

# The development, implementation and outcomes of a national patient experience survey and associated quality improvement infrastructure: Lessons from Ireland

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# Background

- Ireland's first inpatient experience survey carried out in 2017, repeated in 2018.
  - Move towards patient-centred care, policy and regulation
  - Using patient feedback to improve quality and safety of care.
- Partnership between provider (HSE), regulator (HIQA) and policy maker (Department of Health)
  - Cross-system buy-in to overcome barriers
- This presentation - operational and analytical



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# Developing the programme

- International review informed approach and survey tool.
- Consultation with key local stakeholders.
  - Patients
  - Hospital staff
  - Administrators
  - Policy makers
- Robust governance structures

- 1 An [international review](#) identified that many other countries use pre-validated questions from the Picker Institute Europe.
- 2 Patient and data [focus groups](#) identified the most important question areas.
- 3 A [Delphi Study](#) identified 60 priority and 40 reserve questions.
- 4 [Picker Institute Europe](#) checked measurement and analytic quality of the questions.
- 5 Ten [cognitive interviews](#) took place with patients to correct any problems with the first National Patient Experience Survey questionnaire in 2017.
- 6 The National Patient Experience Survey governance groups finalised and approved the questionnaire for 2017.

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# Methods - Questionnaire and Analysis

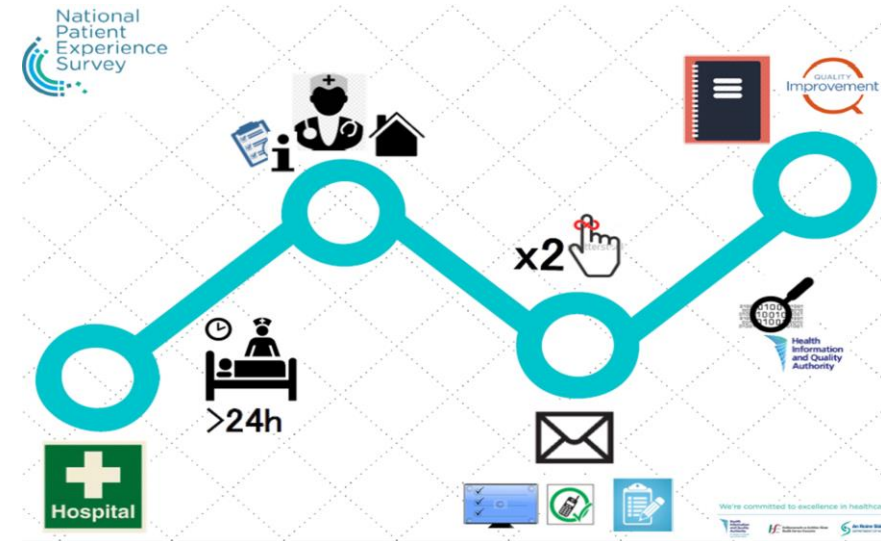
- Final questionnaire:
  - 61 internationally validated items, tailored to Irish context
  - Organised by ‘stages of care’
- Eligibility
- Analysis
  - Results weighted by age and admission status
  - Comparisons against national average at hospital and hospital group level.
- Reporting
  - Online ‘dashboard’ access for hospitals
  - National report and hospital reports
  - Health service published responses



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# Methods - Operational

- Survey administration
  - 3<sup>rd</sup> party survey company contracted.
  - Posted questionnaires, punched responses and merged with online.
- Hospital role
  - Data extracts on eligible patients
  - Encouraged participation
- Engagement
  - Advertising – local, national, in-hospital
  - Hospital visits by survey team

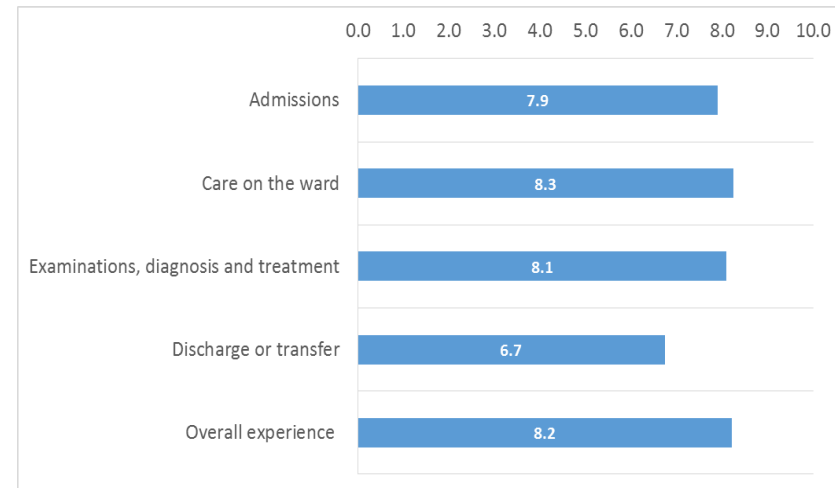
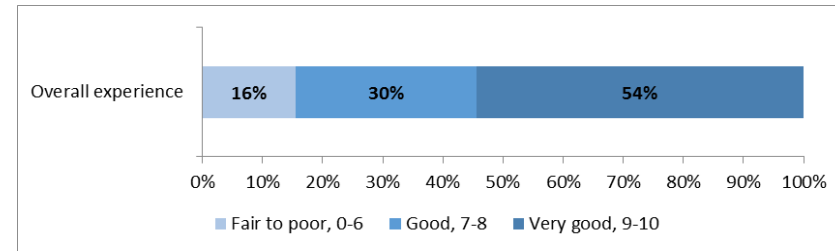


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# Key Results

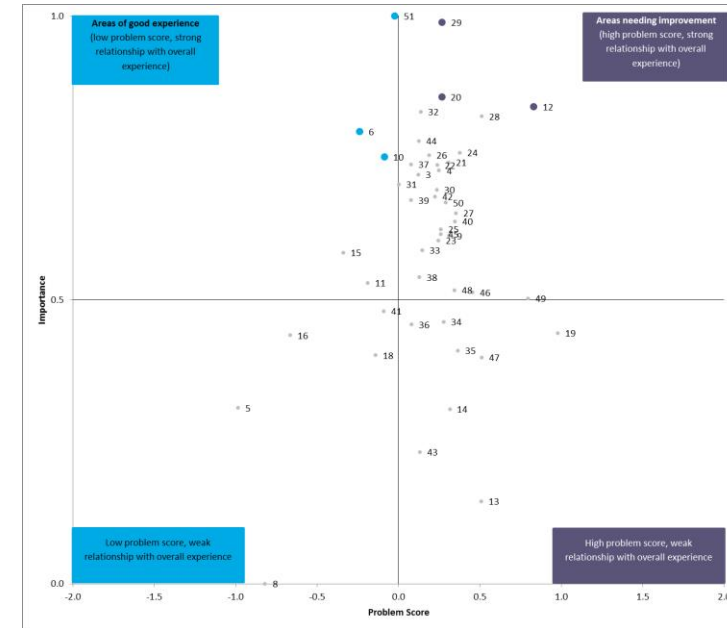
- 51% response rate in 2017, 50% in 2018
- Over 20,000 qualitative comments received each year.
- Discharge the poorest-rated stage of care

“ Discharge doctor needs to spend a bit more time explaining condition and options available. Being discharged felt very rushed.”



# Results

- Identifying areas for improvement a key objective.
  - Each hospital received ‘improvement map’
  - Difference from national average and strength of relationship with overall exp.
- Typical areas for improvement:
  - Respect and dignity, food and drink, discharge information, patient engagement, ED waiting times, etc.



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# Response to Findings

- Health service published national and hospital-level responses.
- QI initiatives coordinated by national oversight group.



**When am I going Home**  
Please feel free to answer these questions below and place in the box provided.

**Patient:** Does this poster capture the questions you have in relation to your stay and discharge from MUH? YES/NO  
Comment:

**Staff:** Are you aware of the answer to these 4 questions in relation to the patients under your care? YES/NO  
Comment:

**Antibiotics**  
Patient information leaflet

If your patient is being discharged on an antibiotic/s, please provide them with an Antibiotics information leaflet.

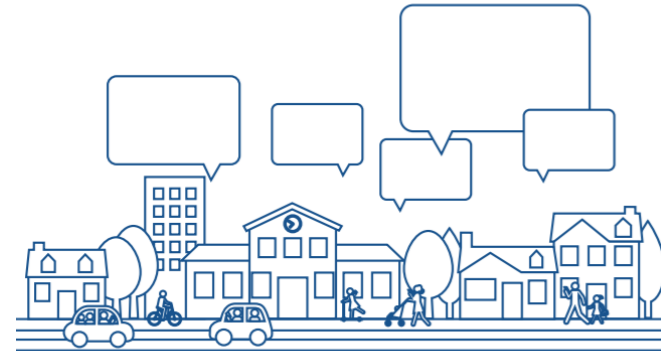
**STEP 1:** Write the name of the antibiotic/s on the front of the leaflet

**STEP 2:** Attach the leaflet to the discharge prescription

HSE ACUTE HOSPITAL SERVICES

## Listening, Responding and Improving

The HSE response to the findings of the National Patient Experience Survey 2017

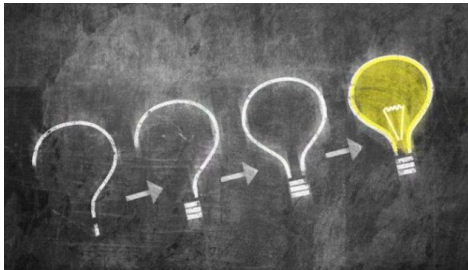


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# Lessons Learned

- Value of partnership approach
  - buy-in on implementation and responding to findings.
- Importance of engagement
  - Hospital visits, national and local advertising, involving patients.
- Coordination of QI response
  - Potential for fragmentation
- Making best use of data for regulation and policy
  - Integration with other data sources
- Mapping future work plan.
  - Limited resources, transparency, under-represented groups



# Conclusions

- Benefits of partnership approach
  - Opposition at hospital level was addressed and overcome.
- Engagement and buy-in
  - Broad awareness of the survey and interest at all levels
  - Commitment to making improvement
- Following international best practice
  - Enhanced credibility of the survey.



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# What's next

- Assessing impact of QI activities
- Expansion to new areas – priority matrix
- Competency centre
  - Academic collaboration
  - Evaluating success of programme – external evaluation
  - Further engagement – seminar, publications, etc.
- Can positive aspects be maintained over time?



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