



## National Patient Experience Survey 2017

# Midland Regional Hospital, Tullamore

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.

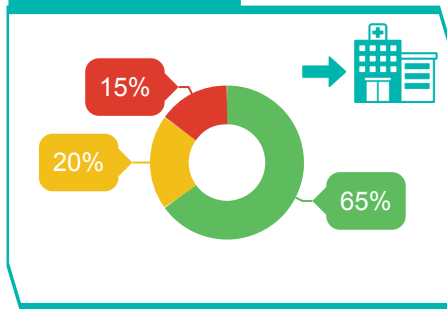
By putting the voice of the patient at the centre of acute healthcare, we can make sure that the needs and wishes of the people who matter most are met. The survey will be repeated annually in the future, which will allow us to explore how the patient voice has helped shape changes in acute healthcare.

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.

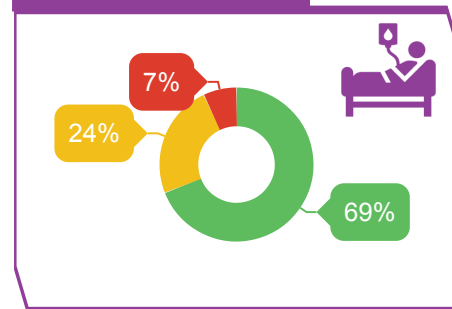
The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups.

## Stages of care

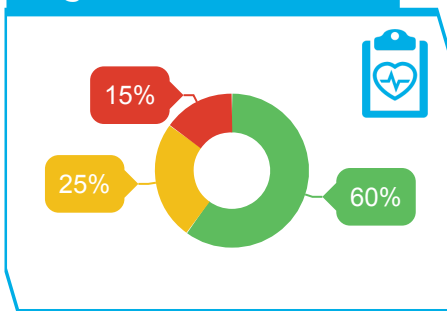
### Admission



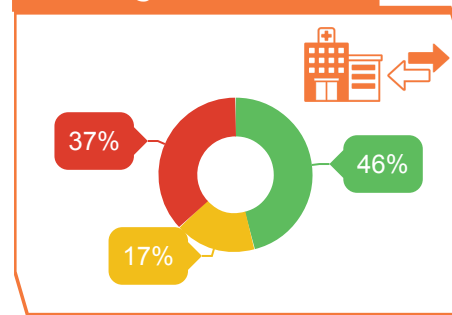
### Care on the ward



### Examinations, diagnosis & treatment

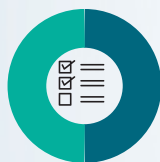


### Discharge or transfer

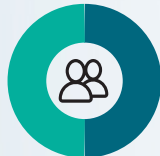


\* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

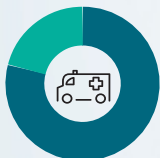
# Midlands Regional Hospital Tullamore



50% of 845 eligible patients took part



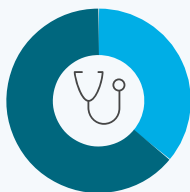
50% female  
50% male



79% entered hospital on an emergency basis

Average age:  
63 years

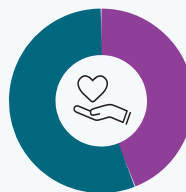
### Treatment



36%

were not always involved in decisions about their care and treatment.

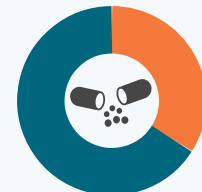
### Care



44%

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

### Medication

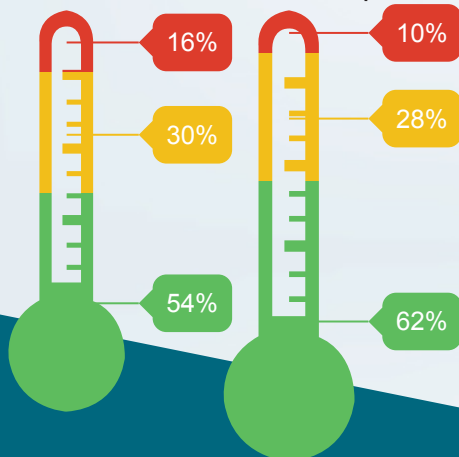


34%

were not fully informed about medication side effects to watch for.

## Overall experience

Nationally This hospital



## Areas of good experience

93% of people said that their family had sufficient opportunities to talk to a doctor.

## Areas needing improvement

70% of people said that they waited more than six hours before being admitted to a ward.

# Structure and content of this report

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## Chapter 1

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# Patients' experiences of acute hospital care in Midland Regional Hospital, Tullamore

## About the National Patient Experience Survey 2017

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

Nationally, 26,635 people were invited to participate in the first National Patient Experience Survey in 2017. In total, 13,706 people took part. The results outlined in this report reflect the experiences of patients who were discharged from Midland Regional Hospital, Tullamore during the month of May 2017. In total, 423 participants from Midland Regional Hospital, Tullamore 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 423 patients from Midland Regional Hospital, Tullamore who completed the survey. While thousands of people surveyed nationally said that they had a very good experience of acute hospital care, it is important also to listen to those people who identified areas for improvement. These voices and experiences will play a key role in shaping the future of patient-centred care in Ireland.

## Hospital profile

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 1 – 31 May 2017 and 845 eligible discharges were recorded during this time. This 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 Midland Regional Hospital, Tullamore 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 Midland Regional Hospital, Tullamore. A quality improvement plan will be developed by Midland Regional Hospital, Tullamore in response to the survey results and will be publicly available from [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?

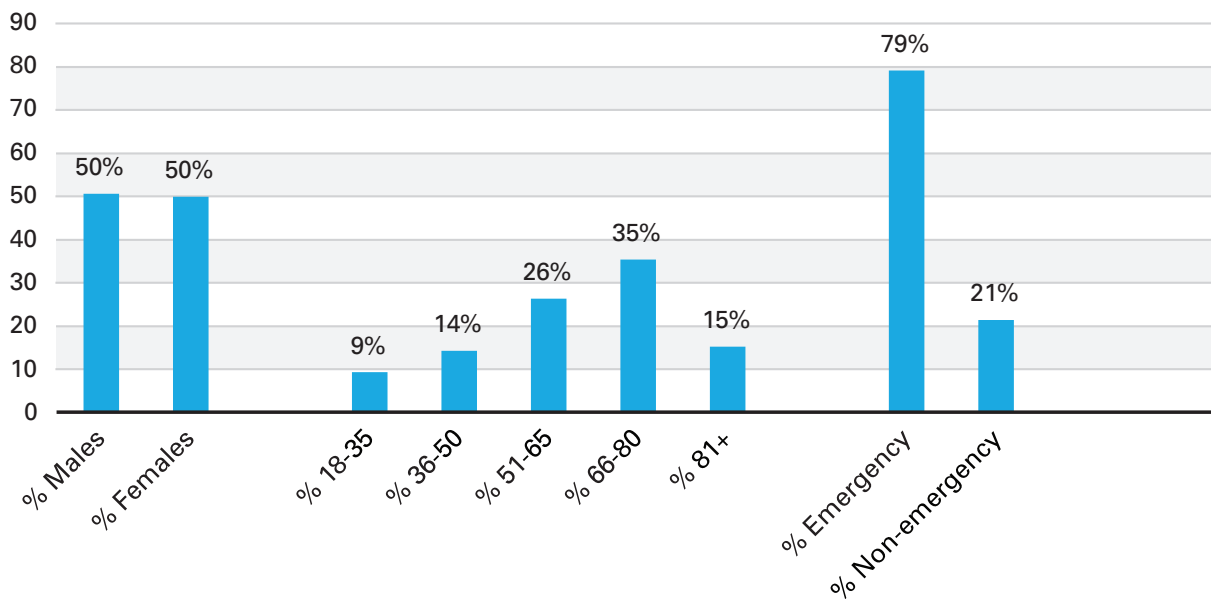
### Description of the respondents who took part in the survey

**845** people discharged from Midland Regional Hospital, Tullamore during the month of May 2017 were invited to participate in the survey.

**423** people completed the survey, achieving a response rate of 50%.

50% of people who responded to the survey were male and 50% were female. 333 respondents (79%) said that their stay in hospital was an emergency. Figure 1. below shows information about the respondents who took part in the survey from Midland Regional Hospital, Tullamore.

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





## What were the main findings for Midland Regional Hospital, Tullamore?

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Overall, patients' ratings of their experiences at Midland Regional Hospital, Tullamore were above the national average. 90% of patients at Midland Regional Hospital, Tullamore said they had a 'very good' or 'good' experience, compared with 84% nationally.

The survey found that, overall, people in Midland Regional Hospital, Tullamore were treated with respect and dignity. Patients reported that their families were able to talk to a doctor when required, and the hospital food was rated highly in comparison to the national average and were also given information about their discharge from hospital.

The hospital scored above the national average on most questions in the survey however, some areas requiring improvement were identified. In relation to admissions, the large majority of patients reported waiting more than six hours in the emergency department. Patients also said that they were not always able to understand the answers they got to their questions about operations and procedures. In relation to leaving hospital, a number of patients felt that they were not involved in decisions about their discharge from hospital.

These findings will serve to inform quality improvement initiatives in Midland Regional Hospital, Tullamore.

## Areas of good experience and areas needing improvement in Midland Regional Hospital, Tullamore

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

Appendix 3 explains how these areas were identified.

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

Patients had positive experiences in several areas, particularly as regards family involvement in their care and discharge from hospital. Ratings of the hospital food were also well above the national average. Patients felt that they could find staff to talk to about their worries and fears and said they were treated with respect and dignity.

#### Care on the ward | Q15.

##### Food rating

333 (85%) of the 393 people who rated the hospital food said it was 'very good' or 'good'.

#### Other aspects of care | Q27.

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

93% of the 274 people who answered this question said that their family definitely or to some extent had sufficient opportunities to talk to a doctor.

#### Care on the ward | Q28.

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

218 people (89%) said that they definitely or to some extent found someone on the hospital staff to talk to about their worries and fears.

#### Discharge or transfer | Q49.

##### Provision of information to family members

75% of the 279 people who answered this question said that their family was definitely or to some extent given enough information to help care for them.

#### Other aspects of care | Q52.

##### Respect and dignity

358 people (87%) said that they were always treated with respect and dignity.

## The areas needing improvement in Midland Regional Hospital, Tullamore are:

Patients highlighted areas needing improvement, for example, as regards emergency department waiting times and involvement in decisions about their discharge from hospital. Issues were also highlighted in relation to receiving understandable answers to questions about operations or procedures.

### Admission | Q8.

#### Emergency department waiting times

214 (70%) of the 304 people who answered this question said that they waited more than six hours to be admitted to a ward.

### Examination, diagnosis and treatment | Q37.

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

46 (22%) of the 206 people who answered this question said that they did not get or only to some extent got answers they could understand when they asked questions about an operation or procedure.

### Discharge or transfer | Q40.

#### Involvement in decisions about discharge

154 (41%) of the 277 people who answered this question said that they were not or were only to some extent involved in decisions about their discharge from hospital.



## Chapter 2

# The patient journey through hospital

Qualitative and quantitative findings of the 2017 survey

## Findings of the 2017 survey

### The stages of care along the patient journey

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

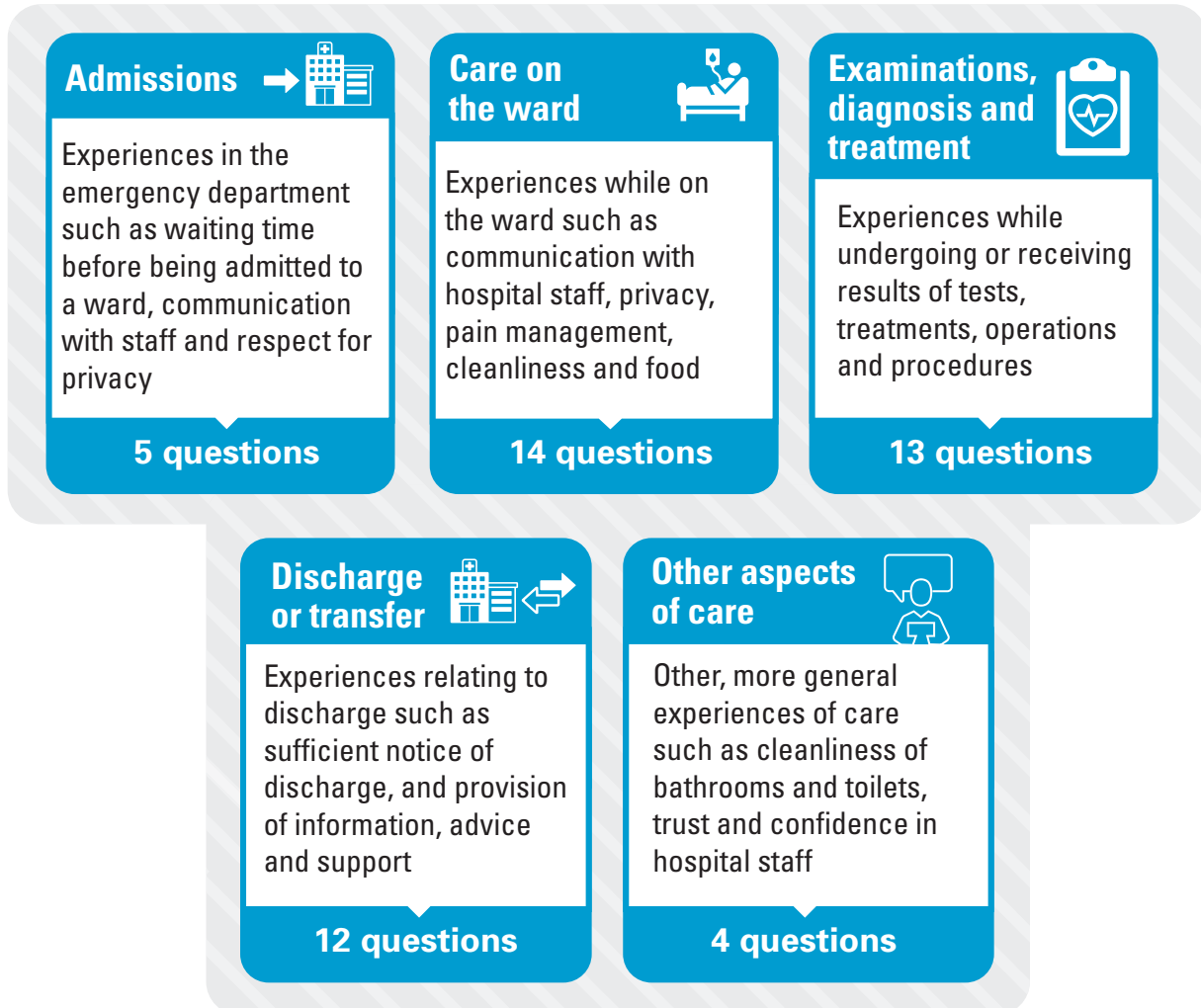
The survey questions were grouped into five stages along the patient journey:

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

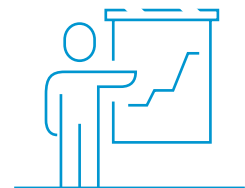
**“We are blessed to have such a great hospital in Tullamore.”**

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

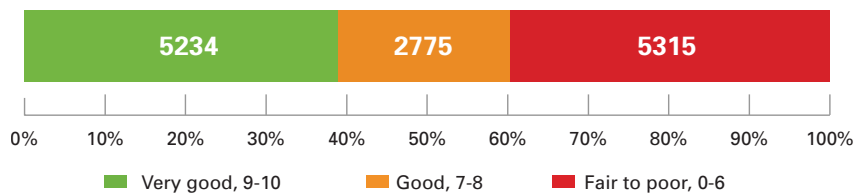
## 1. Experience rating for a stage of care

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.

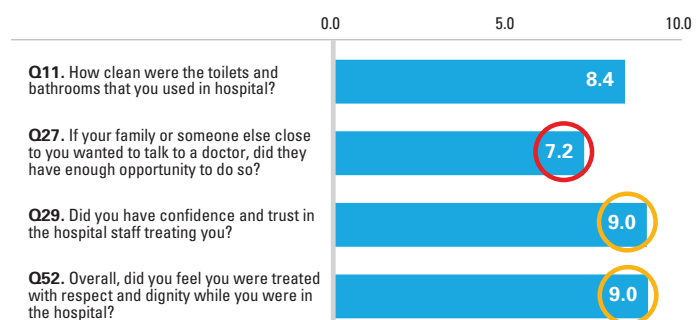
### Example:

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

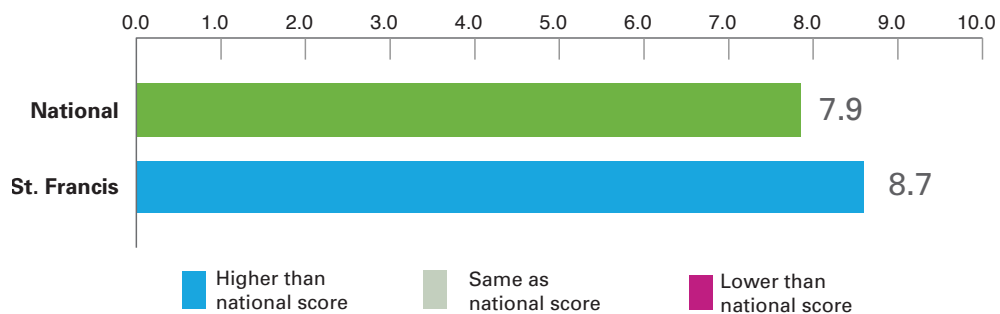


### 3. Comparisons

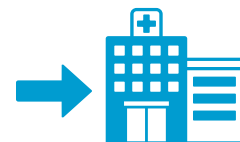
When hospital scores are compared with the national average, statistical tests were carried out to check if any differences were genuine or simply down to chance. The way hospital scores are calculated is explained in Appendix 4.

#### 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

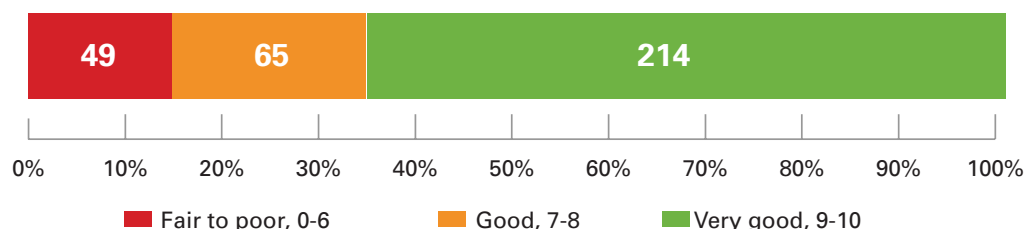


## In summary: what were patients' experiences of the admissions process?

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

49 people (15%) had a fair to poor experience of admission to Midland Regional Hospital, Tullamore. However, 214 (65%) 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?

- The waiting times in the emergency department was the lowest scoring question, with 70% of people saying they waited longer than six hours before being admitted to a ward.
- 87% of respondents who spent time in the emergency department said that they were always treated with respect and dignity there.
- 105 respondents (34%) said that their condition and treatment was not or was only to some extent explained in a way that they could completely understand while in the emergency department.
- Midland Regional Hospital, Tullamore scored 8.3 out of 10 overall for the admissions stage of care, which is higher than the national score of 7.9 out of 10.





## The patient voice: what patients said about admissions

Respondents from Midland Regional Hospital, Tullamore made 134 open-ended comments related to the following themes: 'dignity, respect and privacy', 'communication with the patient', and 'emergency department environment or waiting times'. 60 (45%) 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 had privacy when needed and treated with respect at all times. I could not thank the staff enough for their help and respect."

"I could easily overhear other patient medical information. There was one patient on the ward and her information was of a very sensitive nature and everyone on the ward could clearly hear her conversation with the doctor."

### Communication with the patient

"Doctors and nurses kept in touch with me at all times. I was nervous, first time in hospital, great care and attention. Lovely doctors and nurses, could understand everything they said to me."

"Doctors' consultations with patients - not a lot of people understand doctors' way of speaking and I myself found them very dismissive when telling them I was in pain."

### Emergency department environment or waiting times

"I was seen very quickly in A&E and had a very short waiting period."

"A&E was really busy. It was clear to see everybody was under extreme pressure. Being on a trolley in a corridor is not a nice experience. Staff were doing their best in difficult circumstances."

## 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.**

70% of people who answered Q8 had to wait longer than 6 hours before being admitted to a ward. More detail on waiting times is provided later in this section.

285 people (87%) said that they were always treated with respect and dignity in the emergency department.

34% of respondents to Q4 said that their condition and treatment was not or was only to some extent explained in a way that they could understand while in the emergency department.

Figure 5. summarises the scores for Midland Regional Hospital, Tullamore for the admissions stage of care.

**“A&E seemed to be under staffed - had to wait sometime for toilet attention.”**

**Figure 5. Midland Regional Hospital, Tullamore scores for questions on admissions**

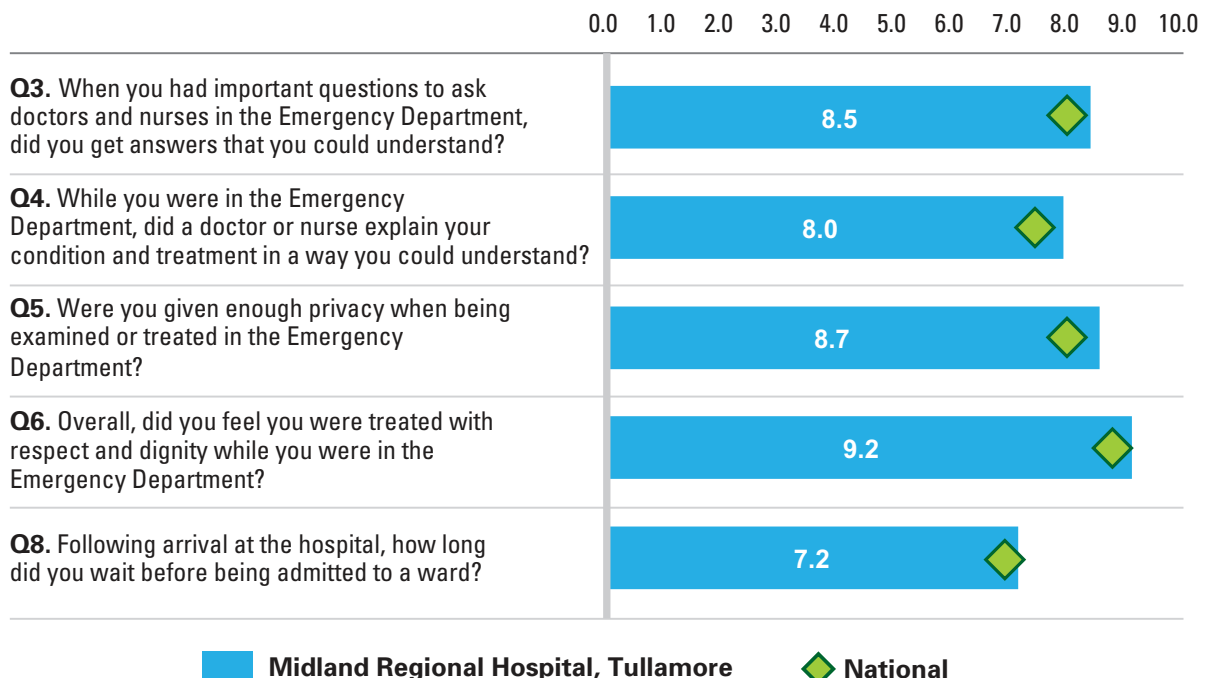
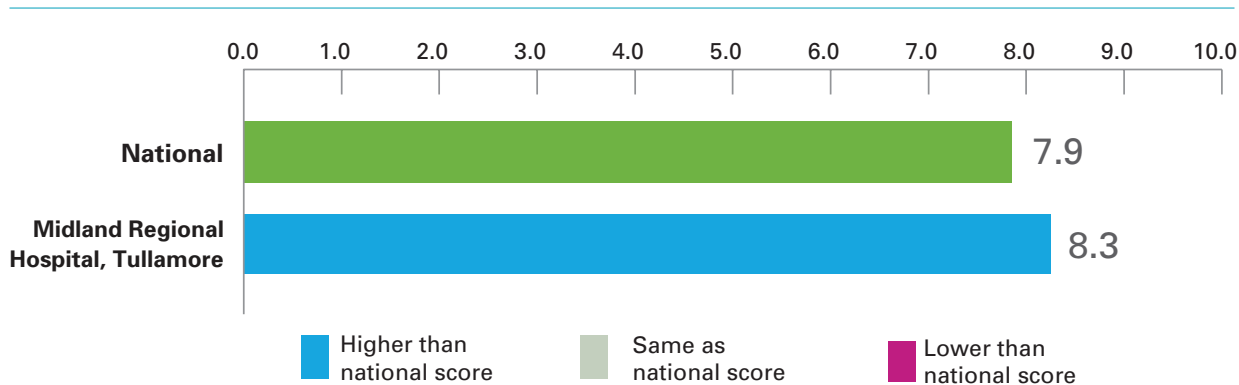


Figure 6. shows that, within the admissions stage, the average score for Midland Regional Hospital, Tullamore (8.3 out of 10) is higher than the national average (7.9 out of 10). This means that patients in the hospital had a more positive experience than the national average for the admissions stage of care.

**Figure 6. Comparison of Midland Regional Hospital, Tullamore 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>1</sup>.

<sup>1</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

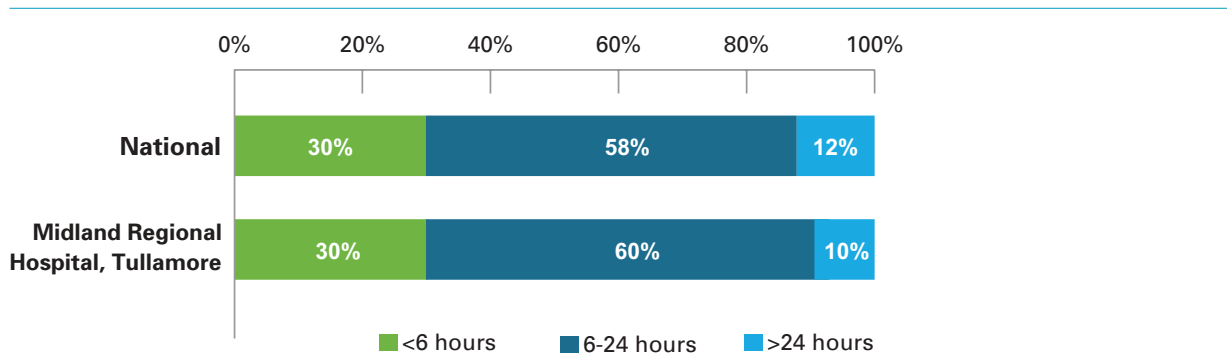
In Midland Regional Hospital, Tullamore, 90 respondents (30%) said they were admitted to a ward within six hours of arriving at the emergency department, while 184 people (60%) reported waiting between six and 24 hours. 30 respondents (10%) said they waited 24 hours or more before being admitted to a ward in Midland Regional Hospital, Tullamore, with five people stating that they waited more than 48 hours.

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

### What does this mean for Midland Regional Hospital, Tullamore?

With 30% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that Midland Regional Hospital, Tullamore performed at the same level as the reported national average, where 30% of people said that they were admitted within six hours. Patient-reported waiting times in Midland Regional Hospital, Tullamore 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 Midland Regional Hospital, Tullamore and nationally**



## Admissions: what do these results mean?

The large majority of patients reported waiting longer than six hours in the emergency department, performing below the targets set by the HSE. Lengthy waiting times are associated with poor outcomes for patients. However, the hospital performed above the national average for this stage of care overall, with most patients reporting that they were treated with respect and dignity in the emergency department.

# Care on the ward

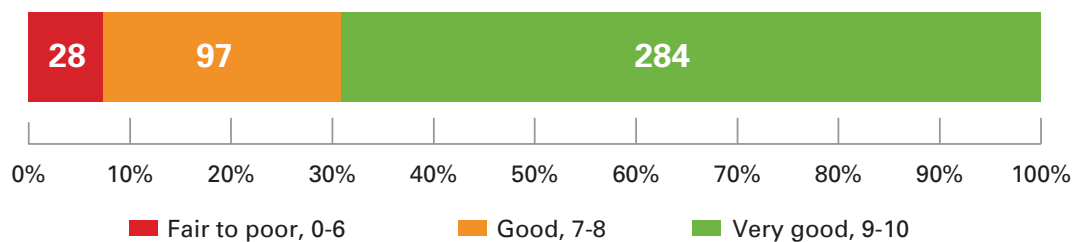


## In summary: what were patients' experiences of care on the ward?

'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.

28 respondents (7%) said that their experience of care on the ward was fair to poor. However, 284 respondents (69%) reported having a very good experience during their stay on a ward in Midland Regional Hospital, Tullamore. 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 the room or ward they were admitted to was very clean, with a score of 9.7 out of 10 for this question.
- 33% of respondents said that they did not get or only sometimes got a replacement meal when it was required.
- Midland Regional Hospital, Tullamore scored 8.8 out of 10 for care on the ward, which is higher than the national average score of 8.3 out of 10.

**"All staff and doctors were very nice all the time."**



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

181 open-ended comments from Midland Regional Hospital, Tullamore related to the following themes: 'staffing levels', 'staff availability and responsiveness' 'other healthcare staff', 'other staff', 'food and drink' and 'cleanliness and hygiene'. 49 of the comments offered suggestions for improvement. Some examples are provided below.

### Staffing levels

"The nurses were very good and were run off their feet - need more staff at night with patients who are in need of more attention"

"Increase staff numbers - they always seem to be rushing from one patient to the next."

### Staff availability and responsiveness

"If I asked for anything I wanted I was looked after. I was happy with my care with the staff available. They were always busy but did their best to accommodate you when they could."

"Maybe answer the bell a lot quicker if possible."

### Other staff

"The majority of staff at the hospital, especially nursing staff and care assistants and cleaners were always so friendly and treated me very kindly."

"The service from ancillary staff was quite abrupt and seemed non-caring at times"

### Food and drink

"Food was very good and I never went hungry."

"For a hospital I thought the food was not the healthiest to be offering, but it was nice. I would suggest offering healthy options - less sugar & white bread"

## Cleanliness and hygiene

"Hospital was very clean and regularly being cleaned."

"Bathrooms in the wards could be cleaned more often during the day."

## Quantitative results for questions on care on the ward

### Fourteen questions asked about care on the ward.



371 people (91%) people said that the room or ward they were admitted to was 'very clean', with the remaining 37 (9%) saying they were 'fairly clean'.

37 people (33%) said that they did not get or only sometimes got a replacement meal when it was required. Figure 9. shows the scores out of 10 for each question on the care on the ward stage of care.

**"Very clean ward, pleasant nurses and staff. Overall happy with my experience."**

Figure 9. Midland Regional Hospital, Tullamore scores for questions on care on the ward

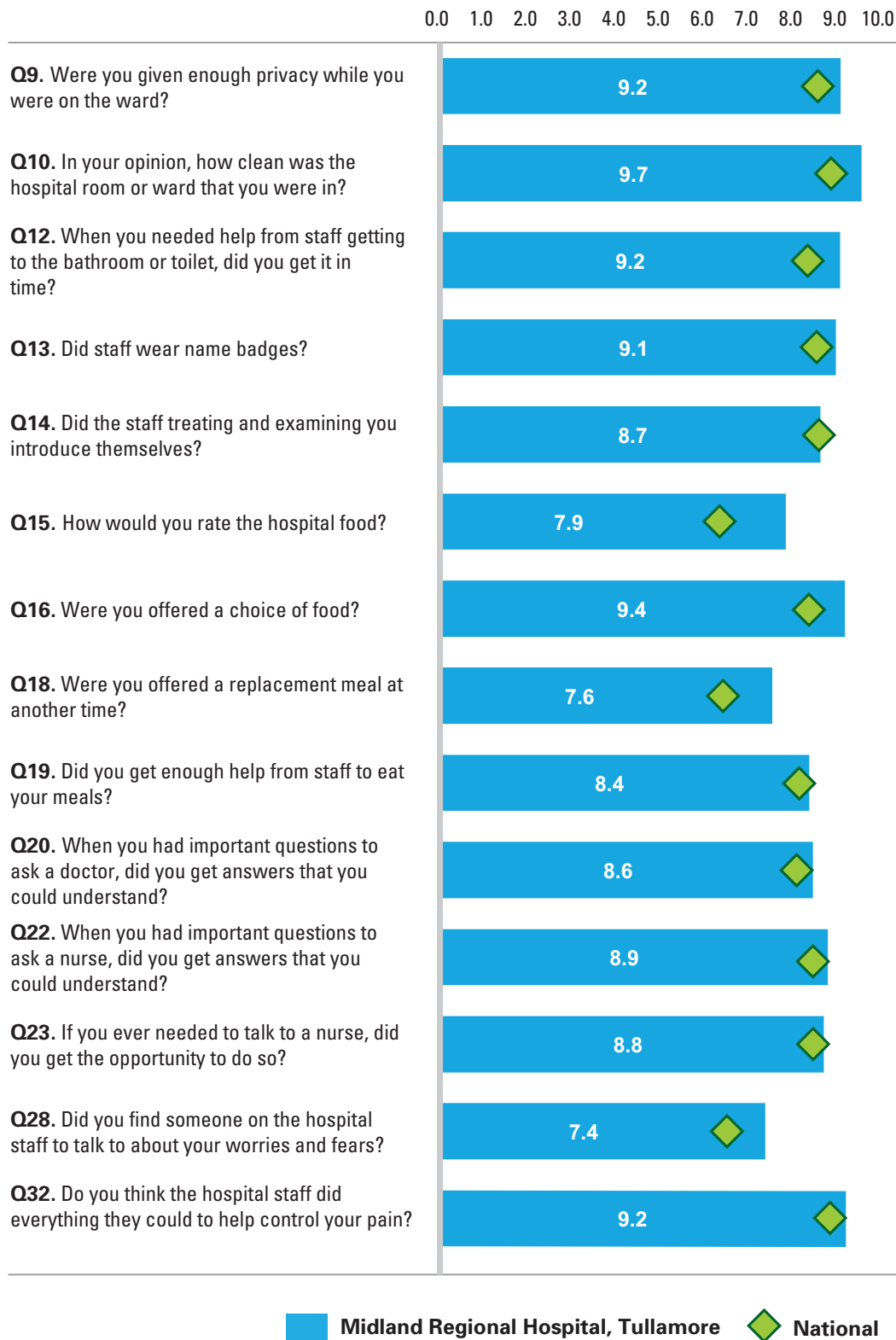
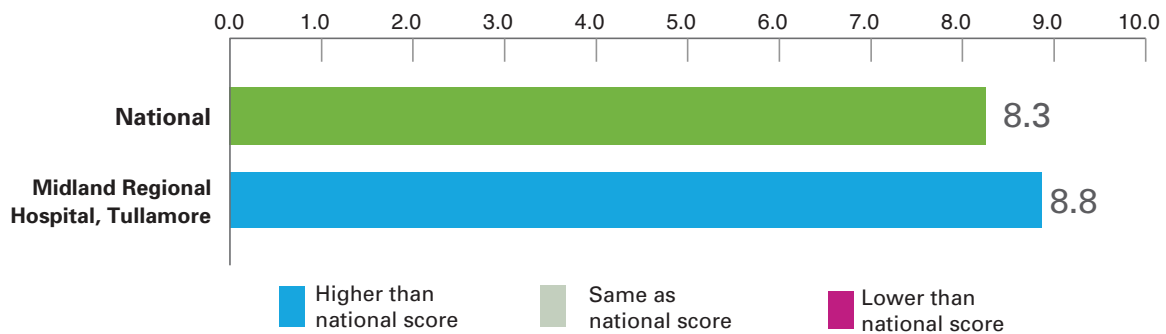




Figure 10. shows that, within the care on the ward stage, the average score for Midland Regional Hospital, Tullamore (8.8 out of 10) is higher than the national average (8.3 out of 10). This means that patients in this hospital had a more positive experience than the national average for the care on the ward stage of care.

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



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

Overall, patients in Midland Regional Hospital, Tullamore reported a more positive experience of care on the ward than the national average. Patients at the hospital gave above average ratings on questions about cleanliness and also the quality of the food. A number of patients said they did not find someone to talk to about their worries and fears however, the hospital still scored above the national average on this question.

# Examinations, diagnosis and treatment

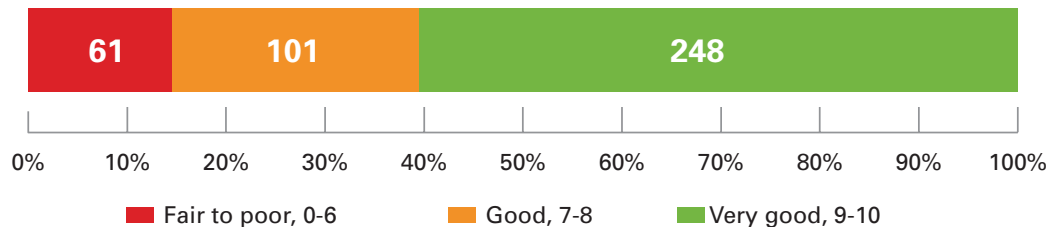


## In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

61 respondents (15%) said that their experience of examinations, diagnosis and treatment in Midland Regional Hospital, Tullamore was fair to poor. However, 248 respondents (60%) 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**

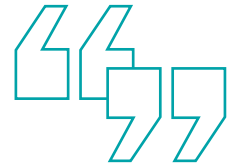


## What were the key findings for examinations, diagnosis and treatment?

- Many people said that they were given enough privacy when they were being examined or treated, with a score of 9.3 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 7.9 out of 10. 146 respondents (36%) said they did not always have enough time with a doctor to discuss.
- Midland Regional Hospital, Tullamore scored 8.4 out of 10 for examinations, diagnosis and treatment, which is higher than the national average score of 8.1 out of 10.

**"Communication with the patient could be improved."**

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



191 open-ended comments were made on the following themes: 'nursing staff', 'doctors or consultants', 'waiting time for planned procedures'. 22 of these comments were in response to Q60 which asked for suggestions for improvement. Some examples of these comments are provided below.

### Nursing staff

"Nurses very helpful and caring."

"Attitude of nurses could be greatly improved"

### Doctors or consultants

"Excellent care given by Doctors and nurses under pressure."

"Consultants too vague in explanations"

### Waiting times for planned procedures

"Overall the staff are dedicated to their jobs and very pleasant. Hospital is a great experience on the whole. Only downside is waiting lists for appointments and treatments."

## 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. 355 respondents (88%) who answered the question said they always received enough privacy when being examined or treated.

"I would like to thank everyone in Tullamore Hospital for the care I got while being a patient there. They look after you brilliantly even though they are so busy."

Q21 asked people whether they had enough time to discuss their care and treatment with a doctor. Only 259 people (64%) who answered this question answered 'yes, definitely', with the remaining 146 answering 'no' or 'yes, to some extent'.

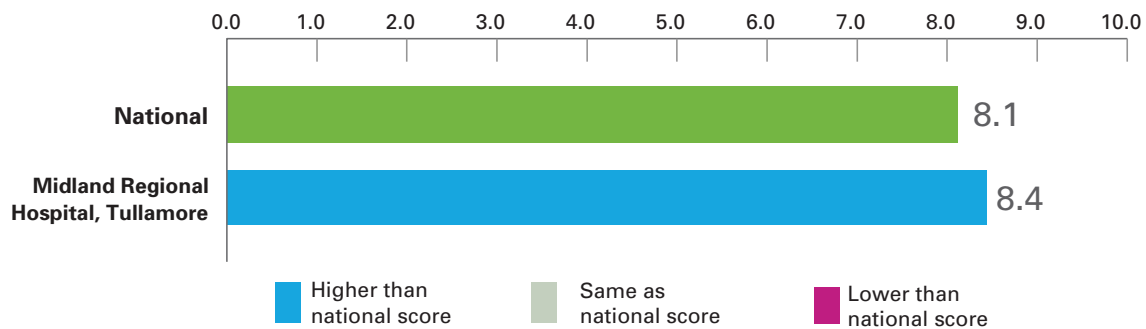
**Figure 12. Midland Regional Hospital, Tullamore scores for questions on examinations, diagnosis and treatment**



Midland Regional Hospital, Tullamore    National

Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for Midland Regional Hospital, Tullamore (8.4 out of 10) is higher than the national average (8.1 out of 10). This means that patients who attended Midland Regional Hospital, Tullamore reported more positive experiences in comparison to the national average for examinations, diagnosis and treatment stage of care.

**Figure 13. Comparison of Midland Regional Hospital, Tullamore 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 at Midland Regional Hospital, Tullamore had more positive experiences of examinations, diagnosis and treatment than patients nationally. Many people gave positive ratings of the privacy they received while being examined or treated, and the level of communication from staff about treatments and procedures. Patients were less positive about the time they had to discuss their care and treatment with a doctor, and their involvement in decisions about their care.

# Discharge or transfer

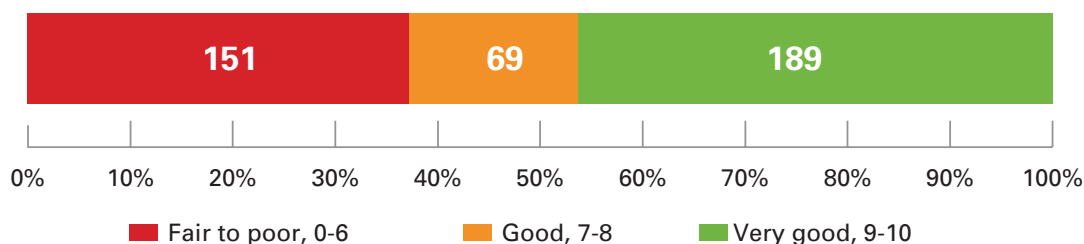


## In summary: what were the experiences of patients during discharge or transfer from hospital?

'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 409 people who rated their experience of discharge or transfer from the Midland Regional Hospital, Tullamore, 151 (37%) said that their experience was 'fair to poor'. On the other hand, 189 (46%) reported having a very good experience of being discharged or transferred from. 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 326 patients, 292 (90%) said that a member of staff completely or to some extent explained the purpose of the medicines they were to take at home in a way they could understand.
- 95 people (34%) who answered Q46 said that they were not informed about any medication side effects to watch for when they went home.
- Midland Regional Hospital, Tullamore scored above the national average for examinations, diagnosis and treatment stage of care, with an overall score of 7.2 out of 10. This means that the experiences of patients in this hospital were more positive than the national average for this stage of care.

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



In total, patients from Midland Regional Hospital, Tullamore made 40 comments in the 2017 survey about 'discharge and aftercare management'. 28 of these comments were in response to Q60, which asked for suggestions for improvement. Some examples are provided below.

### Discharge and aftercare

"Staff very friendly and polite. Good aftercare."

"I feel that I could have been given more information on what to watch out for with my symptoms and who to contact, and what to do should I have any future problems. But none of this was discussed with me before I left the hospital."

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

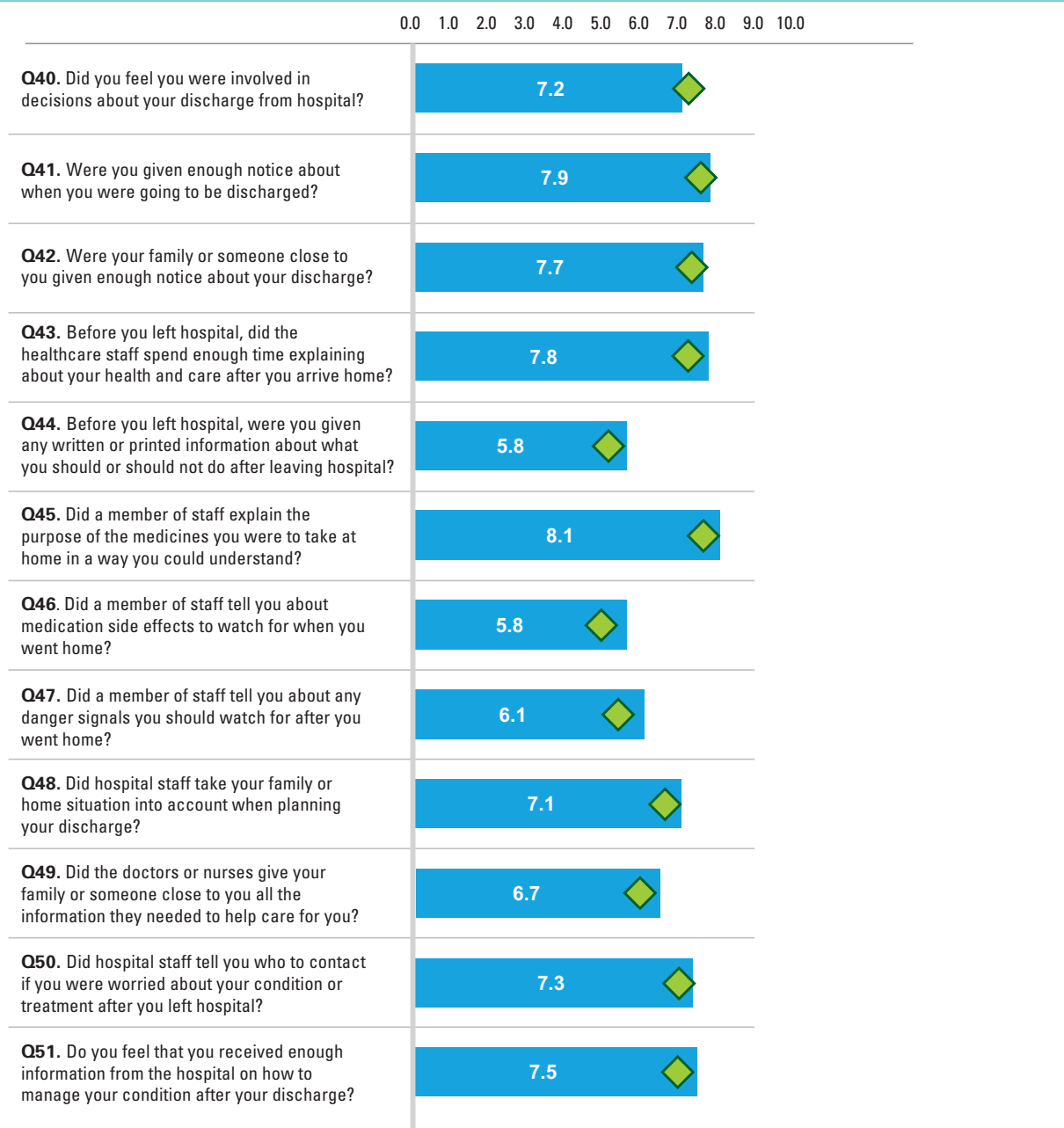
### Twelve questions asked about discharge or transfer.

Out of 326 people, 292 (90%) said that a member of staff completely or to some extent explained the purpose of the medicines they were to take home in a way they could understand.

95 people (34%) who answered Q46 said that they were not informed about any medication side effects to watch for after discharge.

Figure 15. summarises the scores for Midland Regional Hospital, Tullamore for questions on discharge or transfer from the hospital.

**Figure 15. Midland Regional Hospital, Tullamore scores for questions on discharge or transfer**

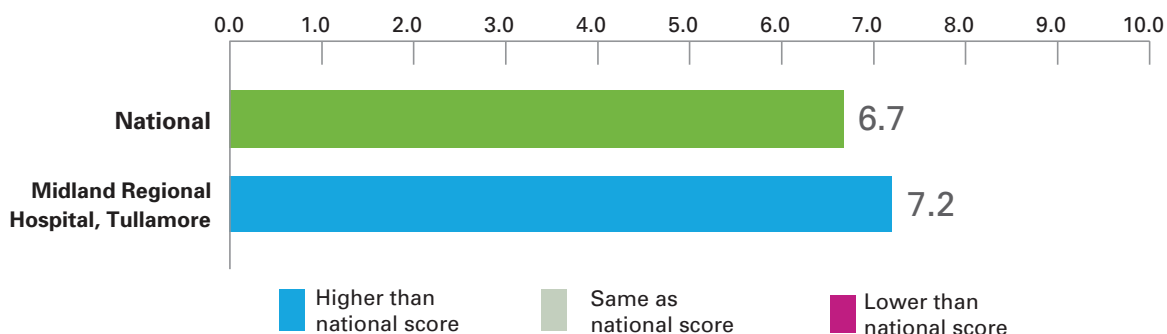


Midland Regional Hospital, Tullamore      National



Figure 16. shows that within the discharge or transfer from hospital stage the average score for Midland Regional Hospital, Tullamore (7.2 out of 10) is higher than the national average (6.7 out of 10). This means that patients who attended Midland Regional Hospital, Tullamore reported more positive experiences for this stage of care in comparison to the national average.

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



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

Midland Regional Hospital, Tullamore scored above the national average on the majority of questions for discharge or transfer. Nevertheless, patients said that they were not always involved in decisions about their discharge. Many patients also reported that they were not given sufficient information to care for themselves after leaving hospital.

# 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?

- Q11 was the highest ranking question on other aspects of care (score of 9.4 out of 10). 82% of people said that the toilets or bathrooms were very clean.
- Q27 was the lowest ranking question on other aspects of care (score of 7.9 out of 10). 36% of those who wanted their family 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



126 open-ended comments were made about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'clinical information and history' and 'private health insurance'. 52 of these comments were made in response to Q60, which asked for suggestions for improvement.

### Staff in general

" Staff were all extremely pleasant helpful + efficient."

"Had a [Medical Procedure] and the lady who did it never told me her name and was to a point quiet rude. I don't think she was happy with her work but I was just her patient."

## Communication with family and friends

"There was never any time that I felt worried about my condition as the nurses explained everything I needed to know about my condition, when my heart failed they looked after me. Very good with their attention to me and my family."

"Nurses and doctors treated question from next of kin with great reluctance - loath to give info. Doctors on wards tended to have a brusque, impersonal, manner that did not invite questions and that was quite arrogant and dismissive."

## Physical comfort

"The staff were so friendly and helpful. I felt very safe and comfortable at all times."

"I did not like the situation with a male and female mix in the ward. Also there were two very disturbed patients in there who required 24 hour attention."

## Hospital facilities

"Facilities were very good."

"Shower room no place to leave clothes or toiletries, everything wet on floor. Also no stopper in sink, had to get basin to shave in toilet. Bad setup."

## Clinical information and history

"A lack of communication between 'shifts'. A [Medication] was given with 'dire results' and a [Procedure Name] was removed with more 'dire results' - all fixed up later - could have been avoided with better communication."

## Private health insurance

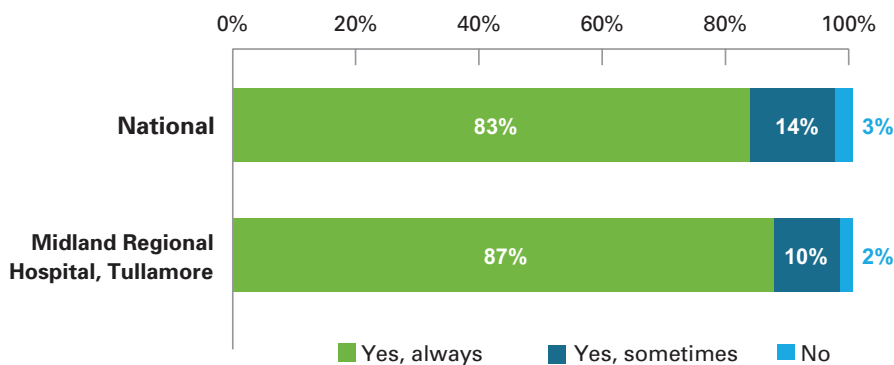
"I had private health insurance but was in public ward which I found very noisy. Amount of visitors per patient should be restricted at any one time."

## 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 Midland Regional Hospital, Tullamore. Overall, 358 people (87%) said that they were always treated with respect and dignity, while nine people (2%) said that they were not. This question scored an average of 9.3 out of 10, meaning that, in general, people reported a positive experience of this aspect of care.

Figure 17. below shows these patients' ratings of the level of dignity and respect they were shown in hospital.

**Figure 17. Ratings for dignity and respect**

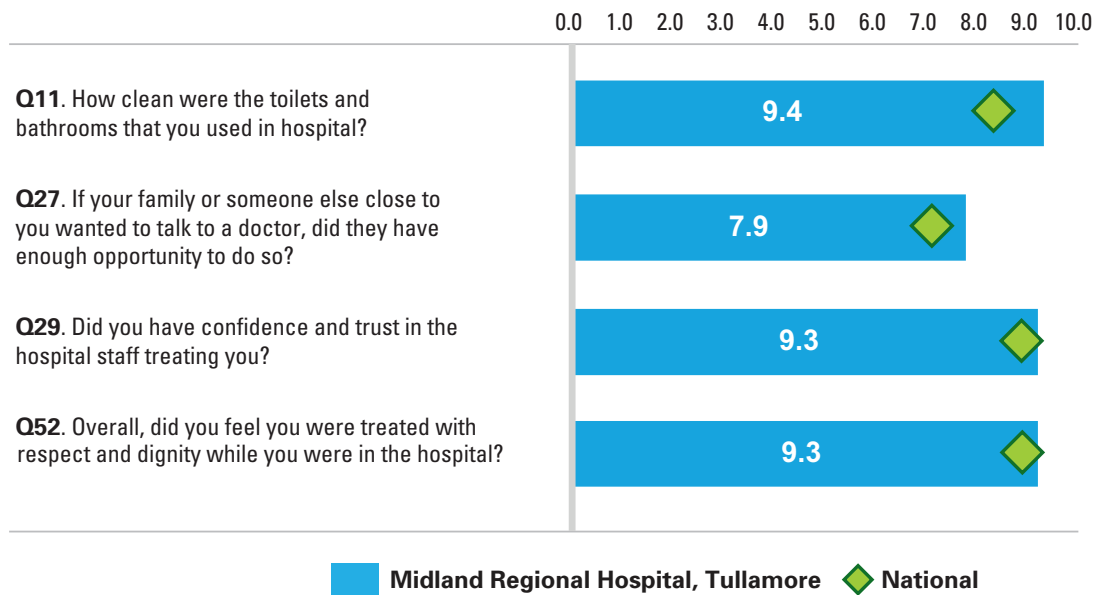


**Question 29** asked people if they had confidence and trust in the hospital staff treating them. 348 people (86% of all people who answered Q29) said that they always had confidence and trust in the hospital staff, while six people (1%) said that they did not.

**Question 11** asked people about the cleanliness of the bathrooms and toilets in Midland Regional Hospital, Tullamore. While 331 people (82% of people who answered Q11) said that the bathrooms and toilets were very clean, five people (1%) 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 Midland Regional Hospital, Tullamore. Out of 274 people, 174 (64%) said that their family or people close to them definitely had sufficient opportunities to talk to a doctor. However, 19 people (7%) said that their family or friends did not.

Figure 18. summarises the scores for Midland Regional Hospital, Tullamore for questions about other aspects of care.

**Figure 18. Midland Regional Hospital, Tullamore scores for questions on other aspects of care**

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

Most people said that they were treated with respect and dignity and had confidence in the hospital staff treating them. These areas are strongly linked with patients reporting a positive overall experience, so this is a positive result for the hospital. Patients also reported that toilets and bathrooms were cleaner than the national average.



## Chapter 3

# Overall experience

## Ratings of overall experience

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

In Figure 19. below, the average overall rating of hospital experience for Midland Regional Hospital, Tullamore is compared with the national average.

237 people (62%), who stayed in Midland Regional Hospital, Tullamore in May 2017 reported having a very good experience in this hospital, while 10% of respondents indicated a fair to poor experience.

**Figure 19. Overall rating of hospital experience for Midland Regional Hospital, Tullamore and nationally**



# 4

## Chapter 4 Conclusion

### How did patients experience hospital care in Midland Regional Hospital, Tullamore in May 2017?

Overall, patients' ratings of their experiences at Midland Regional Hospital, Tullamore were above the national average. 90% of patients at this hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

Patients reported that their families were able to talk to a doctor when required and that they were given information about their discharge from hospital. The hospital food was rated highly in comparison to the national average. The survey found that, overall, people in Midland Regional Hospital, Tullamore were treated with respect and dignity.

The hospital scored above the national average on most questions in the survey however, some areas were found requiring improvement. In relation to admissions, the large majority of patients reported waiting times of more than six hours in the emergency department. The survey identified issues of communication between patients and healthcare staff, with many reporting that they did not always understand the answers they got to their questions about operations and procedures. The discharge or transfer process was not as patient-centred as it should have been, with a number of patients reporting that they were not involved in decisions about their discharge. Overall, however, the hospital performed above the national average for the discharge or transfer stage of care.

These findings will serve to inform quality improvement initiatives in Midland Regional Hospital, Tullamore.

## What happens next?

The HSE has committed to using the findings of the National Patient Experience Survey 2017 to support wide ranging quality improvements in every hospital in Ireland. In direct response to what people have said in this survey, the HSE will develop and publish a national quality improvement plan, which will outline a vision and direction for the future of patient-centred care in Ireland.

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 risk ratings and inspection in this area.



# Appendix 1:

## National Patient Experience Survey 2017 questions

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

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

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

# Appendix 2:

## Background to the National Patient Experience Survey Programme

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

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

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

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

Further information on the management of the survey is available at [www.patientexperience.ie](http://www.patientexperience.ie).

# Appendix 3:

## Identifying areas of good experience and areas needing improvement

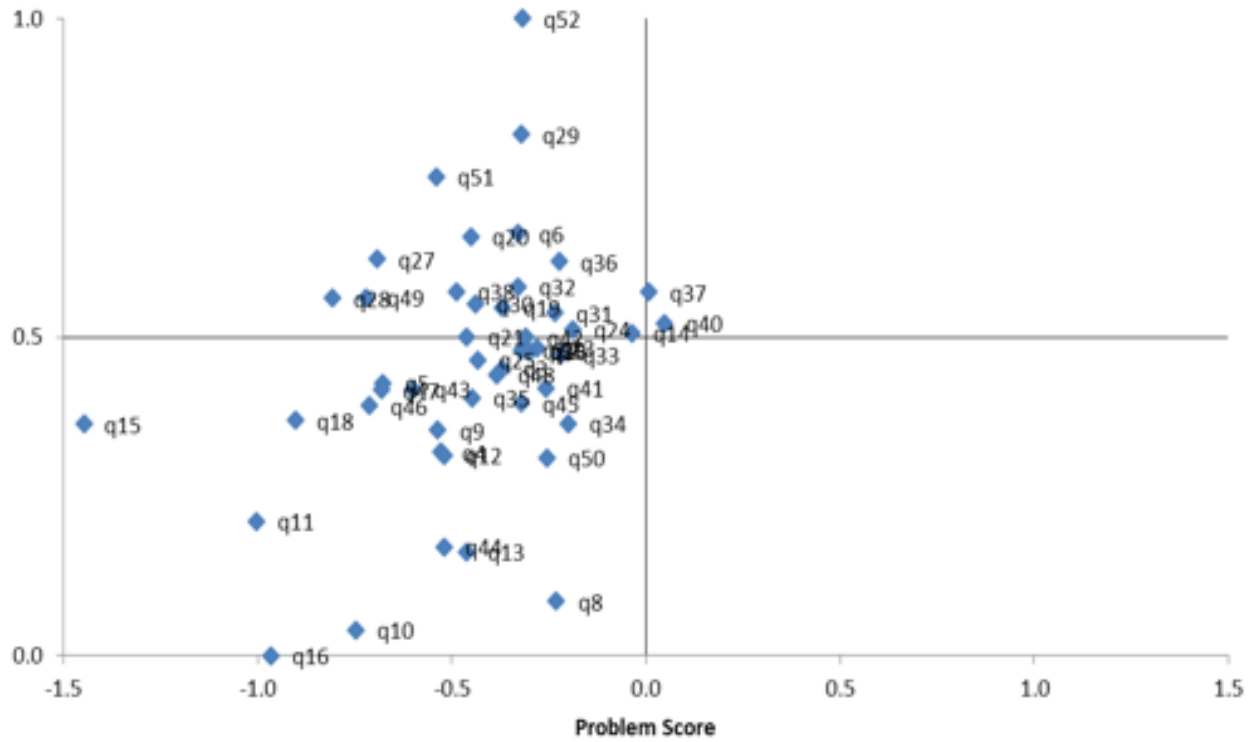
Two methods were combined to identify the areas of good experience and the areas needing improvement.

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 Midland Regional Hospital, Tullamore 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 Midland Regional Hospital, Tullamore 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 Midland Regional Hospital, Tullamore has scored less than the national average for that question. For example, if a hospital scored 8.8 for Q52 which is lower than the national average of 9.0, this would mean it had a problem score of 0.2 for this question.

Questions that have high problem scores and are important to patients' overall experiences appear in the top right section of the map — these are areas needing improvement in Midland Regional Hospital, Tullamore. Questions that have low problem scores and are important to patients' overall experiences can be found in the top left-hand section of the map — these are areas of good experience, as reported by patients of Midland Regional Hospital, Tullamore.

**Figure 20. Overall patient experience map for Midland Regional Hospital, Tullamore**

# 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>2</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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<sup>2</sup> 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

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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.