



## National Patient Experience Survey 2017

# Tallaght Hospital

We're committed to excellence in healthcare





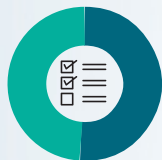
Thank you to the people who participated in the National Patient Experience Survey 2017, and to their families and carers. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve 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.



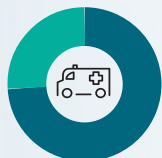
# Tallaght Hospital



51%  
of 1371 eligible  
patients took part



51% female  
49% male

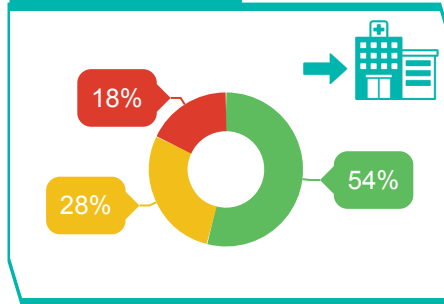


74%  
entered hospital on  
an emergency basis

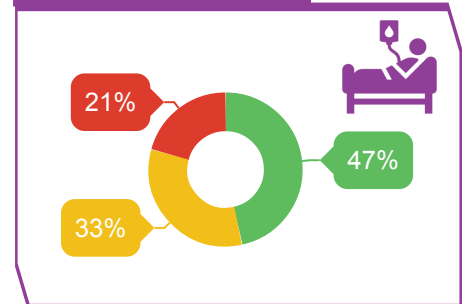
Average age:  
61 years

## Stages of care

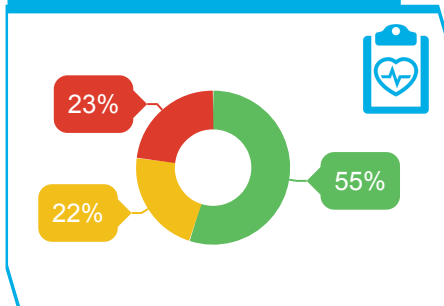
### Admission



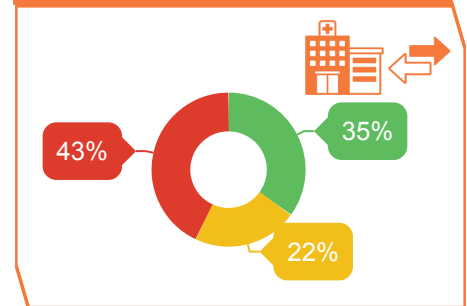
### Care on the ward



### Examinations, diagnosis & treatment

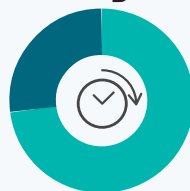


### Discharge or transfer



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

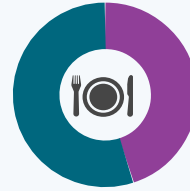
### Waiting time



73%

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

### Food



45%

rated the food as fair or  
poor.

### Medication

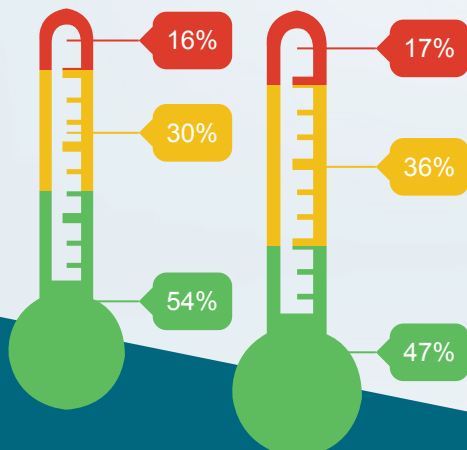


63%

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

## Overall experience

Nationally This hospital



## Areas of good experience

84%



of people said

that they were always  
given enough privacy  
when being examined  
or treated.

## Areas needing improvement

55%



of people said

that they could not  
always find someone  
on the hospital staff to  
talk to about their  
worries and fears.

# Structure and content of this report

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This chapter presents the areas of good experience and the areas needing improvement in Tallaght Hospital.

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## Chapter 1

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# Patients' experiences of acute hospital care in Tallaght 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.

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 the Tallaght Hospital during the month of May 2017. In total, 684 participants from Tallaght Hospital took part in the survey.

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

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

The National Patient Experience Survey values and seeks to represent the patient voice, which is a fundamental principle of patient-centred care. The survey acknowledges both positive and negative experiences, as told by the 684 patients from Tallaght Hospital who completed the survey. While thousands of people surveyed 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

Tallaght Hospital is a public acute hospital, located in Tallaght, Co. Dublin. There were 432 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 1,371 eligible discharges were recorded during this time. Tallaght Hospital has an emergency department. Patients at this hospital were asked to answer questions across each stage of care.

## Purpose of this report

The purpose of this report is to present the key findings of the National Patient Experience Survey, based on the experiences of patients who stayed in Tallaght 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 Tallaght Hospital. A quality improvement plan will be developed by Tallaght Hospital in response to the survey results and will be publicly available on [www.patientexperience.ie](http://www.patientexperience.ie) in December 2017.

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



## Who took part in the survey?

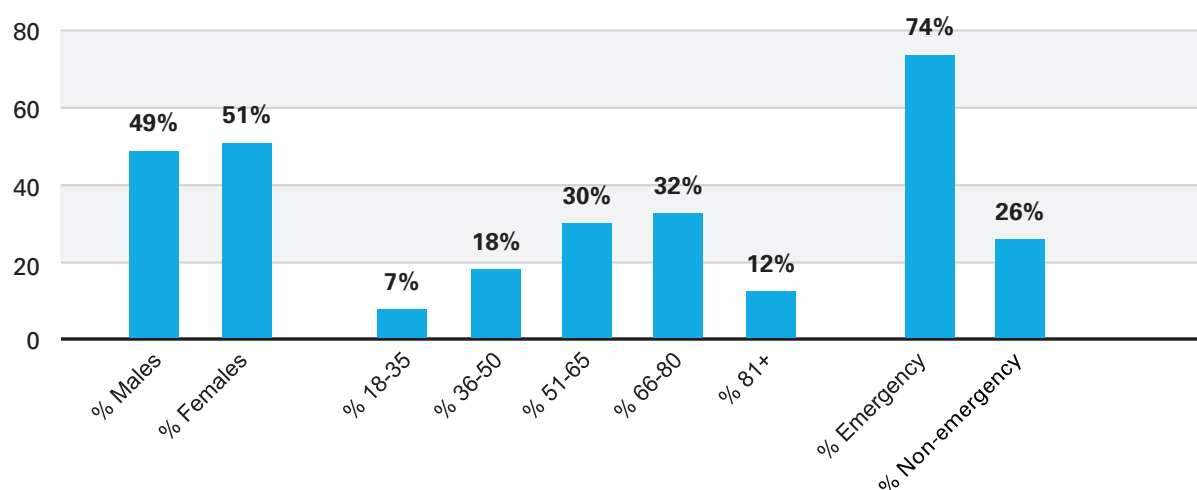
### Description of the respondents who took part in the survey

**1,371** people discharged from Tallaght Hospital during the month of May 2017 were invited to participate in the survey.

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

49% of people who responded to the survey were male and 51% were female. Most respondents (74%) said they entered the hospital through the emergency department. Figure 1. below shows information about the respondents who took part in the survey from Tallaght Hospital.

**Figure 1. Survey participants from Tallaght Hospital by sex, age group and admission route**





## What were the main findings for Tallaght Hospital?



Overall, 83% of patients at Tallaght Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally. Tallaght Hospital scored below the national average for every stage of care along the patient journey with the exception of admissions.

The survey found that, overall, people in Tallaght hospital reported high levels of patient-centred care in terms of being treated with respect and dignity in the emergency department. The majority of patients also reported that they were given enough privacy when they were being examined or treated. The survey found that the communication between doctors and staff before operations or procedures received above average ratings, with many patients reporting that staff completely answered their questions in an understandable manner. Patients in Tallaght Hospital also reported that most staff wore name badges.

Several areas across each stage of care were identified as needing improvement. In relation to admissions, even though Tallaght Hospital scored about the same as the national average, many people still had negative experiences. In the emergency department, the majority of respondents said they waited for more than six hours to be admitted to a ward. Several questions relating to communication were negatively rated with many patients reporting, for example, that they did not have enough time to discuss their care and treatment with a doctor. Similarly, patients' families or friends did not have sufficient opportunities to talk to a doctor. Often patients of Tallaght Hospital could not find hospital staff to talk to about their worries and fears. People also reported a lack of privacy when discussing their condition or treatments as well as a lack of confidence and trust in the staff treating them.

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

## Areas of good experience and areas needing improvement in Tallaght Hospital

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

### The areas of good experience in Tallaght Hospital are:

Patients had positive experiences in several areas, particularly in the emergency department as regards respect and dignity and the privacy they had when being examined or treated. These two areas were the highest rated questions in the survey.

#### Admissions | Q6.

##### Respect and dignity in the emergency department

Out of 481 respondents, 403 (84%) said that they were always treated with respect and dignity while they were in the emergency department.

#### Examinations, diagnosis and treatment | Q31.

##### Privacy when being examined or treated

557 (84%) of 662 people who answered this question said that they were always given enough privacy when being examined or treated.

#### Care on the ward | Q13.

##### Staff name badges

425 people (78%) said that all staff wore name badges in Tallaght Hospital.

#### Examinations, diagnosis and treatment | Q37.

##### Clear answers to questions about operation or procedure

Out of 379 people who had questions about their operation or procedure, 293 (77%) said that a member of staff completely answered their questions in a way they could understand.

## The areas needing improvement in Tallaght Hospital are:

Patients highlighted areas needing improvement, for example, as regards opportunities to talk to a doctor. Patients reported negative experiences of not having been able to talk to a member of hospital staff about their worries or fears. Patients also reported a lack of privacy when discussing their care and treatment. Many also said that they did not fully trust or have confidence in the hospital staff treating them.

### Care on the ward | Q28.

#### Someone to talk to about worries and fears

Out of 421 respondents, 233 (55%) said that they could not, or only to some extent, find someone on the hospital staff to talk to about their worries and fears.

### Examinations, diagnosis and treatment | Q21.

#### Time to discuss care and treatment with a doctor

297 (45%) of the 656 people who answered this question said that they did not have, or only to some extent had, enough time to discuss their care and treatment with a doctor.

### Other aspects of care | Q27.

#### Opportunity for family member to talk to a doctor

Out of 473 respondents, 222 (47%) said that if their families or friends wanted to talk to a doctor they did not, or only to some extent, get enough opportunity to do so.

### Examinations, diagnosis and treatment | Q30.

#### Privacy when discussing condition or treatment

196 (30%) of the 661 people who answered this question said that they were not, or only sometimes, given enough privacy when being examined or treated.

### Other aspects of care | Q52.

#### Respect and dignity

128 (19%) of the 661 people who answered this question said that they did not, or only sometimes, feel that they were treated with respect and dignity in Tallaght Hospital.

### Other aspects of care | Q29.

#### Confidence and trust in hospital staff

123 (19%) of the 661 people who answered this question said that they did not, or only sometimes, trust the hospital staff treating them.



## Chapter 2

# The patient journey through hospital

Qualitative and quantitative findings of the 2017 survey

## Findings of the 2017 survey

### The stages of care along the patient journey

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

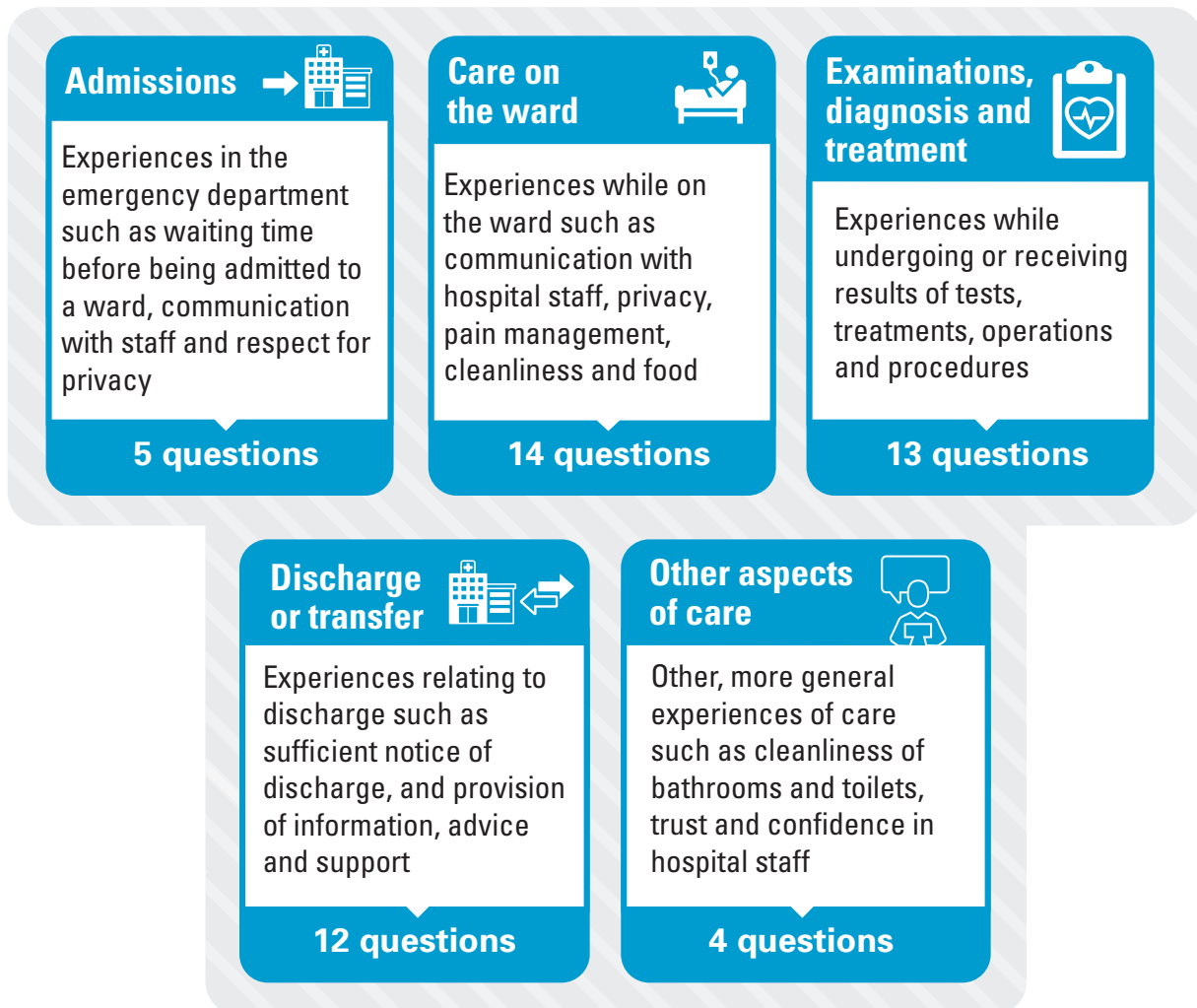
The survey questions were grouped into five stages along the patient journey:

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

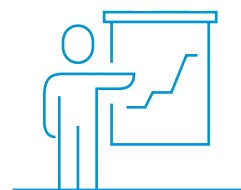
**"I feel nurses are expected to do way too much. While I received the best of care it is very hard for them to cope with the number of patients. Food could be improved a little."**

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

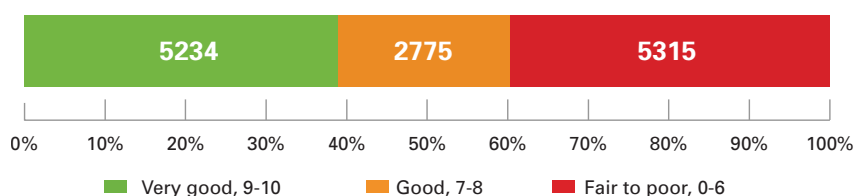
## 1. Experience rating for a stage of care

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.

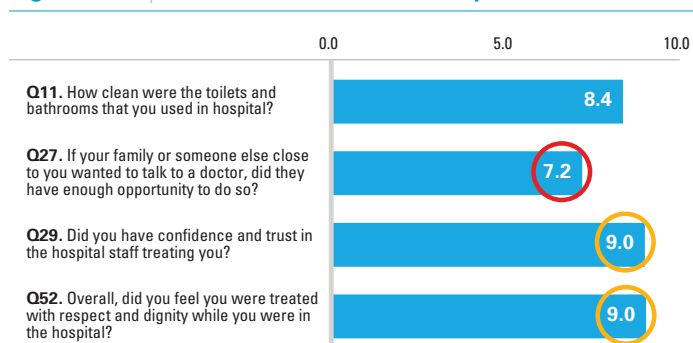
### Example:

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

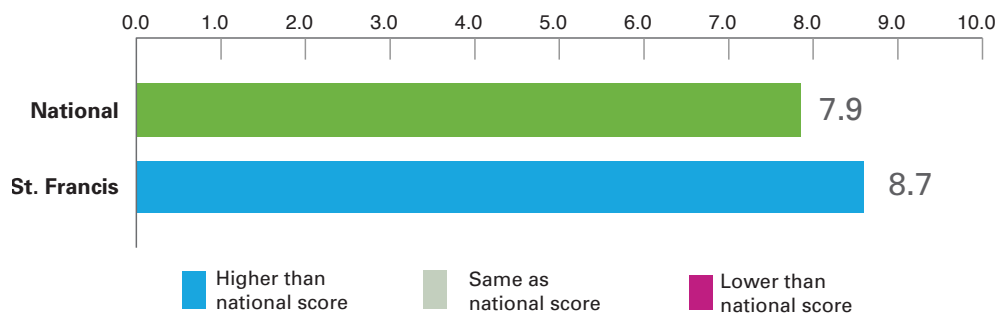


### 3. Comparisons

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

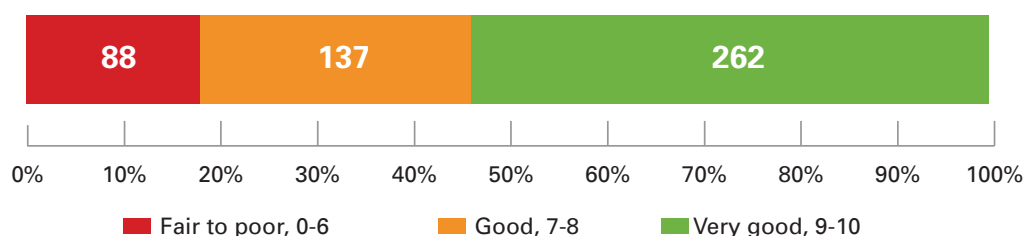


## In summary: what were patients' experiences of the admissions process?

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

88 people (18%) had a fair to poor experience of admission to Tallaght Hospital. However, 262 (54%) people rated their experience as very good. The findings are summarised in Figure 4.

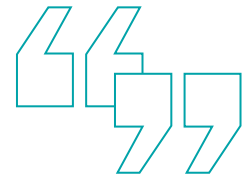
**Figure 4. Experience ratings for admissions**



## What were the key findings for admissions?

- Waiting times in the emergency department was the lowest scoring question, with 73% of people saying they waited longer than six hours before being admitted to a ward.
- 403 respondents (84%) who spent time in the emergency department said that they were always treated with respect and dignity there.
- 46% of respondents said that their condition and treatment was not explained in a way that they could completely understand while in the emergency department.
- Tallaght Hospital scored 8 out of 10 overall for this stage of care, which is about the same as the national average score.





## The patient voice: what patients said about admissions

Respondents from Tallaght Hospital made 247 open-ended comments related to the following themes: 'dignity, respect and privacy', 'communication with the patient', and 'emergency department environment or waiting times'. 130 of the comments were made in response to Q60 which asked for suggestions for improvement. Examples of these comments are provided below.

### Dignity, respect and privacy

"I believe staff were very kind and professional and cared for patients with respect and dignity while under a lot of pressure."

"Only when doctors come to talk about your condition everyone can hear what is being said. There is only a curtain, so no privacy."

### Communication with the patient

"Yes, I felt that everyone involved did their best to help me. Most of the staff involved took the time to explain things and to do what needed to be done."

"Doctors always seem to be in too much of a rush to give a proper explanation and I feel I'm more confused afterward. You are not given a chance to ask any question about anything they have told you."

### Emergency department environment or waiting times

"Yes. As I had suffered [Condition Name] there was no delay in A&E in admitting me to Tallaght Hospital. The doctors and nursing staff gave me immediate and excellent care and admitted me to [Ward Type] without any undue delays."

"Yes A&E could be faster, and being elderly should not be left out on hard sits in pain. Nearly 3 day left with [Condition Name] before being treated."

## 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.**

403 respondents (84%) from Tallaght Hospital said that they were always treated with respect and dignity in the emergency department. With a score of 9.1 out of 10 this is the highest performing area of the admissions stage.

73% of people who answered question 8 said they had to wait longer than 6 hours before being admitted to a ward. This question was the lowest scoring question on admissions. More detail on waiting times is provided later in this section

**"I had to spend the night on the trolley in the ward because there was no beds and waiting in the waiting room in A&E it was all night and I was freezing cold."**

Q4 was also among the lowest scoring questions (score of 7.2 out of 10). 204 people (46%) said that doctors or nurses in the emergency department in Tallaght Hospital did not, or only to some extent, explain their condition or treatment to them in a way they could understand.

Figure 5. summarises the scores for Tallaght Hospital for the admissions stage of care.

**Figure 5. Tallaght Hospital scores for questions on admissions**

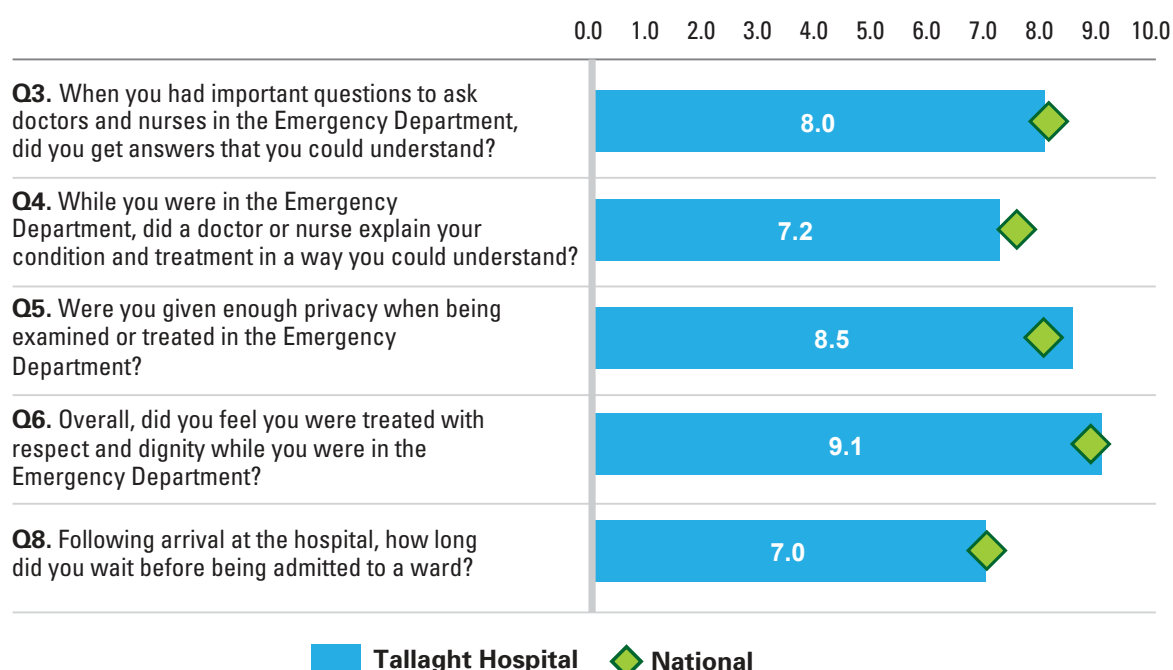
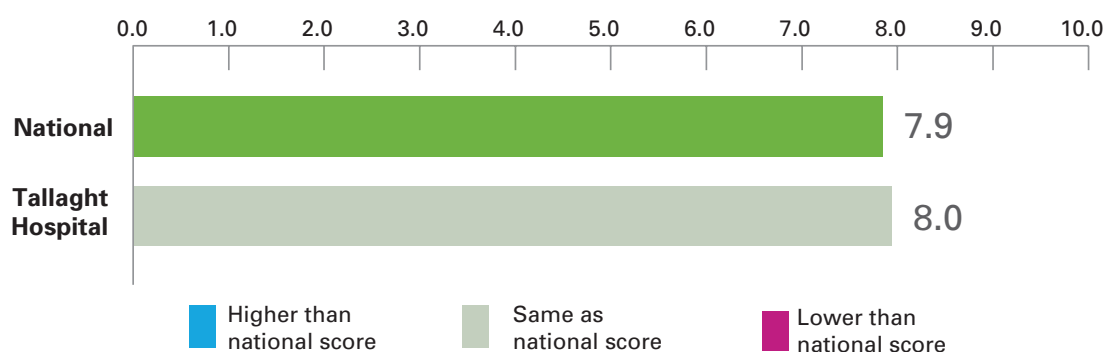


Figure 6. shows that, within the admissions stage, the average score for Tallaght Hospital (8 out of 10) is similar to the national average (7.9 out of 10)<sup>1</sup>. This means that patients who attended Tallaght Hospital reported a similar experience of the admissions stage of care as patients in other hospitals.

**Figure 6. Comparison of Tallaght Hospital with the national average for admissions (out of a maximum of 10).**



## Emergency department waiting times

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

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

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

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

The HSE measures emergency department waiting times differently to the survey, namely from the time a patient registers at the emergency department until they leave it. It is likely that there are some differences between survey findings and the official HSE figures<sup>2</sup>.

<sup>1</sup> Though Tallaght Hospital's admission score is higher than the national score, the difference is not statistically significant. For further information see Appendix 4.

<sup>2</sup> 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

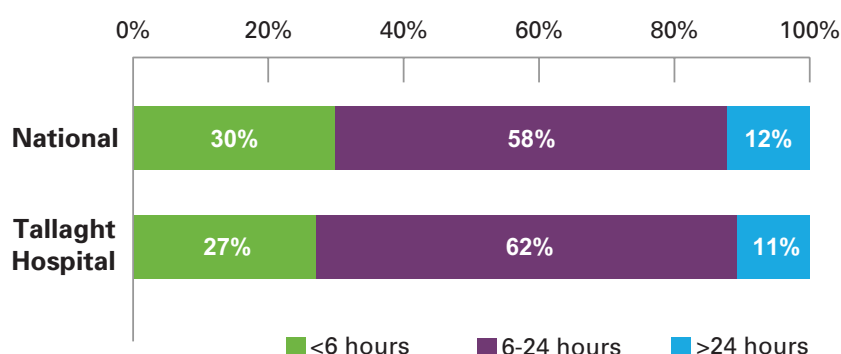
In Tallaght Hospital, 122 respondents (27%) said they were admitted to a ward within six hours of arriving at the emergency department. 280 respondents (62%) reported waiting between six and 24 hours. 48 respondents (11%) reported waiting 24 hours or more before being admitted to a ward in Tallaght Hospital, with 8 people saying they waited more than 48 hours.

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

### What does this mean for Tallaght Hospital?

With just 27% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that Tallaght Hospital performed below the reported national average, where 30% of people said that they were admitted within six hours. Patient-reported waiting times in Tallaght Hospital also fell short of the HSE target for waiting times. Studies have found that long waiting times in the emergency department after a decision has been made to admit a patient can have negative consequences for a patient's health<sup>(1,2)</sup>.

**Figure 7. Patient-reported emergency department waiting times for Tallaght Hospital and nationally**



## Admissions: what do these results mean?

The large majority of patients reported waiting longer than six hours in the emergency department, with performance below the national average and the targets set by the HSE. Lengthy waiting times are associated with poor outcomes for patients. Many patients reported positive experiences of being treated with respect and dignity in the emergency department in Tallaght Hospital.

# Care on the ward

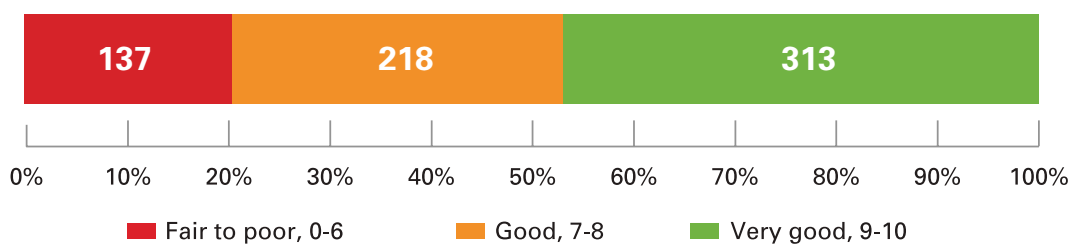


## In summary: what were patients' experiences of care on the ward?

'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.

137 respondents (21%) said that their experience of care on the ward was fair to poor. However, 313 respondents (47%) reported having a very good experience during their stay on a ward in Tallaght Hospital. Figure 8. summarises patients' experiences of care on the ward.

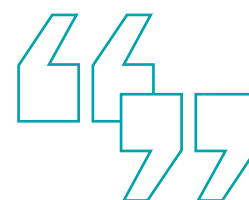
**Figure 8. Experience ratings for care on the ward**



## What were the key findings for care on the ward?

- Many people said that staff wore name badges, with a score of 8.8 out of 10 for this question.
- Food and drink was the lowest rated area, scoring 5.3 out of 10.
- Tallaght Hospital scored 7.9 out of 10 for care on the ward, which is lower than the national average score of 8.3 out of 10.

**"The nurses on the ward that I was in were very good and understanding. The doctors that I was under, especially the young ones were not that great with information on my sickness."**



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

459 open-ended comments from Tallaght Hospital related to the following themes: 'staffing levels', 'staff availability and responsiveness', 'other healthcare staff', 'other staff', 'food and drink' and 'cleanliness and hygiene'. 213 of the comments offered suggestions for improvement. 91 of the suggestions for improvement related to food and drink. Some examples are provided below.

### Staffing levels

"Staff were very helpful and respectful, even though there was a very high ratio of patients to staff."

"Not knowing what is happening can cause serious anxiety. Better communication in a timely manner would reduce this. Extra staff would reduce this (Maybe a communication officer to relay information to family)."

### Staff availability and responsiveness

"Overall my hospital stay was good. The young student nurses were lovely to me as well as the nurses on the ward. I was given a lot of care regularly and everyone was very attentive."

"I was in a ward of six men three older and two younger than me they all had had [Procedure Type] at night we only had one bell between us to summon a nurse if needed. There also appeared to be a shortage of walkers, only one on the ward."

### Other healthcare staff

"Nursing care mostly good. Nursing assistants very helpful. Catering staff did their best - difficult in circumstances."

"Yes, the health care and nurses assistant could help more with the old people with food times and a bit more understanding of there situations."

### Other staff

"All staff were amazing... kitchen staff and nurses did their best organising food as I cannot eat bread but were limited by food choices - not their fault. They did their utmost which I was so grateful to them."

"Yes hygiene on the wards. Diet - my husband was on a special diet after surgery. The kitchen staff did not heed this, we had to point out to them food he was not allowed after a [Procedure Name]."

## Food and drink

"I have to say I was particularly surprised at the good food. The soup and the 'egg omelette' deserve full marks, thank you, x"

"The food is appalling, out of six people in my room four of us ate nothing except cereal for days and that included a 92 year old lovely lady."

## Cleanliness and hygiene

"The hospital was extremely clean and the nurses were very friendly. Overall I was very happy with my treatment."

"The bathrooms were horrible. Coverings on the walls were coming away which made hygiene standards impossible to maintain. I'm [Nationality] and was embarrassed to think what other people e.g. [Nationality] would think about our hygiene standards in our hospitals."

## 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. Q13 was the highest scoring question on care on the ward (score of 8.8 out of 10). Out of 544 respondents from Tallaght Hospital, 425 (78%) said that all staff wore name badges. In response to Q14, 497 people (76%) reported that all of the staff treating and examining them introduced themselves.

The lowest scoring question (Q15) related to hospital food. 295 respondents (45%) rated the food as 'fair' or 'poor', with this question scoring 5.3 out of 10.

**"I felt very comfortable with the nurses and doctor all of them introduced themselves very nice people."**

Figure 9. Tallaght Hospital scores for questions on care on the ward

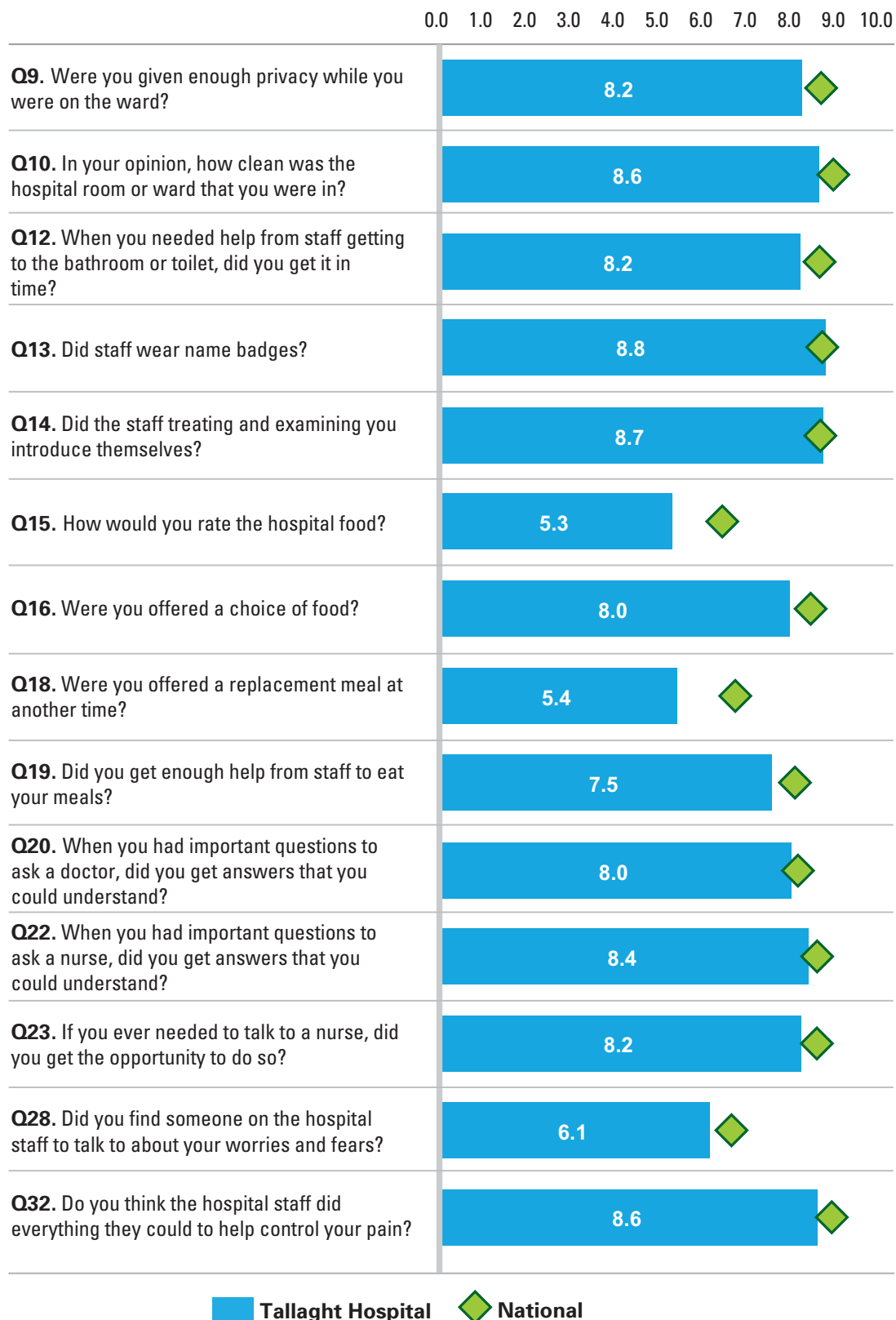




Figure 10. shows that, within the care on the ward stage, the average score for Tallaght Hospital (7.9 out of 10) is lower than the national average (8.3 out of 10). This means that patients who attended Tallaght Hospital reported a less positive experience of care on the ward than patients in other hospitals.

**Figure 10. Comparison of Tallaght Hospital with the national average for care on the ward (out of a maximum of 10)**



### Care on the ward: what do these results mean?

Patients in Tallaght Hospital reported a less positive experience of care on the ward than the national average. Many respondents reported that they were not always offered a replacement meal if they were unable to eat at mealtimes. A significant number of patients also reported that they could not always find hospital staff to talk to about their worries or fears. These results suggest that patients' physical comfort was sometimes compromised and this is an area of improvement. On the other hand, patients reported positive experiences as regards hospital staff wearing name badges and introducing themselves when treating or examining them.

# Examinations, diagnosis and treatment

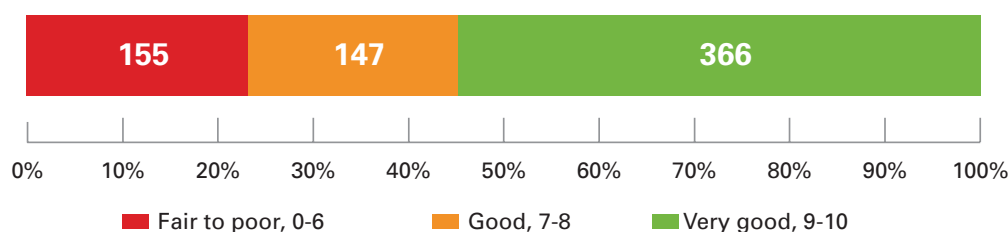


## In summary: what were the experiences of patients during examinations, diagnosis and treatment?

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

155 respondents (23%) said that their experience of examinations, diagnosis and treatment in Tallaght Hospital was fair to poor. On the other hand, 366 respondents (55%) reported having a very good experience in this regard. Figure 11. summarises patients' experiences of examinations, diagnosis and treatment.

**Figure 11. Experience ratings for examinations, diagnosis and treatment**



## What were the key findings?

- Many people said that they were given enough privacy when they were being examined or treated, with a score of 9.1 out of 10 for this question.
- The lowest rated question asked patients whether they had enough time to discuss their care and treatment with a doctor, scoring 7.1 out of 10. 297 respondents (45%) said they did not always have enough discussion time.
- Tallaght Hospital scored 7.9 out of 10 for examinations, diagnosis and treatment, which is lower than the national average score of 8.1 out of 10.

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



383 open-ended comments were made about the following themes: 'nursing staff', 'doctors or consultants', and 'waiting times for planned procedures'. 266 of these comments were in response to Q60, which asked for suggestions for improvement. Some examples of these comments are provided.

**Nursing staff**

"The nurses were excellent gave their full attention to every patient. I never once saw an unhappy face night or day. Felt they had a true vocation for their chosen career. The doctors checked out everything efficiently. I felt I was being monitored as I had several visits from different clinics with the result I got the medication I needed."

"The Health Service urgently needs more nurses. They are an invaluable, but sadly under-appreciated, resource. They constantly seek to provide the highest quality care to their patients in challenging conditions due to understaffing and increasing patient numbers. The HSE will never achieve excellence in Healthcare without them. This is a team effort so no member of your team should be overlooked!"

**Doctors or consultants**

"My consultant was fantastic he took the time to explain every and reassure me."

"Doctors always seem to be in too much of a rush to give a proper explanation and feel I'm more confused afterward. You are not given a chance to ask any question about anything they have told you."

**Waiting times for planned procedures**

"[Procedure Name] and results of bloods were prompt, I had a [Procedure Name] done everything checked, felt relieved, had [Procedure Name], [Procedure Name], [Procedure Name], and [Procedure Name] in two days."

"when waiting for a [procedure type] was left waiting for two days not enough info given to me about what was happening would have liked to be kept more in the loop."

## 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. 557 (84%) of respondents who answered Q31 said they always received enough privacy when being examined or treated. This was the highest scoring question for examinations, diagnosis and treatment with a score of 9.1 out of 10.

"Information regarding procedure and after getting operation done. To explain how the patient will feel and recovery time and pain control. Also to explain the effect of pain killers/ medication after the operation."

The lowest scoring question (Q21) asked people whether they had enough time to discuss their care and treatment with a doctor. 359 people (55%) who answered this question answered 'yes, definitely', with the remaining 297 answering 'no' or 'yes, to some extent'.

**Figure 12. Tallaght Hospital scores for questions on examinations, diagnosis and treatment**

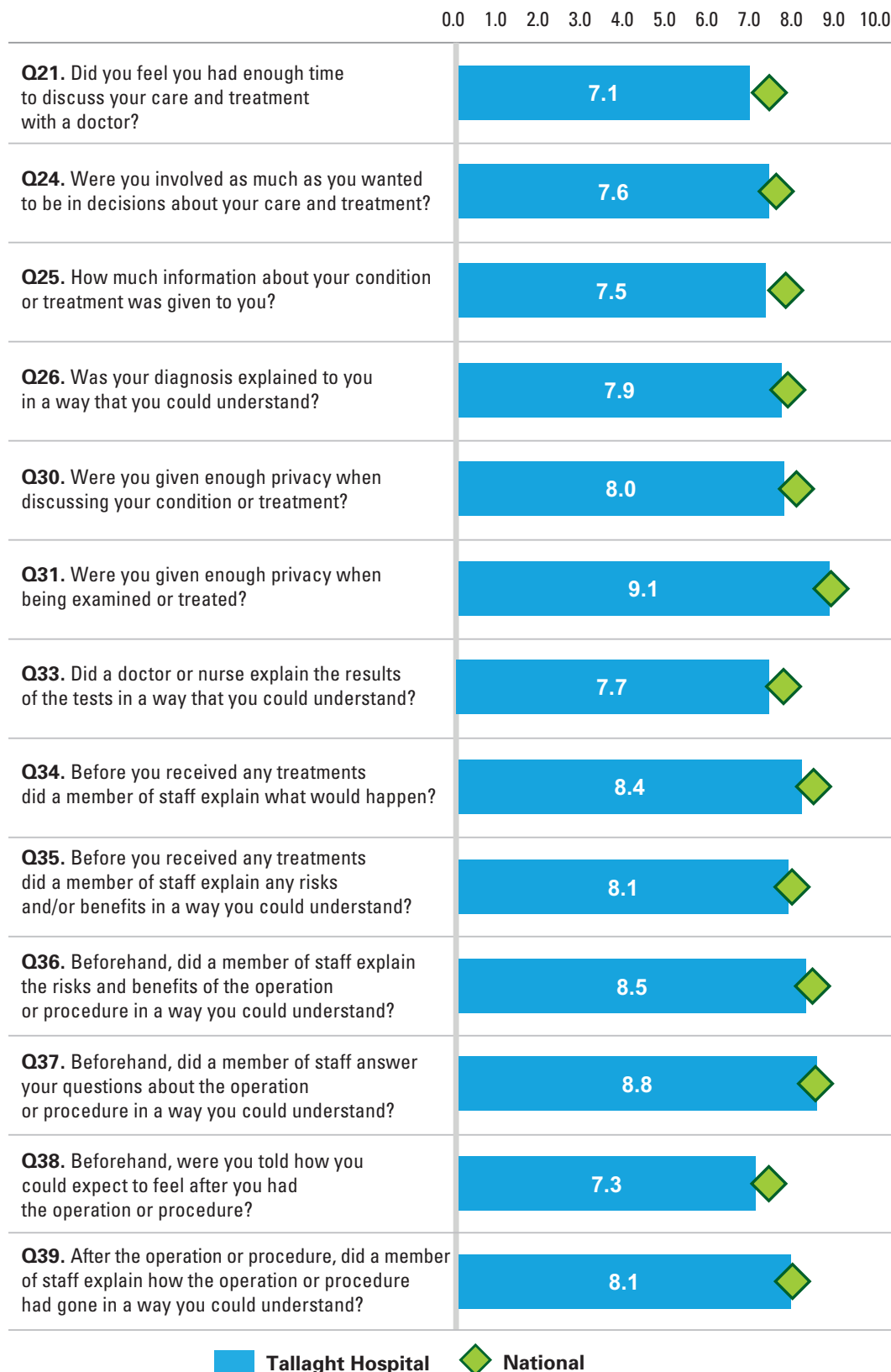


Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for Tallaght Hospital (7.9 out of 10) was lower than the national average (8.1 out of 10). This means that patients who attended Tallaght Hospital reported a less positive experience of examinations, diagnosis and treatment than patients in other hospitals.

**Figure 13. Comparison of Tallaght 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?

Patients in Tallaght Hospital gave above average ratings for privacy when they were being examined or treated. However, patients were less positive about the amount of privacy they were given when they were discussing their condition or treatment. Therefore, Tallaght Hospital scored below the national average in this area. Patients reported mixed experiences as regards the communication with hospital staff during examinations, diagnosis and treatment. Many patients said that before a surgery or procedure, members of staff would answer their questions in a manner they could understand. This was found to be an area of good experience. However, the survey also found that an area needing improvement related to the insufficient amount of time patients had to discuss their care and treatment with a doctor. Patients in Tallaght Hospital reported more negative experiences of examinations, diagnosis and treatment compared with the national average.

# Discharge or transfer

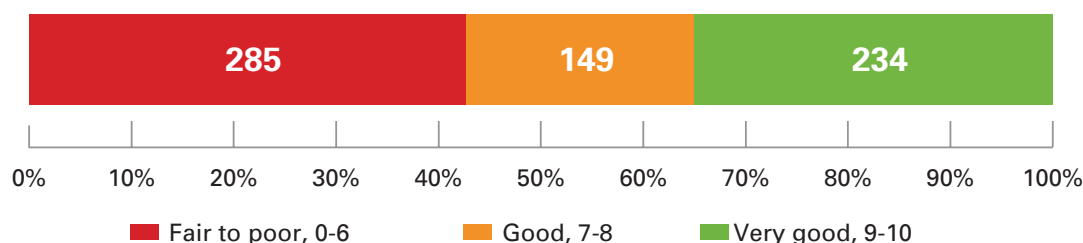


## In summary: what were the experiences of patients during discharge or transfer from hospital?

'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 668 people who rated their experience of discharge or transfer from Tallaght Hospital, 285 (43%) said that their experience was 'fair to poor'. On the other hand, 234 (35%) reported having a very good experience of being discharged or transferred from the hospital. Figure 14. below summarises these experience ratings.

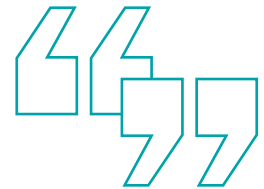
**Figure 14. Experience ratings for discharge or transfer**



## What were the key findings for discharge or transfer?

- Out of 542 people, 363 (67%) said that a member of staff completely explained the purpose of the medicines they were to take home in a way they could understand.
- 63% of patients said that they were not, or only to some extent, informed about medication side effects to watch for when they went home.
- Tallaght Hospital scored below the national average for this stage of care, with an overall score of 6.5 out of 10.

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



In total, patients from Tallaght Hospital made 66 comments in the 2017 survey about 'discharge and aftercare management'. 34 of these comments were in response to Q60, which asked for suggestions for improvement. Some examples are provided below.

### Discharge and aftercare

"The medical care was excellent and after follow up amazing. I didn't expect that kind of care in public hospital. I have since received 4 appointments for follow up and have attended 2 so far, all appointments on time, really impressive."

"More information about who to contact and a Tel No. that gets answered if the patient has a problem after discharge."

"Discharge was awful. My next of kin wasn't notified at all. Here's your bags and good luck basically."

---

## Quantitative results for questions on discharge or transfer from hospital

### Twelve questions asked about discharge or transfer.

Out of 542 people who were to take medications after discharge, 363 (67%) said that a member of staff completely explained the purpose of the medicines they were to take home in a way they could understand.

308 people (63%), who answered question 46 and needed an explanation, said that they were not informed about any medication side effects to watch for when they went home. With a score of 4.7 out of 10, question 46 was the lowest scoring question on this stage of care.

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

**Figure 15. Tallaght Hospital scores for questions on discharge or transfer**

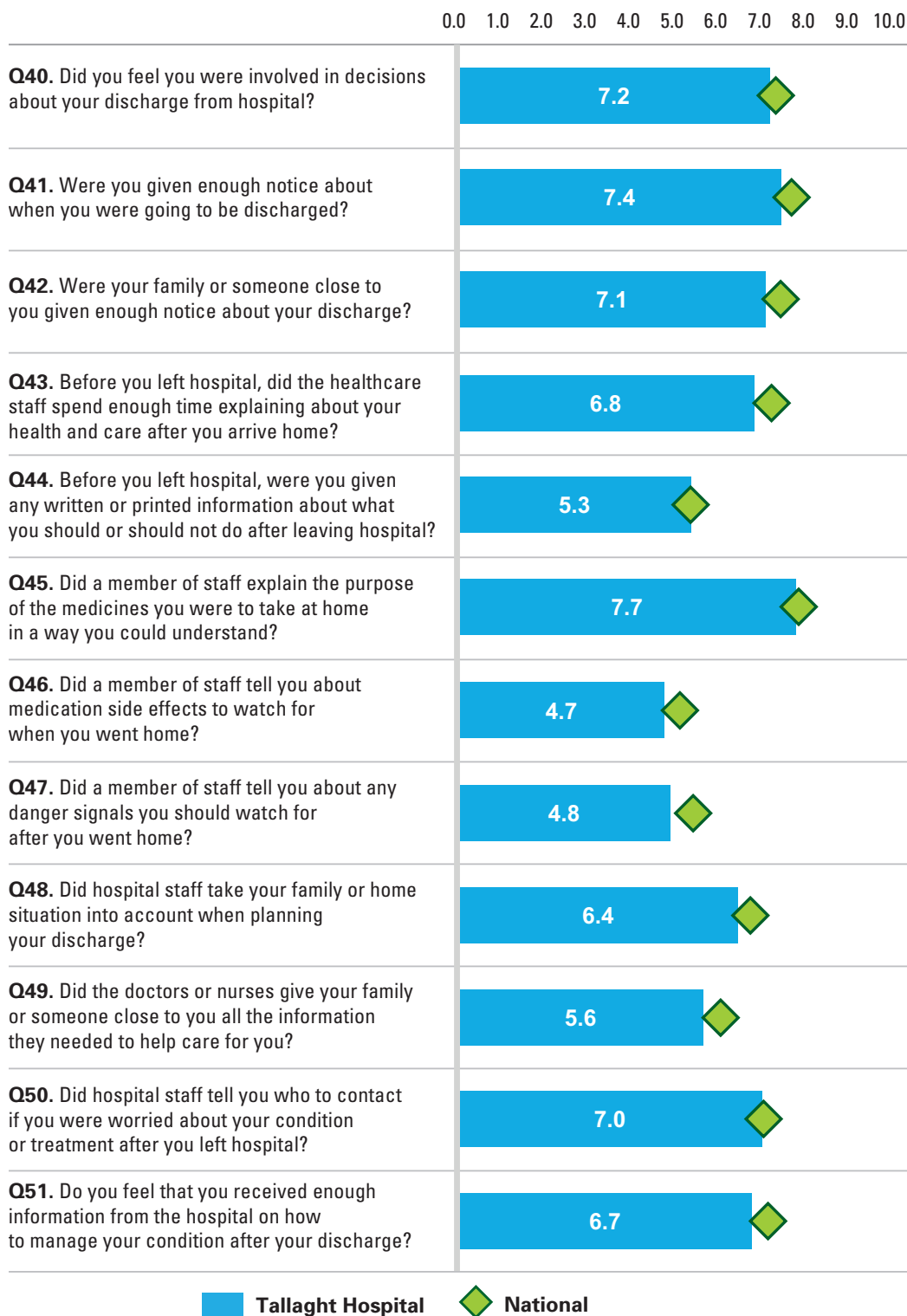
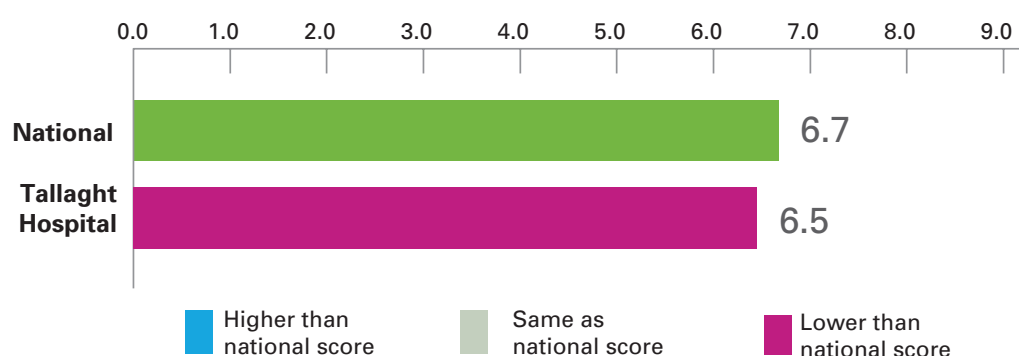




Figure 16. shows that within the discharge or transfer from hospital stage the average score for Tallaght Hospital (6.5 out of 10) is lower than the national average (6.7 out of 10). This means that patients who attended Tallaght Hospital reported a less positive experience of discharge or transfer than patients in other hospitals.

**Figure 16. Comparison of Tallaght Hospital with the national average for discharge or transfer (out of a maximum of 10)**



### Discharge or transfer: what do these results mean?

Tallaght Hospital scored below the national average on most of the questions for this stage of care, suggesting that discharge or transfer is particularly problematic for the hospital. This means that patients who attended Tallaght Hospital reported less positive experiences in comparison to the national average for this stage of care. The survey found that communication between hospital staff and patients during the discharge process was an area needing improvement. Patients require more information and support as regards 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 and Q29 were the highest ranking questions on other aspects of care (score of 8.9 out of 10). 81% of patients said that they were always treated with respect and dignity while they were in hospital. 81% of respondents also said that they always had confidence and trust in the people treating them.
- Q27 was the lowest ranking question on other aspects of care (score of 6.9 out of 10). 47% of patients who wanted their family to be involved said they were not, or were only to some extent, given sufficient opportunities to talk to a doctor.

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



386 open-ended comments asked about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'clinical information and history' and 'private health insurance'. 107 of these comments were made in response to Q60, which asked for suggestions for improvement.

### Staff in general

"The staff, they could not have been more understanding, kind and patient. Not to mention totally professional. Nothing was too much. This applies to all the staff from doctors all the way to the ladies who cleaned and served food. The nurses are great."

"Sometimes the staff seem a bit inexperienced in some areas - blood warmer, application of a canella. Regular training and updates would help this. Sometimes a bit more support after a procedure is required. Patients are in a delicate state and need support."

## Communication with family and friends

"The patient is already [Condition Type] and trying to understand the vast number of nursing staff changing shifts is almost impossible. In fact family found it difficult if not impossible to speak to nursing staff on a second occasion."

"Doctors on medical teams refusing to meet with family members of elderly, easily confused patients is a disgrace. Also they seem to keep nursing staff in the dark too."

## Physical comfort

"Doctors and nurses kind and available while in acute distress one nurse acted immediately on complaint about condition of toilet on day ward management of pain excellent and nurses very sensitive to distress [Healthcare Professional] personnel excellent and efficient nurses taking care to check out you were the right person for the right medication A and E staff professional reassuring and efficient no delay on first contact with A and E staff, seen in 10 minutes and brought to cubical as i was in a lot of pain day ward kept open the weekend so that patients like myself who were too sick to go home were accommodated, this was very reassuring and validated the belief that patient's needs were put first handovers by nurses ensured good practice even when agency or banked staff were present."

"I was in a ward with a mix of patients, some [Condition Name] and [Condition Name] and although they are unaware of there actions and I feel so much empathy towards them, it was a very stressful stay of 3 weeks in patient for me, at one point a patient was coming in behind my curtains in middle of night and I was so terrified the nurse wheeled my bed onto corridor and I had to sleep there for the night."

## Hospital facilities

"With regards to maintenance some lino joins on floors (seen at door saddles) are cracked or broken this can't be good for visual or hygiene aspect. Daily floor cleaning on ward could be a little more intense. (Bathroom cleaning was fine)."

## Clinical information and history

"Great efficiency between different teams. Communicating with each other - medical records on computer allow people to come to patient fully up to speed on their situation."

## Private health insurance

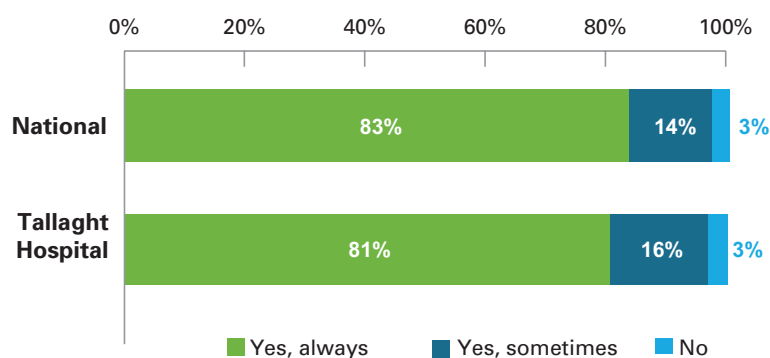
"I was asked on admittance whether my mother (patient) had private healthcare which she did. She was admitted as a private patient. However, [healthcare company] advised after that we should not have done this as it may have prolonged her stay unnecessarily. They advised we should have been admitted as a public patient and sign froms when ,private' care is made available. This is wrong. [Respondants Name]"

## 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 Tallaght Hospital in May 2017. Overall, 533 people (81%) said that they were always treated with respect and dignity, while 21 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. Nonetheless, the score for Tallaght Hospital on this question was below the national average.

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 in Tallaght Hospital**



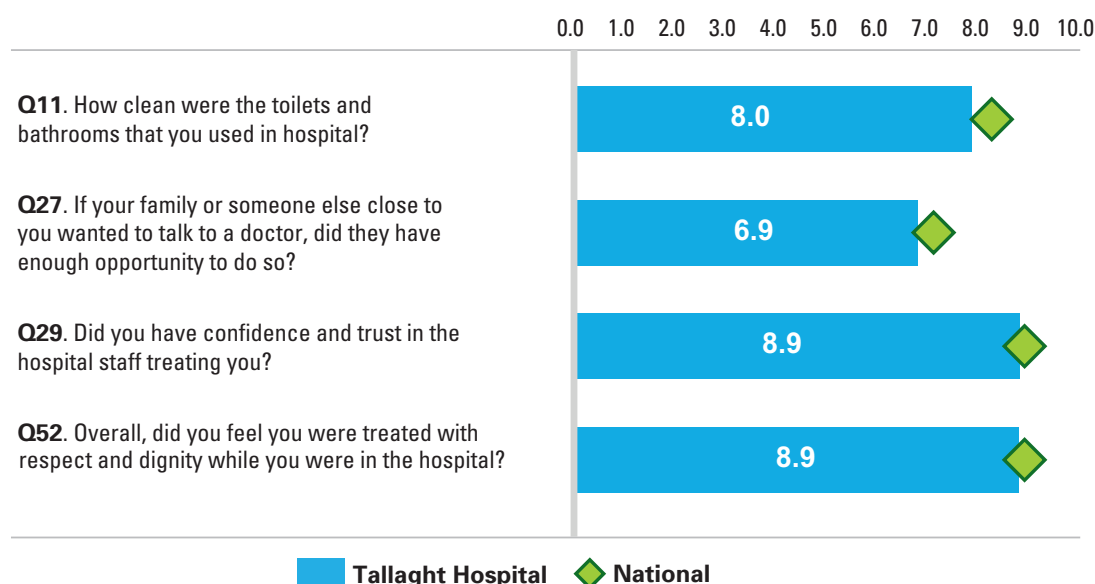
**Question 29** asked people if they had confidence and trust in the hospital staff treating them. 538 people (81% of all people who answered Q29) said that they always had confidence and trust in the hospital staff, while 23 people (4%) said that they did not.

**Question 11** asked people about the cleanliness of the bathrooms and toilets in Tallaght Hospital. While 345 people (53% of people who answered Q11) said that the bathrooms and toilets were very clean, 81 people (12%) 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 Tallaght Hospital. Out of 473 people, 251 (53%) said that their family or people close to them definitely had sufficient opportunities to talk to a doctor. However, 222 people (47%) said that their family or friends did not, or only to some extent, have sufficient opportunities.

Figure 18. summarises the scores for Tallaght Hospital for questions about other aspects of care.

**Figure 18. Tallaght Hospital scores for questions on other aspects of care**



### Other aspects of care: what do these results mean?

Tallaght Hospital's scores for questions on other aspects of care were all below the national average. Two questions in particular, Q27 asking if a family member who wanted to talk to a doctor had enough opportunity to do so and Q29 asking if patients had confidence and trust in the hospital staff treating them were identified as areas needing improvement as they were found to be strongly linked with patients reporting a positive overall experience. Patients also reported that toilets and bathrooms were not as clean as the national average. Nonetheless, most people said that they were treated with respect and dignity in Tallaght Hospital.



## Chapter 3

# Overall experience

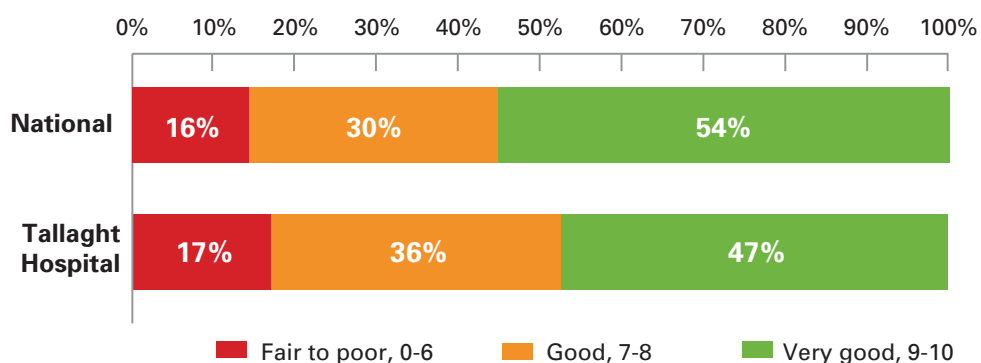
### Ratings of overall experience

People were 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 Tallaght Hospital is compared with the national average.

291 people (47%), who stayed in Tallaght Hospital in May 2017 reported having a very good experience in this hospital, while 105 respondents (17%) indicated a fair to poor experience in Tallaght Hospital.

**Figure 19. Overall rating of hospital experience for Tallaght Hospital and nationally**





## Chapter 4

# Conclusion

### How did patients experience hospital care in Tallaght Hospital in May 2017?

Nationally, 54% of patients surveyed reported a very good experience in hospital overall. In comparison, 47% of patients in Tallaght Hospital reported a very good experience. Tallaght hospital scored lower than the national average on every stage of care, with the exception of admission where it scored the same as the national average.

The large majority of emergency patients waited for longer than the target time of six hours before being admitted to a ward. In the emergency department in Tallaght Hospital, patients reported high levels of respect and dignity when they were being treated.

In relation to care on the ward, patients reported that most of the staff always wore name badges and introduced themselves. Patients, however, thought the food they were offered was not very appealing. Patients reported respect for their privacy when they were being examined or treated. However, patients did not feel that they had enough privacy when they were discussing their condition or treatment. A large number of patients highlighted issues of communication, particularly as regards not having had enough time to discuss their care and treatment with a doctor.

Patients reported leaving Tallaght Hospital not sufficiently informed about potential medication side effects or danger signals to watch out for. Most of the lowest scoring questions overall related to the discharge or transfer stage of care.

81% of patients in Tallaght Hospital said that they had been treated with respect and dignity, compared with 83% nationally. A significant number of patients also said that their families and friends did not, or only to some extent, have sufficient opportunities to speak to a doctor. Both these areas mattered to patients' overall experience and were thus flagged as areas needing improvement.

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

## What happens next?

The HSE has committed to using the findings of the National Patient Experience Survey 2017 to support wide ranging quality improvements in every public acute 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](http://www.patientexperience.ie) in December 2017.

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



# Appendix 1:

## National Patient Experience Survey 2017 questions

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

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

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

# Appendix 2:

## Background to the National Patient Experience Survey Programme

The National Patient Experience Survey Programme is a partnership between the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. The aim of the National Patient Experience Survey Programme is to engage with and understand the experiences 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](http://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.

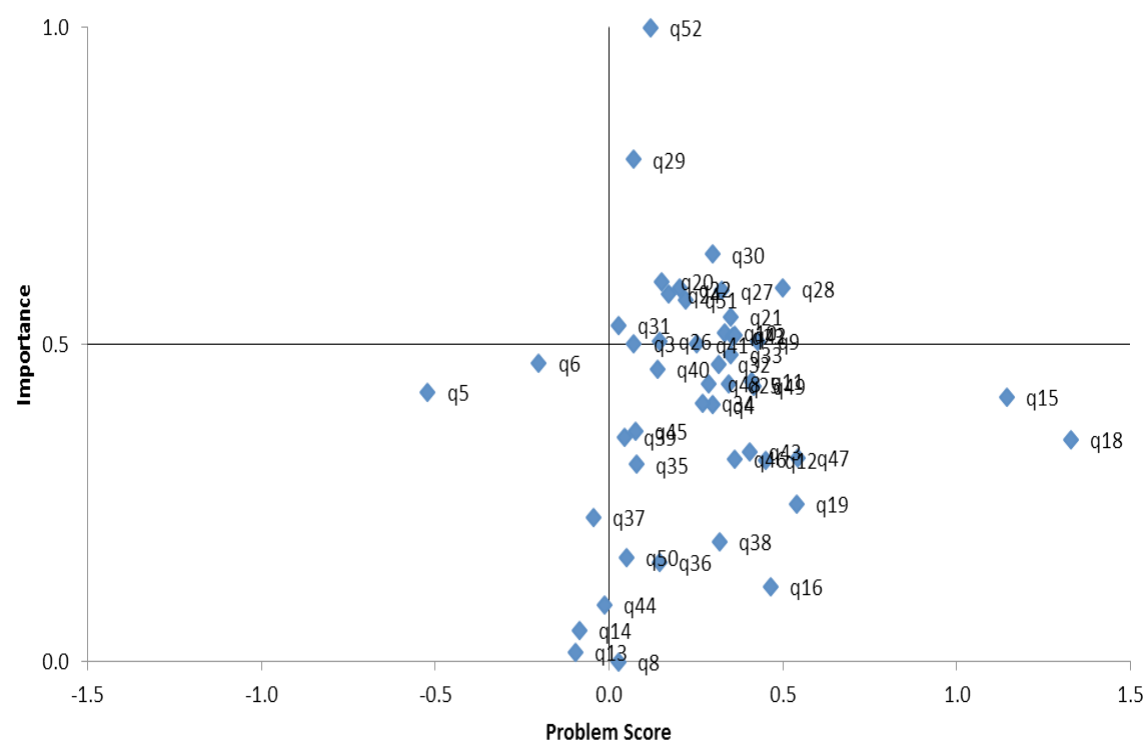
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected 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 Tallaght 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 Tallaght 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 Tallaght Hospital has scored less than the national average for that question. For example, if a hospital scored 8.8 for Q52 which is lower than the national average of 9.0, this would mean it had a problem score of 0.2 for this question.

Questions that have high problem scores and are important to patients' overall experience appear in the top right section of the map — these are areas needing improvement in Tallaght 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 Tallaght Hospital.

Figure 20. Overall patient experience map for Tallaght Hospital



# Appendix 4:

## A technical note on analyses and interpretation

### Preliminary note

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

### Scoring methodology

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

The scores for the patient journey were calculated by grouping survey questions into five stages of care<sup>3</sup>: 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.

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3 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
<b>Sum of scores</b>	<b>30</b>

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](http://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.

## 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.