

# National Inpatient Experience Survey 2019

## University Hospital Limerick

## 2019 survey results

### Respondents



**722**

Number of respondents



**62.1**

Average age



**44%**

Participation rate

### Overall experience

#### 2019

Very Good  
**49%**

Good  
**27%**

Fair to Poor  
**25%**

#### 2018

Very Good  
**47%**

Good  
**31%**

Fair to Poor  
**23%**

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

### Stages of care

#### Admission to hospital

**6.9**  
out of 10

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



#### Care on the ward

**8.1**  
out of 10

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



#### Examination, diagnosis and treatment

**7.9**  
out of 10

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



#### Discharge or transfer

**6.7**  
out of 10

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



# Structure and content of this report

About the National Inpatient Experience Survey 2019 .....	4
What were the main findings for University Hospital Limerick? .....	4
Hospital and participant profile.....	5
Areas of good experience and areas needing improvement.....	6
Survey results for the stages of care along the patient journey .....	7
Interpreting the results for the stages of care.....	7
Changes in patient experience over time.....	8
Admissions.....	9
Care on the ward .....	11
Examinations, diagnosis and treatment .....	13
Discharge or transfer .....	15
Other aspects of care.....	17
Overall experience .....	18
In their own words: analysis of patients' comments.....	19
Conclusion.....	21
What were patients' experiences of hospital care in University Hospital Limerick in May 2019? .....	21
Appendix 1: Areas of good experience and areas needing improvement .....	22
Improvement map.....	22

## About the National Inpatient Experience Survey 2019

The National Inpatient Experience Survey<sup>1</sup> 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%. 722 patients from University Hospital Limerick took part.

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

## What were the main findings for University Hospital Limerick?

The majority of participants from University Hospital Limerick reported positive experiences in hospital. 76% of participants said they had 'good' or 'very good' overall experiences, compared with 84% nationally. The hospital scored below the national average for every stage of care and also for overall experience.

Three areas needing improvement were identified. While the majority of patients felt that they were treated with respect and dignity, the hospital scored below the national average for this question. The hospital also scored below the national on average for the questions on privacy while being examined, and privacy while discussing treatment.

There were no significant changes in patient experience scores from the 2018 survey.

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

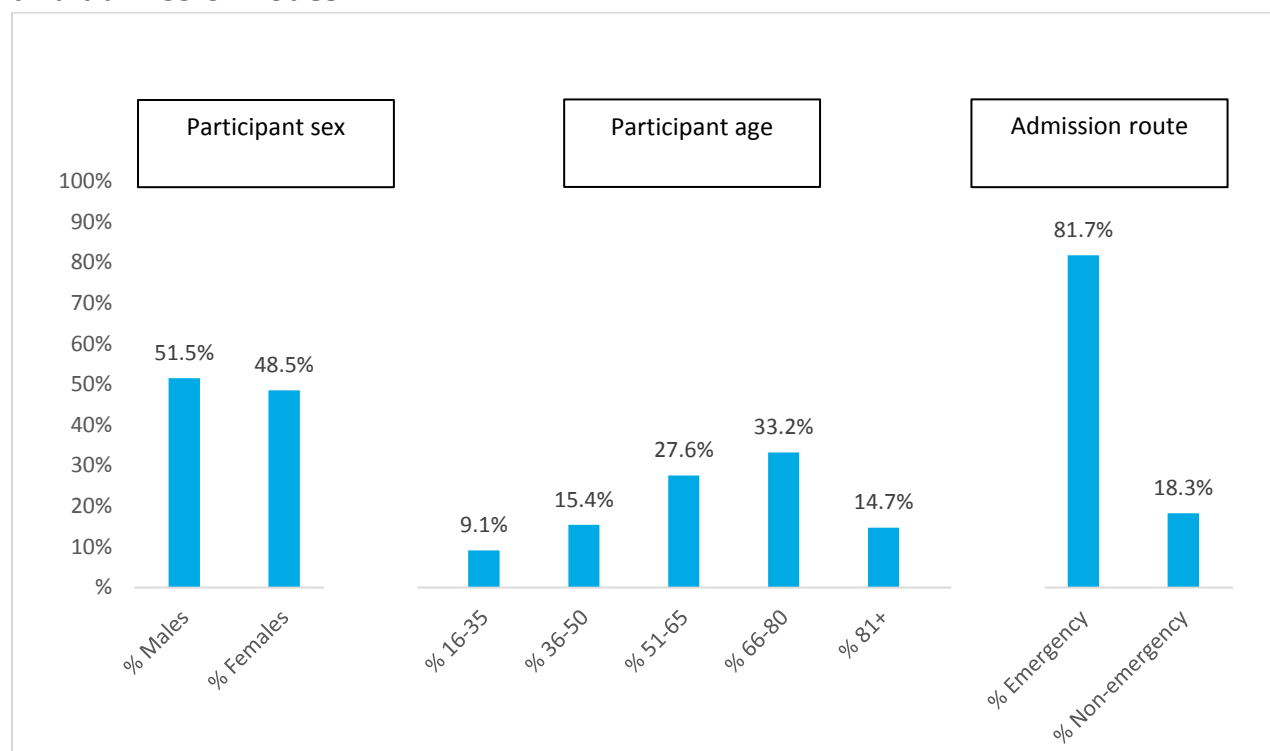
The findings of the 2019 survey will help University Hospital Limerick to improve patients' experiences of care in hospital.

## Hospital and participant profile

University Hospital Limerick is located in Limerick. There were 436 inpatient beds available in the hospital during the survey period of May 2019.

1,638 people discharged from University Hospital Limerick during the month of May 2019 were invited to participate in the survey. 722 people completed the survey, achieving a response rate of 44%. 51.5% of participants were male and 48.5% were female. 590 respondents (81.7%) said that their stay in hospital was an emergency. Figure 1 below provides information on the respondents who took part in the survey from University Hospital Limerick.

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



## Areas of good experience and areas needing improvement

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

In University Hospital Limerick none of the questions scored significantly above the national average. While no specific areas for improvement were identified using the methodology outlined in Appendix 1, there was still room for improvement on a number of questions.

### The areas needing improvement in University Hospital Limerick are:

#### Other aspects of care

##### Respect and dignity | Q51

Of the 666 people who answered this question, 489 (73%) said that they were always treated with respect and dignity. The hospital scored below the national average on this question.

#### Examination, diagnosis and treatment

##### Privacy when discussing condition or treatment | Q30

Of the 668 people who answered this question, 436 (65%) said that they were always given enough privacy when discussing their condition or treatment. This was below the national average on this question.

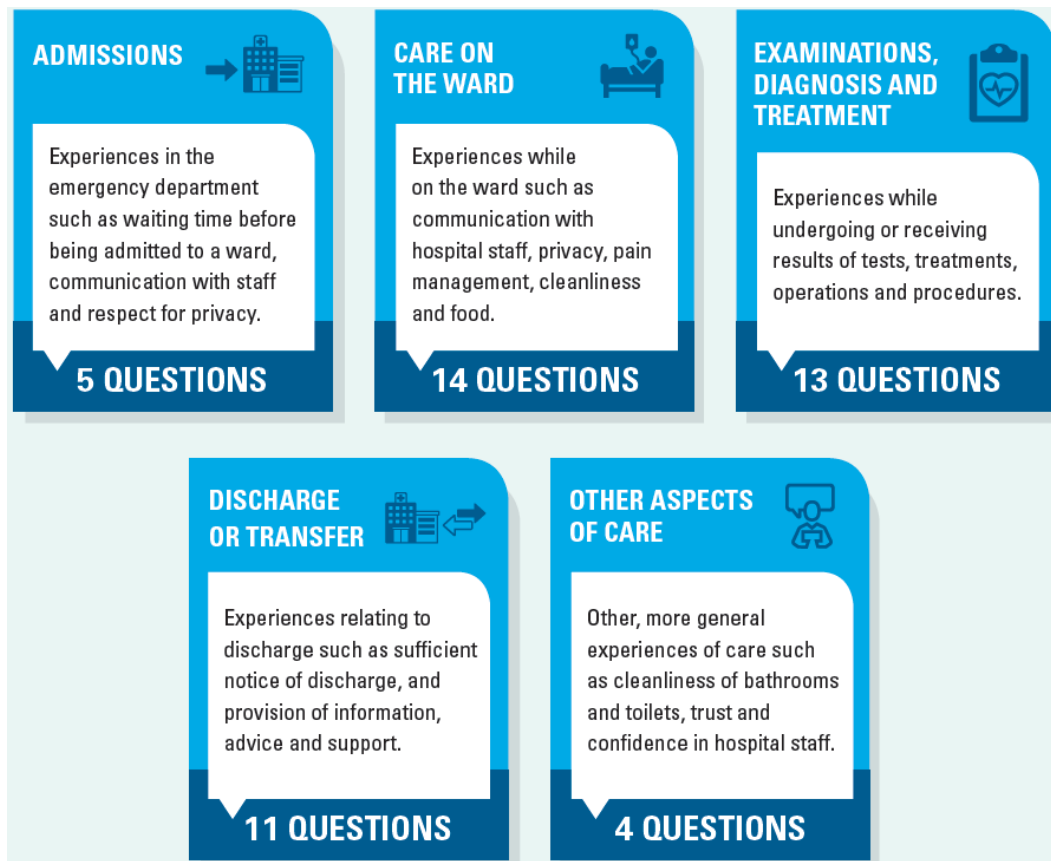
#### Examination, diagnosis and treatment

##### Privacy when being examined or treated | Q31

521 (78%) of the 666 people who answered this question said that they were always given enough privacy when being examined or treated. 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 [www.yourexperience.ie](http://www.yourexperience.ie). The survey questions were grouped into five stages along the patient journey:



### Interpreting the results for the stages of care

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

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

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

For further information on the analyses please consult Appendix 3 of the 2019 national report, available from [www.yourexperience.ie](http://www.yourexperience.ie).

## Changes in patient experience over time

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

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

**Figure 2. Annual comparison of stage of care scores<sup>2</sup> for University Hospital Limerick**



<sup>2</sup> 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.

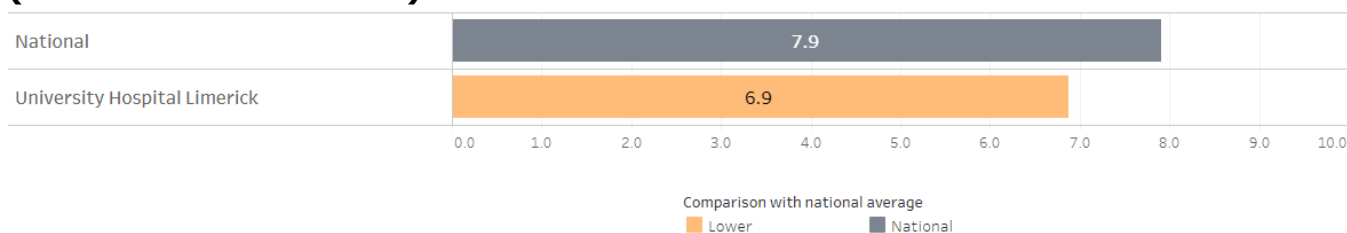
**5 QUESTIONS**

## 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 Limerick with the national average score for 'admissions'**

(out of a maximum of 10).



**Figure 4 University Hospital Limerick scores for questions on 'admissions'\***



\*The black line represents the national average

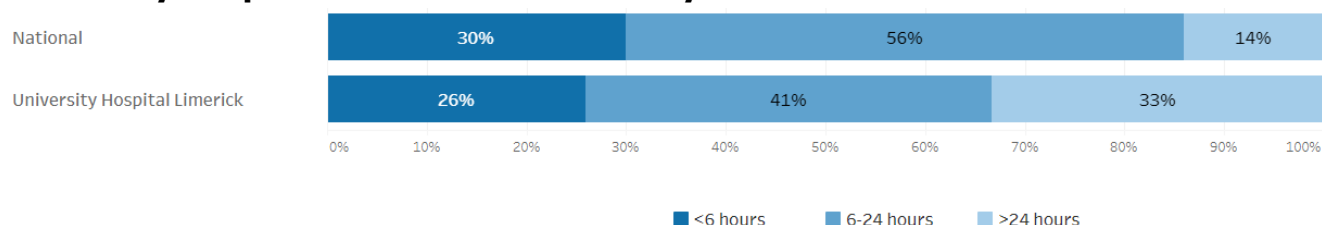
## Emergency department waiting times<sup>3</sup>

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 Limerick, 125 respondents (26%) said they were admitted to a ward within six hours of arriving at the emergency department, while 197 respondents (41%) reported waiting between six and 24 hours. 161 respondents (33%) said that they waited 24 hours or more before being admitted to a ward in University Hospital Limerick, with 75 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 Limerick, compared with the national average.

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



### Admissions: what do these results mean?

Patient ratings of admission to University Hospital Limerick were lower than the national average, and similar to the hospital's 2018 score. Most patients said they were treated with respect and dignity in the emergency department and received answers that they could understand. Nonetheless, the hospital scored below the national average for these questions. The lowest scoring question for this stage related to waiting times for admission to a ward.

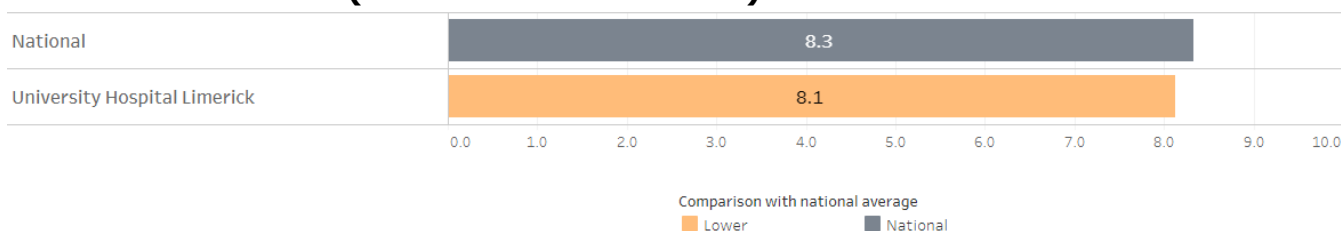
<sup>3</sup> The HSE measures emergency department waiting times differently to the survey, namely from the time a patient registers at the emergency department until they leave it. It is likely that there are some differences between survey findings and the official HSE figures. The HSE 2019 targets can be viewed at: <https://www.hse.ie/eng/services/publications/kpis/acute-hospitals-metadata-2019.pdf>



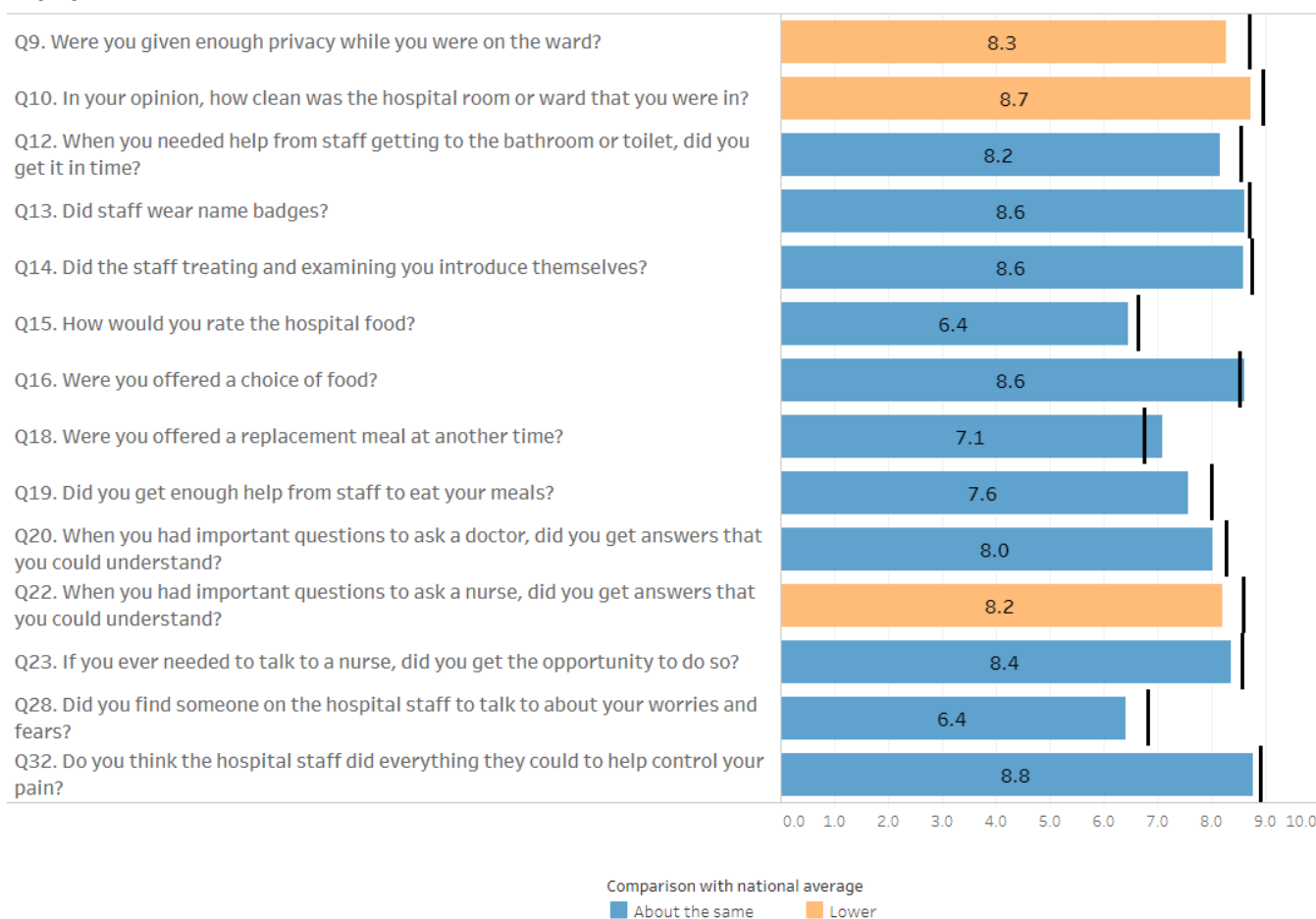
## Care on the ward

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

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



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



\*The black line represents the national average

### Care on the ward: what do these results mean?

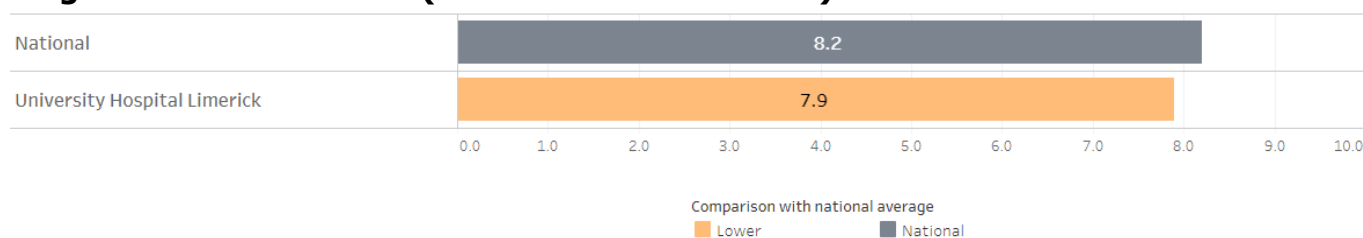
Patients rated 'care on the ward' in University Hospital Limerick as below the national average, and similar to last year's survey. Most patients said that hospital staff did everything they could to manage their pain. The lowest scoring questions related to patient ratings of the hospital food, and whether patients were able to find someone to talk to about their worries and fears if needed.



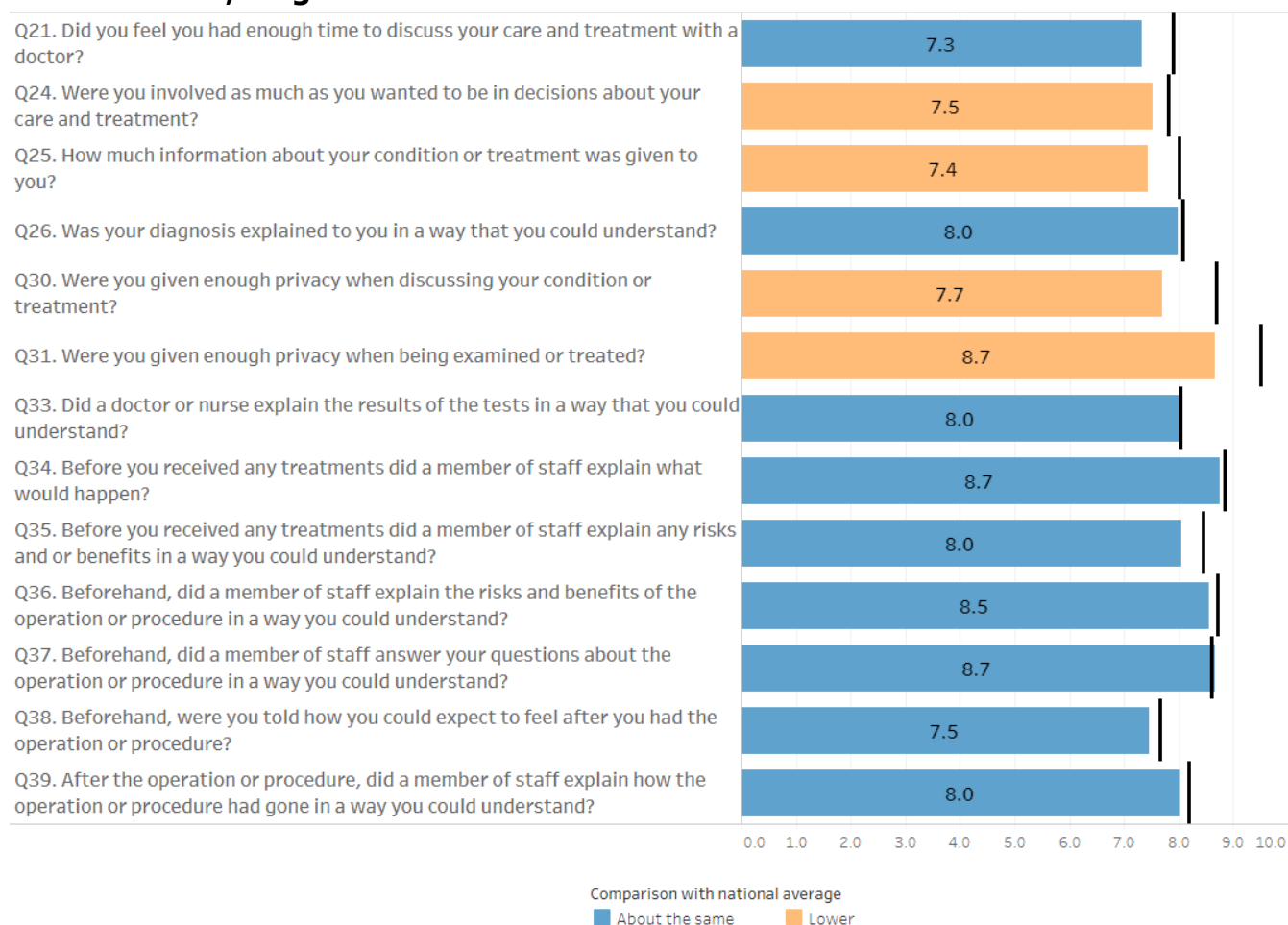
## Examinations, diagnosis and treatment

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

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



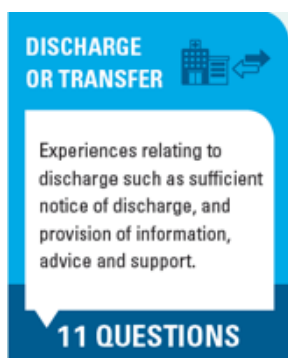
**Figure 9 University Hospital Limerick scores for questions on 'examinations, diagnosis and treatment'\***



\*The black line represents the national average

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

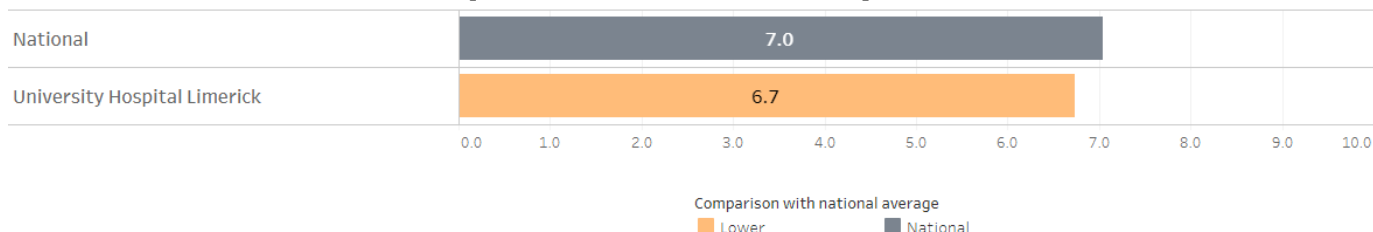
Ratings of 'examinations, diagnosis and treatment' were below the national average and similar to last year's survey. Most patients said that staff explained their treatment and answered questions about operations or procedures in a way that they could understand. Most patients also said they were given enough privacy while being examined or treated. The lowest scoring question for this stage related to the time patient had to discuss their care and treatment with a doctor.



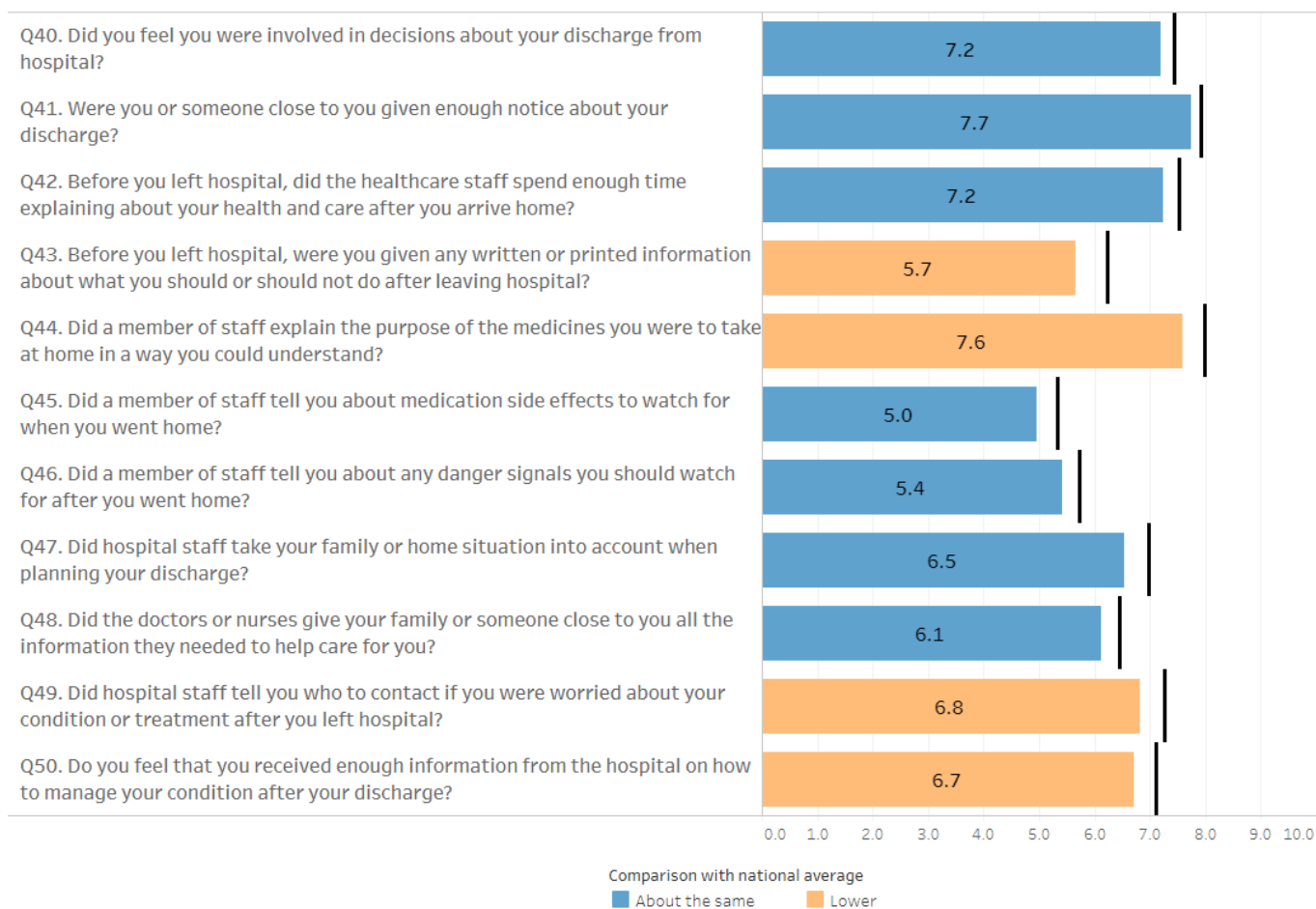
## Discharge or transfer

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 Limerick with the national average score for 'discharge or transfer' (out of a maximum of 10).**



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



\*The black line represents the national average

### Discharge or transfer: what do these results mean?

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



**OTHER ASPECTS  
OF CARE**

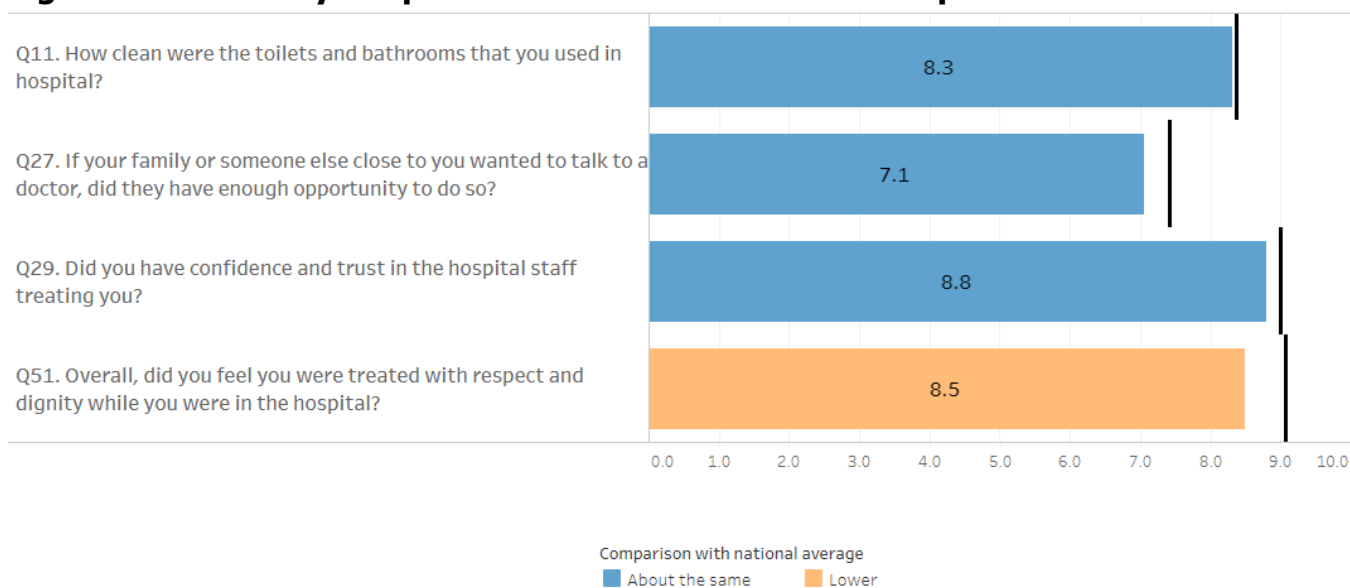
Other, more general experiences of care such as cleanliness of bathrooms and toilets, trust and confidence in hospital staff.

**4 QUESTIONS**

## Other aspects of care

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

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



### Other aspects of care: what do these results mean?

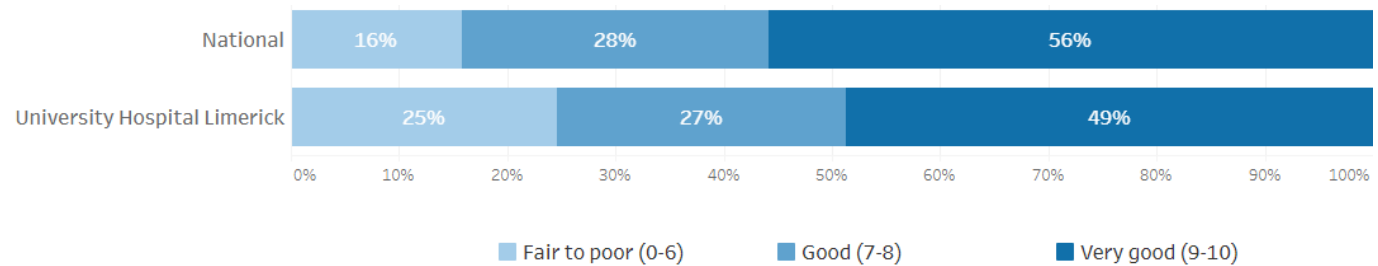
Most participants said they always had confidence and trust in the staff that treated them. A number of patients said that there were insufficient opportunities for their families to talk to a doctor.

## Overall experience

Respondents were asked to rate their overall hospital experience on a scale from 0 to 10, with 10 being the most positive experience, and 0 the most negative experience. 49% of participants from University Hospital Limerick rated their care as very good, below the national figure of 56%.

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

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



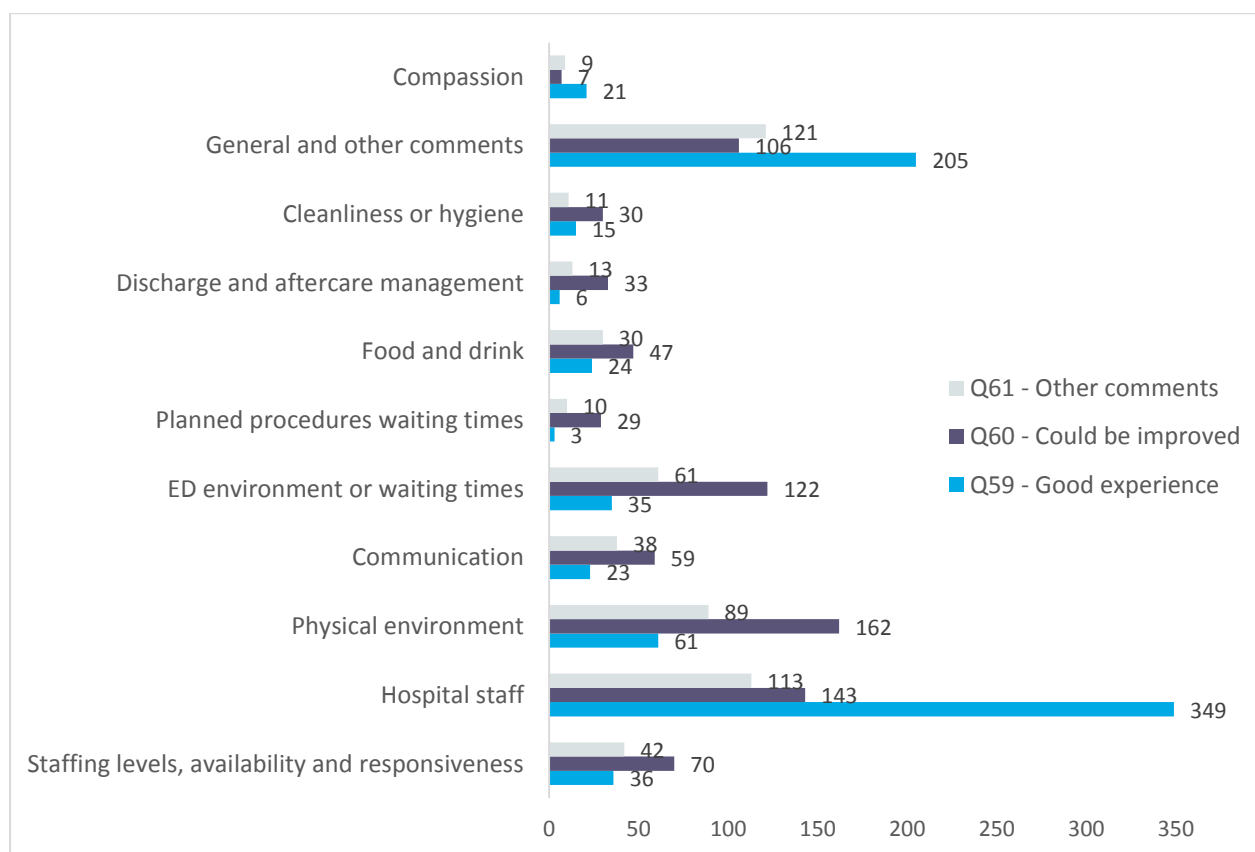
## In their own words: analysis of patients' comments

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, 1,220 comments were received from patients of University Hospital Limerick in response to the free-text questions in the 2019 survey.

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

When asked what was good about their care, most patient comments related to the 'hospital staff', 'general and other comments' and 'physical environment' themes. Most of the comments suggesting improvements related to the 'ED environment and waiting times', 'physical environment', and 'hospital staff' themes. Responses to Q61 covered various themes. A selection of relevant comments from these themes is provided in Figure 15.

**Figure 14 Participant comments by theme**



**Figure 15 Example comments**

**Positive comments**

"I had very prompt attention and necessary investigations. I was given timely indication that I would have to stay a few days as an inpatient. The staff were extremely kind and did their best in sometimes difficult circumstances."	"I had a very good experience at UHL. The doctors, nurses, helpers and all staff were excellent. The men/women who did the meals were very friendly."
"From admittance to discharge I found nurses, doctors and consultants carried out their duties well and kept me well informed of my care and treatment."	"The staff were courteous, efficient and always had a smile despite being run off their feet."
"Everyone did a fantastic job in looking after me from the porters in the emergency department to the consultant and his team, theatre staff, nurses, kitchen staff and everyone else that I came into contact with."	"All staff were very attentive to my every need, emotionally and medically. At my worst they kept me going."

**Suggestions for improvement**

"Communication between consultants is often slow and unclear. Computer systems are not integrated between hospitals. I am seen in UL Hospital and St James Hospital - consultations are often unsatisfactory due to lack of reports."
"A little more time with the doctor would be great. Also some privacy when receiving results."
"Would prefer not to have to spend a night on trolley in ward corridor - was nervous to sleep with no place for storage bags phones etc. Having to change in bathroom of another ward room - appreciated provision of a screen at night but felt 'in the way' in morning rush etc."

## Conclusion

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

The majority of patients said that they had positive overall experiences in University Hospital Limerick. 76% of patients said they had a 'good' or 'very good' experience, compared with 84% nationally.

University Hospital Limerick received below-average scores for every stage of care and for overall experience. Participant ratings of care were unchanged on 2018.

Three areas needing improvement were identified. While the majority of patients felt that they were treated with respect and dignity, the hospital scored below the national average for this question. The hospital also scored below the national average for the questions on privacy while being examined, and privacy while discussing treatment.

These three areas for improvement are of particular importance as they are strongly related to patients' ratings of their overall experience. For example, patients who felt that they were not treated with respect and dignity in the emergency department were less likely to give a positive rating of their overall experience.

The findings of the 2019 survey will be used to help University Hospital Limerick 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 43 which asked patients if they received written or printed information on what they should and should not do after leaving hospital. The relationship between receiving written information and patients' ratings of their overall experience was weak. This means that even if patients received written information, they may have given negative ratings of their overall experience, or if no written information was received, patients may still have given positive ratings of their overall experience.

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

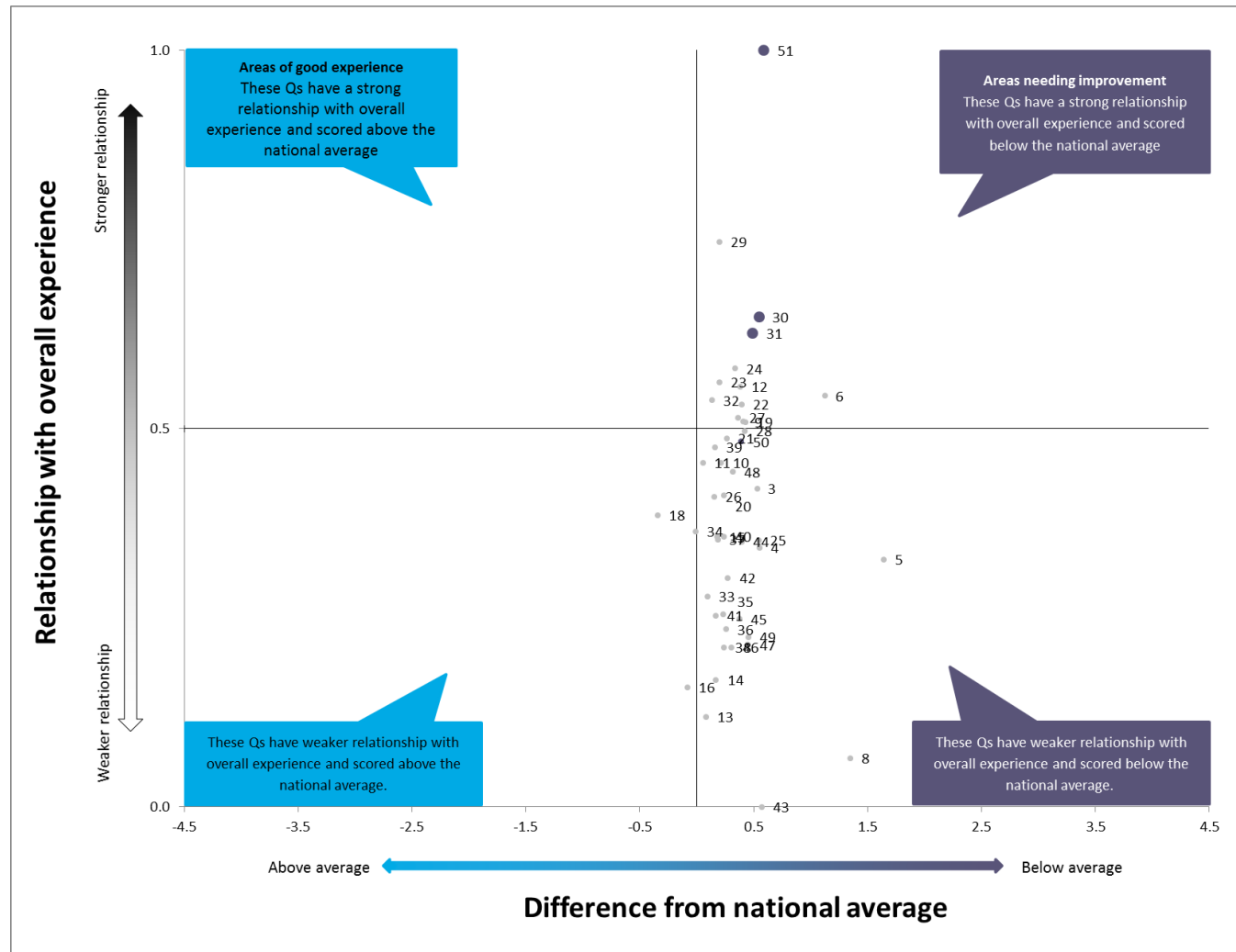
In Figure 16, each dot shows a specific survey question for University Hospital Limerick. Questions at the top of the graph are strongly related to overall experience, while those at the bottom have a weaker relationship. Questions to the right of the graph scored below the national average, while those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

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

significantly below average and had a stronger relationship with overall experience are areas needing improvement.

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

**Figure 16 Improvement Map for University Hospital Limerick**





## How the improvement map is constructed

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

### What is correlation?

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

### How do we calculate the correlation coefficient?

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

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

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

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

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

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

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

### How do we calculate difference from the national average?

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