



National Patient Experience Survey 2018

St Vincent's University Hospital (SVUH)

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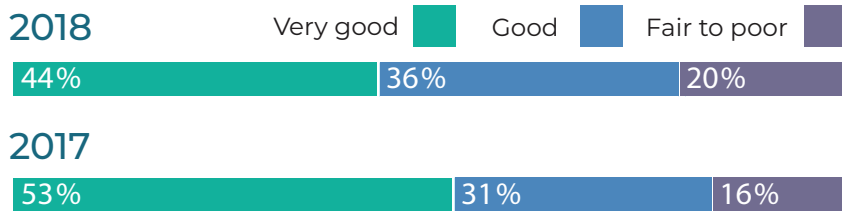
An Roinn Sláinte
Department of Health



St Vincent's University Hospital

2018 survey results

Overall experience



response rate

Areas needing improvement



Confidence and trust in hospital staff



Information on how to manage a condition



Respect and dignity

The patient voice

"My care was exceptional, all doctors introduced themselves by first names and I found this very good"



"I feel that anybody aged 70 or over should be treated in a separate A&E section. A&E is not a pleasant place to be."

www.patientexperience.ie

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About the National Patient Experience Survey 2018

The National Patient Experience Survey is a nationwide survey that offers patients the opportunity to describe their experiences of public acute healthcare in Ireland. The survey is a partnership between the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. The survey was conducted for the first time in 2017 and repeated in 2018.

Nationally 26,752 people were invited to participate in the second National Patient Experience Survey. In total, 13,404 completed the survey, resulting in a response rate of over 50%. 680 patients from St Vincent's University Hospital (SVUH) took part in the survey.

The aim of the survey is to find out about patients' experiences in public acute hospitals and to use their feedback to identify areas of good experience, and areas needing improvement. The HSE responded to the 2017 survey results by producing detailed quality improvement plans at national, hospital group and hospital levels. The implementation of these plans is coordinated by an oversight group, and a wide range of initiatives have already been introduced across Ireland's public acute hospitals. Some examples of these initiatives can be seen at www.patientexperience.ie/improvements-in-care.

What were the main findings for SVUH?

The majority of participants from SVUH reported positive experiences in hospital. 80% said they had 'good' or 'very good' overall experiences, compared with 84% nationally. There were no statistically significant changes across the 2017 and 2018 stage of care scores in SVUH, with the exception of overall experience, where the hospital fell below its 2017 level. In addition, this year the hospital scored lower than the national average for every stage of care along the patient journey.

Several areas needing improvement were identified. For example, some patients said that they did not always have confidence and trust in the staff that treated them. A specific area for improvement was also identified within the discharge or transfer stage of care — this pertains to the lack of information provided to patients on how to manage their condition at home. A number of patients also said that they were not always treated with respect and dignity while in the hospital.

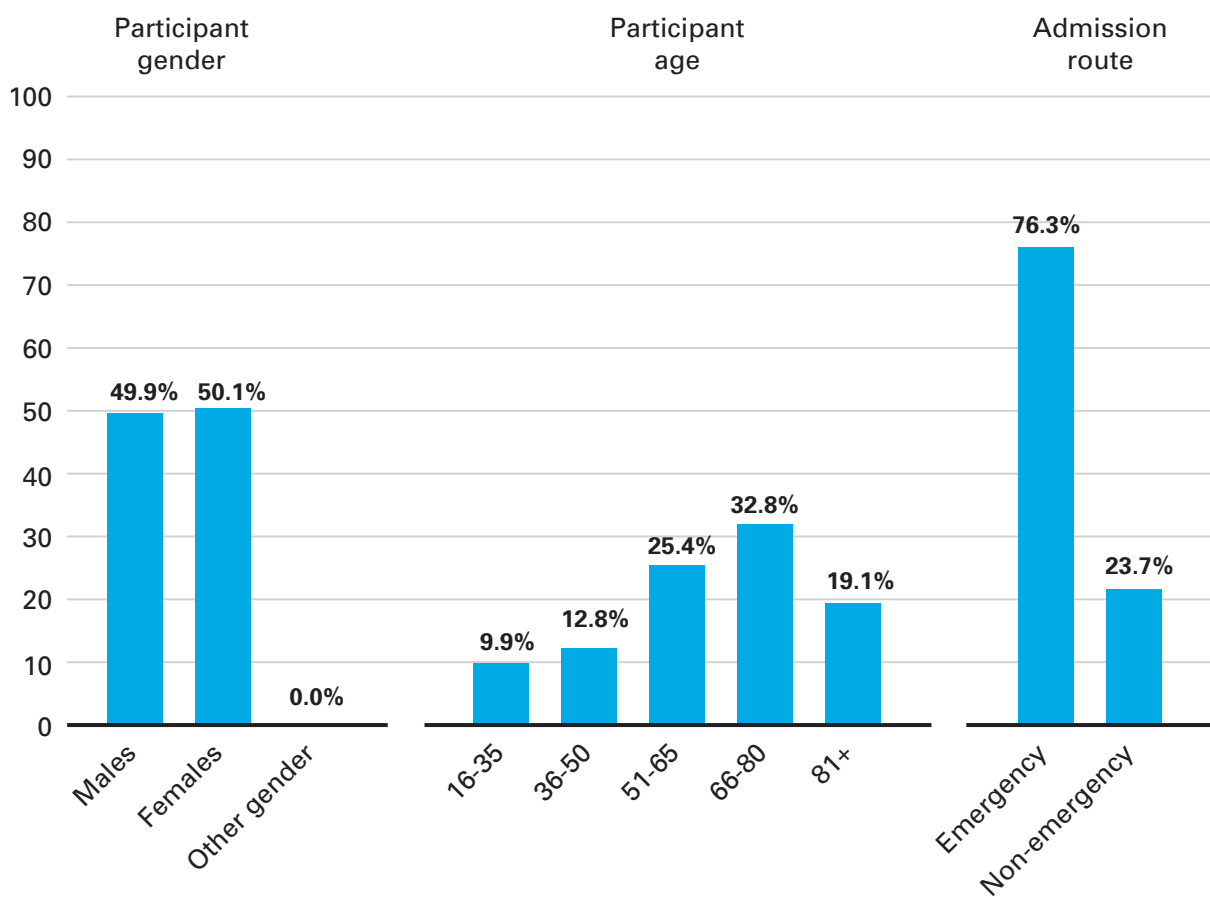
The findings of the 2018 survey will help SVUH to improve patients' experiences of care in the hospital.

Hospital and participant profile

SVUH is a public acute hospital located in South County Dublin. There were 521 inpatient beds available in the hospital during the survey period of May 2018.

1,364 people discharged from SVUH during the month of May 2018 were invited to participate in the survey. 680 people completed the survey, achieving a response rate of 50%. 49.9% of participants were male and 50.1% were female. 519 respondents (76.3%) said that their stay in hospital was an emergency. Figure 1 below provides information on the respondents who took part in the survey from SVUH.

Figure 1 Participants from SVUH by gender, age group and admission route



Areas of good experience and areas needing improvement

This section lists the areas where most patients had positive experiences, and those areas where there is the most room for improvement. Appendix 1 explains how these areas were identified.

In SVUH the scores for all questions across the five stages of care were below or at the national average. This means that it was not possible to identify any areas of particularly good experience using the methodology outlined in Appendix 1.

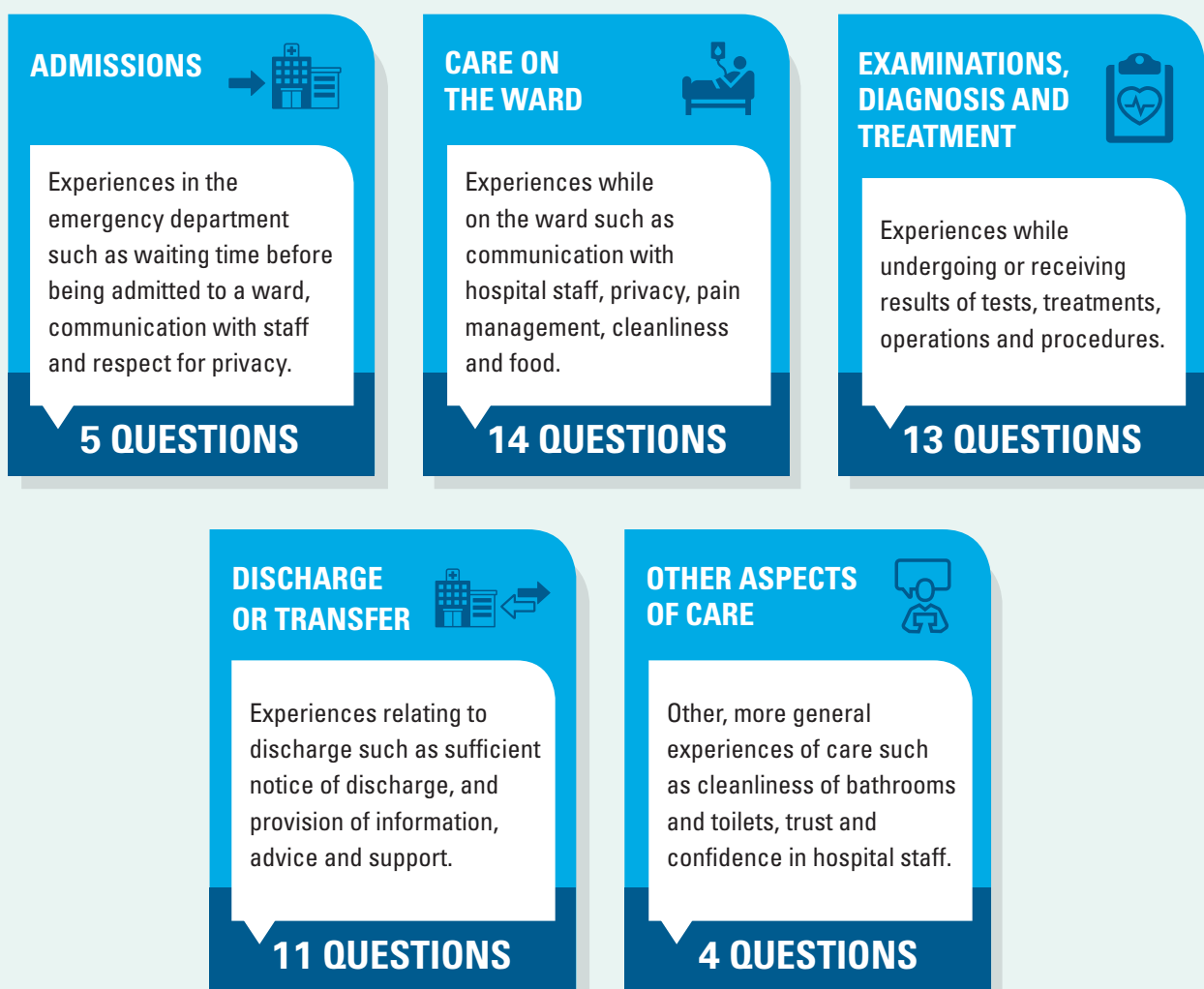
The areas needing improvement in SVUH are:

| | |
|---|---|
| Other aspects of care | Of the 658 people who answered this question, 159 (24.2%) said that they did not have, or only sometimes had confidence and trust in the hospital staff treating them. |
| Confidence and trust in hospital staff Q29 | |
| Discharge or transfer | Of the 575 people who required help with managing their condition, 283 (49%) said that they did not receive, or only to some extent received enough information from the hospital in this regard. |
| Information on how to manage a condition Q50 | |
| Other aspects of care | Of the 658 people who answered this question, 129 (20%) said that overall they were not, or were only sometimes treated with respect and dignity while they were in the hospital. |
| Respect and dignity Q51 | |

Survey results for the stages of care along the patient journey

The National Patient Experience Survey 2018 follows the patient journey through hospital from admission to discharge. The 2018 questionnaire is available to download from www.patientexperience.ie.

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



Interpreting the results for the stages of care

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.

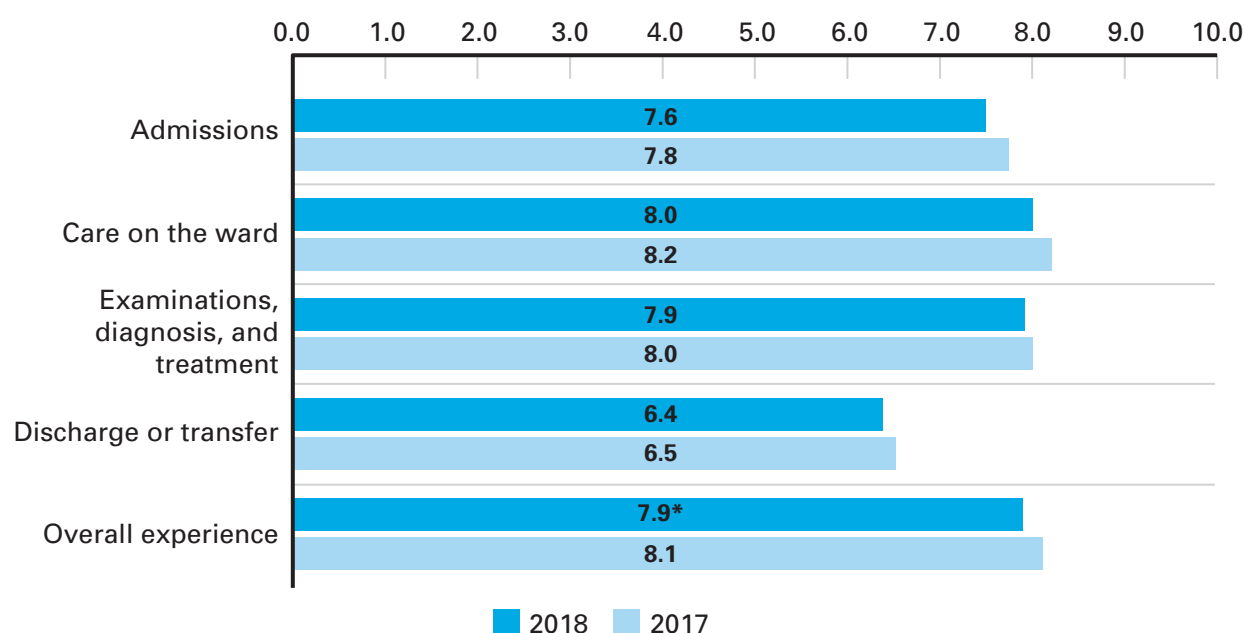
Statistical tests were carried out to examine if there were significant differences in patient experience between 2017 and 2018, as well as between a hospital and the national average. For further information on the analyses please consult Appendix 3 of the 2018 national report, available from www.patientexperience.ie.

Changes in patient experience over time

Participants' average rating of their overall experience was higher in 2017 than in 2018. The 2018 scores for the various stages of care scores are similar to what they were in 2017, with none of the differences being statistically significant. Figure 2 shows a comparison of scores for individual stages of care.

It is important that these changes are interpreted with caution as scores will naturally vary from year to year for a variety of reasons. Several rounds of survey data will be required before meaningful trends and changes in patient experience can be accurately identified.

Figure 2 Comparison of stage of care scores¹ for SVUH for 2017 and 2018



* Denotes a statistically significant difference between 2017 and 2018.

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

Admissions

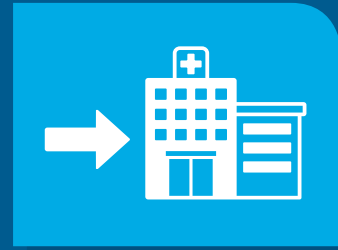
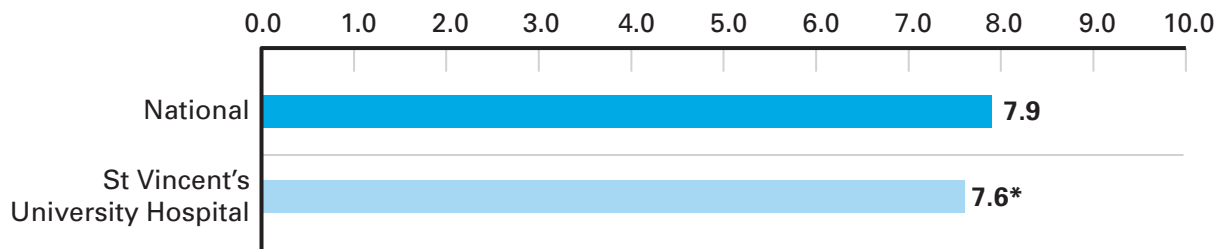


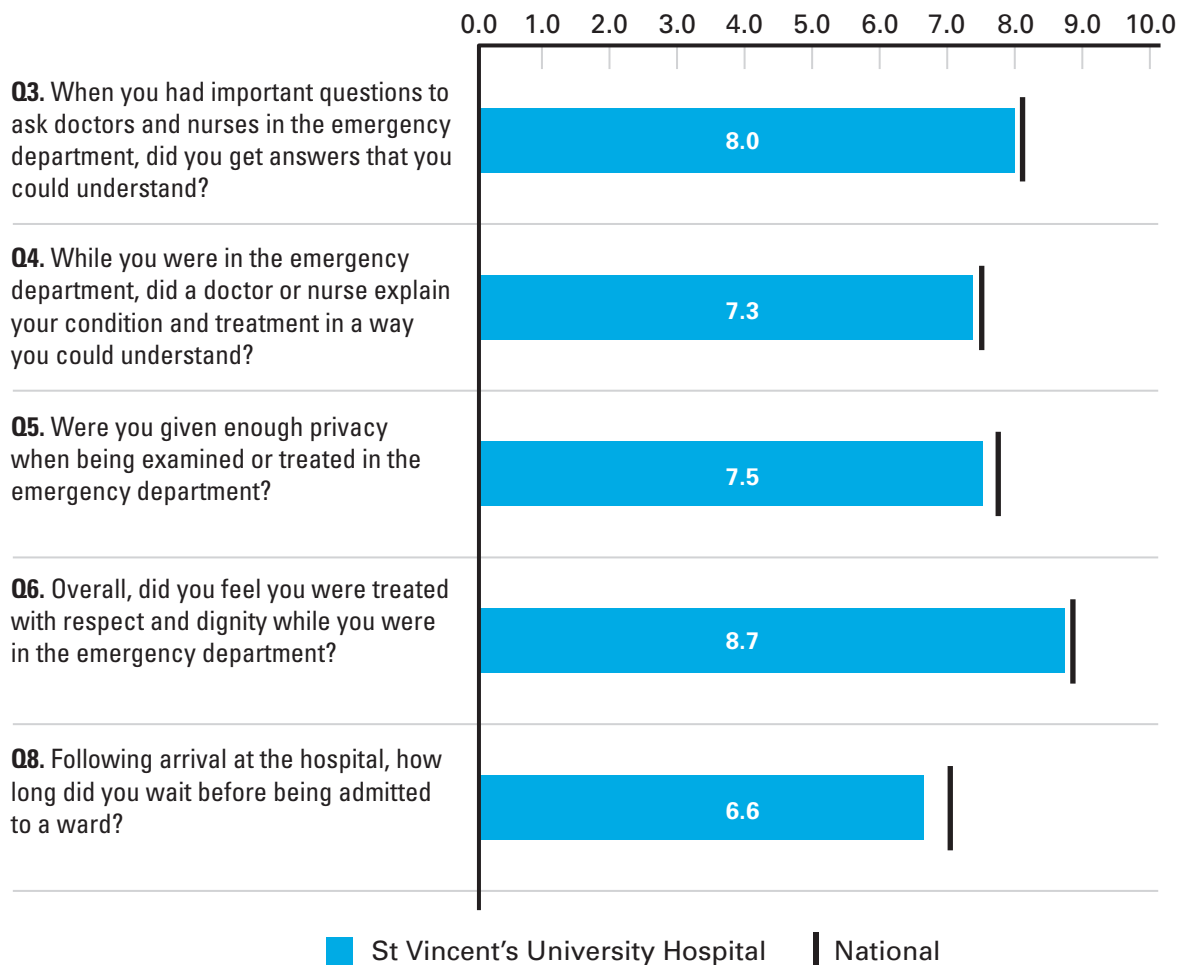
Figure 3 compares the hospital's overall score for admissions with the national average. Figure 4 shows the hospital's scores for questions related to this stage of care.

Figure 3 Comparison of SVUH with the national average score for admissions (out of a maximum of 10)



* Denotes a statistically significant difference from the national average.

Figure 4 SVUH scores for questions on admissions



Emergency department waiting times²

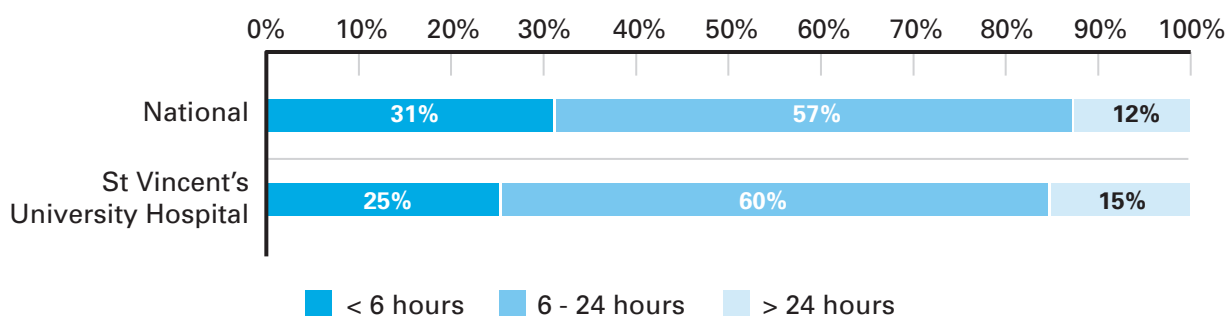
The HSE sets targets for the performance of acute hospitals, including targets on waiting times in emergency departments, such as:

- 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.
- 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.

In SVUH, 115 respondents (25%) said they were admitted to a ward within six hours of arriving at the emergency department, while 278 respondents (60%) reported waiting between six and 24 hours. 67 respondents (15%) reported waiting 24 hours or more before being admitted to a ward in SVUH, with 15 of these saying they waited more than 48 hours.

Figure 5 outlines the patient-reported waiting times in SVUH, compared with the national average.

Figure 5 Patient-reported emergency department waiting times for SVUH and nationally



2 The HSE measures emergency department waiting times differently to the survey, namely from the time a patient registers at the emergency department until they leave it. It is likely that there are some differences between survey findings and the official HSE figures. The HSE 2018 targets can be viewed at: <https://www.hse.ie/eng/services/publications/performance-reports/2018-acute-hospitals-metadata.pdf>.

The patient voice: what patients said about admissions

"The nurses in A&E and on the wards were extremely helpful and courteous at all times, even when under a lot of pressure. It is very busy there at all times."

"More cubicles in A&E as I was on a trolley for 42 hours and I was moved around a lot and had no privacy. More nurses as this will help them to spend more time with the patients and help them to relax more while in hospital."

"I feel that anybody aged 70 or over should be treated in a separate A&E section. A&E is not a pleasant place to be and elderly people should not have to witness some of the anti-social behaviour that is seen there."

"Staff all very pleasant and helpful when they could afford the time. Immediate care when I arrived in A&E on the Sunday am at 7. Reassuring as I was very unwell. Thank you SV public."

Admissions: what do these results mean?

Patient ratings of admissions to SVUH were lower in 2018 than in 2017. They were also below the national average of 7.9. Even though the large majority of patients felt that they were always treated with respect and dignity in the emergency department, many patients highlighted issues of communication, specifically in relation to how doctors and nurses explained their condition and treatment to them. The hospital scored below the national average on every question related to admissions.

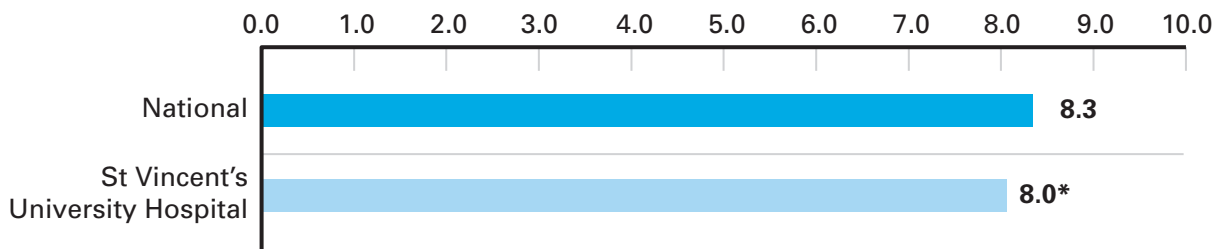
SVUH also performed below the national average on emergency department waiting times. 25% of participants said that they were admitted to a ward within the recommended six hours, compared with 31% nationally. This is an important issue, as lengthy waiting times are associated with poor outcomes for patients.^(1,2)

Care on the ward



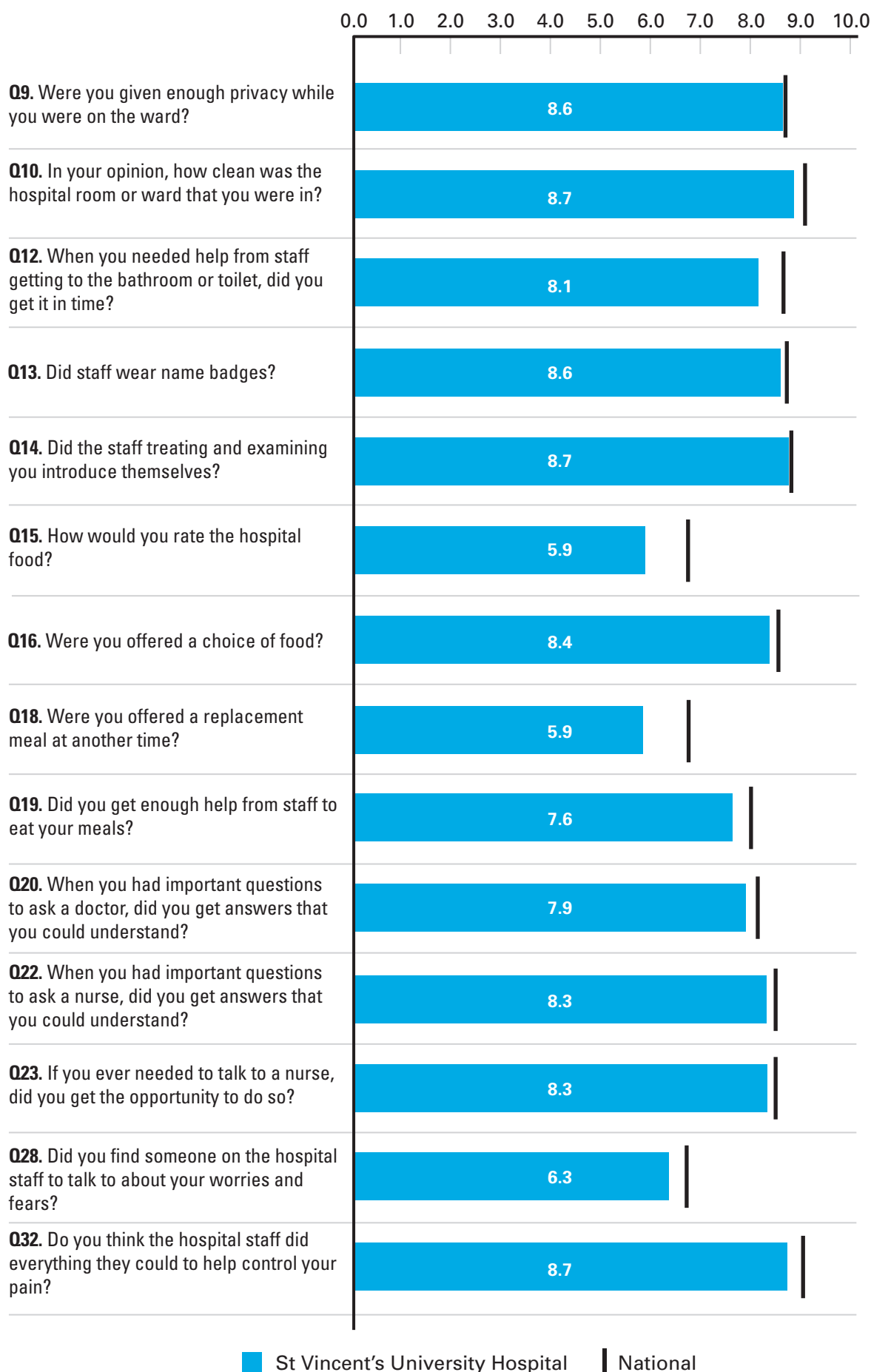
Figure 6 compares the hospital's overall score for care on the ward with the national average. Figure 7 shows the hospital's scores for questions related to this stage of care.

Figure 6 Comparison of SVUH with the national average score for care on the ward (out of a maximum of 10)



* Denotes a statistically significant difference from the national average.

Figure 7 SVUH scores for questions on care on the ward



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

"Cleanliness was good. The ward I was in was very nice and the nursing staff were okay for the most part. Good attention to pain management from nurses and doctors. Follow up consultation period of waiting was okay."

"I have [condition name] and the care was excellent. I felt I could control my infection with no worries about picking something else up because of the isolation room. My first time in Vincent's and a good experience."

"I was on a trolley from my admission right through the night on a corridor until my operation the following day - I had to change from my clothes to a gown with no privacy. The staff were so busy that twice my drip was changed and not switched on, and only on both occasions a doctor saw me checking it - fixed it."

"The overall hygiene in the hospital is shocking. The floors of the corridors were filthy and disgusting, the toilets were appalling. There was zero hand hygiene observed from the staff. There was a spillage observed in the lift which was there for the duration of the stay. Not only was there no patient kindness, there was no kindness towards my mother - for example. My mother had to go downstairs to use the bathroom or get a drink having spent half of the night in resus. It would have been kind for someone to offer her a drink."

Care on the ward: what do these results mean?

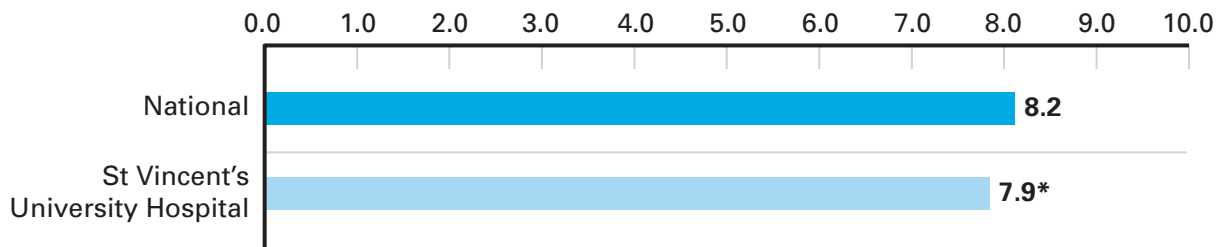
Participant ratings for care on the ward fell below the hospital's 2017 score and also the 2018 national average. Patients were often dissatisfied with the hospital food and the availability of replacement meals. However, patients were much more positive about the cleanliness on the ward and pain management. Nonetheless, both Q10 and Q32 scored below the national average.

Examinations, diagnosis and treatment



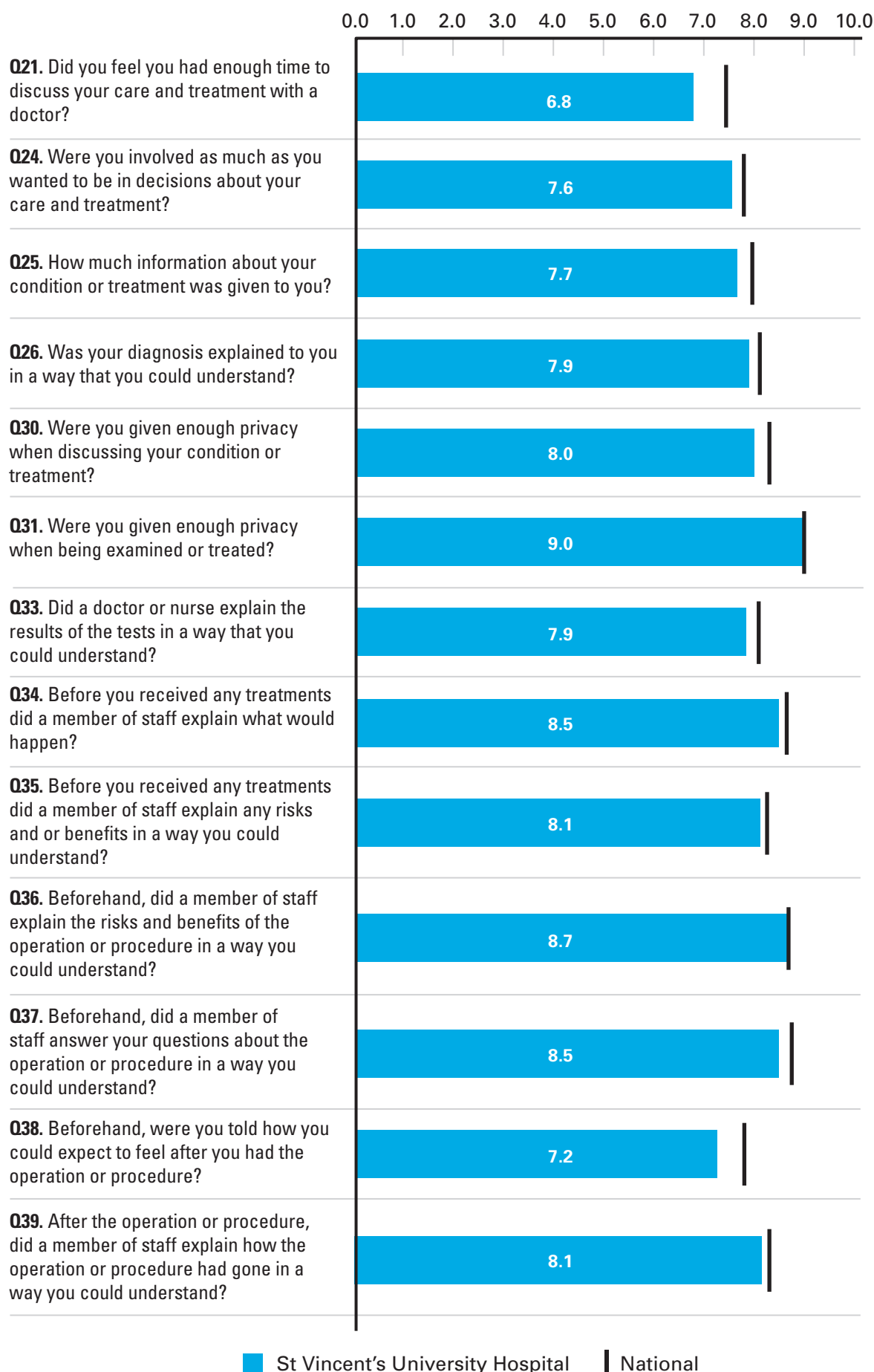
Figure 8 compares the hospital's overall score for examinations, diagnosis and treatment with the national average. Figure 9 shows the hospital's scores for questions related to examinations, diagnosis and treatment.

Figure 8 Comparison of SVUH with the national average score for examinations, diagnosis and treatment (out of a maximum of 10)



* Denotes a statistically significant difference from the national average.

Figure 9 SVUH scores for questions on examinations, diagnosis and treatment



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

"My care was exceptional, all doctors introduced themselves by first names and I found this very good. Everybody treated me with dignity I was in ICU for a few days and the care there was excellent as well."

"Doctors need more communication between patient, and family and relatives need to be able to meet and talk to them about how the patient is progressing."

"Good communication with medical and nursing teams. I felt safe and in good hands."

"I don't see the point of being admitted to a hospital (SVUH) and having to wait 4 days for a CT scan and taking up a bed in a ward for all of that time. Doctors didn't do any physical examination to locate pain. When brace put on for [condition type] it was only 60% correct. Went back week later to get it correctly fitted. Seems to be a lack of competence in some areas."

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

Ratings of examination, diagnosis and treatment were lower than in 2017 and significantly below the 2018 national average. Many people said that they did not feel as though they had enough time to discuss their care and treatment with a doctor. The majority of patients, however, said that they were always given enough privacy when being examined or treated. Despite scoring highly, SVUH remains below the national average on this particular question.

Discharge or transfer

Figure 10 compares the hospital's overall score for discharge or transfer with the national average. Figure 11 shows the hospital's scores for questions related to this stage of care.

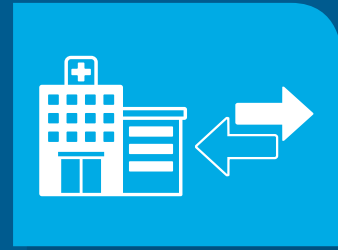
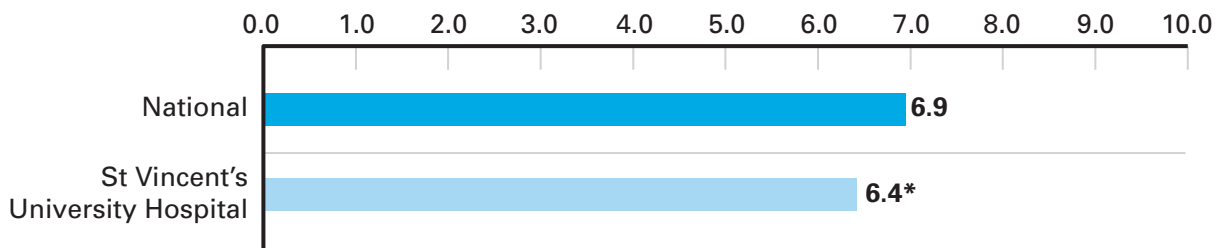
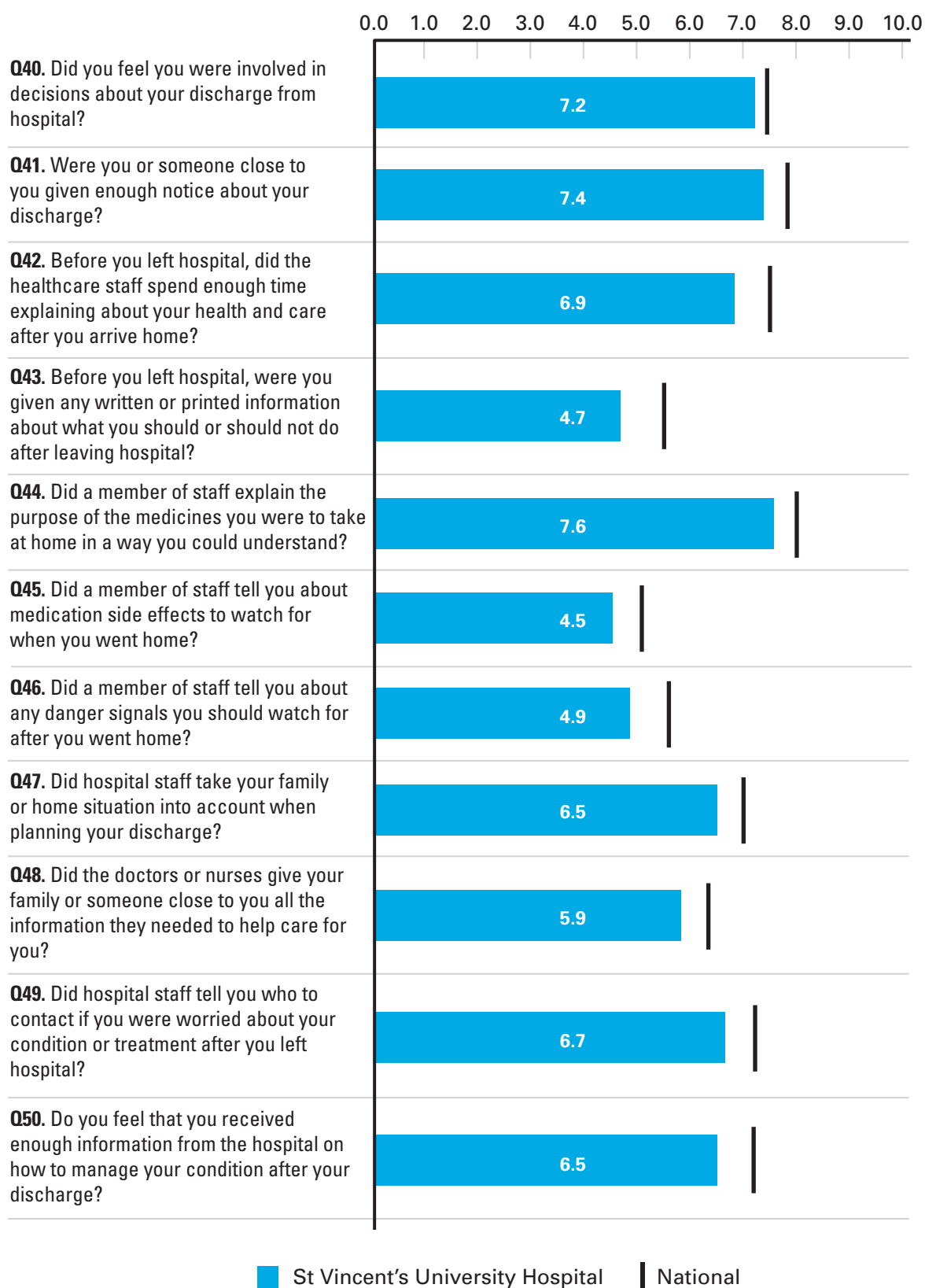


Figure 10 Comparison of SVUH with the national average score for discharge or transfer (out of a maximum of 10)



* Denotes a statistically significant difference from the national average.

Figure 11 SVUH scores for questions on discharge or transfer



The patient voice: what patients said about discharge or transfer

"All staff were excellent from entering the door to the day of leaving - cleaners, porters, nurses, doctors, tea breakfast dinner staff, test staff. All very good"

"You need to take into consideration a person's age and living environment before sending them home. I'm nearly blind and live alone I was given no pain relief or advice on what to do. Why was I released with so much blood in my urine — not good enough."

"My surgeon was very good at communicating about what was involved in the operation. He explained to me after the operation that it all went according to plan and that I would get the results of the [procedure name] the following week at a follow up consultation. My surgeon involved me in the decision regarding my discharge which was at lunchtime the day after my operation. I only spent one night in hospital and I felt I got great care from both the surgical team and the nursing staff on the ward."

"Overall I was very well cared for medically. My stay was not nice - the waiting was really horrible and lonely - and frightening. The trolley experience was shocking and demoralising. I felt embarrassed that I was unwell and in pain. After my procedure - I felt 'thrown out' of my bed to go home asap - no continuity of care - each nurse had a different idea on how to deal with me. In on a Saturday out on early Monday afternoon."

Discharge or transfer: what do these results mean?

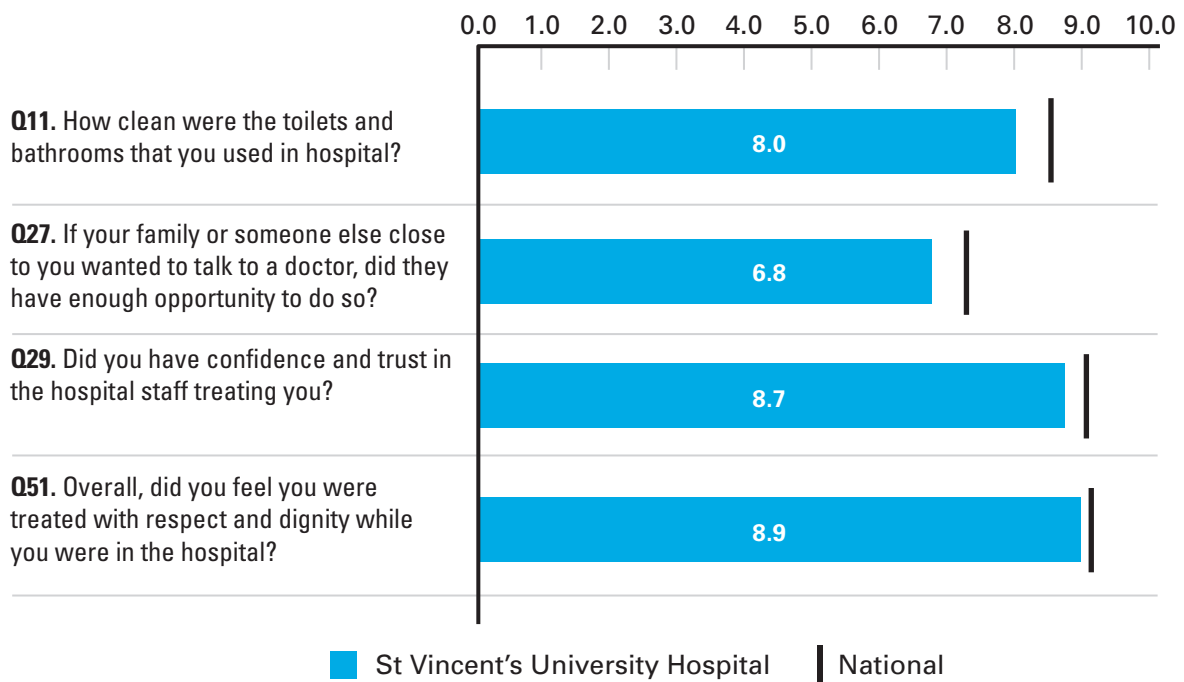
Participant ratings for this stage of care fell short of the 2017 score and were significantly below the 2018 national average. The majority of patients with prescriptions were not fully told about potential medication side effects. However, most of these people reported receiving an explanation about the purpose of the medicines they were to take at home. Nonetheless, SVUH also performed below the national average on this particular question.

Other aspects of care



Figure 12 shows the hospital's scores for questions related to other aspects of care.

Figure 12 SVUH scores for other aspects of care



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

"Respect, professionalism, general care. I would like it noted how excellent the nursing staff were in A&E and the wards where I was. The friendliness of clerical, nursing, catering, cleaning and doctors was noteworthy."

"Just to say staff were very respectful to patients who were older than me and more vulnerable, God bless them all."

"The public ward I stayed in was very inadequate i.e. no bathroom or toilet. Excrement on wall. No storage for my possessions."

"Hygiene: The toilets in the ED were deplorable. I would rather go into the toilets on O'Connell St. Hygiene overall in the hospital was shocking. Hand hygiene was almost non-existent. Some nursing staff on the ward were rude, sarcastic and uncaring and a disgrace to the profession."

Other aspects of care: what do these results mean?

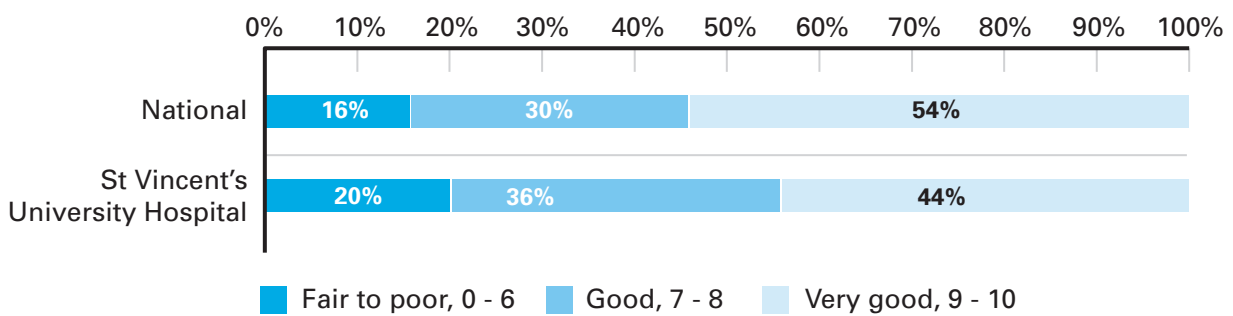
SVUH scored below the national average on every question related to other aspects of care. For example, respondents to this survey said that if their family or friends wanted to talk to a doctor, oftentimes they did not get the opportunity to do so. People were, however, comparatively more positive about the dignity and respect afforded to them in SVUH.

Overall experience

Respondents were asked to rate their overall hospital experience on a scale from 0 to 10, with 10 being the most positive experience, and 0 the most negative experience. 44% of participants from SVUH rated their care as very good, slightly below the national figure of 54%.

Figure 13 compares the average overall rating of hospital experience for SVUH with the national average.

Figure 13 Overall rating of hospital experience for SVUH and nationally



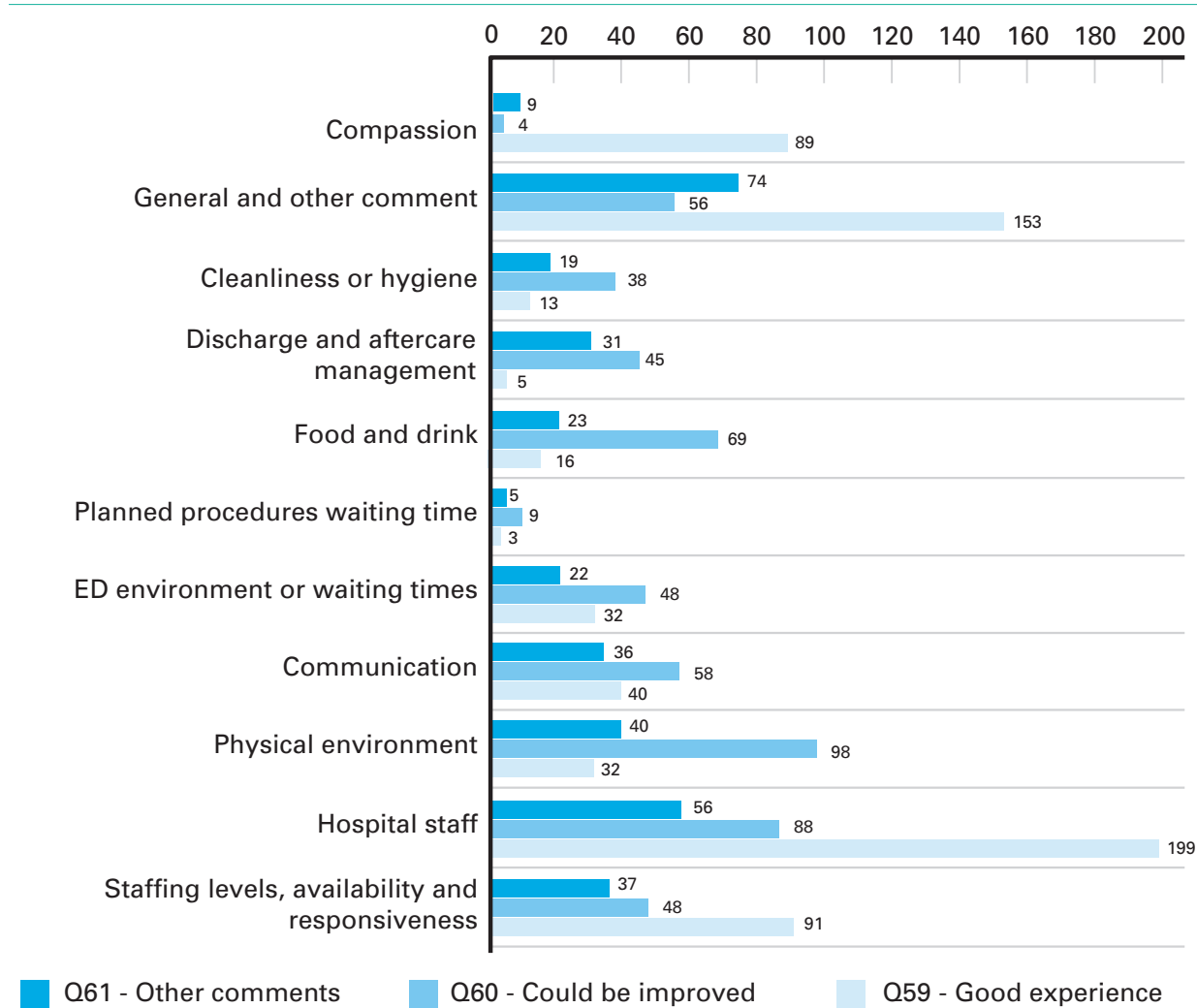
In their own words: analysis of patients' comments

The last three questions (questions 59-61) of the survey asked patients to provide additional information, in their own words, on their experiences in hospitals. These free-text questions allowed people to give a more in-depth description of specific aspects of their care. It also allowed them to talk about various things (good or bad) that could not be captured by the structured questions. In total, 1,586 comments were received from patients of SVUH in response to the free-text questions in the 2018 survey.

Figure 14 shows the breakdown of participant comments by theme for each of the three open-ended questions. Q59 asked participants what was particularly good about their hospital care, Q60 asked participants what could be improved, and Q61 asked participants for any other comments or suggestions.

For Q59, most of the comments related to the 'hospital staff' or 'general and other comment' themes. For Q60, most comments were associated with the 'physical environment', to 'hospital staff' and 'food and drink'. Finally, most responses to Q61 were general in nature, or related to 'hospital staff'.

Figure 14 Participant comments by theme



Conclusion

What were patients' experiences of hospital care in SVUH in May 2018?

The majority of patients said they had a positive overall experience at SVUH. 80% of patients at the hospital said they had a 'good' or 'very good' experience, compared with 84% nationally.

This year, the scores for SVUH were slightly below the hospital's 2017 results. The most significant difference pertains to patients' assessments of their overall experience. In 2018, SVUH scored below the national average across each stage of care.

Several areas needing improvement were identified. Some patients did not always have confidence and trust in hospital staff, and were not always treated with dignity and respect. Incomplete information on how to manage after discharge from the hospital was highlighted as an additional area needing improvement. These three areas for improvement are of particular importance as they are strongly related to patients' ratings of their overall experience.

The findings of the 2018 survey will be used to help SVUH improve the experiences of patients in the hospital.

Appendix 1: Areas of good experience and areas needing improvement

Improvement map

The map below helps to identify areas of good experience and areas needing improvement in SVUH. Questions that have a strong relationship with overall ratings of experience (Q52) are selected as areas of good experience or areas needing improvement respectively. Three areas needing improvement (highlighted in purple) are identified on the map.

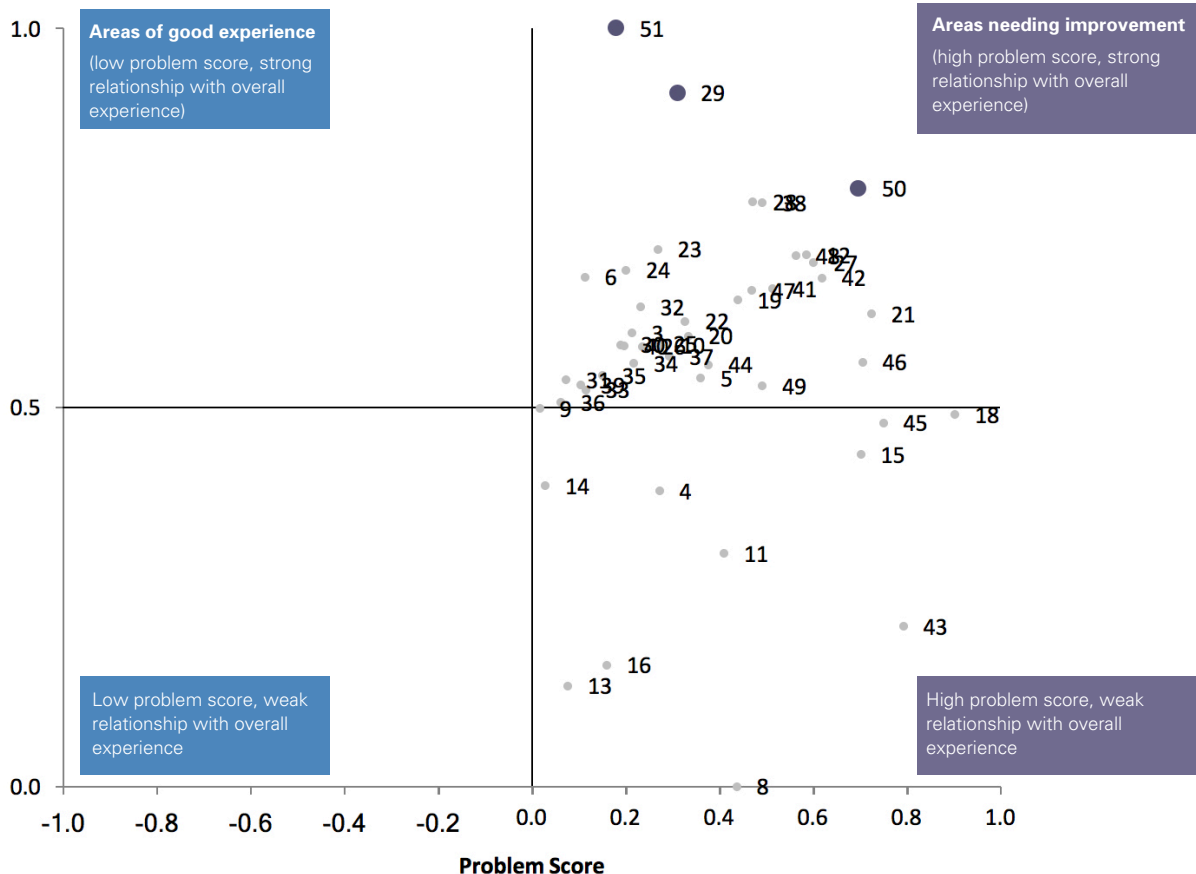
Interpreting the improvement map

The **importance** of the relationship between each question and overall experience is given on the vertical axis as a number between 0 and 1, with 1 being the strongest possible relationship.

Problem scores show the difference (positive or negative) between the national average and a question score (out of 10). These are given on the horizontal axis.

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 this hospital.

Questions that have low problem scores and are important to patients' overall experiences can be found in the **top left section** of the map — these are **areas of good experience** in this hospital.



References

1. Singer AJ, Thode Jr HC, Viccellio P, Pines JM. The Association Between Length of Emergency Department Boarding and Mortality. *Academic Emergency Medicine*. 2011;18(12):1324-9.
2. Plunkett PK, Byrne DG, Breslin T, Bennett K, Silke B. Increasing wait times predict increasing mortality for emergency medical admissions. *European Journal of Emergency Medicine*. 2011;18(4):192-6.