

National Inpatient Experience Survey 2019

University Hospital Kerry

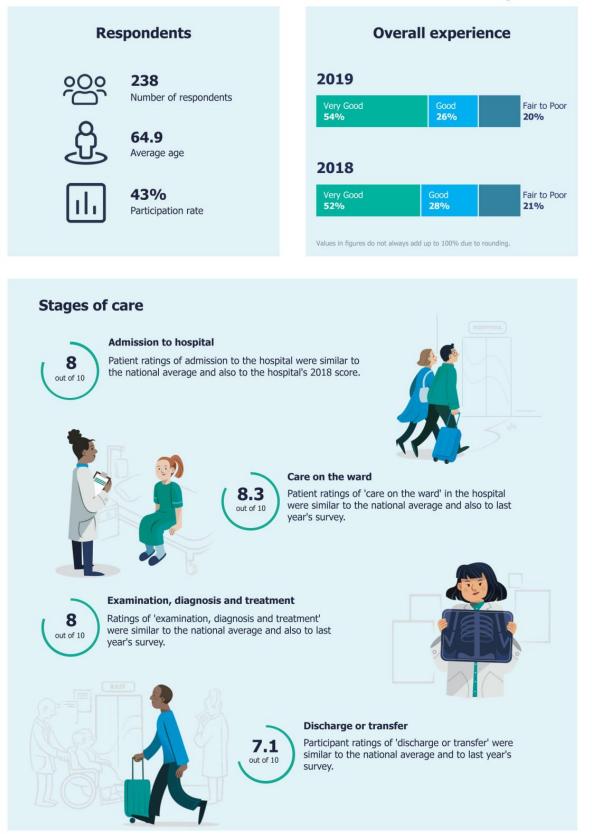
Page **1** of **27**





University Hospital Kerry

2019 survey results





Structure and content of this report

About the National Inpatient Experience Survey 20194
What were the main findings for University Hospital Kerry?
Hospital and participant profile5
Areas of good experience and areas needing improvement
Survey results for the stages of care along the patient journey7
Interpreting the results for the stages of care7
Changes in patient experience over time
Admissions9
Care on the ward11
Examinations, diagnosis and treatment13
Discharge or transfer15
Other aspects of care17
Overall experience
In their own words: analysis of patients' comments19
Conclusion21
What were patients' experiences of hospital care in University Hospital Kerry in May 2019?21
Appendix 1: Areas of good experience and areas needing improvement
Improvement map22





About the National Inpatient Experience Survey 2019

The National Inpatient Experience Survey¹ is a nationwide survey that offers patients the opportunity to describe their experiences of public acute healthcare in Ireland. The survey is a partnership between the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. It was conducted for the first time in 2017 and repeated in 2018 and 2019.

Nationally, 26,897 people were invited to participate in the third National Inpatient Experience Survey. In total, 12,343 people responded, resulting in a response rate of 46%. 238 patients from University Hospital Kerry took part.

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

What were the main findings for University **Hospital Kerry?**

The majority of participants from University Hospital Kerry reported positive experiences in hospital. 80% of participants said they had 'good' or 'very good' overall experiences, compared with 84% nationally. The hospital scored about the same as the national average for each stage of care and also for overall experience.²

Three areas of good experience were identified. These were areas that were related to participants' overall experiences and where participants gave significantly aboveaverage ratings. For example, many patients said that they had sufficient privacy while being examined in the emergency department. The hospital also scored above the national average for guestions on the cleanliness of rooms and wards. In addition, most people said they were offered a replacement meal when it was required.





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

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



While the majority of patients said that their diagnosis was explained in a way they could understand, the hospital scored below the national average for this question. This is one area where the hospital scored below the national average and requires improvement.

There were no significant changes in patients' ratings of care since the 2018 survey.

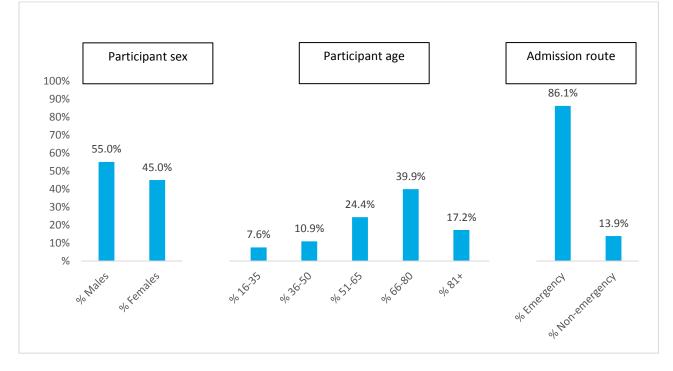
The findings of the 2019 survey will help University Hospital Kerry to improve patients' experiences of care in hospital.

Hospital and participant profile

University Hospital Kerry is located in Co. Kerry. There were 245 inpatient beds available in the hospital during the survey period of May 2019.

562 people discharged from University Hospital Kerry during the month of May 2019 were invited to participate in the survey. 238 people completed the survey, achieving a response rate of 43%. 55% of participants were male and 45% were female. 205 respondents (86.1%) said that their stay in hospital was due to an emergency. Figure 1 below provides information on the respondents who took part in the survey from University Hospital Kerry.

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



Page 5 of 27







Areas of good experience and areas needing improvement

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

The areas of good experience in University Hospital Kerry are:

Admissions

Privacy while being examined or treated in the emergency department | Q5

142 (76%) of the 188 people who answered this question said that were always given enough privacy while being examined or treated in the emergency department.

Care on the ward

Cleanliness of room or ward | Q10

Of the 232 people who answered this question, 186 (80%) said that the room or ward they were in was very clean.

Care on the ward

Offer of a replacement meal | Q18

Of the 57 people who answered this question, 43 (75%) said that they were always offered a replacement meal when required.

The areas needing improvement in University Hospital Kerry are:

Examinations, diagnosis and treatment Clear explanation of a diagnosis | Q26

Of the 227 people who answered this question, 138 (61%) said that their diagnosis was explained to them in a way they completely understood. The hospital scored below the national average on this question.

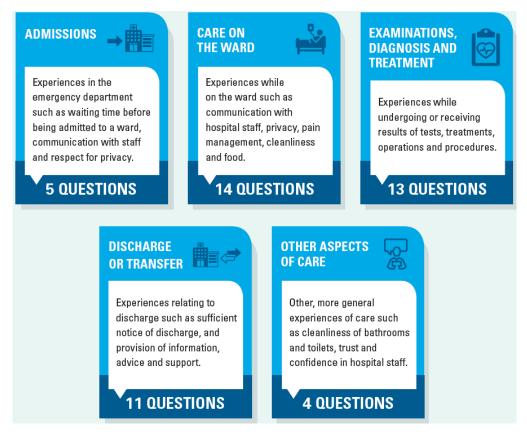




Survey results for the stages of care along the patient journey

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

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



Interpreting the results for the stages of care

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

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



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

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

Changes in patient experience over time

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

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

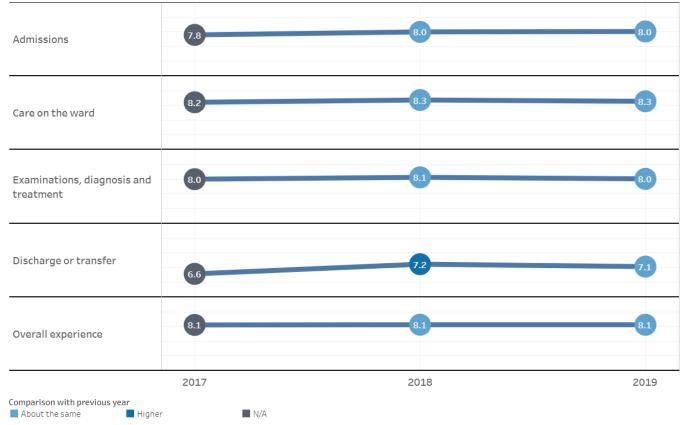


Figure 2 Annual comparison of stage of care scores³ for University Hospital Kerry



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



ADMISSIONS 🔔

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

5 QUESTIONS

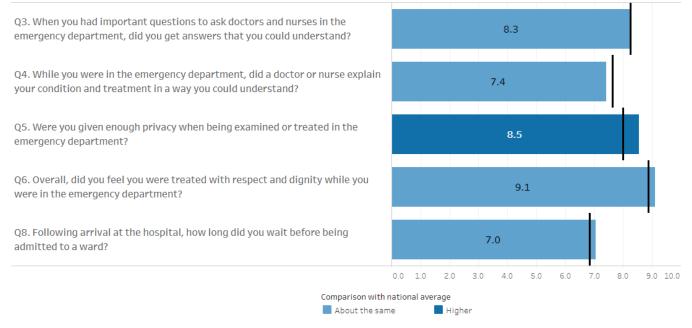
Admissions

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

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

National					7.9						
University Hospital Kerry					8.0						
	0.0	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.0
				Comparison		al average Nation	al				

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



*The black line represents the national average





Emergency department waiting times⁴

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

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

In University Hospital Kerry, 55 respondents (29%) said they were admitted to a ward within six hours of arriving at the emergency department, while 114 respondents (60%) reported waiting between six and 24 hours. 21 respondents (11%) said that they waited 24 hours or more before being admitted to a ward in University Hospital Kerry, with seven of these saying they waited more than 48 hours. As outlined in Appendix 1, the relationship between waiting times and overall experience was relatively weak. This means that patients who had long waiting times did not always say they had a negative overall experience. Figure 5. outlines the emergency department waiting times, as reported by patients in University Hospital Kerry, compared with the national average.

Figure 5. Emergency department waiting times, as reported by patients for University Hospital Kerry and nationally

National		30%				5	56%			14	1%
University Hospital Kerry	29%			60%							
	0%	10%		30% <6 hours	40%	50% 5-24 hours	60%	70% Durs	80%	90%	100%

Admissions: what do these results mean?

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





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



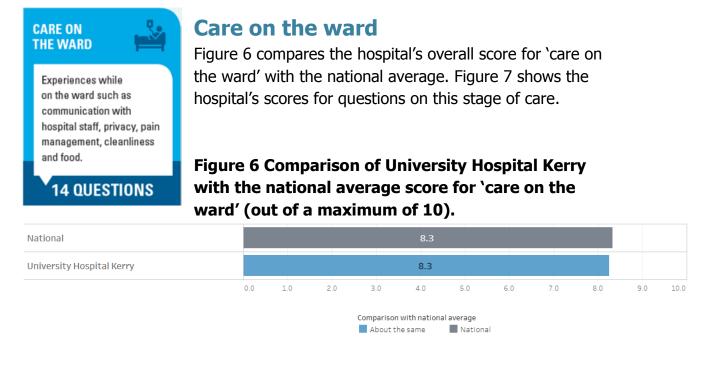
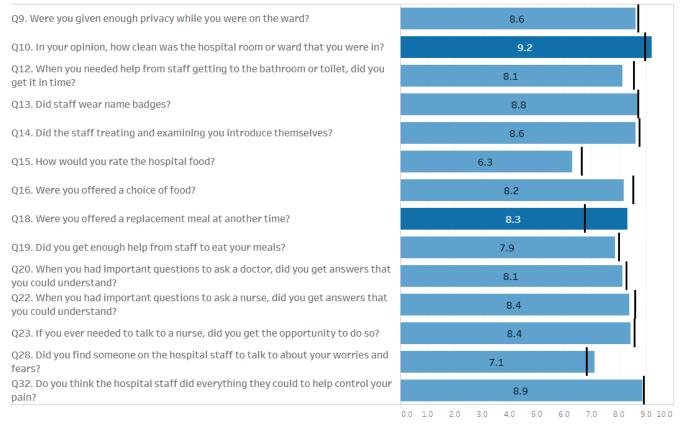


Figure 7 University Hospital Kerry scores for questions on `care on the ward'*



*The black line represents the national average

About the same Higher

Comparison with national average

Page **11** of **27**







Care on the ward: what do these results mean?

In terms of this stage of care, University Hospital Kerry received patient ratings of that were similar to the national average and also to last year's survey. Most patients gave a positive rating of the cleanliness of rooms and wards. The lowest scoring question for this stage related to patients' ratings of the hospital food.





EXAMINATIONS, DIAGNOSIS AND TREATMENT

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

Examinations, diagnosis and treatment

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

13 QUESTIONS

Figure 8 Comparison of University Hospital Kerry with the national average score for 'examinations, ent' (out of a maximum of 10)

diagnosis and treatment' (out of a maximum of 10).

National					8.2						
University Hospital Kerry					8.0						
	0.0	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.0
				Comparison	with nation	al average Nation	al				

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

-										
Q21. Did you feel you had enough time to discuss your care and treatment with a doctor?	Ì			7	7.4					
Q24. Were you involved as much as you wanted to be in decisions about your care and treatment?					7.7					
Q25. How much information about your condition or treatment was given to you?					7.6					
Q26. Was your diagnosis explained to you in a way that you could understand?					7.6					
Q30. Were you given enough privacy when discussing your condition or treatment?					8.1					
Q31. Were you given enough privacy when being examined or treated?					g	9.4				
Q33. Did a doctor or nurse explain the results of the tests in a way that you could understand?	1				7.8					•
Q34. Before you received any treatments did a member of staff explain what would happen?					8.6	i				
Q35. Before you received any treatments did a member of staff explain any risks and or benefits in a way you could understand?					8.0					
Q36. Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?					8.6	i				
Q37. Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?					8.8	8				Í
Q38. Beforehand, were you told how you could expect to feel after you had the operation or procedure?					7.7					
Q39. After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?					8.3					
	0.0	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0 10.0
Comparison with na	tiona	lavera	qe							

Comparison with national average
About the same
Lower

*The black line represents the national average

Page 13 of 27







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

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





.1

8.0

7.8

8.2

7.5

.3

4.0

5.0

6.0

7.0

8.0

9.0 10.0

DISCHARGE OR TRANSFER

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

11 QUESTIONS

Discharge or transfer

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

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

National				7	.0						
University Hospital Kerry				7	.1						
	0.0	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.0
				Comparisor	with nation	al average Nation	al				

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

Q40. Did you feel you were involved in decisions about your discharge from hospital?					7.
Q41. Were you or someone close to you given enough notice about your discharge?					
Q42. Before you left hospital, did the healthcare staff spend enough time explaining about your health and care after you arrive home?					
Q43. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?					6.9
Q44. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	•				
Q45. Did a member of staff tell you about medication side effects to watch for when you went home?				5.3	7
Q46. Did a member of staff tell you about any danger signals you should watch for after you went home?				5.6	5
Q47. Did hospital staff take your family or home situation into account when planning your discharge?					7
Q48. Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?					6.8
Q49. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?					6.8
Q50. Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?					7
	0.0	1.0	2.0) 3	.0

Comparison with national average

About the same

*The black line represents the national average





Discharge or transfer: what do these results mean?

Participant ratings for this stage of care were similar to the national average and to last year's survey. Most patients said that staff explained the purpose of medications they were to take at home. The lowest scoring question for this stage related to whether patients were told about potential danger signals to watch out for after they went home.







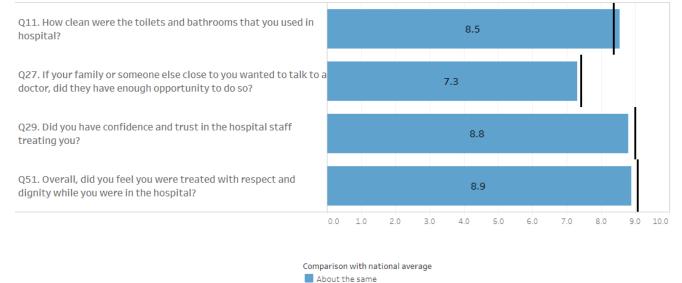
Other aspects of care

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

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

4 QUESTIONS

Figure 12 University Hospital Kerry scores for 'other aspects of care'*



*The black line represents the national average

Other aspects of care: what do these results mean?

Most participants said they were always treated with respect and dignity while in the hospital. Nevertheless, a number of patients said that that there were insufficient opportunities for their families to talk to a doctor.



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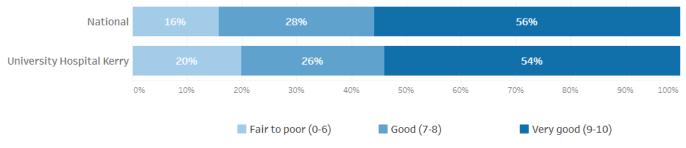


Overall experience

Respondents were asked to rate their overall hospital experience on a scale from 0 to 10, with 10 being the most positive experience, and 0 the most negative experience. 54% of participants from University Hospital Kerry rated their care as very good, slightly below the national figure of 56%.

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

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











In their own words: analysis of patients' comments

The last three questions (questions 59-61) of the survey asked patients to provide additional information, in their own words, on their experiences in hospital. These free-text questions allowed people to give a more in-depth description of specific aspects of their care. It also allowed them to talk about various things (good or bad) that could not be captured by the structured questions. In total, 373 comments were received from patients of University Hospital Kerry in response to the free-text questions in the 2019 survey.

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

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

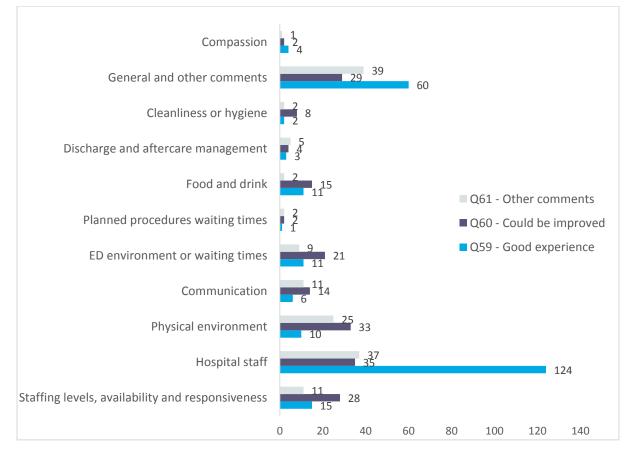


Figure 14 Participant comments by theme

Page 19 of 27





Figure 15 Example comments

Positive comments

"The staff are hard-working and dedicated. I admire their resolve under stressful circumstances."	"On arriving to A&E I was seen to straight away. When I was eventually sent to the ward the nursing staff were fantastic."
"I was treated with kindness and respect at all times. The nursing staff was wonderful, nothing was too much for them."	"Food was very good and domestic staff were top class."
"I was very happy with the care I received at University Hospital Kerry. The staff work so hard to care and look after people and make them feel comfortable."	"Everything was to my satisfaction. I would not be left home until all tests done."

Suggestions for improvement

"People accept that they will be in the A&E for several hours but the one thing that was lacking was an adequately working tea/coffee/sandwich machine. There were no facilities for this. There were several old people. They could not leave to go to the shop in the main hospital as they would not hear their name being called."

"The only issue I had was that I would have liked to have had more information from the surgeon on how the operation went and more info on aftercare."

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







Conclusion

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

The majority of patients said that they had positive overall experiences in University Hospital Kerry. 80% of patients said they had a 'good' or 'very good' experience, which is nonetheless lower than the 84% national score.

University Hospital Kerry received scores that were similar to the national average for all stages of care, and also for overall experience. Participant ratings of care were generally similar to those received in 2018.

Three areas of good experience were identified. These were areas that were related to participants' overall experiences and where participants gave significantly aboveaverage ratings. For example, many patients said that they had sufficient privacy while being examined in the emergency department. The hospital also scored above the national average for question on the cleanliness of rooms and wards. In addition, most people said they were offered a replacement meal when it was required.

While the majority of patients said that their diagnosis was explained in a way they could understand, the hospital scored below the national average for this question. This is one area that requires improvement.

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









Appendix 1: Areas of good experience and areas needing improvement

Improvement map

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

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

Other questions had a weaker relationship with overall experience – this means that patients' experiences in these areas had little bearing on how they rated their overall experience. An example is Question 8 which asked patients how long they waited before admission to a ward. The relationship between waiting time and patients' ratings of their overall experience was weak. This means that even if patients had a short waiting time, they may have given negative ratings of their overall experience, or if they waited for a long time, they may still have given positive ratings of their overall experience.

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

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

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









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







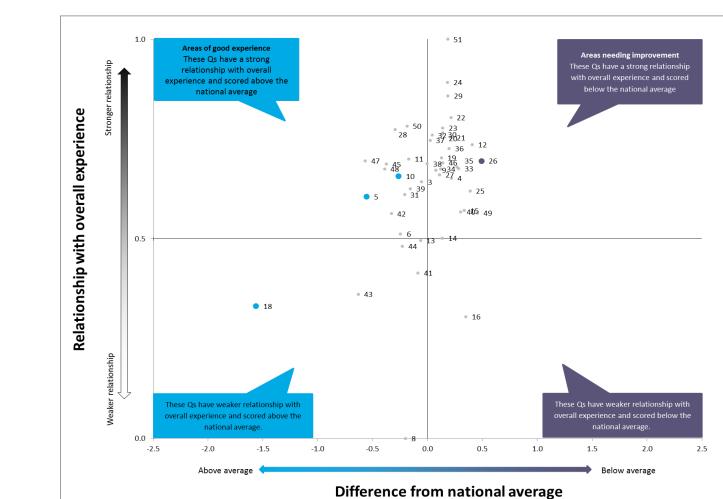


Figure 16 Improvement Map for University Hospital Kerry







How the improvement map is constructed

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

What is correlation?

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

How do we calculate the correlation coefficient?

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

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

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

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







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

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

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

How do we calculate difference from the national average?

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











