



National Patient Experience Survey 2018

Midland Regional Hospital Tullamore

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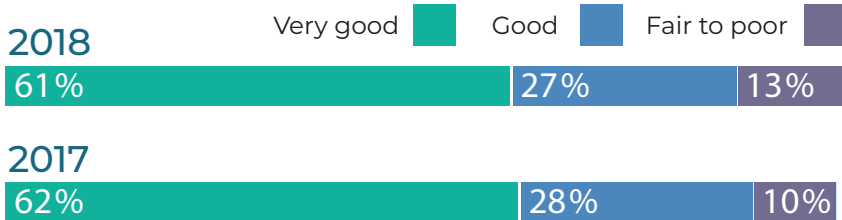
An Roinn Sláinte
Department of Health



Midland Regional Hospital Tullamore

2018 survey results

Overall experience



Values in figures do not always add up to 100% due to rounding.



53% response rate

Areas of good experience



Respect and dignity



Confidence and trust in hospital staff



Someone to talk to about worries and fears

Areas needing improvement



Clear explanation of test results



Clear answers to questions about an operation or procedure



Opportunity for family members to talk to a doctor

The patient voice

"The accommodation on the ward was excellent. The room I occupied was very clean. The ancillary staff were very friendly and everyone treated me with respect and kindness."



"Absolutely no privacy on a trolley in A&E and in the ward all other patients could hear conversations about my treatment when doctors did their rounds."

www.patientexperience.ie

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About the National Patient Experience Survey 2018

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

Nationally, 26,752 people were invited to participate in the second National Patient Experience Survey. In total, 13,404 completed the survey, resulting in a response rate of over 50%. 408 patients from Midland Regional Hospital Tullamore took part in the survey.

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

What were the main findings for Midland Regional Hospital Tullamore?

The majority of participants from Midland Regional Hospital Tullamore reported positive experiences in hospital. 87% of participants said they had 'good' or 'very good' overall experiences, compared with 84% nationally. The hospital achieved similar scores to the national average across every stage of care, with the exception of care on the ward, where it scored above the national average.

Several areas of good experience were identified. These were areas that were related to participants' overall experiences and where participants gave above-average ratings. For example, the majority of patients said that they were treated with respect and dignity in the hospital and that they had confidence and trust in the staff treating them.

There were also several areas needing improvement, such as communication relating to examinations, diagnosis and treatments. Many patients were not satisfied with how their test results were communicated to them, with many also noting that staff failed to provide them with clear answers in response to questions about their operations or procedures.

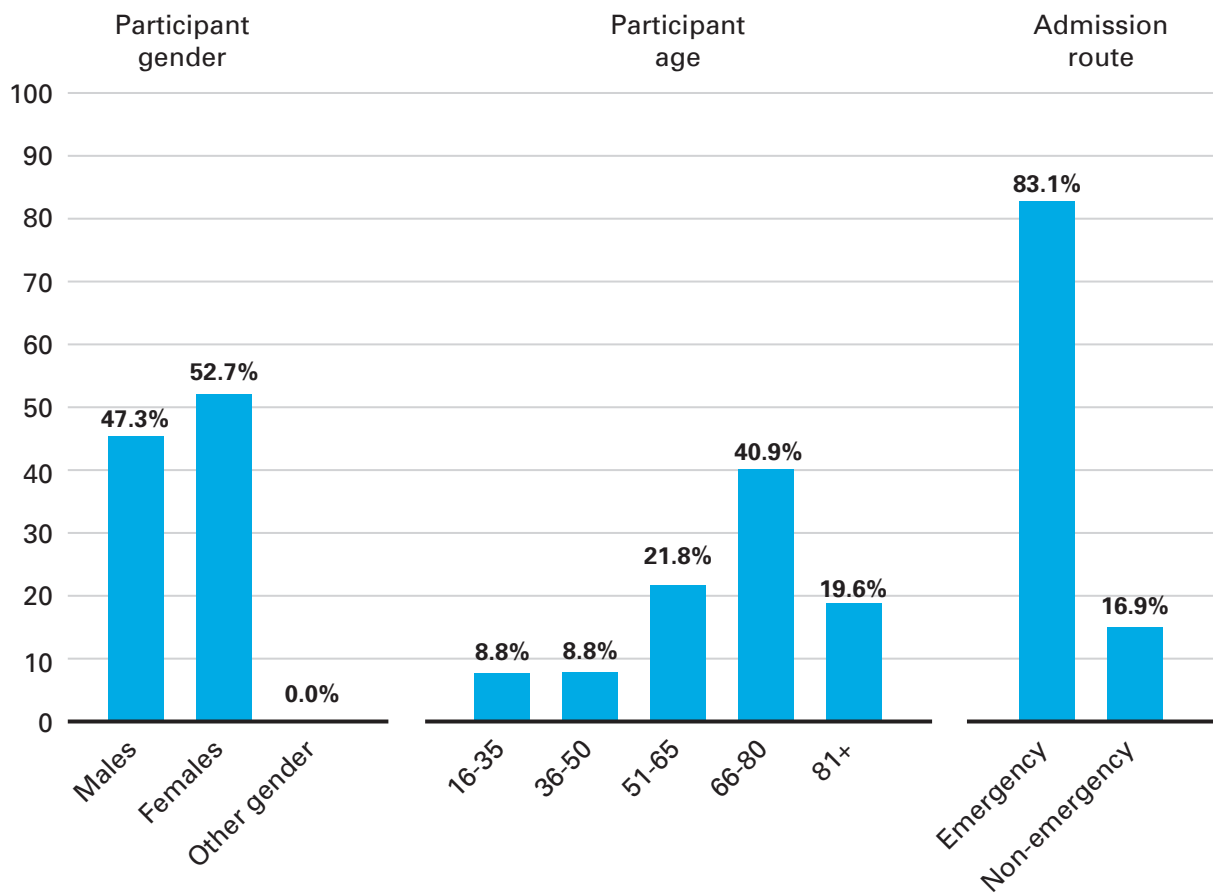
No statistically significant improvements in patient experience ratings were identified compared with the 2017 survey. The findings of the 2018 survey will help Midland Regional Hospital Tullamore to improve patients' experiences of care in the hospital.

Hospital and participant profile

Midland Regional Hospital Tullamore is a public acute hospital located in Co. Offaly. There were 195 inpatient beds available in the hospital during the survey period of May 2018.

786 people discharged from Midland Regional Hospital Tullamore during the month of May 2018 were invited to participate in the survey. 408 people completed the survey, achieving a response rate of 53%. 47.3% of participants were male and 52.7% were female. 339 respondents (83.1%) said that their stay in hospital was an emergency. Figure 1 below provides information on the respondents who took part in the survey from Midland Regional Hospital Tullamore.

Figure 1 Participants from Midland Regional Hospital Tullamore by gender, age group and admission route



Areas of good experience and areas needing improvement

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

The areas of good experience in Midland Regional Hospital Tullamore are:

<p>Care on the ward</p> <p>Someone to talk to about worries and fears Q28</p>	<p>Of the 250 people who were experiencing worries or fears, 143 (57%) said that they could definitely find a member of staff to talk to.</p>
<p>Other aspects of care</p> <p>Confidence and trust in hospital staff Q29</p>	<p>Out of the 386 people who answered this question, 323 (84%) said that they always had confidence and trust in the staff treating them.</p>
<p>Other aspects of care</p> <p>Respect and dignity Q51</p>	<p>339 (88%) of the 387 people who answered this question said that, overall, they felt that were treated with respect and dignity in hospital.</p>

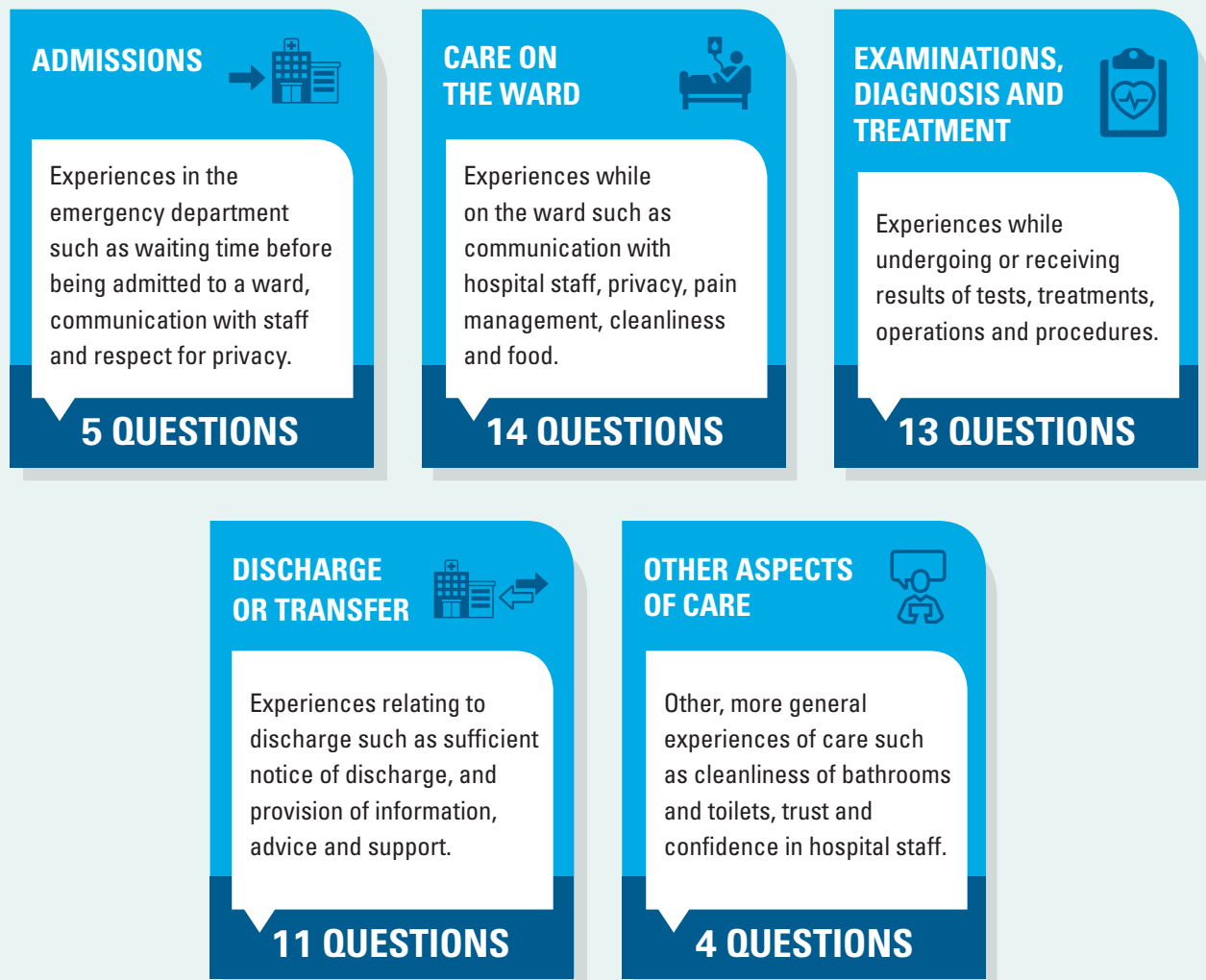
The areas needing improvement in Midland Regional Hospital Tullamore are:

<p>Other aspects of care</p>	<p>Of the 285 people who answered this question, 116 (41%) said that their families or someone close to them did not have, or only to some extent had, sufficient opportunity to talk to a doctor.</p>
<p>Opportunity for family members to talk to a doctor Q27</p>	
<p>Examinations, diagnosis and treatment</p>	<p>Of the 320 people who had tests done in hospital, 110 (34%) said that a doctor or a nurse did not explain, or only to some extent explained, the results of tests in a way they could understand.</p>
<p>Clear explanation of test results Q33</p>	
<p>Examinations, diagnosis and treatment</p>	<p>Of the 193 people who had an operation or procedure, 45 (23%) said that staff did not answer, or only to some extent answered, questions about their operation or procedure in a way they could understand.</p>
<p>Clear answers to questions about an operation or procedure Q37</p>	

Survey results for the stages of care along the patient journey

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

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



Interpreting the results for the stages of care

Scores out of 10 are given for each question belonging to a stage of care or a stage as whole. A score of 0 indicates a very negative experience and a score of 10 indicates a very positive experience. Sometimes questions are described as high or low ranking questions. These are questions with the highest or lowest score when compared to a set of questions.

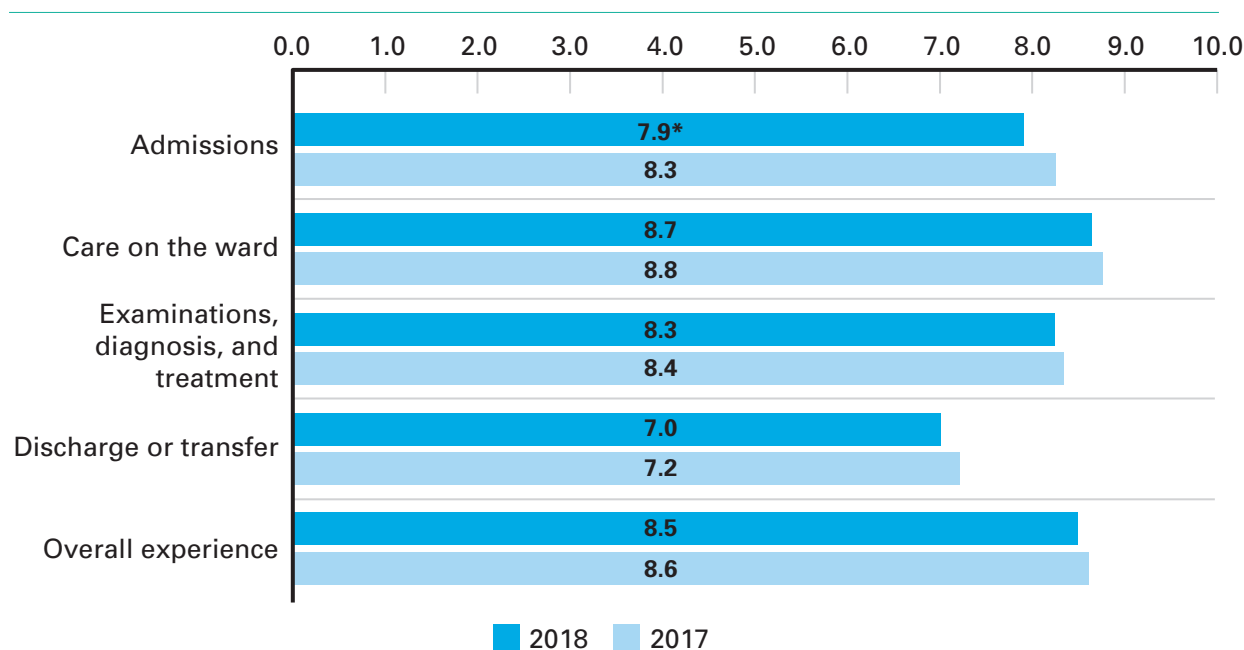
Statistical tests were carried out to examine if there were significant differences in patient experience between 2017 and 2018, as well as between a hospital and the national average. For further information on the analyses please consult Appendix 3 of the 2018 national report, available from www.patientexperience.ie.

Changes in patient experience over time

Participants' average rating of their overall experience was similar to what it was in 2017. The 2018 stage of care ratings were generally below their 2017 levels, with the greatest disimprovement relating to admissions, whereby patients gave significantly lower ratings than they did last year. Figure 2 shows a comparison of scores for individual stages of care.

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

Figure 2 Comparison of stage of care scores¹ for Midland Regional Hospital Tullamore for 2017 and 2018



* Denotes a statistically significant difference between 2017 and 2018.

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

Admissions

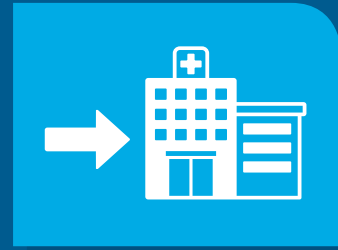


Figure 3 compares the hospital's overall score for admissions with the national average. Figure 4 shows the hospital's scores for questions on this stage of care.

Figure 3 Comparison of Midland Regional Hospital Tullamore with the national average score for admissions (out of a maximum of 10)

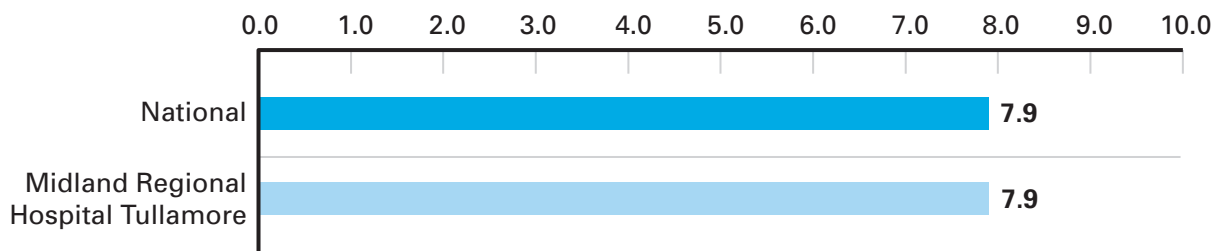
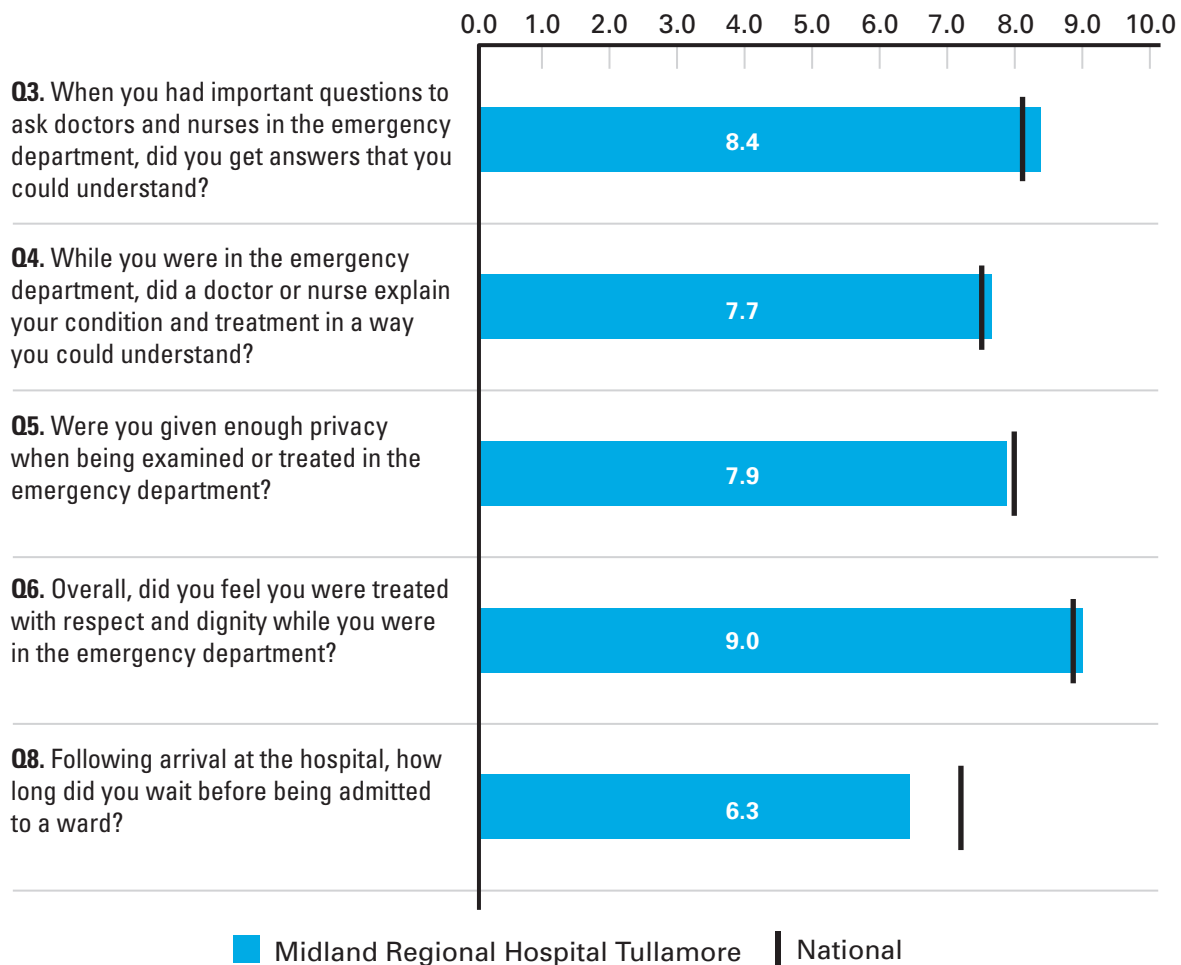


Figure 4 Midland Regional Hospital Tullamore scores for questions on admissions



Emergency department waiting times²

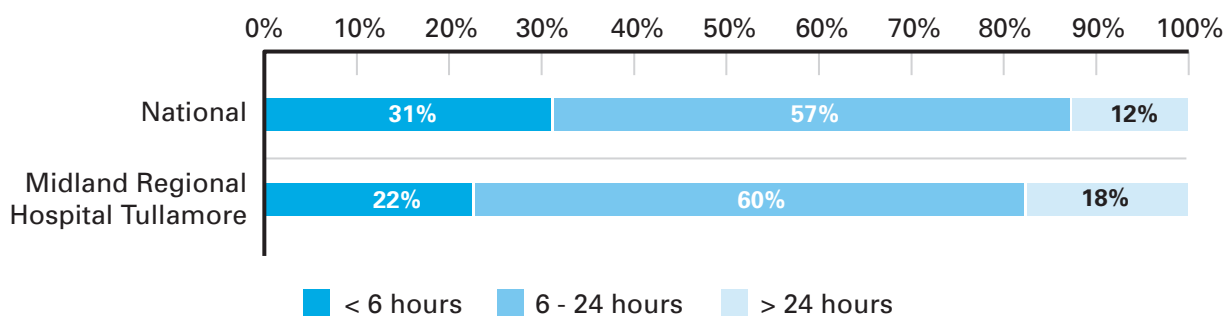
The HSE sets targets for the performance of acute hospitals, including targets on waiting times in emergency departments, such as:

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

In Midland Regional Hospital Tullamore, 66 respondents (22%) said they were admitted to a ward within six hours of arriving at the emergency department, while 179 respondents (60%) reported waiting between six and 24 hours. 54 respondents (18%) said that they waited 24 hours or more before being admitted to a ward in Midland Regional Hospital Tullamore, with 13 of these saying they waited more than 48 hours.

Figure 5 outlines the patient-reported waiting times in Midland Regional Hospital Tullamore, compared with the national average.

Figure 5 Patient-reported emergency department waiting times for Midland Regional Hospital Tullamore and nationally



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

The patient voice: what patients said about admissions

"The doctor and consultant were very prompt in diagnosing my condition in A&E and were very good at explaining my condition and treatment — they kept me updated. I felt they were very professional and caring."

"In A&E patients should not be left for such long times on trolleys or wheelchairs waiting for x-ray or scans especially when the system is not working properly. Also in the ward visitors should be allowed privacy when visiting, not feel that some staff are observing every move."

"A&E waiting times and conditions are very poor. Very hard to get to talk to a nurse. A larger A&E is needed with more staff, managed more effectively and with better communication between nurse and doctors. He was on a trolley for approx. 2 days with a fractured [body part] - not comfortable. Toilet and hand basins not cleaned regularly and paper is not replaced."

"The doctor and staff of the emergency department were excellent. The nurses who administered my iv antibiotics and pain medication were fantastic. The night nurse was great too. These are great professionals doing a wonderful job. They made my stay in Tullamore Hospital as good as possible, given the circumstances."

Admissions: what do these results mean?

Patient ratings of admission to Midland Regional Hospital Tullamore were similar to the national average in 2018 but were significantly lower than the hospital's 2017 score. The majority of patients said that, overall, they were treated with respect and dignity while they were in the emergency department. As the highest-ranking item on admission, this question also scored above the national average.

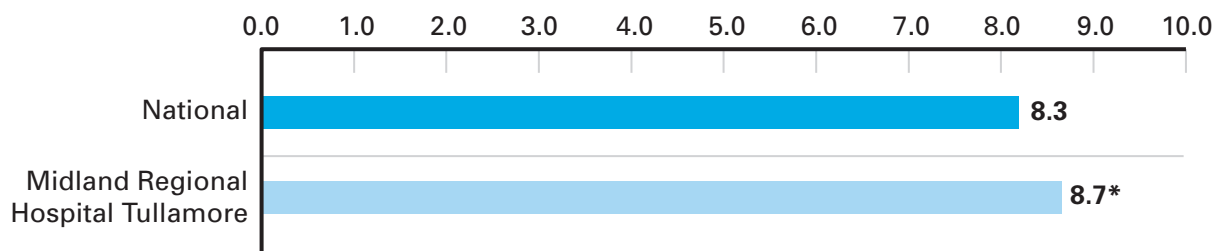
However, the hospital performed below the national average on emergency department waiting times and the question on waiting times was the lowest-scoring question for this stage of care. 22% of participants said that they were admitted to a ward within the recommended six hours. This is an important issue, as lengthy waiting times are associated with poor outcomes for patients.^(1,2)

Care on the ward

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

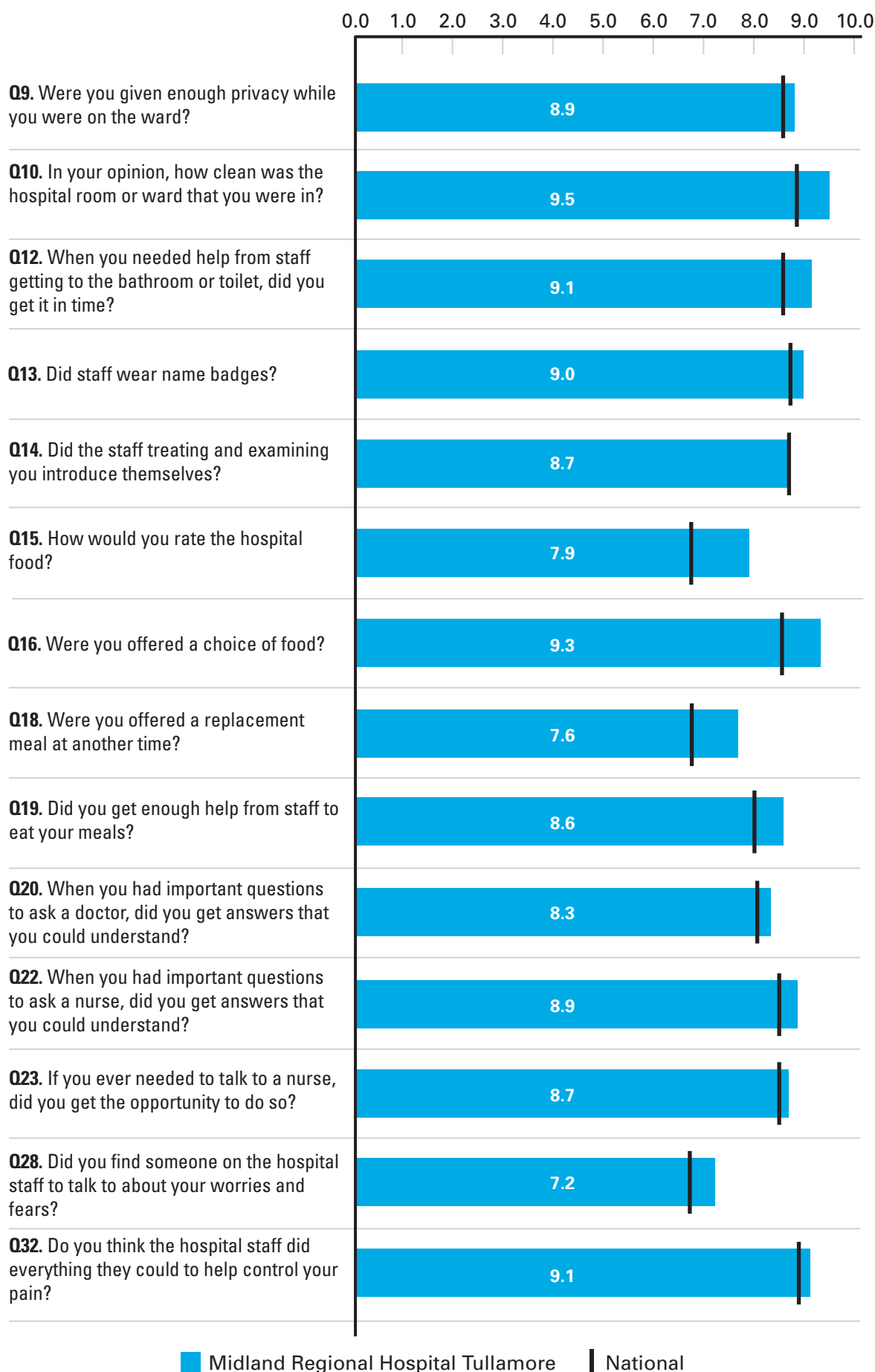


Figure 6 Comparison of Midland Regional Hospital Tullamore with the national average score for care on the ward (out of a maximum of 10)



* Denotes a statistically significant difference from the national average.

Figure 7 Midland Regional Hospital Tullamore scores for questions on care on the ward



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

“Hospital staff were generally very friendly and chatty and particularly the caring staff and the doctors who came to the ward and chatted/explained my condition and issues. Family members allowed to stay during mealtimes to help me with my food as my mobility in arms is very poor.”

“The accommodation on the ward was excellent. The room I occupied was very clean. The ancillary staff were very friendly and everyone treated me with respect and kindness.”

“Would have preferred if I was not in a mixed ward. 6 beds, 3 females and 3 males of different ages and abilities. There were at least 2 surgical wards both mixed genders — is it not possible to separate each? Bearing in mind I am an elderly woman with little or no mobility, I felt self-conscious embarrassed using commodes, etc.”

“I was not given a room in a ward, but assigned to a ‘treatment room’, which was not ever intended to be used as a bedroom. It had no toilet, no tv and had a store cupboard in the corner that some staff had to access occasionally! I was glad to get off the trolley in A&E and was glad to have my own room, but the room wasn’t really fit for a two night stay!!”

Care on the ward: what do these results mean?

Midland Regional Hospital Tullamore received significantly higher ratings of care on the ward than the national average, although the hospital’s score remained the same as last year. Patients’ gave above-average ratings of the cleanliness of the ward — this was the highest-scoring question for care on the ward. Patients were less satisfied with the level of emotional support they received on the ward, with many patients saying that they could not, or could only to some extent, find a member of staff to talk to about their worries and fears. Nonetheless, this question scored above the national average.

Examinations, diagnosis and treatment



Figure 8 compares the hospital's overall score for examinations, diagnosis and treatment with the national average. Figure 9 shows the hospital's scores for questions on this stage of care.

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

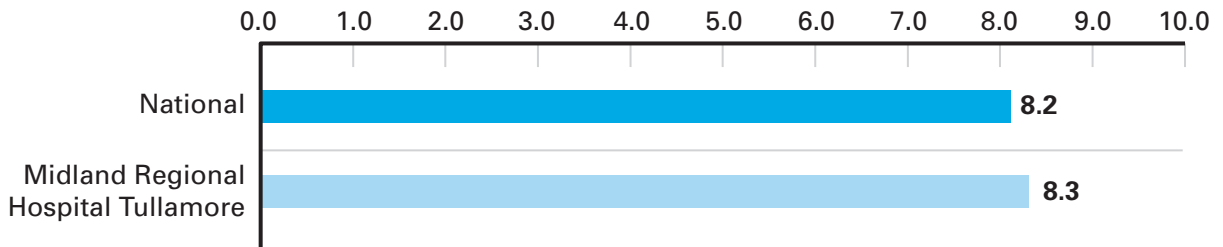
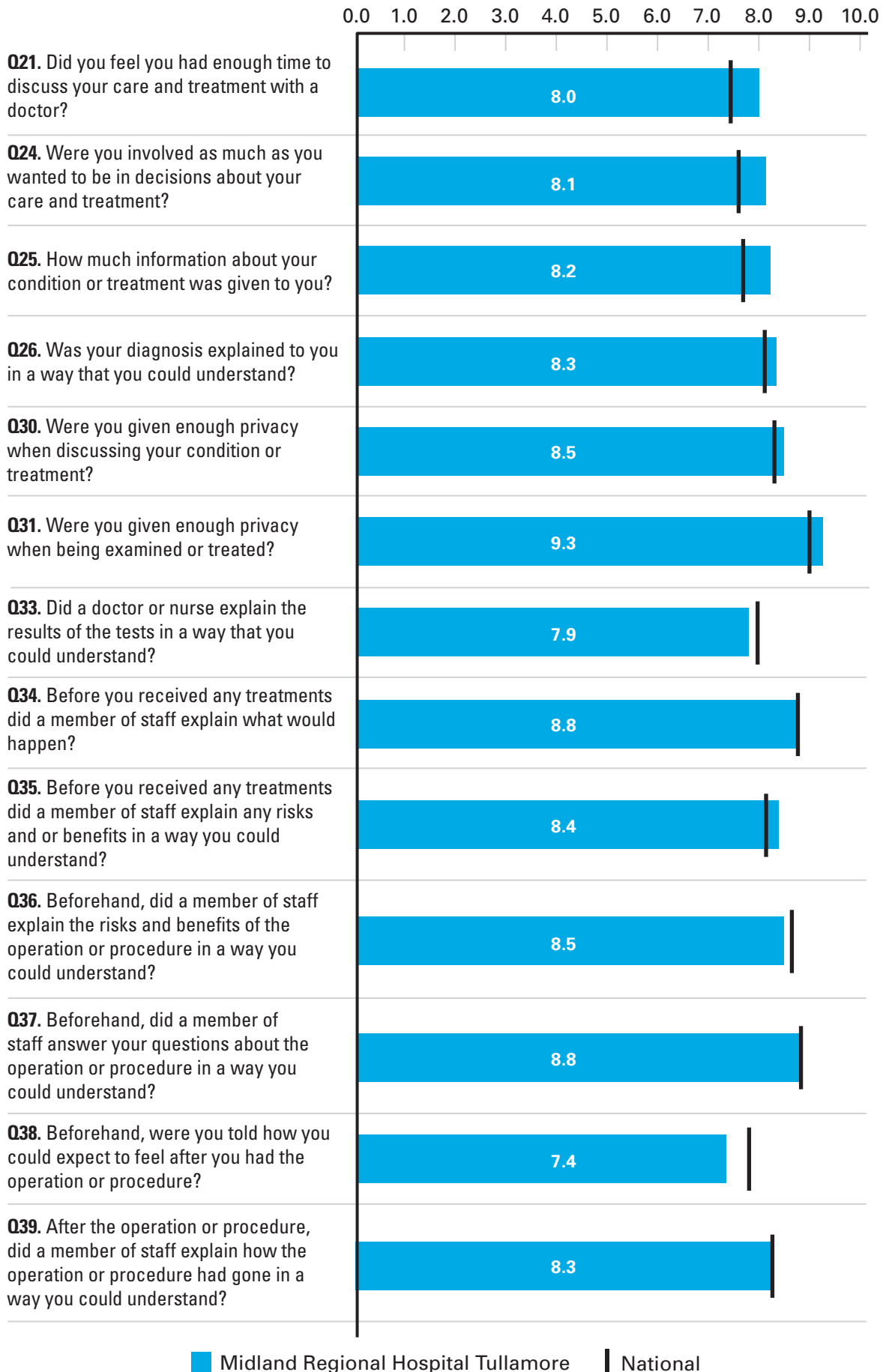


Figure 9 Midland Regional Hospital Tullamore scores for questions on examinations, diagnosis and treatment



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

"The doctor and consultant were very prompt in diagnosing my condition in A&E and were very good at explaining condition and treatment - kept me updated. Felt they were very professional and caring."

"Absolutely no privacy on a trolley in A&E and in the ward all other patients could hear conversations about my treatment when doctors did their rounds."

"A Doctor sat down with my wife and explained all to her."

"I feel I got very little results/information on the tests that were carried out, from the medical team. Consultants and their team talk over you as you lay in the bed, talking medical language, instead of fully explaining to you in a language we can understand."

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

Ratings of examinations, diagnosis and treatment were similar to the national average and also to last year's survey. Patients gave above-average ratings for the privacy they received during examinations or treatments, and this was the highest-ranking question for this stage. Patients, however, identified issues around communication with staff in advance of their procedures or operations. Many people said that they were not fully informed of how they could expect to feel after an operation or procedure. This question scored below the national average.

Discharge or transfer

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



Figure 10 Comparison of Midland Regional Hospital Tullamore with the national average score for discharge or transfer (out of a maximum of 10)

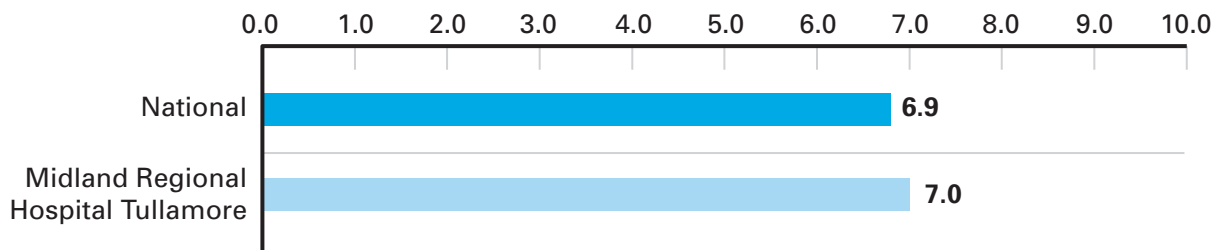
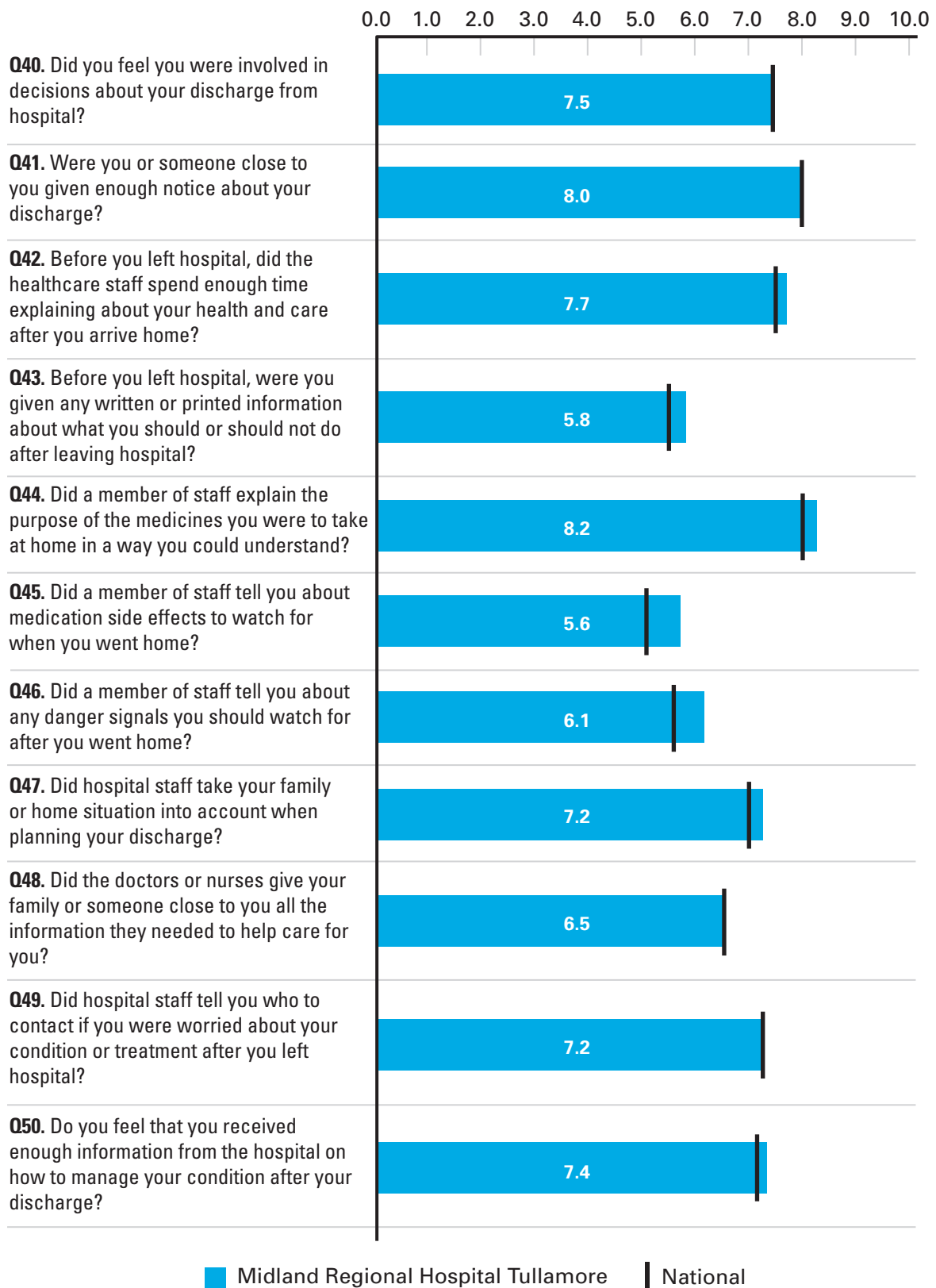


Figure 11 Midland Regional Hospital Tullamore scores for questions on discharge or transfer



The patient voice: what patients said about discharge or transfer

“The hospital staff were very helpful in getting me discharged as soon as was possible and I really appreciated that.”

“Discharge — surprised when I was being sent home and not much notice for family to collect me, and no follow up with aftercare. I live on my own and am 86, 2 days later I was back in A&E but was not kept in on that occasion.”

Discharge or transfer: what do these results mean?

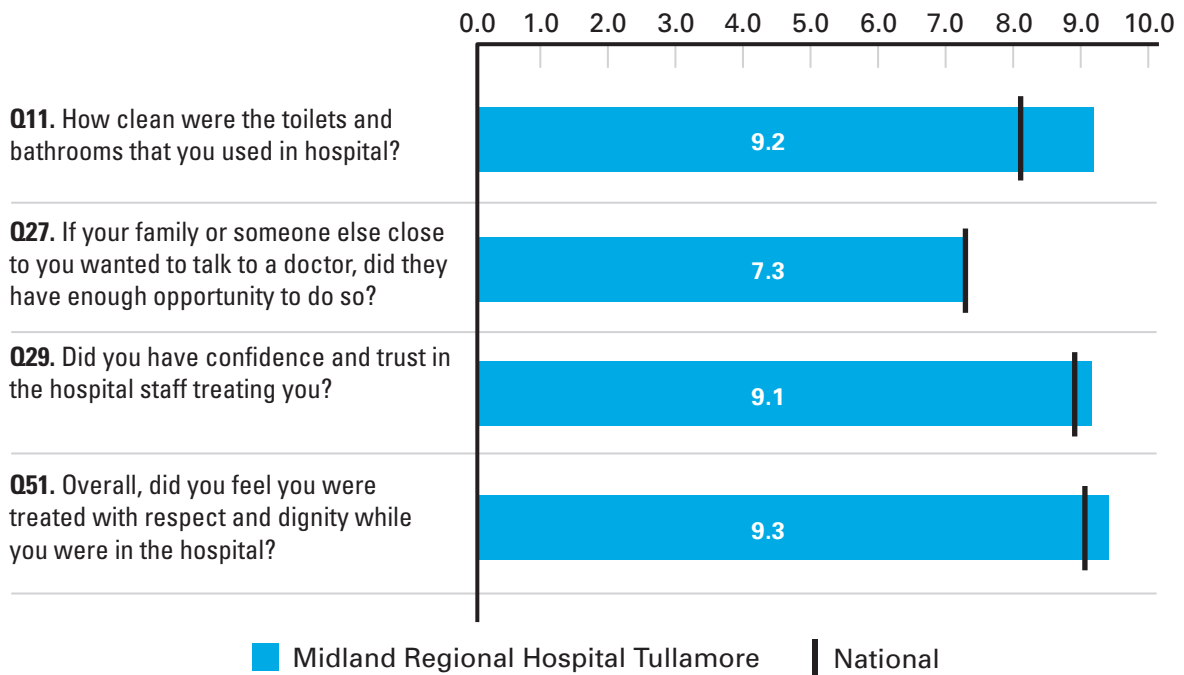
Participant ratings for this stage of care were similar the national average, but lower than the hospital’s 2017 rating. While the majority of patients received an explanation of the purpose of their medicines, a number of people left the hospital unaware of the medication side effects to watch out for at home. Despite these mixed ratings, both questions performed above the national average.

Other aspects of care



Figure 12 shows the hospital's scores for questions on this stage of care.

Figure 12 Midland Regional Hospital Tullamore scores for other aspects of care



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

"Overall could not give enough praise to the staff and hospital. Staff always treated patients with the upmost dignity and respect. Care was always exceptional. Facilities and food provided was exceptional. Never received anything less than superb care in any previous visits to Tullamore hospital."

"The accommodation on the ward was excellent. The room I occupied was very clean. The ancillary staff were very friendly and everyone treated me with respect and kindness."

"Length of time in A&E and the availability of a doctor to talk to family members. Hospitals also need to take into account age and social circumstances of the individual."

"Had memory test 0 out of 5 result, therefore could not remember what doctor or nurses said. In such circumstances it would be helpful to include the family more when giving important information that will affect the aftercare of the patient."

Other aspects of care: what do these results mean?

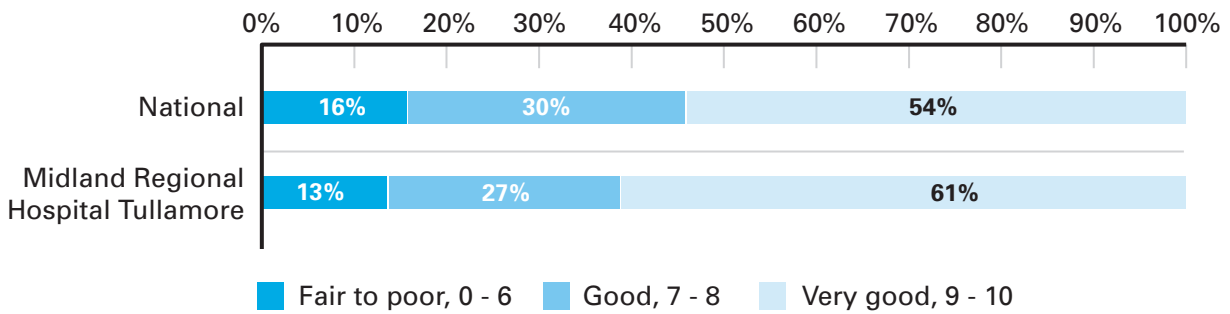
The ratings for the questions on other aspects of care were generally very positive. However, while most participants said they were treated with respect and dignity and expressed trust and confidence in the staff treating them, a small number did not give a positive rating in this area. A number of people said that their families and people close to them had limited opportunities to talk to a doctor, with this question scoring slightly below the national average.

Overall experience

Respondents were asked to rate their overall hospital experience on a scale from 0 to 10, with 10 being the most positive experience, and 0 the most negative experience. 61% of participants from Midland Regional Hospital Tullamore rated their care as very good which was above the national figure of 54%.

Figure 13 compares the average overall rating of hospital experience for Midland Regional Hospital Tullamore with the national average.

Figure 13 Overall rating of hospital experience for Midland Regional Hospital Tullamore and nationally



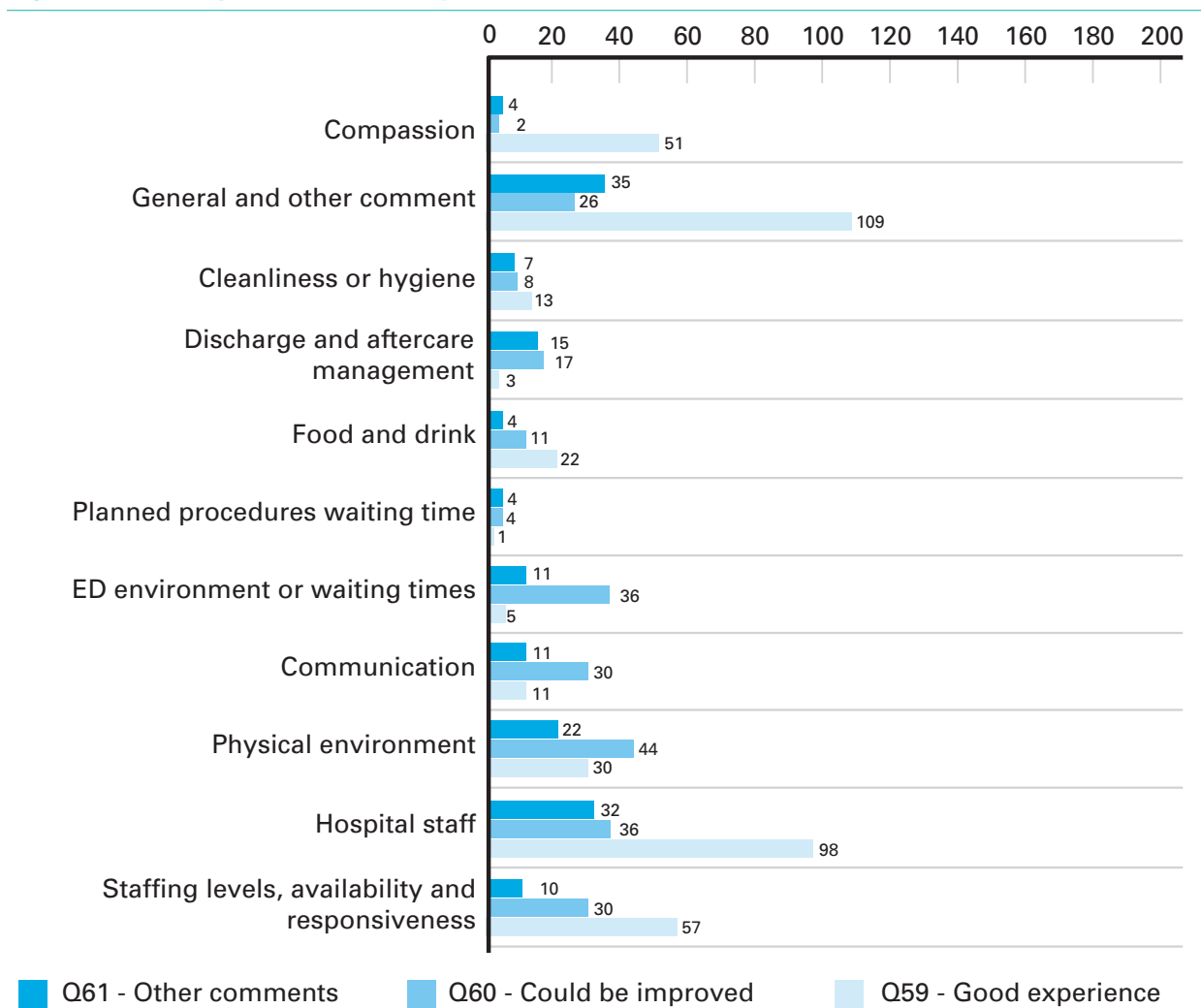
In their own words: analysis of patients' comments

The last three questions (questions 59-61) of the survey asked patients to provide additional information, in their own words, on their experiences in hospitals. These free-text questions allowed people to give a more in-depth description of specific aspects of their care. It also allowed them to talk about various things (good or bad) that could not be captured by the structured questions. In total, 799 comments were received from patients of Midland Regional Hospital Tullamore in response to the free-text questions in the 2018 survey.

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

For Q59, most of the comments related to the 'general and other comment' and 'hospital staff' themes. For Q60, most comments related to the 'physical environment', 'hospital staff' and 'ED environment and waiting times'. Finally, most responses to Q61 were a 'general and other comment'.

Figure 14 Participant comments by theme



Conclusion

What were patients' experiences of hospital care in Midland Regional Hospital Tullamore in May 2018?

The majority of participants said they had a positive overall experience at Midland Regional Hospital Tullamore. 87% of patients at the hospital said they had a 'good' or 'very good' experience, compared with 84% nationally.

Midland Regional Hospital Tullamore received similar scores to the national average across every stage of care, with the exception of care on the ward, where it scored above the national average. Participant ratings of care were generally similar to those received in 2017. However, in the area of admissions the hospital scored significantly lower this year.

Patients identified several areas of good experience. The majority of people were satisfied with the emotional support they received from staff when they were experiencing worries and fears. People also reported positively that they were treated with respect and dignity in the hospital, with many also saying that they had confidence and trust in the staff treating them.

Several areas needing improvement were identified, all of which relate to issues of communication. A number of patients said that their families had limited opportunities to speak with doctors. Many patients also said that staff did not explain their test results in a way they could understand. Lastly, a significant number of people also stated that they received unsatisfactory responses to questions about their operations or procedures.

These three areas for improvement are of particular importance as they are strongly related to patients' ratings of their overall experience. For example, patients who felt that they did not receive clear explanations of their test results were less likely to give a positive rating of their overall experience.

The findings of the 2018 survey will be used to help Midland Regional Hospital Tullamore improve the experiences of patients in the hospital.

Appendix 1: Areas of good experience and areas needing improvement

Improvement map

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

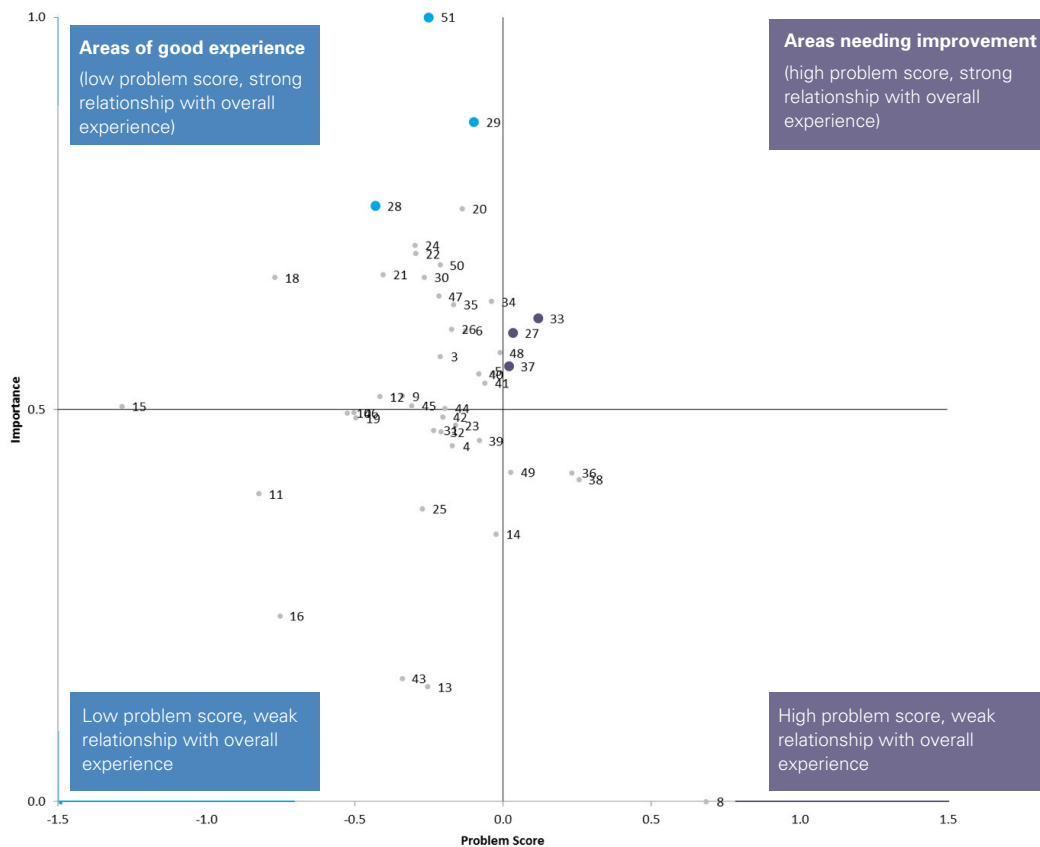
Interpreting the improvement map

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

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

Questions that have high problem scores and are important to patients' overall experiences appear in the **top right section** of the map — these are **areas needing improvement** in this hospital.

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



References

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