









National Patient Experience Survey 2017

Bantry General Hospital

We're committed to excellence in healthcare











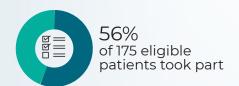
Thank you to the people who participated in the National Patient Experience Survey 2017, and to their families and carers. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve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

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

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

National Patient Experience Survey

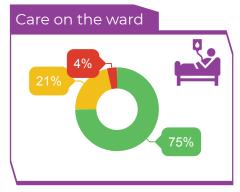
Bantry General Hospital



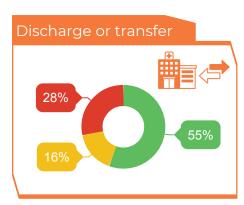


Average age: 71 years

Stages of care







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

Discharge



were not provided with any printed information about what they should or should not do at home.

Food



14% rated the hospital food as fair or poor.

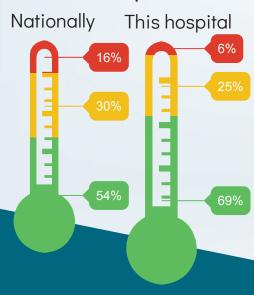
Treatment



23%

didn't always have the risks or benefits of treatment explained in a way they could understand.

Overall experience



Areas of good experience

93% [3] of people said

that they always had confidence and trust in the hospital staff who treated them.

Areas needing improvement

31% of people said

they did not receive any information on the danger signals to watch out for after leaving hospital.

Structure and content of this report

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Chapter 1

Patients' experiences of acute hospital care in Bantry General **Hospital**

Areas of good experience and areas needing improvement

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. 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 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 Bantry General Hospital during the month of May 2017. In total, 98 participants from Bantry General Hospital took part in the survey.

The survey asked 61 questions in total, based on five stages of care along the patient journey in hospital; admissions¹; care on the ward; examinations; diagnosis and treatment; discharge or transfer; and other aspects of care.

As Bantry General Hospital does not have an emergency department, survey participants did not answer the questions on admissions.

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 98 people from Bantry General Hospital who completed the survey. While many people 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

Bantry General Hospital is a public acute hospital, located in Co. Cork. There are 60 inpatient beds in the hospital. 175 eligible discharges were recorded during the survey period of 1 May – 31 May 2017 inclusive. Bantry General Hospital does not have an emergency department. This means that patients admitted to this hospital were not required to answer questions on the 'admissions' stage of care.

Purpose of this report

The purpose of this report is to present the key findings of the National Patient Experience Survey, based on the experiences of patients who stayed in Bantry General Hospital in May 2017. The report highlights areas where patients had positive experiences and outlines where there is significant room for improvement.

The Health Service Executive (HSE) is committed to using the findings of the survey to make improvements to the quality of care provided to patients and to outline a direction for the future of patient-centred care in Bantry General Hospital. A quality improvement plan will be developed by Bantry General Hospital in response to the survey results and will be publicly available from www.patientexperience.ie.

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.



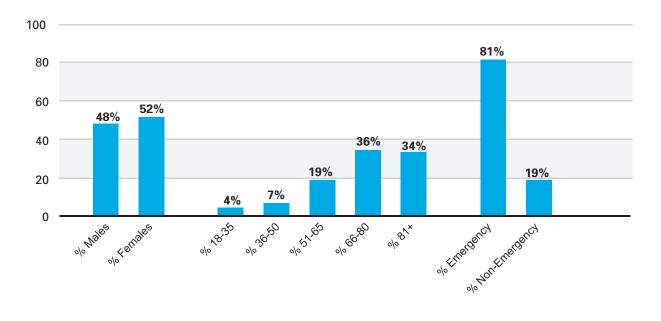
Who took part in the survey?

Description of the respondents who took part in the survey

175 people discharged from Bantry General Hospital during the month of May 2017 were invited to participate in the survey. 98 people completed the survey, achieving an overall response rate of 56%.

48% of people who responded to the survey in Bantry General Hospital were male and 52% were female. 81% of these people entered hospital on an emergency basis². Figure 1. below shows information about the people who took part in the survey from Bantry General Hospital.

1. People who took part in the survey from Bantry General Hospital



Patients were asked if their hospital stay was planned in advance or an emergency. While Bantry General Hospital does not have an emergency department, patients may have felt that their condition was an emergency. It is also possible that these patients were originally admitted to a hospital with an emergency department before being transferred to Bantry General Hospital.

What were the main findings for Bantry **General Hospital?**

Overall, patients' ratings of their experiences at Bantry General Hospital were well above the national average. 94% of patients at Bantry General Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

It was found that people were treated with respect and dignity during their time in the hospital and people also reported positive experiences of physical comfort and pain management.

The survey found that communication as regards the discharge process is a key area for improvement; this stage of care contained the lowest scoring question in the entire survey. Many people said they did not receive written or printed information on how to care for themselves at home. A number of patients also said they were not told about medication side effects and danger signals to watch out for after leaving hospital.

People made a number of specific comments about their time on the ward, with suggestions for improvement in the area of food. They also noted a lack of opportunities to talk to someone about their worries and fears.

These findings will serve to inform quality improvement initiatives in Bantry General Hospital, defining the future of patient-centred care in the hospital.

Areas of good experience and areas needing improvement in Bantry General Hospital

This section lists the areas where patients had positive experiences, and details those areas where there is the most room for improvement. Appendix 3 explains how these areas were identified.

The areas of good experience

Patients had very positive experiences in several areas, particularly in the information and support given to patients' family while the person was in hospital and also during the discharge process.

Examination, diagnosis and treatment | Q21.

Time to discuss care and treatment with doctor

70 (79%) of the 89 people who answered this question always felt that they had enough time to discuss their care and treatment with a doctor.

Other aspects of care | Q27.

Family opportunity to talk to a doctor

Of the 66 people who said their family wanted to talk to a doctor, 48 (73%) said that their family or someone close to them definitely had sufficient opportunity to do so.

Other aspects of care | Q29.

Confidence and trust in the hospital staff

85 people (93%) said that they always had confidence and trust in the hospital staff who treated them.

Examinations, diagnosis and treatment | Q38.

Told how to expect to feel after operation or procedure

26 of the 33 people who answered this question (79%) said that they were completely told how they could expect to feel after the operation or procedure.

Discharge or transfer | Q48.

Family or home situation taken into account

45 people (73%) said that their family or home situation was completely taken into account when the hospital staff were planning discharge.

Discharge or transfer | Q49.

Family given enough information to help with care

57 people (89%) said that doctors or nurses definitely or to some extent gave their family or someone close to them all the information they needed to help care for them.

Areas needing improvement

Even though Bantry General Hospital performed higher than the national average in many areas, there are some areas needing improvement during the discharge process.

Discharge or transfer | Q46.

Medication side effects to watch out for

While the results for this question were above the national average, 21 people (30%) reported that a member of staff did not tell them about medication side effects to watch for when they went home.

Discharge or transfer | Q47.

Danger signals to watch out for

While the results for this question were above the national average, 18 people (31%) reported that they did not receive any information on the danger signals to watch out for after leaving hospital.



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:

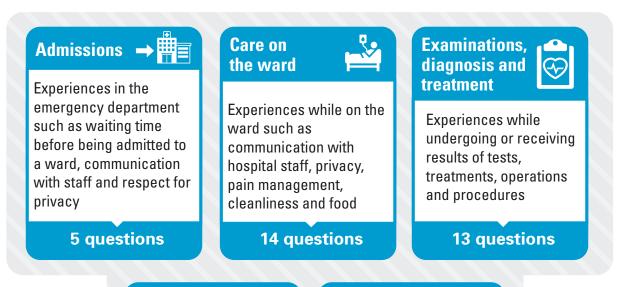
- admissions³
- care on the ward
- examinations, diagnosis and treatment
- discharge and transfer
- other aspects of care.

"Had a positive experience from admission to discharge. Huge credit due from porter to surgeon. Thank you all!!"

As Bantry General Hospital does not have an emergency department, survey participants did not answer the questions on admissions.

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

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



Discharge or transfer



Experiences relating to discharge such as sufficient notice of discharge, and provision of information, advice and support

12 questions

Other aspects of care



Other, more general experiences of care such as cleanliness of bathrooms and toilets, trust and confidence in hospital staff

4 questions

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.:

- **Experience rating for the stages of care.**
- 2. Scores out of 10.
- 3. Comparisons.

Figure 3. Guide to interpreting the results

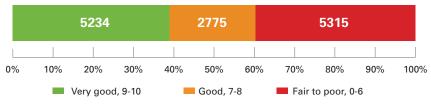
1. Experience rating for a stage of care

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'.





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.

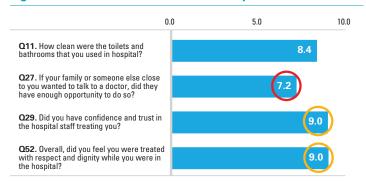
Example:

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

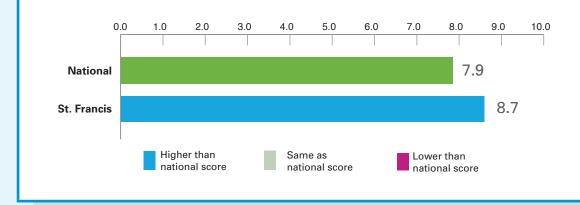


3. Comparisons

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.



Care on the ward

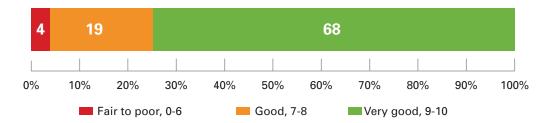


In summary: what were patients' experiences of care on the ward?

In the 2017 survey, 'care on the ward' refers to peoples' experience while on the ward, such as communication with hospital staff, privacy, pain management, cleanliness and food.

Out of the 91 people who rated their experience of care on the ward, four people (4%) reported having a 'fair to poor' experience during their stay on a ward in Bantry General Hospital in May 2017. On the other hand, 68 people (75%) reported having a very good experience during the same period. These experience ratings are summarised in Figure 4. below.

Figure 4. Experience ratings for care on the ward



What were the key findings for care on the ward?

- 73 (96%) of the 76 people who said they had experience pain in hospital had a positive experience of pain management, reporting that staff did everything they could to help relieve pain.
- Food, in general, was an area which received negative feedback from patients. Eight people (9%) rated the food in Bantry General Hospital as 'fair', and four people (5%) rated it as 'poor'.
- 31% of comments made by people offered suggestions for improvement during care on the ward in Bantry General Hospital.

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



In total, patients who attended Bantry General Hospital made 42 comments about: 'staffing levels', 'staff availability and responsiveness' 'other healthcare staff', 'other staff', 'food and drink', 'cleanliness and hygiene'. 31% of these comments offered suggestions for improvement.

Some examples of comments received for this stage of care are provided below.

Staffing levels, availability and responsiveness

"My hospital care was excellent for the time I was in the ward. The staff were very good at all times. Always checked to see if I was ok, or needed anything."

"Nursing care. Some good nurses, some bad. I asked one nurse to give me a pillow to support my back when I was propped up on an examination couch and was told I was about to be transferred to a bed. That didn't happen until half an hour later. I asked another one for a glass of water. That never happened.'

Hospital staff

"The nurses. The health care attendants. Multi attendants. Kitchen staff, The porters are all very good workers and never stopped doing their duty and all were very good to everybody."

Food and drink

"Overall excellent. Consultancy, nursing care and quality food at all times for patient.

'The meals could be warmer at times.

Cleanliness and hygiene

"Always someone available. Toilets, showers etc immaculate.'

"Cleaning, more help from nurses or assistants."

Quantitative results for questions on care on the ward

Fourteen questions asked about care on the ward.

Q32, which asked about pain management, was the highest scoring guestion for the care on the ward stage. 76 people answered this question, with 73 (96%) of the 76 people who said they had experienced pain reporting that hospital staff did everything they could to help control pain.

Q15 asked about hospital food, and was one of the lowest scoring questions. 88 people reported their experience of food during their stay in Bantry General Hospital and, of these, eight people (9%) rated the food as 'fair' and 4 people

(5%) rated it as 'poor'. Overall, food in Bantry General Hospital received an average score of 7.8 out of 10.

"Extra staff at meal times. If an older person can't eat by themselves there is no one to give them a hand, all very busy!"

Q28, which asked whether people could find someone to talk to about their worries and fears, also received an average score of 7.8 out of 10. Overall, 38% of people reported that they could not, or could only sometimes, find someone to talk to about their worries and fears.

Figure 5. below summarises the scores for Bantry General Hospital for the care on the ward stage.

Figure 5. Hospital scores for questions on care on the ward

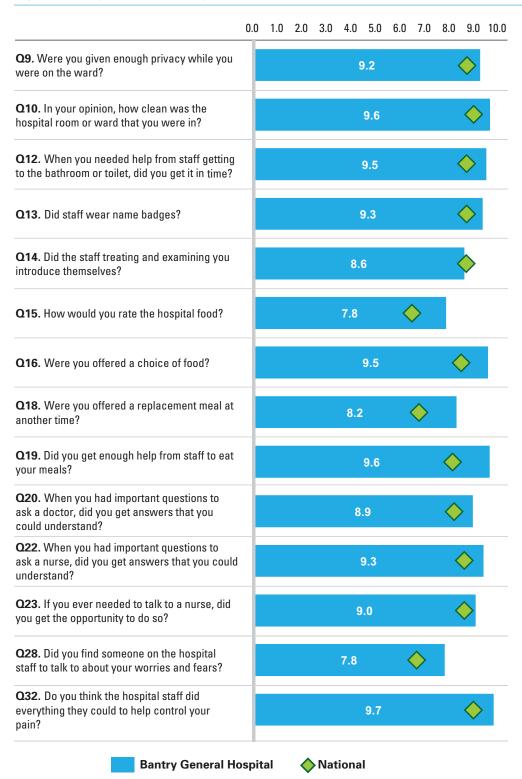
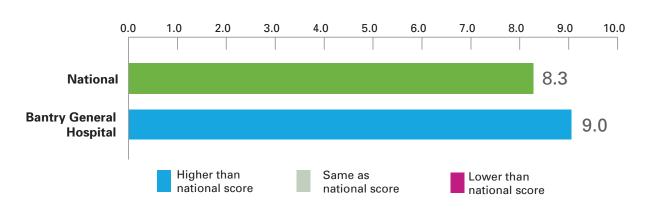


Figure 6. shows that, within the care on the ward stage, the average score for Bantry General Hospital (9.0 out of 10) is significantly higher than the national average score (8.3 out of 10). This means that patients who attended Bantry General Hospital in May 2017 reported a more positive experience than patients in other hospitals for this stage of care, based on the national average scores.

Figure 6. Comparison of Bantry General Hospital and the national average score for care on the ward (out of a maximum of 10).



Care on the ward: what do these results mean?

Patients at Bantry General Hospital generally had a positive experience of this stage of care. People reported most positively on the cleanliness of the ward they stayed in and staff members' attention to pain management. However, their experience of hospital food was one of the more negative aspects of their time in hospital, along with a lack of opportunities to talk to someone about their worries and fears.

Examinations, diagnosis and treatment

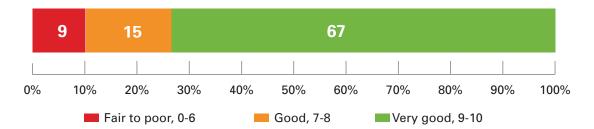


In summary: what were patients' experiences of examinations, diagnosis and treatment?

In the 2017 survey, 'examinations, diagnosis and treatment' refers to peoples' experiences in the hospital while undergoing or receiving results of tests, treatments, operations and procedures.

91 people rated their experience of examinations, diagnosis and treatment in Bantry General Hospital. Nine people (10%) reported that they had a 'fair to poor' experience. 67 (74%) rated their experience during this stage of care as 'very good'. These experience ratings are summarised in Figure 7. below.

Figure 7. Experience ratings for examinations, diagnosis and treatment



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

- Out of 89 people, 86 (95%) said that they were always given enough privacy when being treated in Bantry General Hospital in May 2017.
- 33 comments were made about this stage of care and 85% of them contained positive feedback.
- People reported less positively about the explanations received from doctors or nurses about their condition or treatment.

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

People made 33 comments from Bantry General Hospital about: 'nursing staff', 'doctors or consultants' and 'waiting times for planned procedures'. Some examples of comments received for this stage of care are provided below.

Doctors. consultants and nursing staff

"My surgeon [Dr Name] inspired confidence and all the staff were friendly and efficient, I was most impressed by the whole experience. [Name]"

"The patient's doctor never called him by his name, ie his first name, surely some courtesy in that regard would have been forthcoming as he was in hospital for quite a while."

Waiting times for planned procedures

"Yes the staff were so efficient and very nice and helpful. No time was wasted in carrying out tests, [Procedure Name] etc and results were very prompt also. Doctors explained and discussed my condition in a simplistic manner. Top marks for Bantry Hospital."

"I could have got [Procedure Type] as that was my reason for going in (but got none) in my last 2 stays there."

Quantitative results for questions on examinations, diagnosis and treatment Thirteen questions asked about examinations, diagnosis and treatment.

With an average score of 9.6 out of 10, Q31 was the highest scoring question in this stage of care. 86 people (95% of those who answered this question) said they were always given privacy when being examined or treated in Bantry General Hospital.

Q35 received the lowest score for this stage of care, with an average score of 8.4 out of 10. While the majority of people said that a member of staff always explained any risks or benefits about treatments in a way they could understand, 16 people (23%) felt that they did not receive, or only sometimes received such explanations.

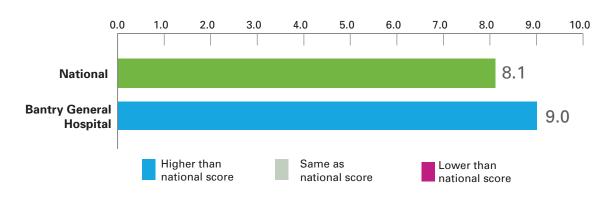
Figure 8. summarises the scores for Bantry General Hospital during examinations, diagnosis and treatment.

Figure 8. Bantry General Hospital scores for questions on examinations, diagnosis and treatment



Figure 9. shows that, within the examinations, diagnosis and treatment stage, the average score for Bantry General Hospital (9.0 out of 10) is significantly higher than the national average score (8.1 out of 10). This means that patients who attended Bantry General Hospital in May 2017 reported a more positive experience for this stage of care than patients in other hospitals, based on the national average.

Figure 9. Comparison of Bantry General 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?

Bantry General Hospital performed well on this stage of care, achieving a significantly higher overall score than the national average. This means that patients at Bantry had a more positive experience than average for this stage of care. Patients reported that they were given enough privacy when being examined and treated while on the ward, but were slightly less positive when reporting on the lack of communication from medical staff in their explanations of a condition and treatment.

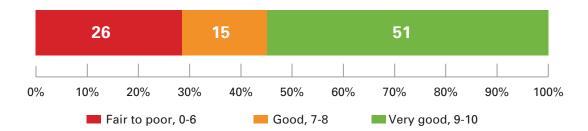
Discharge or transfer



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

Out of the 92 people who rated their experience of discharge or transfer from the hospital, 26 (28%) said that their experience was 'fair to poor'. 51 people (55%) reported having a very good experience during the discharge or transfer process from Bantry General Hospital. Figure 10. below summarises these experience ratings.

Figure 10. Experience ratings for discharge or transfer



What were the key findings for discharge or transfer?

- 50 (75%) of the 67 people who said they required an explanation said that a member of staff completely explained the purpose of the medicines they would need to take at home in a way they could understand, while 68 people (89%) were satisfied that they were told who to contact if they were worried about their condition after leaving hospital.
- Communication as regards the discharge process requires improvement. People reported a lack of printed information and explanations about the side effects of medication as well as danger signals to watch out for after they went home.
- Discharge or transfer was the lowest performing stage of care for Bantry General Hospital in May 2017.

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

In total, people from Bantry General Hospital made two comments in the 2017 survey about 'discharge and aftercare management, both of which suggested areas for improvement. An example of a comment received for this stage of care is provided below.

Discharge and aftercare

"Informing family re. discharge and expecting someone to be there at the push of a button when this is not possible due to their work."

Quantitative results for questions on discharge or transfer from hospital

Twelve questions asked about discharge or transfer

With an average score of 8.7 out of 10, Q45 was the highest scoring question in this stage of care. Out of 67 people, 50 (75%) said that a member of staff explained the purpose of the medicines they were to take home in a way they could completely understand. Q50 also received positive patient reports, with 68 people (90%) reporting that they were told who to contact if they were worried about their condition or treatment after leaving hospital.

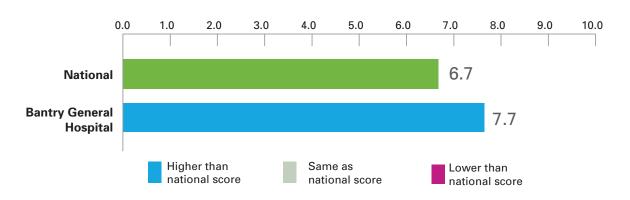
Q44 was the lowest scoring question of this stage. 31 people (36%) said that they were not provided with any printed information about what they should or should not do at home, after leaving hospital. Figure 11. summarises the scores for discharge and transfer in Bantry General Hospital.

Figure 11. Bantry General Hospital scores for discharge or transfer

	0.0	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.
Q40. Did you feel you were involved in decisions about your discharge from hospital?					8.2			<	>		
Q41. Were you given enough notice about when you were going to be discharged?					8.4	4		<	\		
Q42. Were your family or someone close to you given enough notice about your discharge?					7.8			<	>		
Q43. Before you left hospital, did the healthcare staff spend enough time explaining about your health and care after you arrive hom	e?				8.9	5		\(\)	>		
Q44. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital	al?			6.2		<	>				
Q45. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?					8.	7			\Diamond		
Q46. Did a member of staff tell you about medication side effects to watch for when you went home?				6.	5	\Diamond	•				
Q47. Did a member of staff tell you about any danger signals you should watch for after you went home?				6.4	4	<	>				
Q48. Did hospital staff take your family or home situation into account when planning your discharge?					8.1		•	\Diamond			
Q49. Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?					7.8		\Diamond				
Q50. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?					8.	7		\Diamond	•		
Q51. Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?					8.3	3		\			

Figure 12. shows that, as regards discharge or transfer from hospital, the average score for Bantry General Hospital (7.7 out of 10) is significantly higher than the national average score (6.7 out of 10). This means that patients who attended Bantry General Hospital in May 2017 reported a more positive experience than patients in other hospitals for this stage of care, based on the national average.

Figure 12. Comparison of Bantry General Hospital with the national average score for discharge or transfer (out of a maximum of 10).



Discharge or transfer: what do these results mean?

Bantry General Hospital performed well above the national average for this stage, with patients generally reporting positive experiences. However, communication is a key area which needs to be improved within the discharge process; while patients reported being told about the purpose of the medicines they were to take at home, they reported a lack of communication about the danger signals to watch out for at home and also said they did not receive any printed information on aftercare.

Other aspects of care



In summary: what were patients' experiences of other aspects of care?

In the 2017 survey, '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?

- Out of 92 people, 86 (93%) said that they were always treated with respect and dignity in Bantry General Hospital.
- 85 (93%) of the 91 people who answered Q29 said that they always had confidence and trust in hospital staff.
- Out of the 89 people who answered Q11, 84% said that the toilets and bathrooms in Bantry General Hospital were very clean, with the remaining 16% saying they were 'fairly clean'.
- Q27 was the lowest scoring question in 'other aspects of care', with an average score of 8.6 out of 10. While the majority of people reported that their family or friends had sufficient opportunity to talk to a doctor, four (6%) said that they did not.

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



People from Bantry General Hospital made 47 comments in the 2017 survey about "staff in general", "communication with family and friends", "physical comfort", 'hospital facilities', 'clinical information and history' and 'health insurance'. Just over a quarter of people (19%) suggested areas for improvement. Some example comments are provided below.

Staff in general

"I commend Bantry Hospital. I thought that the commitment and professionalism shown by all of the staff was outstanding. From the consultants who were to the point and direct, to the dinner ladies who were at pains to ensure that I was eating well, I saw a common aim to 'do it right'."

Physical comfort

"Bantry was very clean. Staff were excellent to me and my family. Doctors were very thorough, super facility."

"I was left to recover from my surgery in the main room in the [Ward Type]. I didn't I didn't think this was the right place for me to recover from my surgery it was too noisy and very busy. I got no sleep."

Hospital facilities

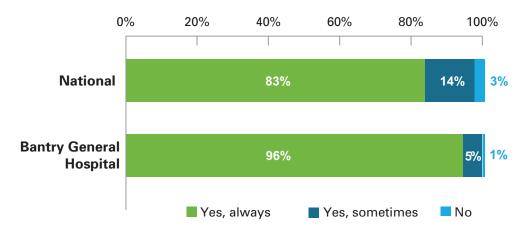
"Should be given more facilities - I had to be transferred to CUH for further treatment."

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 Bantry General Hospital in May 2017. Overall, 86 of the 92 people who answered this question (93%) said that they were always treated with respect and dignity in May 2017, while just one person (1%) said that they were not.

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

Figure 13. Ratings for dignity and respect towards patients in Bantry General Hospital

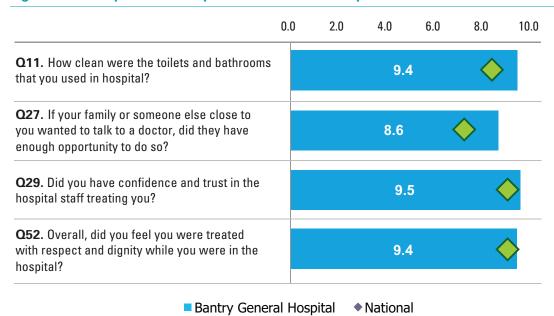


Question 29 asked people if they had confidence and trust in the hospital staff treating them, and was the highest score question on this stage. 85 people (93% of all people who answered Q29) said that they always had confidence and trust in the hospital staff treating them.

Question 11 asked people about the cleanliness of the bathrooms and toilets in Bantry General Hospital. While 75 people (84% of all people who answered Q11) said that the bathrooms and toilets were very clean, 14 people (16%) said that they were fairly clean.

Question 27 asked people if their family or someone close to them had enough opportunity to talk to a doctor in Bantry General Hospital. Out of 66 people, 48 (73%) said that their family or people close to them had enough opportunities to talk to a doctor. However, four people (6%) said that their family or friends did not get the opportunity.

Figure 14. Bantry General Hospital scores for other aspects of care



Other aspects of care: what do these results mean?

Patients in Bantry General Hospital reported that they were treated with dignity and respect, and had confidence and trust in the hospital staff who treated them. The cleanliness of toilets and bathrooms was also rated highly. However, people reported less positive experiences around the opportunities for their families or friends to speak with hospital staff.



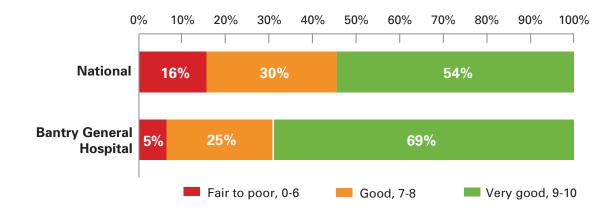
Ratings of overall experience

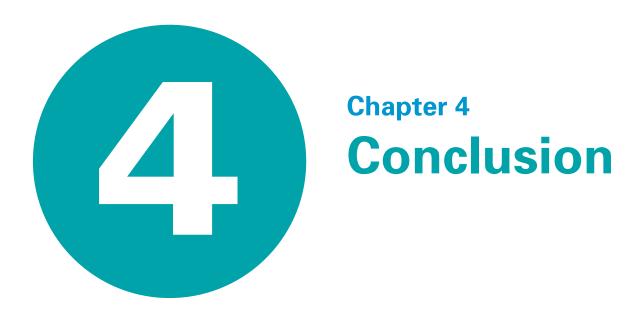
People were also asked to rate their overall hospital experience on a scale of 0 to 10, with 10 being the most positive experience, and 0 the most negative experience.

Figure 15. below provides the average overall rating of hospital experience, reported by people who completed the survey in Bantry General Hospital, compared with the national average.

In general, over half of people (69%) of people who stayed in Bantry General Hospital in May 2017, reported having a very good experience in this hospital, whereas 6% of people indicated a fair to poor experience.

Figure 15. Overall rating of hospital experience for Bantry General Hospital and nationally





How did patients experience hospital care in **Bantry General Hospital in May 2017?**

Overall, patients' ratings of their experiences at Bantry General Hospital were well above the national average. 94% of patients at Bantry General Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

It was found that people were treated with respect and dignity during their time in the hospital and people also reported positive experiences of physical comfort and pain management.

The survey found that communication as regards the discharge process is a key area for improvement; this stage of care contained the lowest scoring question in the entire survey. Many people said they did not receive written or printed information on how to care for themselves at home. A number of patients also said they were not told about medication side effects and danger signals to watch out for after leaving hospital.

People made a number of specific comments about their time on the ward, with suggestions for improvement in the area of food. They also noted a lack of opportunities to talk to someone about their worries and fears.

These findings will serve to inform quality improvement initiatives in Bantry General Hospital.

What happens next?

The HSE has committed to using the findings of the National Patient Experience Survey 2017 to support wide ranging quality improvements in every 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 from early 2018.

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

Appendix 1:

National Patient Experience Survey 2017 questions

No.	Question
1	Was your most recent hospital stay planned in advance or an emergency?
2	When you arrived at the hospital, did you go to the Emergency Department (also known as the A&E Department or Casualty)?
3	When you had important questions to ask doctors and nurses in the Emergency Department, did you get answers that you could understand?
4	While you were in the Emergency Department, did a doctor or nurse explain your condition and treatment in a way you could understand?
5	Were you given enough privacy when being examined or treated in the Emergency Department?
6	Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department?
7	Did you remain in the Emergency Department for the entire time of your stay?
8	Following arrival at the hospital, how long did you wait before being admitted to a ward?
9	Were you given enough privacy while you were on the ward?
10	In your opinion, how clean was the hospital room or ward that you were in?
11	How clean were the toilets and bathrooms that you used in hospital?
12	When you needed help from staff getting to the bathroom or toilet, did you get it in time?
13	Did staff wear name badges?
14	Did the staff treating and examining you introduce themselves?
15	How would you rate the hospital food?
16	Were you offered a choice of food?
17	Were you ever unable to eat during mealtimes (e.g. because you were away from the ward, recovery from surgery etc.)?
18	Were you offered a replacement meal at another time?
19	Did you get enough help from staff to eat your meals?
20	When you had important questions to ask a doctor, did you get answers that you could understand?
21	Did you feel you had enough time to discuss your care and treatment with a doctor?

No.	Question
22	When you had important questions to ask a nurse, did you get answers that you could understand?
23	If you ever needed to talk to a nurse, did you get the opportunity to do so?
24	Were you involved as much as you wanted to be in decisions about your care and treatment?
25	How much information about your condition or treatment was given to you?
26	Was your diagnosis explained to you in a way that you could understand?
27	If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?
28	Did you find someone on the hospital staff to talk to about your worries and fears?
29	Did you have confidence and trust in the hospital staff treating you?
30	Were you given enough privacy when discussing your condition or treatment?
31	Were you given enough privacy when being examined or treated?
32	Do you think the hospital staff did everything they could to help control your pain?
33	Did a doctor or nurse explain the results of the tests in a way that you could understand?
34	Before you received any treatments did a member of staff explain what would happen?
35	Before you received any treatments did a member of staff explain any risks and/or benefits in a way you could understand?
36	Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?
37	Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?
38	Beforehand, were you told how you could expect to feel after you had the operation or procedure?
39	After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?
40	Did you feel you were involved in decisions about your discharge from hospital?
41	Were you given enough notice about when you were going to be discharged?
42	Were your family or someone close to you given enough notice about your discharge?
43	Before you left hospital, did the healthcare staff spend enough time explaining about your health and care after you arrive home?
44	Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?

No.	Question
45	Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?
46	Did a member of staff tell you about medication side effects to watch for when you went home?
47	Did a member of staff tell you about any danger signals you should watch for after you went home?
48	Did hospital staff take your family or home situation into account when planning your discharge?
49	Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?
50	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
51	Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?
52	Overall, did you feel you were treated with respect and dignity while you were in the hospital?
53	Overall (please circle a number from 0 to 10 that summarises your experience. 0 represents a very poor experience, 10 represents a very good experience.)
54	Who was the main person or people that filled in this questionnaire?
55	Are you male or female?
56	What is your month and year of birth?
57	What is your ethnic or cultural background?
58	Do you currently have: A medical card; Private health insurance; Both medical card and private health insurance; Neither medical card nor private health insurance?
59	Was there anything particularly good about your hospital care?
60	Was there anything that could be improved?
61	Any other comments or suggestions?

Appendix 2:

background to the National Patient Experience **Survey Programme**

The National Patient Experience Survey Programme is a partnership between the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. The aim of the National Patient Experience Survey Programme is to engage with and understand the experience of patients, and use this feedback to inform the future development, planning, design and delivery of improved patient-centred care in Irish hospitals.

The objectives of the programme are to provide patients with the opportunity to share their experiences, helping the partner organisations to:

- determine the quality of healthcare delivery in Ireland
- identify areas of best practice in Irish healthcare, as well as areas in need of improvement
- provide measures of patient experience which will inform the future planning and delivery of healthcare
- allow for comparisons of patient experiences nationally and internationally, and
- develop and build quality and safety improvement initiatives.

The programme is governed by a steering group, which is made up of patient representatives and senior decision-makers from each of the partner organisations. A delivery group and an advisory group were also set up to oversee the development and implementation of the National Patient Experience Survey.

Further information on the management of the survey is available at www.patientexperience.ie.

Appendix 3:

identifying areas of good experience and areas needing improvement

Two methods were combined to identify the areas of good experience and the areas needing improvement.

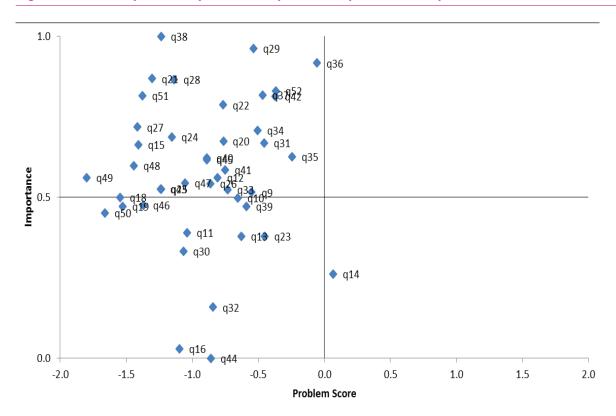
- 1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
- 2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected as areas of good experience or areas needing improvement. Further detail on this process is provided below:

Some questions were more important to patients' ratings of overall experience. For example, a question on being treated with dignity and respect may have a stronger relationship with overall experience than a question on patient ratings of the hospital food.

Figure 16. below, shows a map of the survey questions based on how strongly each question is connected to overall experience. The map also shows the difference between the score for each question in Bantry General Hospital and the score for each question nationally. This map helps to identify some of the areas of positive experience and areas needing improvement presented in Chapter 1. The importance of the relationship between each question and overall experience is given as a number between 0 and 1, with 1 being the most important possible relationship. The difference between question scores for Bantry General Hospital and national scores is described as a 'problem score'. If a question has a problem score with a value greater than zero, it means that Bantry General Hospital has scored less than the national average for that guestion. 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 Bantry General Hospital. Questions that have low problem scores and are important to patients' overall experience can be found in the top left-hand section of the map - these are areas of good experience, as reported by patients of Bantry General Hospital.

Figure 16. Overall patient experience map for Bantry General Hospital



Appendix 4:

a technical note on analyses and interpretation

Preliminary note

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

Scoring methodology

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

The scores for the patient journey were calculated by grouping survey questions into four stages of care4: 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.

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?



The table below shows how scores are calculated for a specific question. In this example the scores of six 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 indepth 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 29,567 comments were received in response to the open-ended questions in the 2017 survey.

A coding frame 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 endedquestions 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 a 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.