

National Inpatient Experience Survey 2019

Mercy University Hospital

2019 survey results

Respondents



312

Number of respondents



64.9

Average age



48%

Participation rate

Overall experience

2019

Very Good
61%

Good
29%

Fair to Poor
11%

2018

Very Good
58%

Good
27%

Fair to Poor
15%

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

Stages of care

Admission to hospital

7.9
out of 10

Patient ratings of admission to the hospital were similar to the national average, and to the hospital's 2018 score.



8.7
out of 10

Care on the ward

Patients' ratings of 'care on the ward' in the hospital were above the national average, and similar to last year's survey.

Examination, diagnosis and treatment

8.3
out of 10

Ratings of 'examination, diagnosis and treatment' were similar to the national average and to last year's survey.



7.5
out of 10

Discharge or transfer

Participant ratings of 'discharge or transfer' were above the national average and similar to last year's survey.

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About the National Inpatient Experience Survey 2019

The National Inpatient Experience Survey¹ 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. It was conducted for the first time in 2017 and repeated in 2018 and 2019.

Nationally, 26,897 people were invited to participate in the third National Inpatient Experience Survey. In total, 12,343 people responded, resulting in a response rate of 46%. 312 patients from Mercy University Hospital took part.

The aim of the survey is to find out about patients' experiences in public acute hospitals and to use their feedback to identify areas of good experience, and areas needing improvement. The HSE responded to the 2017 and 2018 survey results by producing detailed quality improvement plans at national, hospital group and hospital levels. The implementation of these plans is coordinated by an oversight group, and a wide range of initiatives have already been introduced across Ireland's public acute hospitals. Some examples of these initiatives can be seen at <https://yourexperience.ie/inpatient/hospital-initiatives/>.

What were the main findings for Mercy University Hospital?

The majority of participants from Mercy University Hospital reported positive experiences in hospital. 90% of participants said they had 'good' or 'very good' overall experiences, compared with 84% nationally. The hospital scored above the national average for the 'care on the ward' and 'discharge or transfer' stages of care, and also for overall experience. The hospital scored about the same as the national average for questions on 'admissions' and 'examinations, diagnosis and treatment'.²

Three areas of good experience were identified. These were areas that were related to participants' overall experiences and where participants gave significantly above-average ratings. For example, many patients said that they were given enough privacy on the ward. Patients also said they were generally offered a replacement

¹ The survey was previously entitled the 'National Patient Experience Survey'. The name was updated in 2019 to more accurately reflect the target population

² When there is no statistically significant difference between the hospital's score and the national average, it is described as 'about the same'.

meal when required. In addition, most patients said that their home or family situation was taken into account when planning their discharge.

There were no significant changes in patients' ratings of care between 2018 and 2019.

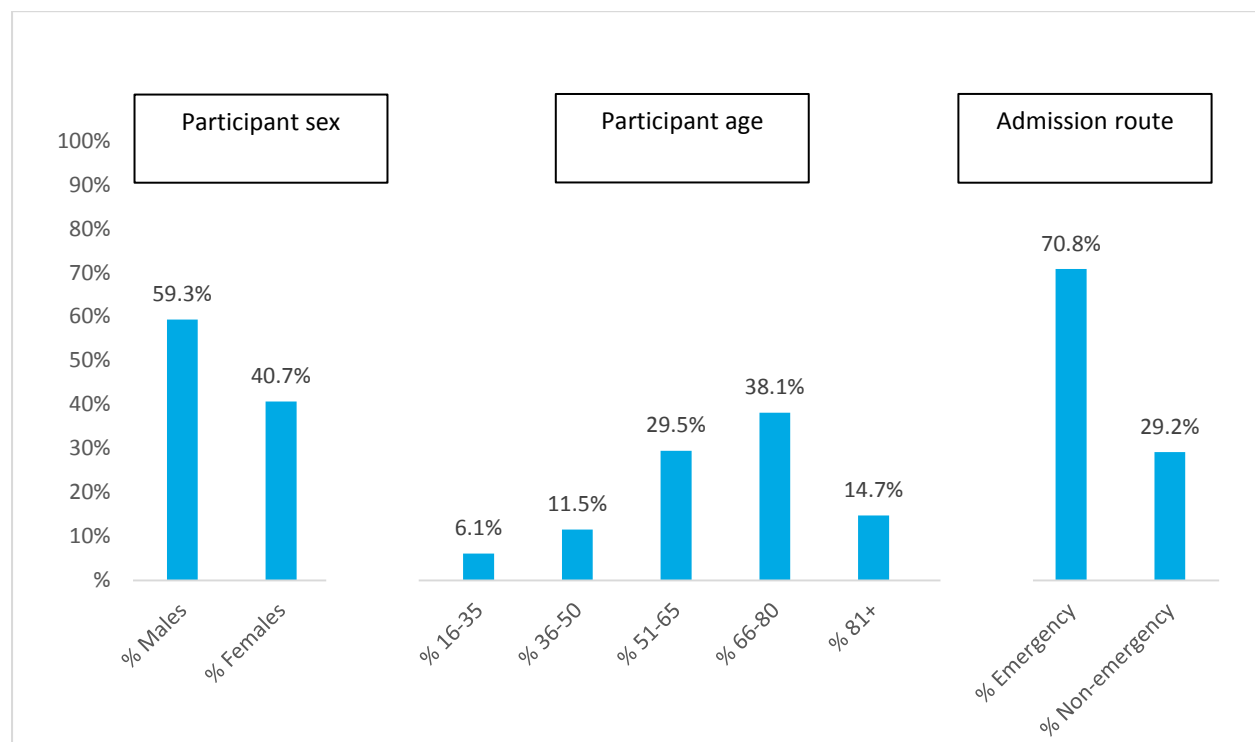
The findings of the 2019 survey will help Mercy University Hospital to improve patients' experiences of care in hospital.

Hospital and participant profile

Mercy University Hospital is located in Cork city. There were 199 inpatient beds available in the hospital during the survey period of May 2019.

649 people discharged from Mercy University Hospital during the month of May 2019 were invited to participate in the survey. 312 people completed the survey, achieving a response rate of 48%. 59.3% of participants were male and 40.7% were female. 221 respondents (70.8%) said that their stay in hospital was due to an emergency. Figure 1. below provides information on the respondents who took part in the survey from Mercy University Hospital.

Figure 1 Participants from Mercy University Hospital by sex, age group and admission route



Areas of good experience and areas needing improvement

This section lists the areas where most patients had positive experiences, and those areas where there is the most room for improvement. The list includes the relevant stage of care and question number for each area. Appendix 1 explains how these areas were identified.

In Mercy University Hospital the scores for all questions across the five stages of care were above or at the national average. While no specific area for improvement was identified using the methodology outlined in Appendix 1, there was still room for improvement on a number of questions. Patients' comments also identified areas where improvement was possible.

The areas of good experience in Mercy University Hospital are:

Care on the ward

Privacy on the ward | Q9

247 (83%) of the 298 people who answered this question said that were always given enough privacy on the ward.

Care on the ward

Offer of a replacement meal | Q18

Of the 90 people who answered this question, 61 (68%) said that they were always offered a replacement meal when required.

Discharge or transfer

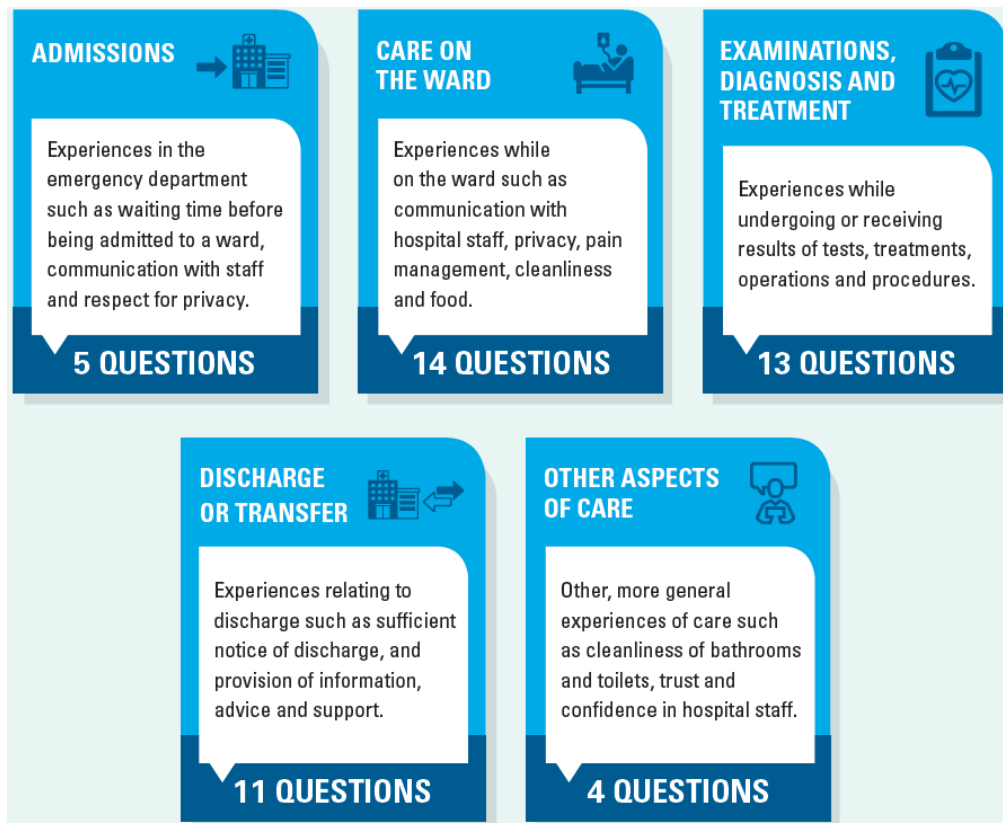
Consideration of home/family situation | Q47

Of the 217 people who answered this question, 145 (67%) said that staff 'completely' took their home or family situation into account when planning their discharge.

Survey results for the stages of care along the patient journey

The National Inpatient Experience Survey 2019 follows the patient journey through hospital from admission to discharge. The 2019 questionnaire is available to download from www.yourexperience.ie.

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



Interpreting the results for the stages of care

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

Statistical tests were carried out to examine if there were significant differences in patient experience between 2018 and 2019, as well as between a hospital and the national average. Throughout this report, when the hospital scored significantly above the national average, this is described as 'higher'. When a hospital scored significantly below the national average, it is described as 'lower'. When there is no

statistically significant difference between the hospital's score and the national average, it is described as 'about the same'.

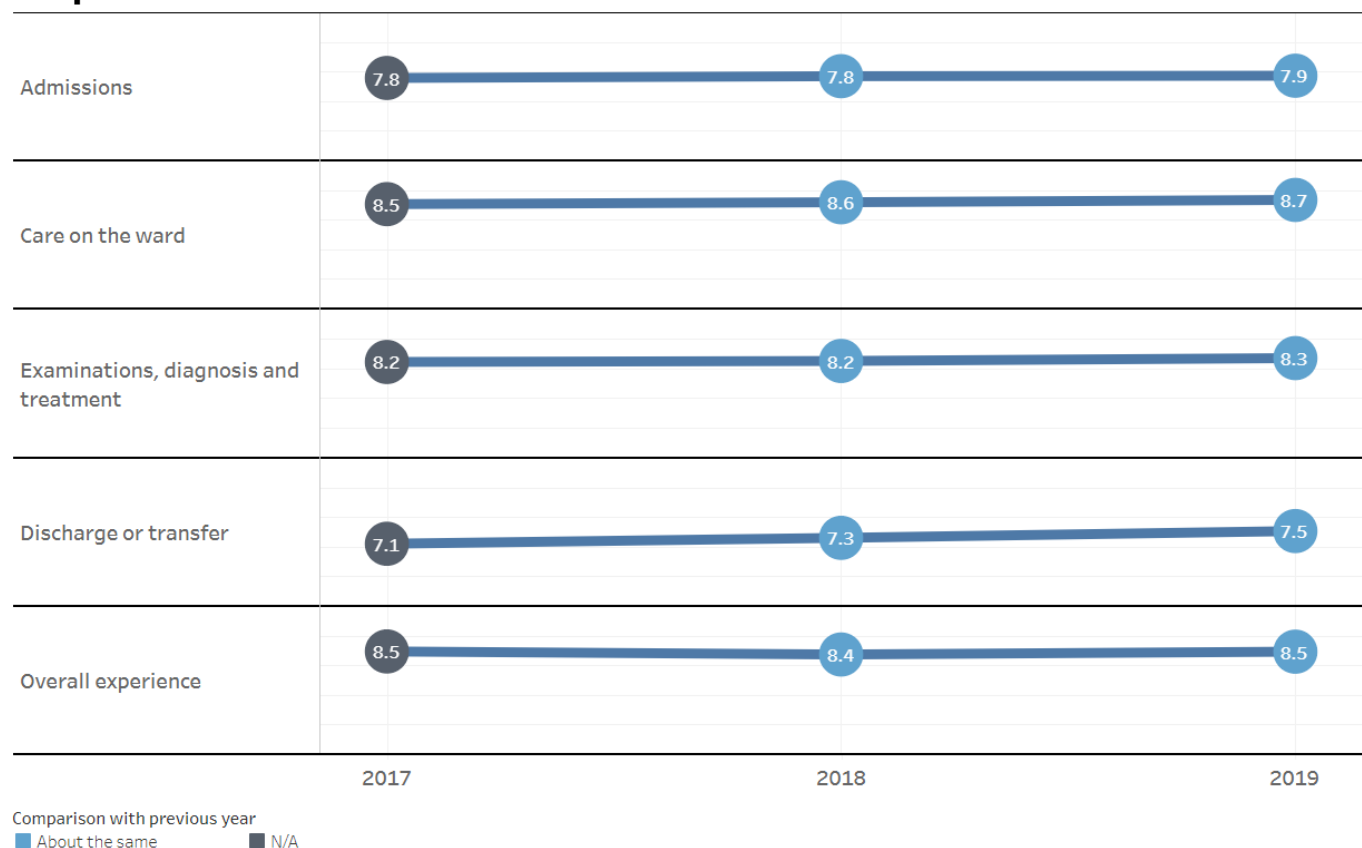
For further information on the analyses please consult Appendix 3 of the 2019 national report, available from www.yourexperience.ie.

Changes in patient experience over time

There were no significant changes in patient experience from the 2018 survey. Figure 2 shows a comparison of scores for individual stages of care.

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

Figure 2 Annual comparison of stage of care scores³ for Mercy University Hospital



³ Scores for the stages of care were constructed by calculating the average scores for all the questions belonging to that stage.

ADMISSIONS →

Experiences in the emergency department such as waiting time before being admitted to a ward, communication with staff and respect for privacy.

5 QUESTIONS

Admissions

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

Figure 3 Comparison of Mercy University Hospital with the national average score for 'admissions' (out of a maximum of 10).

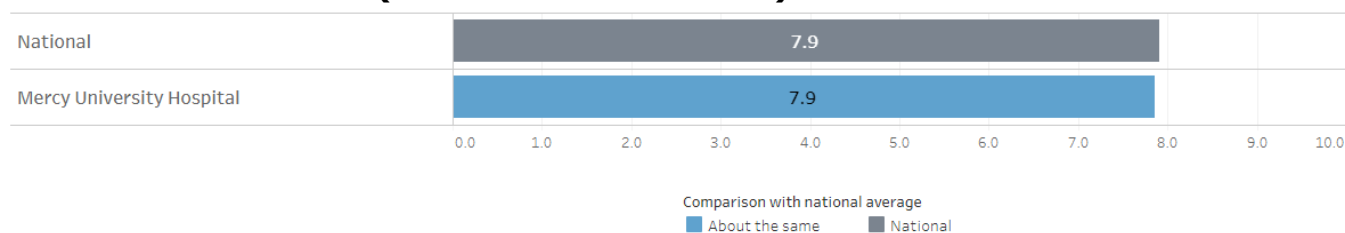
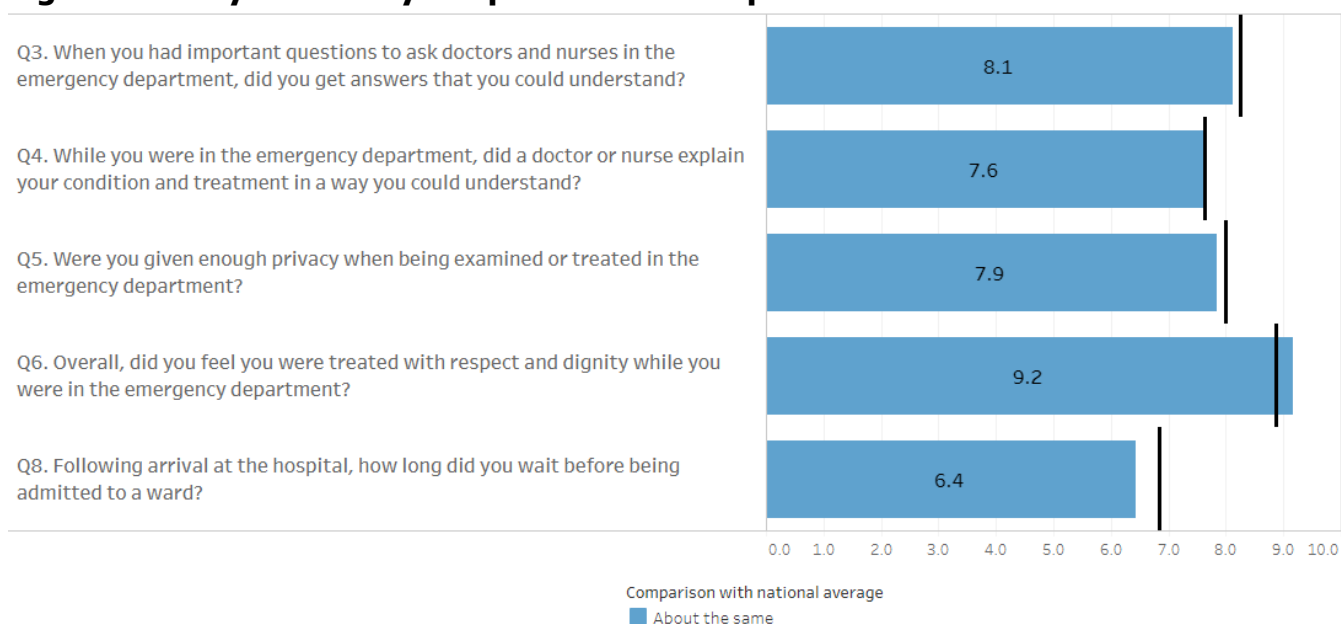


Figure 4 Mercy University Hospital scores for questions on 'admissions'*



*The black line represents the national average

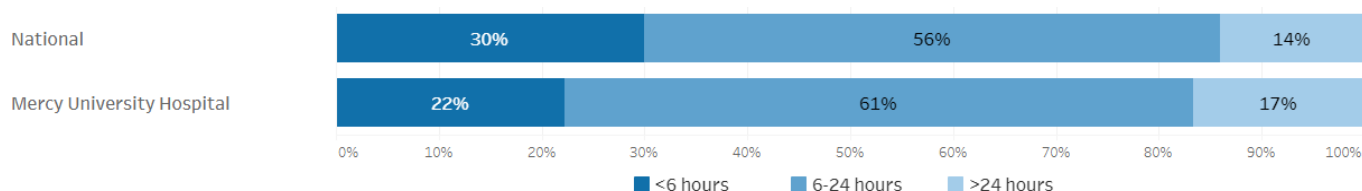
Emergency department waiting times⁴

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

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

In Mercy University Hospital, 44 respondents (22%) said they were admitted to a ward within six hours of arriving at the emergency department, while 121 respondents (61%) reported waiting between six and 24 hours. 33 respondents (17%) said that they waited 24 hours or more before being admitted to a ward in Mercy University Hospital, with 8 of these saying they waited more than 48 hours. As outlined in Appendix 1, the relationship between waiting times and overall experience was relatively weak. This means that patients who had long waiting times did not always say they had a negative overall experience. Figure 5 outlines the emergency department waiting times, as reported by patients in Mercy University Hospital, compared with the national average.

Figure 5 Patient-reported emergency department waiting times, as reported by patients for Mercy University Hospital and nationally



Admissions: what do these results mean?

Patient ratings of admission to Mercy University Hospital were similar to the national average, and to the hospital's 2018 score. Most patients said they were treated with respect and dignity in the emergency department. The lowest scoring question for this stage related to waiting times for admission to a ward.

⁴ The HSE measures emergency department waiting times differently to the survey, namely from the time a patient registers at the emergency department until they leave it. It is likely that there are some differences between survey findings and the official HSE figures. The HSE 2019 targets can be viewed at: <https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2019.pdf>



Care on the ward

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

Figure 6 Comparison of Mercy University Hospital with the national average score for 'care on the ward' (out of a maximum of 10).

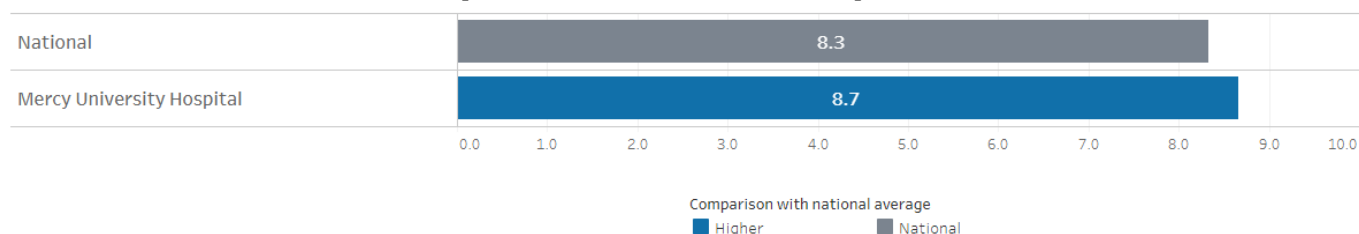
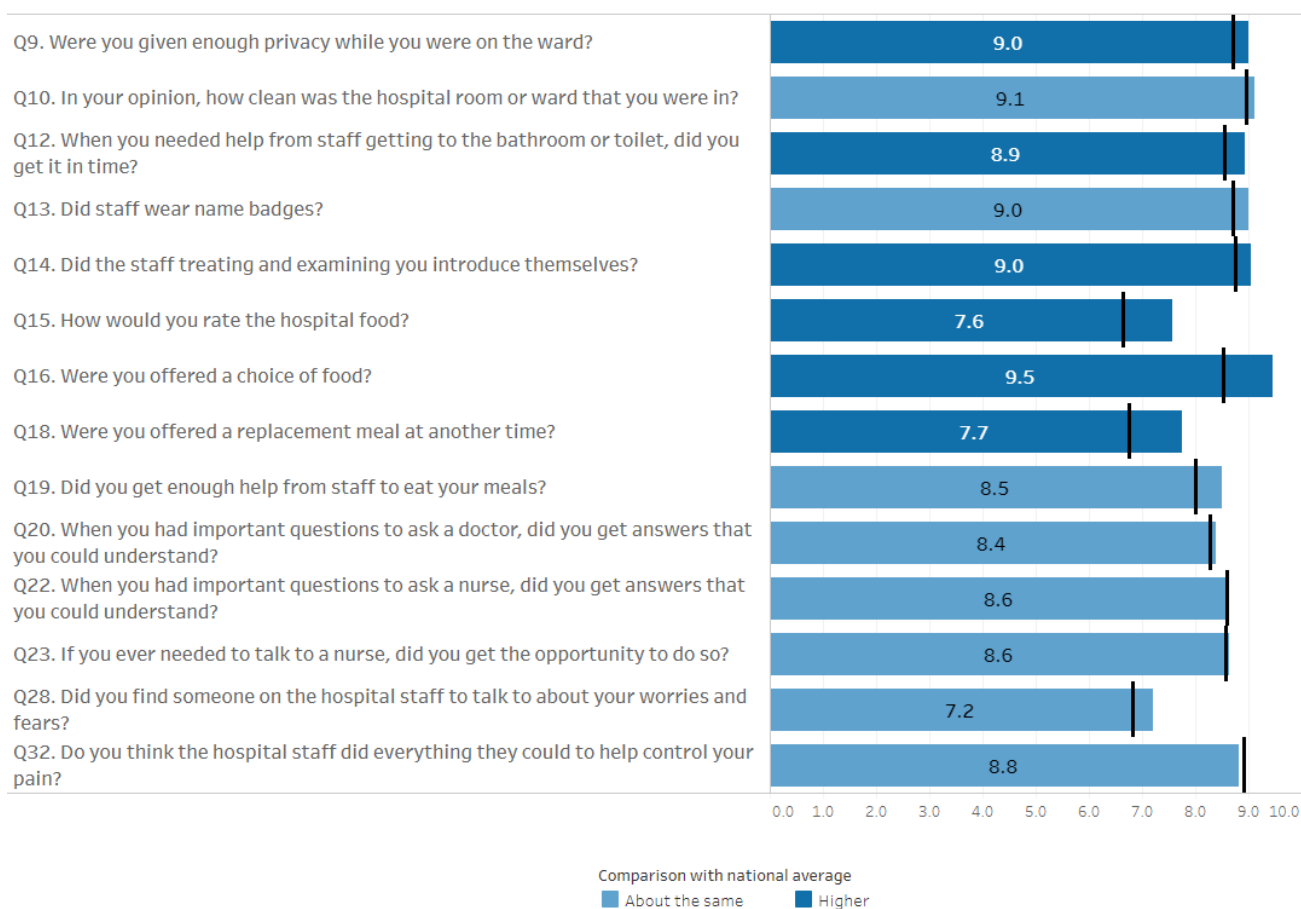


Figure 7 Mercy University Hospital scores for questions on 'care on the ward'*



*The black line represents the national average

Care on the ward: what do these results mean?

Patients' ratings of 'care on the ward' were above the national average, and similar to last year's survey. Most patients said they were always offered a choice of food. The lowest scoring question for this stage related to whether patients could find someone to talk to about their worries and fears.



Examinations, diagnosis and treatment

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

Figure 8 Comparison of Mercy University Hospital with the national average score for 'examinations, diagnosis and treatment' (out of a maximum of 10).

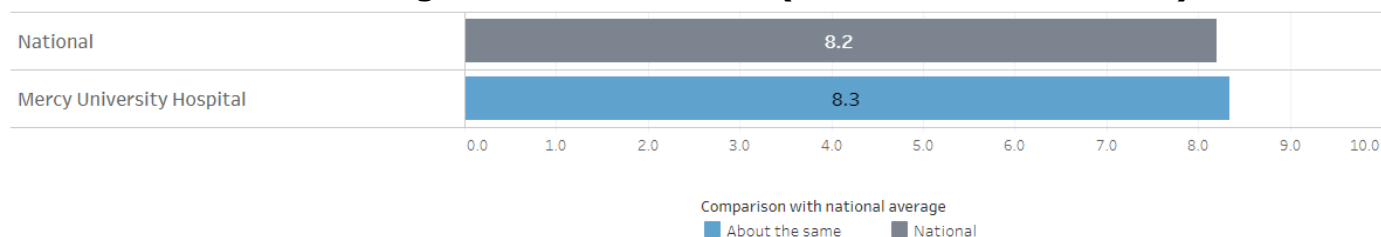
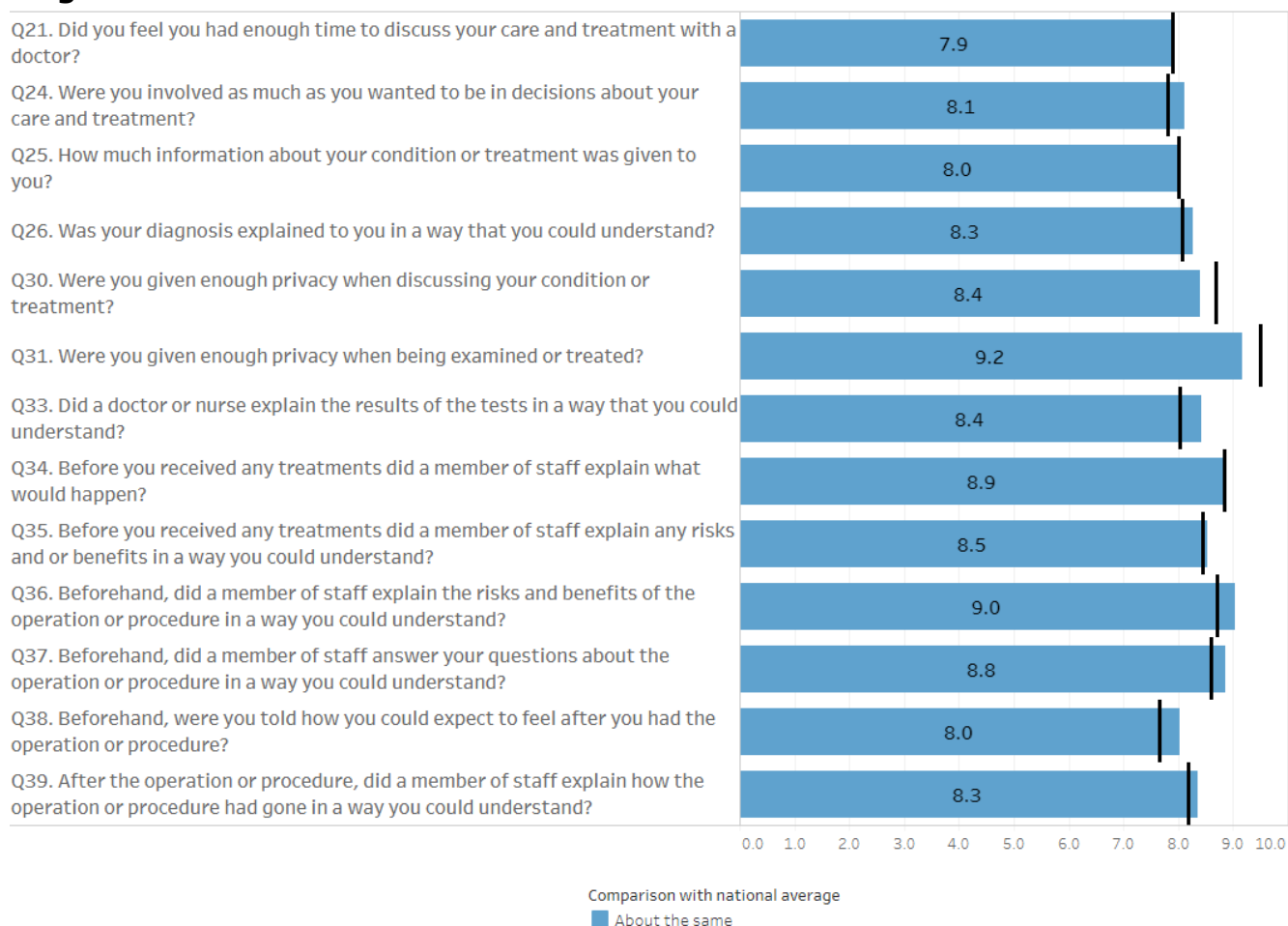


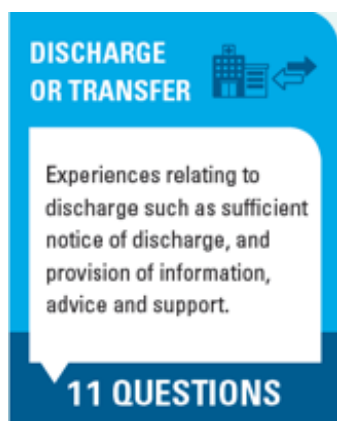
Figure 9 Mercy University Hospital scores for questions on 'examinations, diagnosis and treatment'*



*The black line represents the national average

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

Ratings of 'examination, diagnosis and treatment' were similar to the national average and to last year's survey. Most patients said that they were given enough privacy while being examined or treated. The lowest scoring question for this stage related to whether patients had enough time to discuss their care and treatment with a doctor.



Discharge or transfer

Figure 10 compares the hospitals' overall score for 'discharge or transfer' with the national average. Figure 11 shows the hospital's scores for questions on this stage of care.

Figure 10 Comparison of Mercy University Hospital with the national average score for 'discharge or transfer' (out of a maximum of 10).

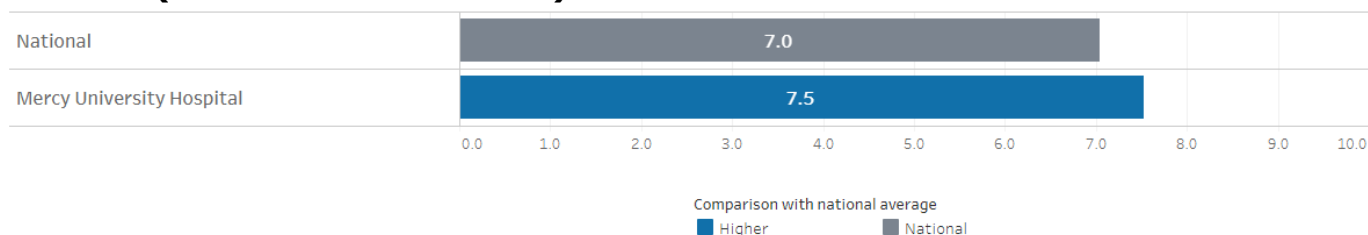
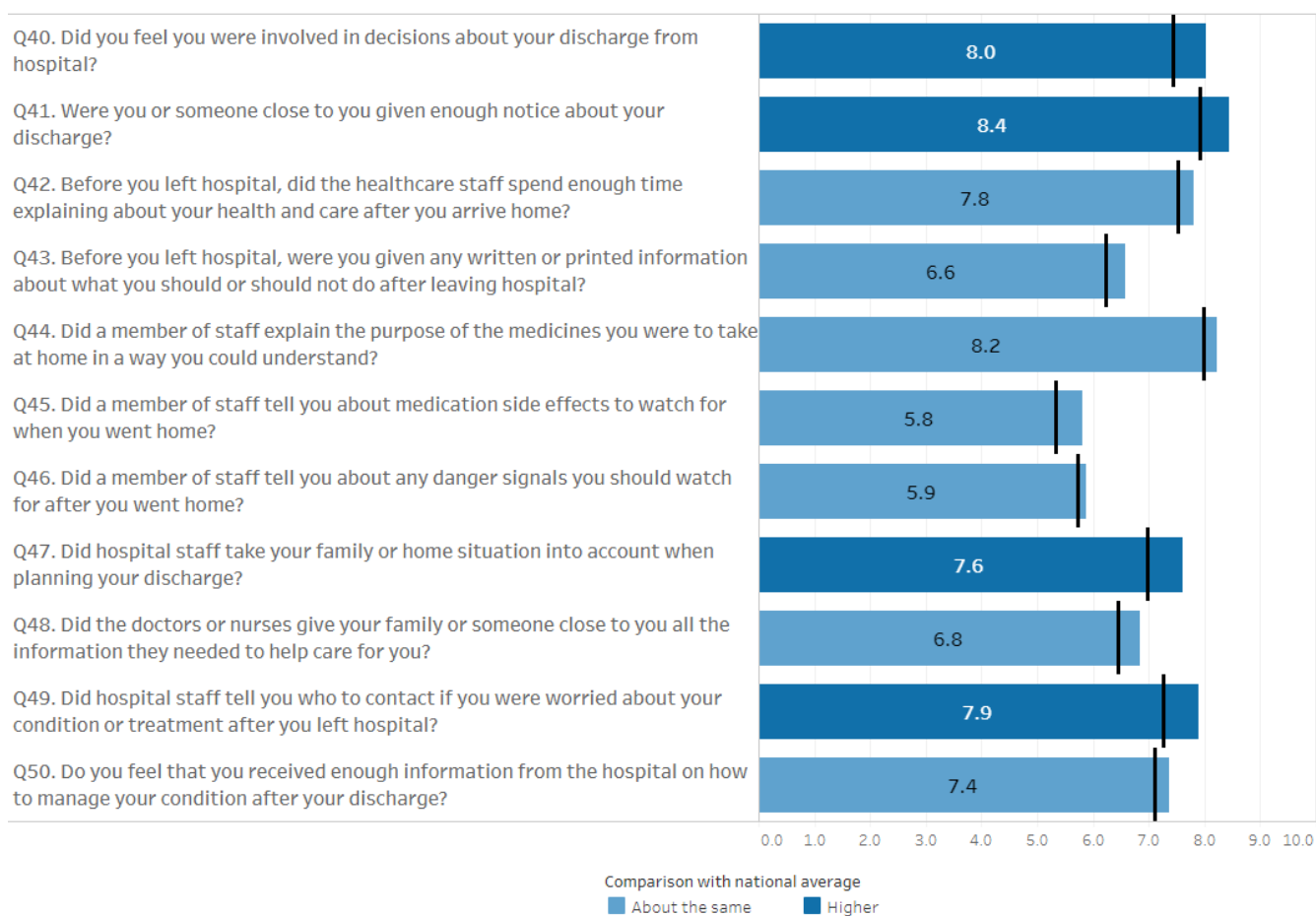


Figure 11 Mercy University Hospital scores for questions on 'discharge or transfer'*



*The black line represents the national average

Discharge or transfer: what do these results mean?

Participant ratings for this stage of care were above the national average and similar to last year's survey. Most patients said that they were given enough notice of their discharge from hospital. The lowest scoring question for this stage related to whether the potential side effects of medication were explained to patients.

**OTHER ASPECTS
OF CARE**

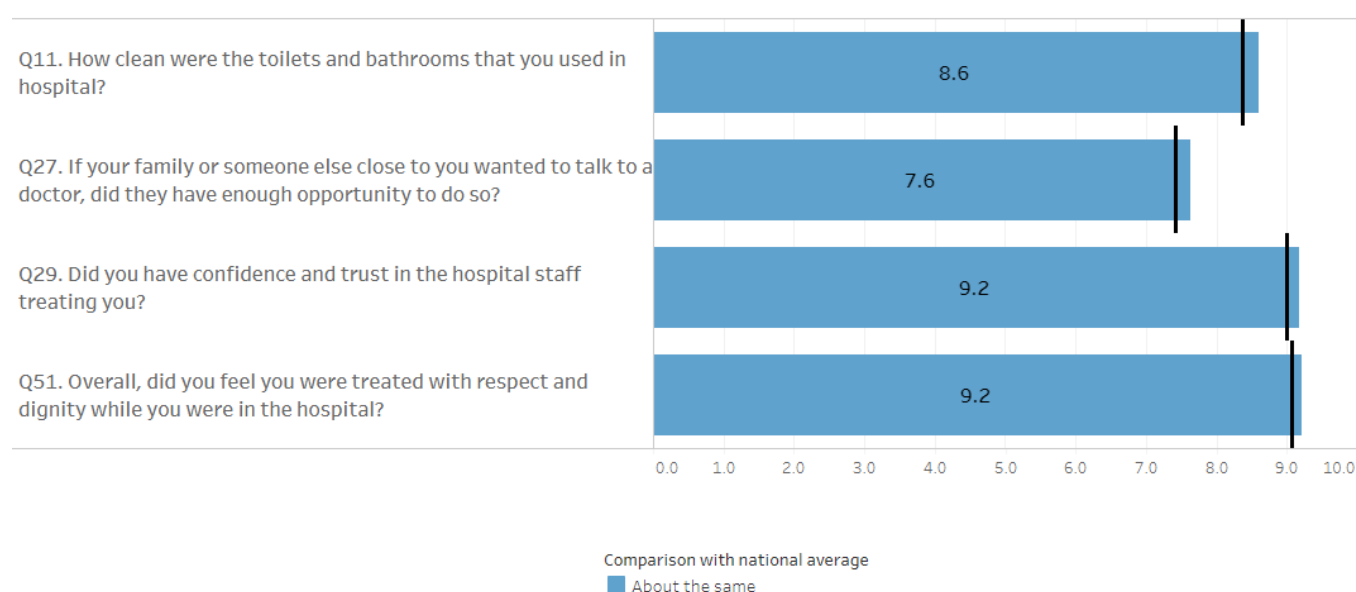
Other, more general experiences of care such as cleanliness of bathrooms and toilets, trust and confidence in hospital staff.

4 QUESTIONS

Other aspects of care

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

Figure 12. Mercy University Hospital scores for other aspects of care*



*The black line represents the national average

Other aspects of care: what do these results mean?

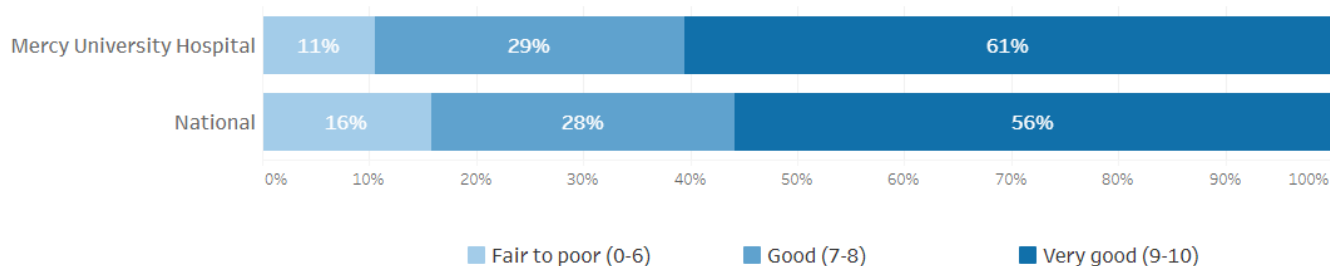
Most participants said they were treated with respect and dignity, and had confidence and trust in the staff that treated them. On the other hand, a number of patients said that their families were not given sufficient opportunity to talk to a doctor.

Overall experience

Respondents were asked to rate their overall hospital experience on a scale from 0 to 10, with 10 being the most positive experience, and 0 the most negative experience. 61% of participants from Mercy University Hospital rated their care as very good, slightly above the national figure of 56%.

Figure 13. compares the average overall rating of hospital experience for Mercy University Hospital with the national average.

Figure 13. Overall rating of hospital experience for Mercy University Hospital and nationally



In their own words: analysis of patients' comments

The last three questions (questions 59-61) of the survey asked patients to provide additional information, in their own words, on their experiences in hospital. These free-text questions allowed people to give a more in-depth description of specific aspects of their care. It also allowed them to talk about various things (good or bad) that could not be captured by the structured questions. In total, 468 comments were received from patients of Mercy University Hospital in response to the free-text questions in the 2019 survey.

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

In relation to good aspects of care, most of the comments related to the 'hospital staff', 'general and other comments' and 'staffing levels' themes. Most patient suggestions for improvement related to the 'physical environment'; 'hospital staff', and 'general and other comments' themes. Responses to Q61 covered various themes. A selection of relevant comments from these themes is provided in Figure 15.

Figure 14 Participant comments by theme

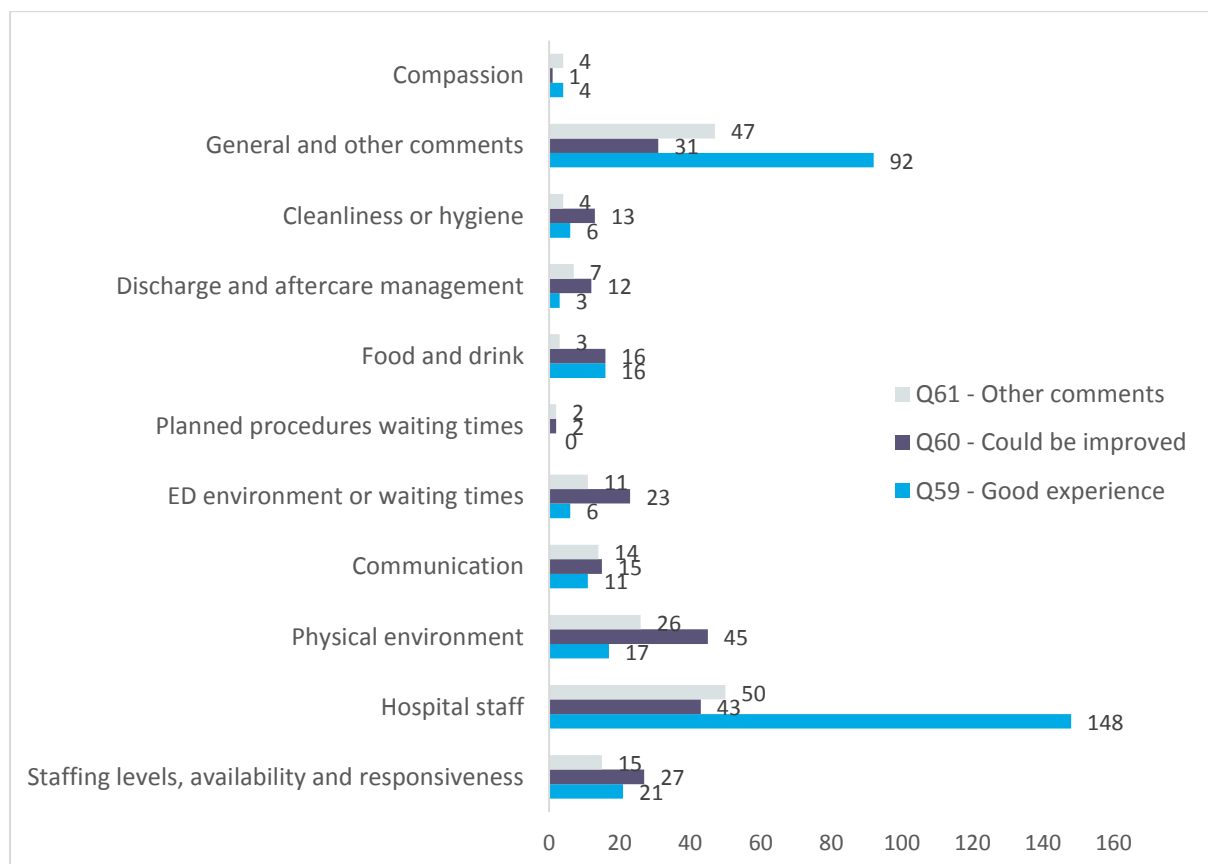


Figure 15 Example comments

Positive comments

"Efficiency & professionalism were superb. The care & good humour of the staff was a breath of fresh air. I was admitted unexpectedly & the kindness of the staff in explaining my position"	"The care was 10 out of 10. The doctors and staff were outstanding."
"I was very well treated and cared for by every member of staff I came across from the care assistants to the nurses to the doctors."	"The food was excellently prepared and the catering staff were always polite. The attending consulting team visited every day."
"The staff performed brilliant under a lot of stress and overcrowding. I got great care and attention and for that I thank them."	"I was discharged nice and quickly the morning after surgery. I was home before 12pm. All my doctors and surgeons were good at seeing me efficiently so I could be released."

Suggestions for improvement

"Patient information when leaving hospital on who to attend, where to go. Wife had to do a lot of phoning around when I needed help."
"Yes, the time it took from being admitted to the A&E until I got a bed in a ward was approx. 12-13 hours. I was waiting on a trolley in the hallway."
"Windows could not be opened due to risk of infection. Air conditioning was not effective. Very warm in good weather."

Conclusion

What were patients' experiences of hospital care in Mercy University Hospital in May 2019?

The majority of patients said that they had positive overall experiences in Mercy University Hospital. 90% of patients said they had a 'good' or 'very good' experience, compared with 84% nationally.

Mercy University Hospital received above-average scores for the 'care on the ward', 'discharge or transfer' stages of care and for overall experience. The hospital scored around the national average for 'admissions' and 'examinations, diagnosis and treatment'. Participant ratings of care were generally similar to those received in 2018.

Three areas of good experience were identified. These were areas that were related to participants' overall experiences and where participants gave significantly above-average ratings. For example, many patients said that they were given enough privacy on the ward. Patients also said they were generally offered a replacement meal when required. In addition, most patients said that their home or family situation was taken into account when planning their discharge.

The findings of the 2019 survey will be used to help Mercy University Hospital improve the experiences of patients in hospital.

Appendix 1: Areas of good experience and areas needing improvement

Improvement map

It is important for hospitals to know if they scored above or below the national average for each question, and this is shown in the improvement map in Figure 16. The improvement map also shows which questions are related to patients' overall experience in hospital. Some questions had a stronger relationship with overall experience than others.

For example, Question 51 which asked patients if they were treated with respect and dignity had a strong relationship with overall experience. This means that patients who said they were treated with respect and dignity were very likely to give a positive rating of their overall experience. Patients who felt they were not treated with respect and dignity tended to give more negative ratings of their overall experience.

Other questions had a weaker relationship with overall experience – this means that patients' experiences in these areas had little bearing on how they rated their overall experience. An example is Question 13 which asked patients if hospital staff wore name badges. The relationship between staff wearing name badges and patients' ratings of their overall experience was weak. This means that even if all staff wore name badges, patients may have given negative ratings of their overall experience, or if no staff wore name badges, patients may still have given positive ratings of their overall experience.

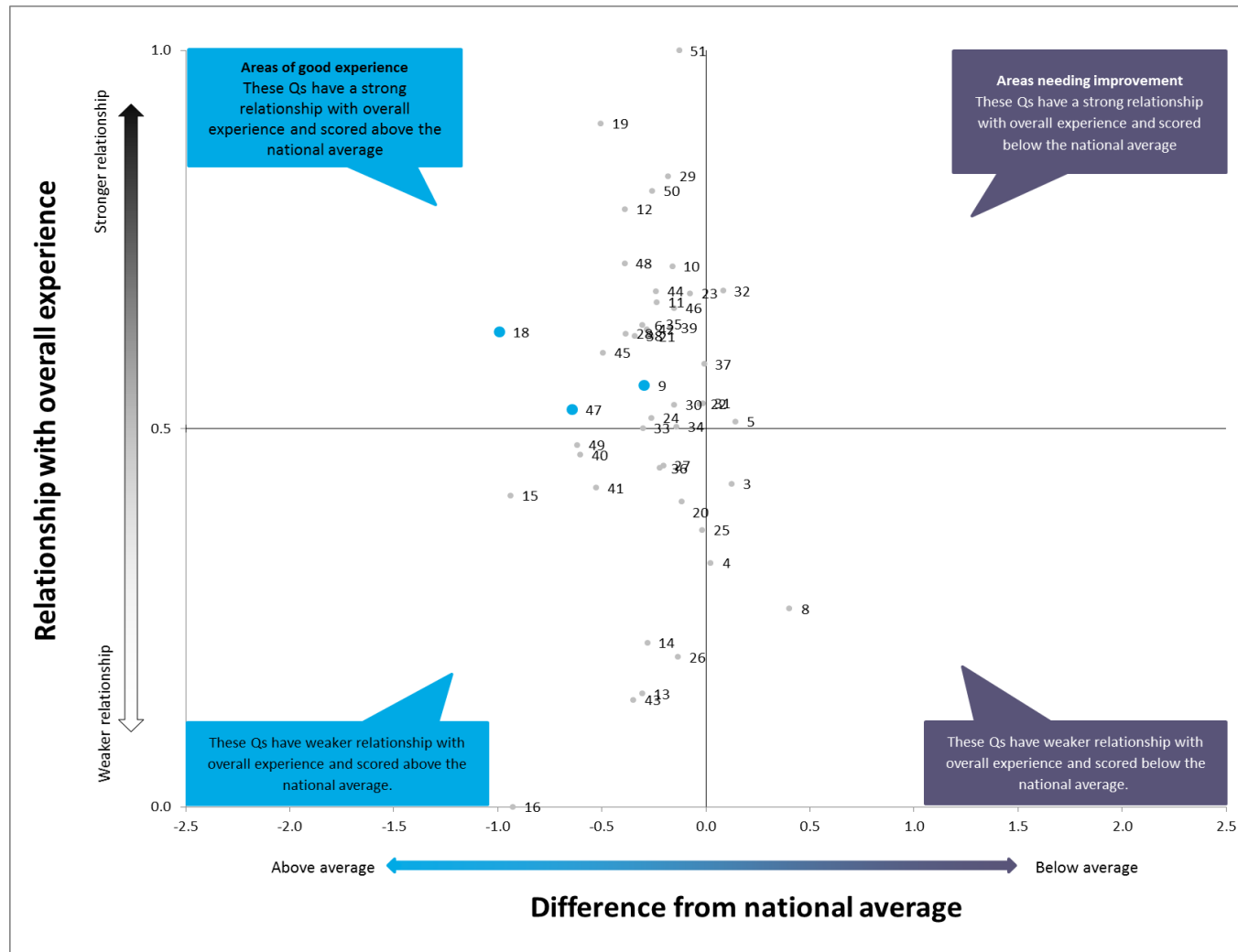
It is useful for hospitals to know which questions strongly relate to their patients' overall experience as these are the areas on which they should focus their improvement efforts

In Figure 16, each dot shows a specific survey question for Mercy University Hospital. Questions at the top of the graph are strongly related to overall experience, while those at the bottom have a weaker relationship. Questions to the right of the graph scored below the national average, while those on the left scored above it.

Questions that scored significantly above average and had a stronger relationship with overall experience are areas of good experience. Questions that scored significantly below average and had a stronger relationship with overall experience are areas needing improvement.

The improvement map for each hospital is unique and gives specific information on where a hospital is doing well, and areas where improvements are needed. More information on the science behind the improvement map is available below. An interactive version of the improvement map is also available at <http://www.yourexperience.ie/>, along with instructions on how to interpret it.

Figure 16 Improvement Map for Mercy University Hospital



How the improvement map is constructed

The improvement map is constructed by charting the normalised correlation between each question and overall experience on the vertical axis, against the difference between the hospital average and national average for each question on the horizontal axis.

What is correlation?

Correlation is a measure of the relationship between two variables. For example, in general there is a strong correlation between patients saying they were treated with respect and dignity, and patients giving a positive rating of their overall experience in hospital. It can thus be said that there is a strong correlation between respect and dignity, and overall experience. A 'correlation coefficient' is a number between 0 and 1 that represents the strength of a relationship, with 1 being the strongest possible relationship and 0 indicating that there is no relationship. Correlation does not tell us if a change in one variable is caused by a change in the other.

How do we calculate the correlation coefficient?

The first step in calculating the correlation coefficient between two variables is to calculate their 'covariance'. Covariance is a simple measure of the relationship between two variables and is calculated using the formula below:

$$\text{COV}_{xy} = \frac{\sum (x_i - \bar{x})(y_i - \bar{y})}{n - 1}$$

While covariance does measure the relationship between variables, it does so in an unstandardised way, depending on the scale of measurement used. This makes comparing covariances measured on different scales problematic. In order to get around this issue, 'standardisation' must be carried out. In order to do this, the covariance for both variables must be divided by the product of the standard deviations for each variable. The formula below shows how standardisation is carried out, resulting in r , known as the 'Pearson correlation coefficient'.

$$r = \frac{\text{COV}_{xy}}{s_x s_y} = \frac{\sum (x_i - \bar{x})(y_i - \bar{y})}{(N - 1)s_x s_y}$$

The final step in the analysis is to normalise the correlation coefficients between 0 and 1 using the below formula:

$$r = \frac{r - r_{\min}}{r_{\max} - r_{\min}}$$

In Figure 16, we plot the correlation coefficients between each question and overall experience on the vertical axis. Each question's difference from the national average is plotted on the horizontal axis.

How do we calculate difference from the national average?

Statistical tests were carried out to examine if there were significant differences between a hospital's score for each question and the national average for that question. A z-test was used to compare question scores at the 99% confidence level. A z-test is a statistical test used to examine whether two population mean scores are different. A statistically significant difference means it is very unlikely that results were obtained by chance alone if there was no real difference. Therefore, when a score is significantly 'higher than' or 'lower than' the national average, this is highly unlikely to have occurred by chance.