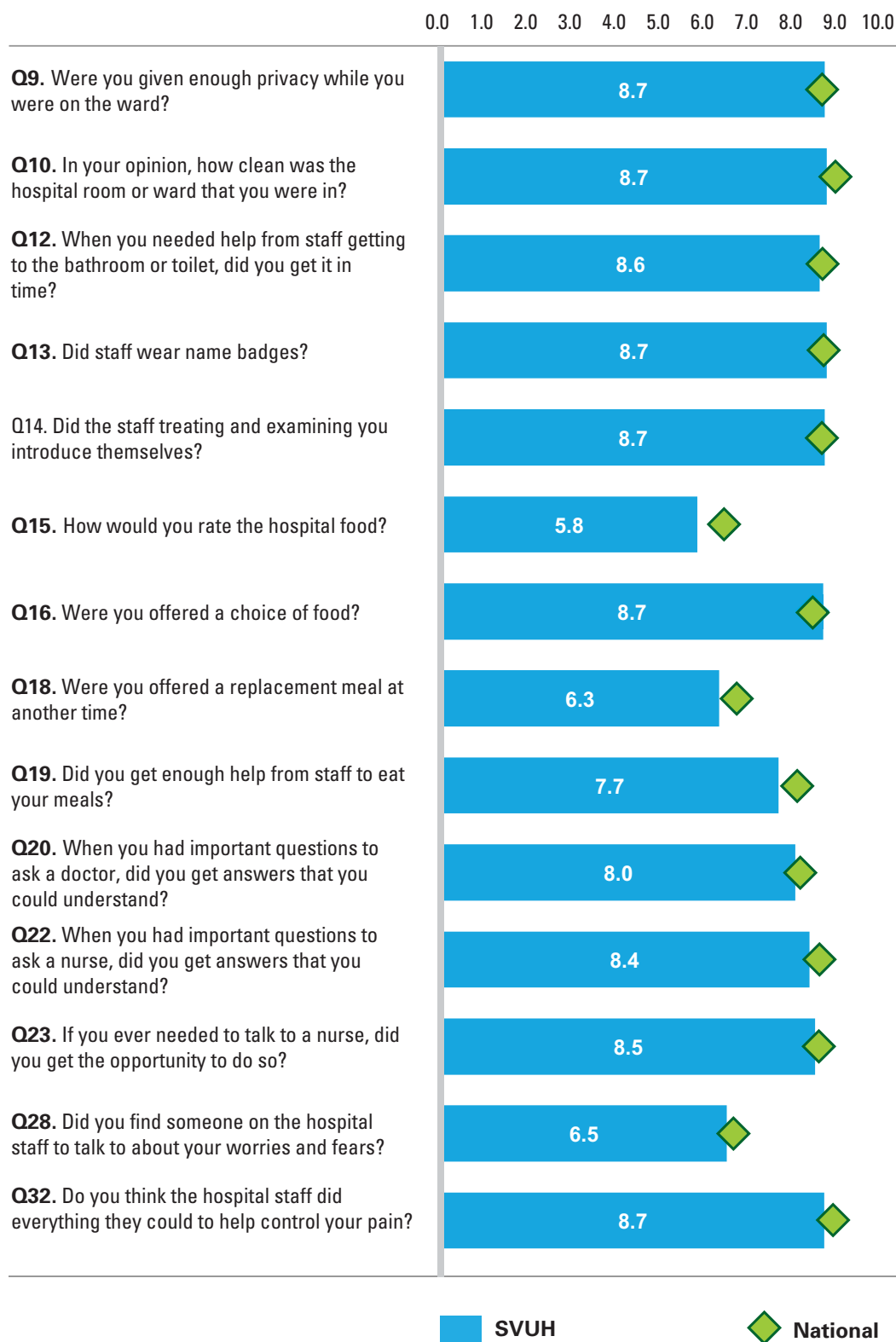
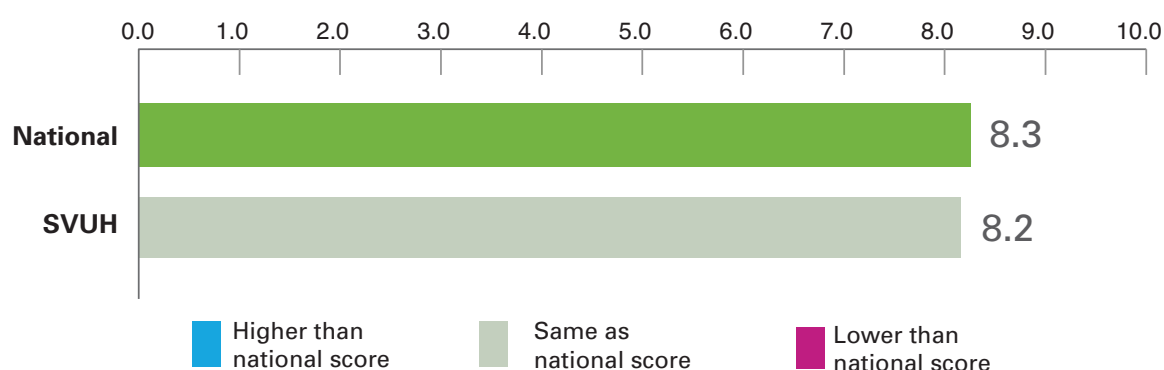
Figure 9. SVUH scores for questions on care on the ward

Figure 10. shows that, within the care on the ward stage, the average score for SVUH (8.2 out of 10) is similar to the national average (8.3 out of 10).³

Figure 10. Comparison of SVUH 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 SVUH. Many patients did not have positive experiences in relation to the standard of food they received; however, above average ratings were given as regards the choice of food on offer. Patients were generally positive about the level of privacy on the ward. Overall, patients in SVUH reported a similar experience of care on the ward to the national average.

³ Though the SVUH care on the ward score is lower than the national score, the difference is not statistically significant. For further information see Appendix 4.

Examinations, diagnosis and treatment

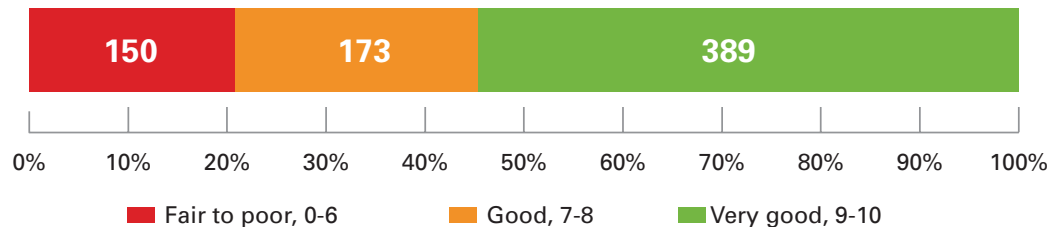


In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

150 respondents (21%) said that their experience of examinations, diagnosis and treatment in SVUH was fair to poor. On the other hand, 389 respondents (55%) reported having a very good experience. Figure 11. summarises patients' experiences of examinations, diagnosis and treatment.

Figure 11. Experience ratings for examinations, diagnosis and treatment

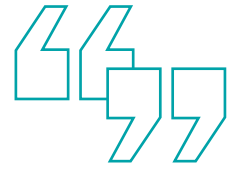


What were the key findings for examinations, diagnosis and treatment?

- Many people said that they were given enough privacy when they were being examined or treated, with a score of 9.2 out of 10 for this question.
- The two lowest rated questions asked patients whether they had enough time to discuss their care and treatment with a doctor, and whether they were told how they could expect to feel after an operation or procedure, with both scoring 7.3 out of 10. 303 respondents (43%) said they did not always have enough discussion time, while 169 people (39%) said they were not completely told how they could expect to feel after an operation or procedure.
- SVUH scored 8 out of 10 for examinations, diagnosis and treatment, which is similar to the national average (8.1 out of 10). The means that patients had a similar experience to patients in other hospitals for this stage of care.

"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



414 open-ended comments were made on the following themes: 'nursing staff', 'doctors or consultants', 'waiting time for planned procedures'. Examples of these comments are provided below. 278 (67%) of these comments were in response to Q59, which asked patients what was particularly good about their experience.

Nursing staff

"All of the nurses which took care of me were very helpful and easy to talk to and listened to me, and also returned all calls to my family when they rang to check on my recovery. Very punctual."

"The nursing staff seemed inexperienced and disinterested in the person they were treating."

Doctors or consultants

"My main doctor on the team's bedside manner was fantastic and can't praise her enough. Whenever I had a concern I could ask a nurse to bleep her."

"The troop of doctors arriving together is intimidating and not conducive to asking questions to which you may urgently want the answers."

Waiting times for planned procedures

"The medical staff were great, (doctors and nurses), all my tests were carried out very quickly."

"Waiting time for [Procedure Names] was abysmal, although I understand the queue."

Quantitative results for questions on examinations, diagnosis and treatment

Thirteen questions asked about examinations, diagnosis and treatment.

Figure 12. shows the scores out of 10 for each question in this stage. 604 (86%) of respondents who answered the question said they always received enough privacy when being examined or treated. This was the highest scoring question for the stage, at 9.2 out of 10 overall.

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

The two lowest rated questions asked patients whether they had enough time to discuss their care and treatment with a doctor, and whether they were told how they could expect to feel after an operation or procedure, with both scoring 7.3 out of 10. 303 respondents (43%) said they did not always have enough discussion time. 169 people (39%) said they were not completely told how they could expect to feel after an operation or procedure.

Figure 12. SVUH scores for questions on examinations, diagnosis and treatment



Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for SVUH (8 out of 10) is lower the national average (8.1 out of 10).

Figure 13. Comparison of SVUH 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 SVUH gave above-average ratings of the privacy they were given when discussing or receiving treatment. However, patients were less positive about the amount of time allocated by hospital staff to talk about their treatment, and as regards communication from medical staff on how they could expect to feel after a procedure. This suggests that care was not as patient-centred as it should be and that more effort is needed to ensure that patients feel that their voices are heard by medical staff.

Discharge or transfer

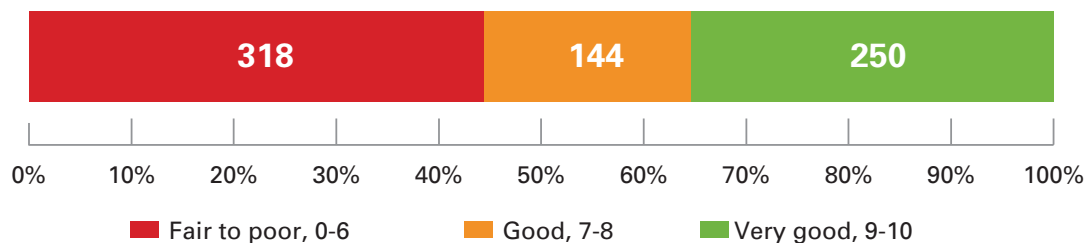


In summary: what were the experiences of patients during discharge or transfer from hospital?

'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 712 people who rated their experience of discharge or transfer from the hospital, 318 (45%) said that their experience was 'fair to poor'. On the other hand, 250 (35%) reported having a very good experience of being discharged or transferred from SVUH. Figure 14. below summarises these experience ratings.

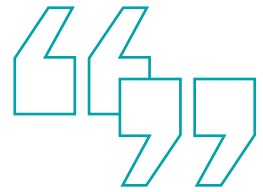
Figure 14. Experience ratings for discharge or transfer



What were the key findings for discharge or transfer?

- Out of 543 people, 477 (88%) said that a member of staff completely or to some extent explained, in a way they could understand, the purpose of the medicines they were to take at home.
- 201 people (41%) who answered Q46 said that they were not informed about any medication side effects to watch for when they went home.
- 345 people (50%) who answered Q44 said that they were not given written or printed information about what they should or should do when they left hospital.
- SVUH scored below the national average for this stage of care, with an overall score of 6.5 out of 10. This means that the experiences of patients in this hospital had a less positive experience than the average.

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



In total, people from SVUH made 69 comments in the 2017 survey about 'discharge and aftercare management'. Examples of these comments are provided below. 58% of these comments were in response to Q60, which asked for suggestions for improvement.

Discharge and aftercare

"The nurse that was on duty at night was very helpful explaining aftercare."

"I was not given any information on my care following discharge nor any follow up appointments. There was mention of an appointment for me but nobody could tell me anything about it."

Quantitative results for questions on discharge or transfer from hospital

Twelve questions asked about discharge or transfer.

Out of 543 people, 477 (88%) said that a member of staff completely or to some extent explained the purpose of the medicines they were to take home in a way they could understand.

201 people (41%) who answered Q46 said that they were not informed about any medication side effects to watch for when they went home. 345 people (50%) who answered Q44 said that they were not given written or printed information about what they should or should not do when they left hospital.

Figure 15. summarises the scores for SVUH for questions on discharge or transfer from the hospital.

Figure 15. SVUH scores for questions on discharge or transfer



Figure 16. shows that within the discharge or transfer from hospital stage the average score for SVUH (6.5 out of 10) was lower than the national average (6.7 out of 10). This means that patients who attended SVUH in May 2017 reported less positive experiences in comparison to the national average.

Figure 16. Comparison of SVUH 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 SVUH had below-average experiences of this stage of care, suggesting that 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?

- Q52 was the highest ranking question on other aspects of care (score of 8.9 out of 10). 81% of people said that they were always treated with respect and dignity while they were in hospital. However, this was slightly below the national average.
- Q27 was the lowest ranking question on other aspects of care (score of 6.8 out of 10). 49% of those who wanted their family involved said their families were not, or were only to some extent, given enough opportunity to talk to a doctor.

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



444 open-ended comments on SVUH were about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'parking facilities', 'clinical information and history' and 'private health insurance'. Examples of these comments are provided below.

Staff in general

"I was cared for really well at all times and nurses and all staff were friendly and attentive to my needs."

"Some hospital staff could be quite rude and didn't want to know or listen to your questions. I think as a patient that it wasn't too much to ask."

Communication with family and friends

"At all times either I or my family member was completely involved in my care decisions."

"Communication — between medical staff and my wife. I was too unwell to take in a lot of what they were telling me — she had to badger people for information."

Physical comfort

"The food was a very high standard and the room was very clean and bright."

"I was in a 3 bed ward next to the nurses' station and I realise it's a busy area but it results in a lot of sleep disturbance during the night."

Hospital facilities

"Vincent's Hospital was immaculately clean, spacious, and quiet."

"Shower facilities were dismal. When I was moved to another ward things were much better. There was a vast difference in facilities depending on the ward."

Clinical information and history

"On entry to the A&E, my situation was prioritised due to my previous medical history."

"During my stay after 2nd surgery a [Nurse Type] was doing exercises with me for [Condition Name] — wrong patient. On same day I was given intravenous antibiotics which were also meant for another patient. This has left me paranoid about receiving medicine."

Private health insurance

"I was in a private room which was a great help."

"I found it very distasteful that a woman from accounts came to talk to me about the costs of the stay, although she was very professional and pleasant. Luckily for me I have VHI and everything was covered."

Parking facilities

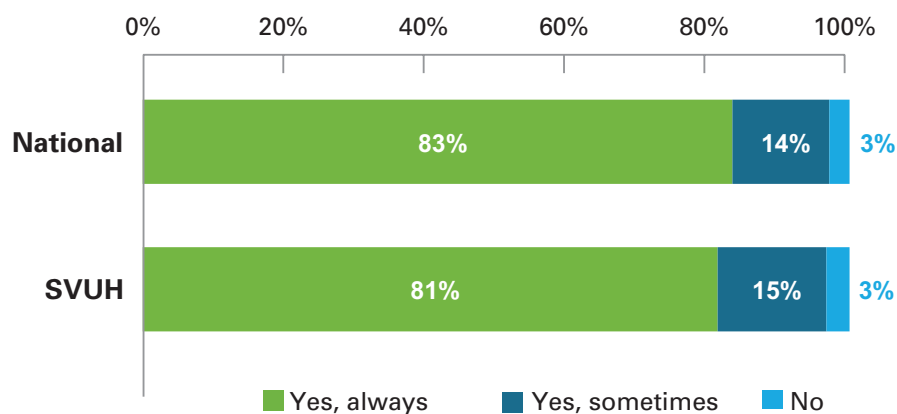
"Parking for visitors in St. Vincent's was quite expensive."

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 SVUH in May 2017. Overall, 576 people (81%) said that they were always treated with respect and dignity, while 23 people (3%) said that they were not. This question scored an average of 8.9 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.

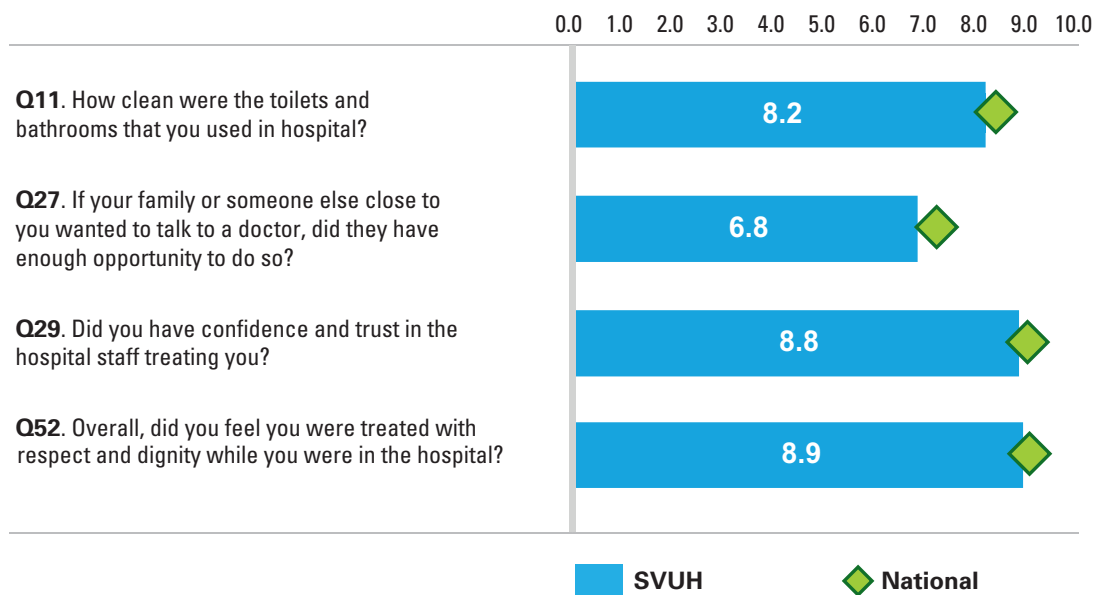
Figure 17. Ratings for dignity and respect



Question 29 asked people if they had confidence and trust in the hospital staff treating them. 557 people (79% of all people who answered Q29) said that they always had confidence and trust in the hospital staff, while 22 people (3%) said that they did not.

Question 11 asked people about the cleanliness of the bathrooms and toilets in SVUH. While 392 people (57% of people who answered Q11) said that the bathrooms and toilets were very clean, while 70 people (11%) 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 SVUH. Out of 468 people, 241 (51%) said that their family or people close to them definitely had sufficient opportunities to talk to a doctor. However, 73 people (16%) said that they did not. Figure 18. summarises the scores for SVUH for questions about other aspects of care.

Figure 18. SVUH scores for questions on other aspects of care

Other aspects of care: what do these results mean?

Most people said that they were treated with respect and dignity and had confidence in the hospital staff treating them. However, the SVUH 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

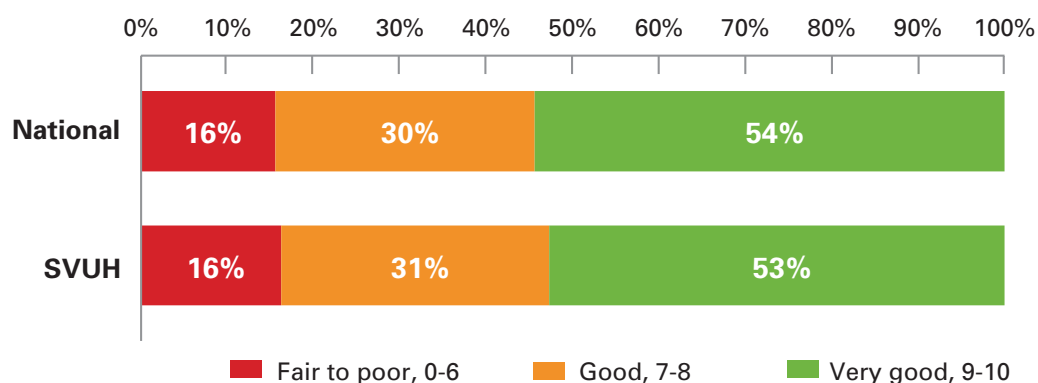
Ratings of overall experience

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

In Figure 19. below, the average overall rating of hospital experience for SVUH is provided compared with the national average.

345 people (53%) who stayed in SVUH in May 2017 reported having a very good experience in this hospital, while 16% of respondents indicated a fair to poor experience.

Figure 19. Overall rating of hospital experience for SVUH and nationally





Chapter 4

Conclusion

How did patients experience hospital care in SVUH in May 2017?

Overall, patients' ratings of their experiences at SVUH were similar to the national average. 84% of patients in SVUH said they had a 'very good' or 'good' experience, compared with 84% nationally.

The survey found that patients in SVUH were given privacy when discussing or receiving treatment. Patients also reported that they were usually offered a choice of food. A large number of positive comments were also received in relation to the level of care provided by staff.

Several areas across each stage of care were identified as needing improvement. In relation to admission, the large majority of patients reported waiting more than six hours in the emergency department. Many patients also rated the hospital food poorly. Several questions relating to communication were negatively rated, with some patients reporting, for example, that their family was not involved in decisions about their care, and that they were not told how they could expect to feel after an operation or procedure.

Communication in relation to discharge was also highlighted as requiring improvement, with many patients feeling that staff did not provide sufficient information on managing their condition at home. While many reported being treated with respect and dignity, SVUH performed below the national average for this question, which is strongly related to how patients rate their experience overall. Treating patients with dignity and respect is thus a priority for improvement. Similarly, patient confidence and trust in the staff treating them were slightly below average and had a strong relationship with patients' ratings of their overall experience of care.

These findings will serve to inform quality improvement initiatives in SVUH.

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. Furthermore, the findings of the survey will be used to develop HIQA's approach to the 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.

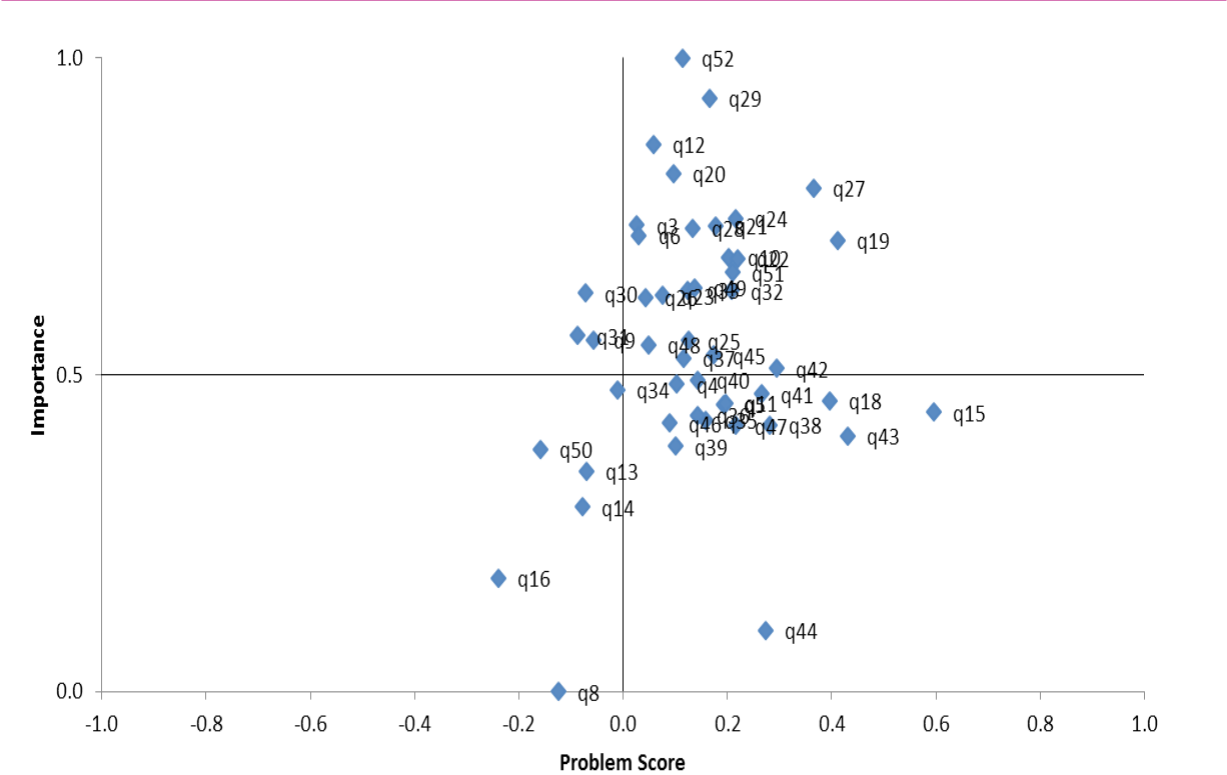
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected 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 SVUH 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 SVUH 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 SVUH 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 experiences appear in the top right section of the map - these are areas needing improvement in SVUH. Questions that have low problem scores and are important to patients' overall experiences can be found in the top left-hand section of the map - these are areas of good experience, as reported by patients of SVUH.

Figure 20. Overall patient experience map for SVUH



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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