



The National Inpatient
Experience Survey

Findings of the 2019 Inpatient Survey

Thank you!

Thank you to everyone who participated in the National Inpatient Experience Survey 2019, and to your families and carers. Without your overwhelming support and participation the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve healthcare in Ireland. By putting the voice of the patient at the centre of acute healthcare, we can make sure that the needs and wishes of the people who matter most are met. This is the third time the survey has been run, and a number of improvement initiatives have been undertaken to address patient feedback.

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

The survey was overseen by a national steering group and a programme board. We acknowledge the direction and guidance provided by these groups. Appendix 1 lists the members of these groups and the core project team.

40 participating hospitals



Saolta University Health Care Group

1. Galway University Hospitals
2. Letterkenny University Hospital
3. Mayo University Hospital
4. Portiuncula University Hospital
5. Roscommon University Hospital
6. Sligo University Hospital

Total: 6

South/South West Hospital Group

17. Bantry General Hospital
18. Cork University Hospital
19. Lourdes Orthopaedic Hospital Kilcreene
20. Mallow General Hospital
21. Mercy University Hospital
22. South Infirmary Victoria University Hospital
23. South Tipperary General Hospital
24. University Hospital Kerry
25. University Hospital Waterford

Total: 9

RCSI Hospital Group

7. Beaumont Hospital
8. Cavan and Monaghan Hospital
9. Connolly Hospital
10. Louth County Hospital
11. Our Lady of Lourdes

Total: 5

UL Hospitals

12. Croom Orthopaedic Hospital
13. St John's Hospital
14. Ennis Hospital
15. Nenagh Hospital
16. University Hospital Limerick

Total: 5

Ireland East Hospital Group

26. Cappagh National Orthopaedic Hospital
27. Mater Misericordiae University Hospital
28. Midland Regional Hospital Mullingar
29. Our Lady's Hospital, Navan
30. Royal Victoria Eye and Ear Hospital
31. St Columcille's Hospital
32. St Luke's General Hospital
33. St Michael's Hospital
34. St Vincent's University Hospital
35. Wexford General Hospital

Total: 10

Dublin Midlands Hospital Group

36. Midland Regional Hospital Portlaoise
37. Midland Regional Hospital Tullamore
38. Naas General Hospital
39. St James's Hospital
40. Tallaght University Hospital

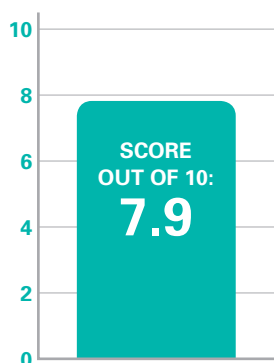
Total: 5

Executive summary

40 
HOSPITALS TOOK PART

1

Admission to hospital



The average patient rating for the 'admissions' stage of care was 7.9 out of 10.

30% of people (2,347) said that they were admitted to a ward within the HSE's target waiting time of six hours, with 331 people (4%) saying that they waited 48 hours or more before being admitted to a ward.

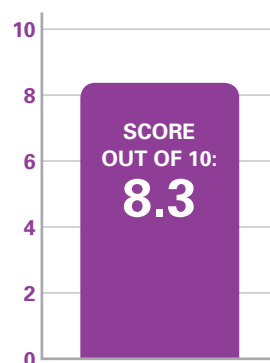
82% of respondents (6,960) said that they were always treated with respect and dignity in the emergency department.

SUGGESTION FOR IMPROVEMENT:

“It would be helpful to have some indicator of waiting time, especially while waiting in A&E.”

2

Care on the ward



The average rating for care on the ward was 8.3 out of 10.

28% of people (3,214) said that the food they received in hospital was poor or fair.

96% of people (11,404) said that the hospital room or ward that they were in was very clean or fairly clean.

SUGGESTION FOR IMPROVEMENT:

“The food could be improved and the tea was cold when it came to the ward.”

12,343



PEOPLE RESPONDED,
OUT OF AN ELIGIBLE
POPULATION OF 26,897

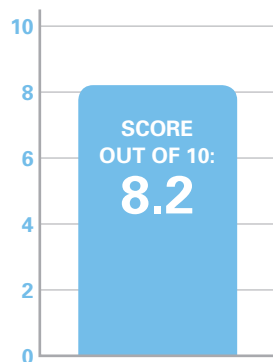
46%

RESPONSE RATE

3

4

Examinations, diagnosis and treatment



The average rating for examinations, diagnosis and treatment was 8.2 out of 10.

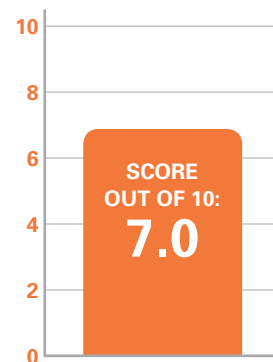
39% of people (4,562) said that they did not always have enough time to discuss their care and treatment with a doctor.

86% of people (10,185) said that they were always given enough privacy when being examined or treated.

SUGGESTION FOR IMPROVEMENT:

“Doctors should spend more time talking and listening to their patients.”

Discharge or transfer



The average rating for discharge or transfer was 7.0 out of 10.

55% of people (4,570) said that they were not fully informed about the side effects of medication to watch for when they went home.

71% of people (6,806) said that the purpose of medications they were to take at home was completely explained to them.

SUGGESTION FOR IMPROVEMENT:

“More information should be given to the patients when leaving the hospital, mainly about precautions, special diet etc.”

Executive summary

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.

During the month of May 2019, 26,897 people were invited to participate in the third National Inpatient Experience Survey. In total, 12,343 people took part in this survey, resulting in a response rate of 46%. The strong response rate indicates that patients in Ireland have a desire to talk about their experiences in hospital and contribute to efforts to improve our health service.

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 www.yourexperience.ie

What were the main findings of the 2019 survey?

The results of the 2019 National Inpatient Experience Survey show some improvements in experience on 2018, with patients reporting significantly more positive experiences in the 'discharge or transfer' stage of care. The scores for the other stages of care and the overall rating of care remained the same.

Admissions

The average patient rating for the 'admissions' stage of care was 7.9 out of 10. There was no overall change in patient ratings for this stage of care compared to the 2018 survey. 82% of respondents said that they were always treated with respect and dignity in the emergency department; however, long waiting times in the emergency department were highlighted as a problem. 30% of people said that they were admitted to a ward within the HSE's target waiting time of six hours, with 331 people (4%) saying that they waited 48 hours or more before being admitted to a ward.

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

Long waiting times, in excess of the six hour target, have been linked with negative health outcomes and therefore pose a risk to patient safety. However, 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. Further detail on how waiting times are measured by the HSE and in the survey can be found in the Admissions section of this report.

Care on the ward

The average patient rating for 'care on the ward' was 8.3 out of 10, which was the same score achieved in the 2018 survey. Patients generally gave positive ratings of cleanliness, with 96% of people saying that their room was very clean or fairly clean. In addition, most patients felt that staff did everything they could to help control their pain. Patients were less positive about hospital food, with almost 28% saying it was poor or fair.

Examinations, diagnosis and treatment

The average patient rating for 'examinations, diagnosis and treatment' was 8.2 out of 10, representing no change from the 2018 survey. Patients generally gave positive ratings of the privacy they were afforded, with 86% saying that they were always given enough privacy when being examined or treated. Patients were less positive about the level of communication from staff on certain issues, with 39% saying they were not given, or were only to some extent given, enough time to discuss their care and treatment with a doctor

Discharge or transfer

As in 2017 and 2018, the 'discharge or transfer' stage of care was again found to be the lowest-rated stage. However, the average patient rating of 7 out of 10 was significantly higher than in the 2018 survey. 71% of respondents said that staff 'completely' explained the purpose of medicines they were to take at home. Nevertheless, just 45% said that staff 'completely' explained the potential side effects of medications.

Other aspects of care

The question which asked patients if they were treated with respect and dignity while they were in hospital was one of the most positively-rated questions in the survey. 84% of participants said that they were always treated with respect and dignity while in hospital. However, participants had less positive views in relation to the involvement of their families in their care, with 3,435 people (40%) saying that their families or people close to them did not have, or only to some extent had, sufficient opportunities to talk to a doctor.

What patients said

Participants made 18,658 comments in response to the three open-ended questions in this year's survey. These comments provide an incredibly rich source of information which complements the information from the structured questions. The large majority of positive comments related to hospital staff, with thousands of patients acknowledging their hard work and dedication. When asked for suggestions for improvement, participants mostly commented on food and drink, communication between patients and healthcare staff, hospital facilities, staffing levels and waiting times in the emergency department.

Conclusion

In general, patient experience ratings in 2019 were similar to those reported in 2018. However, significant improvements in the area of 'discharge or transfer' were identified.

While the overall results are positive, it will likely take several years to reliably establish whether improvements can be sustained over the long-term. It is clear that most of the patients who completed the survey had positive experiences of acute healthcare; however, a large number of patients did not. By sharing these experiences, patients helped identify the areas where improvements are needed.

What happens next?

As in 2017 and 2018, the HSE will respond to the results of the 2019 survey at national, hospital group and hospital levels. The HSE will coordinate its response to the survey through a national oversight group, with local implementation of quality improvement initiatives led by personnel from hospitals and hospital groups. These initiatives will build on the work conducted since 2017, which has included programmes to improve admissions, hospital food and nutrition, and discharge information for patients, as well as clearer medication instructions and the roll out of activity programmes for older patients. A programme of support and training for staff on communication skills is also being implemented. Further examples of local quality improvements can be found at www.yourexperience.ie.

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Chapter 1

Patients' experiences of acute hospital care in Ireland

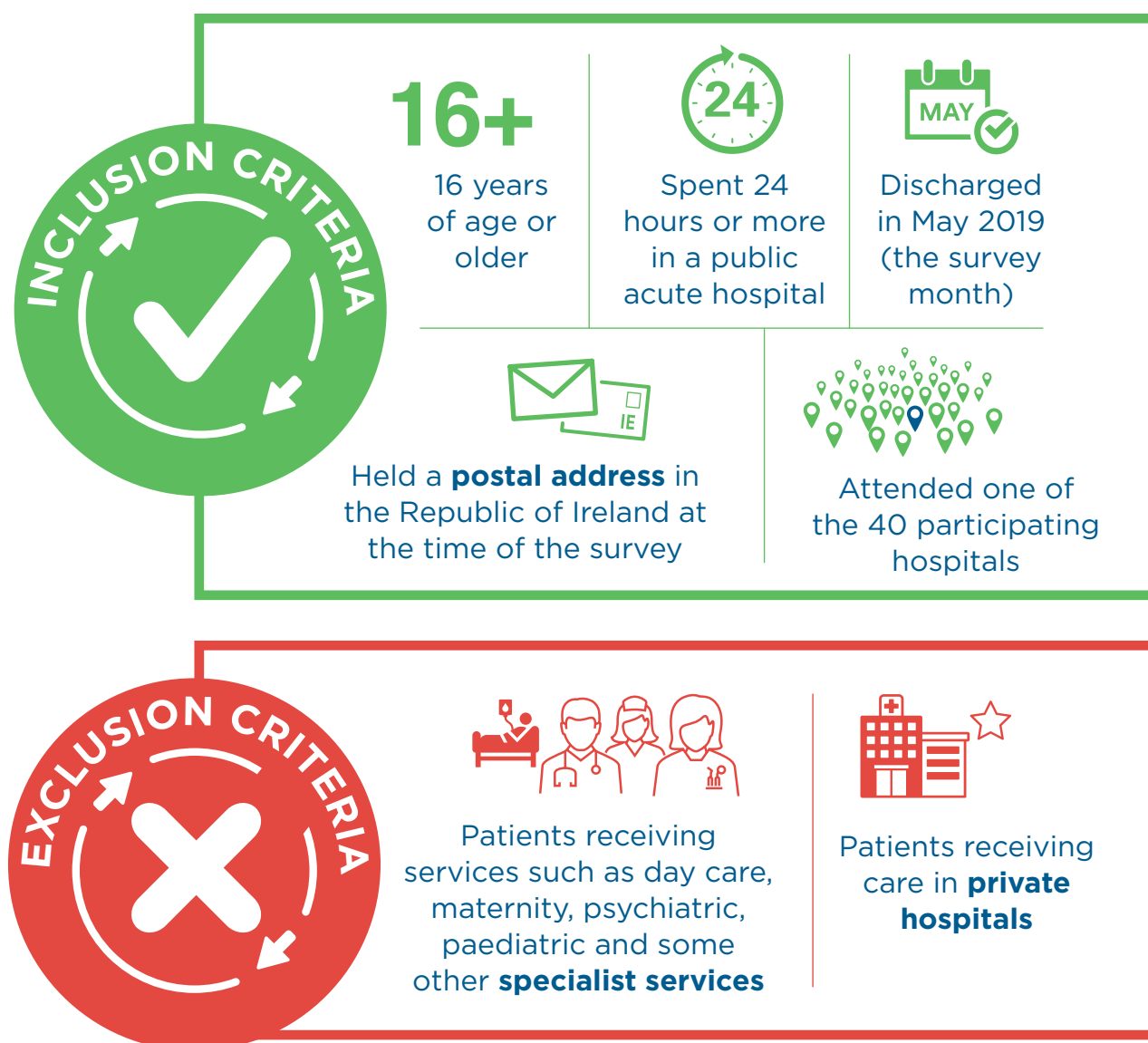
In brief: The National Inpatient Experience Survey 2019

Who was eligible to take the survey and when were patients given the survey?

Patients aged 16 years or older, who spent at least 24 hours in a public acute hospital and who were discharged from hospital during the month of May 2019 were eligible to participate in the survey. Maternity, day cases, paediatric, psychiatric and some other specialist (less than 24 hours stay) hospital services, as well as private hospitals, were not part of the survey on this occasion.

Figure 1.1. summarises the eligibility criteria for participation in the National Inpatient Experience Survey 2019.

Figure 1.1 Inclusion and exclusion criteria



Eligible patients were sent a questionnaire in the post two weeks after they were discharged from hospital. Participants could also choose to complete the survey online. Two reminder letters were sent to people who were invited to participate but had not yet returned a survey. Internationally, the second reminder has been shown to increase response rates significantly.⁽¹⁾

Participation in the survey was voluntary and confidential. Participants could also opt out of the survey either while they were still in hospital or after discharge.

The administration and survey fieldwork was carried out by Behaviour & Attitudes² on behalf of the partner organisations.

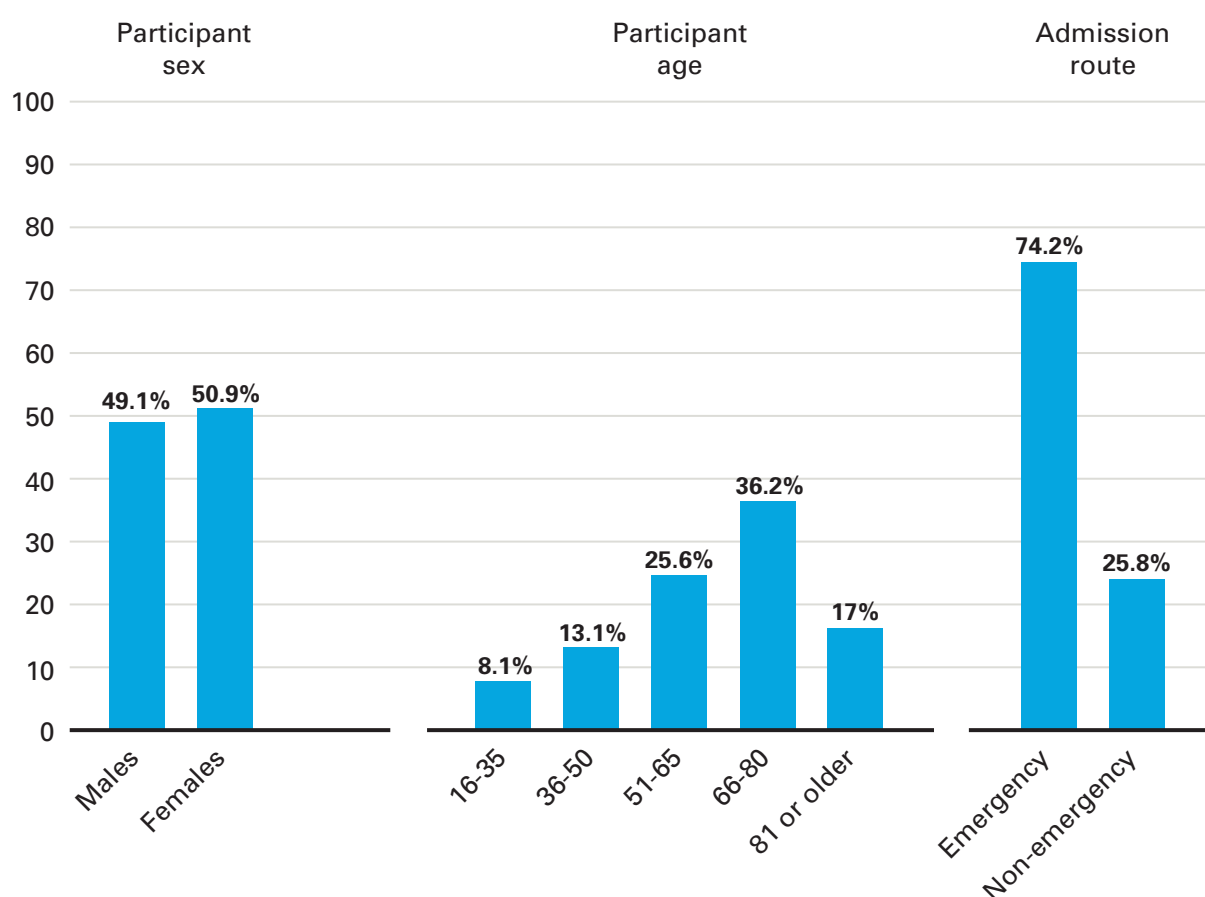
2 Behaviour & Attitudes is a market research agency. More information on the company can be found on their website www.banda.ie.

Who participated in the 2019 survey?

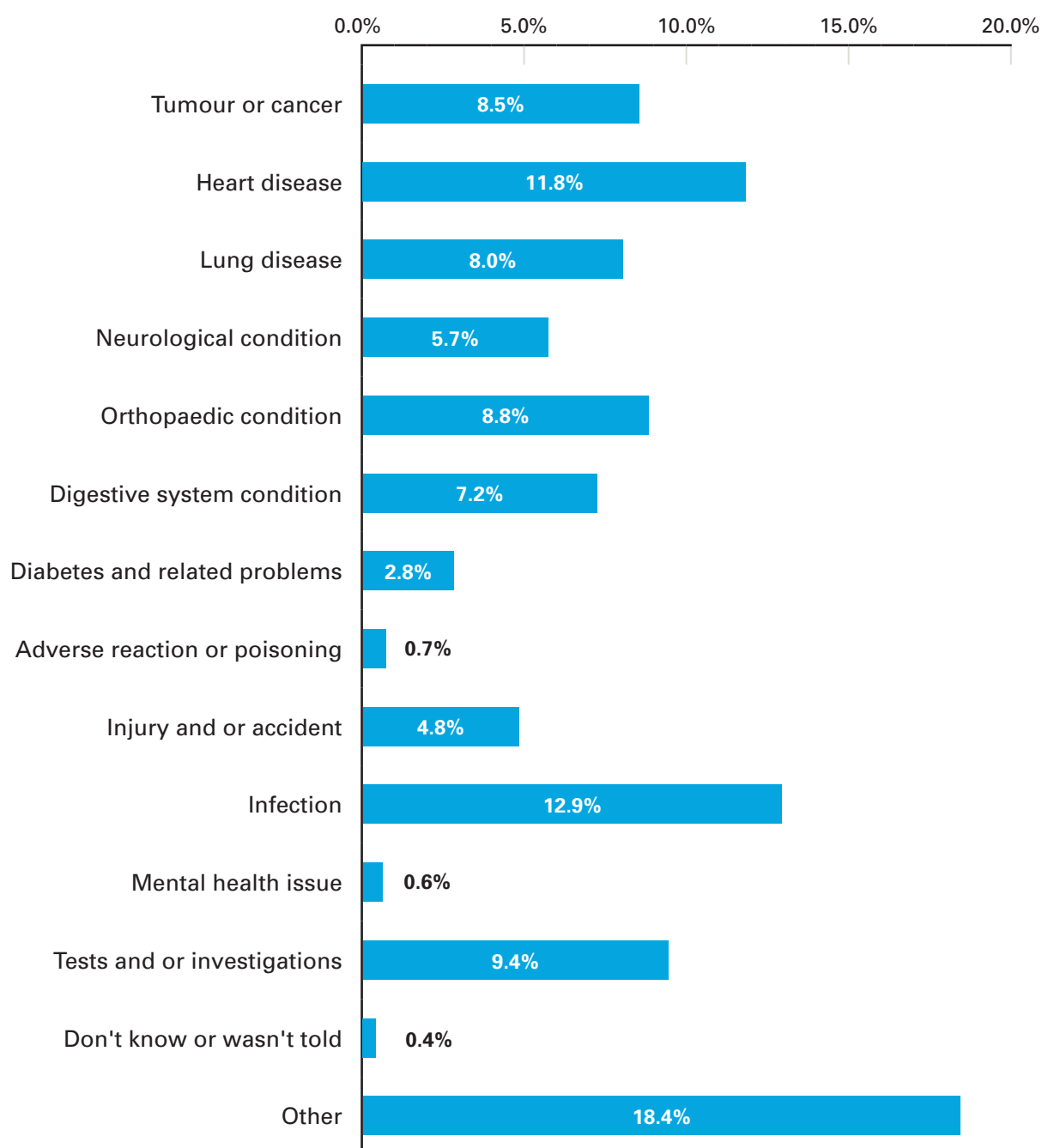
26,897 people that were discharged from a public acute hospital during the month of May 2019 were invited to participate in the survey. In total, 12,343 people (46%) returned a completed questionnaire.

6,056 males (49.1%) and 6,287 females (50.9%) participated in the survey. 9,723 people (78.8%) who participated were aged 51 years or older. Most people (74.2%) were admitted to hospital through the emergency department. Figure 1.2. shows the characteristics of people who participated in the 2019 survey, while Appendix 2 provides additional detail on those who took part.

Figure 1.2. **Survey participants by sex, age group and admission route**



Participants were admitted to hospital for a variety of reasons, including infection, for tests or investigations, or other reasons. The breakdown of participants' reasons for admission to hospital is shown in Figure 1.3.

Figure 1.3. **Survey participants by reason for admission**

Which hospitals participated?

40³ public acute hospitals participated in the 2019 survey. Acute hospitals deliver emergency, non-emergency/elective and outpatient care to people who are ill or injured. Public hospitals in Ireland belong to one of six hospital groups:

South/South West Hospital Group
Ireland East Hospital Group
Royal College of Surgeons in Ireland (RCSI) Hospital Group
University of Limerick (UL) Hospitals
Saolta University Health Care Group
Dublin Midlands Hospital Group



Why measure patient experience in Irish hospitals?

Patient experience is a good indicator of healthcare quality and performance.⁽⁵⁻⁷⁾ Rather than asking about satisfaction with a service, surveys of patient experience ask for details about what happened when a person used a healthcare service.^(8, 9) Patient experience surveys are a useful way of finding specific problems in the delivery of healthcare, and provide hospital managers with detailed information on how to fix those problems.⁽⁸⁾ Until 2017, patient experience was not measured systematically in Ireland's public acute hospitals.

The information gathered in the National Inpatient Experience Survey provides a clear picture of the quality of acute healthcare in Ireland, as reported by patients themselves.

The National Inpatient Experience Survey was granted ethical approval from the Royal College of Physicians in Ireland in March 2018.

3 Even though 40 hospitals participated in the survey in 2019, only 39 hospital reports will be produced. Our Lady of Lourdes Hospital in Drogheda and Louth County Hospital in Dundalk asked for their results to be merged to ensure a sufficient response rate was achieved.

Ensuring the voice of the patient is heard

While many people in this survey said that they had a very good experience of acute hospital care in Ireland, it is also necessary to listen to people whose experiences were not as good. For example, even if thousands of people responded very positively to a question in the survey, it is important to note that for this same question, many hundreds and sometimes even thousands of people reported a negative experience of hospital care.

The National Inpatient Experience Survey equally values and seeks to represent every patient voice among the 12,343 who took part.

Areas of good experience and areas needing improvement

This section lists the areas where patients had particularly positive experiences, and details those areas where there is the most room for improvement. The list includes the relevant question number and stage of care for each area. Appendix 3 explains how these areas were identified.

Areas of good experience

Admissions Respect and dignity in the emergency department Q6	6,960 out of the 8,502 people (82%) who responded to this question said that they were always treated with respect and dignity in the emergency department.
Care on the ward Cleanliness of room or ward Q10	11,404 out of the 11,849 (96%) people who responded to this question said that the hospital room or ward that they were in was very clean or fairly clean.
Care on the ward Clear answers from a nurse Q22	Of the 11,069 people who had important questions to ask, 8,350 (75%) said that nurses on the ward always answered questions in a manner that they could understand.

Other aspects of care	9,837 out of the 11,885 people (83%) who answered this question said they always had confidence and trust in the hospital staff that treated them.
Confidence and trust in hospital staff Q29	
Examinations, diagnosis and treatment	10,185 out of the 11,844 people (86%) who answered this question said that they were always given enough privacy when being examined or treated on the ward.
Privacy when being examined or treated Q31	
Care on the ward	Of the 10,200 people who said that they experienced pain, 8,360 (82%) said that hospital staff definitely did everything they could to help control it.
Pain management Q32	
Examinations, diagnosis and treatment	5,338 out of 6,632 people (81%) said that hospital staff answered their questions about an operation or procedure in a way they could fully understand.
Clear answers to questions about an operation or procedure Q37	
Other aspects of care	9,975 out of 11,851 people (84%) who responded to this question said that they were always treated with respect and dignity throughout their stay in hospital.
Respect and dignity Q51	

Areas needing improvement

Examinations, diagnosis and treatment	<p>4,561 out of the 11,809 people (39%) who answered this question said that they did not have, or only to some extent had, enough time to discuss their care and treatment with a doctor.</p>
Time to discuss care and treatment with a doctor Q21	
Examinations, diagnosis and treatment	<p>4,120 out of the 11,790 people (35%) who answered this question said they were not, or were only to some extent, sufficiently involved in decisions about their care and treatment.</p>
Involvement in decisions about care and treatment Q24	
Other aspects of care	<p>3,435 out of the 8,498 people (40%) who answered this question said that their families or people close to them did not have, or only to some extent had, sufficient opportunities to talk to a doctor.</p>
Opportunities for family members to talk to a doctor Q27	
Care on the ward	<p>3,599 out of 7,779 people (46%) who had worries and fears said that they could not, or could only to some extent, find a member of hospital staff to talk to about their worries and fears.</p>
Someone to talk to about worries and fears Q28	
Discharge or transfer	<p>4,570 people out of 8,355 (55%) who received medication said that they were not fully informed about the side effects to watch for when they went home.</p>
Information on the side effects of medication Q45	

Discharge or transfer	2,918 people out of 8,992 (33%) said that they were not adequately informed about danger signals to watch out for when they went home.
Danger signals to watch out for Q46	
Discharge or transfer	3,061 people out of 7,861 (39%) said that their family or home situation was not, or was only to some extent, taken into account when planning their discharge.
Consideration of home/family situation Q47	
Discharge or transfer	4,233 out of 10,424 people (41%) who needed help to manage their condition said that they did not receive any, or only received some, information on how to manage their condition after their discharge from hospital.
Information on how to manage condition Q50	

2

Chapter 2

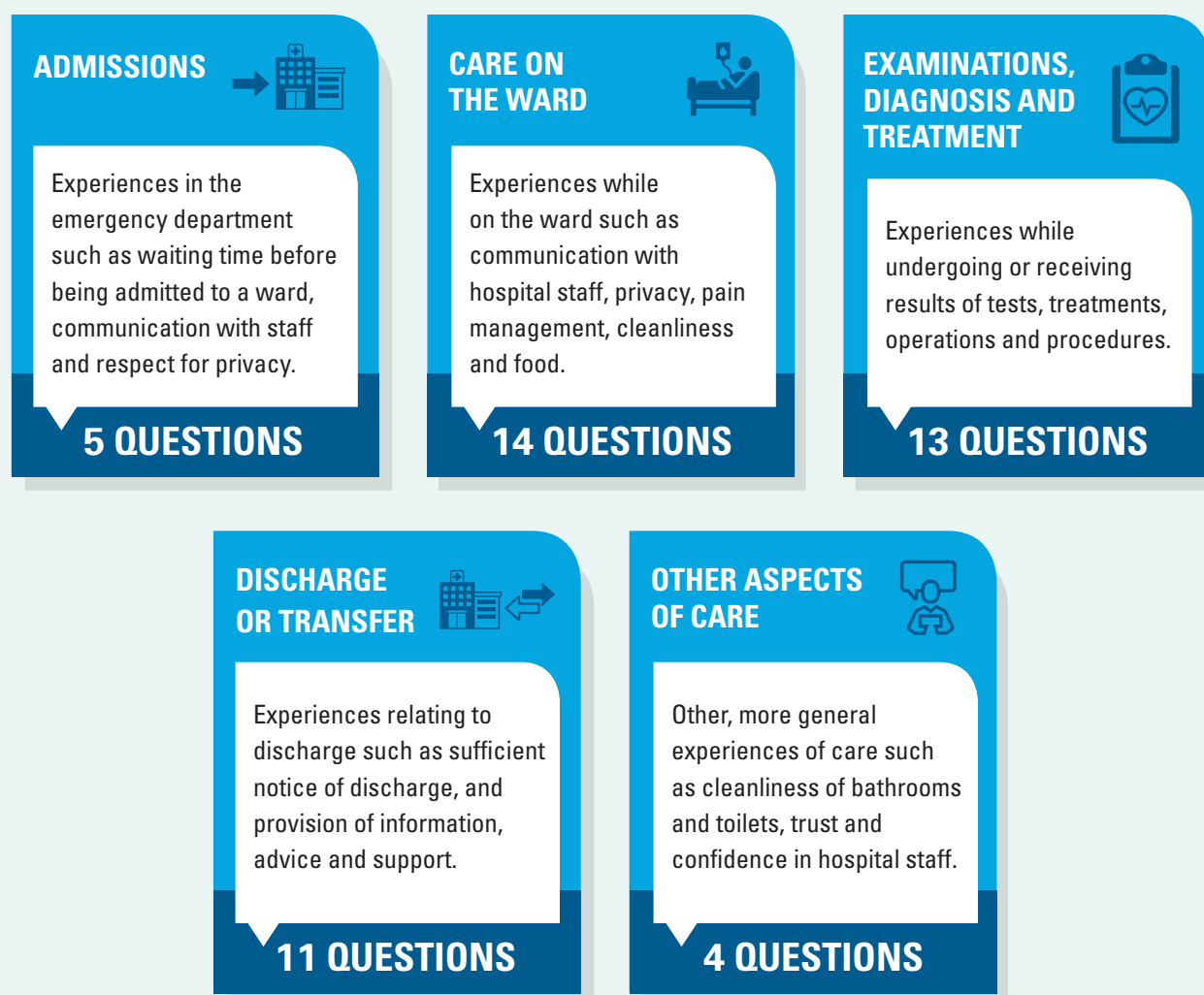
The patient journey through hospital

Quantitative findings of the 2019 survey

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 survey questions are grouped into five stages along the patient journey: admissions; care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other aspects of care. Participants were also asked to rate their overall experience from 0 to 10.

Figure 2.1. 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 2.1 **Description of stages of care 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. Statistical tests were carried out to examine if there were significant differences in patient experience between 2018 and 2019, as well as between a particular 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.

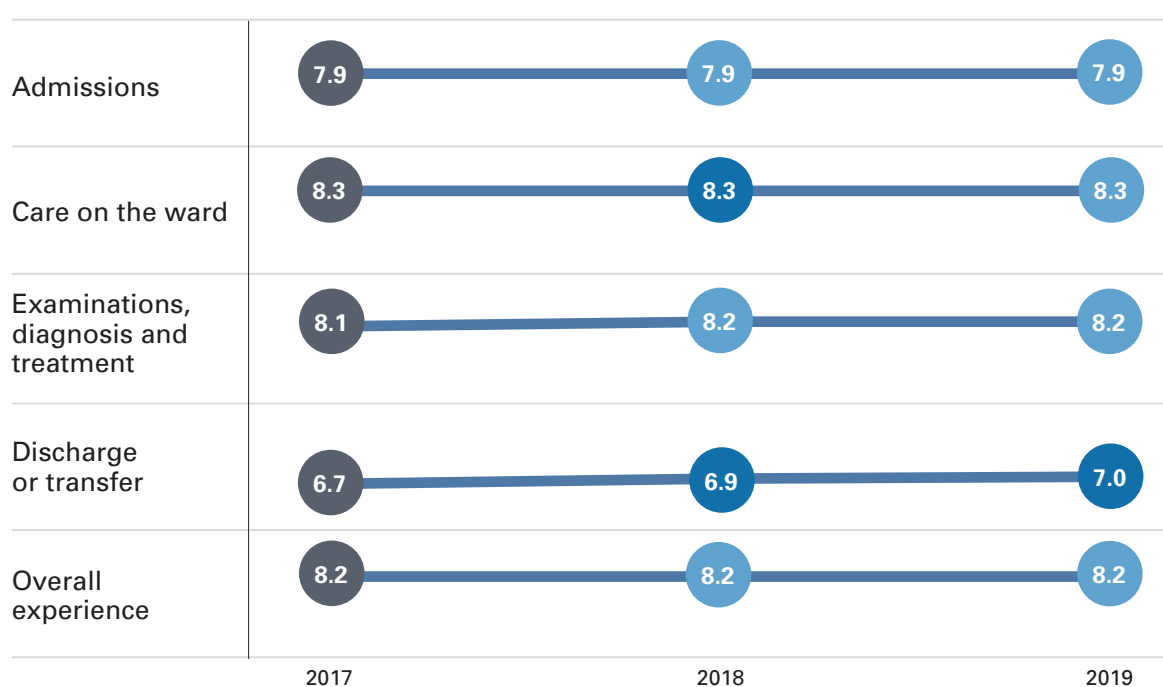
Appendix 4 provides a list of the 2019 survey questions. Throughout this report, quotations from patients are used to illustrate particular themes. Quotations from patients have been redacted to remove any information that could identify an individual.

Changes in patient experience over time

Participants' average rating of their overall experience remained the same in 2019 as in 2018. The greatest improvement nationally has been achieved in the area of discharge or transfer. Patient ratings of the other stages of care were about the same as in 2018.⁴ Figure 2.2 shows a comparison of scores for individual stages of care.

It is important that these 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 2.2 **Comparison of stage of care scores from 2017 to 2019**

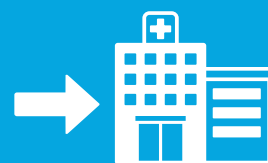


Comparison with previous year

■ About the same ■ Higher ■ N/A

⁴ Scores for the stages of care were constructed by calculating the average scores for all the questions belonging to that stage.

Admissions



"The wait time in A&E to be moved to a ward. I arrived at about 5am, spent 3 hours in the emergency room but then spent 9+ hours on a trolley in the hallway which was too overcrowded and warm."

"The staff in A&E were very pleasant even though they were under immense pressure due to the high volume of patients seen in A&E that particular day."

"My consultation with the doctor while in the emergency room took place in a corridor. Other medical staff and patients were walking up and down past me during the consultation. I had no privacy whatsoever and I felt that my dignity was not respected at all."

"I found the Accident and Emergency staff excellent and the fact that I was given a bed in a ward within a couple of hours excellent."



"Treated with dignity and respect throughout visit. As I was an emergency case all care was very speedy. Tests and admission to ward done quite quickly."

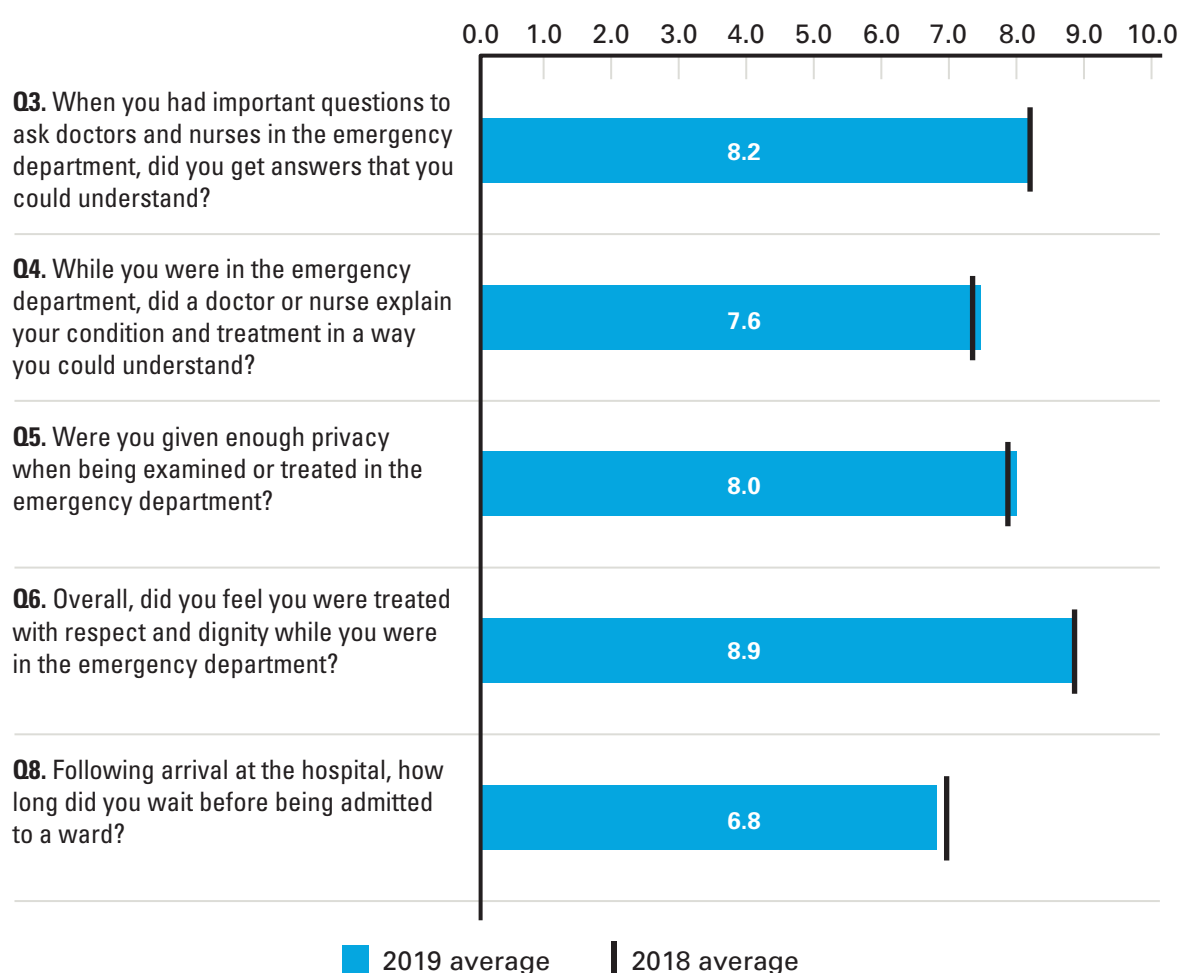
"I had to wait in the emergency room for over 6 hours before I was admitted to a ward. The hospital staff could have given me some indication as to how long I would have to wait."

Admissions

Participants in the 2019 survey gave similar ratings of the 'admissions' stage of care to 2018 participants, as outlined in Figure 2.2. Figure 2.3 presents the 2019 results for questions on admissions.

6,960 out of 8,502 people (82%) who responded to Q6 said that they were always treated with respect and dignity in the emergency department. On the other hand, Q8, which asked about emergency department waiting times, was the lowest-rated question for this stage of care. 70% of the 7,927 people who answered this question said they waited longer than the HSE target of six hours before being admitted to a ward.

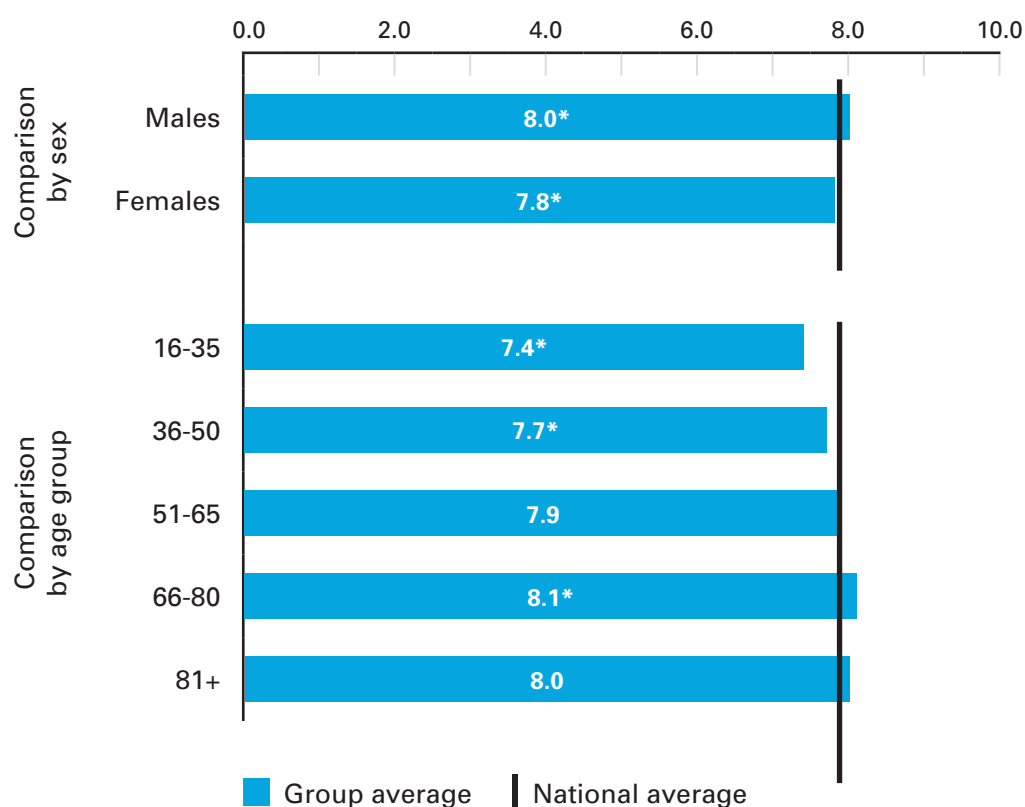
Figure 2.3 **National scores for questions on 'admissions'**



Experience of admissions by sex and age group

Nationally, the 'admissions' stage of the patient journey scored 7.9 out of 10. Male participants gave more positive ratings than female participants. Some differences were also found between people of different ages. Participants aged 16-35 years, and those aged 36-50 years gave below-average ratings for this stage. Scores for admissions generally increased with age, with people aged 66 to 80 years giving the highest average score (score of 8.1 out of 10). Figure 2.4 shows the scores for hospital admissions by sex and age group compared with the national average.

Figure 2.4 **Admissions scores by sex and age group (scores out of 10)**

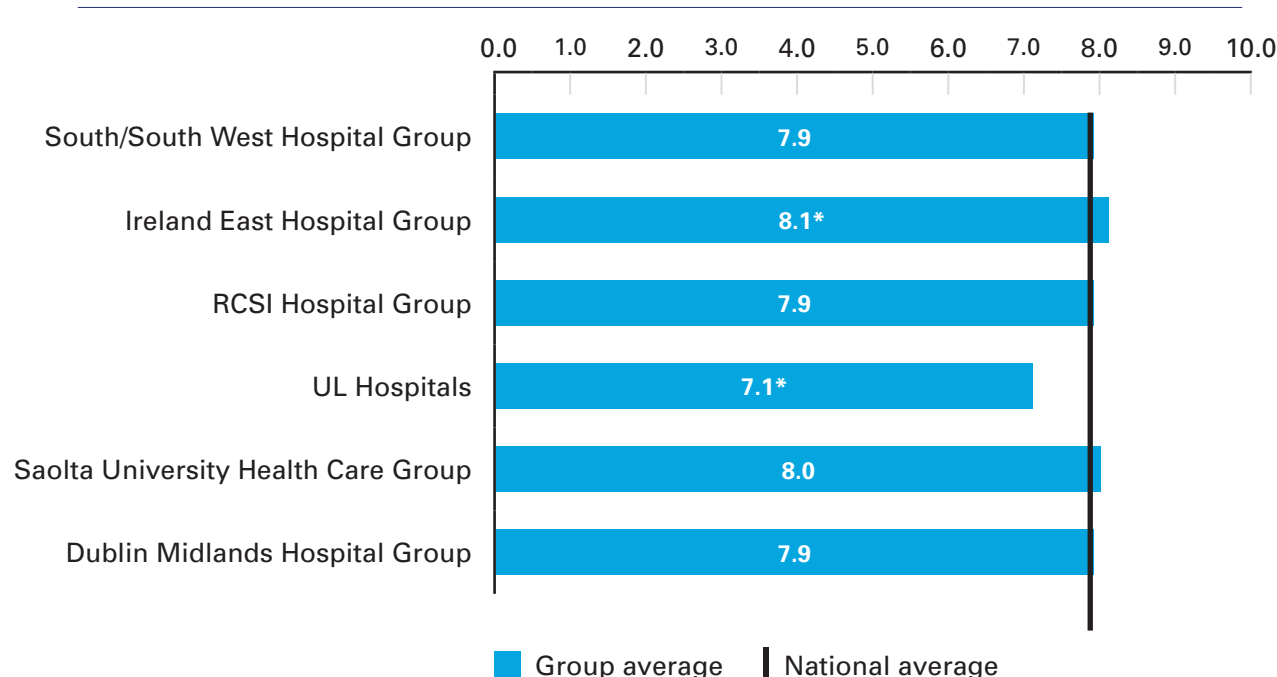


*denotes statistically significant difference from the national average.

Experience of 'admissions' in the six hospital groups

The Ireland East Hospital Group scored above the national average on hospital admissions (8.1 out of 10). UL Hospitals (7.1 out of 10) scored below the national average. Figure 2.5 presents 'admissions' scores for each hospital group compared with the national average.

Figure 2.5 **'Admissions' scores by hospital group (scores out of 10)**



*denotes statistically significant difference from the national average.

How did patients experience waiting times in the emergency department?

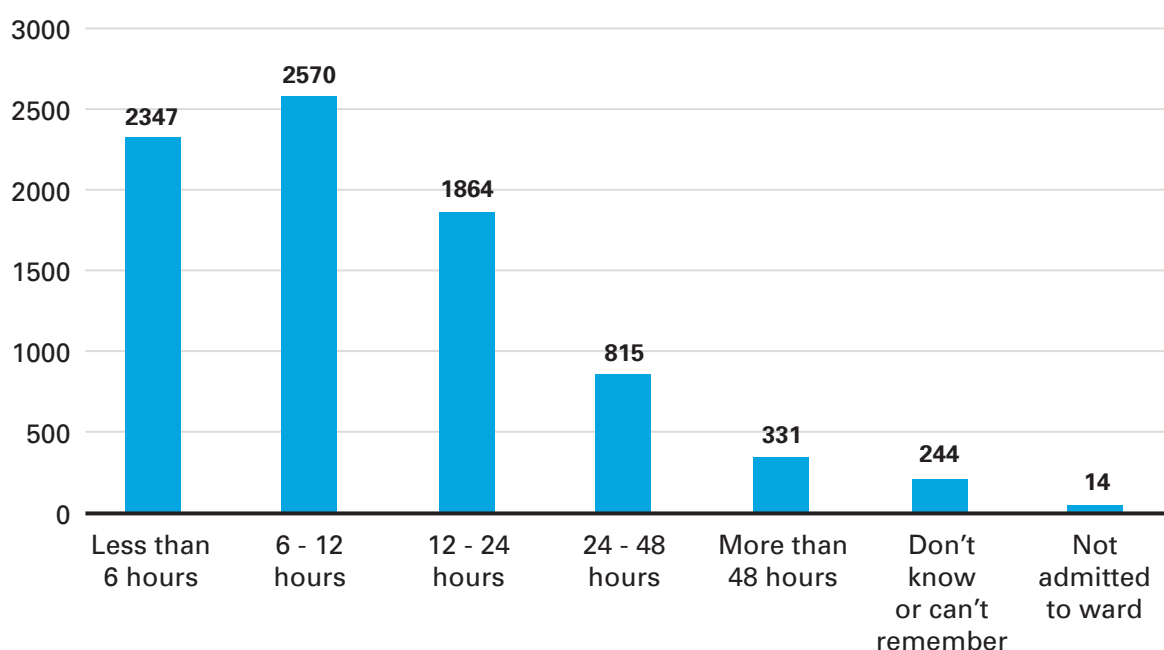
Patients who said that they presented to the emergency department were asked how long they waited until they were admitted to a ward.⁵ While the analysis in Appendix 3 found that there was not a strong relationship between waiting times and patients' ratings of their overall experience, studies have shown that long waiting times in the emergency department after a decision has been made to admit a patient are linked with poorer patient outcomes.^(10, 11) In Ireland, the target waiting time for people in the emergency department is six hours.⁶

5 People who did not come into hospital through the emergency department were not required to answer these questions.

6 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.

In this survey, only 2,347 people (30%) of the 7,927 who responded to this question reported waiting less than six hours in the emergency department before being admitted to a ward. The large majority, that is 5,580 people (70%), said that they waited more than six hours before being admitted. Of those, 331 people (4%) reported waiting 48 hours or more before they were admitted to a ward. Figure 2.6 shows emergency department waiting times as reported by patients.

Figure 2.6 **Following arrival at the hospital, how long did you wait before being admitted to a ward? (Q8)⁷**

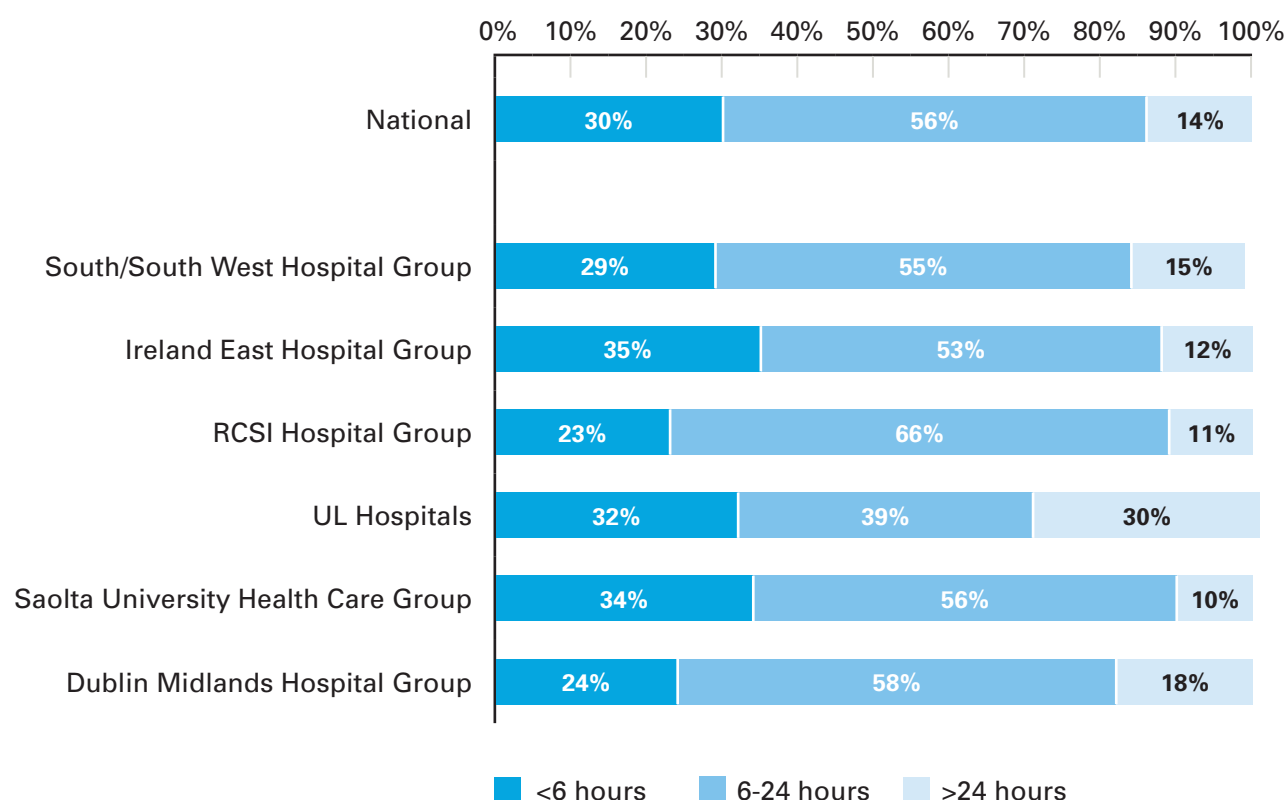


Waiting times in the six hospital groups, as reported by patients

Patients who attended an emergency department in the Ireland East Hospital Group were the most likely to say that they were admitted to a ward within six hours of arrival, with 35% of people admitted within that time. Respondents from RCSI Hospital Group were the least likely to say that they were admitted to a ward within six hours. Figure 2.7 presents the national emergency department waiting times by hospital group.

⁷ 258 people who answered Q8 said they didn't know or remember how long they waited, or were not admitted to a ward.

Figure 2.7 **Emergency department waiting times by hospital group, as reported by patients**



Admissions: what do these results mean?

Patient experience scores for 'admissions' in the 2019 survey were very similar to those found in the 2018 survey. Of the 7,927 people who reported waiting in the emergency department, 70% said that they waited longer than the six-hour HSE target waiting time. Of those, 331 people said that they waited for 48 hours or longer. Studies have shown that long waiting times in the emergency department can have negative consequences for patients' health.^(10,11) However, 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.

Most people indicated that they were treated with dignity and respect in the emergency department. However, a large number of patients commented that they spent long periods of time on trolleys. In addition, people under the age of 50 had less positive experiences of admissions than older patients.

Care on the ward

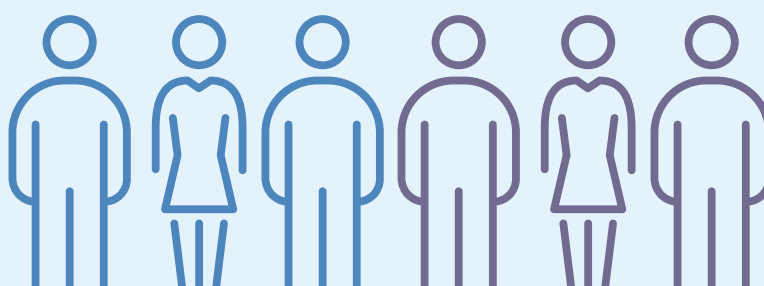


"The nurses were very caring, professional and kind. Doctors were good at explaining what was happening, happy with the care I received."

"The food could be better, lot of options which was great. It was the quality of the food."

"The night before surgery was a very scary experience. I did not feel supported or reassured. I felt I was bothering the staff when I asked questions."

"The staff were kind and considerate. The room was clean and bright and the food good. The nursing staff were friendly and caring."



"Ward was modern and clean. Staff very helpful and pleasant and had good time for patients. All good with this visit."

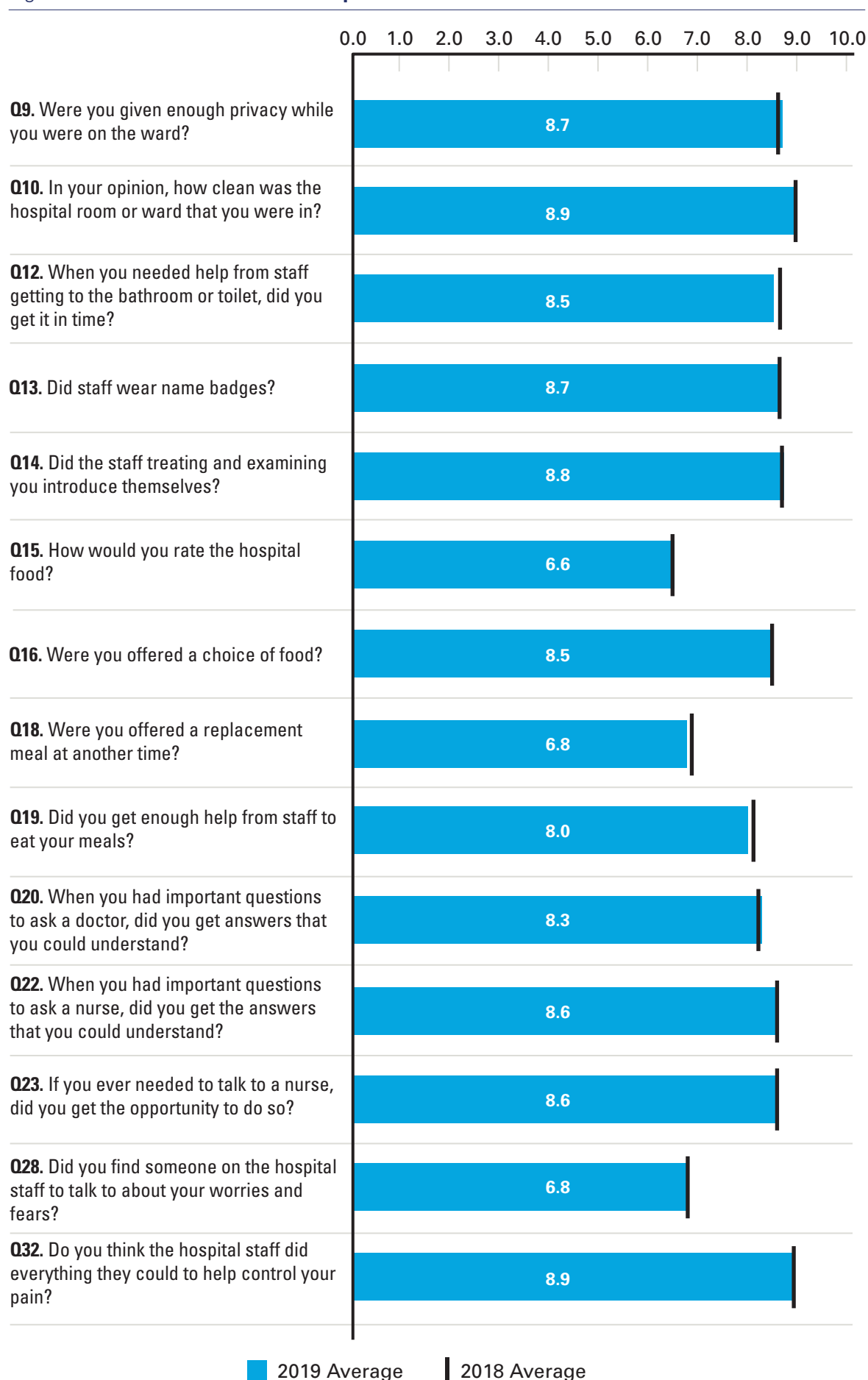
"When I was offered replacement meal after fasting for tests I was not given any choices, just the salad that was leftover."

Care on the ward

Participants in the 2019 survey gave similar ratings of 'care on the ward' to 2018 participants, as outlined in Figure 2.2. Figure 2.8 presents the results for questions on 'care on the ward' — the highest-scoring stage of care in the survey.

11,404 people (96%) said that the hospital room or ward that they were in was very clean or fairly clean. This compares with 356 people who said that their room was not very clean, and 89 who said it was not clean at all. Participants were less positive about the hospital food, with 3,214 (28%) saying it was poor or fair.

Figure 2.8 National scores for questions on 'care on the ward'

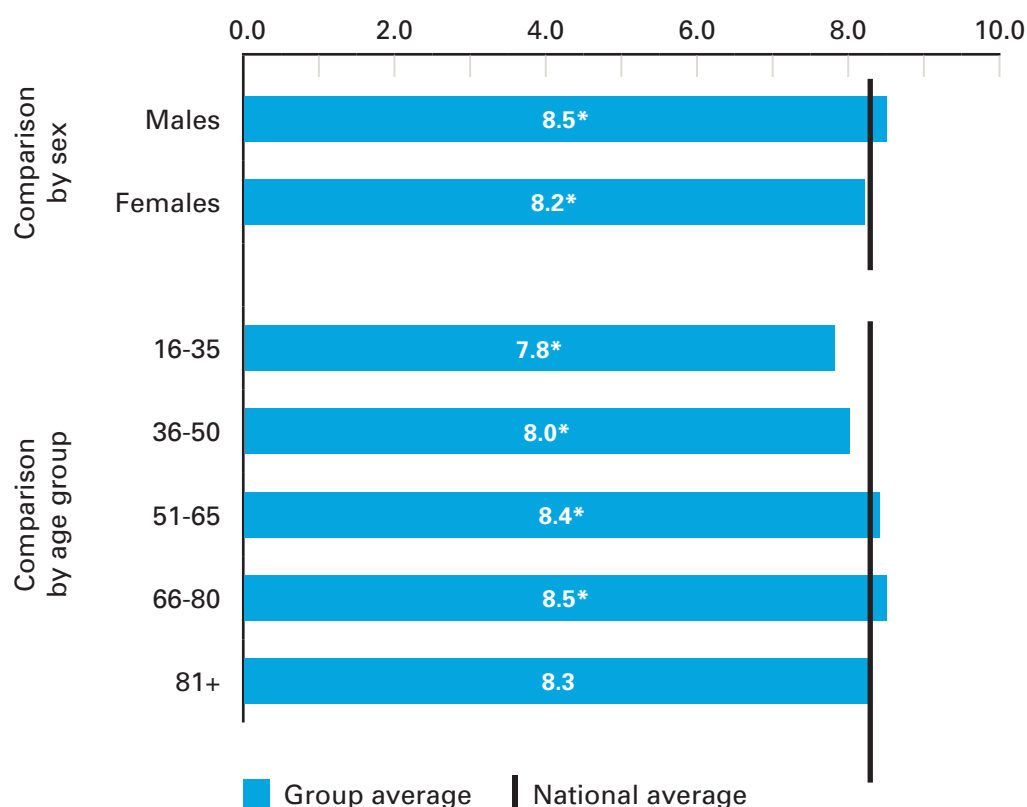


Experience of 'care on the ward' by sex and age group

Nationally, 'care on the ward' scored 8.3 out of 10. Males reported more positive experiences (score of 8.5 out of 10) of care on the ward than females (score of 8.2 out of 10).

People of different ages also had slightly different experiences of 'care on the ward'. Those in the two youngest age groups (16-35 and 36-50 years) reported more negative experiences of 'care on the ward' than people aged 51-65 and 66-80 years of age. People aged 16-35 gave the lowest ratings of 'care on the ward' (score of 7.8 out of 10). Figure 2.9. shows the scores for 'care on the ward' by sex and age group compared with the national average.

Figure 2.9 **Scores for 'care on the ward' by sex and age group (scores out of 10)**

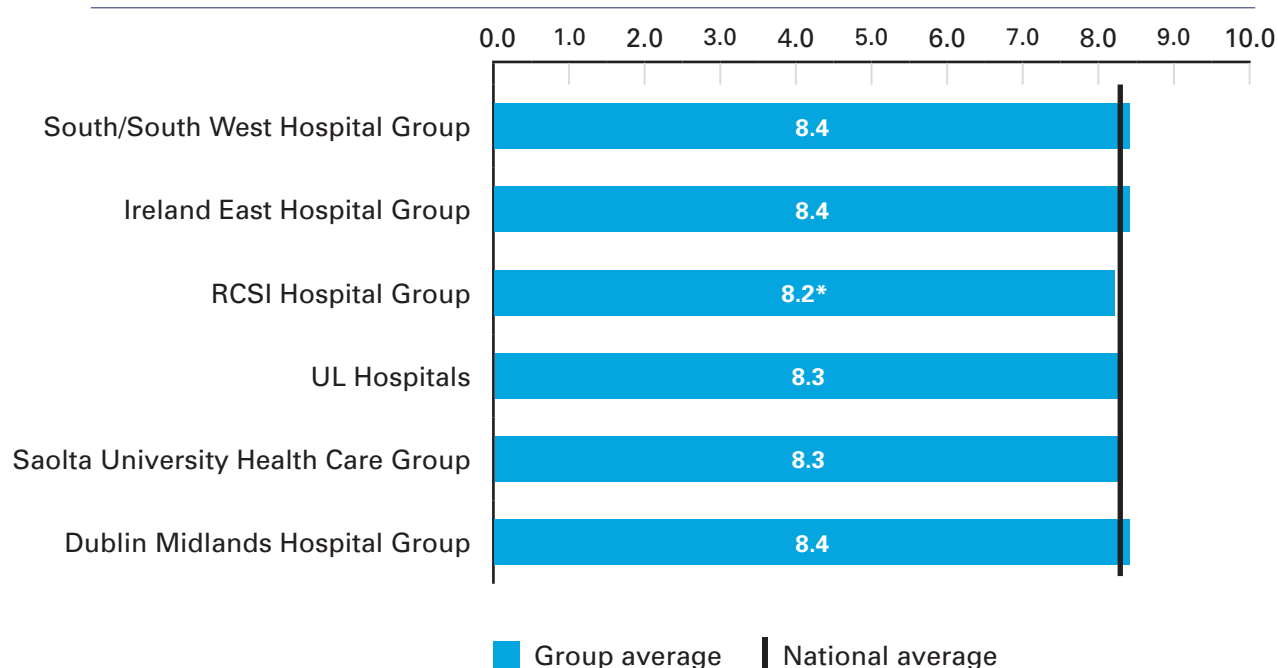


*denotes statistically significant difference from the national average.

Experience of 'care on the ward' in the six hospital groups

With scores of 8.4 out of 10, South/South West Hospital Group, Ireland East Hospital Group and Dublin Midlands Hospital Group were the highest scoring hospital groups for this stage. The RCSI Hospital Group, on the other hand, recorded the lowest average score (score of 8.2 out of 10). Figure 2.10 presents the scores for 'care on the ward' for the six hospital groups compared with the national average.

Figure 2.10 **Scores for 'care on the ward' by hospital group (scores out of 10)**



*denotes statistically significant difference from the national average.

Care on the ward: what do these results mean?

Patient experience scores for 'care on the ward' in the 2019 survey were similar to those found in the 2018 survey. In general, participants had positive interactions with doctors, nurses and other staff. Participants said that staff introduced themselves and did everything they could to manage their pain. Most patients also said their room or ward was clean. However, members of staff were not always available to talk to people about their worries and fears and a number of participants gave low ratings of the food they received. Furthermore, people under the age of 50 had less positive experiences of care on the ward than older participants.

Examinations, diagnosis and treatment



"My doctor was amazing and so helpful. The nurses were so kind. The care assistants were wonderful. Made me feel so comfortable and made sure I had privacy."

"Communication - every day I was told one thing and later told a different story. I had to constantly follow up as there was days no doctor saw me."

"I found once admitted to the ward I was left to my own devices, I had no interaction with doctors just early in the morning, the nursing staff were extremely busy with other patients. I felt I didn't know what was going on."

"The doctors and nurses were very good and in particular the staff that looked after me before the operation took place. They explained and put me at ease and I felt less nervous."



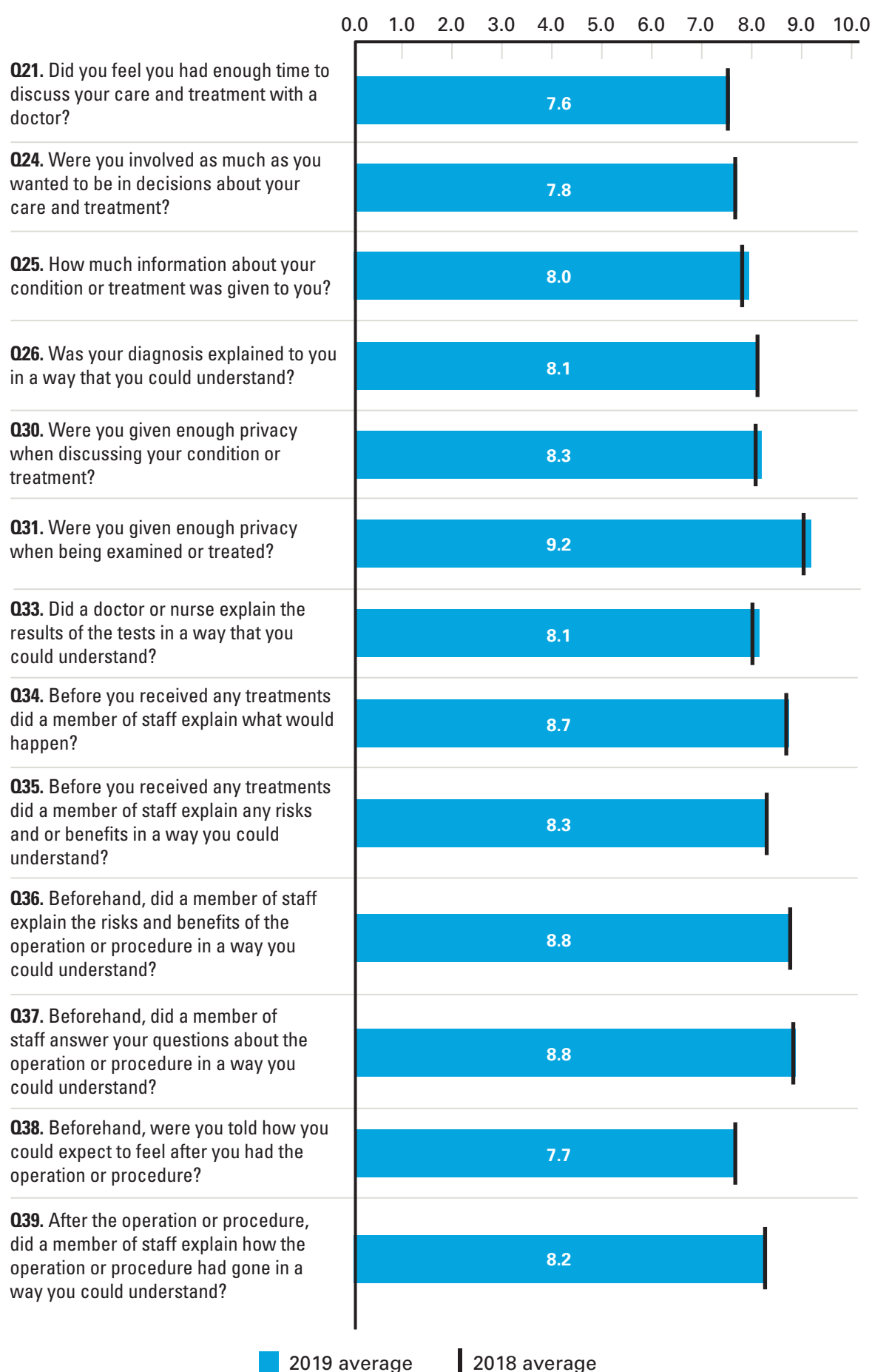
"The doctor doing the surgery came to me the morning of my operation and sat on my bed and took the time to explain what he was going to do. I really appreciated that."

"I felt a little rushed when the doctor came round after my final test. I was spoken to as he kept walking past my bed and I had no chance to speak. I know the outcome was better than he expected but I still would have liked to know why things are happening to me as they are."

Examinations, diagnosis and treatment

Participants in the 2019 survey gave similar ratings of the 'examinations, diagnosis and treatment' stage of care to 2018 participants, as outlined in Figure 2.2. Figure 2.11 presents the results for questions on 'examinations, diagnosis and treatment'. Participants generally reported positive experiences of privacy, with 10,185 people (86%) saying that they were always given enough privacy when being examined or treated on the ward. 4,562 out of 11,809 people (39%) said that they did not have, or only to some extent had, enough time to discuss their care and treatment with a doctor.

Figure 2.11 National scores for questions on 'examinations, diagnosis and treatment'



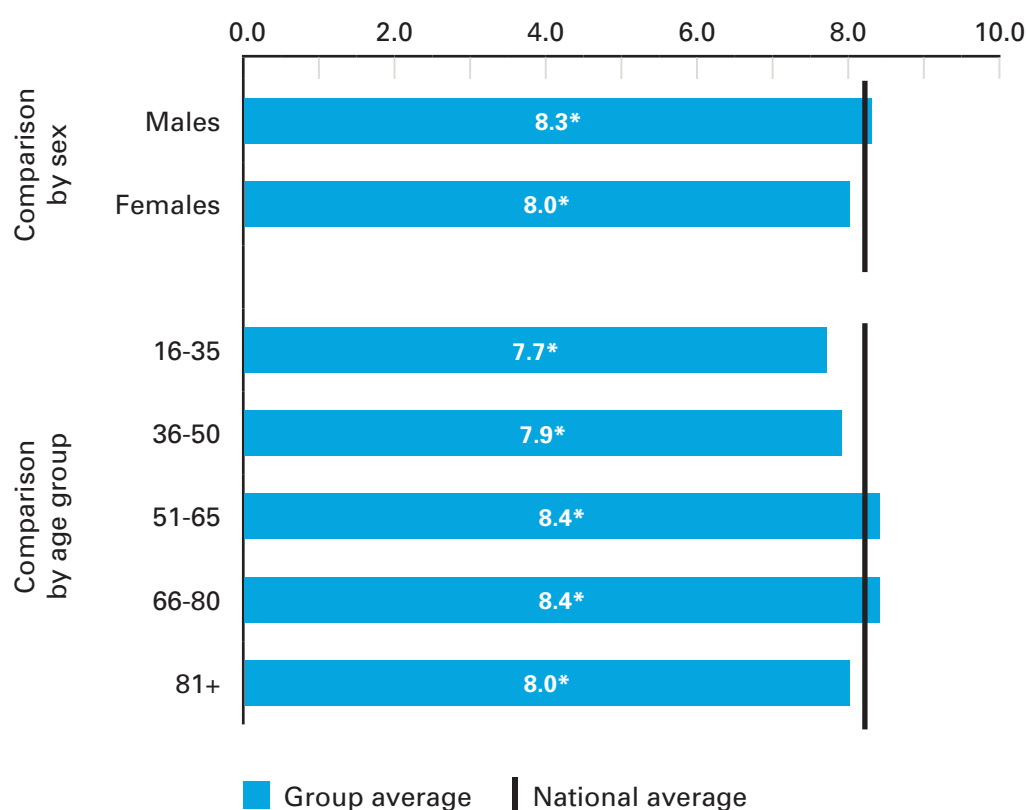
Experience of 'examinations, diagnosis and treatment' by sex and age group

Nationally, 'examinations, diagnosis and treatment' scored 8.2 out of 10. Males reported a slightly more positive experience of this stage of care (score of 8.3 out of 10) than females (score of 8 out of 10).

Younger and older patient groups also reported different experiences of 'examinations, diagnosis and treatment'. People aged 16-35 and 36-50, as well as people aged 81 years or older, reported more negative experiences than people aged 51-65 and 66-80. Participants aged 16-35 (score 7.7 out of 10) gave the lowest ratings.

Figure 2.12. presents the scores for 'examinations, diagnosis and treatment' by sex and age group, compared with the national average.

Figure 2.12 **'Examinations, diagnosis and treatment' scores by sex and age group (scores out of 10)**

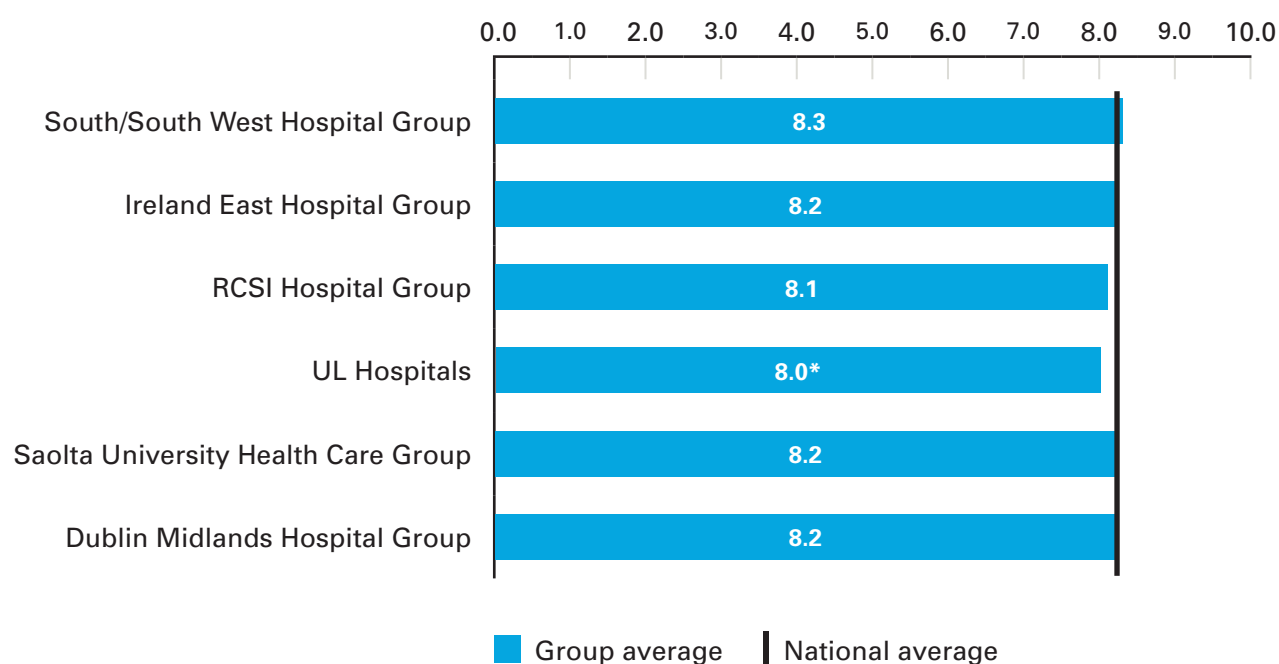


*denotes statistically significant difference from the national average.

Experience of 'examinations, diagnosis and treatment' in the six hospital groups

With a score of 8.3 out of 10, South/South West Hospital Group achieved the highest score on 'examinations, diagnosis and treatment'. UL Hospitals scored the lowest with 8 out of 10. Figure 2.13 presents the scores for 'examinations, diagnosis and treatment' for each hospital group.

Figure 2.13 'Examinations, diagnosis and treatment' scores by hospital group



*denotes statistically significant difference from the national average.

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

Patient experience scores for 'examinations, diagnosis and treatment' in the 2019 survey were similar to those in the 2018 survey. Most people said that they had enough privacy when being examined or treated, and a very large number of people praised the clarity of doctors and nurses. However, people were less positive about the amount of time they had to talk about their treatment with a medical professional, and the information they received on how they could expect to feel after an operation or procedure.

Discharge or transfer



"Discharge process needs to be improved, not enough information was relayed to me in relation to appointments to follow and aftercare."

"Staff nurse in discharge lounge on both day of admission and discharge was excellent. Sat with me on discharge day and talked."

"More attention should be paid to briefing patients when leaving hospital. I know that the hospital staff are under considerable strain but it is important that the patient should be aware of any possible problems ensuing and what to do over his recovery period."

"I left the hospital with full confidence in myself knowing that after this major operation recovery and exercises will help me to go back on track."



"Surgical team involved were very good in communicating prior to and after surgery. A phone call prior to discharge home to my family was reported to be very helpful and listened to family's concerns."

"It would be great on the day of discharge that a person could be given a better window of time for when they might be ready for collection as it should be before 11am but in my case it was after 5:15pm on my 2nd stay in hospital, Trying to organise someone to collect you can be very hard in those circumstances."

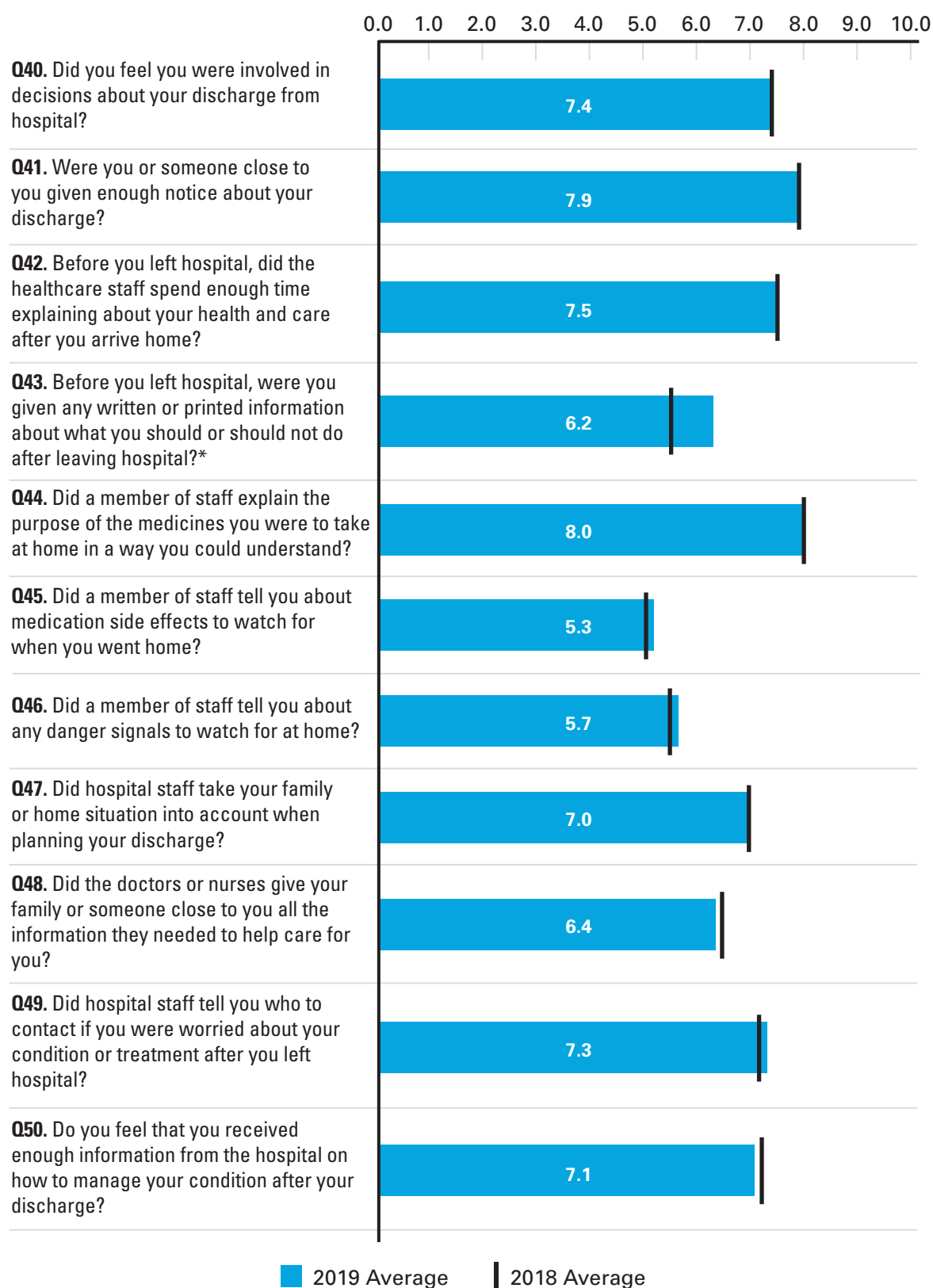
Discharge or transfer

Participants in the 2019 survey gave significantly higher ratings of the 'discharge or transfer' stage of care than 2018 participants, as outlined in Figure 2.2.

However, it remains the lowest-rated stage of care. Figure 2.14 presents the results for questions on 'discharge or transfer'.

Most participants (71%) said that the purpose of medications that they were to take at home was fully explained to them. However, 4,570 people out of 8,355 (55%) who received medication said that they were not fully informed about the side effects to watch for when they went home.

Figure 2.14 National scores for questions on 'discharge or transfer'



* Response options to Q43 amended slightly in 2019

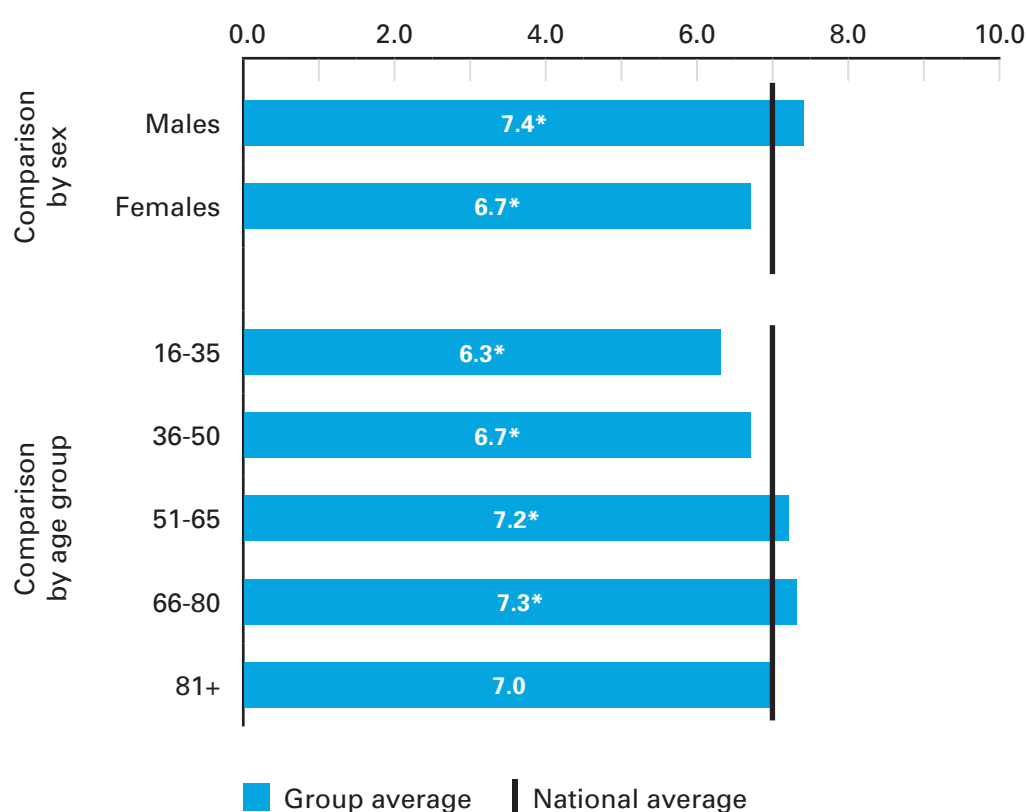
Experience of 'discharge or transfer' by sex and age group

Nationally, 'discharge or transfer' scored 7 out of 10. On average, men had a more positive experience of discharge or transfer from hospital (score of 7.4 out of 10), than women (score of 6.7 out of 10).

Younger age groups (16-35 and 36-50 years) reported more negative experiences of 'discharge or transfer' than people aged 51-65 and 66-80 years. Younger people (16-35 years) reported the most negative experience of any age group (score of 6.3 out of 10), whereas people aged 66-80 gave the highest rating for this stage of care (score of 7.3 out of 10).

Figure 2.15. shows the national 'discharge or transfer' scores by sex and by age group and compared with the national average.

Figure 2.15 **'Discharge or transfer' scores by sex and age group (scores out of 10)**

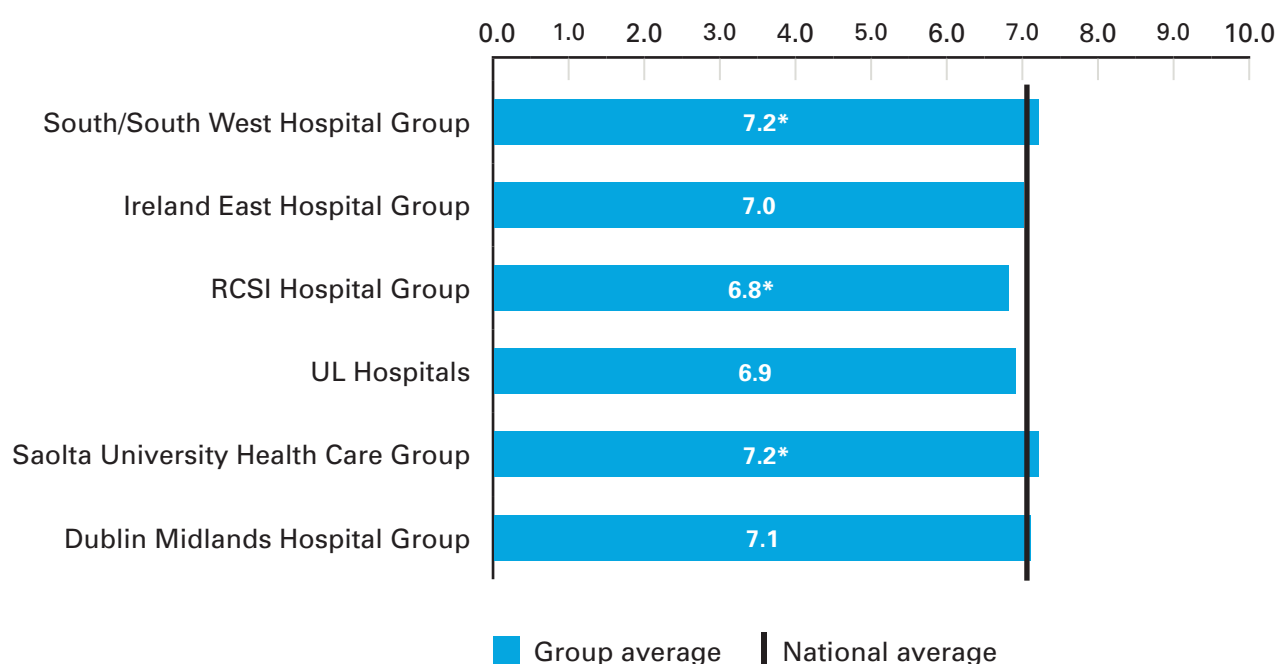


*denotes statistically significant difference from the national average.

Experience of 'discharge or transfer' in the six hospital groups

Nationally, the South/South West Group and Saolta University Health Care Group received the highest score on 'discharge or transfer' (score of 7.2 out of 10). The RCSI Hospital Group recorded the lowest score of 6.8 out of 10. Figure 2.16 displays the 'discharge or transfer' scores for each hospital group compared with the national average.

Figure 2.16 **'Discharge or transfer' scores by hospital group (scores out of 10)**



*denotes statistically significant difference from the national average.

Discharge or transfer: what do these results mean?

Participant ratings of 'discharge or transfer' in 2019 were significantly more positive than those in 2018. Nevertheless, it remains the lowest-scoring stage of care. Most patients said that staff explained the purpose of medications they were to take at home, but many said they did not explain potential side effects to watch out for. Patients who are not sufficiently informed about their condition, their medication regime and how to care for themselves at home are at a higher risk of complications and being re-admitted to hospital.⁽¹²⁻¹⁴⁾ Furthermore, people under the age of 50 had less positive experiences of 'discharge or transfer' than those in other age groups.

Other aspects of care



"Consultant a gentleman. Went above call of duty. His team also very professional. Most of the nurses were lovely, kind, caring, professional individuals. Catering staff smashing - lovely staff."

"Toilet seat sanitizers should be provided as I felt I couldn't sit on the toilet as I didn't know if they were clean."

"Overall we feel the communication with family could be better. I was very unwell and sometimes when doctors spoke to me I was groggy from pain and did not understand the information I was being told. When my family asked I could not tell them what was happening."

"From admission to discharge I was treated with dignity and respect. I was a very anxious patient and all staff had lots of patience and empathy. They answered all questions and calmed me down."



"I need very little care but I have to say the nurses on the ward and in A&E were very good and kind. Got to see a doctor anytime I asked. Doctors rang family when requested."

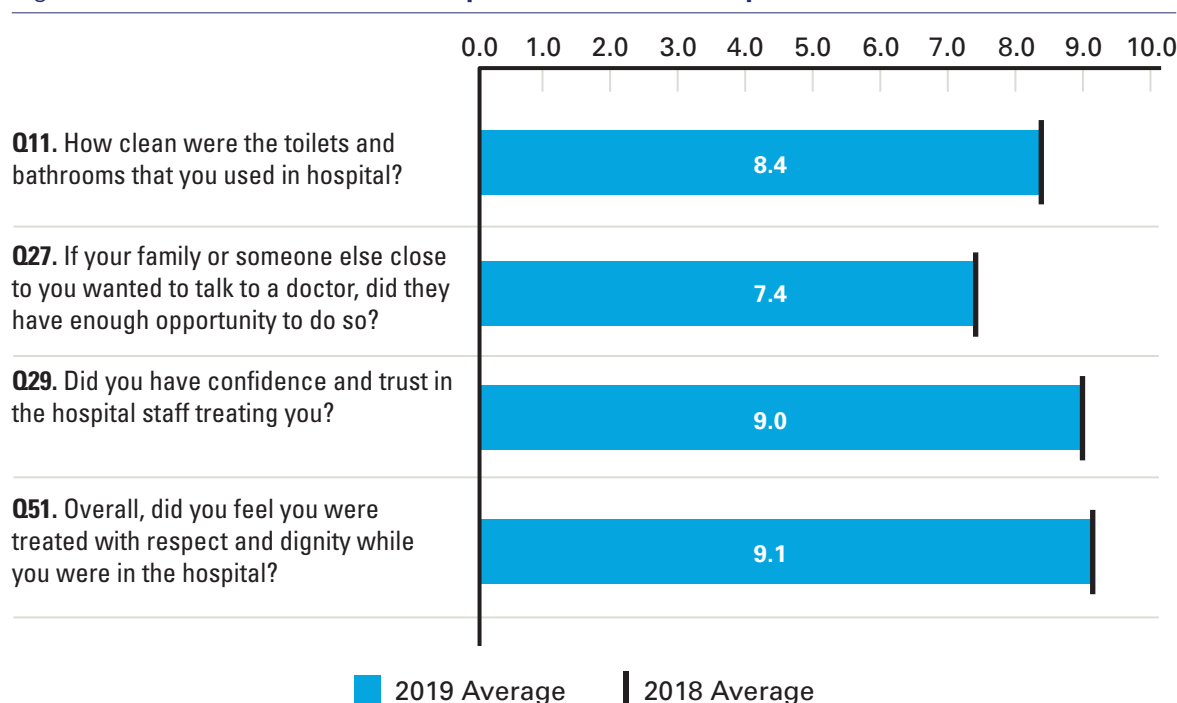
"An improvement could be made in the way a diagnosis is explained to the patient. Lack of confidentiality in giving results in a ward with 5 other patients."

Other aspects of care

The questions for this stage of care reflect patients' general experiences across their care journey. Figure 2.17 presents the results for questions on 'other aspects of care'.

Most participants (84%) said that they were always treated with respect and dignity while in hospital. Participants reported less positive experiences of the interaction between their family members and doctors, with 3,435 people (40%) saying that their family members were not given, or were only to some extent given, sufficient opportunities to talk to a doctor.

Figure 2.17 National scores for questions on 'other aspects of care'



Other aspects of care: what do these results mean?

Most people said that they were treated with respect and dignity, and had confidence in the hospital staff treating them. These areas are strongly linked with patients reporting a positive overall experience, and are thus a very good result for acute healthcare in Ireland. However, people had less positive views on the level of communication between hospital staff and their friends or family. A number of people also commented on the need for improvements in hospital facilities such as toilets and bathrooms.



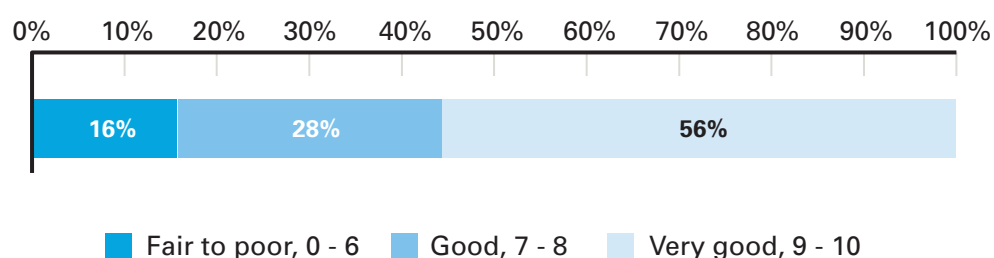
Chapter 3

Overall experience

Ratings of overall experience

In summary: what was the overall experience of patients in May 2019?

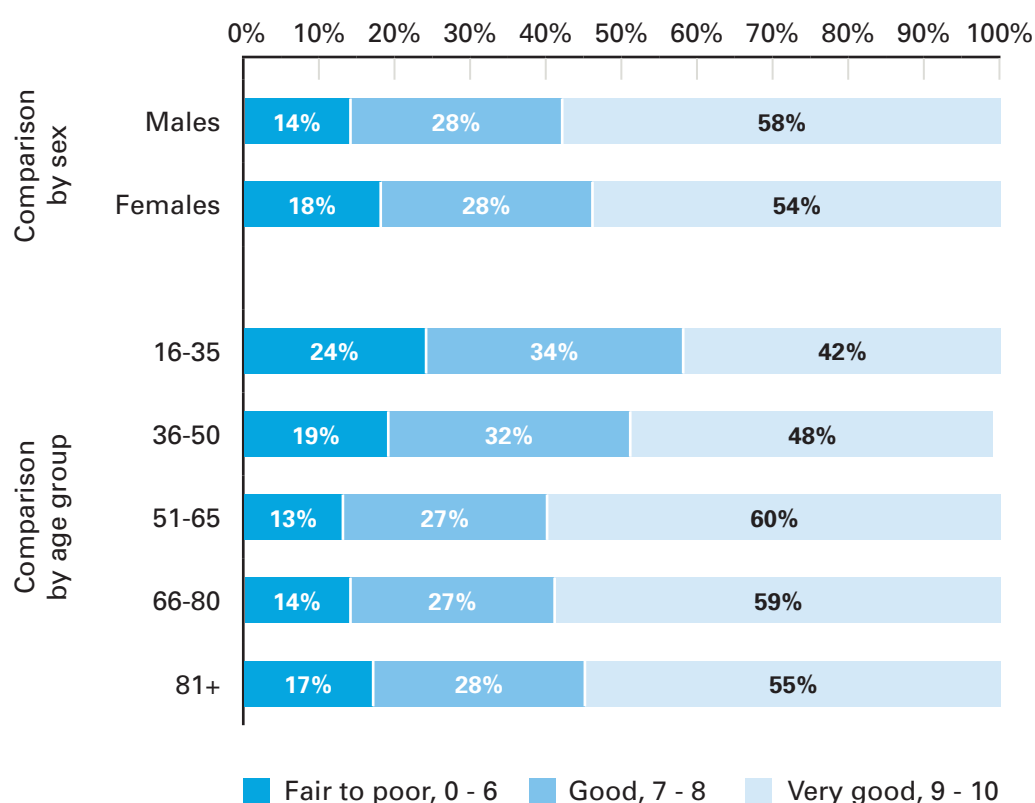
The 2019 National Inpatient Experience Survey asked patients to rate their overall hospital experience on a scale from 0 to 10, with 0 indicating a very negative and 10 indicating a very positive experience. Nationally, the average overall rating of care was 8.2 out of 10. 6,414 people (56%) said that they had a very good experience in hospital (overall rating between 9 and 10), 3,245 people (28%) rated their hospital experience as good (overall rating of 7-8), whereas 1,815 people (16%) said that their stay in hospital was fair to poor (overall rating of 0-6). Figure 3.1. summarises patients' overall experiences.

Figure 3.1 **Overall patient experience rating**

Overall experience by sex and age group

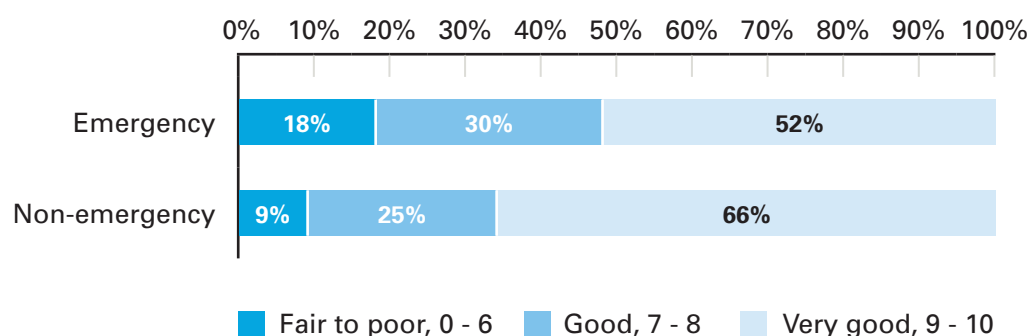
58% of males had a very good patient experience, compared with 54% of females. 60% of people aged 51-65 years, 59% of people aged 66-80 and 55% of people aged 81 years or older rated their experience in hospital as very good overall. Younger people were less likely to report a very good experience and more likely to report a fair to poor experience overall. 42% of people aged 16-35 said they had a very good hospital experience, while 24% of people in this age group said they had a fair to poor experience. In comparison, only 14% of people aged 66-80 years reported a fair to poor experience overall.

Figure 3.2. presents the ratings of overall patient experience by sex and by age group.

Figure 3.2 **Ratings of overall experience by sex and age group**

Overall experience for emergency and non-emergency patients

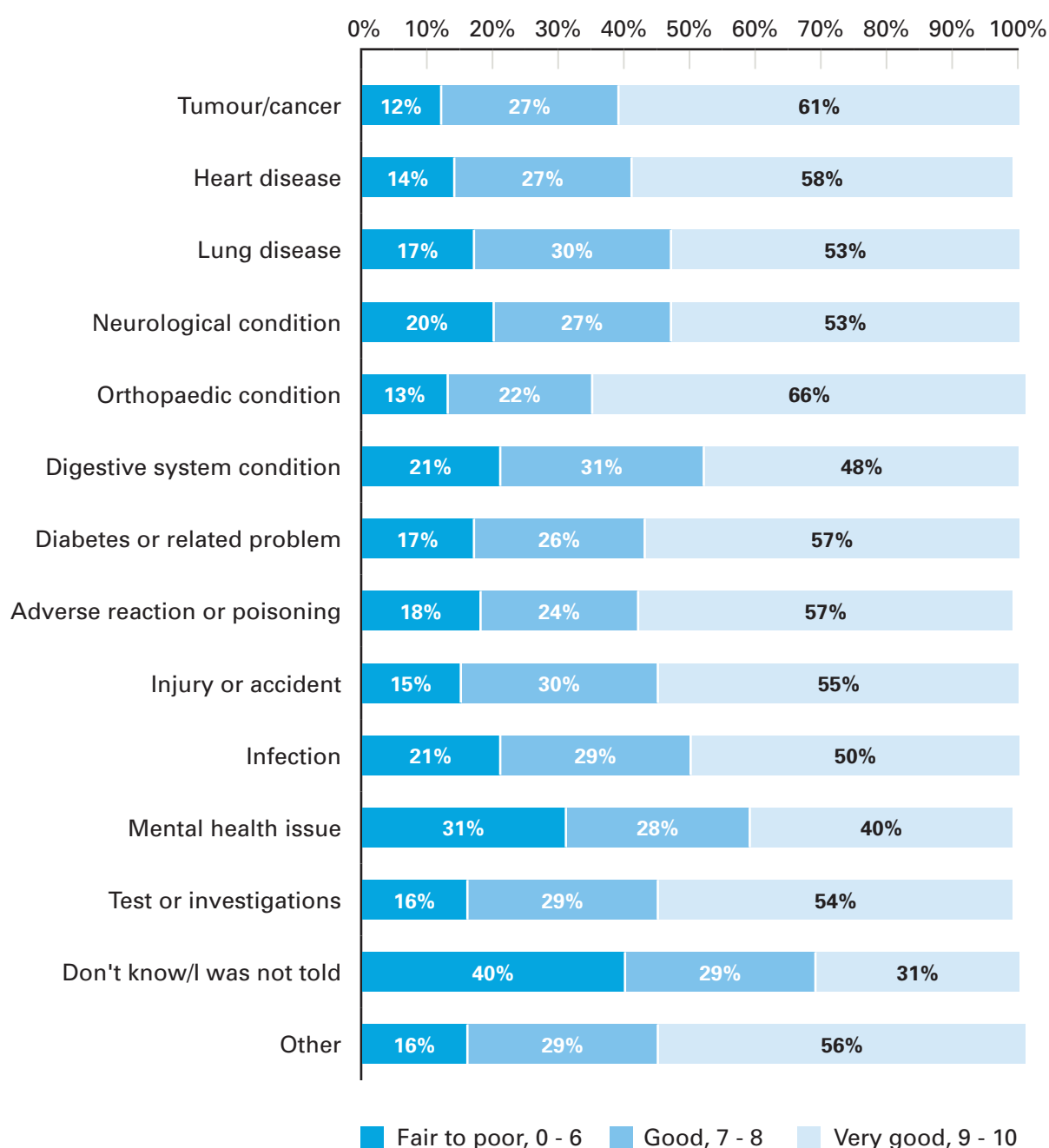
People whose hospital visit was planned in advance were more likely to report a very good hospital experience overall; 66% of non-emergency patients reported a very good experience compared with 52% of people who required an emergency admission. 18% of emergency patients rated their experience as fair to poor, compared with 9% of non-emergency admissions. Figure 3.3. presents the ratings of overall experience for emergency and non-emergency admissions.

Figure 3.3 **Ratings of overall experience by admission route**

Overall experience by reason for admission

There were notable differences in participants' ratings of their overall experience depending on their reason for admission to hospital. Participants who said they did not know or were not told why they were admitted were most likely to report a fair to poor experience (40%), while those admitted due to a tumour or cancer were least likely (12%) to do so. Figure 3.4. shows the ratings for patients' overall experiences by reason for admission to hospital.

Figure 3.4 Ratings of overall experience by reason for admission

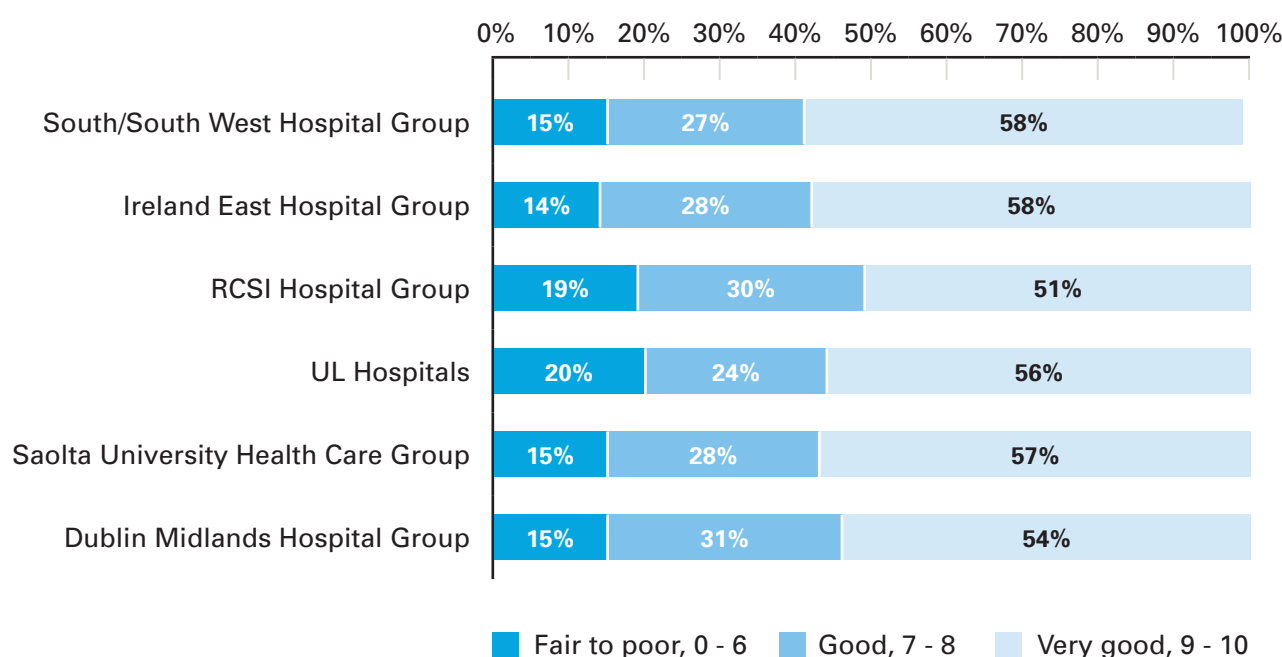


Overall experience in the six hospital groups

In every hospital group, at least half of patients rated their overall experience as very good. The South/South West and Ireland East Hospital Groups had the highest percentage of 'very good' ratings at 58%.

Figure 3.5. shows the ratings of overall patient experience for the six hospital groups.

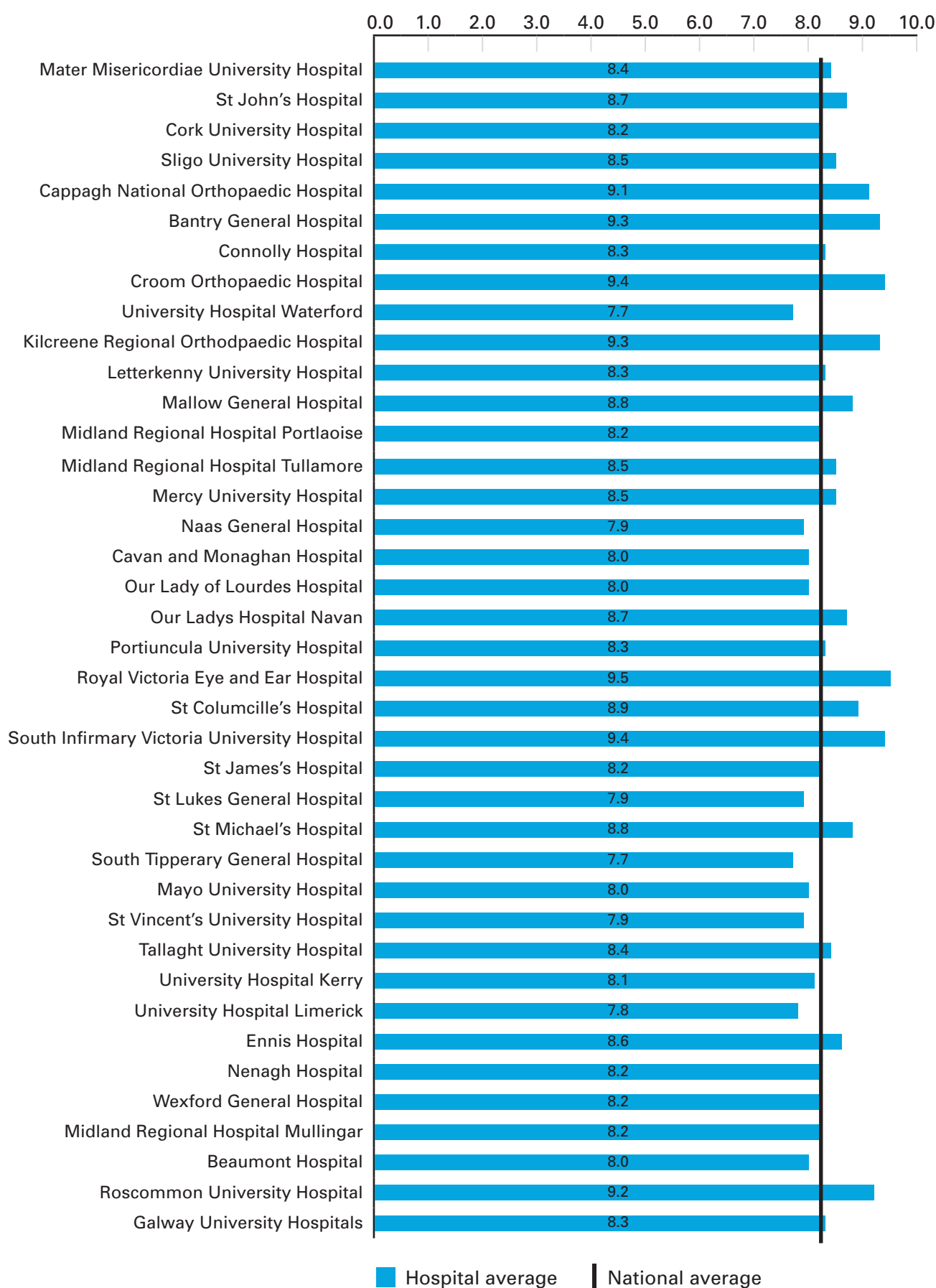
Figure 3.5. **Ratings of overall experience by hospital group**



Overall experience in hospitals

There were differences in patient ratings of overall experience across participating hospitals (Figure 3.6.). Full reports for each hospital can be found at www.yourexperience.ie

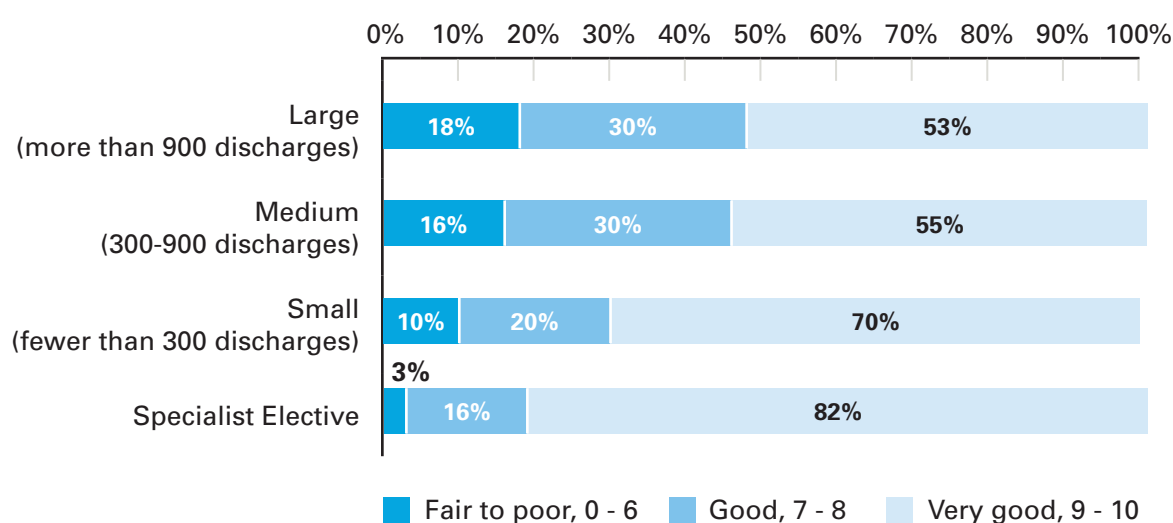
Figure 3.6 Ratings of overall experience by hospital



Overall experience by hospital size

Patients in smaller hospitals gave higher overall ratings than patients who attended larger hospitals, where many patients entered hospital through the emergency department. Figure 3.7 shows a comparison of ratings of overall experiences by hospital size. Hospitals that discharged over 900 eligible patients during May are considered large, hospitals that discharged between 300 and 900 patients are medium-sized, hospitals that discharged fewer than 300 patients are considered small, and specialist, elective hospitals are in a separate category.

Figure 3.7 **Ratings of overall experience by hospital size**



4

Chapter 4

In their own words

Analysis of patients' comments

Quantitative 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 hospitals. The free-text questions allowed people to give a more in-depth description of specific aspects of their care. It also allowed patients to tell us their stories (good or bad) that could not be captured by the structured questions. In total, 18,658 comments were received in response to the free-text questions in the 2019 survey.

The framework method was used to analyse and manage the wealth of information provided in patients' comments. An analytical framework consisting of 24 themes was developed — this framework helped organise and systematically reduce the thousands of patients' comments into manageable chunks of information.⁽¹⁵⁾ All comments were analysed and multi-coded using the following 24 codes:

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

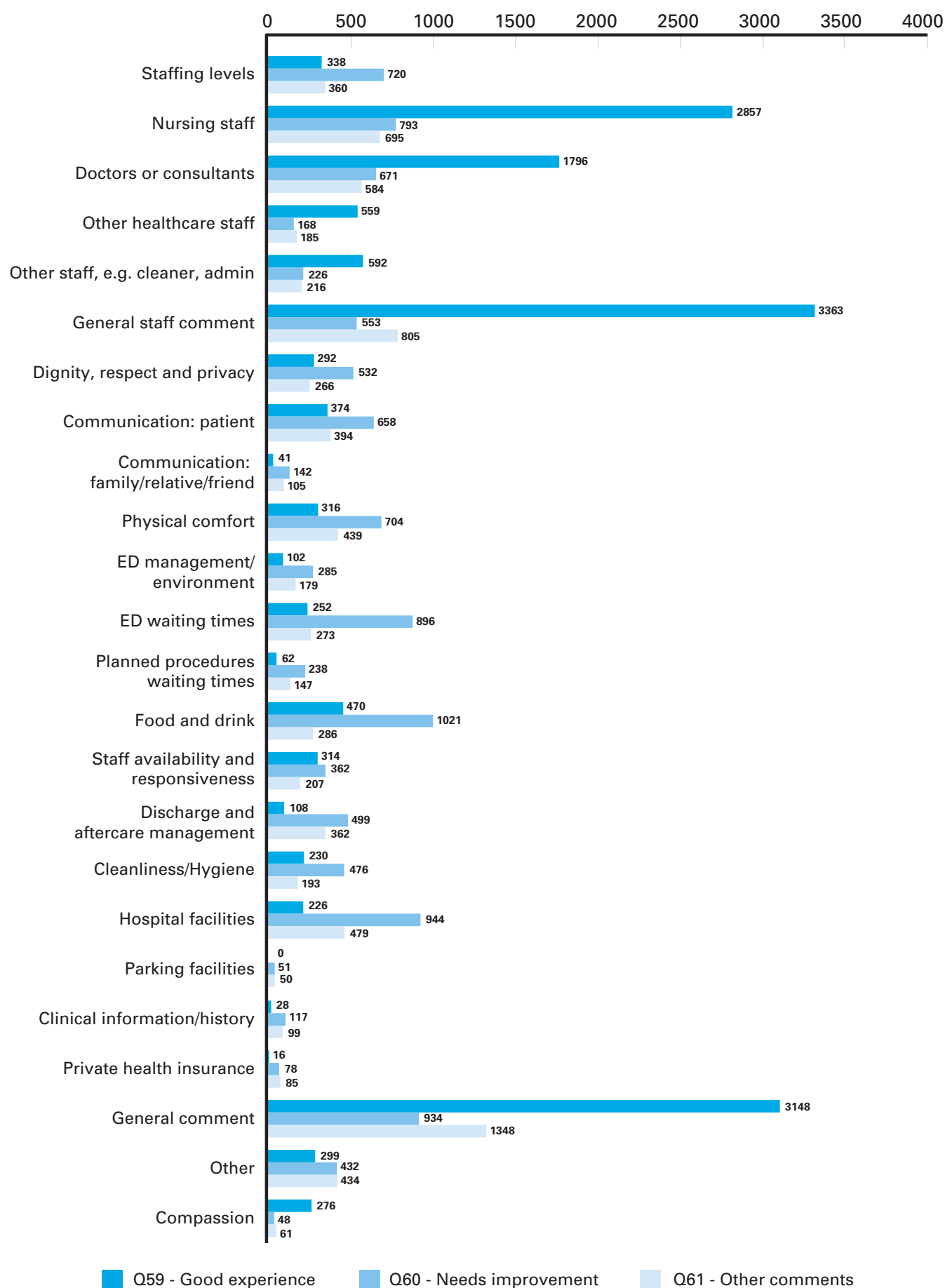
Overview of participant comments

Figure 4.1 shows the breakdown of participant 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.

For Q59, most of the comments related to the 'nursing staff', 'general comment' and 'general staff comment' themes. For Q60, most comments related to the 'food and drink', 'hospital facilities', and 'general comment' themes. Finally, most responses to Q61 related to the 'general comment', 'nursing staff', and 'general staff comment' themes.

The National Inpatient Experience Survey is working with an academic partner to conduct more in-depth analysis of the over 40,000 participant comments on the 2017 and 2018 surveys, with a view towards maximising their usefulness in developing quality improvement plans. This analysis will be completed by late 2019.

Figure 4.1 Participant comments by theme





Chapter 5

Conclusion

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

The findings of the National Inpatient Experience Survey 2019 show that, as was the case in 2017 and 2018, patients had a wide variety of experiences, both positive and negative, across their acute healthcare journey. Some small but also significant improvements in patient experience have been found at the national level since the 2018 survey.

The response rate of 46% compares favourably with surveys in other countries. This strong response rate indicates that patients in Ireland have a strong desire to talk about their experiences and to give feedback that helps to improve acute healthcare. It is thus of great importance that this enthusiasm is harnessed and patient feedback is used to provide an acute healthcare service that meets the needs of patients.

The survey identified a number of areas of good patient experience. Questions on dignity, respect and privacy at all stages of the patient journey achieved some of the highest scores in this survey. Participants also gave positive ratings of the cleanliness of rooms and wards, and privacy while being examined or treated. The majority of participants also gave positive ratings of the clarity of communication with nurses, their level of confidence and trust in hospital staff, and pain management.

A number of areas needing improvement were also identified, particularly in relation to discharge and transfer from hospital. A significant number of participants said that they were not told about the side effects of medications. In addition, many suggested that their families were not as involved in their care and discharge as much as they would have liked. Other issues highlighted included insufficient time to talk to doctors, patients not always being involved in decision-making, and the limited availability of emotional support.

There were notable differences in experience between people of different sex and age groups. Specifically, females and younger participants tended to report less positive experiences than males and older participants. This is similar to the pattern of results found in 2017 and 2018 and may warrant further investigation in the future.

Some significant differences in patient experience were also found between hospital groups across the different stages of care. In relation to 'admissions', Ireland East Hospital Group had the highest ratings, while for 'care on the ward', Ireland East Hospital Group, South/South West Hospital Group and Dublin Midlands Hospital Group had the joint-highest scores. South/South West Hospital Group had the highest score for 'examinations, diagnosis and treatment', and the joint-highest ratings with Saolta University Health Care Group for 'discharge or transfer'. Ireland East Hospital Group and South/South West Hospital Group had the joint-highest proportion of participants who rated their overall experience as 'very good'.

Patients also had different experiences depending on the size of the hospital they attended, with patients discharged from larger hospitals less likely to give a 'very good' rating of care. Patients in these hospitals are typically more acutely unwell than those in smaller hospitals, and are more likely to have been admitted on an emergency basis. This may affect how they experience care in hospital.

In conclusion, the findings of the 2019 survey show that most patients had positive experiences of care, and patient ratings have improved in a number of areas. However, it is also clear that there is still significant room for improvement across multiple areas, particularly in relation to discharge information and involving patients and their families in care. The huge response to the survey from patients demonstrates their commitment to having a say in their care, and has helped hospitals to identify areas where improvements can be made.

What happens next?

The HSE will continue to use the survey results to inform the development of quality improvement plans at national, hospital group and hospital levels. As was the case in 2017 and 2018, these quality improvement plans will describe the steps that the HSE will take to address the issues highlighted by participants in the survey. The survey will be repeated in the coming years and the findings will demonstrate whether or not patient experience has improved over time.

Quality improvement plans will be available from www.yourexperience.ie in November 2019. The Department of Health will continue to use the information gathered to inform the development of policy in relation to acute healthcare. Finally, the findings of the survey will inform HIQA's approach to the monitoring and regulation of acute hospitals

1

Appendix 1

Membership of the National Inpatient Experience Survey governance groups

Steering Group:

Phelim Quinn (Chair)	Chief Executive Officer, HIQA, (Chairperson)
Rachel Flynn	Director of Health Information and Standards, HIQA
Marita Kinsella	Director, National Patient Safety Office, CMO Office, Department of Health
Liam Morris	Principal Officer, Acute Hospital Governance, Patient Safety & Quality, Department of Health
Angela Fitzgerald	Deputy National Director of Acute Hospitals, HSE
Brian Place	Representative – University Hospital Galway Patient Advocacy Group
Patrick Lynch	National Director, Quality Assurance & Verification, HSE
Roisin O'Leary	Senior Patient Advocate, Sage Advocacy
Louise O'Loughlin	National Manager, National Advocacy Service

National Inpatient Experience Survey, Programme Oversight Board:

Rachel Flynn (Chair)	Director of Health Information and Standards, HIQA
Tracy O'Carroll	Senior Programme Manager, National Care Experience Programme, HIQA
Aileen Keane	Regulatory Practice Development Manager, Regulation, HIQA
June Boulger	National Lead for Patient & Public Partnership, HSE
Deirdre Hyland	Patient Safety Surveillance Officer, National Patient Safety Officer, Department of Health
Jane Clayton	Assistant Principal Officer, Acute Hospitals Policy Division, Department of Health
Kay Caball	Patient Representative, UL Hospital Group Patient Council

National Inpatient Experience Survey Team

Tracy O' Carroll	Senior Programme Manager, National Care Experience Programme, HIQA
June Boulger	National Lead for Patient & Public Partnership, HSE
Conor Foley	Senior Analyst, National Care Experience Programme, HIQA
Tess Huss*	Analyst, National Care Experience Programme, HIQA
Linda Drummond	Project Lead, National Care Experience Programme, HIQA
Tina Boland	Research Officer, National Care Experience Programme, HIQA
Donnacha O'Ceallaigh	Project Officer, National Care Experience Programme, HIQA
Catriona Keane	Project Officer, National Care Experience Programme, HIQA
Trudi Mason	Project Officer, National Care Experience Programme, HIQA

*Until August 2019

2

Appendix 2

Who took part in the National Inpatient Experience Survey 2019?

People invited to take part

26,897 people met the eligibility criteria for the National Inpatient Experience Survey 2019 and were invited to participate. A total of 606 people opted out of the survey. In total, 12,343 people returned a valid survey. This represents a national response rate of 46.3%.

The South/South West Hospital Group had the highest response rate, with 48% of its patients returning a questionnaire. The RCSI Hospital Group had the lowest response rate (42%). All hospital groups exceeded the minimum response rate of 20% (or 400 responses for each group) required to ensure the reliability of results.

Table A. shows the number of people eligible and invited to participate in the 2019 survey. It also indicates how many people took part and gives the corresponding response rate for each hospital group.

Table A **Number of people invited to participate, response numbers and response rate by hospital group**

Group	Number invited to take part	Number of participants	Response rate (%)
National (total)	26,897	12,343	46%
By Hospital Group			
South/South West Hospital Group	5042	2442	48%
Ireland East Hospital Group	5746	2648	46%
RCSI Hospital Group	4250	1805	42%
UL Hospitals	2246	1037	46%
Saolta Hospital Group	4883	2305	47%
Dublin Midlands Hospital Group	4730	2106	45%

Characteristics of survey respondents

To get a better understanding of who participated in the 2019 survey, the questionnaire asked four demographic questions. This information was important to establish if the people who responded to the survey represented all sections of society.

49.1% of respondents were male and 50.9% were female. People aged 66 or older accounted for 53.2% of survey respondents, with 17% aged 81 or older.

The vast majority of respondents (90.8%) indicated having a white, Irish ethnic background.

Tables B. summarises the characteristics of the 2019 survey respondents by sex, age and ethnic group.

Table B Respondent characteristics nationally by sex, age and ethnic group

Group	Number who took part	Percentage
Gender		
Males	6056	49.1%
Females	6287	50.9%
Age group		
16-35	997	8.1%
36-50	1622	13.1%
51-65	3160	25.6%
66-80	4467	36.2%
81+	2096	17.0%
Ethnic group*		
White, Irish	10920	90.8%
Irish Traveller	46	.4%
Any other White background	786	6.5%
Black, African	65	.5%
Any other Black background	7	.1%
Asian, Chinese	18	.1%
Any other Asian background	90	.7%
Other ethnic background	100	.8%

*311 people did not indicate an ethnic group.

74.2% of survey respondents entered the hospital through the emergency department. For 25.8% of respondents, their stay in hospital had been planned in advance, or as a result of something else. 68.4% of respondents reported holding a medical card.

Table C. shows the characteristics of survey respondents by admission route, length of stay and medical card status.

Table C **Respondent characteristics nationally by admission route, length of stay and medical card status***

Group	Number who took part	Percentage
Admission route		
Emergency	9164	74.2%
Non-emergency	3179	25.8%
Length of stay		
1-2 days	4255	34.5%
3-5 days	3530	28.6%
6-10 days	2560	20.7%
11 or more days	1998	16.2%
Medical card status*		
Medical card	8174	68.4%
No medical card	3779	31.6%
Reason for admission to hospital		
Tumour/cancer	1100	8.5%
Heart disease	1533	11.8%
Lung disease	1031	8.0%
Neurological condition	739	5.7%
Orthopaedic condition	1138	8.8%
Digestive system condition	930	7.2%
Diabetes and related problems	367	2.8%
Adverse reaction/poisoning	90	0.7%
Injury and or accident	622	4.8%
Infection	1673	12.9%
Mental health issue	80	0.6%
I was admitted for tests and or investigations	1221	9.4%
Don't know/I was not told	54	0.4%
Other	2387	18.4%

*390 people did not indicate a medical card status.

75.7% of surveys were filled in by the patient themselves. 9.9% were filled in by a person acting on behalf of the patient. 14.4% of surveys were completed by the patient together with the assistance of someone else. Table D. summarises information on who filled in the questionnaire.

Table D **Who filled in the survey questionnaire?***

Respondent	Number of participants	Percentage
Patient	9125	75.7
Patient with the help of someone else	1737	14.4
A person acting on patient's behalf	1199	9.9

*282 people did not reply to this question.



Appendix 3

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 scores for the patient journey were calculated by grouping survey questions into five stages of care⁸: 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 all questions in each stage were also summarised to form overall scores ranging from 0-10.

The National Inpatient 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.⁽¹⁶⁾

Figure A is an example of how response options were converted into scores. It should be noted that only evaluative questions could be scored, that is questions which assessed an actual experience of care. Routing or demographic questions were not scored. More 'positive' answers were assigned higher scores than more 'negative' ones. 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 categorised as 'missing'. It was not scored as it cannot be evaluated in terms of best practice.

8 There were 47 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 2019 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 were 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). Thus, the average score for Q3 is 6 out of 10.

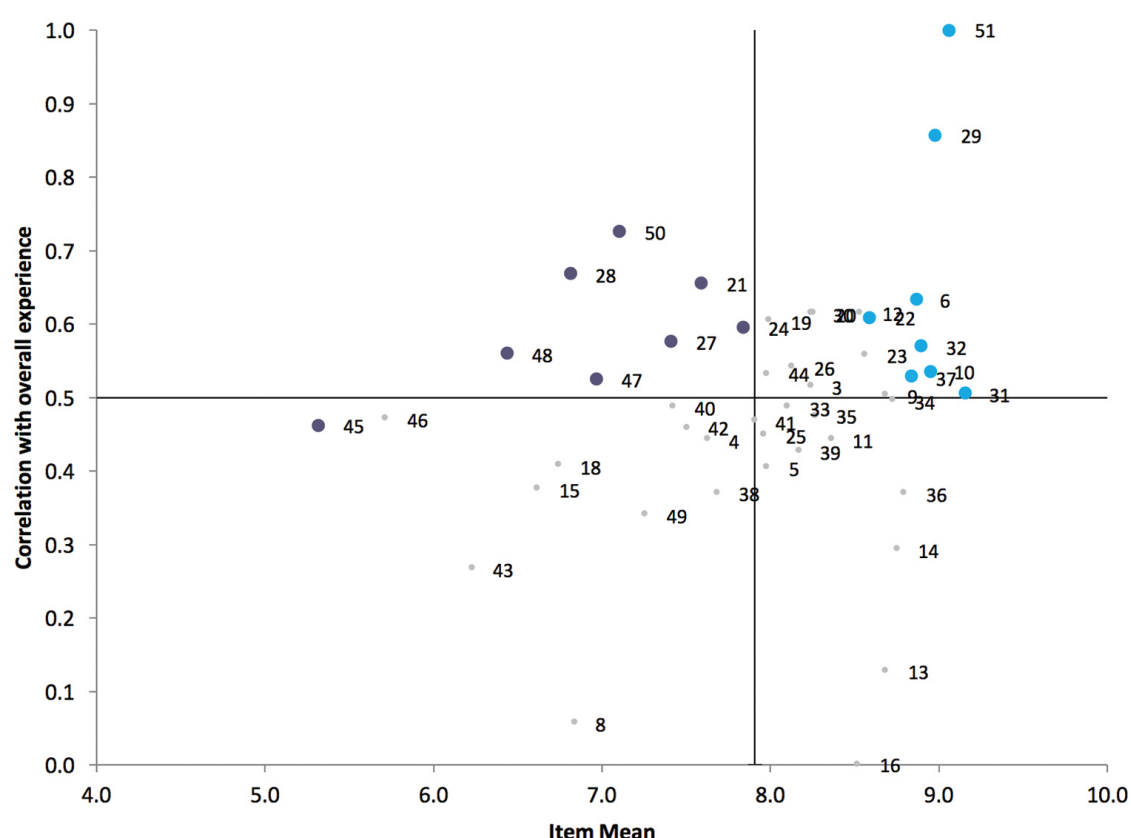
Q3. When you had important questions to ask doctors and nurses in the emergency department, did you get answers that you could understand?	
Respondent	Score
1	10
2	10
3	5
4	0
5	5
Sum of scores	30

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

Identifying areas of good experience and areas needing improvement

Figure B shows the average score out of 10 for each question on the survey, and how strong a relationship it has with participants' overall experience. Questions with high average scores out of 10 and a strong relationship with overall experience are highlighted in blue. Questions with lower scores out of 10 and strong relationships with overall experience are highlighted in purple.

Figure B. Overall patient experience map



Comparing groups

Adjusting results for fair comparison

The survey findings were standardised for individual question and stage scores. Demographic attributes (such as age and sex, for example) often influence how a person responds to a survey.⁽¹⁷⁾ Bearing in mind that the participating hospitals and hospital groups have different patient profiles, it is important to minimise or standardise such differences to allow for fairer comparisons.

The statistical analyses have applied an adjustment weight that accounts for differences between hospitals and hospital groups in the distribution of patients by age group and admission route (that is 'emergency admission' or 'other'). Similar surveys conducted in England and New Zealand also apply adjustment weights.^(18,19)

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 by sex or age group) and hospital 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 if there was no real difference. Therefore, when a score is ‘higher than’ or ‘lower than’ the national average, this is highly unlikely to have occurred by chance.

The National Inpatient Experience Survey technical report, available at <http://www.yourexperience.ie/>, provides details on all aspects of the analyses, including response rates, mapping of questions to reporting themes, computation of patient journey scores, statistical comparisons, and application of adjustment weights.

How are 2018 and 2019 scores compared?

Scores for 2018 and 2019 are compared using a ‘t-test’ at the 99% confidence level. A t-test is a statistical test used to compare the average scores of two groups. 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 ‘higher than’ or ‘lower than’ the national average, this is highly unlikely to have occurred by chance.

Survey analysis and reporting

The survey data was analysed by the National Inpatient Experience Survey team based in the Health Information and Quality Authority (HIQA).

Quantitative survey data was analysed using the statistical package SPSS (Version 25).

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



Appendix 4

The National Inpatient Experience Survey questionnaire 2019

The 61 survey questions originate from a library of questions originally formulated by the Picker Institute in the United States.⁽²⁰⁾ The National Inpatient Experience Survey questionnaire was adapted to the Irish context. Further information on the questionnaire development process can be found on <http://www.yourexperience.ie/>.

PATIENT QUESTIONNAIRE

Help us make hospital care better!



What is the survey about?

The National Patient Experience Survey is a nationwide survey asking patients about their recent stay in a public hospital. The results of the survey will be used to improve hospital care.

Please use this survey to provide general feedback about your hospital experience. If you would like to make a comment, compliment or complaint and receive a response, please email the HSE at yoursay@hse.ie, phone 1890 424 555, or go to www.healthcomplaints.ie.

Why did I get this questionnaire?

You got this questionnaire because you spent 24 hours or more in hospital, you are 16 years of age or over and you were discharged from hospital in May of this year.

Can I do the questionnaire online?

Yes, please go to **www.patientexperience.ie** to complete the survey online.

Can I ask someone to help me fill in the survey?

Yes, you can ask someone to help you fill in the survey. You may also ask someone to fill in the survey on your behalf. However, please make sure that the answers given reflect your experience of care.

Completing the questionnaire

- For each question please clearly tick ☒ one box using a black or a blue pen.
- Please read the information in the boxes that accompany some of the questions as these provide important information to help you complete the questionnaire.
- Do not worry if you make a mistake; simply fill in the box ☐ and put a tick ☒ in the correct box.
- There is space at the end of the questionnaire for your written comments.
- **Please do not write your name or address anywhere on the questionnaire.**

Thank you for completing the survey. If you have any questions about the survey, please call our Freephone number on **1800 314 093** (Monday-Friday, 9am-5pm), visit **www.patientexperience.ie** or email us at **info@patientexperience.ie**.

To opt out of this survey, call the Freephone number on **1800 314 093** or go to our website **www.patientexperience.ie**.

Your answers will remain anonymous and confidential.

Your feedback will not affect your future care in any way.

Survey Code:

We're committed to excellence in healthcare



Seirbhís Sláinte
Níos Fearr
& Forbairt

Building a
Better Health
Service



An Roinn Sláinte
Department of Health

When answering the questions, please think of your **most recent stay** in the hospital **named** in the letter that was included with this survey.

ADMISSION TO HOSPITAL

Q1. Was your most recent hospital stay planned in advance or an emergency?

- 1 ☐ Emergency or urgent → **Go to Q2**
- 2 ☐ Planned in advance or waiting list → **Go to Q9**
- 3 ☐ Something else → **Go to Q2**

Q2. When you arrived at the hospital, did you go to the emergency department (also known as the A&E department or casualty)?

- 1 ☐ Yes → **Go to Q3**
- 2 ☐ No → **Go to Q9**

THE EMERGENCY DEPARTMENT

Please only answer the questions about the emergency department if you answered '**Yes**' to **Q2**.

Q3. When you had important questions to ask doctors and nurses in the emergency department, did you get answers that you could understand?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I had no need to ask/I was too unwell to ask any questions

Q4. While you were in the emergency department, did a doctor or nurse explain your condition and treatment in a way you could understand?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not need an explanation

Q5. Were you given enough privacy when being examined or treated in the emergency department?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know/can't remember

Q6. Overall, did you feel you were treated with respect and dignity while you were in the emergency department?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No

Q7. Did you remain in the emergency department for the entire time of your stay?

- 1 ☐ Yes, I was discharged from the emergency department → **Go to Q53***
- 2 ☐ No, I was transferred to a different part of the hospital before I was discharged → **Go to Q8**

*If you were **discharged from the emergency department**, please go to page 9 and complete Q53 – 58, and provide any comments you may have on page 11.

A **ward** is a room or area in the hospital where patients receive care **following admission**.

This is where you received your care **after you were moved from the emergency department**.

Q8. Following arrival at the hospital, how long did you wait before being admitted to a ward?

- 1 ☐ Less than 6 hours → Go to Q9
- 2 ☐ Between 6 and up to 12 hours → Go to Q9
- 3 ☐ Between 12 and up to 24 hours → Go to Q9
- 4 ☐ Between 24 and up to 48 hours → Go to Q9
- 5 ☐ More than 48 hours → Go to Q9
- 6 ☐ Don't know/can't remember → Go to Q9
- 7 ☐ I was not admitted to a ward → Go to Q53

THE HOSPITAL AND WARD

A **ward** is a room or area in the hospital where patients receive care **following admission**.

If you stayed in more than one ward, please answer the following questions about the ward in which you spent **most** of your time.

Q9. Were you given enough privacy while you were on the ward?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No

Q10. In your opinion, how clean was the hospital room or ward that you were in?

- 1 ☐ Very clean
- 2 ☐ Fairly clean
- 3 ☐ Not very clean
- 4 ☐ Not at all clean

Q11. How clean were the toilets and bathrooms that you used in hospital?

- 1 ☐ Very clean
- 2 ☐ Fairly clean
- 3 ☐ Not very clean
- 4 ☐ Not at all clean
- 5 ☐ I did not use a toilet or bathroom

Q12. When you needed help from staff getting to the bathroom or toilet, did you get it in time?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not need help

Q13. Did staff wear name badges?

- 1 ☐ Yes, all of the staff wore name badges
- 2 ☐ Some of the staff wore name badges
- 3 ☐ Very few or none of the staff wore name badges
- 4 ☐ Don't know/can't remember

Q14. Did the staff treating and examining you introduce themselves?

- 1 ☐ Yes, all of the staff introduced themselves
- 2 ☐ Some of the staff introduced themselves
- 3 ☐ Very few or none of the staff introduced themselves
- 4 ☐ Don't know/can't remember

HOSPITAL FOOD

Q15. How would you rate the hospital food?

- 1 ☐ Very good → Go to Q16
- 2 ☐ Good → Go to Q16
- 3 ☐ Fair → Go to Q16
- 4 ☐ Poor → Go to Q16
- 5 ☐ I did not have any hospital food → Go to Q20

Q16. Were you offered a choice of food?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No

Q17. Were you ever unable to eat during mealtimes (e.g. because you were away from the ward, recovering from surgery, etc.)?

- 1 ☐ Yes → Go to Q18
- 2 ☐ No → Go to Q19
- 3 ☐ Don't know/can't remember → Go to Q19

Q18. Were you offered a replacement meal at another time?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not want a meal
- 5 ☐ I was not allowed a meal (e.g. because I was fasting)
- 6 ☐ Don't know/can't remember

Q19. Did you get enough help from staff to eat your meals?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not need help to eat meals

YOUR CARE AND TREATMENT

Q20. When you had important questions to ask a doctor, did you get answers that you could understand?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I had no need to ask

Q21. Did you feel you had enough time to discuss your care and treatment with a doctor?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No

Q22. When you had important questions to ask a nurse, did you get answers that you could understand?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I had no need to ask
-

Q23. If you ever needed to talk to a nurse, did you get the opportunity to do so?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I had no need to talk to a nurse
-

Q24. Were you involved as much as you wanted to be in decisions about your care and treatment?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
-

Q25. How much information about your condition or treatment was given to you?

- 1 ☐ Not enough
- 2 ☐ The right amount
- 3 ☐ Too much
-

Q26. Was your diagnosis explained to you in a way that you could understand?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No
-

Q27. If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ No family or friends were involved
- 5 ☐ My family did not want or need information
- 6 ☐ I did not want my family or friends to talk to a doctor
-

Q28. Did you find someone on the hospital staff to talk to about your worries and fears?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I had no worries or fears
-

Q29. Did you have confidence and trust in the hospital staff treating you?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
-

Q30. Were you given enough privacy when discussing your condition or treatment?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
-

Q31. Were you given enough privacy when being examined or treated?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
-

PAIN

Q32. Do you think the hospital staff did everything they could to help control your pain?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I was never in any pain

TESTS

Tests are used to assess your needs or identify your condition. Examples of tests include: ECG, X-ray, CT scan, MRI scan, ultrasound, etc.

Q33. Did a doctor or nurse explain the results of the tests in a way that you could understand?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Not sure/can't remember
- 5 ☐ I was told I would get the results at a later date
- 6 ☐ I was never told the results of tests
- 7 ☐ I did not have any tests

TREATMENTS

Treatments help your recovery. Examples of treatments include: injection, dressing, physiotherapy, etc.

Q34. Before you received any treatments did a member of staff explain what would happen?

- 1 ☐ Yes, always → **Go to Q35**
- 2 ☐ Yes, sometimes → **Go to Q35**
- 3 ☐ No → **Go to Q35**
- 4 ☐ I did not want an explanation → **Go to Q35**
- 5 ☐ I did not have any treatments → **Go to Q36**

Q35. Before you received any treatments did a member of staff explain any risks and or benefits in a way you could understand?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not want an explanation

OPERATIONS AND PROCEDURES

Examples of **operations** and **procedures** include: bypass surgery, surgery to repair a broken bone, removing an appendix, a colonoscopy, a lumbar puncture/spinal tap, etc.

Q36. Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?

- 1 ☐ Yes, completely → **Go to Q37**
- 2 ☐ Yes, to some extent → **Go to Q37**
- 3 ☐ No → **Go to Q37**
- 4 ☐ I did not want an explanation → **Go to Q37**
- 5 ☐ I did not have an operation or procedure → **Go to Q40**

Q37. Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not have any questions

Q38. Beforehand, were you told how you could expect to feel after you had the operation or procedure?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No

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?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No

LEAVING HOSPITAL

Q40. Did you feel you were involved in decisions about your discharge from hospital?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not want to be involved

Q41. Were you or someone close to you given enough notice about your discharge?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ Don't know/can't remember

Q42. Before you left hospital, did the healthcare staff spend enough time explaining about your health and care after you arrive home?

- 1 ☐ Yes
- 2 ☐ No

Q43. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ I did not want or need any written or printed information

Q44. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?

- 1 ☐ Yes, completely → Go to Q45
- 2 ☐ Yes, to some extent → Go to Q45
- 3 ☐ No → Go to Q45
- 4 ☐ I did not need an explanation → Go to Q45
- 5 ☐ I had no medicines → Go to Q46
-

Q45. Did a member of staff tell you about medication side effects to watch for when you went home?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not need an explanation
-

Q46. Did a member of staff tell you about any danger signals you should watch for after you went home?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ It was not necessary
-

Q47. Did hospital staff take your family or home situation into account when planning your discharge?

- 1 ☐ Yes, completely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ It was not necessary
- 5 ☐ Don't know/can't remember
-

Q48. Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ No family or friends were involved
- 5 ☐ My family or friends did not want or need information
-

Q49. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know/can't remember
-

Q50. Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?

- 1 ☐ Yes, definitely
- 2 ☐ Yes, to some extent
- 3 ☐ No
- 4 ☐ I did not need any help in managing my condition
-

OVERALL

Q51. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

☐ Yes, always

☐ Yes, sometimes

☐ No

Q52. Overall... (please circle a number)

I had a
very **poor**
experience

I had a
very **good**
experience

0 1 2 3 4 5 6 7 8 9 10

ABOUT YOU

Q53. Who was the main person or people who filled in this questionnaire?

☐ The patient (named on the front of the envelope)

☐ The patient with the help of someone else

☐ A person acting on the patient's behalf

Please keep in mind that all questions should be answered from the point of view of the person named on the envelope.

This includes the following questions.

Q54. What was the **main** reason for your most recent stay in hospital?
(Tick **ONE** box only)

☐ Tumour/cancer

☐ Heart condition

☐ Lung condition

☐ Neurological condition
(including stroke)

☐ Orthopaedic condition
(e.g. bone or joint issues)

☐ Digestive system condition
(including gallbladder and appendix issues)

☐ Diabetes and related problems

☐ Adverse reaction/poisoning

☐ Injury and or accident

☐ Infection

☐ Mental health issue

☐ I was admitted for tests
and or investigations

☐ Don't know/I was not told

☐ Other, please specify

Q55. Do you identify as:

1 ☐ Male?

2 ☐ Female?

Q56. What is your month and year of birth? (Please tick the month and write in the year)

1 ☐ January

2 ☐ February

3 ☐ March

4 ☐ April

5 ☐ May

6 ☐ June

7 ☐ July

8 ☐ August

9 ☐ September

10 ☐ October

11 ☐ November

12 ☐ December

(Please write in)

e.g.

Y	Y	Y	Y
---	---	---	---

We ask the next two questions because we would like to know if the people who responded to the survey represent all sections of our society.

Q57. What is your ethnic or cultural background?

(Tick **ONE** box only)

White

1 ☐ Irish

2 ☐ Irish Traveller

3 ☐ Any other White background

Black or Black Irish

4 ☐ African

5 ☐ Any other Black background

Asian or Asian Irish

6 ☐ Chinese

7 ☐ Any other Asian background

Other, including mixed background

8 ☐ Other, write in description

--

Q58. Do you currently have:

1 ☐ A medical card?

2 ☐ Private health insurance?

3 ☐ **Both** a medical card and private health insurance?

4 ☐ **Neither** a medical card nor private health insurance?

OTHER COMMENTS

Thank you very much for taking part in this survey. Please feel free to tell us about your hospital stay by answering the questions below. You can use the back page of the questionnaire if you need more space. Comments will be entered into a secure database after removing any information that could identify you.

This anonymised feedback will be looked at by HIQA, the HSE and the Department of Health to try to understand and improve patients' experiences in hospital. We will give examples of feedback in the final survey reports to provide a fuller understanding of patients' experiences.

Q59. Was there anything particularly good about your hospital care?

Q60. Was there anything that could be improved?

Q61. Any other comments or suggestions?

Thank you very much for your help!

Please check that you have answered all of the questions that apply to you.
Please return this questionnaire in the Freepost envelope provided. No stamp is needed.



Appendix 5

Data Quality Statement – National Patient Experience Survey 2019

1. Purpose

The National Patient Experience Survey is committed to ensuring that the data it processes and publishes adheres to the five dimensions of good quality data. The purpose of this statement is to provide transparency on the collection of National Patient Experience Survey data and provide data users with information about the quality of National Patient Experience Survey data. This will allow data users to make an informed decision about whether this data meets their needs.

2. Overview of data collection and remit

Data on patient experience is collected through eligible participants' responses to a survey. The survey asks about a person's journey through hospital and includes structured tick-box questions as well as open-ended questions for comments. The findings of the survey are used to inform quality improvements in hospital care.

3. Data source

People who respond to the survey are the data source for the data that is collected on patient experience.

4. Overview of quality of data under each of the dimensions of data quality

This section provides an overview of how data quality is ensured under each of the five dimensions of quality.

Relevance

The relevance of National Patient Experience Survey data is ensured in the following ways.

- To ensure that data meets the needs of data users, the development of the survey tool in 2017 involved a Delphi Study, focus groups and cognitive interviews with patient representatives and healthcare professionals. Cognitive interviews were also carried out in 2018, to test and ensure the relevance of minor adaptations to the survey.
- The input of healthcare professionals and patient representatives is sought in the implementation and planning of the survey at every level of governance (Steering Group, Technical Group and Programme Boards). This ensures that the needs of data-users are embedded into the design of surveys and the delivery of the survey results.
- The inclusion criteria of the survey was changed in 2018; 16 and 17 year olds are now invited to participate in the National Patient Experience Survey. The change to the inclusion criteria was requested by data-users, who identified a gap in patient experience data for this cohort who were previously not included in paediatric or adult surveys.
- A review of each survey is carried out, which involves a public consultation. Data-users provide feedback on all aspects of the survey, including the relevance of the survey data.

Accuracy and reliability

The accuracy and reliability of the data is ensured in the following ways:

- Survey responses, once uploaded onto the online reporting tool are quality assured against the hard copy originals. The coding, or categorisation, of survey responses is also quality assured, through spot check verification.
- The results of all data analyses are quality assured to ensure that they reflect the responses received from survey participants.

Timeliness and punctuality

Timeliness and punctuality is ensured in the following ways:

- Anonymised survey responses are uploaded to an online reporting platform, once received by the data processor. Nominated hospital staff have access to this platform and can view the data as close as possible to its point of collection.
- The findings of the survey are published on www.patientexperience.ie within 4 months of the closure of the survey.

Coherence and comparability

The coherence and comparability of the data is ensured in the following ways:

- The National Patient Experience Survey uses questions from a validated, international question bank, which allows for comparability of patient experience at an international level, on a question by question basis.
- The National Patient Experience Survey uses one survey tool to measure patient experience across public acute hospitals.
- The survey is carried out at the same time every year, allowing for year on year comparison of the data.
- Anonymised survey responses are uploaded to a publically accessible, online reporting platform, where the data can be contrasted and compared:
 - by question
 - by year
 - by hospital, hospital group and nationally.

Accessibility and clarity

The accessibility and clarity of the data is ensured in the following ways:

- The findings of the survey are presented in a traditional report format with graphs and textual explanations to appeal to different types of learners.
- Staff analysing the data and reporting the survey findings undergo data visualisation training to ensure that the findings of the survey are reported in an accessible and clear format.
- All outputs, such as the 2019 National Patient Experience National Report, are quality assured to ensure that they adhere to NALA (National Adult Literacy Agency) Standards and are therefore reported in plain English.

- Survey findings are accessible through various platforms, such as an online reporting tool for nominated hospital staff and a public facing reporting tool on www.patientexperience.ie.
- A Data Access Request Policy and form are available for people who wish to access and use the data for research purposes.

5. Limitations of the survey

Comparability

The first National Patient Experience Survey took place in May 2017 and was repeated in May 2018 and May 2019. Each year, the survey tool was adapted. For example, a question on 'reason for admission' was added to the survey. Changes, while minor, may affect the year on year comparability of the survey.

Accessibility

The findings of surveys are made publically available on www.patientexperience.ie. Reports are published at a local, regional and national level on a publically available, online reporting tool.

Data, relevant to the needs of specific data-users, is therefore accessible and easily obtainable. The possibility of making findings available at ward level, was also investigated, to allow for targeted, ward-specific quality improvements. It was decided against releasing data at a ward level, as this may

- not be feasible as a participants' care pathway may involve a number of wards
- allow for the identification of participants, staff and others and undermine the anonymity of survey responses.

Conclusion

The National Patient Experience Survey is committed to high quality data and therefore meets the five dimensions of data quality and will continually review these dimensions to ensure that data is of high quality.

References

1. Health Information and Quality Authority. International Review on Patient Experience Surveys. <https://www.patientexperience.ie/about-the-survey/survey-questionnaire/>; 2016.
2. Health Service Executive. Management Data Report. <https://www.hse.ie/eng/services/publications/performance-reports/march-2018-management-data-report.pdf>; 2018.
3. Care Quality Commission. 2017 Adult Inpatient Survey Statistical Release. https://www.cqc.org.uk/sites/default/files/20180613_ip17_statisticalrelease.pdf ; 2017.
4. Office of National Statistics. Hospital Admitted Patient Care Activity. <https://files.digital.nhs.uk/pdf/0/8/hosp-epis-stat-admi-summ-rep-2016-17-rep.pdf> : 2017.
5. Coulter A, Cleary PD. Patients' Experiences With Hospital Care In Five Countries. *Health Affairs*. 2001;20(3):244-52.
6. Luxford K, Sutton S. How does patient experience fit into the overall healthcare picture? *Patient Experience Journal*. 2014;1(Inaugural issue).
7. Anhang Price R, Elliott MN, Zaslavsky AM, Hays RD, Lehrman WG, Rybowski L, et al. Examining the Role of Patient Experience Surveys in Measuring Health Care Quality. *Medical care research and review : MCRR*. 2014;71(5):522-54.
8. Coulter A, Fitzpatrick R, Cornwell J. The point of care - Measures of patients' experience in hospital: purpose, methods and uses. *The King's Fund*, 2009.
9. Graham C, Woods P. Patient experience surveys. In: Ziebland S, Coulter A, Calabrese JD, Locock L, editors. *Understanding and Using Health Experiences: Improving patient care*. Oxford: Oxford University Press; 2013.
10. Singer AJ, Thode Jr HC, Viccellio P, Pines JM. The Association Between Length of Emergency Department Boarding and Mortality. *Academic Emergency Medicine*. 2011;18(12):1324-9.
11. Plunkett PK, Byrne DG, Breslin T, Bennett K, Silke B. Increasing wait times predict increasing mortality for emergency medical admissions. *European Journal of Emergency Medicine*. 2011;18(4):192-6.
12. Forster AJ, Murff HJ, Peterson JF, Gandhi TK, Bates DW. The incidence and severity of adverse events affecting patients after discharge from the hospital. *Annals of Internal Medicine*. 2003;138(3):161-7.

13. McMurray A, Johnson P, Wallis M, Patterson E, Griffiths S. General surgical patients' perspectives of the adequacy and appropriateness of discharge planning to facilitate health decision-making at home. *Journal of Clinical Nursing*. 2007;16(9):1602-9.
14. Naylor MD, Aiken LH, Kurtzman ET, Olds DM, Hirschman KB. The care span: The importance of transitional care in achieving health reform. *Health Aff (Millwood)*. 2011;30(4):746-54.
15. Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology*. 2013;13(1):117.
16. Care Quality Commission. NHS Patient Survey Programme: Survey Scoring Method 2015.
17. Care Quality Commission. Technical details - patient survey information. 2015 Inpatient survey. 2016.
18. Care Quality Commission. 2018 Adult Inpatient Survey: Quality and Methodology Report. 2018.
19. Health Quality and Safety Commission New Zealand. Patient Experience Survey - Adult Inpatients: Methodology and Procedures. 2014.
20. Jenkinson C, Coulter A, Bruster S, Richards N, Chandola T. Patients' experiences and satisfaction with health care: results of a questionnaire study of specific aspects of care. *Quality and Safety in Health Care*. 2002;11(4):335-9.

