

National Patient Experience Survey 2017

University of Limerick (UL) Hospital Group

Background to the National Patient Experience Survey

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

The aim of the National Patient Experience Survey Programme is to engage with and understand the experiences of patients, and use this feedback to inform the future development, planning, design and delivery of improved patient-centred care in Irish hospitals.

The survey took place, for the first time, in May 2017. All adult patients discharged between 1 and 31 May 2017, who spent 24 hours or more in a public acute hospital and who held an address in the Republic of Ireland were eligible to take part in the National Patient Experience Survey. In total, 40 public acute hospitals participated.

Maternity, cancer, paediatric, psychiatric and day (less than 24 hours stay) hospital services, as well as private hospitals, were not part of the survey on this occasion.

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

Table of contents

Executive summary	4
Profile of University of Limerick Hospital Group	5
Who took part in the survey?.....	7
Description of the respondents who took part in the survey	7
Findings of the 2017 survey	8
Admissions	11
Care on the ward	15
Examinations, diagnosis and treatment	18
Discharge or transfer.....	21
Other aspects of care	24
Overall experience	25
Areas needing improvement	26
Conclusion.....	28
Appendix 1	30
Appendix 2	34

Executive summary

Overall, patients' ratings of their experiences at a hospital in the UL Hospital Group were slightly below the national average. 83% of patients said they had a 'very good' or 'good' experience, compared with 84% nationally.

Patients of UL Hospital Group were less likely to be admitted to a ward within six hours of arriving at hospital, compared with patients nationally. The hospital group also fell short of the HSE targets for waiting times. While just one hospital in the group contains an emergency department, this information provides useful insights into access to acute hospital services within the group.

UL Hospital Group performed below the national average in terms of admission to hospital. As regards care on the ward; examinations, diagnosis and treatment, as well as discharge or transfer, the group performed comparably to the national average.

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

Profile of University of Limerick Hospital Group

University of Limerick (UL) Hospital Group is one of seven hospital groups in Ireland¹. Hospital groups were established in Ireland in 2013 with the aim of integrating hospital networks in order to provide safer, more effective care. The purpose of this report is to compare the results for this hospital group with other groups, and also to explore variation in results between the hospitals within the group. Specific reports on the results of the National Patient Experience Survey for each hospital, and associated quality improvement plans are available at www.patientexperience.ie.

The people who responded to the National Patient Experience Survey were admitted to a hospital in one of the six hospital groups listed below:

South/South West Hospital Group

Ireland East Hospital Group

Royal College of Surgeons in Ireland (RCSI) Hospital Group

University of Limerick (UL) Hospital Group

Saolta Hospital Group

Dublin Midlands Hospital Group



There are five eligible hospitals in UL Hospital Group (Table 1). 2,036 eligible patients were discharged from a hospital in the group during the survey period of 1 – 31 May 2017. UL Hospital Group provides emergency as well as elective inpatient care. Patients who were not admitted through an emergency department did not answer the questions on admissions.

¹ The Children's Hospital Group is the seventh hospital group in Ireland. Paediatric hospitals and children's services were not surveyed on this occasion.

Table 1. Profile of hospitals in UL Hospital Group

Hospital Name	Number of inpatient beds*	Number of eligible discharges	Number of participants	Emergency department
Croom Orthopaedic Hospital	43	126	85	No
St. John's Hospital	93	217	111	No
Ennis Hospital	50	147	87	No
Nenagh Hospital	49	108	53	No
University Hospital Limerick	425	1,487	738	Yes

*Refers to the number of inpatient beds in May 2017.

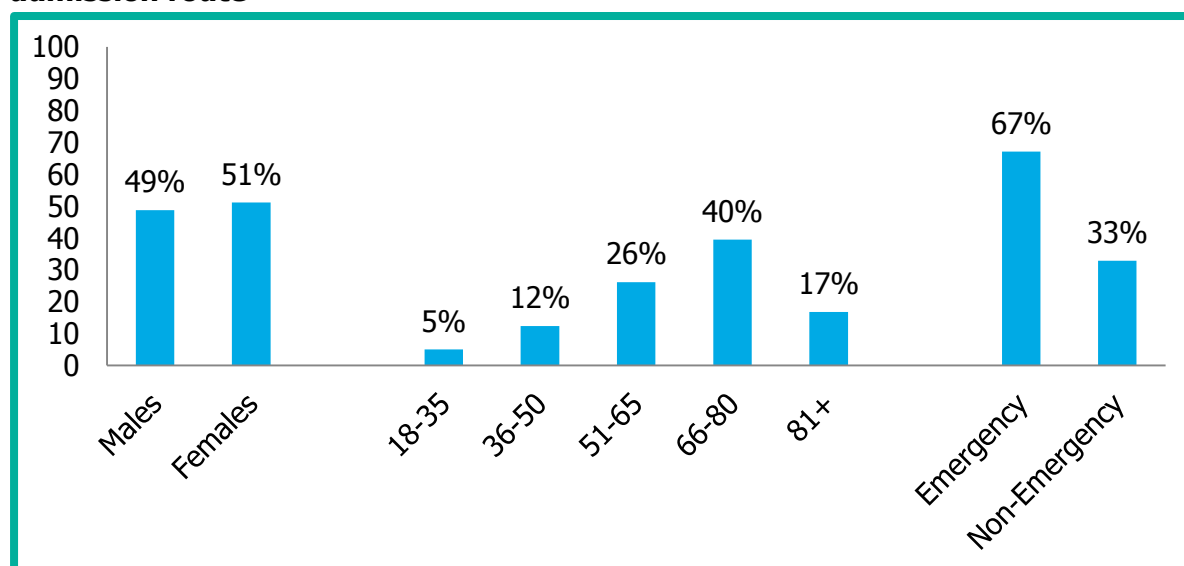
Who took part in the survey?

Description of the respondents who took part in the survey

2,036 people discharged from a hospital in UL Hospital Group during the month of May 2017 were invited to participate in the survey. 1,074 people completed the survey, achieving a group response rate of 53%.

49% of people who responded to the survey were male and 51% were female. 67% of respondents entered the hospital through the emergency department. Figure 1. below provides information on the patients from UL Hospital Group who took part in the survey.

Figure 1. Survey participants from UL Hospital Group by sex, age group and admission route



Findings of the 2017 survey

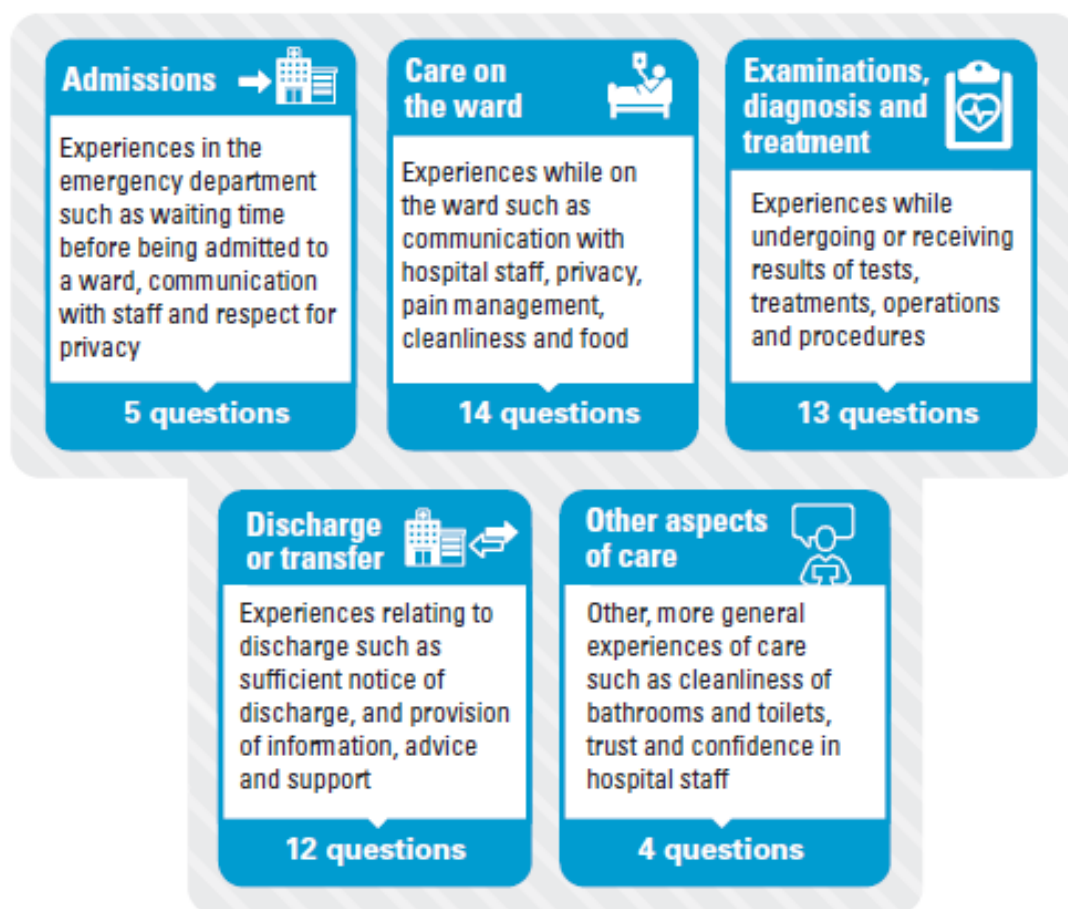
The stages of care along the patient journey

The National Patient Experience Survey 2017 followed the patient on their 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.

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 the stages of care along the patient journey



Appendix 1 includes a list of all questions in the 2017 survey.

Appendix 2 provides a brief technical note on analyses and interpretation.

The findings of the National Patient Experience Survey 2017 were officially launched on 11 December 2017. The national, individual hospital and hospital group reports, as well as the HSE's response to the findings, can be downloaded from www.patientexperience.ie.

The patient journey



Admissions

250 people (39%) had a 'fair to poor' experience of admission to a hospital in UL Hospital Group. However, on the other hand, 263 (41%) people rated their experience as 'very good'. The findings are summarised in Figure 3. Only patients who said they had entered hospital on an emergency basis were asked to answer questions on this stage of care. The findings are summarised in Figure 3. Emergency department waiting times are a key element of patients' experiences of admission to hospital and findings for the group and its constituent hospitals are reported in Figures 7 and 8.

Figure 3. Experience ratings for admissions

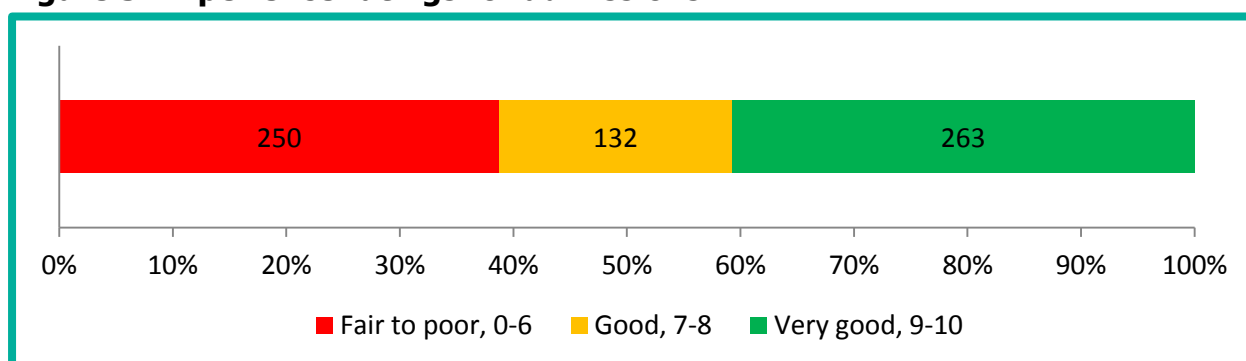


Figure 4. UL Hospital Group scores for questions on admissions

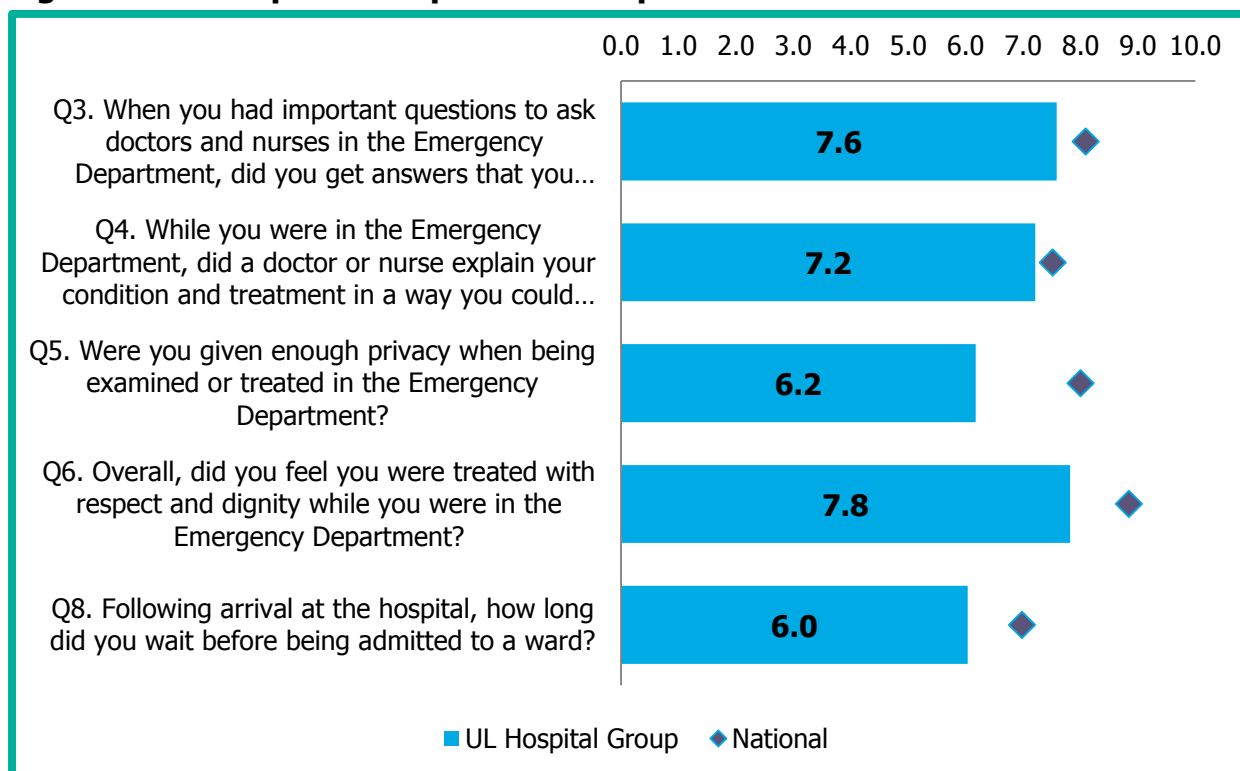
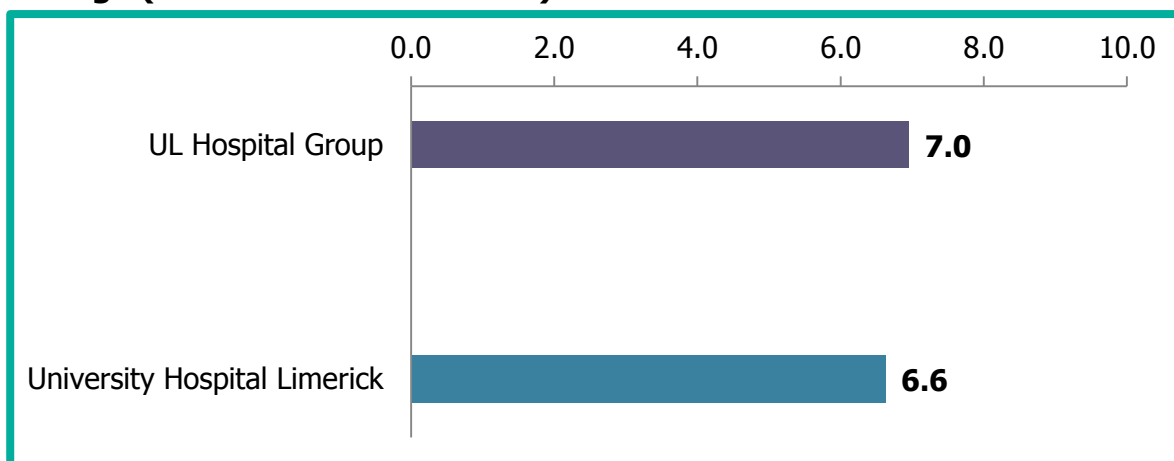


Figure 5. Comparison of hospital scores for admissions with the group average (out of a maximum of 10)²³

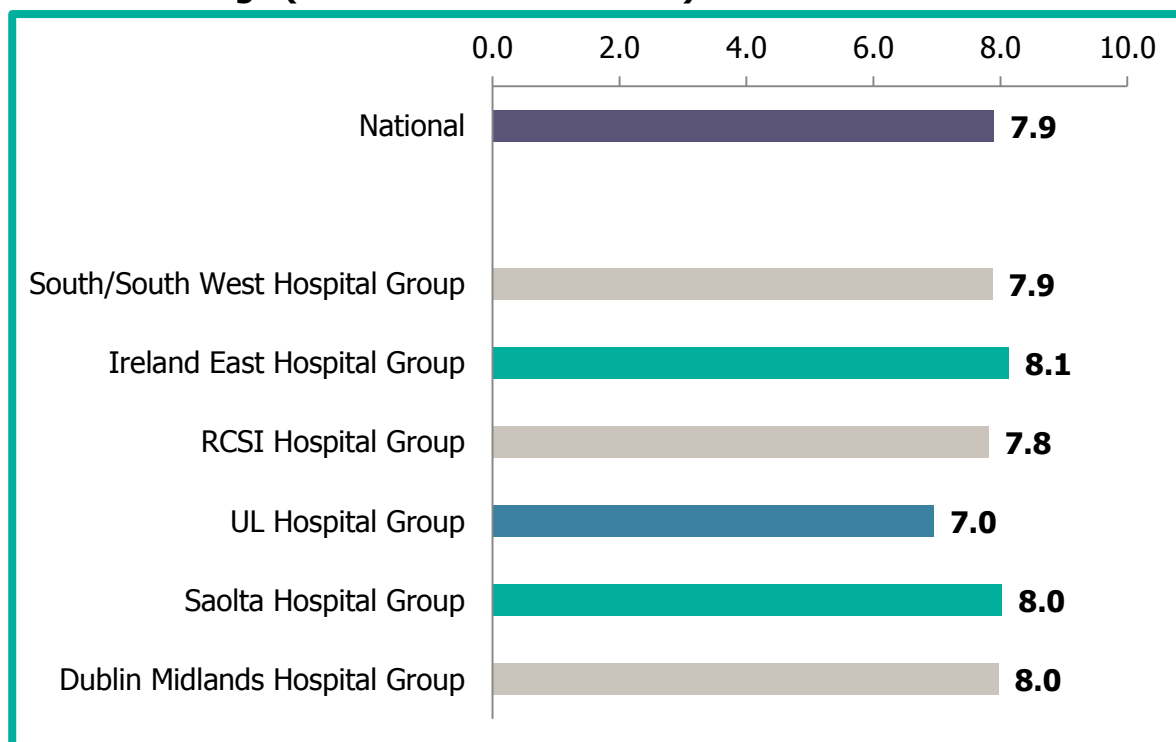


Key: Higher than group score (light blue) Same as group score (dark blue) Lower than group score (grey)

² University Hospital Limerick is the only hospital with an emergency department in UL Hospital Group. However, patients discharged from other hospitals within the group also answered these questions if they originally entered hospital on an emergency basis. This explains why the scores for UL Hospital Group and University Hospital Limerick are different.

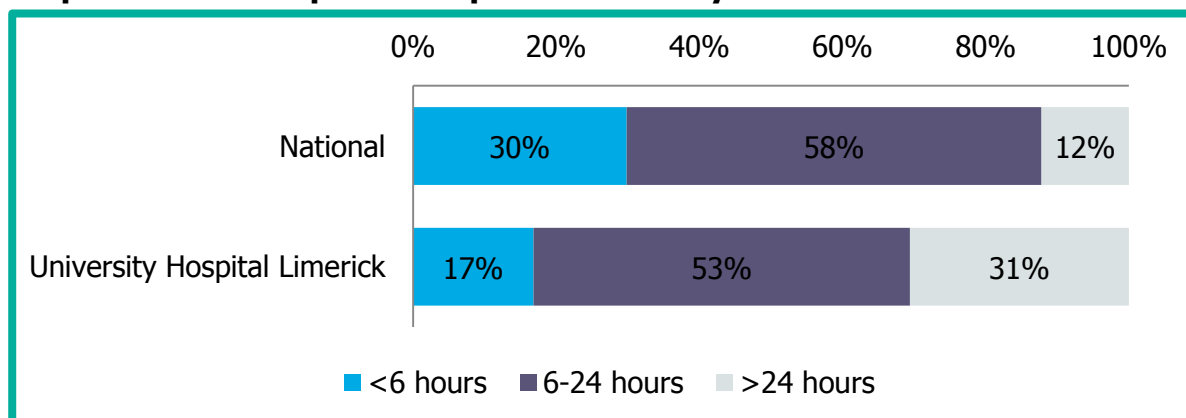
³ Appendix 2 explains how the survey questions were scored.

Figure 6. Comparison of hospital group scores for admissions with the national average (out of a maximum of 10)⁴



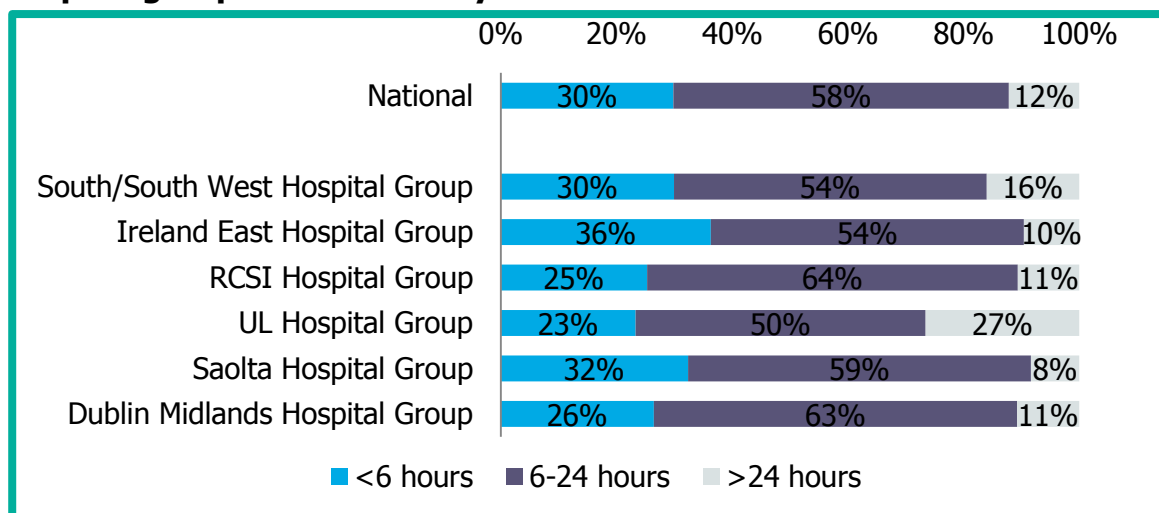
Key: Higher than national score (teal) Same as national score (grey) Lower than national score (blue)

Figure 7. Patient-reported emergency department waiting times for hospitals in UL Hospital Group and nationally



⁴ The shading on the graphs shows whether a difference exists between two scores and whether this difference is statistically significant. Sometimes, the grey shading suggests that two scores are the same even though they have different values. In such cases the difference is not statistically significant. For further information, see Appendix 2.

Figure 8. Patient-reported emergency department waiting times for all hospital groups and nationally



Care on the ward

148 respondents (14%) said that their experience of care on the ward in a hospital in the UL Hospital Group was 'fair to poor'. However, 599 respondents (57%) reported having a 'very good' experience. Figure 9. summarises patients' experiences of care on the ward.

Figure 9. Experience ratings for care on the ward

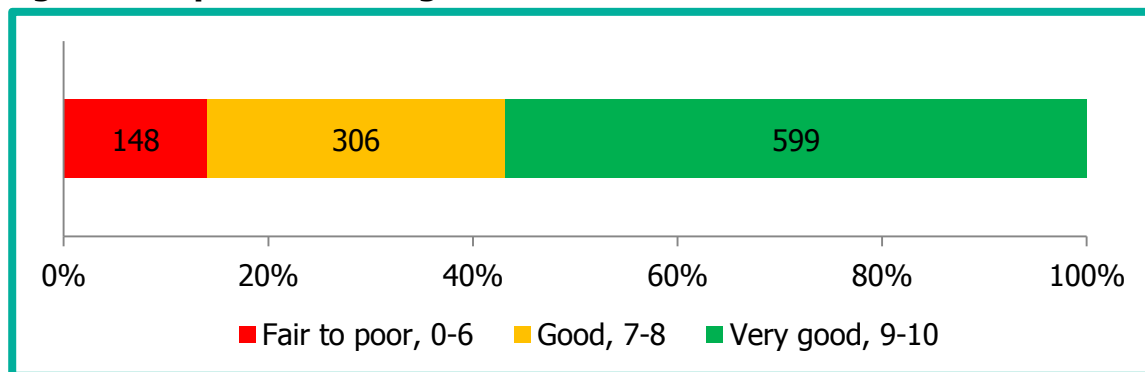


Figure 10. UL Hospital Group scores for questions on care on the ward

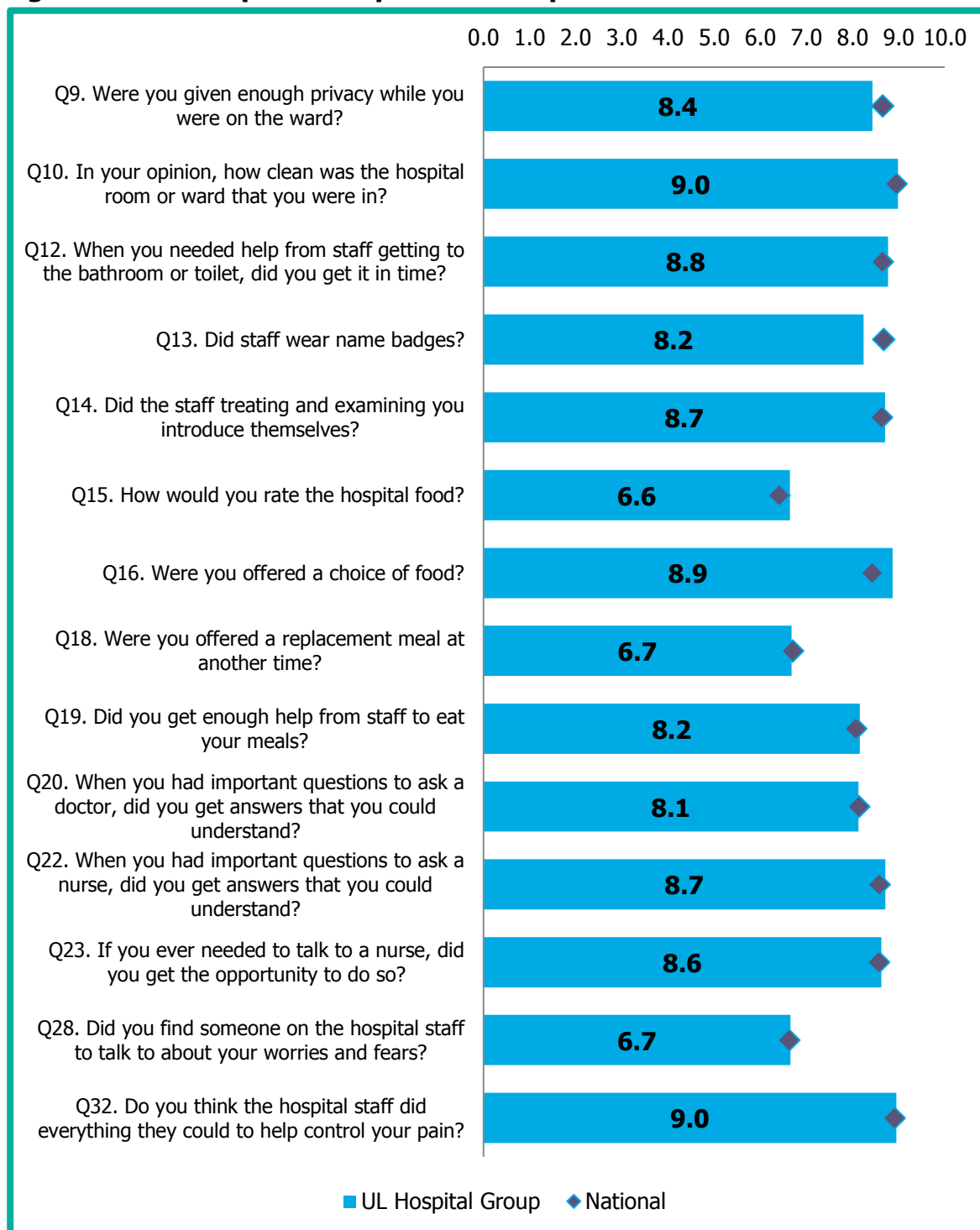
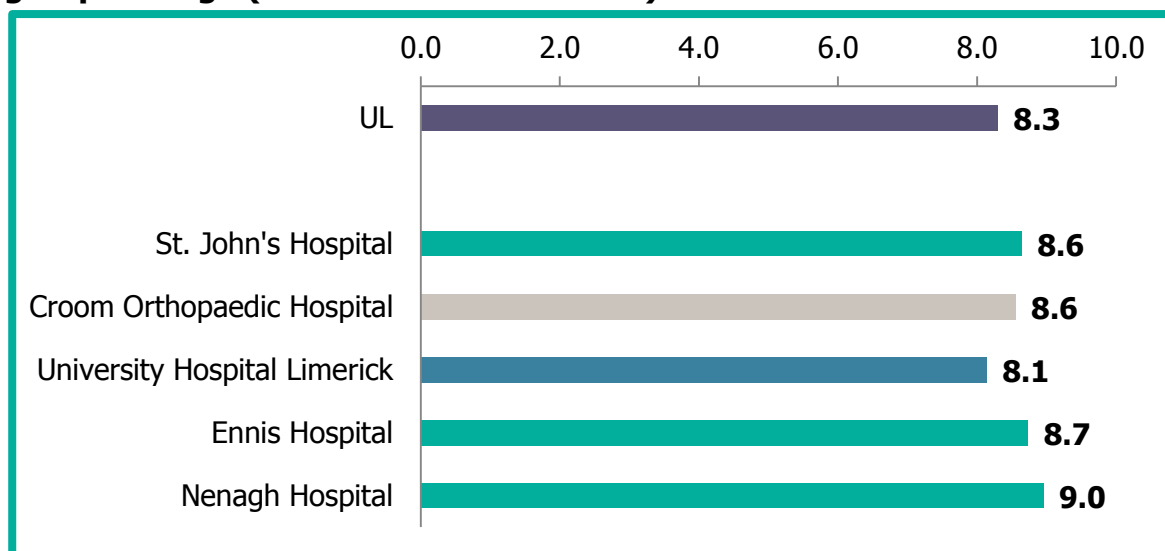
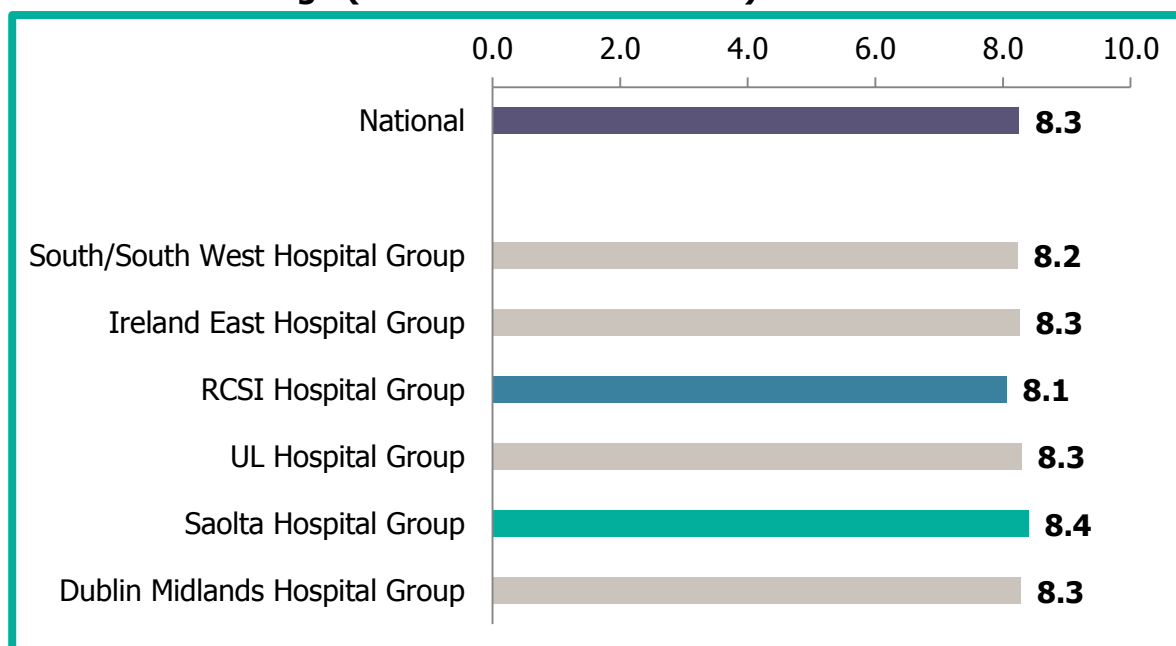


Figure 11. Comparison of hospital scores for care on the ward with the group average (out of a maximum of 10)⁵



Key: Higher than group score (teal) Same as group score (grey) Lower than group score (blue)

Figure 12. Comparison of hospital group scores for care on the ward with the national average (out of a maximum of 10)



Key: Higher than national score (teal) Same as national score (grey) Lower than national score (blue)

⁵ The shading on the graphs shows whether a difference exists between two scores and whether this difference is statistically significant. Sometimes, the grey shading suggests that two scores are the same even though they have different values. In such cases the difference is not statistically significant. For further information, see Appendix 2.

Examinations, diagnosis and treatment

217 respondents (21%) said that their experience of examinations, diagnosis and treatment in UL Hospital Group was 'fair to poor'. However, 615 respondents (58%) reported having a 'very good' experience in this regard. Figure 13. summarises patients' experiences of examinations, diagnosis and treatment.

Figure 13. Experience ratings for examinations, diagnosis and treatment

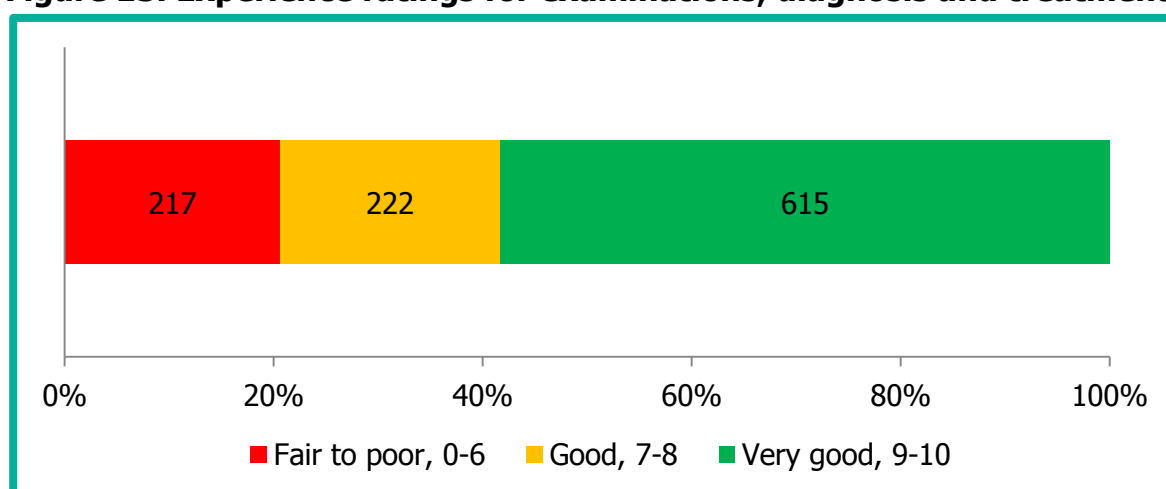


Figure 14. UL Hospital Group scores for questions on examinations, diagnosis and treatment

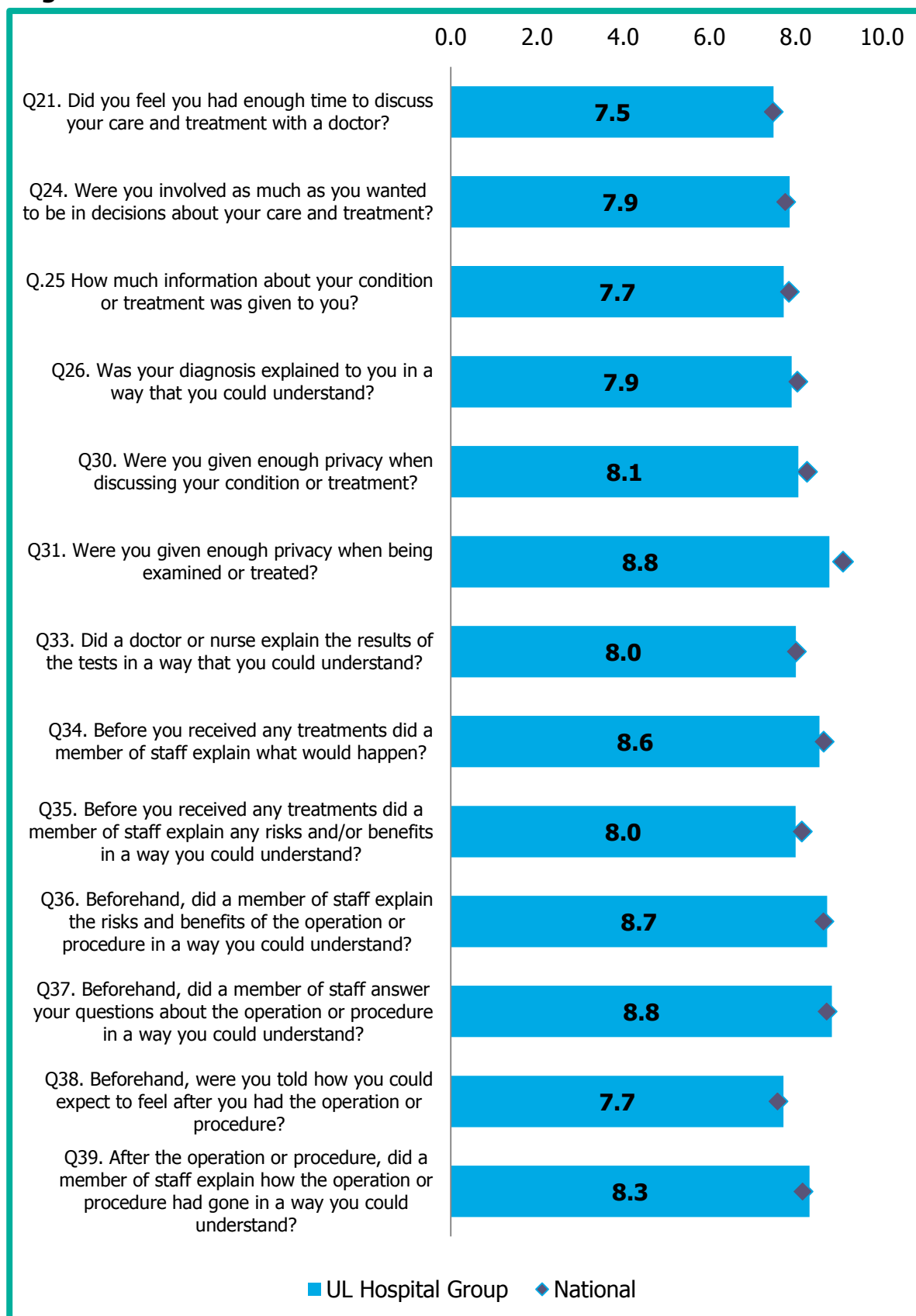


Figure 15. Comparison of hospital scores for examinations, diagnosis and treatment with the group average (out of a maximum of 10)⁶

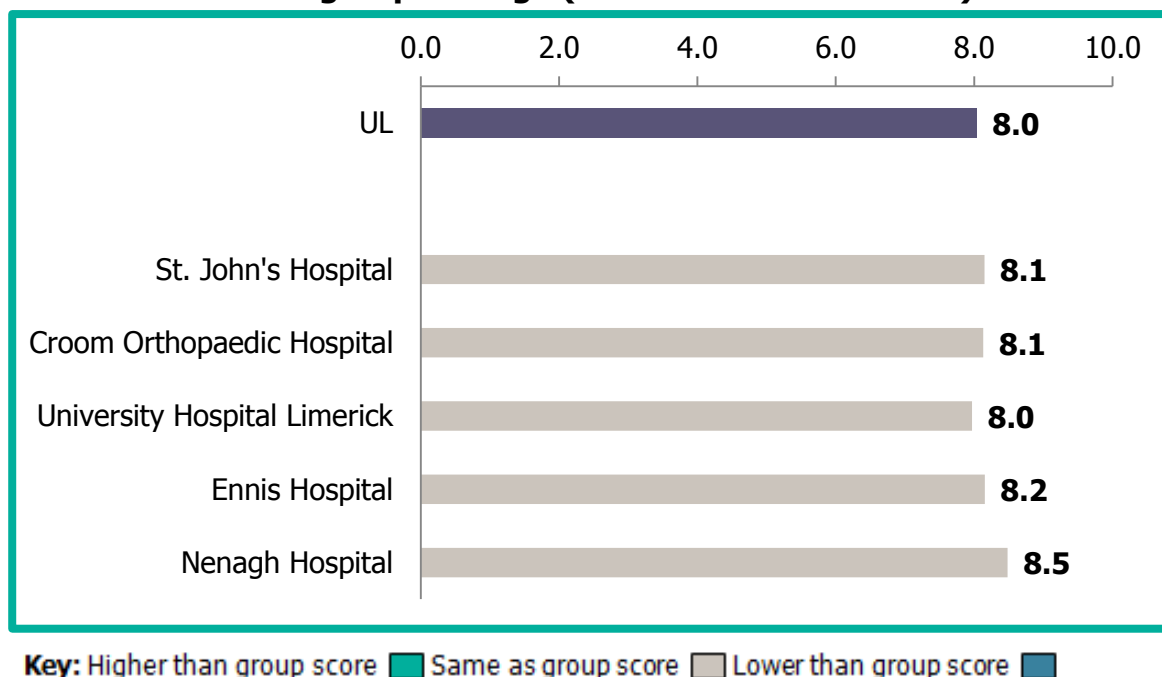
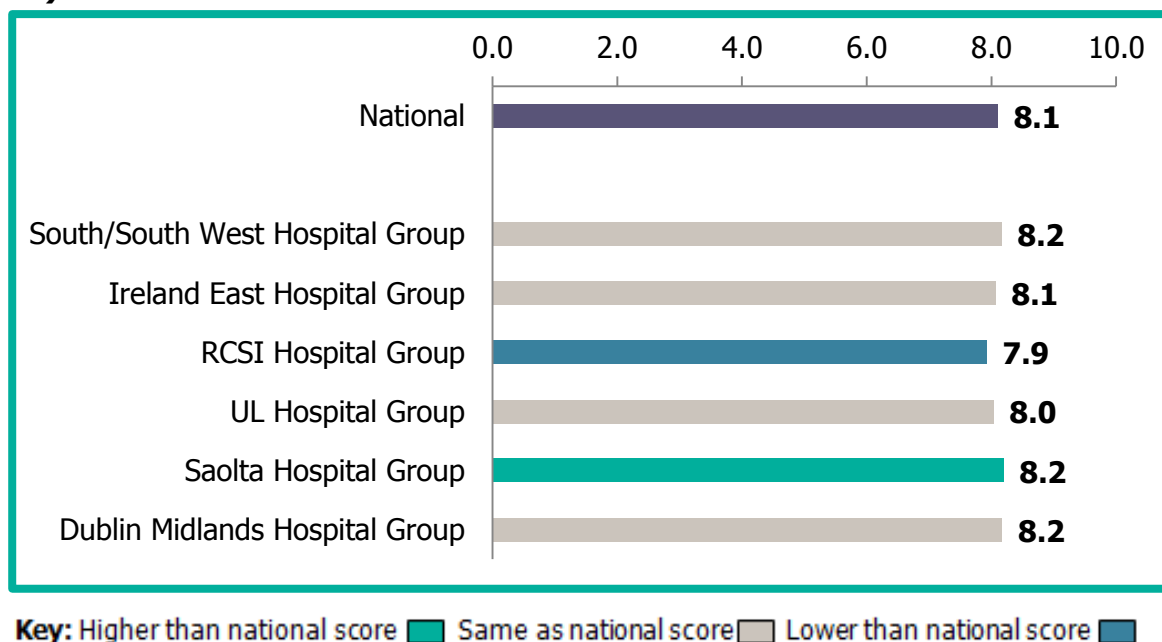


Figure 16. Comparison of hospital group scores for examinations, diagnosis and treatment with the national average (out of a maximum of 10)



⁶ The shading on the graphs shows whether a difference exists between two scores and whether this difference is statistically significant. Sometimes, the grey shading suggests that two scores are the same even though they have different values. In such cases the difference is not statistically significant. For further information, see Appendix 2.

Discharge or transfer

412 people (39%) said that their experience of being discharged or transferred from a hospital in UL Hospital Group was 'fair to poor'. However, 426 (41%) reported having a 'very good' experience of this stage of care. Figure 17. below summarises these experience ratings.

Figure 17. Experience ratings for discharge or transfer

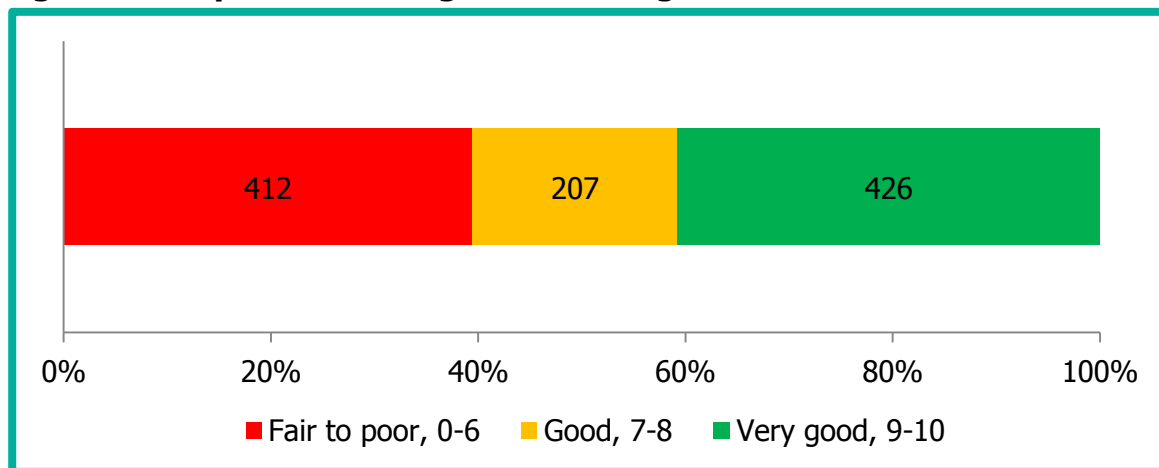


Figure 18. UL Hospital Group scores for questions on discharge or transfer

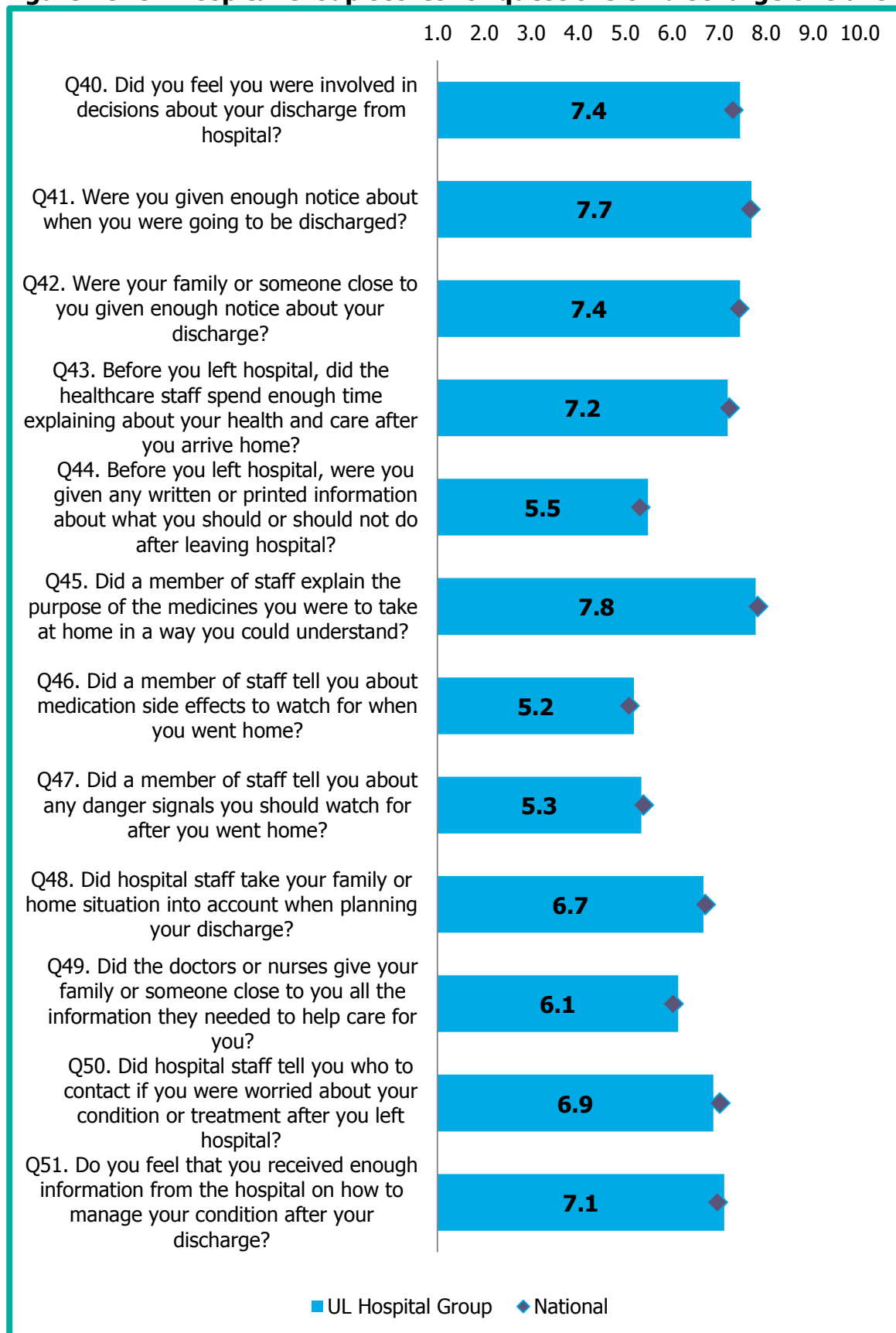


Figure 19. Comparison of hospital scores for discharge or transfer with the group average (out of a maximum of 10)⁷

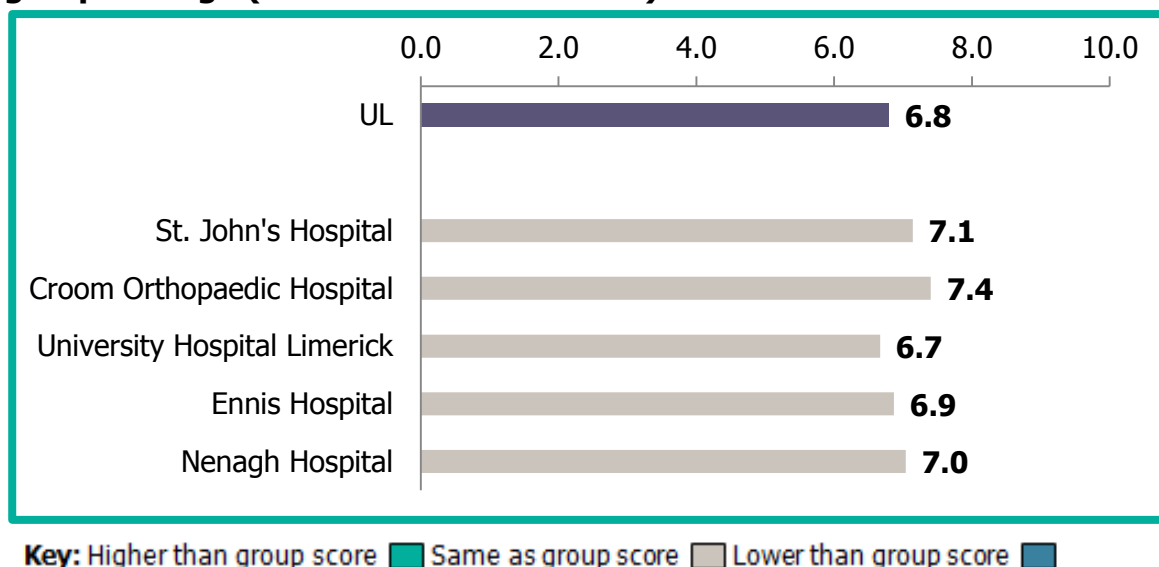
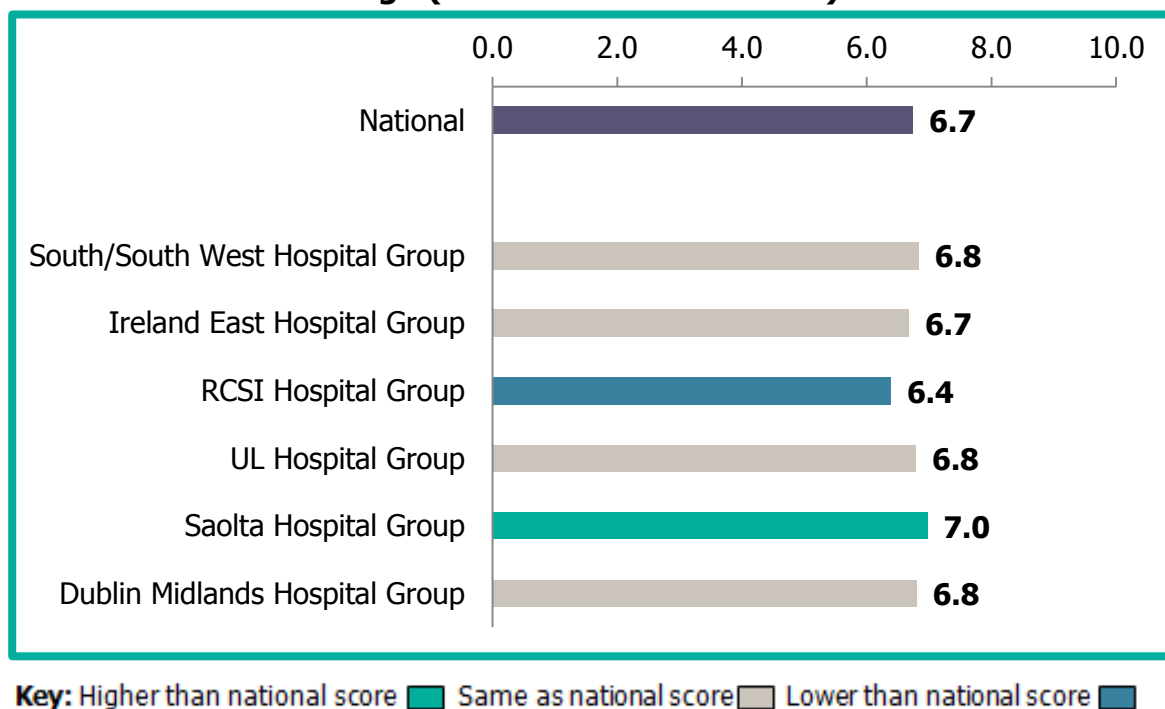


Figure 20. Comparison of hospital group scores for discharge or transfer with the national average (out of a maximum of 10)



⁷ The shading on the graphs shows whether a difference exists between two scores and whether this difference is statistically significant. Sometimes, the grey shading suggests that two scores are the same even though they have different values. In such cases the difference is not statistically significant. For further information, see Appendix 2.

Other aspects of care

Figure 21. UL Hospital Group scores for questions on other aspects of care

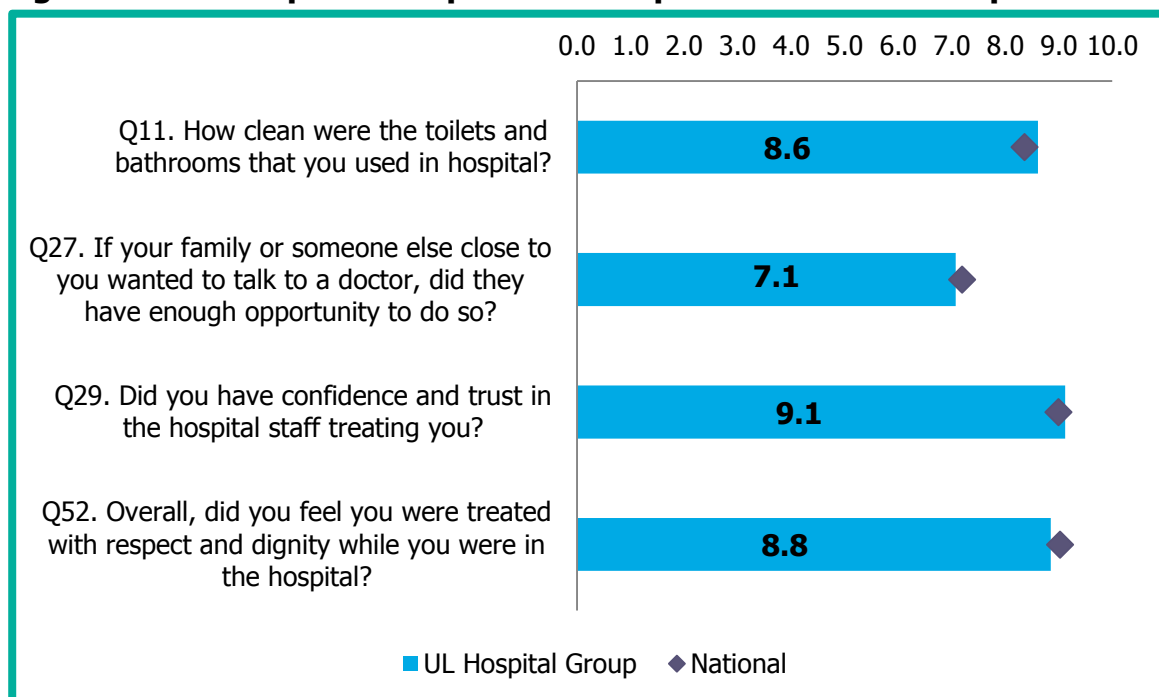
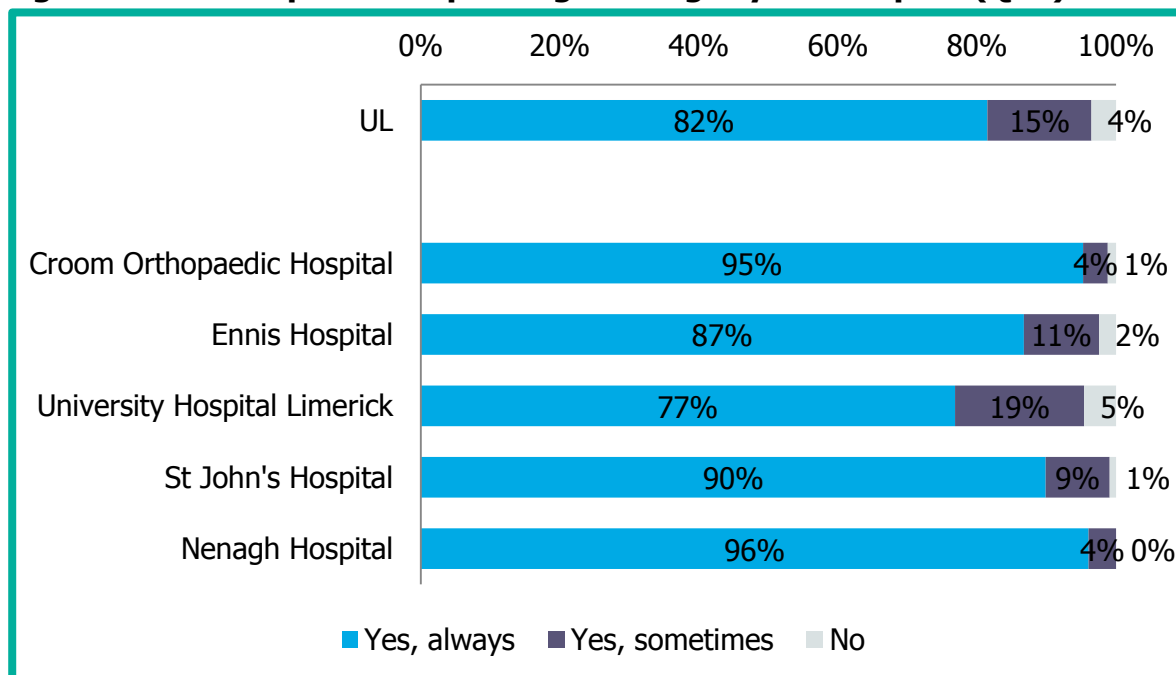


Figure 22. UL Hospital Group ratings for dignity and respect (Q52)



Overall experience

The 2017 National Patient Experience Survey asked people to rate their overall hospital experience on a scale from 0 to 10, with 0 indicating a very negative and 10 indicating a very positive experience. In UL Hospital Group, 55% of patients said that they had a 'very good' experience in hospital, compared with 54% nationally.

Figure 23. Overall rating of hospital experience for UL Hospital Group and nationally

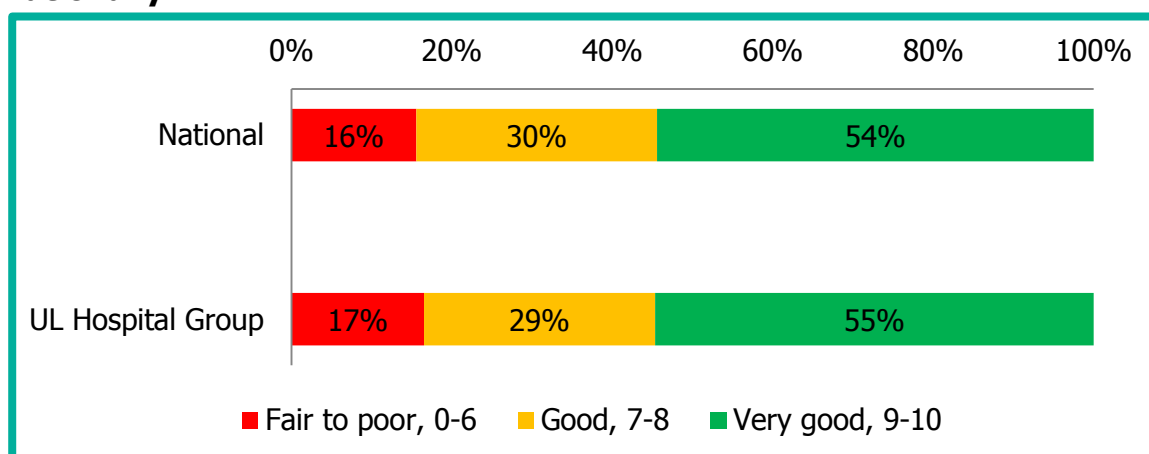
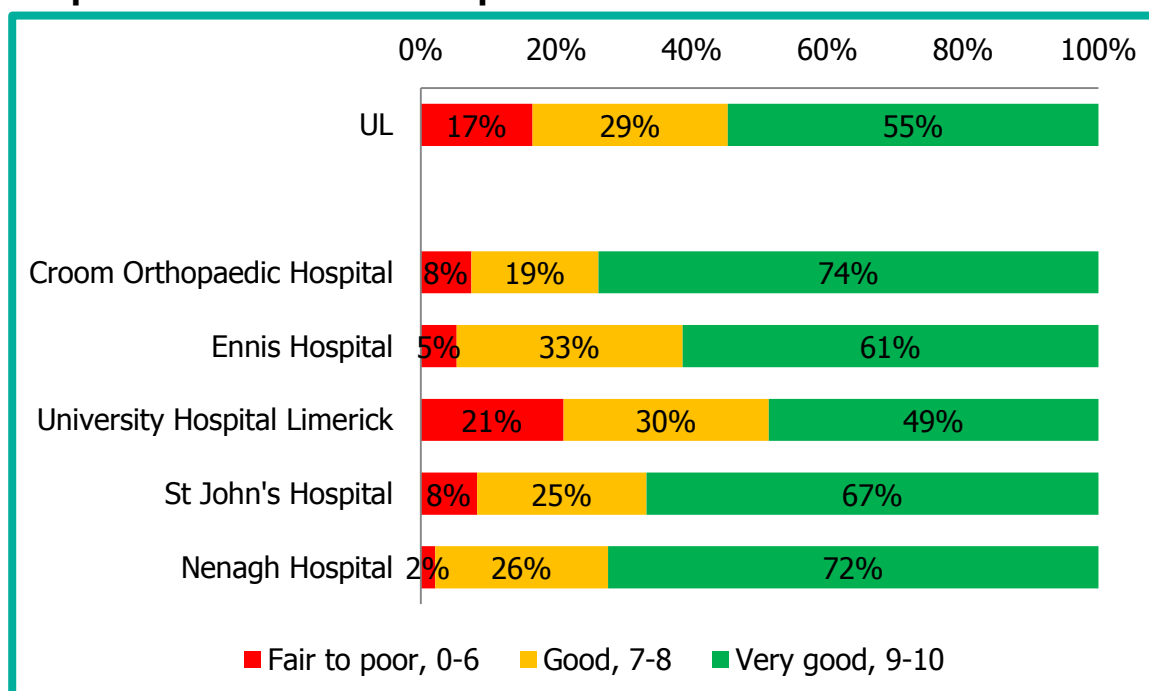


Figure 24. Overall rating of hospital experience for UL Hospital Group compared with individual hospitals



Areas needing improvement

This section outlines areas where UL Hospital Group performed well, and areas needing improvement.

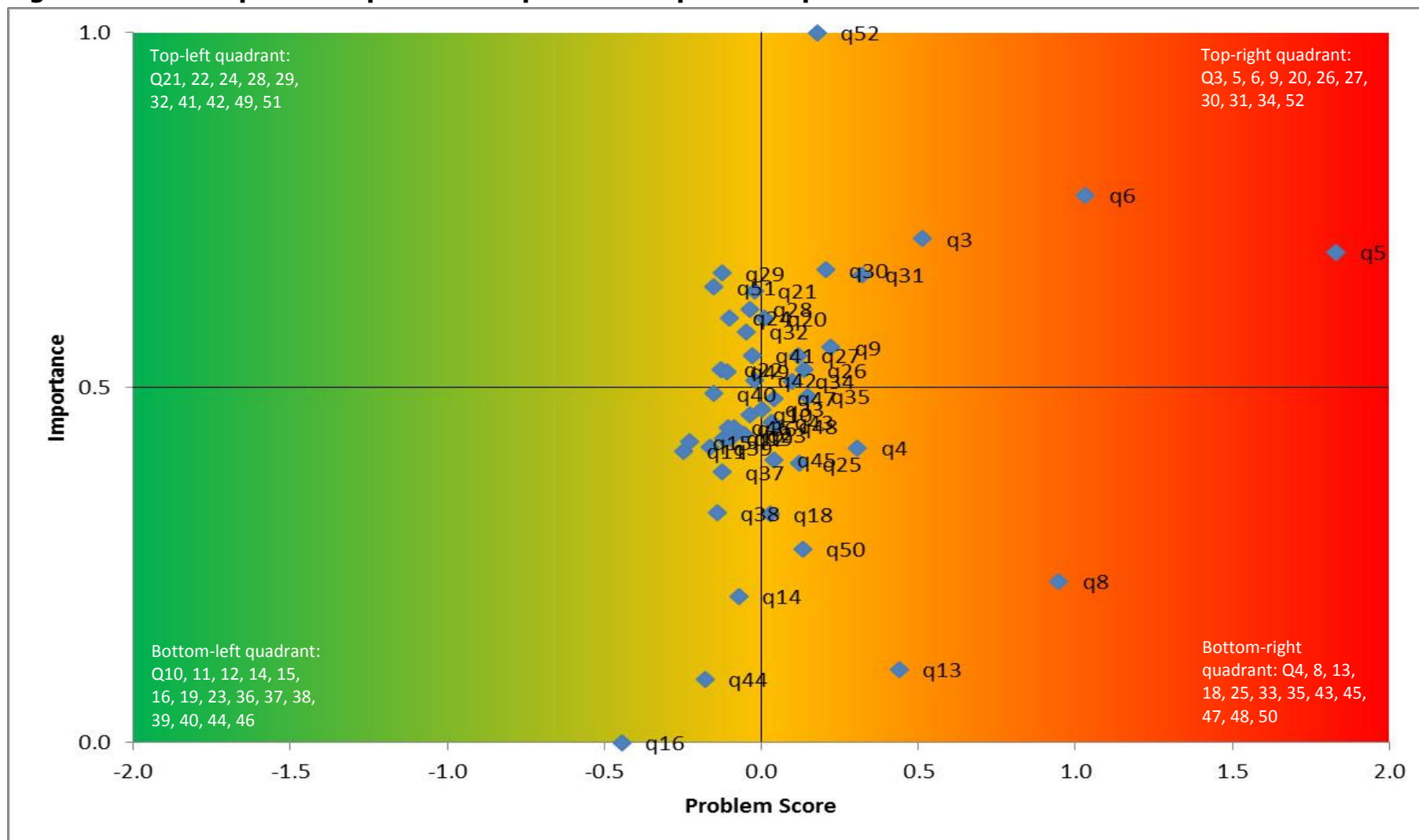
Figure 25. maps the survey questions according to how strongly they are connected to overall experience. The map also shows the difference between the score for each question in the UL Hospital Group and the score for each question nationally. This map helps to identify some of the areas of positive experience in the group, and the areas needing improvement.

The importance of the relationship between each question and overall experience is given on the vertical axis as a number between 0 and 1, with 1 being the most important possible relationship. The difference between question scores for UL Hospital Group and national scores is described as a 'problem score', shown on the horizontal axis. If a question has a problem score with a value greater than zero, it means that UL Hospital Group has scored lower than the national average for that question. For example, if a hospital group scored 8.8 for Q40, which is lower than the national average of 9.0, this would mean that it had a problem score of 0.2 for this question. Questions that have high problem scores and a strong relationship with overall experience appear in the top-right quadrant of the map — these are areas needing improvement in UL Hospital Group. The list of questions in each quadrant are listed on Figure 25. For reference, the full list of survey questions can be found in Appendix 1.

For example, Q52 — 'Overall, did you feel you were treated with respect and dignity while you were in hospital' has a problem score greater than 0 and a strong relationship with overall experience. This suggests it is an area where the group should focus quality improvement efforts.

The group scored above the national average on a number of questions that were important to patients' rating of their overall experience. For example, Q29 — 'Did you have confidence and trust in the hospital staff treating you' has a problem score of less than 0 and a significant relationship with overall experience. This is a positive result for the group.

Figure 25. Overall patient experience map for UL Hospital Group



Conclusion

Overall, patients' ratings of their experiences at a hospital in UL Hospital Group were slightly below the national average. 83% of patients in this group said they had a 'very good' or a 'good' experience, compared with 84% nationally.

Patients at Croom Orthopaedic Hospital and Nenagh Hospital were most likely to rate their hospital experience as very good, compared with other hospitals in the group.

In terms of areas needing improvement in this group, patients reported experiencing insufficient privacy during the examinations, diagnosis and treatment stage of care. A number of patients also said that they were not treated with respect and dignity in hospital. UL Hospital Group performed below the national average in these two areas.

UL Hospital Group scored below the national average on every question on admissions. As University Hospital Limerick is the only hospital with an emergency department in this group, its results have a strong influence on the hospital group results as a whole for the admissions stage of care. The lowest scoring question for this stage of care asked if patients were given sufficient privacy in the emergency department, to which many responded that they were not. Furthermore, the large majority of patients of this group reported waiting longer than six hours in the emergency department before being admitted to a ward. The group scored below the national average in this area and fell short of the HSE targets for waiting times⁸.

As regards their care on the ward, patients of UL Hospital Group reported many positive experiences of the cleanliness of wards and how well staff managed their pain. In both areas, the group performed slightly above the national average. The lowest scoring question for this stage of care asked patients to rate the food they ate in hospital. Despite a significant number of patients rating the food as fair to poor, UL Hospital Group performed higher than the national average in this area. Many felt that they were not given enough privacy on the ward, with a significant number of patients noticing that staff did not always wear their name badges. UL Hospital Group performed below the national average in both instances.

The highest ranking questions for UL Hospital Group within the examinations, diagnosis and treatment stage of care suggests that patients were generally given clear answers to questions about operations or procedures. The lowest ranking

⁸ The HSE 2017 targets can be viewed at: <https://www.hse.ie/eng/services/publications/KPIs/Acute-Hospitals-KPI-Metadata-2017.pdf>

question indicates that patients did not feel as though they had sufficient time to discuss their care and treatment with a doctor – a sentiment echoed at the national level. However, UL Hospital Group performed slightly above average on most questions related to communication during examinations, diagnosis and treatment (Q34-39).

Patients reported mixed experiences of their discharge or transfer from a hospital in UL Hospital Group. The highest scoring question for the discharge or transfer stage of care suggests that patients received clear explanations of the purpose of the medicines they were to take at home. The lowest scoring questions for this stage of care indicate that many patients of the group felt that they were not sufficiently informed about the medication side effects and danger signals to watch out for at home.

The survey has provided valuable information on patients' experiences in acute hospitals at national, hospital group and hospital levels. The findings have been used to develop and implement quality improvement initiatives in UL Hospital Group, intended to address the issues identified by patients.

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?
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?
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

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 care⁹: 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.

⁹ 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
M	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 adding 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

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 the 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.