



National Patient Experience Survey 2017

Wexford General Hospital

We're committed to excellence in healthcare

 /NPESurvey

 @NPESurvey

 Health
Information
and Quality
Authority
An tAidias Um Fhaisnéis
agus Caliaocht Sláinte

 Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

 An Roinn Sláinte
DEPARTMENT OF HEALTH



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.

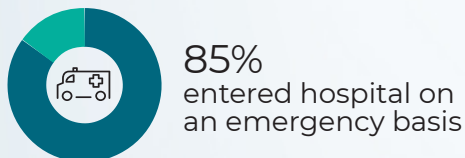
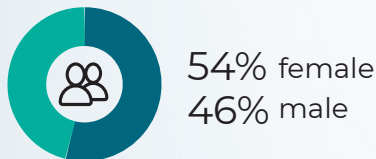
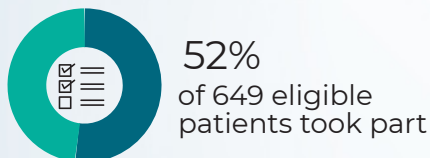
Very good 9 - 10

Good 7 - 8

Fair to poor 0 - 6

National Patient Experience Survey

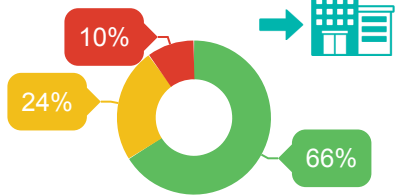
Wexford General Hospital



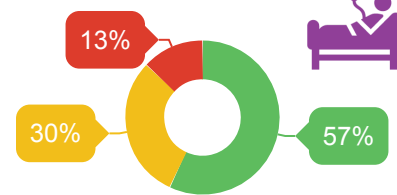
Average age:
64 years

Stages of care

Admission



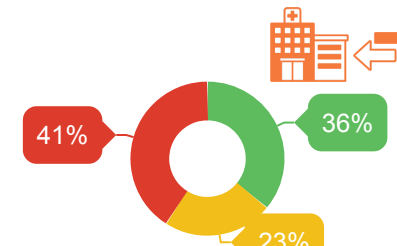
Care on the ward



Examinations, diagnosis & treatment

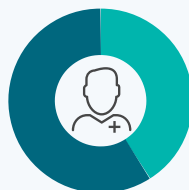


Discharge or transfer



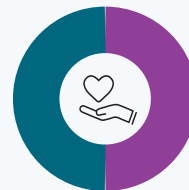
* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

Admission



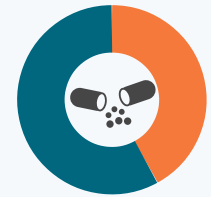
did not always receive an explanation about their condition that they could understand.

Care



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

Medication

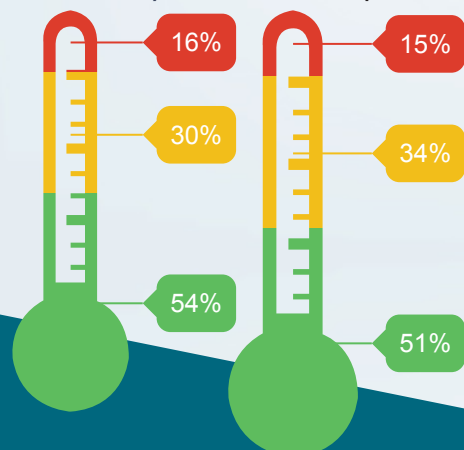


were not fully informed about medication side effects to watch for.

Overall experience

Nationally

This hospital



Areas of good experience

92% of people said

they were involved as much as they wanted to be in decisions about their care and treatment.

Areas needing improvement

55% of people said

their family was not always given sufficient information to help care for them on discharge.

Structure and content of this report

Chapter 1: Patients' experiences of acute hospital care in Wexford General Hospital

4

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

About the National Patient Experience Survey 2017	4
Wexford General Hospital profile	5
Purpose of the Report	5
Who took part in the survey?	6
What were the main findings?	7
Areas of good experience and areas needing improvement	8

Chapter 2: The patient journey through hospital

10

This chapter presents the findings of the 2017 survey.

The stages of care along the patient journey	10
How to interpret the results for the stages of care	11
Admissions	14
Care on the ward	19
Examinations, diagnosis and treatment	24
Discharge or transfer	28
Other aspects of care	32

Chapter 3: Overall experience

36

This chapter analyses patients' overall experiences in Wexford General Hospital.

Chapter 4: Conclusion

37

This chapter summarises the findings of the 2017 survey.

Appendices

39

Appendix 1: National Patient Experience Survey 2017 questions
Appendix 2: Background to the National Patient Experience Survey Programme
Appendix 3: Identifying areas of good experience and areas needing improvement
Appendix 4: A technical note on analyses and interpretation

Glossary

49

References

50



Chapter 1

Patients' experiences of acute hospital care in Wexford General Hospital

About the National Patient Experience Survey 2017

The National Patient Experience Survey is a new national survey, asking people for feedback on their recent stay in a public acute hospital. This survey will run on an annual basis 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 Wexford General Hospital during the month of May 2017. In total, 338 patients from Wexford General Hospital took part in the survey.

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

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

The National Patient Experience Survey values and seeks to represent the patient voice, which is a fundamental principle of patient-centred care. The survey acknowledges both positive and negative experiences, as told by the 338 patients from Wexford General Hospital who completed the survey. While thousands of people surveyed said that they had a very good experience of acute hospital care, it is important also to listen to those people who identified areas for improvement. These voices and experiences will play a key role in shaping the future of patient-centred care in Ireland.

Hospital profile

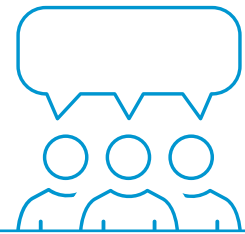
Wexford General Hospital is a public acute hospital located in Wexford. There were 219 inpatient beds available in the hospital in May 2017. 649 eligible discharges were recorded during this time. Wexford General Hospital has an emergency department. Patients at this hospital were asked to answer questions 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 Wexford General Hospital in May 2017. The report highlights areas where patients had positive experiences and outlines where there is significant room for improvement.

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

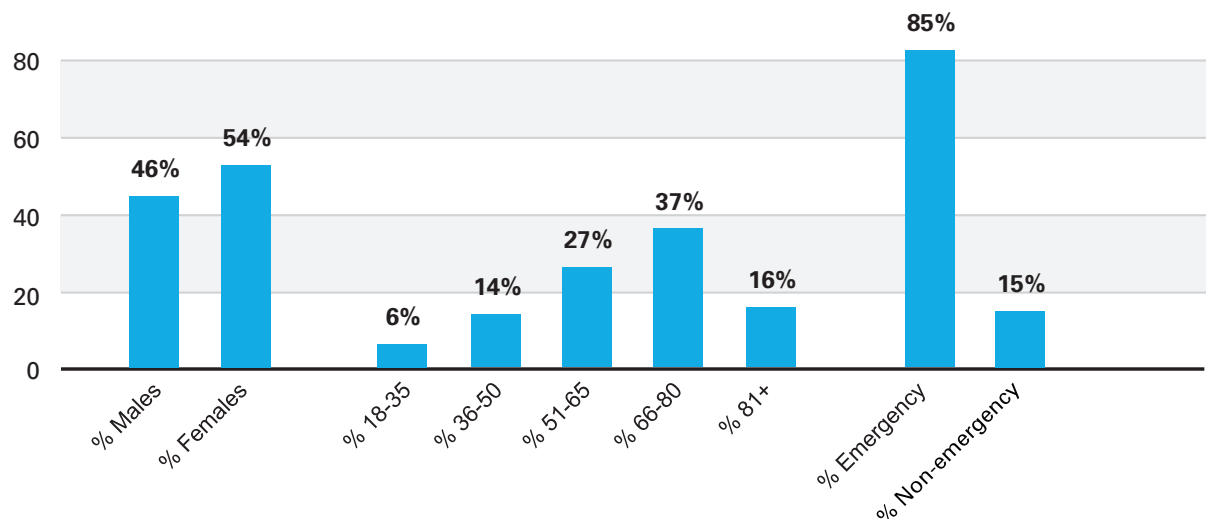
Description of the respondents who took part in the survey

649 people discharged from Wexford General Hospital during the month of May 2017 were invited to participate in the survey.

338 people (52%) completed the survey.

Figure 1. below shows information about the respondents who took part in the survey from Wexford General Hospital. 46% of people who responded to the survey in Wexford General Hospital were male and 54% were female. Most respondents (85%) said that their stay in hospital was an emergency.

Figure 1. Survey participants from Wexford General Hospital by sex, age group and admission route



What were the main findings for Wexford General Hospital?



Overall, patients' ratings of their experiences at Wexford General Hospital were slightly above the national average. 85% of patients at Wexford General Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

Wexford General Hospital performed strongly in relation to patient experience of being treated with respect and dignity, both in the emergency department and the rest of the hospital. Patients also generally had confidence and trust in the staff that were treating them. Most patients said they were involved in decisions about their care, and ratings of the hospital food were above the national average.

Several areas were identified as needing improvement. In relation to admissions, the large majority of patients reported waiting more than six hours in the emergency department. Certain areas relating to family involvement in care and discharge were also highlighted as needing improvement. It was apparent that patients often felt that they did not have enough time to discuss their care with doctors and nurses. Some patients also said that they didn't get enough help in getting to the bathroom when they needed it.

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

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

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 Wexford General Hospital are:

Patients had positive experiences in several areas, particularly as regards being treated with respect and dignity, both in the emergency department and elsewhere in the hospital. Most patients were confident in hospital staff and generally felt involved in their care. Many reported positive ratings of the hospital food.

Admissions | Q6.

Respect and dignity in the emergency department

89% of the 257 people who answered this question said that they were always treated with respect and dignity in the emergency department.

Care on the ward | Q15.

Food rating

76% of the 323 people who answered this question rated the hospital food as 'very good' or 'good'.

Examinations, diagnosis and treatment | Q24.

Involvement in decisions about care and treatment

92% of the 329 people who answered this question said that they were sometimes, or always, involved as much as they wanted to be in decisions about their care and treatment.

Other aspects of care | Q29.

Confidence and trust in hospital staff

277 people (84%) said that they always had confidence and trust in the hospital staff treating them.

Other aspects of care | Q52.

Respect and dignity

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

The areas needing improvement in Wexford General Hospital are:

Patients highlighted areas needing improvement for example, patients needed more assistance in getting to the bathroom and patients also wanted to be more involved in their care. Several issues in relation to family involvement in care and discharge were raised by patients.

Care on the ward | Q12.

Help from staff to get to the bathroom

Of the 182 people who answered this question, 47 (26%) said that they didn't get, or only sometimes got, the help they needed from staff in getting to the bathroom or toilet.

Examinations, diagnosis and treatment | Q21.

Time to discuss care and treatment with a doctor

139 (43%) of the 326 people who answered this question said that they did not have, or only to some extent had, enough time to discuss their care and treatment with a doctor.

Other aspects of care | Q27.

Family opportunity to talk to a doctor

103 people (47%) who answered this question said that their family did not have, or only to some extent had, an opportunity to talk to a doctor.

Discharge or transfer | Q48.

Consideration of home/family situation

90 people (44%) of the 206 people who answered this question said that their family situation was not, or was only to some extent, taken into account when planning their discharge.

Discharge or transfer | Q49.

Provision of information to family members

55% of the 221 people who answered this question said that their family were not, or were only to some extent, given sufficient information to help care for them on discharge.



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.

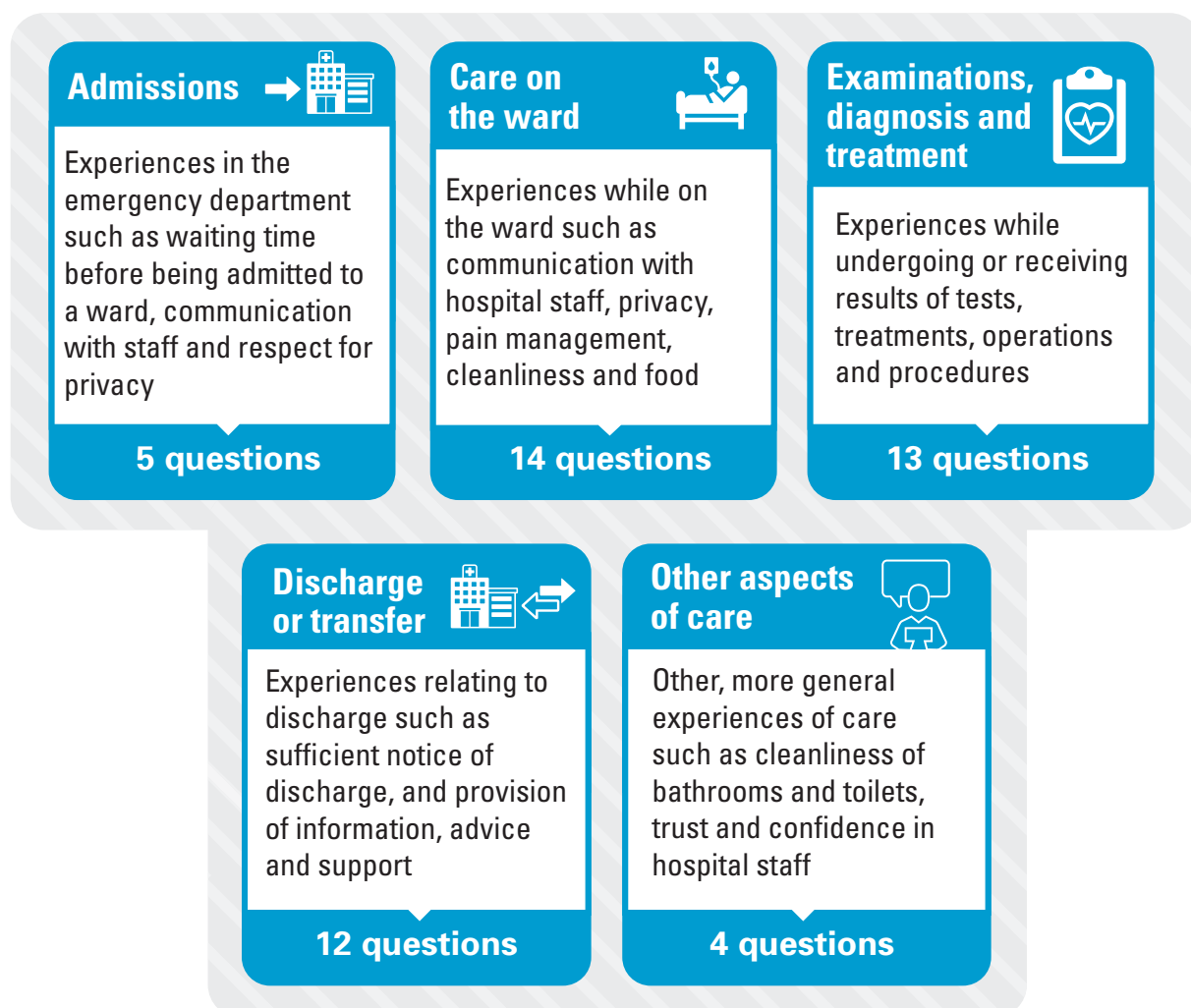
The survey questions were grouped into five stages along the patient journey:

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

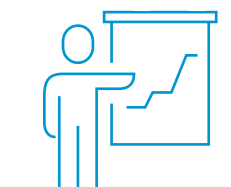
"Overall, I was very happy with my treatment. It was a pleasant experience as much as it could be."

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 people 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

Rating	Count
Very good, 9-10	5234
Good, 7-8	2775
Fair to poor, 0-6	5315

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

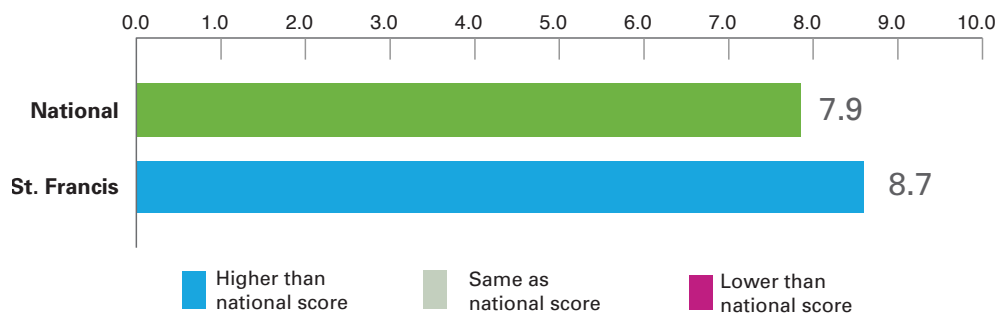
Question	Score
Q11. How clean were the toilets and bathrooms that you used in hospital?	8.4
Q27. If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?	7.2
Q29. Did you have confidence and trust in the hospital staff treating you?	9.0
Q52. Overall, did you feel you were treated with respect and dignity while you were in the hospital?	9.0

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



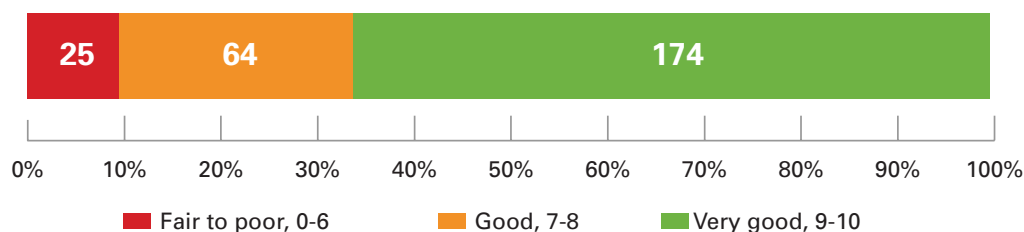
In summary: what were patients' experiences of the admissions process?

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

25 people (10%) had a fair to poor experience of the emergency department in Wexford General Hospital. However, 174 (66%) people rated their experience as very good.

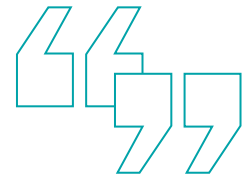
Figure 4. below summarises these experience ratings.

Figure 4. Experience ratings for admissions



What were the key findings for admissions?

- 61% of people said they waited longer than six hours before being admitted to a ward.
- 226 respondents (89%) from Wexford General Hospital said that they were definitely given enough privacy in the emergency department.
- 100 respondents who needed an explanation (41%) said that their condition and treatment was not, or only to some extent, explained in a way that they could understand while in the emergency department.
- Wexford General Hospital scored 8.5 out of 10 overall for this 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 Wexford General Hospital made 102 open-ended comments related to the following themes: 'dignity, respect and privacy', 'communication with the patient', 'emergency department management or environment', and 'emergency department waiting times'. 62 (61%) of the comments were made in response to the question seeking suggestions for improvement. Examples of these comments are provided below.

Dignity, respect and privacy

"The care and treatment I got was unbelievable. The privacy and dignity was second to none. The nurses, doctors and care staff were brilliant at all times during my stay in hospital."

"I was left on trolley in a window of a ward with no privacy. It was very uncomfortable and added to my distress."

Communication with the patient

"Staff (in all roles) were great and explained everything that was going on and what they were doing."

"Staff need to take time to talk to and listen to people."

Emergency department management and environment

"The entire emergency team were exceptional. [Condition Name] was diagnosed very quickly and the fast action of the team saved my wife's life."

"Waiting time was terrible and lots of people on trolleys with no room. Doctors and nurses are under a lot of pressure to accommodate everyone. Need more rooms, doctors, nurses and a shorter time waiting."

Emergency department waiting times

"I was admitted and seen to very quickly and efficiently."

"Waiting 12 hours on a trolley was a bad experience, sometimes the nurses were too busy to answer a patient's call."

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.

61% 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.

226 respondents (89%) from Wexford General Hospital said that they were definitely given enough privacy in the emergency department, with a score of 9.4 out of 10, making it the highest performing area of the admissions stage.

Q4 was the lowest rated question, with 100 people (41%) saying that their condition was not, or only to some extent, explained in a way they could understand by a doctor or nurse.

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

"It's well known but elderly people should not have to spend so long in ED."

Figure 5. Wexford General Hospital scores for questions on admissions

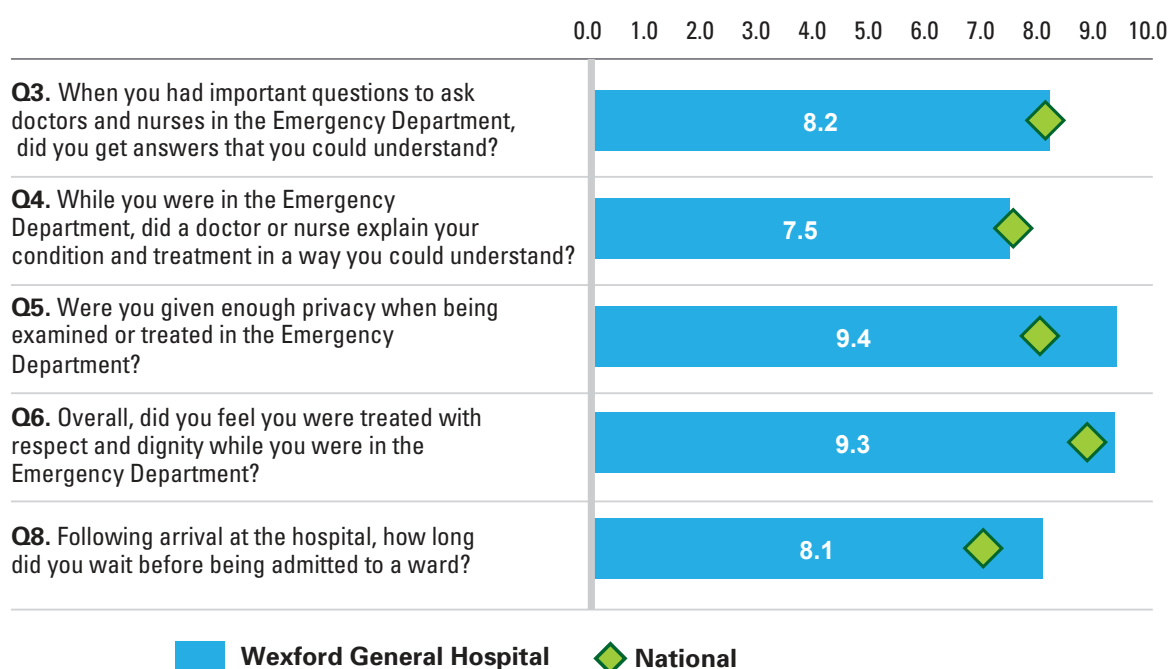
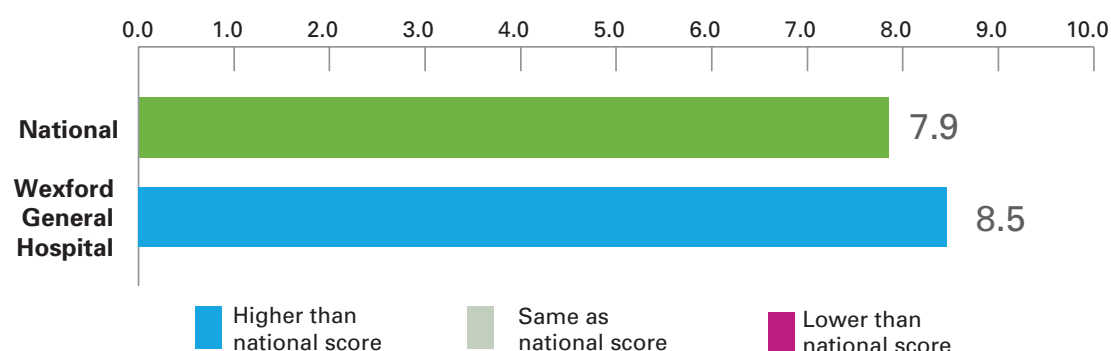


Figure 6. shows that, within the admissions stage, the average score for Wexford General Hospital (8.5 out of 10) is higher than the national average (7.9 out of 10). This means that patients in Wexford General reported a more positive experience of admissions than the national average for this stage of care.

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



Emergency department waiting times

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

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

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

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

The HSE measures emergency department waiting times differently to the survey, namely from the time a patient registers at the emergency department until they leave it. It is likely that there are some differences between survey findings and the official HSE figures¹.

Waiting time before being admitted to a ward

In Wexford General Hospital, 97 respondents (39%) said they were admitted to a ward within six hours of arriving at the emergency department. 144 respondents (58%) reported waiting between six and 24 hours. Eight respondents (3%) reported waiting 24 hours or more before being admitted to a ward in Wexford General Hospital, with one person saying they waited more than 48 hours.

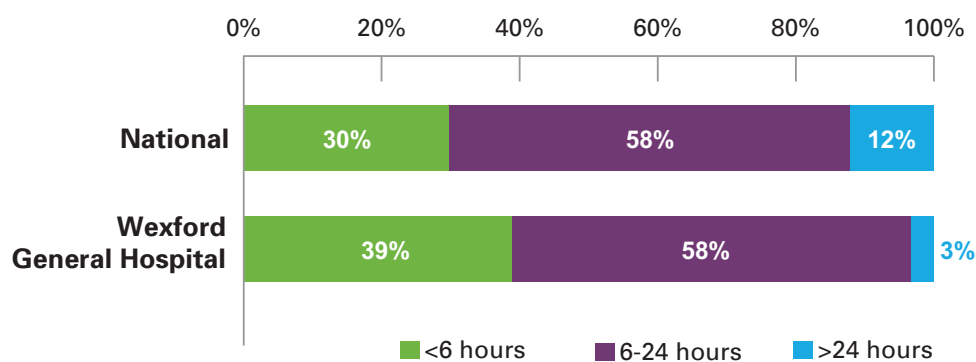
¹ The HSE 2017 targets can be viewed at: <https://www.hse.ie/eng/services/publications/KPIs/Acute-Hospitals-KPI-Metadata-2017.pdf>

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

What does this mean for Wexford General Hospital?

With 39% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that Wexford General Hospital performed slightly above the national average, where 30% of people said that they were admitted within six hours of arriving. However, patient-reported waiting times in Wexford General Hospital 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 patients' health ^(1,2).

Figure 7. Patient-reported emergency department waiting times for Wexford General Hospital and nationally



Admissions: what do these results mean?

Wexford General Hospital performed above the national average for the admissions stage of care. Nevertheless, a large majority of patients reported waiting for longer than six hours in the emergency department. Lengthy waiting times are associated with poor outcomes for patients. Most patients said they were treated with respect and dignity in the emergency department. However, a number of patients said that their treatment was not always explained in a way they could understand.

Care on the ward

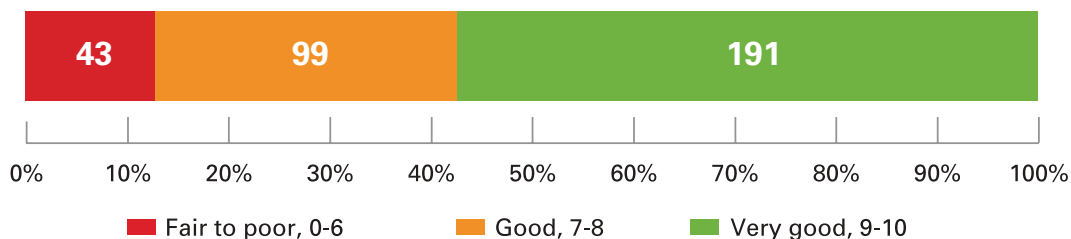


In summary: what were patients' experiences of care on the ward?

'Care on the ward' refers to peoples' experiences while on the ward, such as communication with hospital staff, privacy, pain management, cleanliness and food.

Out of 333 patients, 43 respondents (13%) said that their experience of care on the ward was fair to poor. However, 191 respondents (57%) reported having a very good experience. Figure 8. summarises patients' experiences of care on the ward.

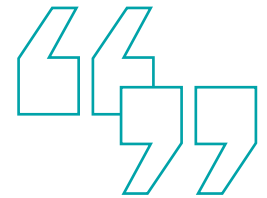
Figure 8. Experience ratings for care on the ward



What were the key findings for care on the ward?

- 326 respondents (98%) from Wexford General Hospital said that their hospital room was 'very clean' or 'fairly clean'.
- 99 respondents (50%) said they could not, or could only to some extent, find someone on the hospital staff to talk to about their worries and fears.
- Wexford General Hospital scored 8.4 out of 10 for care on the ward, which is similar to the national average score of 8.3 out of 10.

"Nursing staff under pressure as they had no healthcare assistant and were short staffed but did an amazing job."



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

181 open-ended comments from Wexford General Hospital related to the following themes: 'staffing levels', 'staff availability and responsiveness' 'other healthcare staff', 'other staff', 'food and drink' and 'cleanliness and hygiene'. 69 (38%) of the comments were in response to the question seeking suggestions for improvement. Some examples of comments for this stage of care are provided below.

Staffing levels

"The staff were very courteous and as helpful as possible with being short-staffed."

"Only thing I found was the nurses are under pressure. Medication could be an hour or so late as under too much pressure attending to other patients."

Staff availability and responsiveness

"The nursing staff were very helpful 24/7"

"Nurses didn't always come when needed. Always busy. Need more."

Other healthcare staff

"The healthcare assistants were always helpful and friendly."

"More healthcare assistants should do the task of cleaning up sick, feeding patients, other tasks which nurses are over-qualified for."

Other staff

"I thought it was very homely. The staff were lovely and very helpful, that includes the people that bring you your dinner and the cleaning staff + nurses also."

"The assistant staff for the most part are very kind and helpful unfortunately there is always one and one in particular treated me very badly that I rang to go home"

Food and drink

"Food was restaurant quality, excellent"

"The food is tasteless like out of a microwave. That is the only thing they could improve on."

Cleanliness and hygiene

"the ward was kept very clean"

"The smell from the toilet outside the door was awful. I felt really ill due to the smell."

Quantitative results for questions on care on the ward

Fourteen questions asked about care on the ward.



326 respondents (98%) from Wexford General Hospital said that their hospital room was 'very clean' or 'fairly clean'.

Q28 which asked about finding hospital staff to talk to about worries and fears, was the lowest scoring question for this stage of care. 99 respondents (50%) said they could not, or could only to some extent, find someone on the hospital staff to talk to about their worries and fears.

"The staff were wonderful and as helpful as they could be within the time and funding constraints. I have nothing but praise for them."

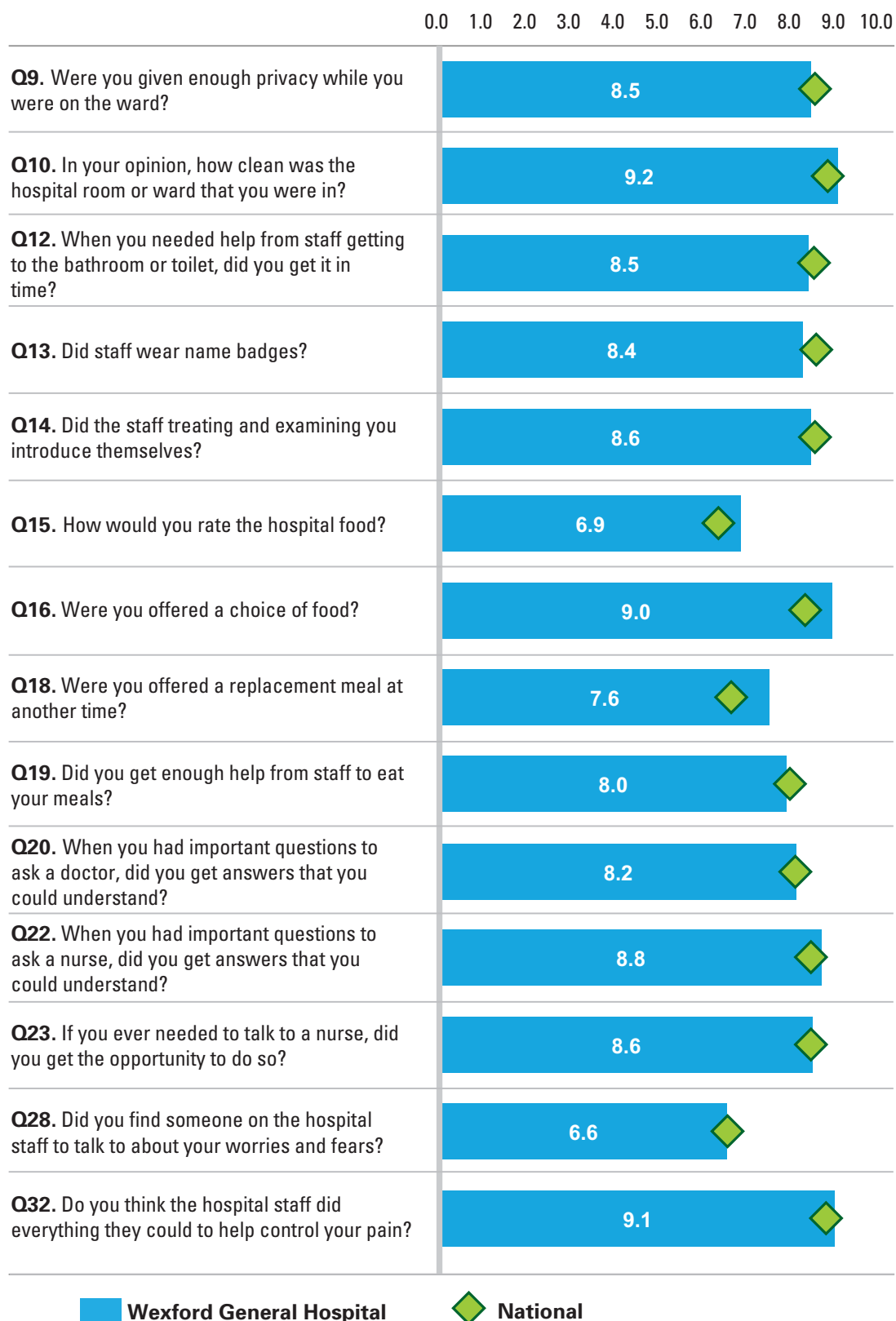
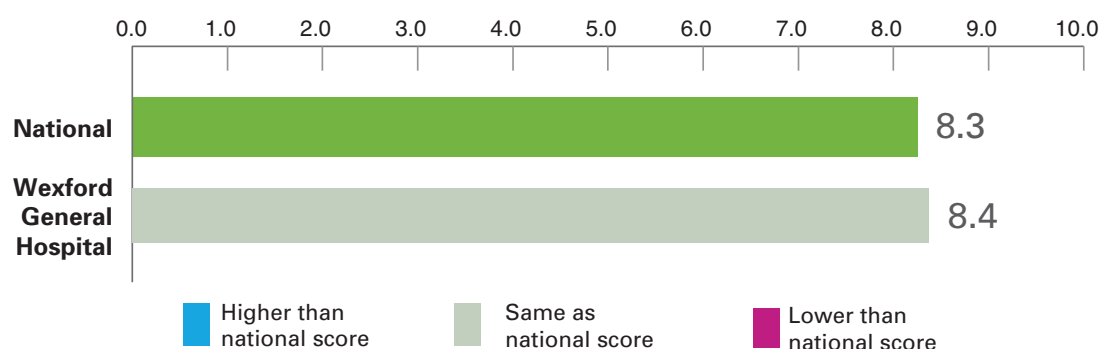
Figure 9. Wexford General Hospital scores for questions on care on the ward

Figure 10. shows that, within the care on the ward stage, the average score for Wexford General Hospital (8.4 out of 10)² is similar to the national average (8.3 out of 10)².

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



Care on the ward: what do these results mean?

Patients had mixed experiences of care on the ward in Wexford General Hospital. Many said that they could not find a staff member to talk to about their worries and fears. However, patients were generally positive about cleanliness of the ward and staff efforts to control any pain they experienced. Overall patients in Wexford General Hospital reported a similar experience of care on the ward in comparison to the national average.

² Though Wexford General Hospital's care on the ward score is higher than the national score, the difference is not statistically significant. For further information see Appendix 4.

Examinations, diagnosis and treatment

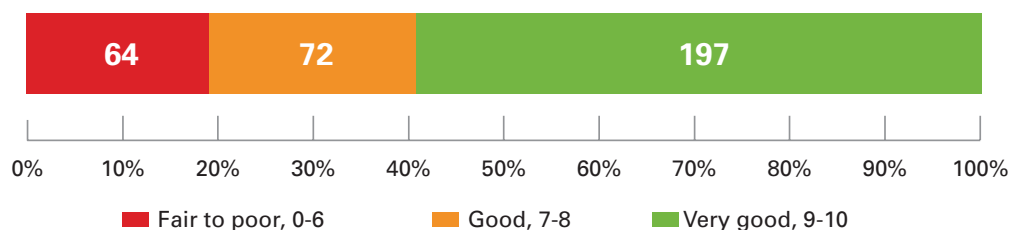


In summary: what were the experiences of patients during examinations, diagnosis and treatment?

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

64 respondents (19%) said that their experience of examination, diagnosis and or treatment was fair to poor. On the other hand, 197 respondents (59%) reported having a very good experience. Figure 11. summarises patients' experiences of examinations, diagnosis and treatment.

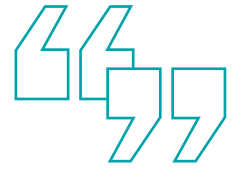
Figure 11. Experience ratings for examinations, diagnosis and treatment



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

- 287 respondents (87%) who answered the question said they always received enough privacy when being examined or treated.
- The lowest rated question asked patients whether they had enough time to discuss their care and treatment with a doctor, scoring 7.3 out of 10. 139 respondents (43%) said they did not always have enough time.
- Wexford General Hospital scored 8.2 out of 10 for examinations, diagnosis and treatment, which is similar to the national average (8.1 out of 10).

"I was in a bad way and they got me back"



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

166 open-ended comments were made about the following themes: 'nursing staff', 'doctors or consultants', 'waiting time for planned procedures'. 116 (70%) of these comments were in response to Q59 which asked patients about what was particularly good about their experience. Some examples of these comments are provided below.

Nursing staff

"The best thing about my stay was the care I received from the ward nurses. They were all extremely helpful and attentive. I was never made feel like I was bothering them."

"Too long waiting to be seen by a nurse due to the lack of nurses."

Doctors or consultants

"The doctors were very good with my condition as it has been recurring for a couple of years now and this time they were on the ball, no time delaying and they listened to me."

"A doctor that I never met prescribed antibiotics for me and didn't explain to anyone why I needed them."

Waiting times for planned procedures

"Took 6 years to get a diagnosis - an ultrasound would have found the problem years ago but this was always denied."

Quantitative results for questions on examinations, diagnosis and treatment

Thirteen questions asked about examinations, diagnosis and treatment.

287 respondents (87%) who answered the question said they always received enough privacy when being examined or treated. This was the highest scoring question for the stage at 9.2 out of 10 overall.

"Waiting time for scopes and scans need to be reduced drastically, without the need for private health care"

The lowest rated question asked patients whether they had enough time to discuss their care and treatment with a doctor, scoring 7.3 out of 10. 139 respondents (43%) said they did not always have enough time. Figure 12. shows the scores out of 10 for each question in this stage.

Figure 12. Wexford General Hospital scores for questions on examinations, diagnosis and treatment

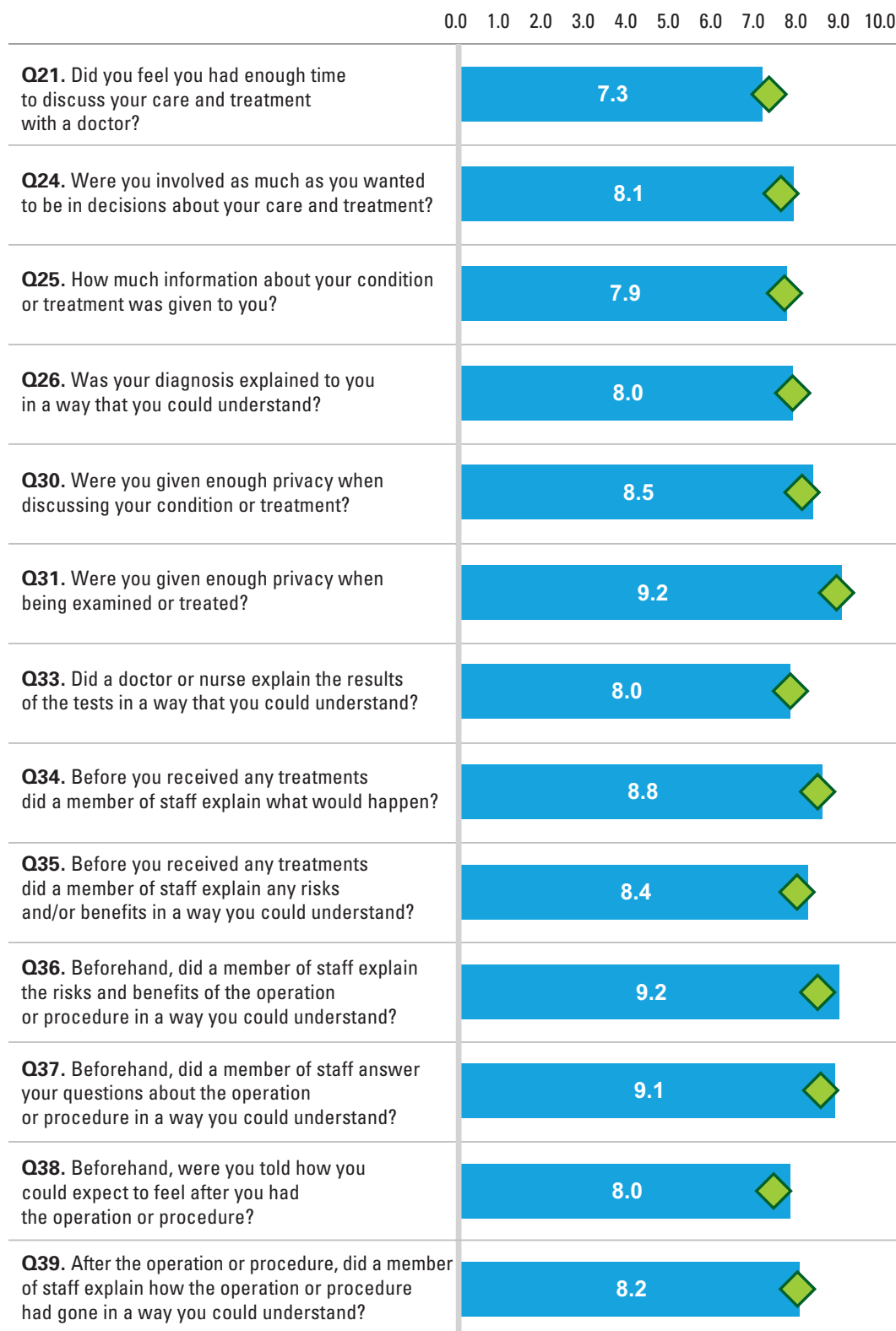
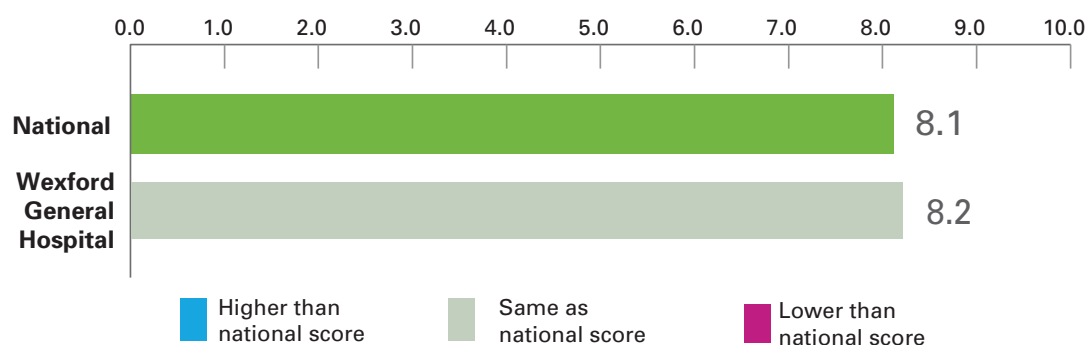


Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for Wexford General Hospital (8.2 out of 10) is similar to the national average (8.1 out of 10)³. This means that patients in Wexford General Hospital reported similar experiences to the national average for examinations, diagnosis and treatment.

Figure 13. Comparison of Wexford General Hospital with the national average for examinations, diagnosis and treatment (out of a maximum of 10)



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

Patients in Wexford General Hospital had positive responses in relation to the privacy they were given when discussing or receiving treatment, resulting in above the national average ratings. However, they were less positive about the amount of time allocated to talk to doctors about their treatment. Numerous patient comments also referred to a lack of contact with staff due to their heavy workload.

³ Though Wexford General Hospital's examinations, diagnosis and treatment score is higher than the national score, the difference is not statistically significant. For further information see Appendix 4.

Discharge or transfer

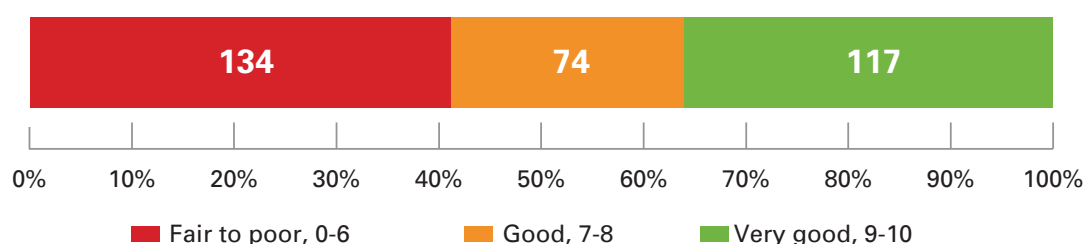


In summary: what were the experiences of patients during discharge or transfer from hospital?

'Discharge or transfer' refers to peoples' experiences relating to discharge, such as notice given of discharge and the provision of information, advice and support to manage patients' conditions.

Out of the 325 people who rated their experience of discharge or transfer from the hospital, 134 (41%) said that their experience was 'fair to poor'. On the other hand, 117 (36%) reported having a very good experience of being discharged or transferred from Wexford General Hospital. Figure 14. below summarises these experience ratings.

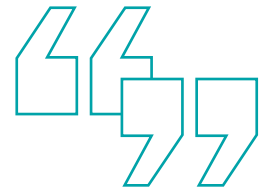
Figure 14. Experience ratings for discharge or transfer



What were the key findings for discharge or transfer?

- Out of 264 people, 225 (85%) 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.
- 284 people (89%) said that they were definitely, or to some extent, given enough notice about when they were going to be discharged.
- 100 people (42%), who answered Q46, said that they were not informed about any medication side effects to watch for when they went home.
- Wexford General Hospital scored around the same as the national average for this stage of care, with an overall score of 6.8 out of 10.

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



In total, people from Wexford General Hospital made 40 comments in the 2017 survey about 'discharge and aftercare management'. 50% of these comments were in response to Q60 which asked for suggestions for improvement. Some examples of the comments for this stage of care are provided below.

Discharge and aftercare

"More information needs to be given to either the patient or their family when being discharged about helping the patient when at home. Also if medication is being changed, the new medication needs to be explained to the patient and their family."

Quantitative results for questions on discharge or transfer from hospital

Twelve questions asked about discharge or transfer.

Out of 264 people, 225 (85%) 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.

284 people (89%) said that they were definitely, or to some extent, given enough notice about when they were going to be discharged.

100 people (42%), who answered Q46, said that they were not informed about any medication side effects to watch for when they went home.

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

Figure 15. Wexford General Hospital scores for questions on discharge or transfer

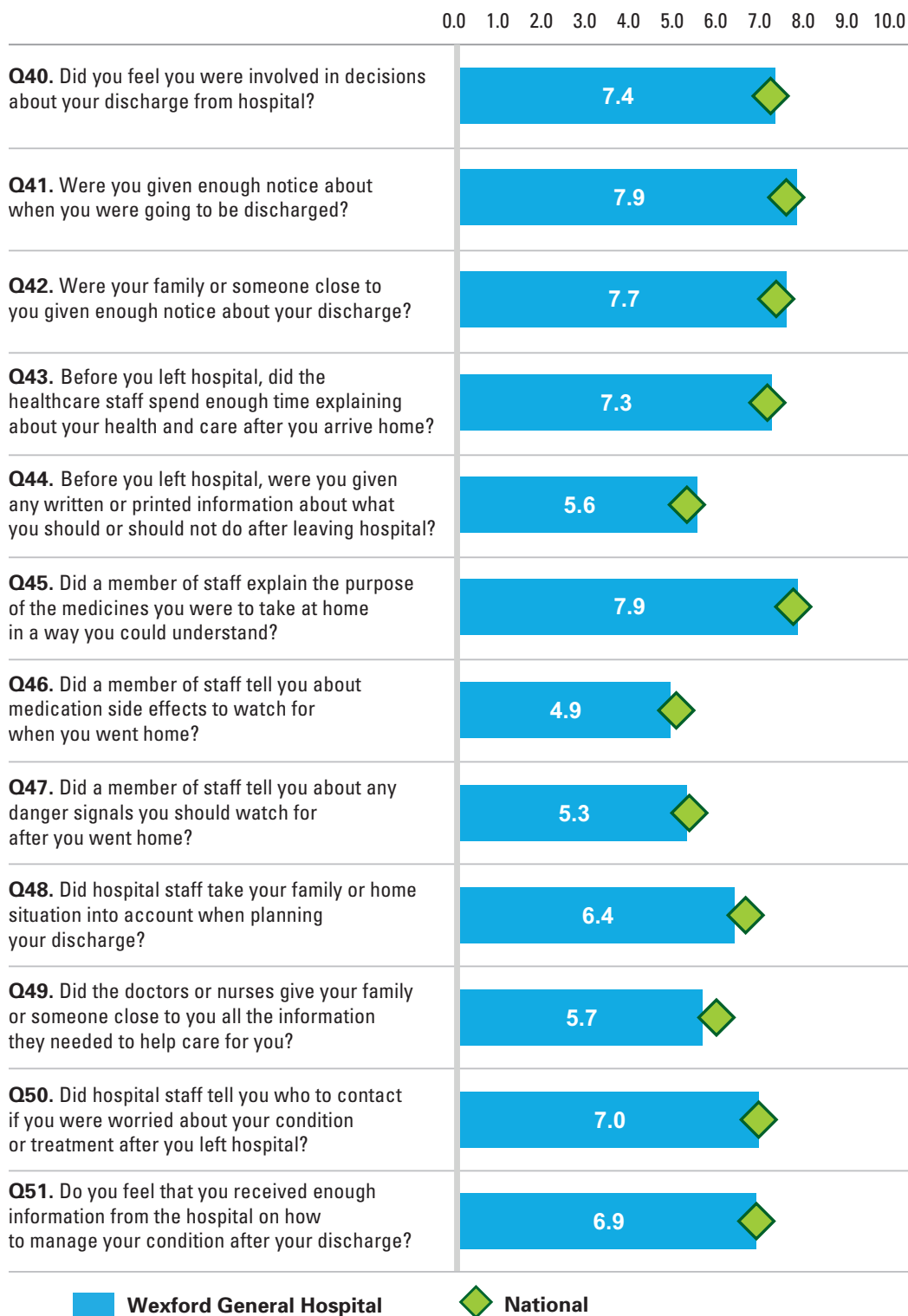
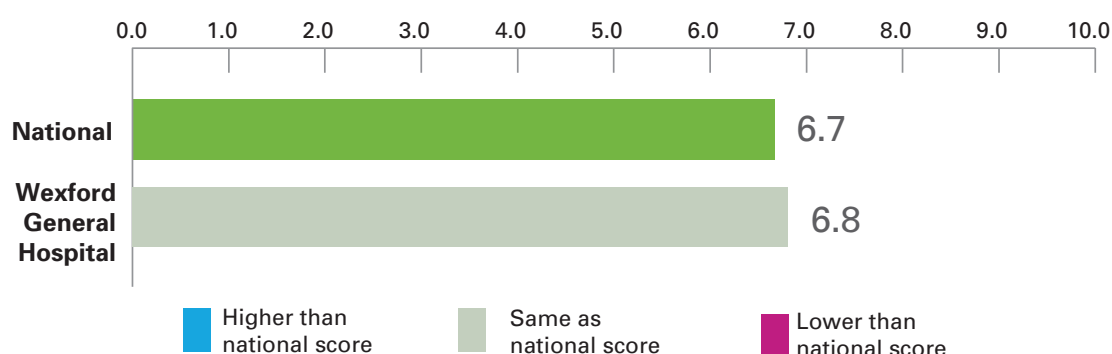


Figure 16. shows that, within the discharge and transfer from hospital stage, the average score for Wexford General Hospital (6.8 out of 10) is similar than the national average (6.7 out of 10)⁴. This means that patients who attended Wexford General Hospital reported, on average, similar experiences of this stage of care compared to patients in other hospitals.

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



Discharge or transfer: what do these results mean?

Wexford General Hospital did not perform as well on this stage of care compared with other stages. Communication is a key area which needs to be improved within the discharge process; while patients said they were told about the purpose of the medicines they were to take at home, they reported a lack of communication about the side effects of the medication and also said they did not receive any printed information on aftercare.

⁴ Though Wexford General Hospital's discharge or transfer score is higher than the national score, the difference is not statistically significant. For further information see Appendix 4.

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?

- 276 people (87%) said that they were always treated with respect and dignity.
- 46% of the people who answered Q27 reported that their family or friends "did not" or only "to some extent" had sufficient opportunities to talk to a doctor.

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



164 open-ended comments in the 2017 survey were about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 36 (22%) of these comments were in response to Q60 which asked for suggestions for improvement.

Staff in general

"All the staff from cleaners right up to doctors were brilliant and as I don't particularly like needles too much, the nurses were as kind as they could be"

"Staff should wear name badges at all times, all of them should be able to do a cannula. Some of them need not be so rude, cold, and switched off."

Communication with family and friends

"The fact that my daughter was allowed to stay with me outside of visiting hours to assist with my care, going to bathroom, dressing, feeding, talking to doctors and nurses, understanding my condition and what needed to be done was very helpful and comforting"

"The doctors should listen to the patient and their family cos in a lot of cases the patient doesn't understand the doctors in what they are saying, and family should be told everything that's going on with the patient."

Physical comfort

"I felt very comfortable and secure with all my hospital care."

"Found it very hard to sleep at night with the noise. If the doors of the wards could be closed it might help a bit."

Hospital facilities

"Facilities in the hospital were very good and staff were very polite and helpful."

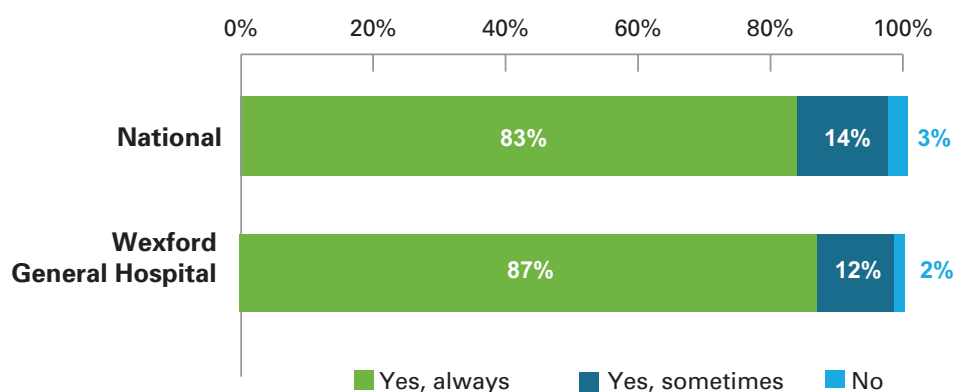
"Shower and bathroom numbers need to be increased and improved."

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 Wexford General Hospital in May 2017. Overall, 276 people (87%) said that they were always treated with respect and dignity. Five people (2%) said that they were not treated with respect and dignity while in hospital. This question scored an average of 9.3 out of 10, meaning that, in general, people reported a positive experience of being treated with respect and dignity.

Figure 17. below shows these patient-reported ratings, based on their experience of being treated with dignity and respect in hospital.

Figure 17. Ratings of being treated with dignity and respect

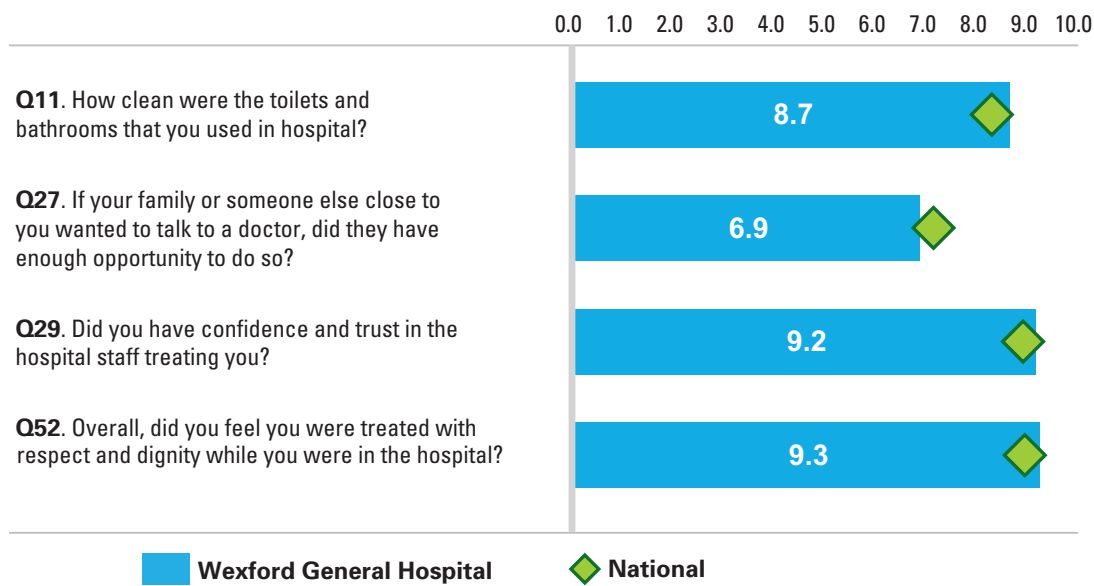


Question 29 asked people if they had confidence and trust in the hospital staff treating them. 277 people (84% of all people who answered Q29) said that they always had confidence and trust in the hospital staff treating them, while four people (1%) said that they did not have confidence and trust in the hospital staff treating them.

Question 11 asked people about the cleanliness of the bathrooms and toilets in Wexford General Hospital. While 209 people (65% of people who answered question 11) said that the bathrooms and toilets were very clean, 17 people (5%) 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 Wexford General Hospital. Out of 222 people, 119 (54%) said that their family or people close to them definitely had sufficient opportunities to talk to a doctor. However, 33 people (15%) said that their family or friends did not get the opportunity to talk to a doctor.

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

Figure 18. Wexford General Hospital scores for questions on other aspects of care

Other aspects of care: what do these results mean?

The majority of patients said that they were treated with respect and dignity, and had confidence in the hospital staff treating them. This is a positive result for Wexford General Hospital as these positive experiences in these areas are strongly linked with patients reporting a positive overall experience. However, the opportunities for patients' family or friends to speak with a doctor were below the national average.



Chapter 3

Overall experience

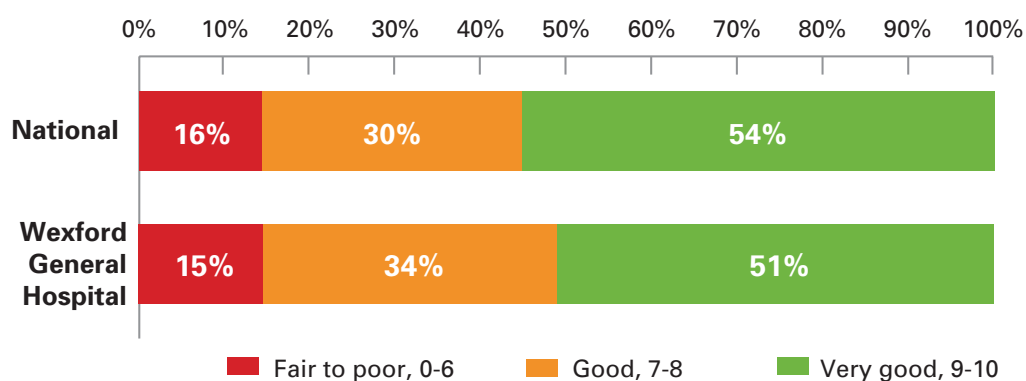
Ratings of overall experience

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

Figure 19. below provides the average overall rating of hospital experience, reported by people who completed the survey in Wexford General Hospital, compared with the national average.

151 people (51%), who stayed in Wexford General Hospital in May 2017, reported having a very good experience in this hospital. 15% of respondents indicated a fair to poor experience in Wexford General Hospital.

Figure 19. Overall rating of hospital experience for Wexford General Hospital and nationally





Chapter 4

Conclusion

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

Overall, patients' ratings of their experiences at Wexford General Hospital were slightly above the national average. 85% of patients at Wexford General Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

Patients at Wexford General Hospital reported many positive experiences of being treated with respect and dignity, both in the emergency department and the rest of the hospital. Patients also generally had confidence and trust in the staff treating them. Many also said that they were involved in decisions about their care and treatment. Despite being the lowest scoring question for care on the ward, many people said that the food they ate in Wexford General Hospital was very good or good. The hospital scored above the national average for this question.

During their time on the ward, patients experienced difficulties in communicating with staff about their worries and fears. Patients were also dissatisfied with the amount of information they received about their condition or treatment.

Areas needing improvement were identified across several stages of care. In relation to admission, the large majority of patients reported waiting more than six hours in the emergency department before being admitted to a ward. Patients often felt that they did not have enough time to discuss their care with doctors and nurses. Some patients also said that they didn't get enough help in getting to the bathroom when they needed it. Patients reported issues in relation to family involvement in their care and during the discharge process. Specifically, patients said that their families and friends did not get sufficient opportunities to talk to doctors. Many also said that their families and friends were not given all the necessary information to help care for them once discharged from the hospital.

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

What happens next?

The HSE has committed to using the findings from 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 available on www.patientexperience.ie in December 2017.

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

Appendix 1:

National Patient Experience Survey 2017 questions

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

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

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

Appendix 2:

Background to the National Patient Experience Survey Programme

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

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

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

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

Appendix 3:

Identifying areas of good experience and areas needing improvement

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

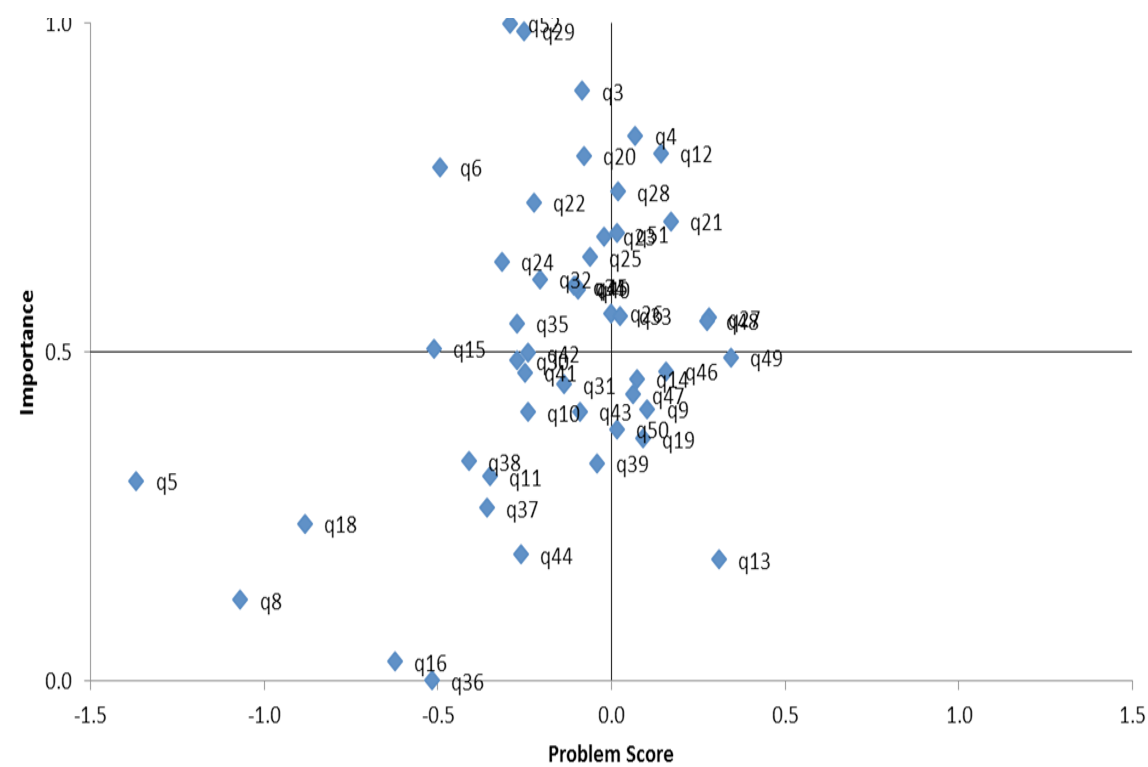
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected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

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

Figure 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 Wexford General Hospital and the score for each question nationally. This map helps to identify some of the areas of positive experience and areas needing improvement presented in Chapter 1. The importance of the relationship between each question and overall experience is given as a number between 0 and 1, with 1 being the most important possible relationship. The difference between question scores for Wexford General Hospital and national scores is described as a 'problem score'. If a question has a problem score with a value greater than zero, it means that Wexford General Hospital has scored less than the national average for that question. For example, if a hospital scored 8.8 for Q52 which is lower than the national average of 9.0, this would mean it had a problem score of 0.2 for this question.

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

Figure 20. Overall patient experience map for Wexford General Hospital



Appendix 4:

A technical note on analyses and interpretation

Preliminary note

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

Scoring methodology

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

The scores for the patient journey were calculated by grouping survey questions into five stages of care⁵: 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.

5 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
Sum of scores	30

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

Comparing groups

When is a difference a 'real' difference?

Statistical tests were carried out to examine if there were significant differences in patient experience across patient groups (that is men and women, and different age groups).

A 'z-test' was used to compare patient experience data at the 99% confidence level. A z-test is a statistical test used to examine whether two population mean scores are different, when the variances are known and the sample size is large. A statistically significant difference means it is very unlikely that results were obtained by chance alone. Therefore, when a score is significantly 'higher than' or 'lower than' the national average, this is highly unlikely to have occurred by chance.

To protect anonymity of people who took part in the survey, and to allow for strong comparisons, sample sizes of less than 30 were not reported.

The National Patient Experience Survey 2017 technical report, available in 2018 at www.patientexperience.ie, provides details on all aspects of the analyses, including response rates, mapping of questions to reporting themes, computation of patient journey scores, statistical comparisons, and application of adjustment weights.

How was the survey data analysed and reported?

Quantitative survey data was analysed using the statistical package SPSS (Version 24).

The responses to the open-ended questions were transcribed and anonymised. All references to names of patients or hospital staff, places, nationalities, wards, specific health conditions, operations and procedures were removed from the qualitative comments before they were thematically analysed and coded.

Analysing open-ended comments

The last three questions (questions 59-61) of the 2017 survey encouraged participants to provide additional information, in their own words, on their experience in hospitals. The free-text comments were very useful as they allowed people to give a more in-depth description of their experience. It also allowed them to talk about various things (good or bad) that could not be captured by the structured questions. Nationally, a total of 21,528 comments were received in response to the open-ended questions in the 2017 survey.

A coding framework was developed to carry out a thematic analysis of the open-ended responses to the free-text questions at the end of the questionnaire. All open ended-questions were analysed and multi-coded using the following 20 codes:

- Dignity, respect and privacy
- Communication with the patient
- Emergency Department management and environment
- Emergency Department waiting times
- Staffing levels
- Staff availability and responsiveness
- Other healthcare staff
- Other staff
- Food and drink
- Cleanliness and hygiene
- Nursing staff
- Doctors or consultants
- Waiting times for planned procedures
- Discharge and aftercare management
- Staff in general
- Communication with family and friends
- Hospital facilities
- Parking facilities
- Clinical information and history
- Private health insurance.

Glossary

Acute hospital: a hospital that delivers emergency, non-emergency/elective and outpatient care to people who are ill or injured.

Emergency care: refers to life-saving care. People who present to hospital with a medical emergency may need to be admitted to hospital.

Emergency department: an area in a hospital where patients can access emergency care 24 hours a day, seven days a week. The emergency department is also sometimes known as 'Accident and Emergency' (A&E) or 'casualty'.

Hospital groups: all public hospitals in Ireland are organised into seven hospital groups, six of which participated in the 2017 survey. The Children's Hospital Group is the seventh hospital group in Ireland. Paediatric hospitals and children's services were not surveyed on this occasion.

Inpatient: a person who is admitted to hospital to receive medical or surgical treatment and stays at least one night.

Non-emergency/elective care: care that is not usually urgent, but rather is planned in advance by the patient and a doctor.

Patient experience of hospital care: what a person feels, observes, perceives, recognises, understands and remembers about their medical care and treatment in hospital.

Patient journey: the patient's progression through hospital from admission to discharge.

Patient or person-centred care: care that is centred on the needs, values and preferences of the patient/person. Essential to this definition is the promotion of kindness, dignity, privacy and autonomy.

Stages of care: refers to specific points along the patient journey. The stages of care are: admissions; care on the ward; examinations, diagnosis and treatment; and discharge or transfer.

References

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