

## National Patient Experience Survey 2017

# Beaumont Hospital

We're committed to excellence in healthcare





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

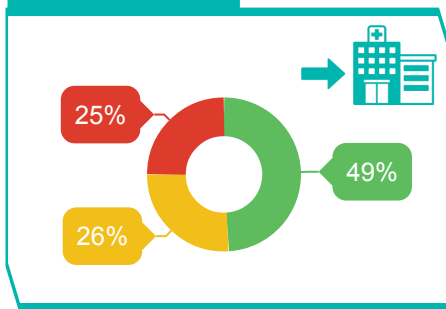
By putting the voice of the patient at the centre of acute healthcare, we can make sure that the needs and wishes of the people who matter most are met. The survey will be repeated annually in the future, which will allow us to explore how the patient voice has helped shape changes in acute healthcare.

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

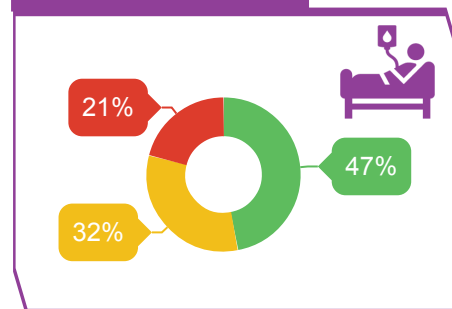
The survey was overseen by a national steering group, a delivery group and an advisory group. We acknowledge the direction and guidance provided by the members of these groups.

# Stages of care

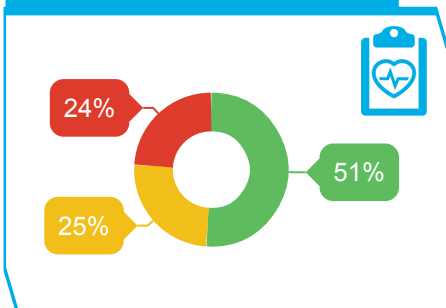
## Admission



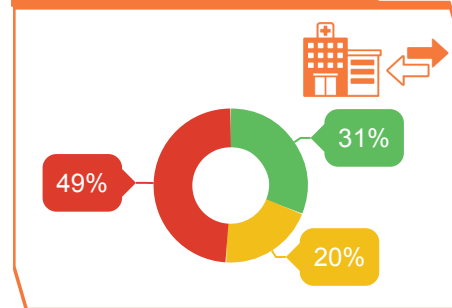
## Care on the ward



## Examinations, diagnosis & treatment



## Discharge or transfer

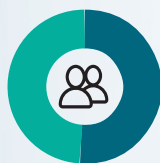


\* Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

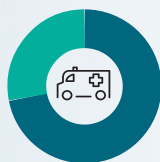
# Beaumont Hospital



50% of 1646 eligible patients took part



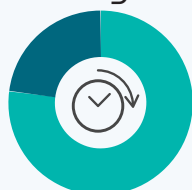
51% female  
49% male



72% entered hospital on an emergency basis

Average age:  
**62 years**

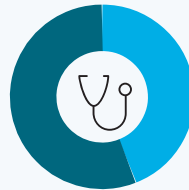
## Waiting time



**77%**

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

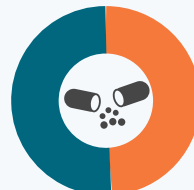
## Examination



**44%**

did not always have enough time to talk to a doctor about their care and treatment.

## Medication

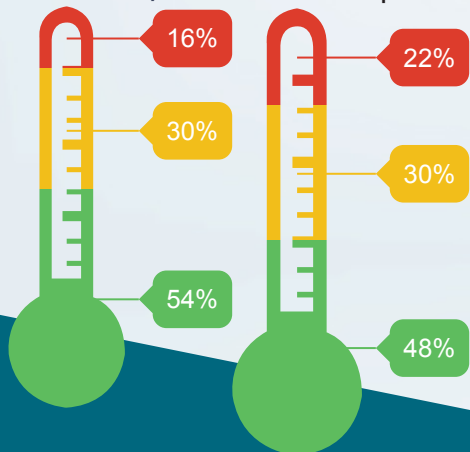


**49%**

were not informed about any medication side effects to watch for at home.

## Overall experience

Nationally      This hospital



## Areas of good experience

**77%**

of people said that a member of staff completely explained the risks and benefits of a procedure or operation in a way they could understand.

## Areas needing improvement

**58%**

of people said they were not always able to find someone on the hospital staff to talk to about their worries and fears.

# Structure and content of this report

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## Chapter 1

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# Patients' experiences of acute hospital care in Beaumont 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 Beaumont Hospital during the month of May 2017. In total, 826 participants from Beaumont 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 826 patients from Beaumont 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

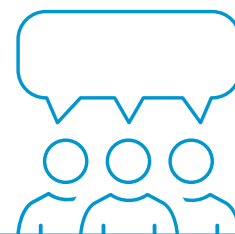
Beaumont Hospital is a public acute hospital, located in Dublin. There were 641 inpatient beds available in the hospital during the survey period of 1 – 31 May 2017 and 1,646 eligible discharges were recorded during this time. An emergency department is present in the hospital. Patients at this hospital 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 Beaumont 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 Beaumont Hospital. A quality improvement plan will be developed for Beaumont Hospital 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?

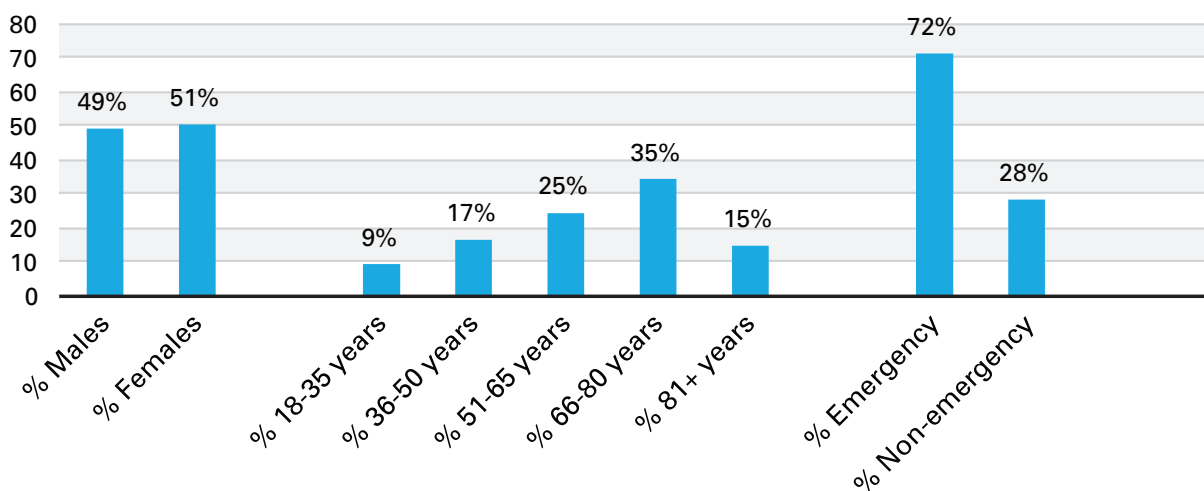
## Description of the respondents who took part in the survey

**1,646** people discharged from Beaumont Hospital during the month of May 2017 were invited to participate in the survey.

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

49% of people who responded to the survey were male and 51% were female. Most respondents (72%) said they entered the hospital through the emergency department. Figure 1. below shows information about the respondents who took part in the survey from Beaumont Hospital.

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





## What were the main findings for Beaumont Hospital?

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Overall, patients' ratings of their experiences at Beaumont Hospital were below the national average. 78% of patients at Beaumont Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

The survey found that, overall, people in Beaumont Hospital were generally given privacy when being examined or treated. Patients also reported a positive experience of privacy both in the emergency department and on the ward. In addition, it was found that the majority of staff wore name badges and patients were usually offered a choice of food.

Several areas across each stage of care were identified as needing improvement. In relation to admissions, the large majority of patients reported waiting more than six hours in the emergency department. Many patients also rated the hospital food poorly. Several questions relating to communication were negatively rated, with some patients reporting, for example, that they were not provided with answers that they could understand when they had important questions to ask.

Communication in relation to discharge was also highlighted as requiring improvement, with many patients feeling that staff did not provide sufficient information on managing their condition at home. In particular, lack of information about medication side effects and the danger signals to watch out for at home were reported by the majority of people. While many indicated that they were treated with respect and dignity, Beaumont Hospital performed below the national average for this question, which is strongly related to how patients rate their experience overall. It is thus a priority for improvement.

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

## Areas of good experience and areas needing improvement in Beaumont 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 Beaumont Hospital are:

Patients had positive experiences in several areas, particularly as regards the explanations provided by hospital staff about the risks and benefits of procedures. People also remarked positively on the number of staff who wore name badges.

#### Care on the ward | Q13

##### Staff name badges

78% of the 676 people who answered this question said that all of the staff wore name badges.

#### Examinations, diagnosis and treatment | Q36

##### Clear explanation of the risks/benefits of an operation or procedure

77% of the 543 people who answered this question said that a member of staff completely explained the risks and benefits of a procedure or operation in a way they could understand.

### The areas needing improvement in Beaumont Hospital are:

Patients highlighted areas needing improvement, for example, as regards the cleanliness of toilets and bathrooms and opportunities to talk to staff about their worries and fears. Waiting times in the emergency department is also a key area for improvement. Communication during the discharge or transfer stage of care is one area in particular that needs improvement; patients reported a lack of information as regards medication side effects and general information on how to manage their condition after leaving hospital.

#### Admissions | Q8.

##### Emergency department waiting times

372 (77%) of the 483 people who answered this question said they were not admitted to a ward within the target time of six hours.

**Care on the ward | Q28.****Someone to talk to about worries and fears**

311 (58%) of the 540 people who answered this question said that they were not able, or were able only to some extent, to find someone on the hospital staff to talk to about their worries and fears.

**Discharge or transfer | Q44.****Written or printed information**

433 (56%) of the 769 people who answered this question said that they were not given any written or printed information about what they should or should not do after leaving hospital.

**Discharge or transfer | Q46.****Information on the side effects of medication**

49% of the 558 people who answered this question said that they did not receive information about the medication side effects to watch for when they went home.

**Discharge or transfer | Q49.****Provision of information to family members**

324 (57%) of the 565 people who answered this question said that their family or someone close to them did not receive, or received only to some extent, information from doctors or nurses on how to help care for the patient after leaving hospital.

**Discharge or transfer | Q51.****Information on how to manage a condition**

Out of the 717 people who answered this question, 374 (52%) said that they did not receive, or received only to some extent, enough information on how to manage their condition after their discharge from hospital.

**Other aspects of care | Q11.****Cleanliness of toilets and bathrooms**

134 (17%) of the 788 who answered this question said that the bathrooms or toilets they used in the hospital were 'not very clean' or 'not at all clean'.

**Other aspects of care | Q29.****Confidence and trust in hospital staff**

While the majority of people reported having confidence and trust in hospital staff, 181 (23% of those who answered the question) said that they did not have, or had only sometimes, confidence and trust in the staff.



## 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.

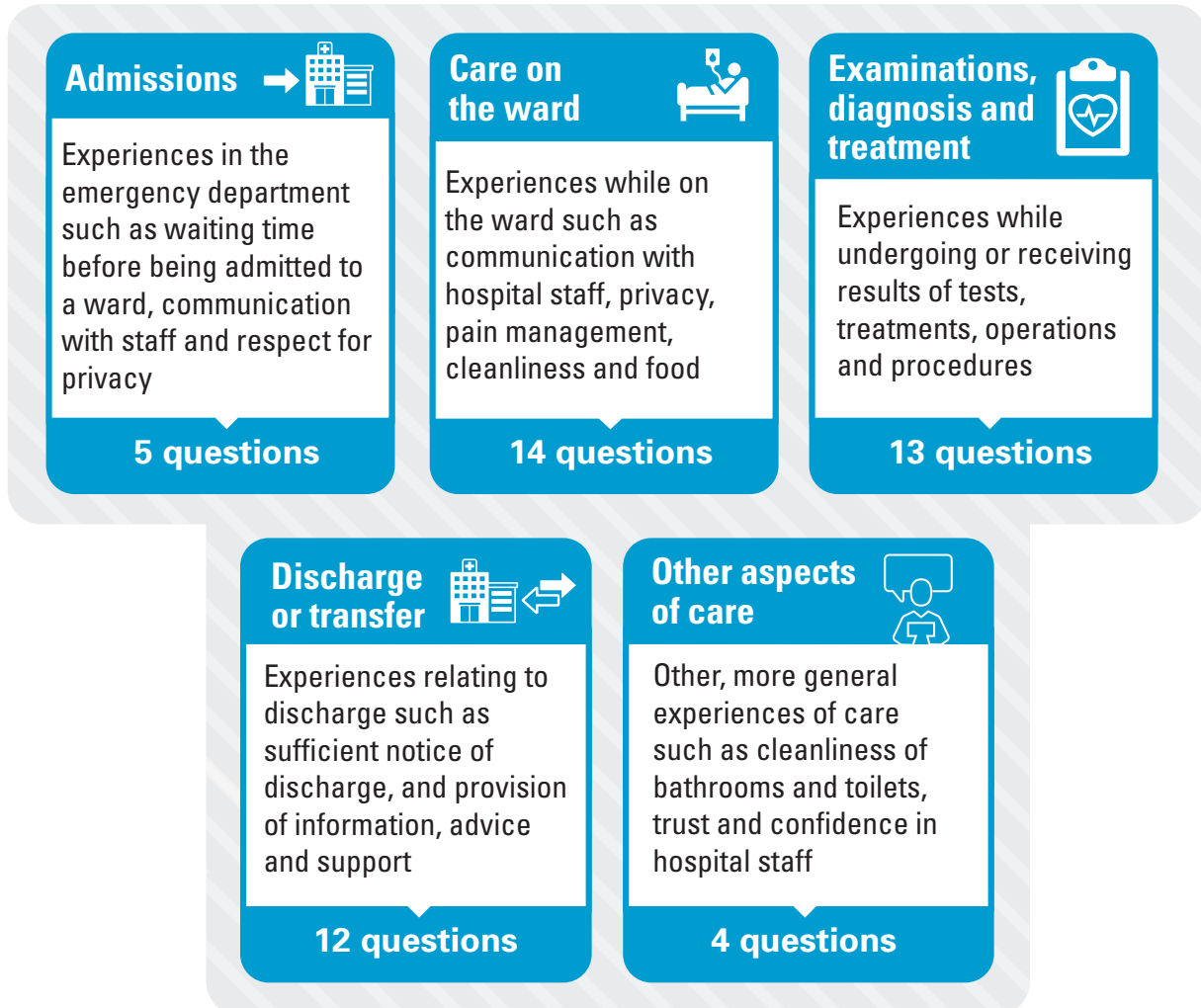
The survey questions were grouped into five stages along the patient journey:

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

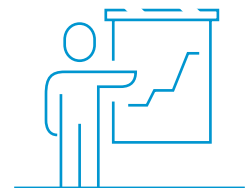
**“The care and attention I received while I was in hospital was excellent from all who were involved in my surgery. Thank you.”**

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

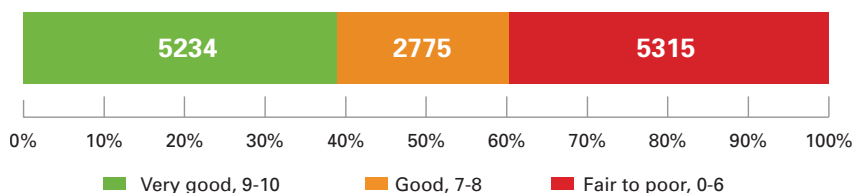
## 1. Experience rating for a stage of care

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.

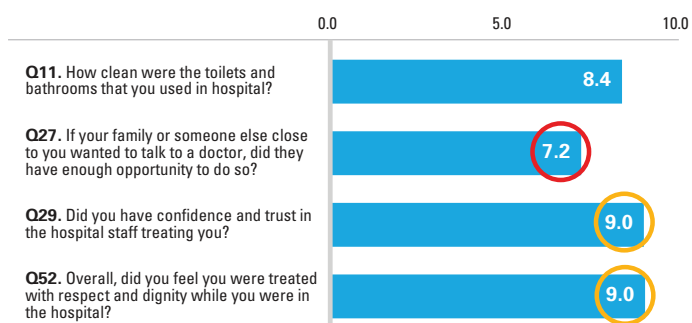
### Example:

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

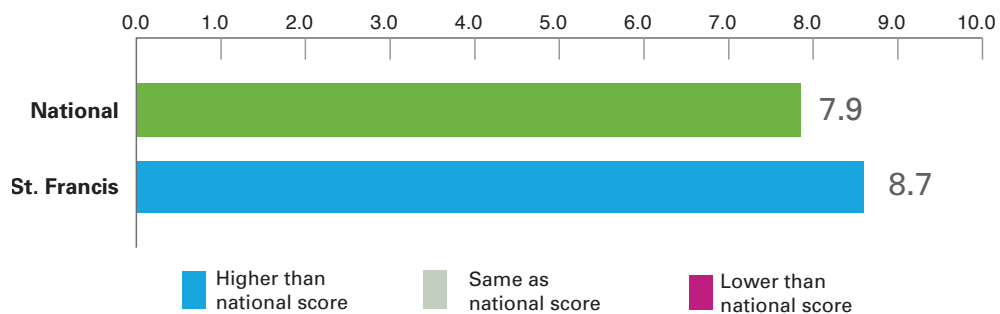


### 3. Comparisons

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

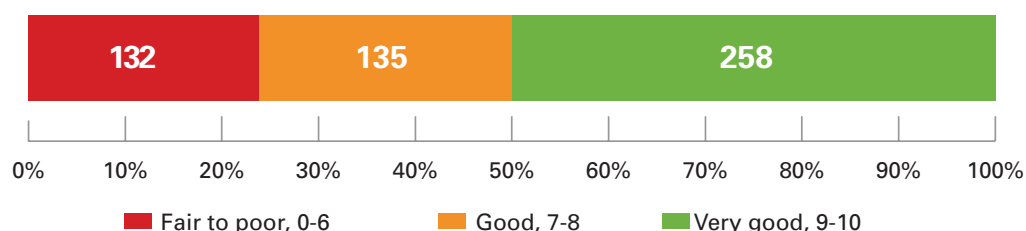


## In summary: what were patients' experiences of the admissions process?

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

132 people (25%) had a fair to poor experience of admission to Beaumont Hospital. However, 258 (49%) people rated their experience as very good. The findings are summarised in Figure 4.

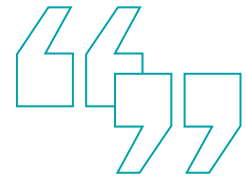
**Figure 4. Experience ratings for admissions**



## What were the key findings for admissions?

- Waiting times in the emergency department was the lowest scoring question, with 77% of people saying they waited longer than six hours before being admitted to a ward.
- 76% of respondents who spent time in the emergency department said that they were always treated with respect and dignity there.
- 227 respondents (47%) said that their condition and treatment was not or was only sometimes explained in a way that they could understand while in the emergency department.
- Beaumont Hospital scored 7.6 out of 10 overall for this stage of care, which is lower than the national average score of 7.9 out of 10.





## The patient voice: what patients said about admissions

Respondents from Beaumont Hospital made 277 open-ended comments related to the following themes: 'dignity, respect and privacy', 'communication with the patient', and 'emergency department environment or waiting times'. 146 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 was treated with the utmost respect and kindness in Accident and Emergency. Both nurses and doctors were lovely. They kept on top of my pain management as much as possible."

"Not enough privacy when you're hearing all the medical details of the person in the bed next to you when a doctor or consultant makes a visit. I know in a lot of cases people are confined to their beds but not everyone was. Felt uncomfortable at times."

### Communication with the patient

"I was always comfortable asking questions and was given direct answers. I felt the doctors spoke to me instead of at me. I was asked if I understood everything and if I needed anything clarified. Also on the day of discharge I was asked if I was happy to go home. and if not I was welcome to stay another day or two as the problem wasn't gone completely. I felt secure with the reassurances I got from the doctors to go home on that day."

"The only negative experience I had was with the doctor and nurse who gave me the results of my [Procedure Type] during my discharge. They both seemed too inexperienced or untrained to deal with that particular situation. The doctor couldn't give me a straight answer to any of my questions, and the nurse seemed far too anxious and nervous to deal professionally with a difficult diagnosis. I'd like to stress that this was a very small part of my experience, as the vast majority of staff seemed highly professional."

### Emergency department environment or waiting times

"From the first moment at reception in A&E I found the staff to be most helpful and caring, although, I would have been about 12 hrs, from the moment I arrived at A&E up until I first had comfort on trolley, and within an hour of that, I got a bed in [Ward Name] the medical staff always seemed to keep people engaged, with information and taking notes from patients."

"The A&E department was horrendously over full. I spent 18 hours on a chair beside the nurses station, not ideal when I was in extreme pain, no privacy for patient. Very undignified. The staff did 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.

77% 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.

397 respondents (76%) from Beaumont Hospital said that they were always treated with respect and dignity in the emergency department. With a score of 8.6 out of 10, this is the highest performing area of the admissions stage.

227 people (47% of those who answered Q4) said that their condition or treatment was not explained in a way that they could understand while they were in the emergency department.

**"A&E situation desperate, overworked both Drs and nurses. Patients could not be treated with any dignity. Shortage of beds for very ill patients!"**

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

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

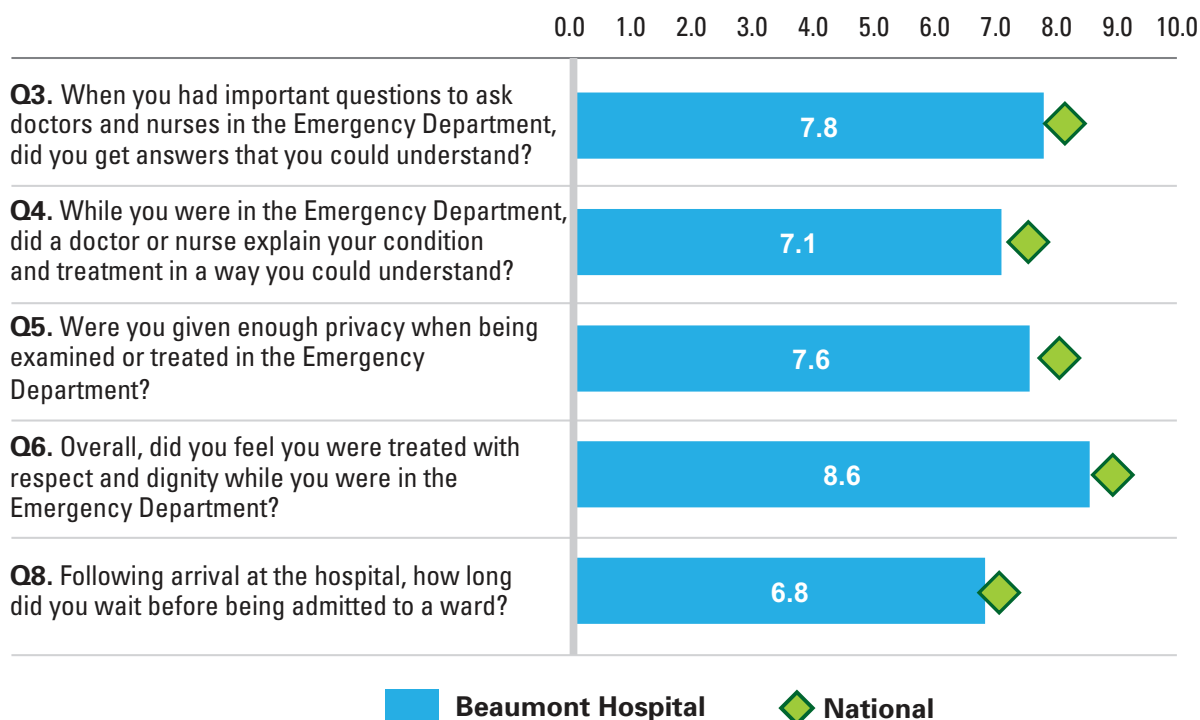


Figure 6. shows that, within the admissions stage, the average score for Beaumont Hospital (7.6 out of 10) is significantly lower than the national average (7.9 out of 10). This means that patients in the hospital had a more negative experience than the national average for the admissions stage of care.

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



## Emergency department waiting times

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

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

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

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

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

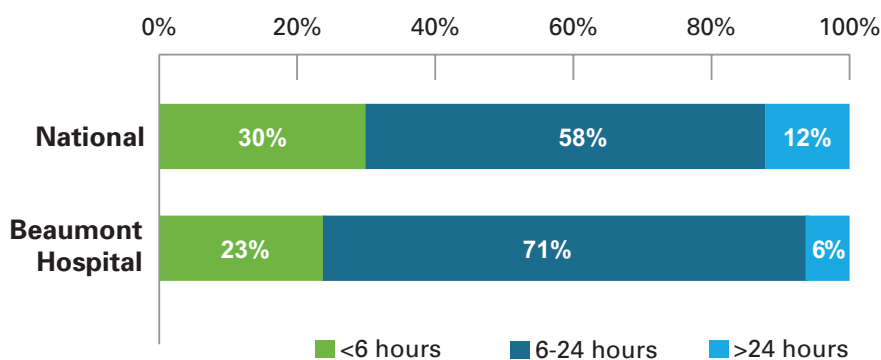
In Beaumont Hospital, 111 respondents (23%) said they were admitted to a ward within six hours of arriving at the emergency department, while 341 respondents (71%) reported waiting between six and 24 hours. 31 patients (6%) reported waiting 24 hours or more before being admitted to a ward in Beaumont Hospital, with five people saying they waited more than 48 hours.

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

### What does this mean for Beaumont Hospital?

With just 23% of people reporting that they were admitted to a ward within six hours of arriving at the emergency department, the findings indicate that Beaumont Hospital performed below the reported national average, where 30% of people said that they were admitted within six hours. Patient-reported waiting times in Beaumont Hospital also fell short of the HSE target for waiting times. Studies have found that long waiting times in the emergency department after a decision has been made to admit a patient can have negative consequences for patient's health<sup>(1,2)</sup>.

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



### Admissions: what do these results mean?

The large majority of patients reported waiting longer than six hours in the emergency department, with performance below the national average and the targets set by the HSE. Lengthy waiting times are associated with poor outcomes for patients. Overall, the survey found that the majority of people were treated with dignity and respect while they were in the emergency department.

# Care on the ward

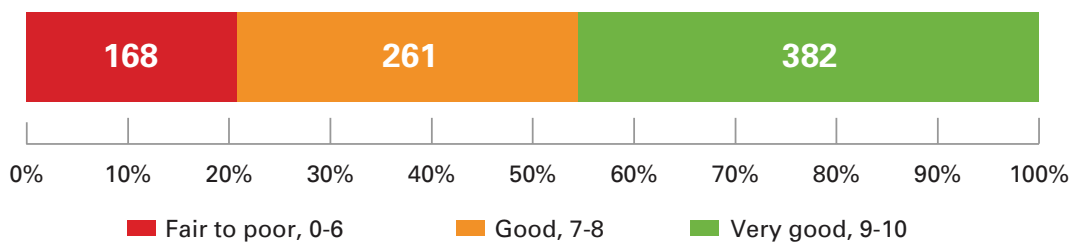


## In summary: what were patients' experiences of care on the ward?

'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.

168 respondents (21%) said that their experience of care on the ward was fair to poor. However, 382 respondents (47%) reported having a very good experience during their stay on a ward in Beaumont Hospital. Figure 8. summarises patients' experiences of care on the ward.

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



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

- Many people said that staff wore name badges, with a score of 8.8 out of 10 for this question.
- Food and drink was the lowest rated area, scoring 5.8 out of 10. 39% of respondents rated the food as 'poor' or 'fair'.
- Beaumont Hospital scored 7.9 out of 10 for care on the ward, which is lower than the national average score of 8.3 out of 10.

**"Yes, all the staff were very helpful and professional with their care."**



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

483 open-ended comments from Beaumont Hospital related to the following themes: 'staffing levels', 'staff availability and responsiveness', 'other healthcare staff', 'other staff', 'food and drink' and 'cleanliness and hygiene'. 226 of the comments offered suggestions for improvement. Some examples are provided below.

### Staffing levels

"Even though the nurses and carers were understaffed and overworked working in a stressful environment, they managed to be very friendly and professional at all times."

"While I was in the ward, other patients needed help getting in and out of bed, opening food and pouring tea. No sign of nurses on numerous occasions even after ringing bell. So I as a patient myself, was forced to get out of bed and help other patients before they fell or spilt drinks over themselves. Hospital clearly very understaffed."

### Staff availability and responsiveness

"The attention given by staff at all times was exceptional and made my stay in hospital very comfortable."

"I feel the staff were over worked and didn't have time for the patients. After my operation I was not given any care and was not satisfied with the way I was treated."

### Other staff

"The staff were very nice who looked after me. That includes kitchen workers and cleaners."

"Yes at meal times there was not enough staff a lot of the times to help some of the patients that could not feed themselves could do with more carers on the wards."

## Food and drink

"I was surprised how good that food was. The staff were very professional but also friendly."

"Think hospital food could improve as I was in for 7 days and didn't eat one thing from breakfast till dinner or tea. It just wasn't the best at all. And wasn't offered anything else so I ate popcorn from hospital shop."

## Cleanliness and hygiene

"Huge improvement on care and cleanliness compared to my stay approx 6/7 years ago."

"The cleanliness of the bathroom/toilet left a lot to be desired. The cleaning staff also used the same JCloth to wipe down everyone's table without disinfectant sprays. The toilet area could have done with a painting as did the lino which was rising from one side of the wall and a lot of grime & dirt inside it."

## Quantitative results for questions on care on the ward

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



Figure 9. shows the scores out of 10 for each question. 524 respondents (78%) from Beaumont Hospital said that all staff wore name badges.

The lowest scoring question (Q15) relates to hospital food. 300 respondents (39%) rated the food as 'fair' or 'poor', with this question scoring 5.8 out of 10.

**"Nutrition, I find it to be strange that while recovering from treatment/surgery that there is very little focus on nutrition. A dry chicken burger doesn't do much for a sick person."**

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

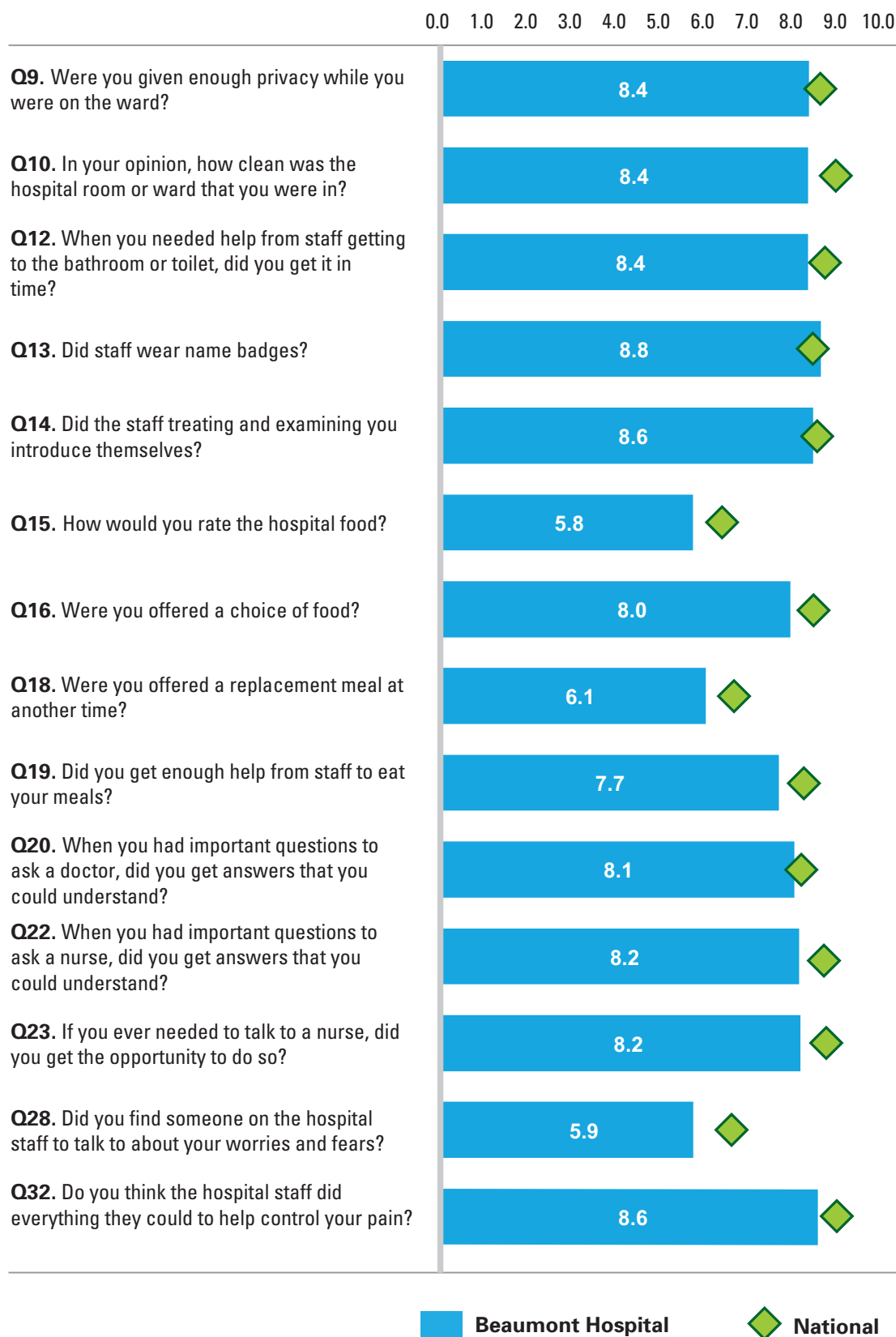




Figure 10. shows that, within the care on the ward stage, the average score for Beaumont Hospital (7.9 out of 10) is significantly lower than the national average (8.3 out of 10).

**Figure 10. Comparison of Beaumont 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?

People had mixed experiences of care on the ward in Beaumont Hospital. Many patients remarked positively on the fact that the majority of staff wore name badges and introduced themselves to patients. However, people did not have positive experiences in relation to the standard of food they received and were not always able find a member of staff to talk to about their worries and fears. Overall, patients in Beaumont Hospital reported a less positive experience of care on the ward than the national average.

# Examinations, diagnosis and treatment

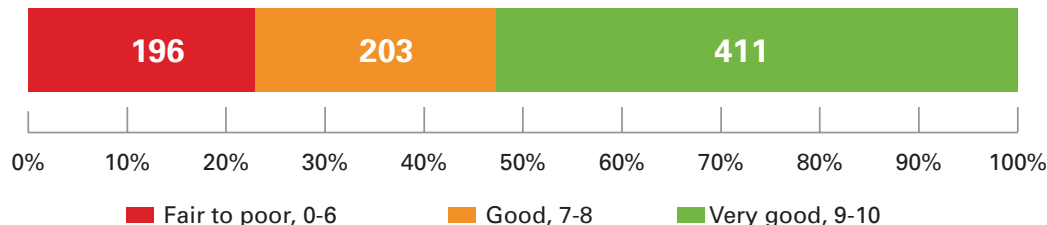


## In summary: what were patients' experiences of examinations, diagnosis and treatment?

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

196 respondents (24%) said that their experience of examinations, diagnosis and treatment in Beaumont Hospital was fair to poor. On the other hand, 411 respondents (51%) 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 9.1 out of 10 for this question.
- The lowest rated question asked patients whether they had enough time to discuss their care and treatment with a doctor, scoring 7.2 out of 10. A total of 354 respondents (44%) said they did not always have enough time to talk to a doctor.
- Beaumont Hospital scored 7.8 out of 10 for examinations, diagnosis and treatment, which is lower than the national average score of 8.1 out of 10.

**"I am very grateful to the staff of Beaumont for their outstanding work in such a high pressure environment."**



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

362 open-ended comments were made about the following themes: 'nursing staff', 'doctors or consultants' and 'waiting times for planned procedures'. 60 of these comments were in response to Q60, which asked for suggestions for improvement. Some examples of these comments are provided below.

### Nursing staff

"The nursing staff are providing the best care they can with the staff levels they have."

"While there were many nurses, I felt no empathy from any of them. They carried out their tasks perfectly well, but no eye contact, it appeared tasks were more important than patients."

### Doctors or consultants

"My consultant and his team of doctors were excellent in their care and attention."

"More communication between doctor and family. All communication was through nurses which was not good enough. A doctor should sit down for just even 10 mins with family to explain exactly what is going on."

### Waiting times for planned procedures

"My prompt admission and surgery. The friendly, efficient staff."

"I have now been cancelled for [Procedure Name] to date since February 2017 a total of 7 times, the admission in question (only time I got a bed) I fasted for 3 days for surgery each day and on 3 days running it was cancelled. I was sent home as the main [Condition Type] hospital did not have enough beds, and the doctors need to outsource and send patients elsewhere."

## 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. 679 (84%) of respondents 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 9.1 out of 10 overall.

"Barriers to communication remain a great challenge for hospitals. Sometimes hospital staff should take a step back and imagine if it was them on the other side (it's tough)."

One of the lowest scoring questions (Q21) asked people whether they had enough time to discuss their care and treatment with a doctor. Only 449 people (56%) who answered this question answered 'yes, definitely'.

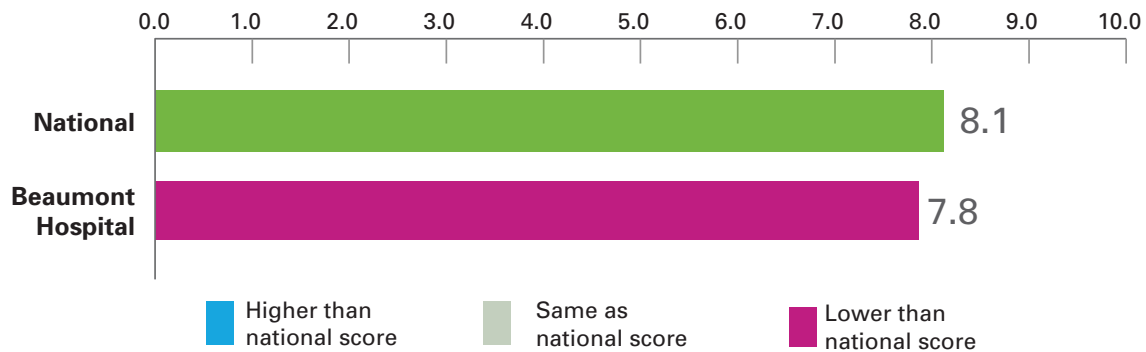
Q38 had the joint-lowest rating for this stage, with a score of 7.2 out of 10. Out of 539 people, 212 (39%) reported that they were not, or were only to some extent, told how they could expect to feel after their operation or procedure.

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



Figure 13. shows that, within the examinations, diagnosis and treatment stage, the average score for Beaumont Hospital (7.8 out of 10) is significantly lower than the national average (8.1 out of 10). This means that patients who attended Beaumont Hospital reported more negative experiences in comparison to the national average for the examinations, diagnosis and treatment stage of care.

**Figure 13. Comparison of Beaumont 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 Beaumont Hospital were mostly positive about the level of privacy they were given when being examined or treated. However, patients were less positive about the amount of time allocated by hospital staff to talk about their treatment. Patients felt that they were not involved as much as they wanted to be in decisions about their care, and also that they didn't receive enough information about how they could expect to feel after an operation or procedure. This suggests that care was not as patient-centred as it should be and that more effort is needed to ensure that patients feel that their voices are heard by medical staff.

# Discharge or transfer

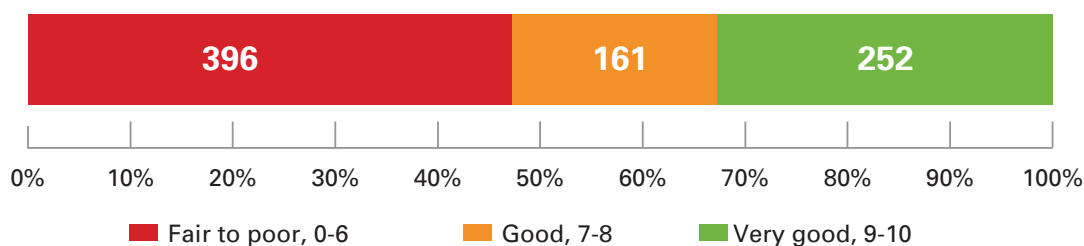


## In summary: what were the experiences of patients during discharge or transfer from hospital?

'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 809 people who rated their experience of discharge or transfer from Beaumont Hospital, 396 (49%) said that their experience was 'fair to poor'. On the other hand, 252 (31%) reported having a very good experience of being discharged or transferred from the hospital. Figure 14. below summarises these experience ratings.

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



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

- Out of 616 people, 368 (60%) said that a member of staff completely explained the purpose of the medicines they were to take at home, in a way they could understand.
- 275 people (49%) who answered Q46 said that they were not informed about any medication side effects to watch for when they went home.
- Beaumont Hospital scored below the national average for discharge or transfer, with an overall score of 6.1 out of 10. This means that the experiences of patients in this hospital were less 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 Beaumont Hospital made 85 comments in the 2017 survey about 'discharge and aftercare management'. 43 of these comments were in response to Q60, which asked for suggestions for improvement. Some examples are provided below.

### Discharge and aftercare

"Overall I found the level of hospital care to be very good. I found the level of professionalism exhibited by both the doctors and nurses to be excellent. The advice and booklets (including dedicated names and contact numbers) provided prior to discharge and the support/follow up since discharge has also been excellent. Finally the care was and continues to be provided in a friendly, empathetic and supportive fashion."

"As I was discharged on a Sunday, I had not met the 2 members of staff who were on the desk when I was leaving. I was not given any information on my medication (duration) or side effects or how to cope with my condition at home."

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

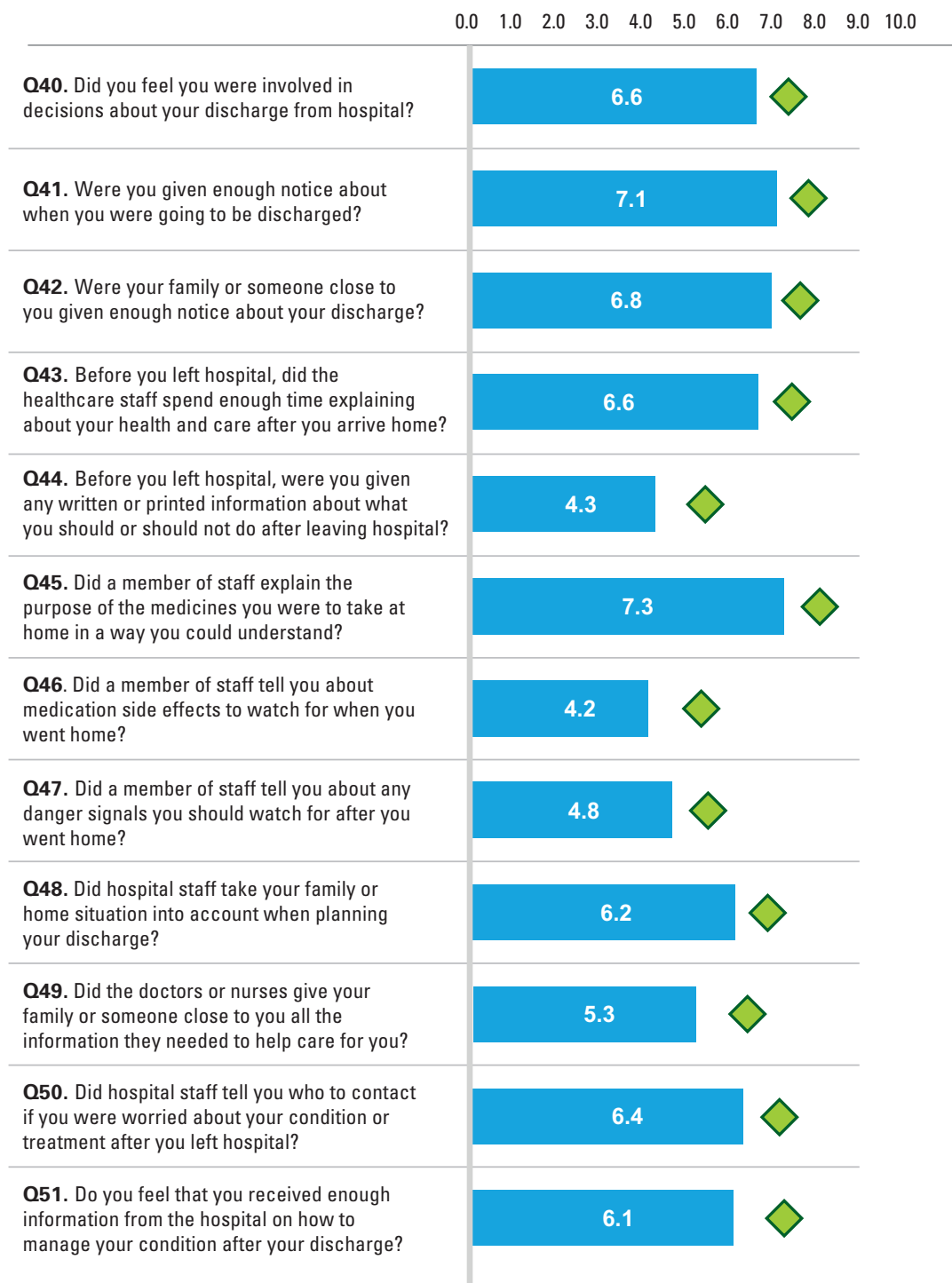
### Twelve questions asked about discharge or transfer.

Out of 616 people, 368 (60%) said that a member of staff completely explained the purpose of the medicines they were to take home in a way they could understand.

275 people (49%) 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 Beaumont Hospital for questions on discharge or transfer from the hospital.

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



Beaumont Hospital

National



Figure 16. shows that within the discharge or transfer from hospital stage, the average score for Beaumont Hospital (6.1 out of 10) is significantly lower than the national average (6.7 out of 10). This means that patients who attended Beaumont Hospital in May 2017 reported less positive experiences in comparison to the national average for this stage of care.

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



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

Beaumont Hospital scored below the average on all of the questions for this stage of care, suggesting that this stage is especially problematic for the hospital. Patients require more information and support when leaving hospital and preparing to care for themselves at home. Information on the side effects of medication and the danger signals to watch out for at home was particularly lacking.

# Other aspects of care



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

'Other aspects of care' refers to the more general aspects of care that are not specific to a particular stage of care, but rather, apply throughout the hospital journey.

### What were the key findings for other aspects of care?

- Q52 and Q29 were the highest ranking questions on other aspects of care (score of 8.7 out of 10). 78% of people said that they were always treated with respect and dignity while they were in hospital. 77% of respondents said that they always had confidence and trust in the people treating them.
- Q27 was the lowest ranking question on other aspects of care (score of 6.8 out of 10). 49% of patients who wanted their family to be involved said their families 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



434 open-ended comments asked about 'staff in general', 'communication with family and friends', 'physical comfort', 'hospital facilities', 'clinical information and history' and 'private health insurance'. 114 of these comments were made in response to Q60, which asked for suggestions for improvement.

### Staff in general

"All staff, from porters, HCA's, catering assistants, nurses & doctors were exceptional in their care giving. I cannot say enough how impressed and grateful I am for how they took care of me."

"Proper management both in A&E and on the wards. Differing opinion on this ladies treatment from various medical professionals. It would have been helpful if someone on the nursing staff could have explained things to this patient and reassured her when she was distressed."

## Communication with family and friends

"I am the patient's daughter. My family were delighted with his care. We live in [Country Name] and they communicated well with us. They understood our situation and made allowances for them, which we will always be grateful for. Thank you Beaumont."

"I was not informed that my mother was being discharged. I arrived to the hospital to find my mother's bed occupied. I was very upset and my mother would have been too. She was taken to the nursing home without being told she was going back there. It's not acceptable. She has [Condition Name] and would have been disorientated. I asked for an apology in writing but never received it."

## Physical comfort

"I am [Condition Type] and all efforts was made to communicate with me. I felt safe and secure while staying in hospital. I was given excellent care especially after my operation."

"One of the nurses covering the overnight shift was too slow commencing the bed time routine of providing drugs, turning off lights, etc. I struggled to get a decent night's sleep as a result. Also there was too much flexibility in visitors staying over the allotted time at night."

## Hospital facilities

"I was lucky to be in [Ward Name] the newly refurbished ward is the way all wards should be (maybe eventually) 5 star."

"The toilets & washing/shower facilities could be upgraded as the taps don't work correctly. I understand this facility is quite old & that hospital bed spaces are at a premium, but surely it would be possible to upgrade one toilet facility at a time."

## Clinical information and history

"My GP referral letter went missing from the admissions desk to A&E — My notes & medications that I am on were not in my file. This should not have happened."

## Private health insurance

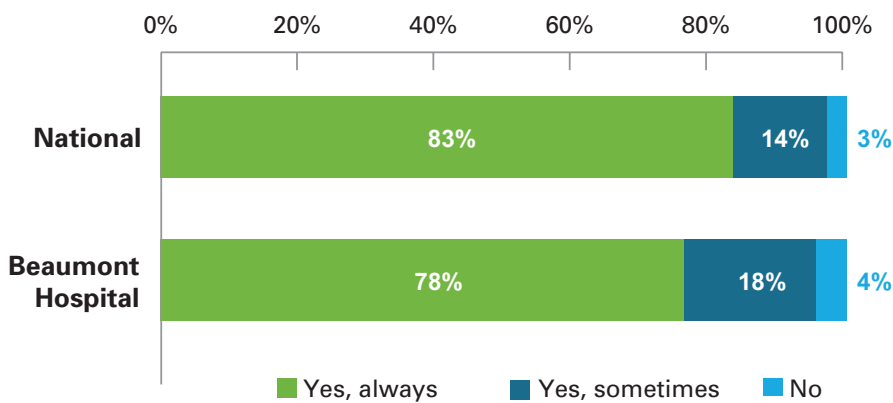
"I objected to being asked aggressively to sign a claims form against my health insurance while I was on a trolley. I refused to sign until I was on a ward and then reluctantly as it is a public hospital. No wonder health insurance is the price it is."

## 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 Beaumont Hospital in May 2017. Overall, 621 people (78%) said that they were always treated with respect and dignity, while 29 people (4%) said that they were not. This question scored an average of 8.7 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**



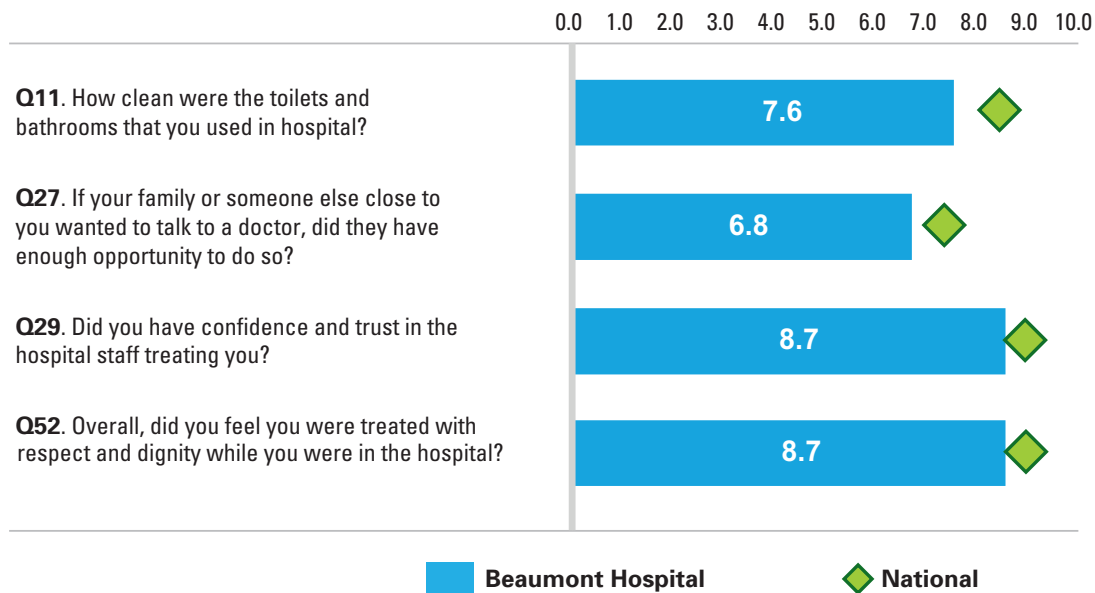
**Question 29** asked people if they had confidence and trust in the hospital staff treating them. 623 people (77% of all people who answered Q29) said that they always had confidence and trust in the hospital staff, while 181 people (23%) said that they did not or only sometimes had confidence and trust.

**Question 11** asked people about the cleanliness of the bathrooms and toilets in Beaumont Hospital. While 375 people (48% of people who answered Q11) said that the bathrooms and toilets were very clean, 134 people (17%) 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 Beaumont Hospital. Out of 581 people, 295 (51%) said that their family or people close to them definitely had sufficient opportunities to talk to a doctor. However, 286 people (49%) said that their family or friends did not or only had to some extent.

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

Figure 18. Beaumont Hospital 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. However, Beaumont Hospital's scores on these questions were still slightly below the national average. These areas are strongly linked with patients reporting a positive overall experience, and are thus very important to address. Patients also reported that toilets and bathrooms were not as clean as the national average. Challenges were reported as regards opportunities for family or someone close to patients to speak with hospital staff.



## 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 Beaumont Hospital is compared with the national average.

356 people (48%), who stayed in Beaumont Hospital in May 2017 reported having a very good experience in this hospital, while 163 (22%) of respondents indicated a fair to poor experience in Beaumont Hospital.

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



# 4

## Chapter 4

# Conclusion

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

Overall, patients' ratings of their experiences at Beaumont Hospital were below the national average. 78% of patients at Beaumont Hospital said they had a 'very good' or 'good' experience, compared with 84% nationally.

The survey helped identify several areas across each stage of care where improvements were needed. For example, the large majority of patients reported waiting more than six hours in the emergency department. Many patients also rated the hospital food poorly. Several questions relating to communication were negatively rated, with some patients reporting, for example, that they were not provided with answers that they could understand when they had important questions to ask.

A number of issues in relation to the discharge process were identified, with many patients feeling that staff did not provide sufficient information on managing their condition at home. In particular, lack of information about medication side effects and the danger signals to watch out for at home were reported by a majority of people. While many indicated that they were treated with respect and dignity, Beaumont Hospital performed below the national average for this question, which is strongly related to how patients rate their experience overall. It is thus a priority for improvement.

Several positive aspects of patients' experiences at Beaumont Hospital were also identified. In general, patients were given privacy when being examined or treated. Patients also reported a positive experience of privacy both in the emergency department and on the ward. In addition, it was found that the majority of staff wore name badges and patients were usually offered a choice of food.

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

## What happens next?

The HSE has committed to using the findings of the National Patient Experience Survey 2017 to support wide-ranging quality improvements in every public 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 monitoring of hospitals.



# Appendix 1:

## National Patient Experience Survey 2017 questions

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

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

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

# Appendix 2:

## Background to the National Patient Experience Survey Programme

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

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

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

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

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

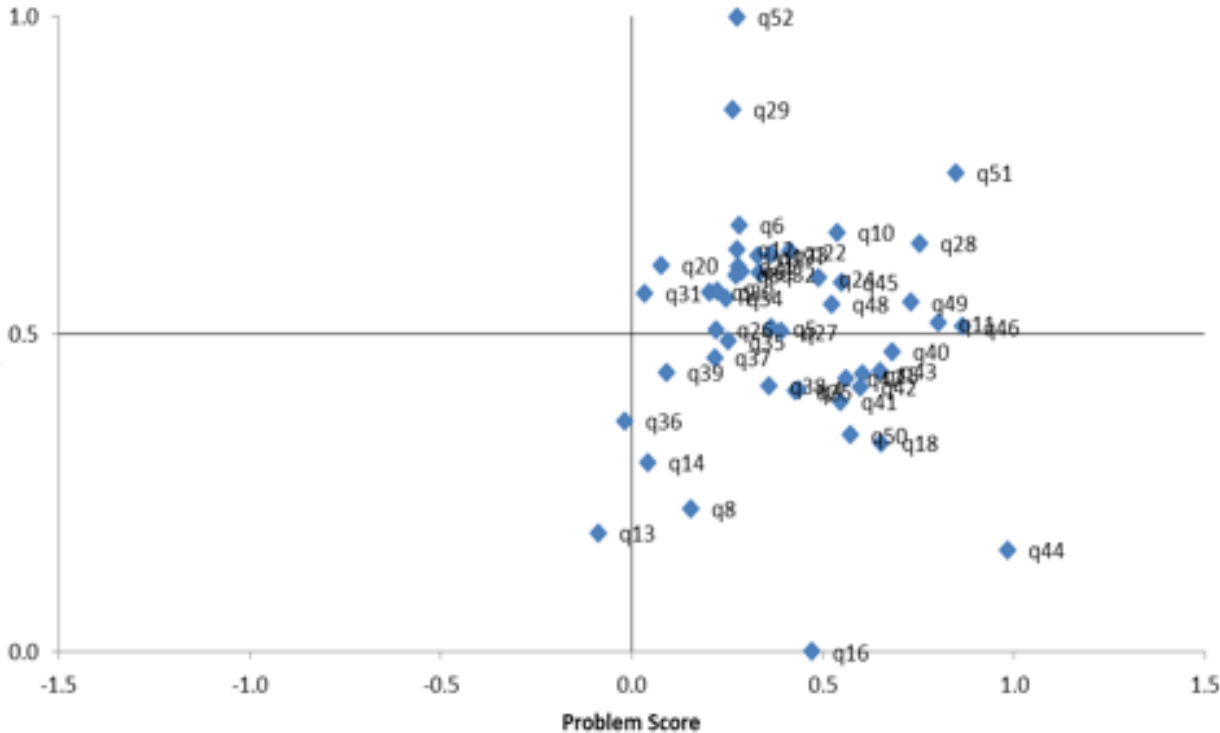
1. Questions that had particularly high scores out of 10 were identified as areas of good experience, while questions that had particularly low scores out of 10 were identified as areas needing improvement.
2. Questions that had a strong relationship with overall ratings of experience (Q53) were selected 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 Beaumont 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 Beaumont 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 Beaumont 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 experiences appear in the top right section of the map — these are areas needing improvement in Beaumont Hospital. 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 Beaumont Hospital.

Figure 20. Overall patient experience map for Beaumont Hospital



# Appendix 4:

## A technical note on analyses and interpretation

### Preliminary note

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

### Scoring methodology

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

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