National Inpatient Experience Survey 2019

Midland Regional Hospital Mullingar

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National Inpatient Experience Survey

Midland Regional Hospital Mullingar

2019 survey results

Respondents

283
Number of respondents

63.8
Average age

45%
Participation rate

Overall experience

2019

Very Good 58%	Good 25%	Fair to Poor 17%

2018

Very Good 55%	Good 28%	Fair to Poor 17%

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

Stages of care

8.1 out of 10

Admission to hospital

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

8.5 out of 10

Care on the ward

Patient ratings of 'care on the ward' in the hospital were about the same as the national average and similar to last year's survey.

8.3 out of 10

Examination, diagnosis and treatment

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

7 out of 10

Discharge or transfer

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

Structure and content of this report

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About the National Inpatient Experience Survey 2019

The National Inpatient Experience Survey[1] 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%. 283 patients from Midland Regional Hospital Mullingar (MRHM) 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 Midland Regional Hospital Mullingar?

The majority of participants from MRHM reported positive experiences in hospital. 83% of participants said they had 'good' or 'very good' overall experiences, compared with 84% nationally. The hospital received scores which were about the same as the national average across all stages of care[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 always given enough privacy on the ward, and while discussing their condition or treatment. Most participants also reported that the toilets or bathrooms they used were 'very clean'.

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[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'.

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There were also two areas needing improvement. While the majority of patients said that all of the staff wore name badges, the hospital scored below the national average for this question. Many patients received written or printed information on what they should or should not do after leaving hospital, yet the rating for this question was also below the national average.

There were no significant differences in ratings of the stages of care from the 2018 survey.

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

Hospital and participant profile

MRHM is located in Co. Westmeath. There were 194 inpatient beds available in the hospital during the survey period of May 2019.

638 people discharged from MRHM during the month of May 2019 were invited to participate in the survey. 283 people completed the survey, achieving a response rate of 45%. 51% of participants were male and 49% were female. 256 respondents (91%) 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 MRHM.

Figure 1 Participants from MRHM by sex, age group and admission route

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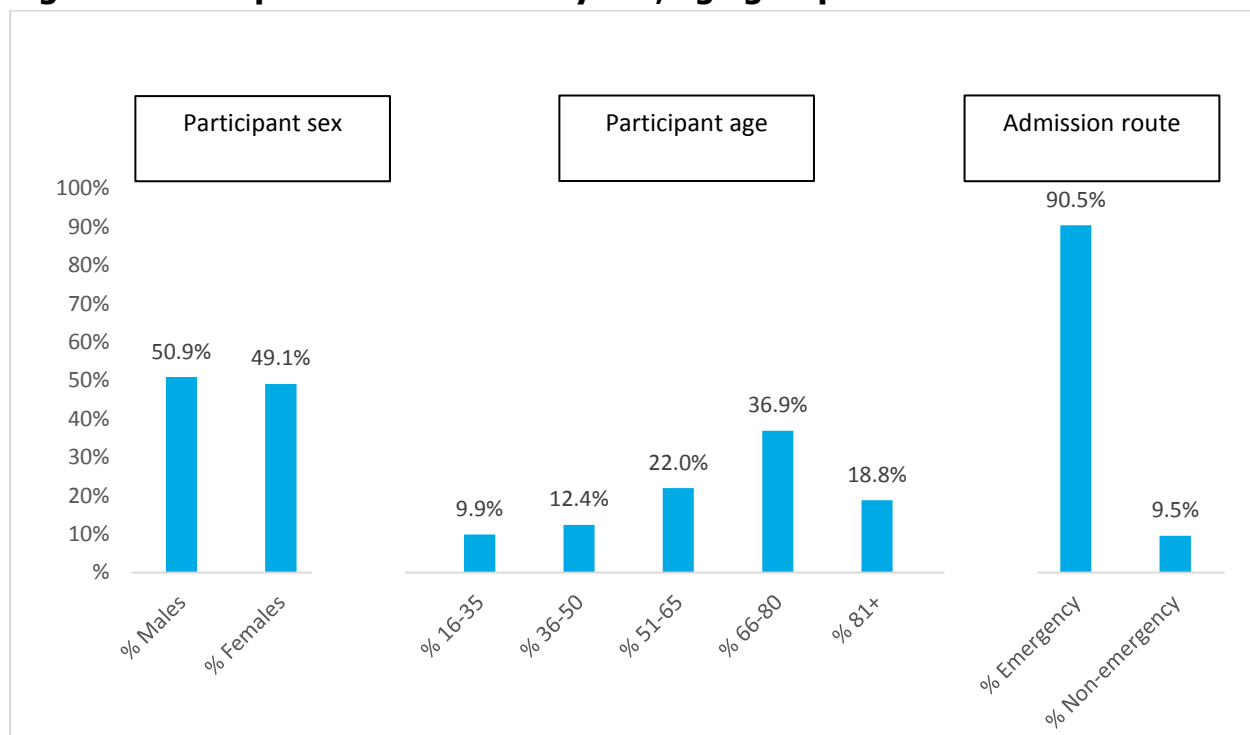
Areas of good experience and areas needing improvement

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.

The areas of good experience in MRHM are:

Care on the ward
Privacy on the ward | Q9
233 (86%) of the 270 people who answered this question said that they were always given enough privacy while on the ward.

Other aspects of care
Cleanliness of toilets and bathrooms | Q11
Of the 264 people who answered this question, 185 (70%) said that the toilets and bathrooms were very clean.

Examinations, diagnosis and treatment
Privacy when discussing condition or treatment | Q30
Of the 270 people who answered this question, 218 (81%) said that they were always given enough privacy when discussing their condition or treatment.

The areas needing improvement in MRHM are:
Care on the ward
Staff name badges| Q13
Of the 232 people who answered this question, 164 (71%) said that all of the staff wore name badges. The hospital scored below the national average on this question.
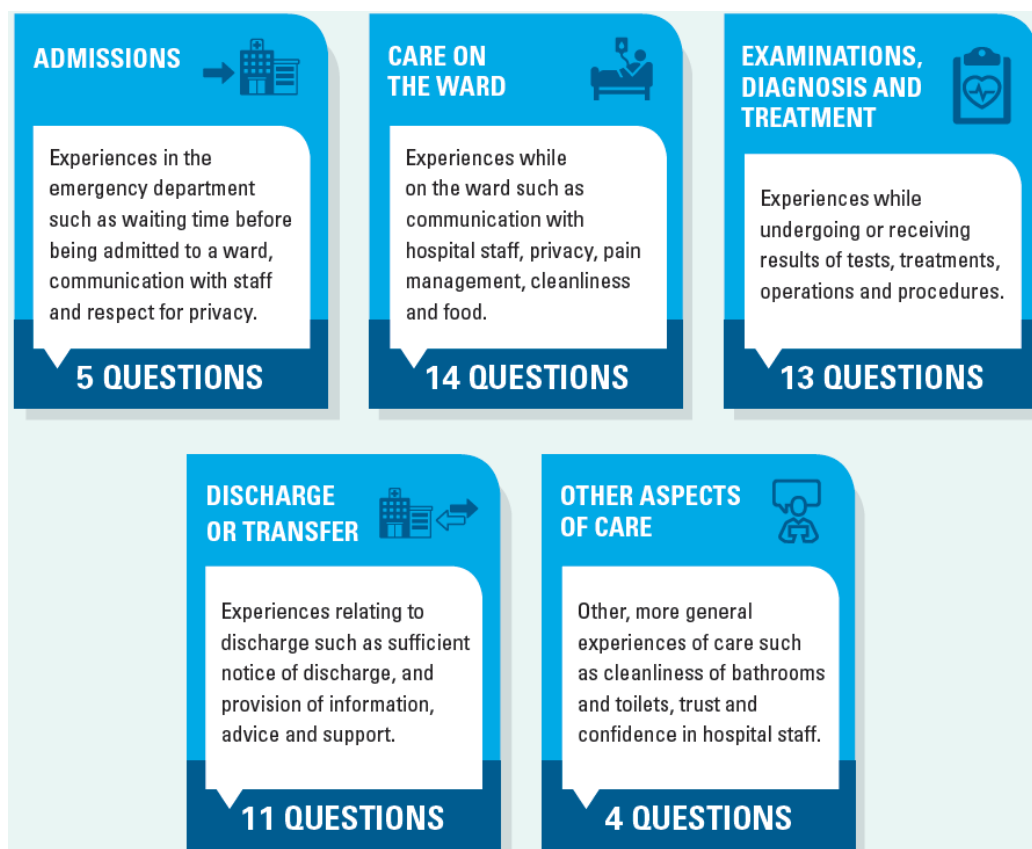
Discharge or transfer
Written or printed information| Q43
Of the 190 people who answered this question, 97 (51%) said that they received written or printed information on what they should or should not do at home. This was below the national average for this question.

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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:

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

CARE ON THE WARD

Experiences while on the ward such as communication with hospital staff, privacy, pain management, cleanliness and food.

14 QUESTIONS

EXAMINATIONS, DIAGNOSIS AND TREATMENT

Experiences while undergoing or receiving results of tests, treatments, operations and procedures.

13 QUESTIONS

DISCHARGE OR TRANSFER

Experiences relating to discharge such as sufficient notice of discharge, and provision of information, advice and support.

11 QUESTIONS

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

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

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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 the 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 scores[3] for MRHM

	2017	2018	2019
Admissions	8.5	8.0	8.1
Care on the ward	8.6	8.4	8.5
Examinations, diagnosis and treatment	8.3	8.0	8.3
Discharge or transfer	6.7	6.7	7.0
Overall experience	8.7	8.3	8.2

Comparison with previous year
■ About the same   ■ Lower   ■ N/A

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

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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 MRHM with the national average score for 'admissions' (out of a maximum of 10).

	Score
National	7.9
Midland Regional Hospital Mullingar	8.1

Comparison with national average
■ About the same ■ National

Figure 4 MRHM scores for questions on 'admissions'*

Question	Score
Q3. When you had important questions to ask doctors and nurses in the emergency department, did you get answers that you could understand?	8.4
Q4. While you were in the emergency department, did a doctor or nurse explain your condition and treatment in a way you could understand?	7.8
Q5. Were you given enough privacy when being examined or treated in the emergency department?	8.3
Q6. Overall, did you feel you were treated with respect and dignity while you were in the emergency department?	8.8
Q8. Following arrival at the hospital, how long did you wait before being admitted to a ward?	7.2

Comparison with national average
■ About the same ■ Higher

*The black line represents the national average

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Emergency department waiting times[4]

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 MRHM, 76 respondents (32%) said they were admitted to a ward within six hours of arriving at the emergency department, while 140 respondents (58%) reported waiting between six and 24 hours. 24 respondents (10%) said that they waited 24 hours or more before being admitted to a ward in MRHM with two 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 MRHM compared with the national average.

Figure 5 Emergency department waiting times, as reported by patients for MRHM and nationally

	<6 hours	6-24 hours	>24 hours
National	30%	56%	14%
Midland Regional Hospital Mullingar	32%	58%	10%
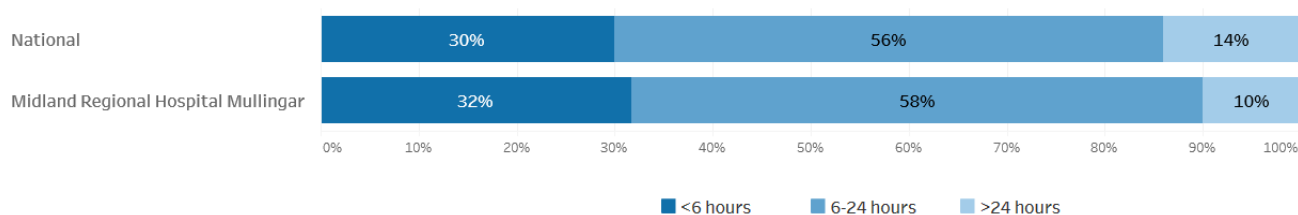
Admissions: what do these results mean?

Patient ratings of admission to MRHM were similar to both 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, though the hospital performed better than the national average for this question.

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[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

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CARE ON THE WARD

Experiences while on the ward such as communication with hospital staff, privacy, pain management, cleanliness and food.

14 QUESTIONS

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.

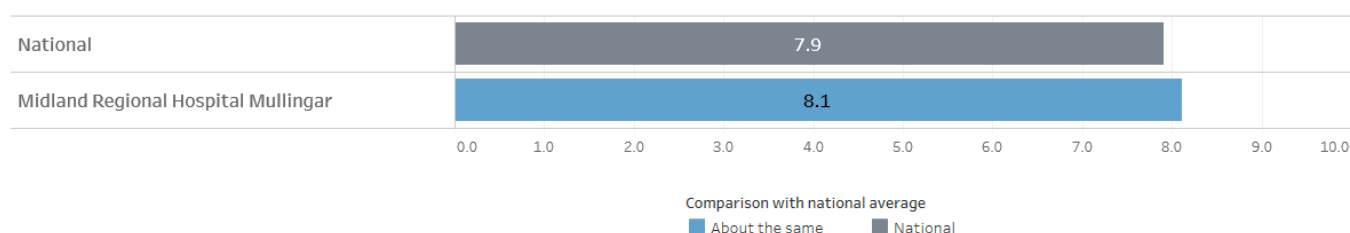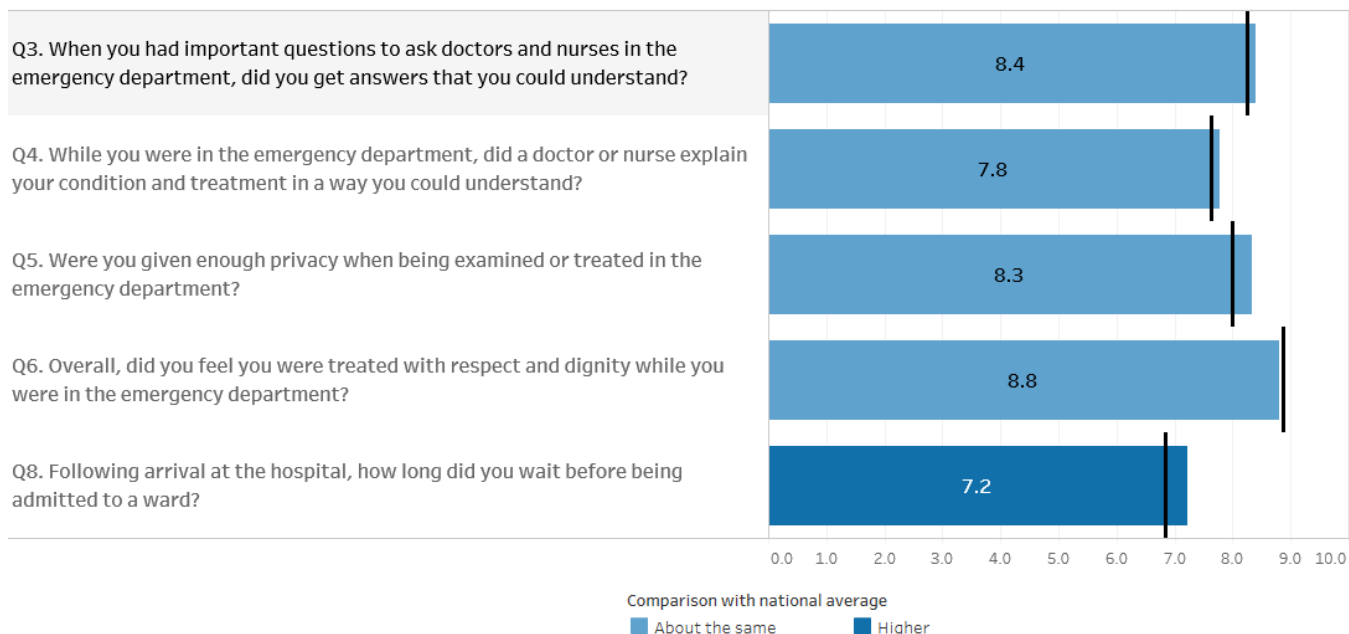**Figure 6 Comparison of MRHM with the national average score for 'care on the ward' (out of a maximum of 10).**
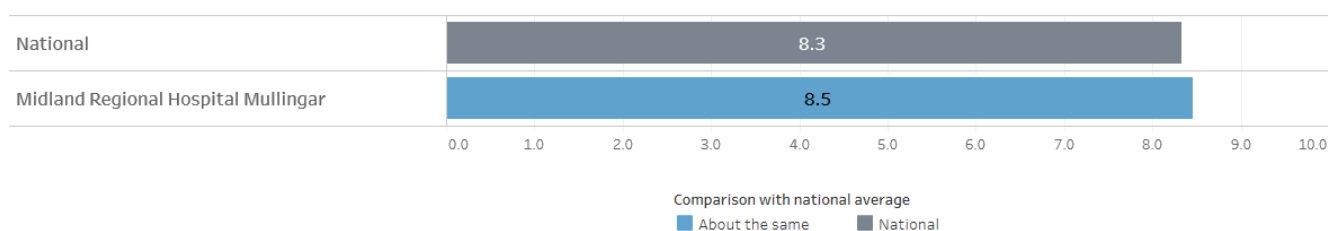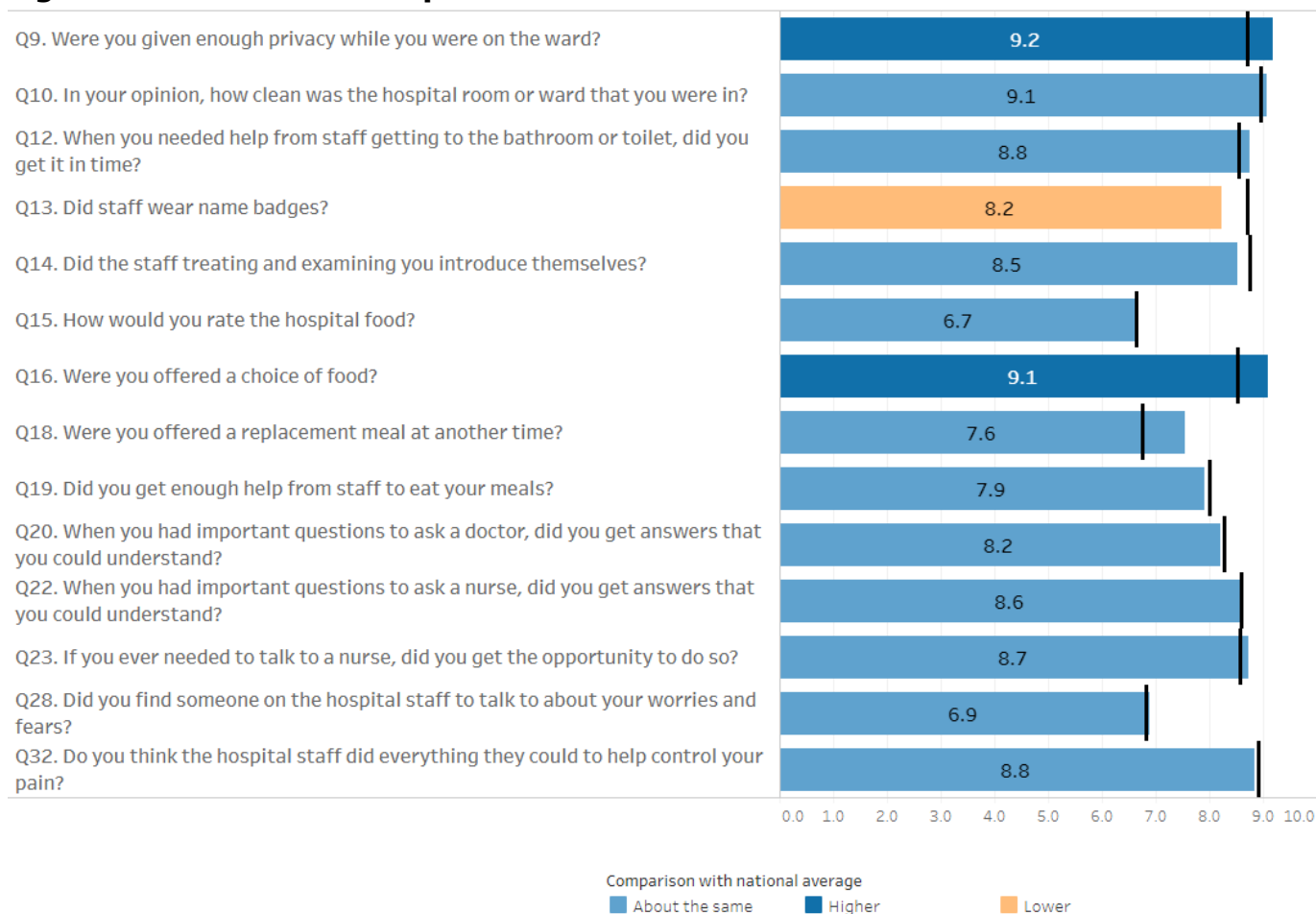
National	8.3
Midland Regional Hospital Mullingar	8.5

Comparison with national average
■ About the same   ■ National

Figure 7 MRHM scores for questions on 'care on the ward'*

Question	Score
Q9. Were you given enough privacy while you were on the ward?	9.2
Q10. In your opinion, how clean was the hospital room or ward that you were in?	9.1
Q12. When you needed help from staff getting to the bathroom or toilet, did you get it in time?	8.8
Q13. Did staff wear name badges?	8.2
Q14. Did the staff treating and examining you introduce themselves?	8.5
Q15. How would you rate the hospital food?	6.7
Q16. Were you offered a choice of food?	9.1
Q18. Were you offered a replacement meal at another time?	7.6
Q19. Did you get enough help from staff to eat your meals?	7.9
Q20. When you had important questions to ask a doctor, did you get answers that you could understand?	8.2
Q22. When you had important questions to ask a nurse, did you get answers that you could understand?	8.6
Q23. If you ever needed to talk to a nurse, did you get the opportunity to do so?	8.7
Q28. Did you find someone on the hospital staff to talk to about your worries and fears?	6.9
Q32. Do you think the hospital staff did everything they could to help control your pain?	8.8

Comparison with national average
■ About the same   ■ Higher   ■ Lower

*The black line represents the national average

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Care on the ward: what do these results mean?

Patient ratings of 'care on the ward' in MRHM were about the same as the national average and similar to last year's survey. Most patients said that they were always given enough privacy while they were on the ward. The lowest scoring question for this stage related to patient ratings of the hospital food.

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EXAMINATIONS, DIAGNOSIS AND TREATMENT

Experiences while undergoing or receiving results of tests, treatments, operations and procedures.

13 QUESTIONS

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 MRHM with the national average score for 'examinations, diagnosis and treatment' (out of a maximum of 10).
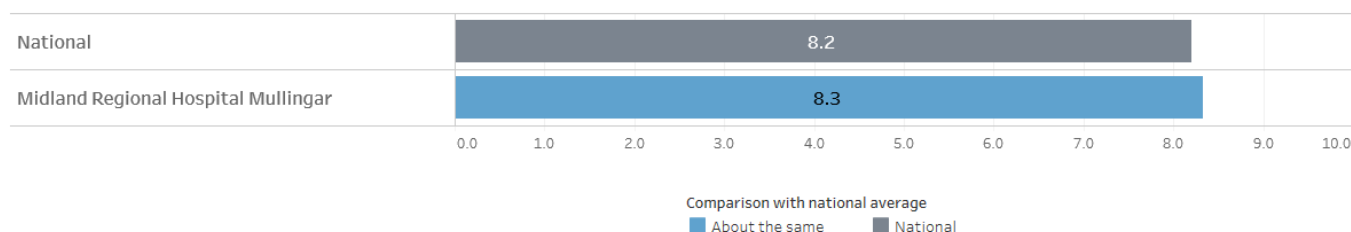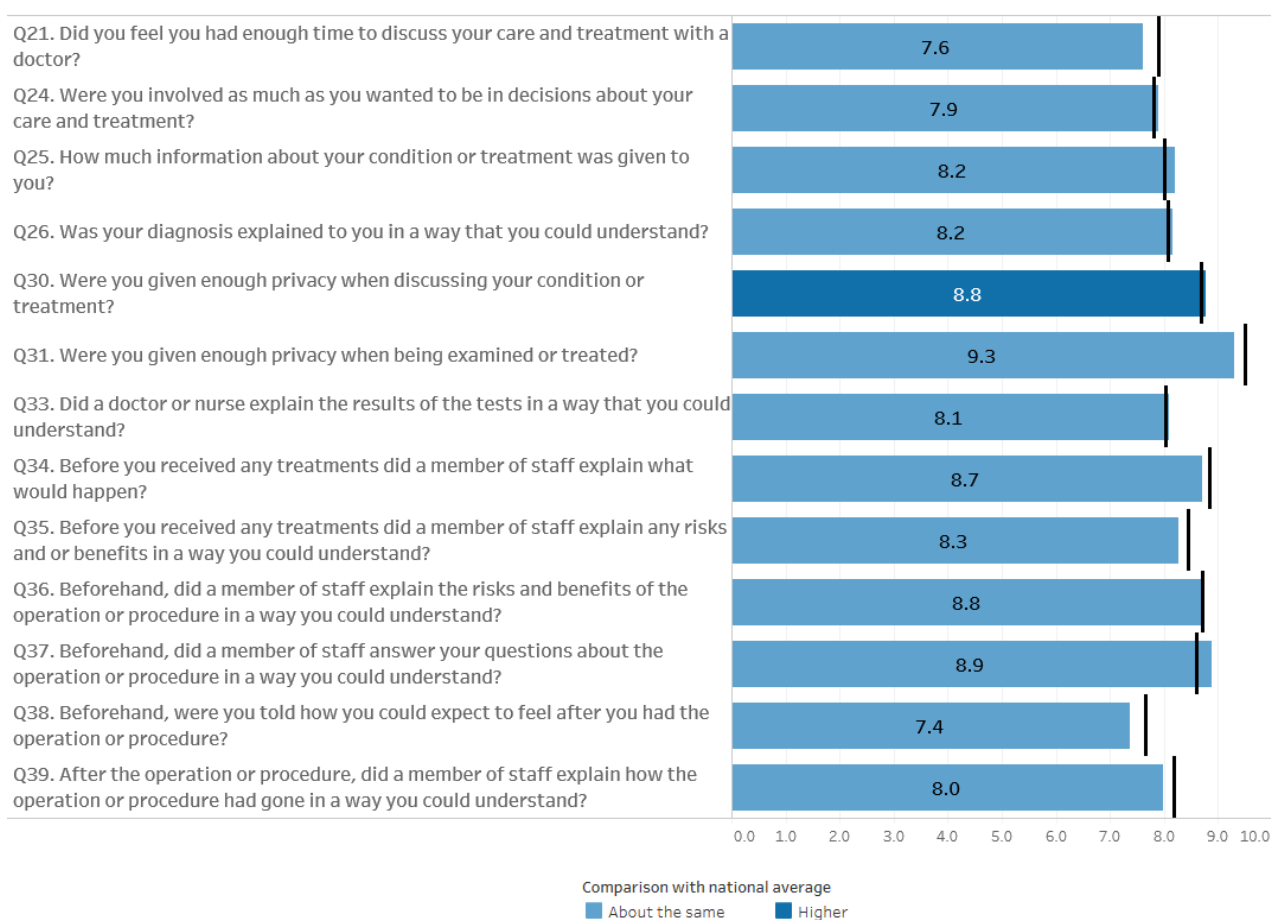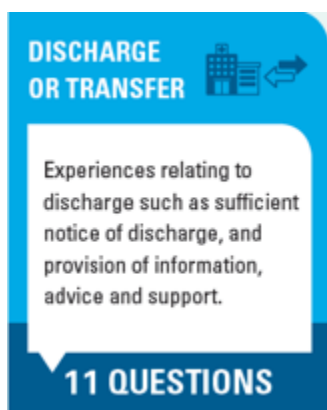
	Score
National	8.2
Midland Regional Hospital Mullingar	8.3

Comparison with national average
■ About the same ■ National

Figure 9 MRHM scores for questions on 'examinations, diagnosis and treatment'*

Question	Score
Q21. Did you feel you had enough time to discuss your care and treatment with a doctor?	7.6
Q24. Were you involved as much as you wanted to be in decisions about your care and treatment?	7.9
Q25. How much information about your condition or treatment was given to you?	8.2
Q26. Was your diagnosis explained to you in a way that you could understand?	8.2
Q30. Were you given enough privacy when discussing your condition or treatment?	8.8
Q31. Were you given enough privacy when being examined or treated?	9.3
Q33. Did a doctor or nurse explain the results of the tests in a way that you could understand?	8.1
Q34. Before you received any treatments did a member of staff explain what would happen?	8.7
Q35. Before you received any treatments did a member of staff explain any risks and or benefits in a way you could understand?	8.3
Q36. Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?	8.8
Q37. Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?	8.9
Q38. Beforehand, were you told how you could expect to feel after you had the operation or procedure?	7.4
Q39. After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?	8.0

Comparison with national average
■ About the same ■ Higher

*The black line represents the national average

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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 always given enough privacy when being examined or treated. The lowest scoring question for this stage related to whether patients were told how they could expect to feel after an operation or procedure.

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DISCHARGE OR TRANSFER

Experiences relating to discharge such as sufficient notice of discharge, and provision of information, advice and support.

11 QUESTIONS

Discharge or transfer

Figure 10 compares the hospital's 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 MRHM with the national average score for 'discharge or transfer' (out of a maximum of 10).

National	7.0
Midland Regional Hospital Mullingar	7.0

Comparison with national average
■ About the same   ■ National
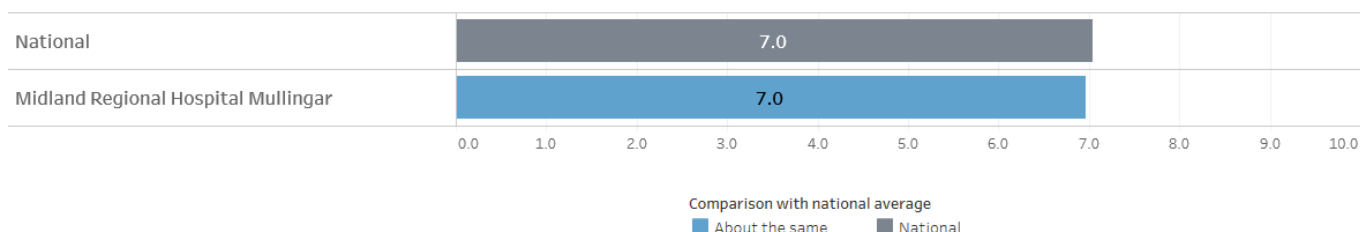
Figure 11 MRHM scores for questions on 'discharge or transfer'*

Question	Score
Q40. Did you feel you were involved in decisions about your discharge from hospital?	7.4
Q41. Were you or someone close to you given enough notice about your discharge?	8.3
Q42. Before you left hospital, did the healthcare staff spend enough time explaining about your health and care after you arrive home?	7.5
Q43. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?	5.2
Q44. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	8.2
Q45. Did a member of staff tell you about medication side effects to watch for when you went home?	5.3
Q46. Did a member of staff tell you about any danger signals you should watch for after you went home?	5.3
Q47. Did hospital staff take your family or home situation into account when planning your discharge?	6.7
Q48. Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?	5.7
Q49. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	7.0
Q50. Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?	7.0

Comparison with national average
■ About the same   ■ Lower

*The black line represents the national average

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Discharge or transfer: what do these results mean?

Participant ratings for this stage of care were similar to the national average and about the same as last year's survey. Most patients said that staff explained the purpose of medications they were to take at home. The lowest scoring question for this stage related to whether patients received any written or printed information on what they should or should not do after leaving hospital.
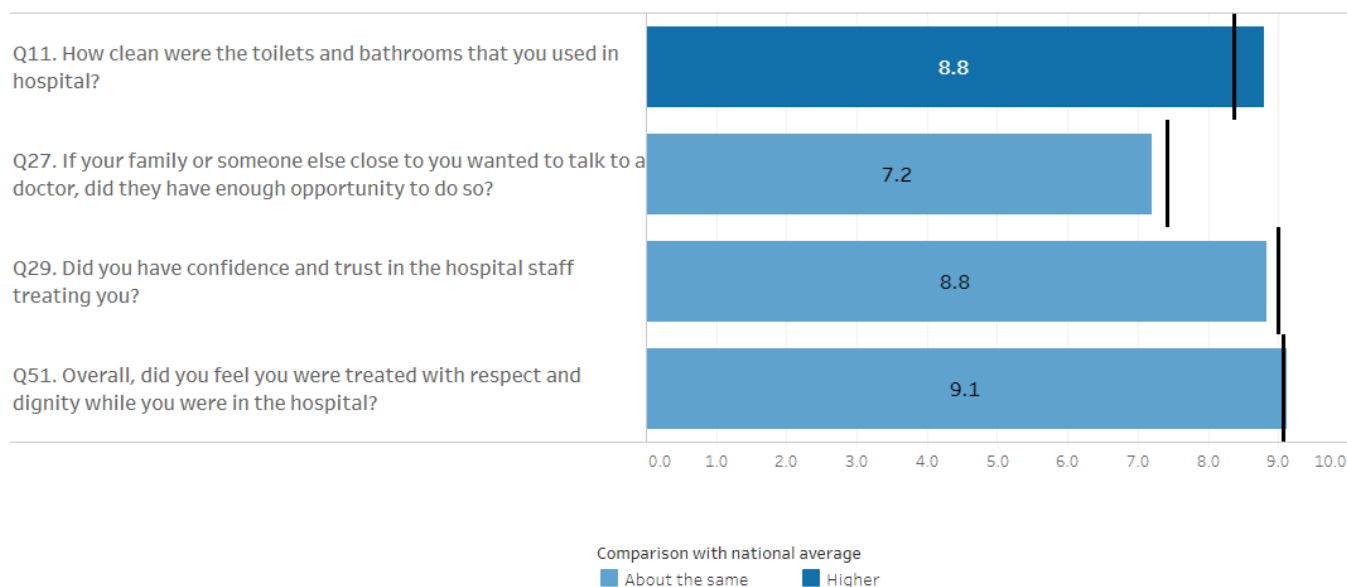
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OTHER ASPECTS OF CARE

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 MRHM 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 always treated with respect and dignity. On the other hand, a number of patients said that there were insufficient opportunities for their families to talk to a doctor.

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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. 58% of participants from MRHM rated their care as very good, slightly above the national figure of 56%.

Figure 13 compares the average overall rating of hospital experience for MRHM with the national average.

Figure 13 Overall rating of hospital experience for MRHM and nationally

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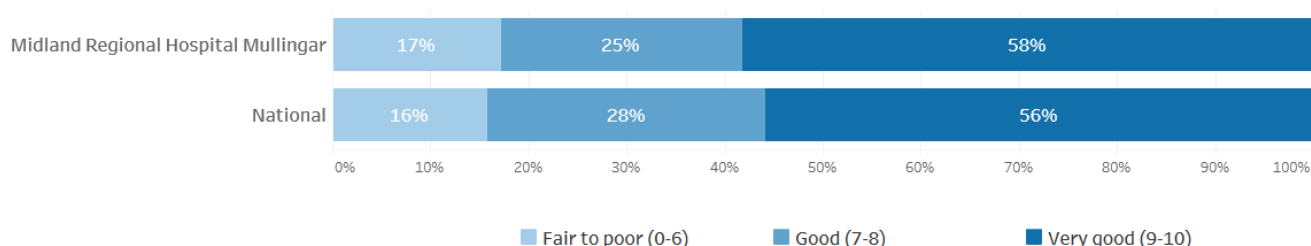
In their own words: analysis of patients' comments

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, 417 comments were received from patients of MRHM 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.

When asked what was good about their care, most patient comments related to the 'hospital staff' and 'general and other comments' themes. Most of the comments suggesting improvements related to the 'hospital staff', 'physical environment' 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

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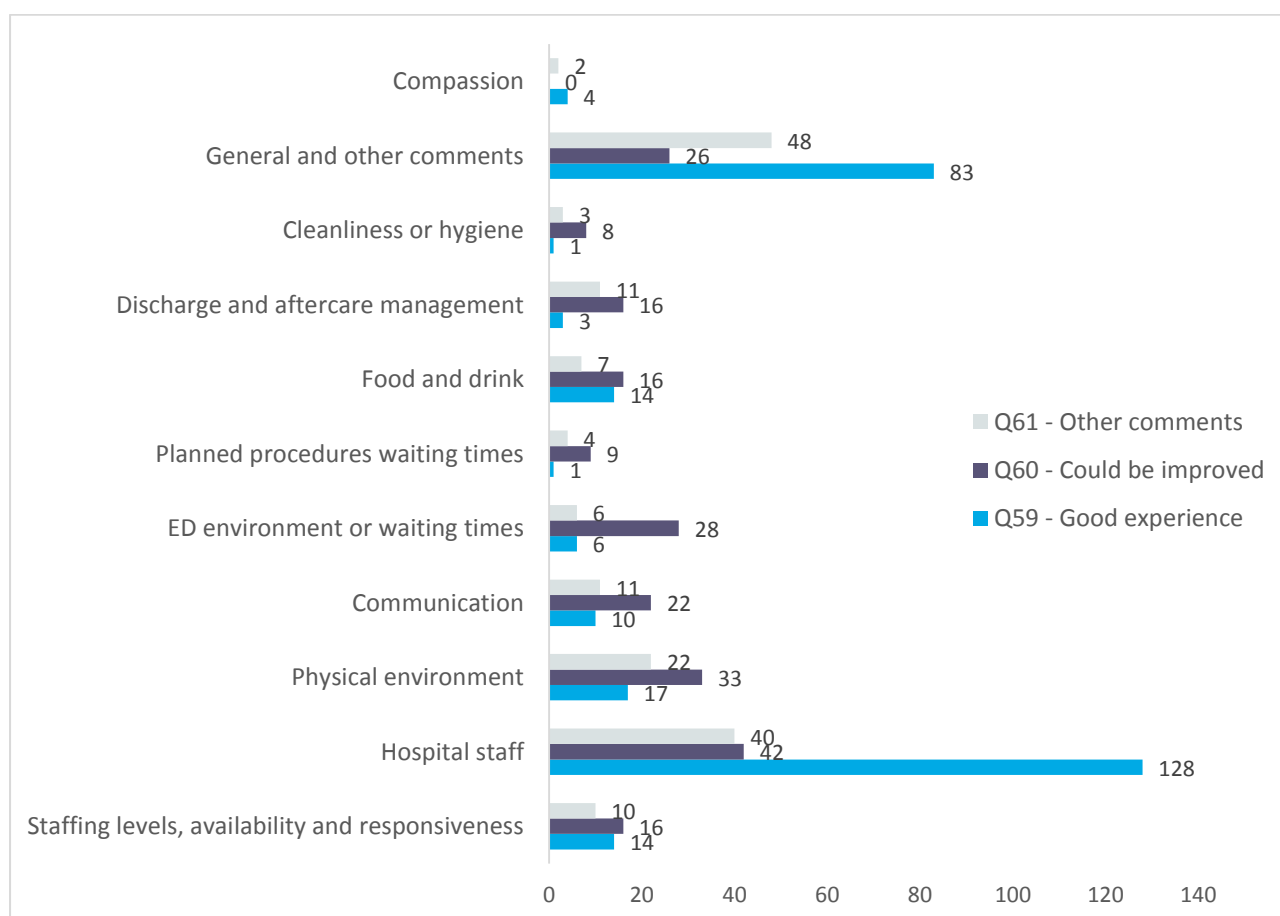
Figure 15 Example comments

Positive comments

"Nurses were very good and kind and all worked very hard, and the health assistants were all very good and cleaners all very nice."	"Hospital facilities, cleanliness and accessibility were excellent. Staff were very kind and also very professional."
"The care was very good. No problems. The surgeon fully explained what had been achieved and why it had been done."	"Got very good treatment from all the staff. Doctors and nurses were always available to talk to family members."
"The staff who give dinners and clean are excellent. They go above and beyond their job for patients and porters are just great too. They're wonderful at their job and help older people because the nurses are so busy."	"All doctors and nurses gave me the best care they could under the pressure they are under in the hospital. They were amazing in explaining everything to me. Could not have asked for better people."

Suggestions for improvement

"Patient involvement in discharge planning was poor. With no written documentation or explanation of medication management."
"Elderly patients need help with meals. Nurses don't have time and care assistants not always there."
"There should be someone on duty who will communicate with member of family to let them know how the patient is doing. Nobody has any time to communicate at all."

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Conclusion

What were patients' experiences of hospital care in MRHM in May 2019?

The majority of patients said that they had positive overall experiences in MRHM. 83% of patients said they had a 'good' or 'very good' experience, compared with 84% nationally. Participant ratings of the stages of care were generally similar to the national average and to those received in 2018.

Three areas of good experience were identified. For example, patients said that they were always given enough privacy while on the ward and also when discussing their condition or treatment. Several patients reported that the toilets or bathrooms they used in the hospital were very clean. These were areas that were related to participants' overall experiences and where participants gave significantly above-average ratings.

There were also two areas needing improvement. While the majority of patients said that all staff wore name badges, the hospital scored below the national average in this area. While a number of patients received written or printed information on what they should or should not do after leaving hospital, this question also scored below the national average.

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

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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 30 which asked patients if they were given enough privacy when being examined or treated had a strong relationship with overall experience. This means that patients who said they were given enough privacy while being examined or treated 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 16 which asked patients if they were offered a choice of food. The relationship between being offered a choice of food and patients' ratings of their overall experience was weak. This means that even if patients were offered a choice of food, patients may have given negative ratings of their overall experience, or if patients were not offered a choice of food, they 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 MRHM. 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

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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.

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Figure 16 Improvement Map for MRHM
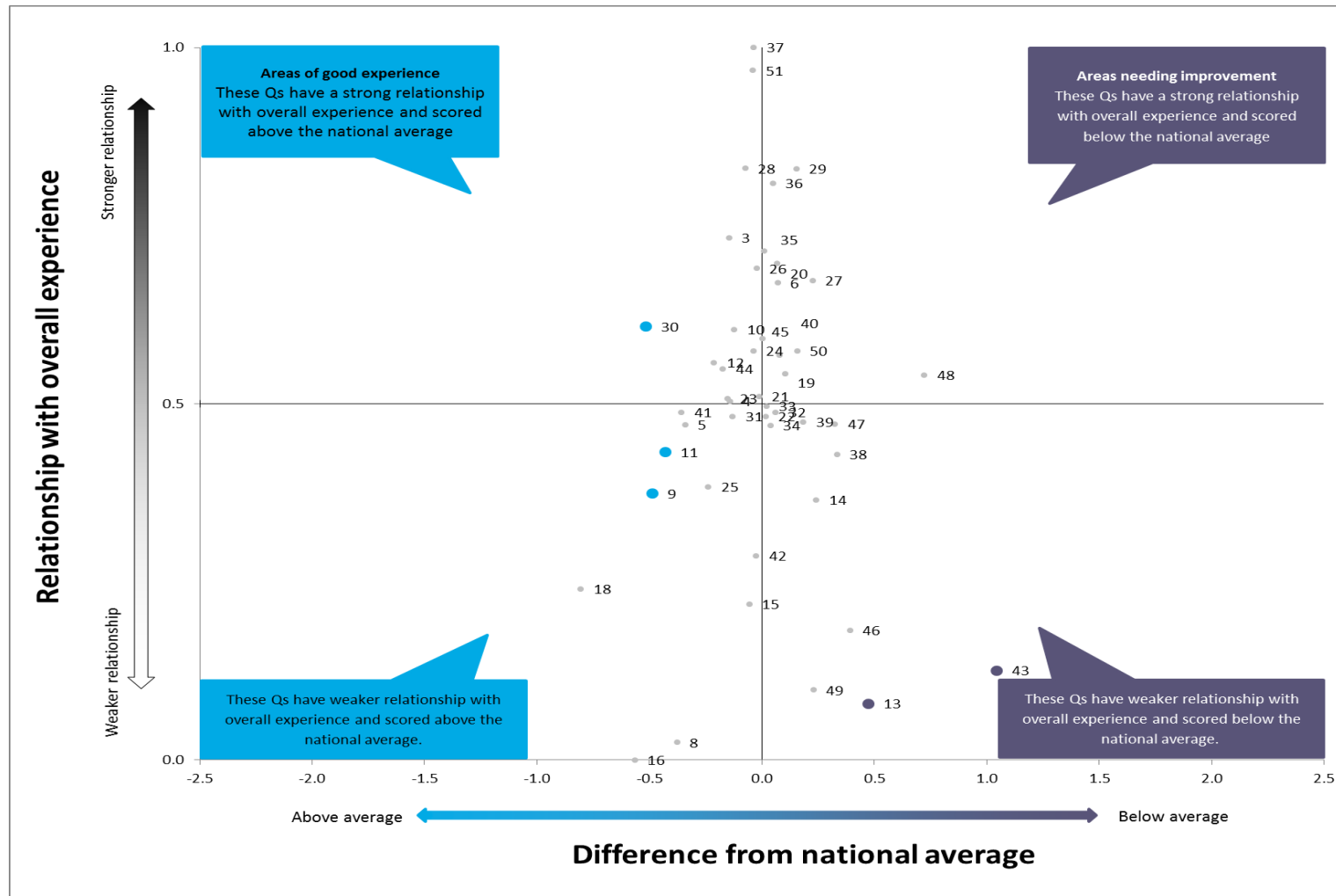
How the improvement map is constructed

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:

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

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'.

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

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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.

We're committed to excellence in healthcare