



National Inpatient Experience Survey 2021

Experiences of a human
rights-based approach to
care in hospital

Rights-based care

40 hospitals took part

42% response rate

10,743 participants (eligible population of 25,346)



Fairness - 9 questions



70% (6,671) said they always got an opportunity to talk to a nurse if they needed to.

62% (6,287) said that they had no worries or fears about COVID-19. However, 12% (1,174) said that they could not find a member of staff to talk to if they had worries or fears about COVID-19.

Respect - 9 questions



86% (8,718) said that they were always given enough privacy when being examined or treated.

36% (2,644) said that a member of staff did not tell them about the medication side effects to watch for at home.

Equality - 20 questions



78% (4,444) said that a member of staff always answered their questions about an operation or procedure in a way they could understand.

37% (3,062) said that before they left hospital, they were not given any written or printed information about what they should or should not do after leaving hospital.

Dignity - 13 questions



76% (7,849) said that the room or ward they were in was very clean.

21% (638) said that they were not offered a replacement meal if they were unable to eat during mealtimes.

Autonomy - 21 questions



77% (7,083) said that a member of staff always explained what would happen before any treatments.

32% (2,553) said that a member of staff did not tell them about danger signals to watch for when they went home.

About the National Care Experience Programme

The National Care Experience Programme seeks to improve the quality of health and social care services in Ireland by asking people about their experiences of care and acting on their feedback. The National Care Experience Programme is a joint initiative by the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health.

The National Care Experience Programme has a suite of surveys that capture the experiences of people using our services. The Programme implements the annual National Inpatient Experience Survey, the National Maternity Experience Survey, and the National Nursing Home Experience Survey, and is currently developing the National Maternity Bereavement Experience Survey and National End of Life Survey.

The surveys aim to learn from people's feedback about the care received in health and social care services to find out what is working well, and what needs to be improved.

A National Care Experience Programme Survey Hub is available to provide support, guidance, information and resources to assist providers to develop, conduct and analyse their own surveys, and act upon the findings.

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About the National Inpatient Experience Survey 2021

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. The survey was run on an annual basis between 2017 and 2019, but was cancelled in 2020 due to the impact of the COVID-19 pandemic. The survey was run again in 2021 and adapted to reflect the changed acute hospital care landscape during the pandemic. Due to the cyberattack on HSE IT systems, it was necessary to move the survey month from May to September. While the majority of the questions on the survey were unchanged from previous years, seven questions on COVID-19 were included.

Nationally, 25,346 people were invited to participate in the fourth National Inpatient Experience Survey. In total, 10,743 people responded, resulting in a response rate of 42%.

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, 2018 and 2019 survey results by producing detailed quality improvement plans. Some examples of these initiatives can be seen at www.youexperience.ie. A decision was made by the survey's programme board to produce two in-depth thematic reports rather than individual hospital reports for this survey round². The 2021 National Report, which includes some hospital-level results, as well as a thematic report on the *Experiences of Discharge or Transfer from Hospital*, are available at www.youexperience.ie.

About this report

This report explores patient experiences of care in Ireland's public acute hospitals from a human rights-based approach to healthcare perspective. A human-rights based approach to the provision of acute hospital care involves respecting every individual's human rights through promoting the core principles of person-centred care.

About the FREDA principles

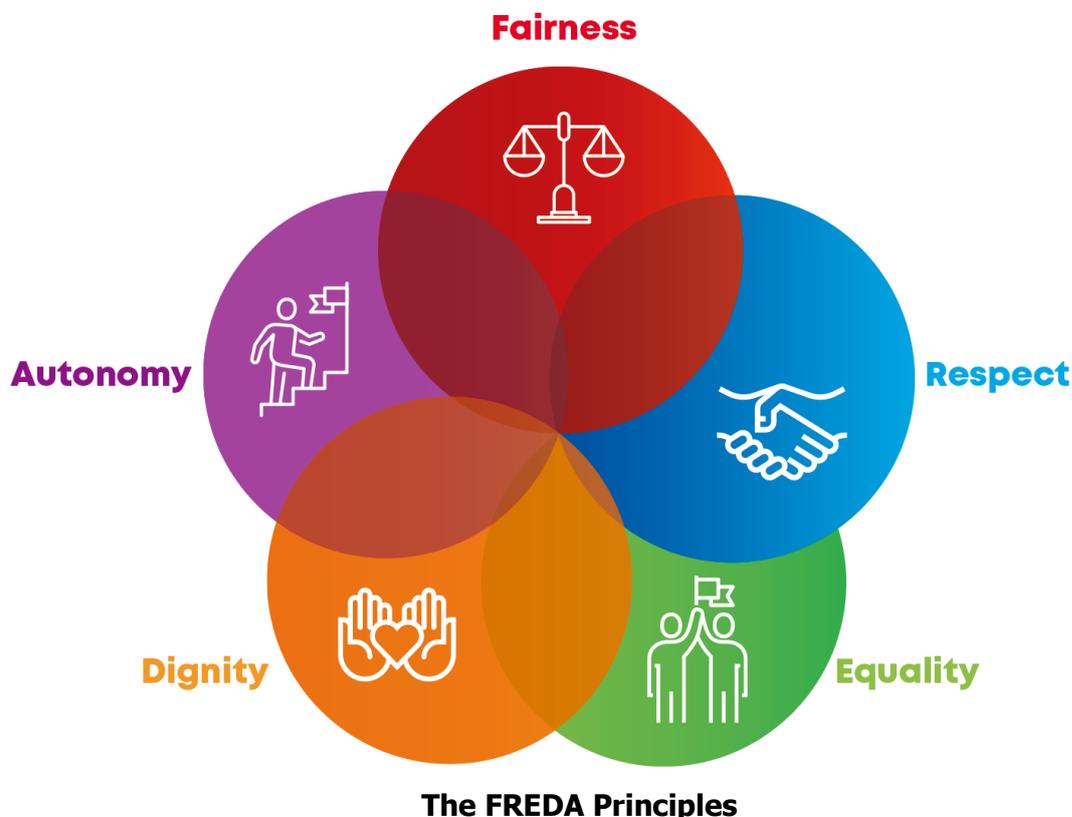
Human rights are the basic rights and freedoms that all people should enjoy. Human rights are about people being treated with fairness, respect, equality and dignity; having a say over their lives and participating as fully as possible in decisions about

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 Hospital-level survey results can be accessed on www.youexperience.ie.

their care and support.⁽¹⁾ National standards stress the importance of healthcare services respecting the privacy, autonomy, dignity, rights and values of patients and service users, and enabling people to participate in making informed decisions about their care.⁽²⁾

The FREDA principles are an internationally recognised framework through which human rights can be considered. The FREDA principles, fairness, respect, equality, dignity and autonomy are the basics of good care and form part of what health and social care practitioners already do on a daily basis.⁽³⁾ The purpose of the FREDA principles is to help health providers deliver care that is in line with a human-rights based approach to healthcare without having to understand the complexities of human rights treaties and evolving case law. They are intended to act as an accessible guide to front-line staff as they undertake their roles. If all patients are treated with fairness, respect and dignity and with appropriate support to promote their autonomy and equality of outcomes, it is likely that their human rights as expressed in the European Convention on Human Rights are respected, protected and fulfilled. More information on these principles can be found in the *Guidance on a Human Rights-based Approach in Health and Social Care Services*, available at <https://www.hiqa.ie/sites/default/files/2019-11/Human-Rights-Based-Approach-Guide.PDF>.⁽¹⁾



For this report, relevant survey questions were mapped to the FREDA principles by the NCEP team, as shown in Appendix 1. Questions were mapped to principles based on how closely they aligned with the relevant descriptions provided in *Guidance on a Human Rights-based Approach in Health and Social Care Services*. The question mappings were reviewed by a human rights and equality specialist, with amendments made based on this feedback. Many questions were relevant to more than one of the principles, as patient experiences are often complex and human rights themselves are intertwined. In particular, questions on information being presented to patients in an accessible way address both principles of equality and autonomy, with both principles presented together in this report. It should be noted that while many of the survey questions ask about important elements of human rights-based care, they were not designed specifically to address the FREDA principles. As a result, some aspects of human rights-based care are not covered in this report.

What were the main findings from the perspective of a human rights-based approach to care?

Most people had positive experiences, with high ratings for questions on being treated with respect and dignity, receiving enough privacy when being examined or treated, confidence in the hospital staff providing treatment and cleanliness of wards or rooms. There was some room for improvement, with many people saying that they were not told about medication side effects and were not given any written or printed information about what they should or should not do after leaving hospital.

Fairness

Nine survey questions were identified as being related to experiences of fairness in hospital. Patients generally gave positive ratings of the opportunity to talk to a nurse, with 70% of people (6,671) saying that they always got the opportunity to talk to a nurse if they needed to. While the majority of people (62% or 6,287) said that they had no worries or fears about COVID-19, 12% (1,174) said that they could not find a member of staff to talk to if they had worries or fears about COVID-19.

Respect

Thirteen survey questions were identified as being related to experiences of respect in hospital. Patients generally gave positive ratings of the privacy they were given, with 86% (8,718) saying that they were always given enough privacy when being examined or treated. Patients were less positive about information on the side effects of medication, with 36% of people (2,644) saying that a member of staff did not tell them about medication side effects to watch for when they went home.

Equality

Twenty survey questions were identified as being related to experiences of equality. Patients generally gave positive ratings of receiving clear answers to questions about an operation or procedure, with 78% of people (4,444) saying that a member of staff always answered their questions about an operation or procedure in a way they could understand. Patients were less positive about written or printed information, with 37% of people (3,062) saying that before they left hospital, they were not given any written or printed information about what they should or should not do after leaving hospital.

Dignity

Thirteen survey questions were identified as being related to experiences of dignity. Patients generally gave positive ratings of cleanliness, with 76% of people (7,849) saying that the room or ward they were in was very clean. Patients were less positive about the offer of a replacement meal, with 21% of people (638 of 3,060)

saying that they were not offered a replacement meal at another time if they were ever unable to eat during mealtimes.

Autonomy

Twenty-one survey questions were identified as being related to experiences of autonomy. Patients generally gave positive ratings of the explanation of treatments, with 77% of people (7,083) saying that a member of staff always explained what would happen before any treatments. Patients were less positive about information on danger signals, with 32% of people (2,553) saying that a member of staff did not tell them about danger signals to watch for when they went home.

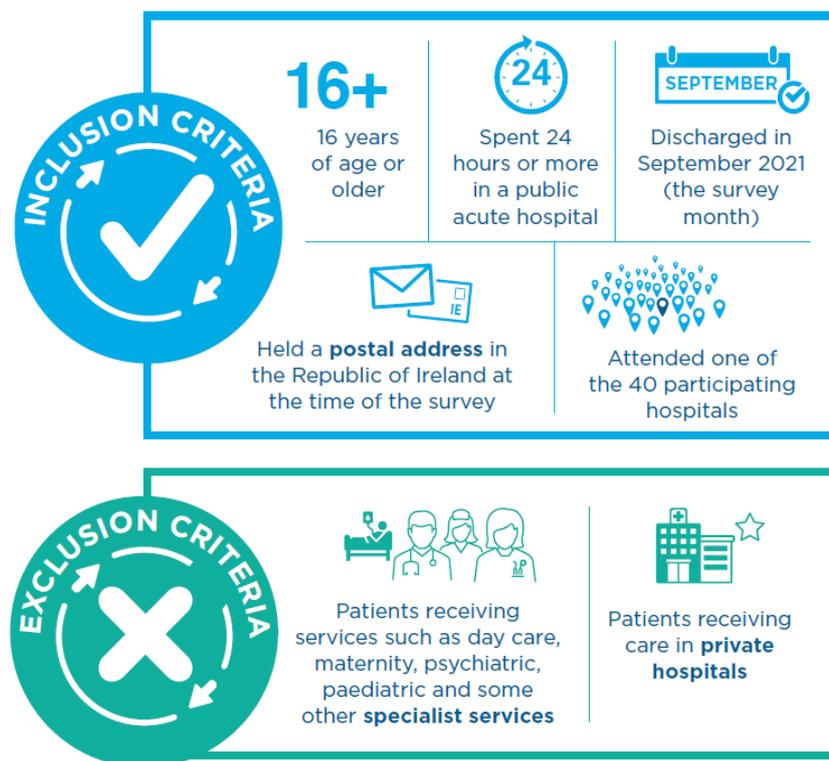
In brief: the National Inpatient Experience Survey 2021

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 September 2021, 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 summarises the eligibility criteria for participation in the National Inpatient Experience Survey 2021.

Figure 1. Inclusion and exclusion criteria



Eligible patients were sent a questionnaire in the post in October.³ Participants could also choose to complete the survey online. Two reminder letters were sent to people

³ In previous surveys, patients received their questionnaire in the post two weeks after discharge. However, this year all eligible patients were sent a survey pack at the same time, in order to reduce the demands on hospital administrative staff during the pandemic.

who were invited to participate but had not yet returned a survey. Internationally, the second reminder has been shown to increase response rates significantly.⁽⁴⁾

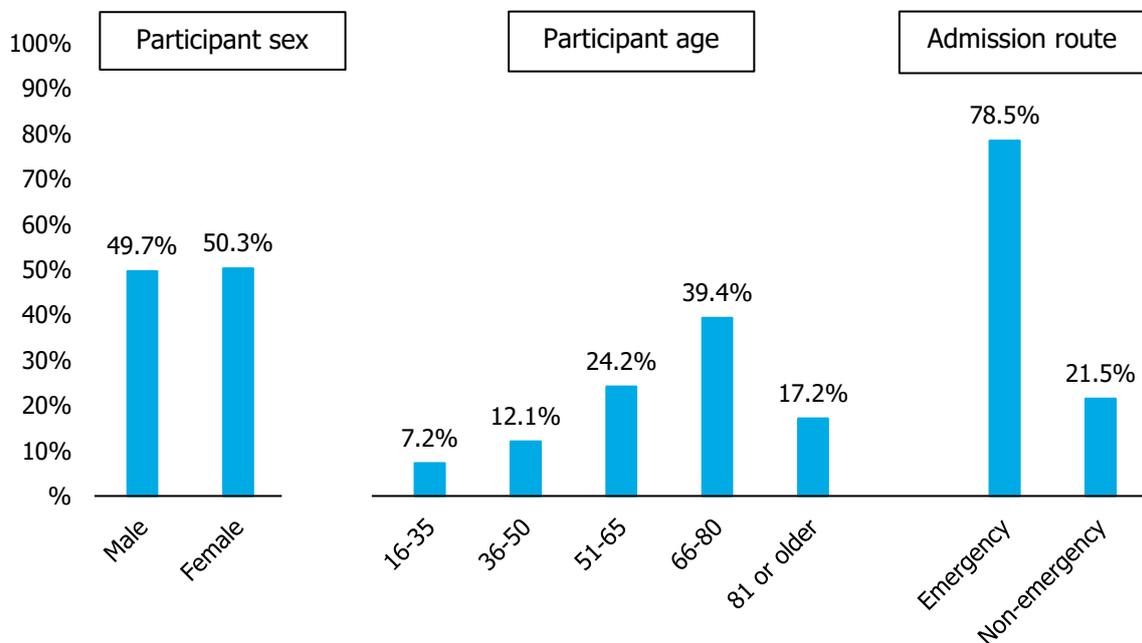
Participation in the survey was voluntary and confidential. Participants could also opt out of the survey either while they were still in hospital or after discharge. The administration and survey fieldwork was carried out by Behaviour & Attitudes⁴ on behalf of the partner organisations.

Who participated in the 2021 survey?

25,346 people discharged from a public acute hospital during the month of September 2021 were invited to participate in the survey. In total, 10,743 people (42%) returned a completed questionnaire.

In total, 5,338 males (49.7%) and 5,405 females (50.3%) participated in the survey. Of the participants, 8,670 (80.8%) were aged 51 years or older. Most people (78.5%) were admitted to hospital through the emergency department. Figure 2 shows the characteristics of people who participated in the 2021 survey. The National Inpatient Experience Survey 2021 National Report, available at www.yourexperience.ie, provides additional detail on those who took part.

Figure 2. Survey participants by sex, age group and admission route



⁴ Behaviour & Attitudes is a market research agency. More information on the company can be found on their website www.banda.ie.

Which hospitals participated?

Forty public acute hospitals participated in the 2021 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



The stages of care along the patient journey and the principles of a human rights-based approach to care

The National Inpatient Experience Survey 2021 follows the patient journey through hospital from admission to discharge. The survey questions are grouped into stages along the patient journey: admissions; care on the ward; examinations, diagnosis and treatment; discharge or transfer; care during the pandemic and other aspects of care. Participants were also asked to rate their overall experience from 0 to 10.

For this report, relevant survey questions were mapped to the FREDA principles by the National Care Experience Programme team, as shown in Appendix 1. The results for each principle, presented below, provide an overview of patients' experiences from the National Inpatient Experience Survey 2021 viewed through a human rights lens.

THE FREDA Principles

Human rights-based care



Equality - 20 questions

- Equality means having equal opportunities and not being treated differently due to age, disability, gender and other important factors.



Fairness - 9 questions

- Fairness means ensuring that patients and their family members are at the centre of the decision-making process regarding care and treatment.



Dignity - 13 questions

- Dignity means treating people compassionately and in a way that meets their basic needs and supports their self-respect.



Respect - 9 questions

- Respect relates to giving unbiased consideration to the rights, values, beliefs and property of other people.



Autonomy - 21 questions

- Autonomy relates to a person making informed decisions about their care, support and treatment.



Interpreting the results for the FREDA principles

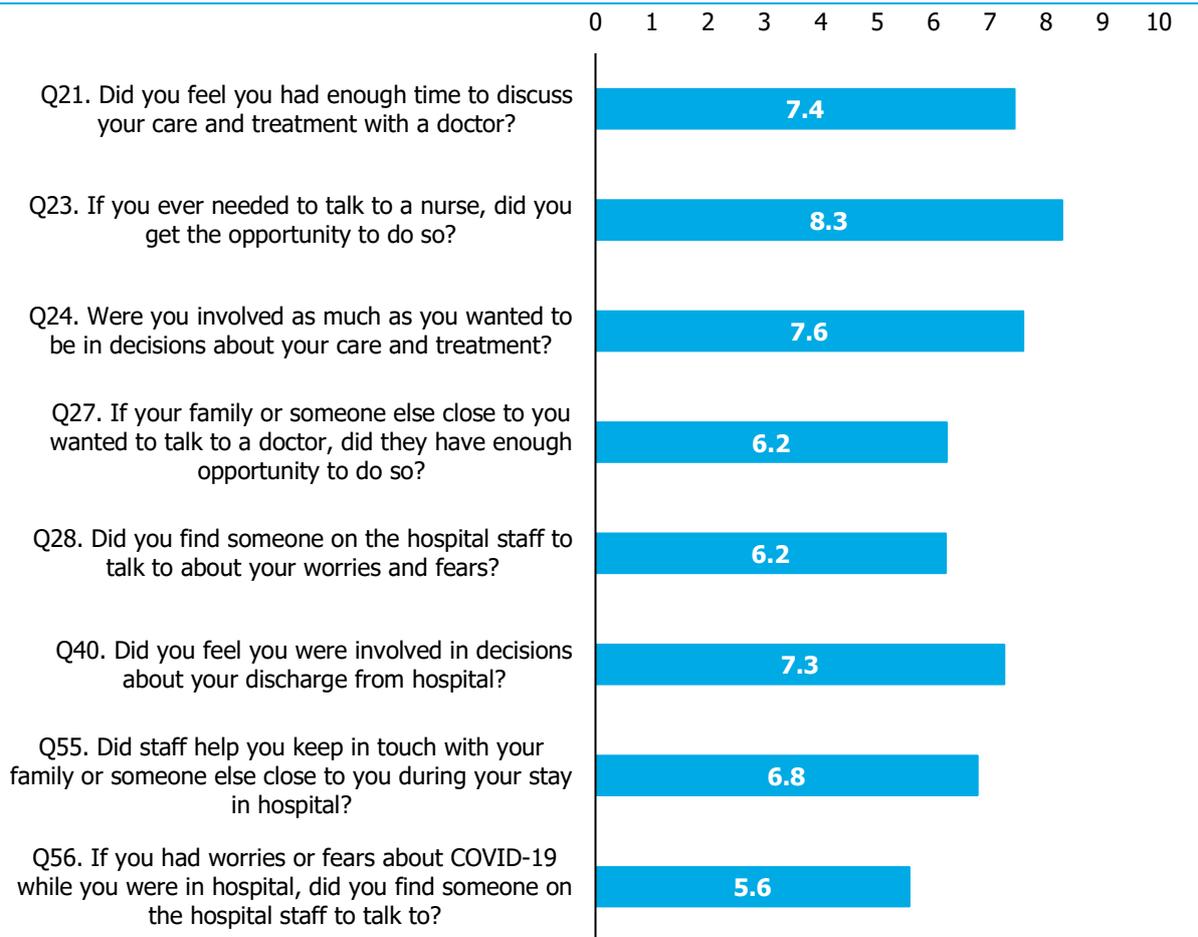
Scores out of 10 are given for each question. A score of 0 indicates a very negative experience and a score of 10 indicates a very positive experience. Many questions were relevant to more than one of the principles, as patient experiences are often complex and human rights themselves are intertwined. Therefore, results for some questions are repeated under more than one principle. Throughout this report, quotations from patients are used to illustrate particular principles. Quotations from patients have been redacted to remove any information that could identify an individual.

Fairness

Fairness means ensuring that patients and their family members are involved in decisions about the patient's care and treatment. The patient's views should be sought, listened to and weighed alongside other factors relevant to the decision. In addition, fairness relates to the process of raising and resolving concerns or complaints about care.

Nine survey questions were identified as being related to experiences of fairness in hospital. The highest-scoring question related to the opportunity to talk to a nurse, with 70% of people (6,671 of 9,488 people) saying that they always got the opportunity to talk to a nurse if they needed to. The lowest-scoring question related to worries or fears about COVID-19. While 6,287 people (62%) said that they had no worries or fears, 1,174 (12%) said that they could not find a member of staff to talk to if they had worries or fears about COVID-19. Figure 3 shows the national score for each of these questions. Figure 4 shows the percentage breakdown for each response option. Figure 5 shows examples of comments made by patients in response to the three open-ended questions.

Figure 3. Scores for questions relating to fairness (out of 10)⁵



⁵ 6,287 people who said that they had no worries or fears about COVID-19 are not included in the scored responses for Q56. More information on the scoring procedure is available in the National Inpatient Experience Survey 2021 National Report, available at www.yourexperience.ie. Q59 is not included as it is not scored out of 10.

Figure 4. Percentage breakdown for each response option

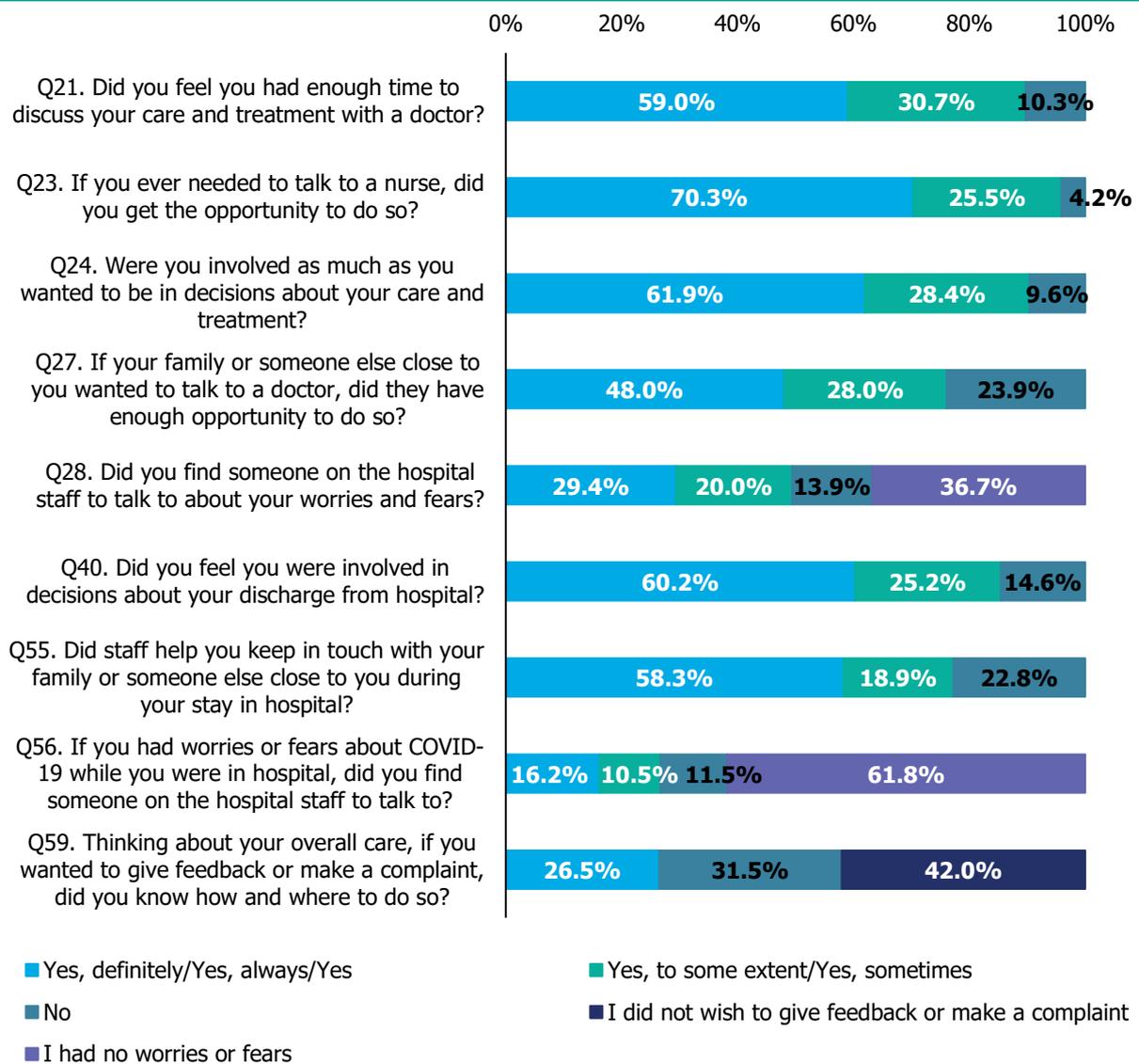
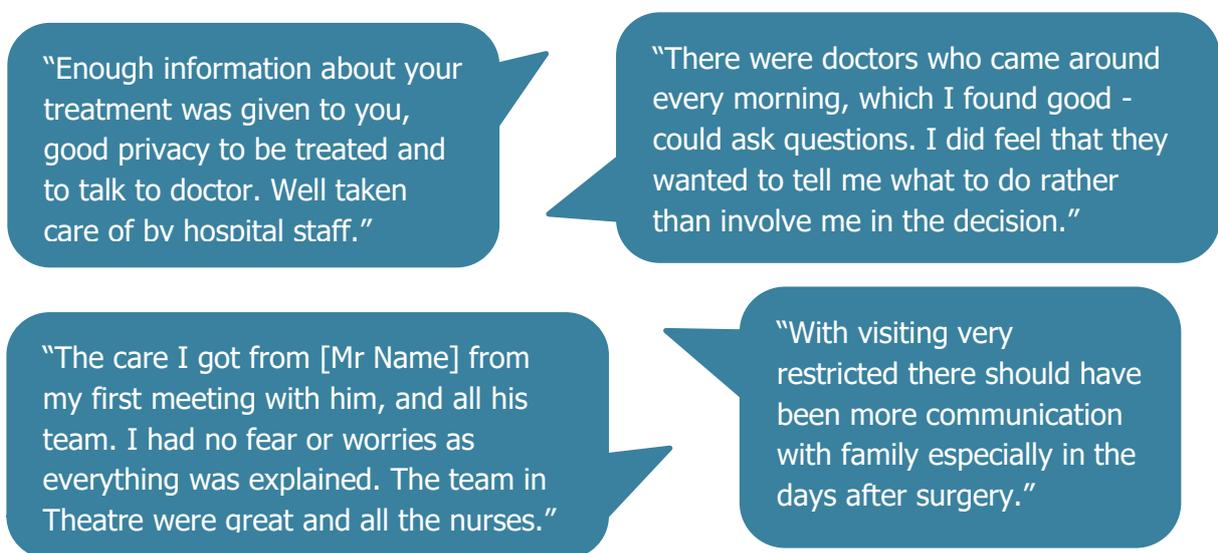


Figure 5. Sample comments



Respect

Respect relates to giving unbiased consideration to the the rights, values, beliefs and property of other people. Respect is central to providing person-centred care, and is demonstrated by communicating in a courteous and open manner. The principle of respect also includes that another person nominated by the patient themselves, such as a family member, friend, or independent advocate is valued and listened to.

Thirteen survey questions were identified as relating to experiences of respect in hospital. The highest-scoring question related to privacy when being examined or treated, with 8,718 of 10,195 people (86%) saying that they were always given enough privacy when being examined or treated. The lowest-scoring question related to information on the side effects of medication, with 36% of people (2,644 of 7,331 people) saying that a member of staff did not tell them about medication side effects to watch for when they went home.

Figure 6 shows the national score for each of these questions. Figure 7 shows the percentage breakdown for each response option. Figure 8 shows examples of comments made by patients in response to the three open-ended questions.

Figure 6. Scores for questions relating to respect (out of 10)

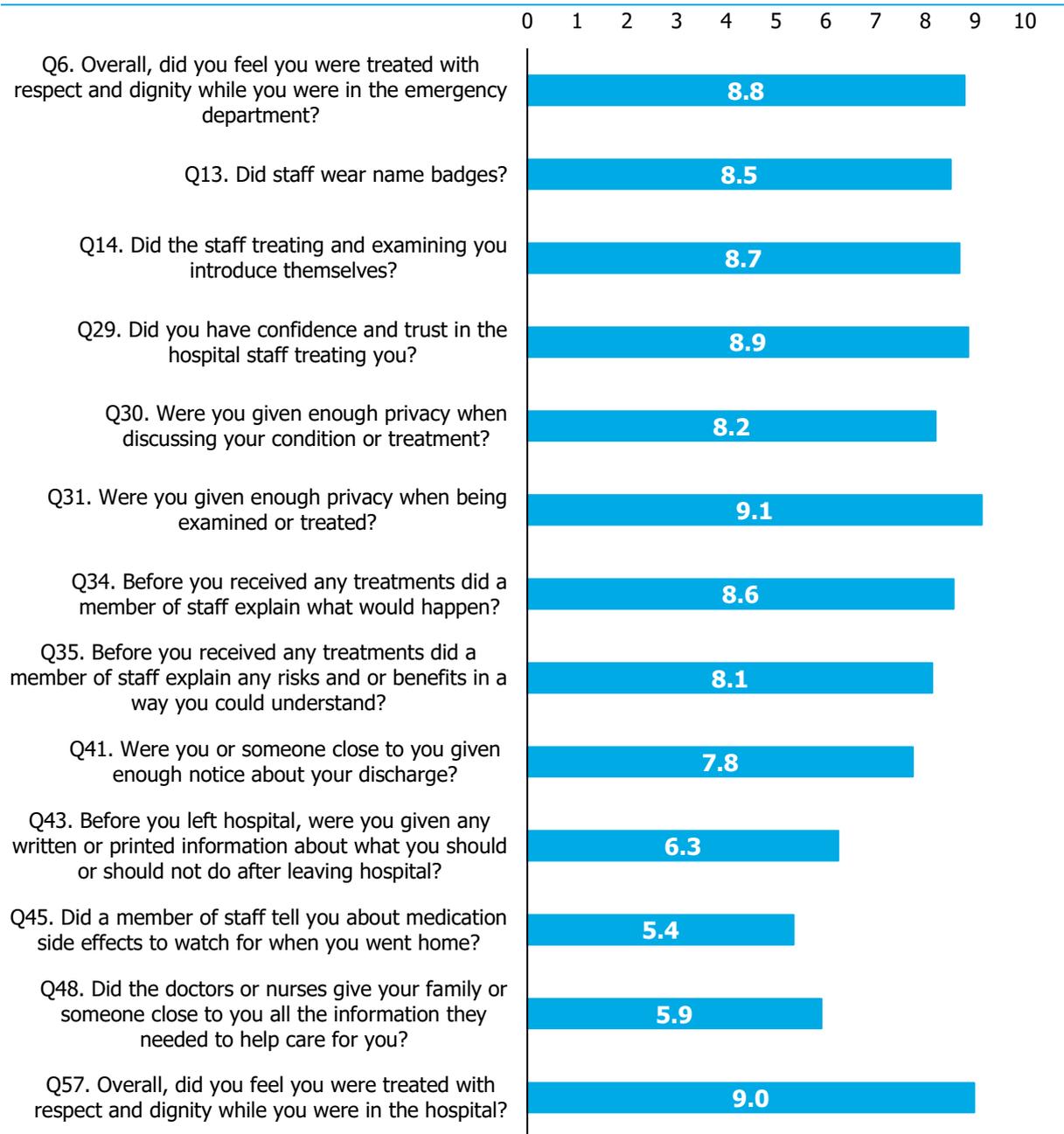


Figure 7. Percentage breakdown for each response option

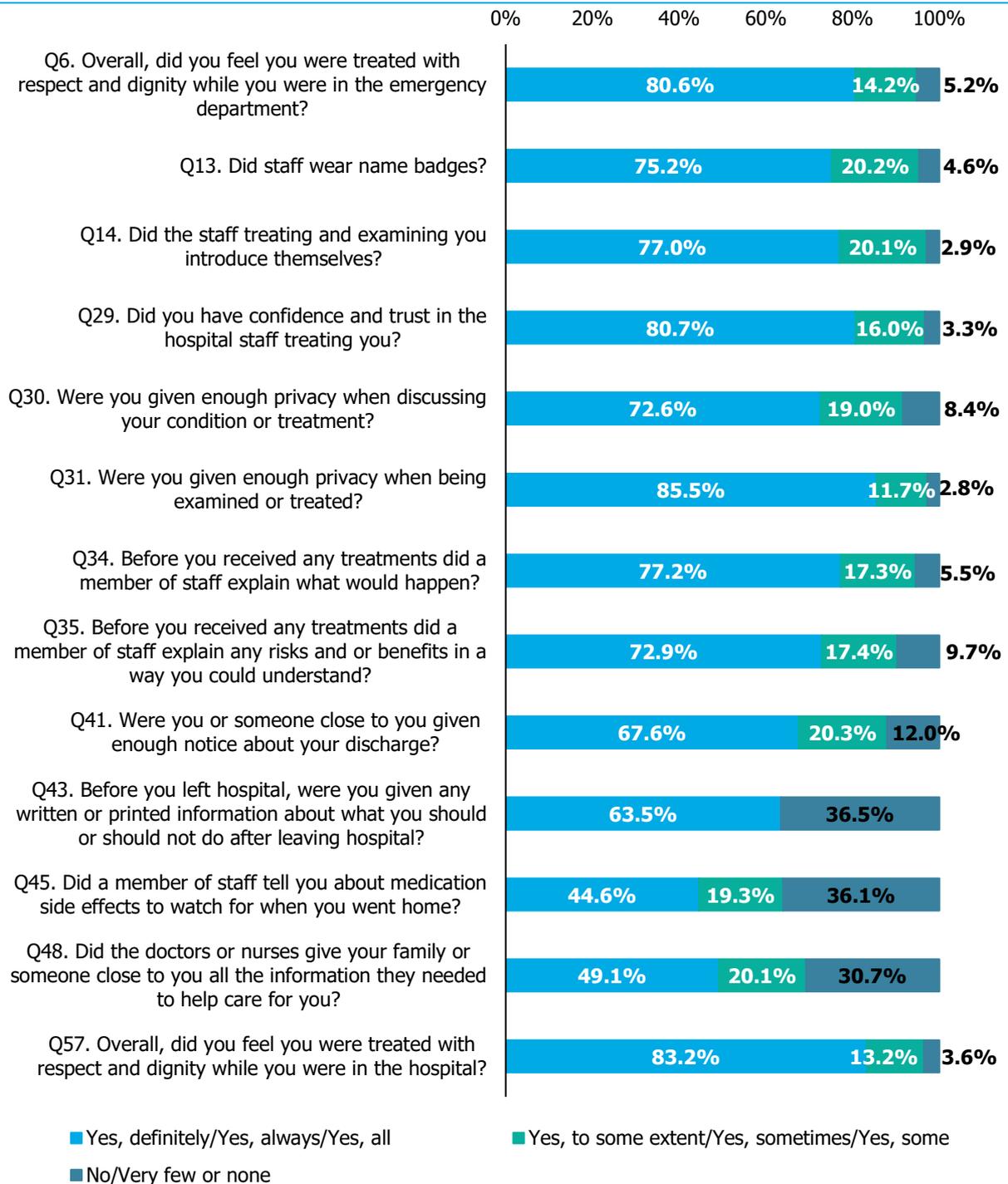


Figure 8. **Sample comments**

"I was treated with respect, dignity throughout. I was admitted with a cardiac condition, requiring emergency care. I was listened to and taken through A + E immediately. Thank you."

"Curtains are not adequate to give a form of privacy, conversations can be heard by everyone in the ward and people pull back the curtains without notice to see who is there."

"Wonderful staff from start (A&E) to post surgery. I was treated with respect, every staff member introduced themselves personally - very well looked after."

"Possibly management of my discharge. Was given very little notice which was difficult for family to organise collecting me. No plan of action for aftercare."

Equality and autonomy: provision of information that people could understand

Equality refers to having equal opportunities and not being treated differently due to age, disability, gender and other important factors. For those in hospital, equality involves recognising that some people require additional help and support to achieve the best possible outcome. Autonomy relates to a person making informed decisions about their care, support and treatment. In a hospital setting, autonomy involves meaningful communication, provision of information and seeking consent for decisions. Thirteen survey questions related to information being provided in a way that people could understand. These questions address both principles of equality and autonomy, as patients might face barriers in understanding and interpreting information they receive from healthcare professionals. For example, there may be language barriers for a patient who is not proficient in English, or other barriers for patients with learning disabilities or physical disabilities.

The highest-scoring question related to clear answers to questions about an operation or procedure, with 78% of people (4,444 of 5,725 people) saying that a member of staff always answered their questions about an operation or procedure in a way they could understand. The lowest-scoring question related to written or printed information, with 37% of people (3,062 of 8,387 people) saying that before they left hospital, they were not given any written or printed information about what they should or should not do after leaving hospital.

Figure 9 shows the national score for each of these questions. Figure 10 shows the percentage breakdown for each response option. Figure 11 shows examples of comments made by patients in response to the three open-ended questions.

Figure 9. **Scores for questions on information that people could understand (out of 10)**

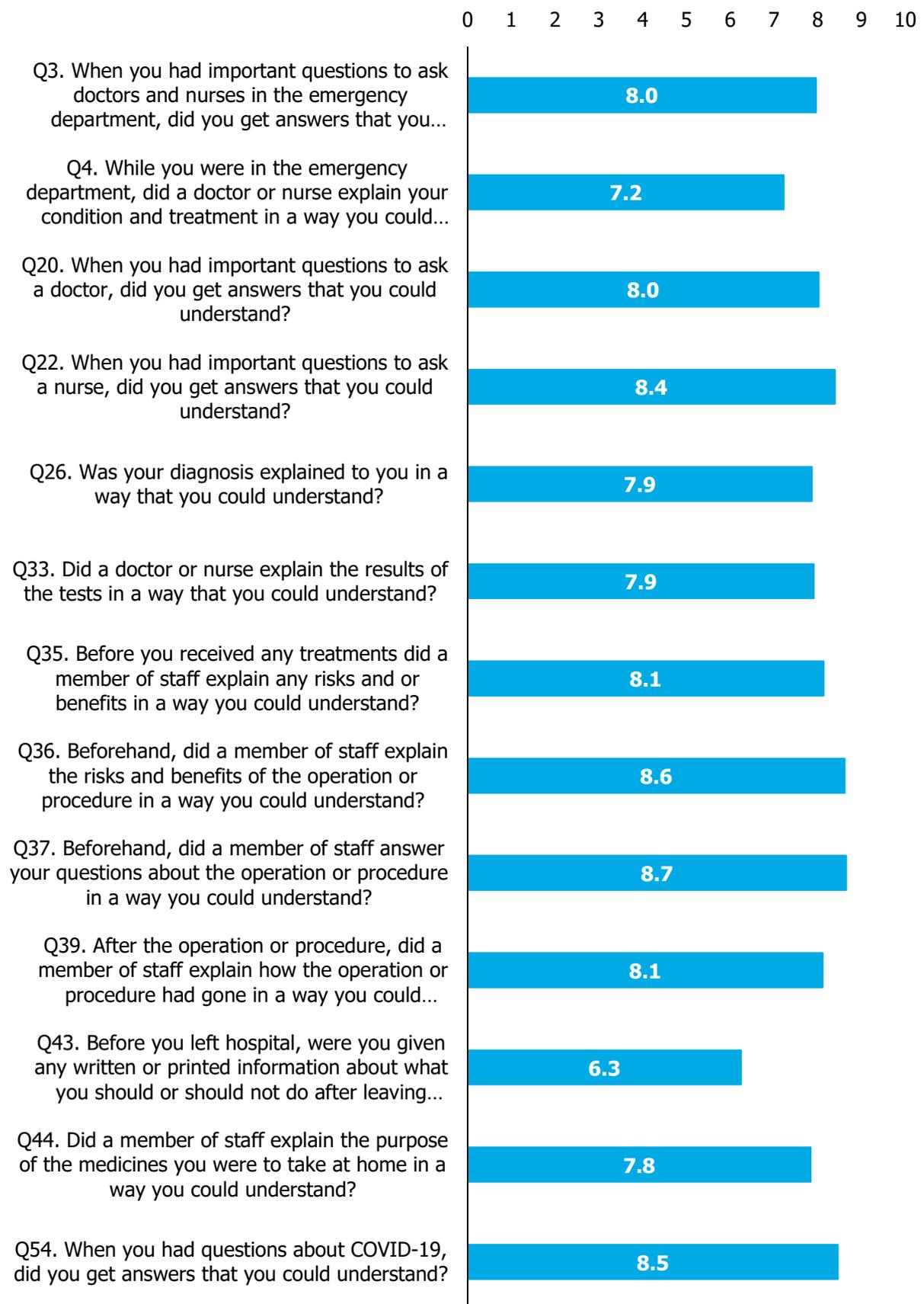


Figure 10. Percentage breakdown for each response option

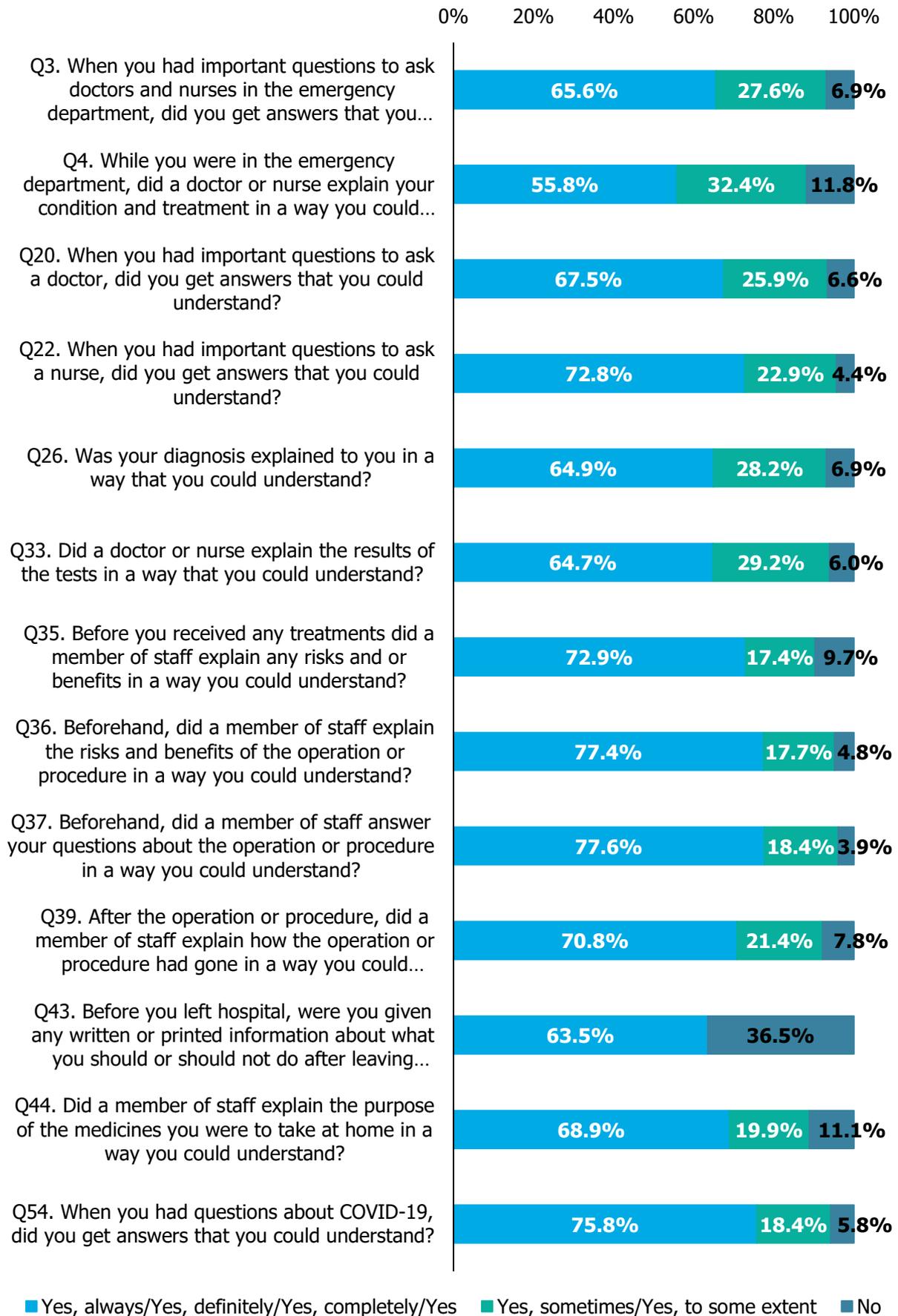


Figure 11. **Sample comments**

"The doctors on the team were brilliant. Before the procedure they sat down with me and explained everything in great detail, the good and the bad. This continued after the procedure. They gave me as much time as I needed."

"Some nursing staff were often too busy to answer any of my seldom asked questions. Many of them never made eye contact whilst doing my drug list, this was very upsetting as they were wearing masks also. I felt a nuisance to ask them often."

"[Dr Name] excelled in explaining medication to me and to my husband."

"I had to ask to see a doctor to give me the results of my procedure and to write up my medicines. A doctor I could not understand."

"There was a lot of information given to me about my diagnosis, treatment and surgery. I became overwhelmed and emotional."

"I told them when I was admitted that I wear two hearing aids but they still didn't take that into account when talking to me so I never understood what they were saying to me especially with the face masks."

Equality

Equality refers to having equal opportunities and not being treated differently due to age, disability, gender and other important factors. For those in hospital, equality involves recognising that some people require additional help and support to achieve the best possible outcome. Twenty survey questions were identified as relating to experiences of equality in hospital. Thirteen of these focused on providing information that people could understand, and are presented alongside the principle of autonomy. Seven questions related to other aspects of experiences of equality. It should be noted that while many of the survey questions ask about important elements of human rights-based care, they were not designed specifically to address the FREDA principles. As a result, some aspects of equality of care, such as equality of access to care, are not covered in this report.

The highest-scoring question related to help from staff to get to the bathroom, with 76% of people (4,593 of 6,052 people) saying that they always got help in time from staff if they needed to get to the bathroom or toilet. The lowest-scoring question related to worries or fears about COVID-19. While 6,287 people (62%) said that they had no worries or fears, 1,174 (12%) said that they could not find a member of staff to talk to if they had worries or fears about COVID-19. Figure 12 shows the national score for each question on equality. Figure 13 shows the percentage breakdown for each response option. Figure 14 shows examples of comments made by patients in response to the three open-ended questions.

Figure 12. Scores for questions relating to equality (out of 10)⁶

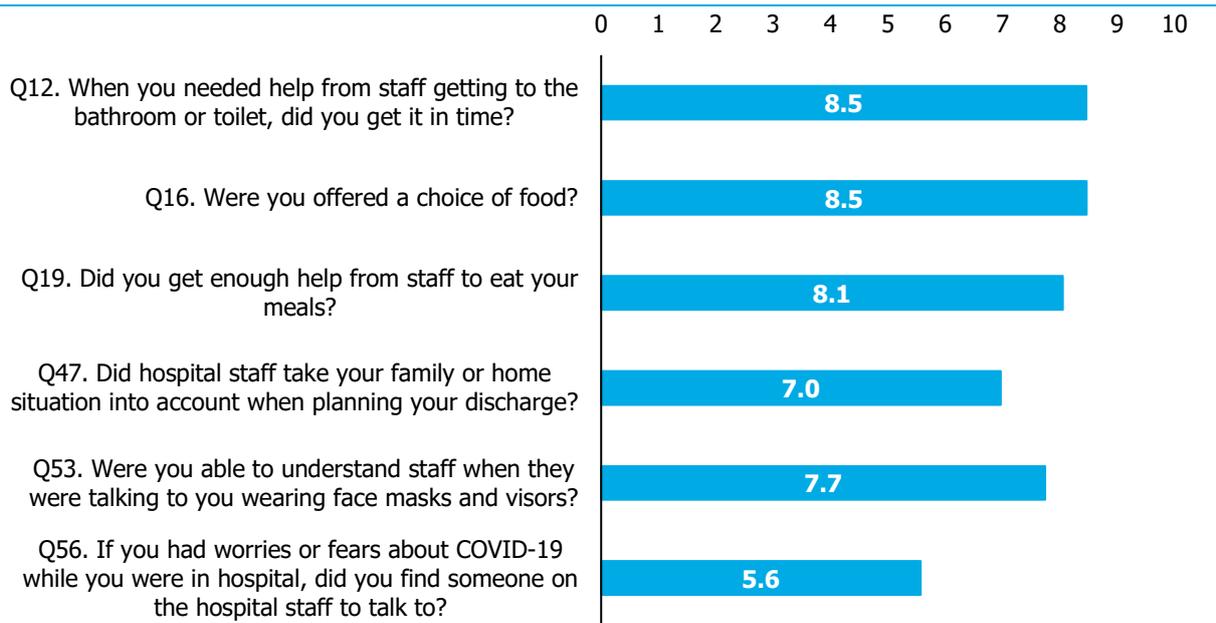
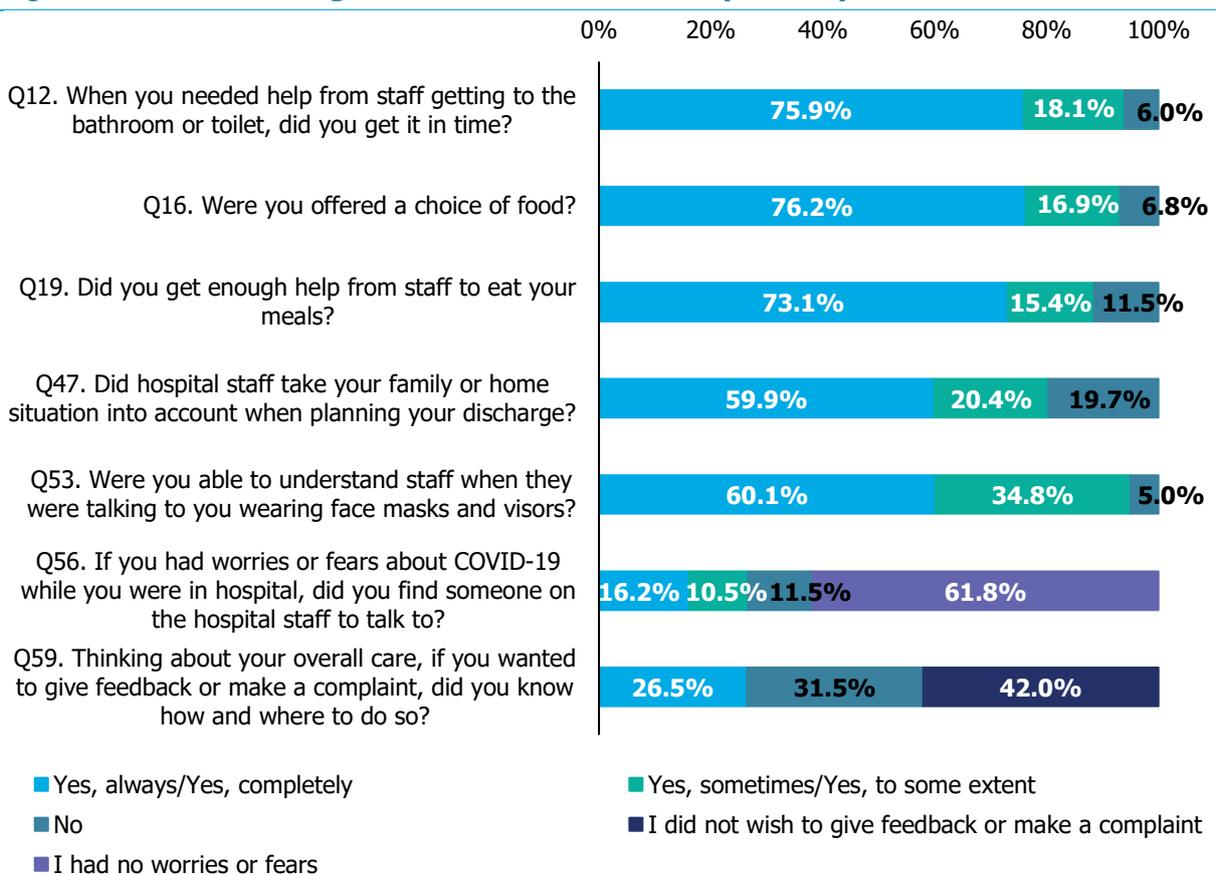
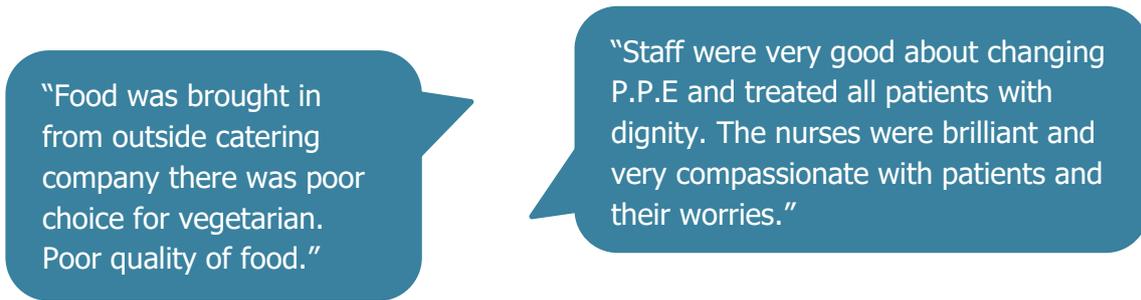


Figure 13. Percentage breakdown for each response option



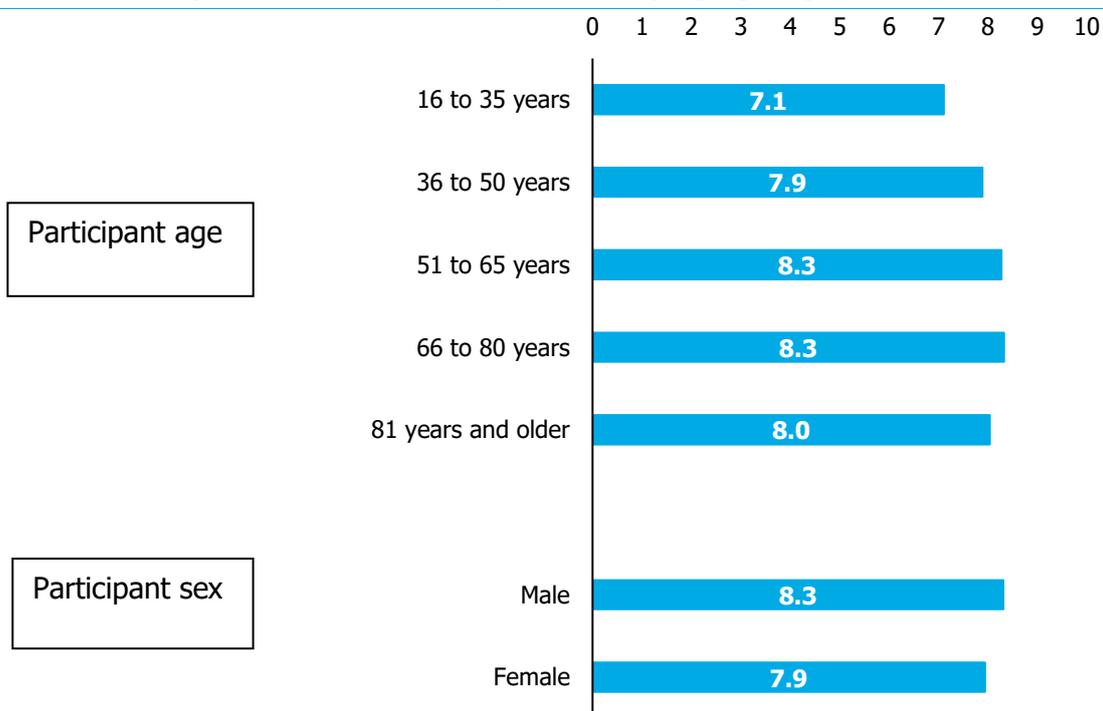
⁶ 6,287 people who said that they had no worries or fears about COVID-19 are not included in the scored responses for Q56. More information on the scoring procedure is available in the National Inpatient Experience Survey 2021 National Report, available at www.yourexperience.ie. Q59 is not included as it is not scored out of 10.

Figure 14. **Example comments**



The survey asked patients about their age and sex. Comparisons of patients’ overall ratings of their experiences across these characteristics are shown in Figure 15. Younger participants tended to rate their overall hospital experiences as less positive than older participants, with those aged 16 to 50 rating their overall experiences as below the national average of 8.1, while people aged 51 to 80 gave overall ratings that were higher than the national average (8.3 out of 10). Women gave more negative ratings of their overall experience than men.

Figure 15. **Comparison of overall experience by age group and sex**



Autonomy

Autonomy relates to a person making informed decisions about their care, support and treatment. In a hospital setting, autonomy involves meaningful communication, provision of information and seeking consent for decisions. Twenty-one survey questions were identified as being related to experiences of autonomy in hospital. Of these, 13 focused on providing information that people could understand, and are presented alongside the principle of equality. Eight questions related to other aspects of experiences of autonomy.

The highest-scoring question related to explanation of treatments, with 77% of people (7,083 of 9,169 people) saying that a member of staff always explained what would happen before any treatments. The lowest-scoring question concerned information on the side effects of medication, with 36% (2,644 of 7,331 people) saying that a member of staff did not tell them about medication side effects to watch for when they went home.

Figure 16 shows the national score for each question on autonomy. Figure 17 shows the percentage breakdown for each response option. Figure 18 shows the percentage breakdown for each response option for information about condition or treatment. Figure 19 shows examples of comments made by patients in response to the three open-ended questions.

Figure 16. Scores for questions relating to autonomy (out of 10)

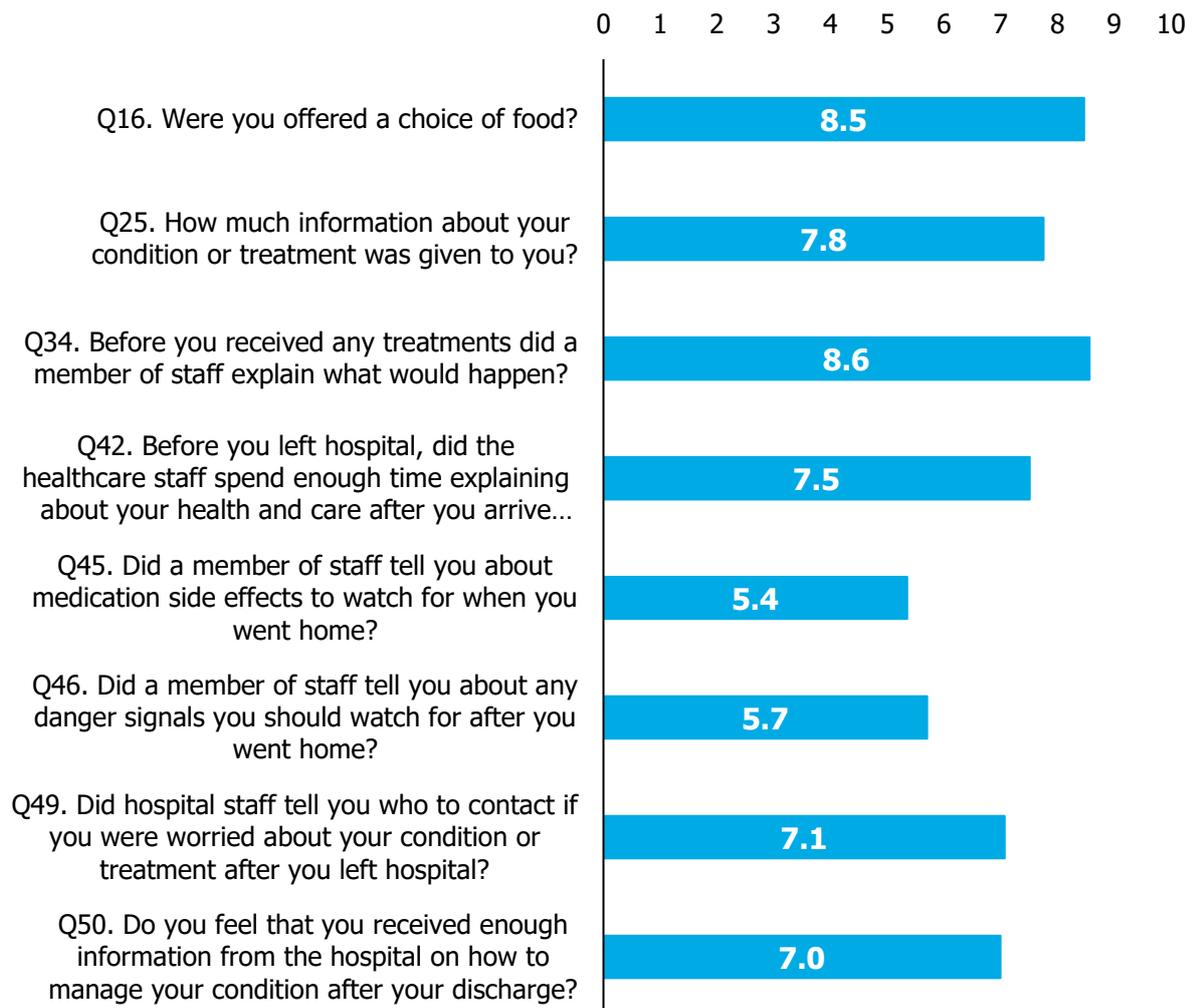


Figure 17. Percentage breakdown for each response option

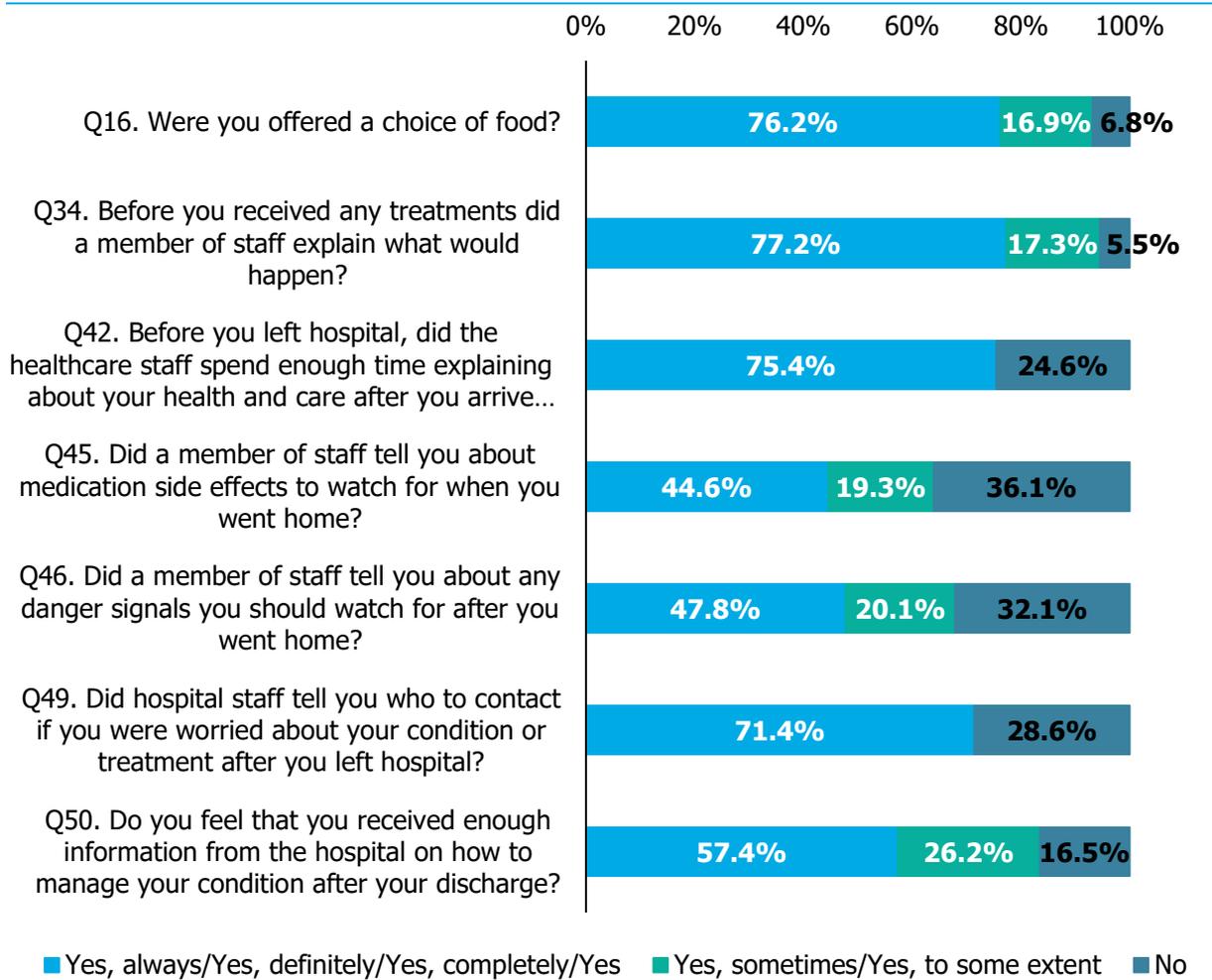


Figure 18. Percentage breakdown for information about condition or treatment

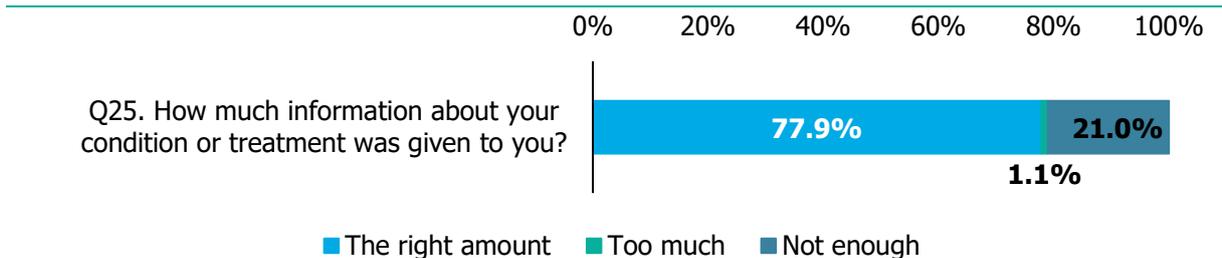


Figure 19. Sample comments

"The information given by the surgeons prior and after treatment was positive."

"Surgical did not seek informed consent for a procedure they did and should improve on that."

Dignity

Dignity means treating people compassionately and in a way that meets their basic needs and supports their self-respect. Dignity is central to human rights and in hospital settings it supports people to feel safe and improves their outcomes.

Thirteen survey questions were identified as being related to experiences of dignity in hospital. The highest-scoring questions related to the cleanliness of the room or ward, and privacy when being examined or treated. Of 10,278 people, 7,849 (76%) said that the room or ward they were in was very clean. 86% of people (8,718 of 10,195) said that they were always given enough privacy when being examined or treated. The lowest-scoring question concerned the offer of a replacement meal, with 21% (638 of 3,060 people) saying that they were not offered a replacement meal at another time if they were ever unable to eat during mealtimes.

Figure 20 shows the national score for each question on experiences of dignity in hospital. Figure 21 shows the percentage breakdown for each response option. Figure 22 shows the percentage breakdown for waiting times before being admitted to a ward, while Figure 23 shows the percentage breakdown for each response option for questions on cleanliness. Figure 24 shows examples of comments made by patients in response to the three open-ended questions.

Figure 20. Scores for questions relating to dignity (out of 10)

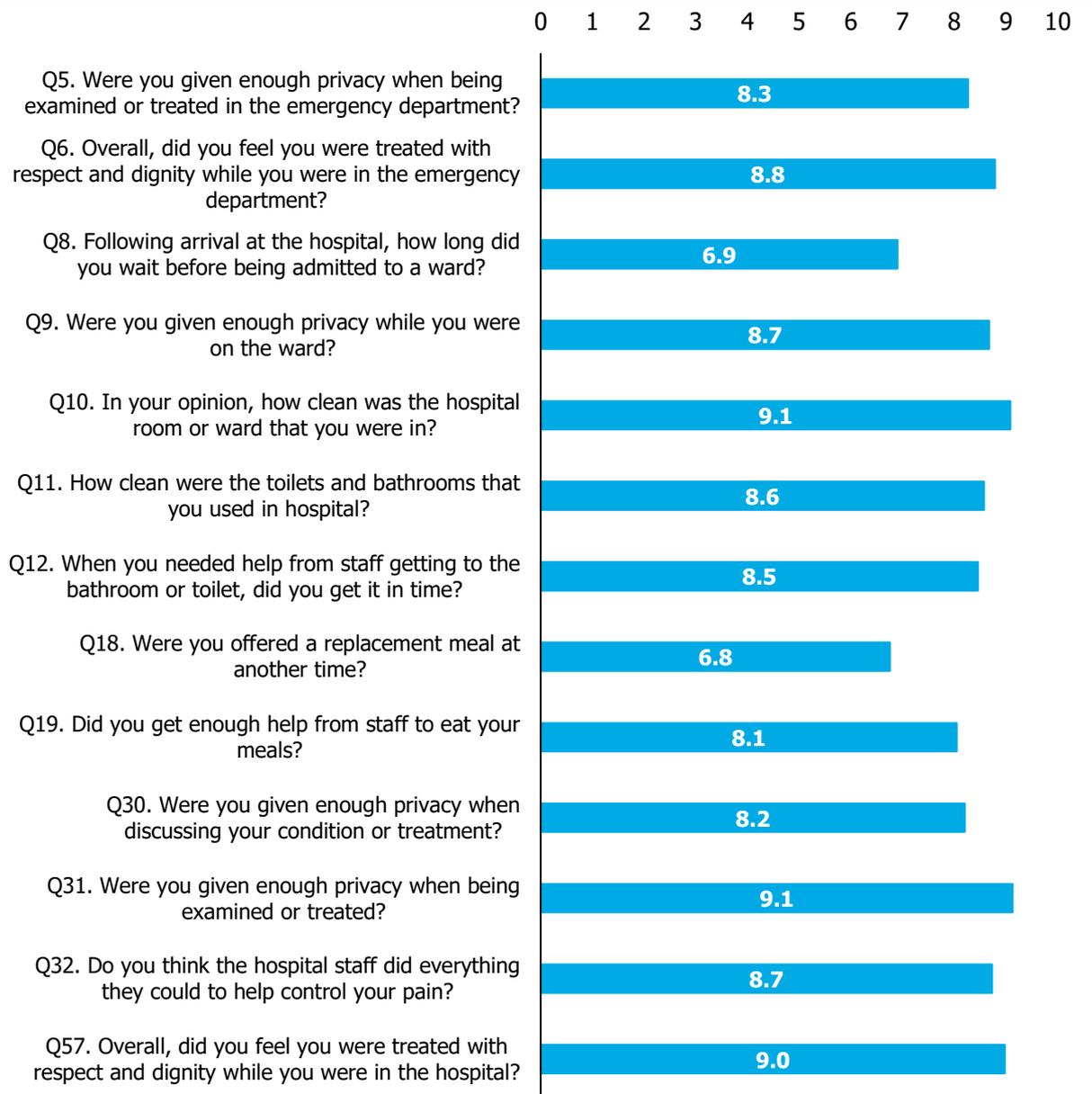


Figure 21. Percentage breakdown for each response option

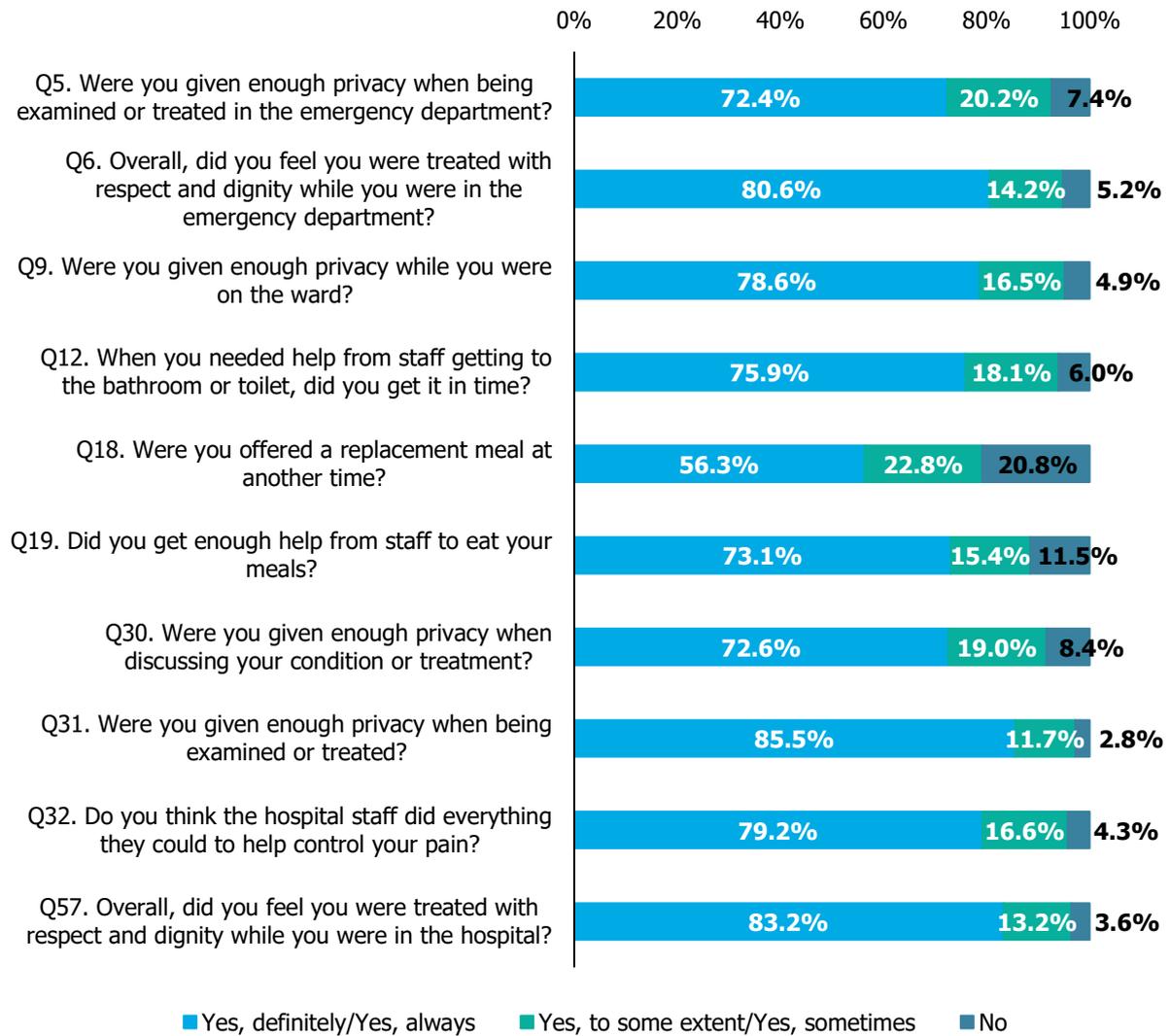


Figure 22. Waiting times before being admitted to a ward

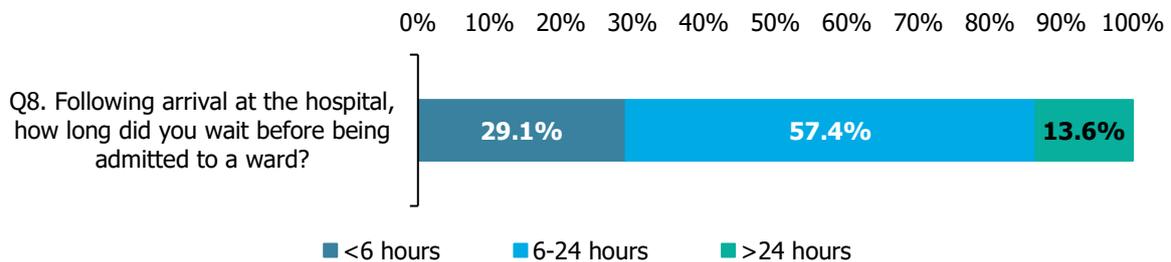


Figure 23. **Percentage breakdown for each response option for questions on cleanliness**

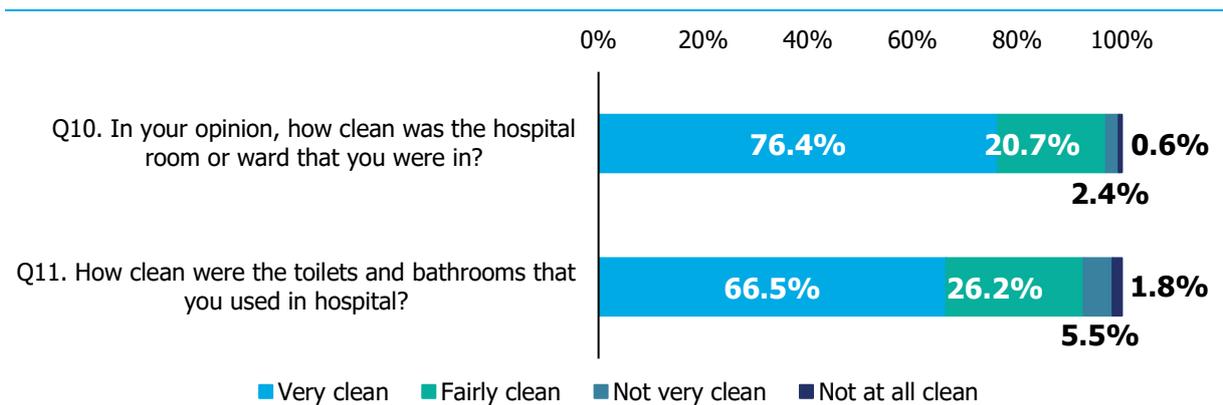
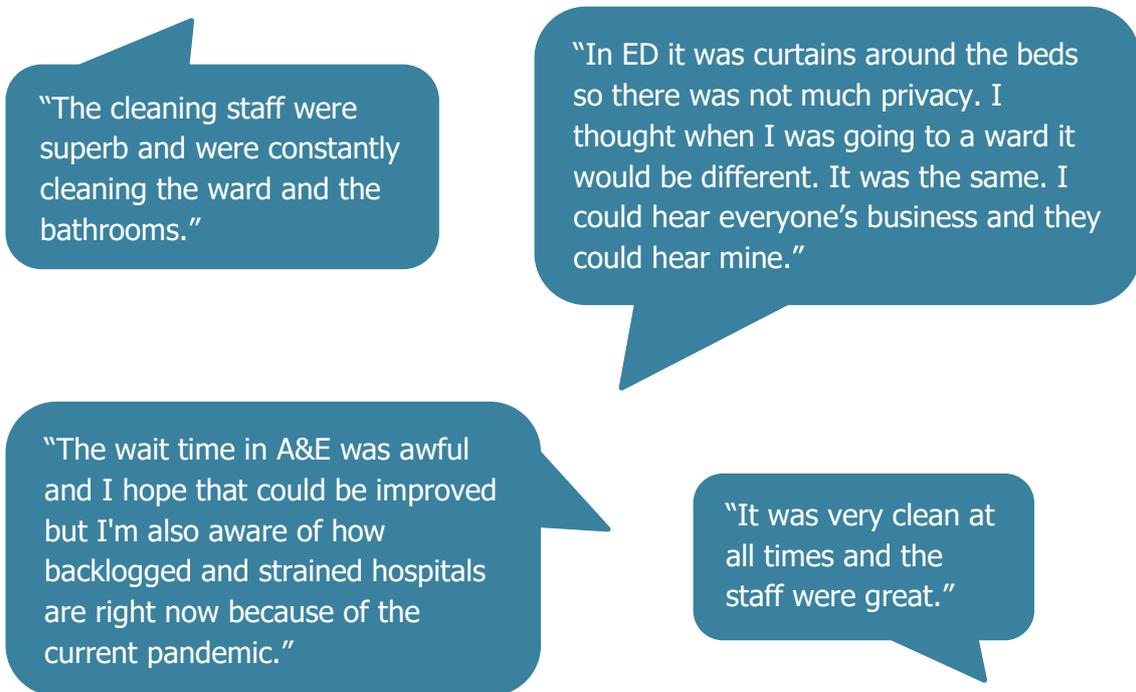


Figure 24. **Sample comments**



Conclusion

This report explored patient experiences of care in Ireland's public acute hospitals using a human rights-based lens. A human rights-based approach to the provision of acute hospital care involves respecting every individual's human rights through promoting basic principles of person-centred care. The FREDA principles of fairness, respect, equality, dignity and autonomy are intended to act as an accessible guide to front-line staff as they undertake their roles. Previous surveys have identified that being treated with respect and dignity strongly related to how patients rated their overall experiences of care.

Most people had positive experiences, with high ratings for questions on being treated with respect and dignity, receiving enough privacy when being examined or treated, having confidence in the hospital staff providing treatment and cleanliness of wards or rooms. There was some room for improvement, with many people saying that they were not told about medication side effects and were not given any written or printed information about what they should or should not do after leaving hospital. Some people also said that they were not offered a replacement meal, and could not find someone on the hospital staff to talk to about their worries or fears. Women and younger participants tended to give less positive ratings of their overall care than men and older participants.

The HSE has committed to directly addressing a human rights-based approach to healthcare in its response to the survey.

Appendix 1: Mapping of NIES questions to FREDA principles

		Fairness	Respect	Equality	Dignity	Autonomy
Admission to hospital						
1	Was your most recent hospital stay planned in advance or an emergency?					
2	When you arrived at the hospital, did you go to the emergency department (also known as the A&E department or casualty)?					
3	When you had important questions to ask doctors and nurses in the emergency department, did you get answers that you could understand?			✓		✓
4	While you were in the emergency department, did a doctor or nurse explain your condition and treatment in a way you could understand?			✓		✓
5	Were you given enough privacy when being examined or treated in the emergency department?				✓	
6	Overall, did you feel you were treated with respect and dignity while you were in the emergency department?		✓		✓	
7	Did you remain in the emergency department for the entire time of your stay?					
8	Following arrival at the hospital, how long did you wait before being admitted to a ward?				✓	
The hospital and ward						
9	Were you given enough privacy while you were on the ward?				✓	
10	In your opinion, how clean was the hospital room or ward that you were in?				✓	
11	How clean were the toilets and bathrooms that you used in hospital?				✓	
12	When you needed help from staff getting to the bathroom or toilet, did you get it in time?			✓	✓	

	Fairness	Respect	Equality	Dignity	Autonomy
13 Did staff wear name badges?		✓			
14 Did the staff treating and examining you introduce themselves?		✓			
Hospital food					
15 How would you rate the hospital food?					
16 Were you offered a choice of food?			✓		✓
17 Were you ever unable to eat during mealtimes (e.g. because you were away from the ward, recovering from surgery, etc.)?					
18 Were you offered a replacement meal at another time?				✓	
19 Did you get enough help from staff to eat your meals?			✓	✓	
Your care and treatment					
20 When you had important questions to ask a doctor, did you get answers that you could understand?			✓		✓
21 Did you feel you had enough time to discuss your care and treatment with a doctor?	✓				
22 When you had important questions to ask a nurse, did you get answers that you could understand?			✓		✓
23 If you ever needed to talk to a nurse, did you get the opportunity to do so?	✓				
24 Were you involved as much as you wanted to be in decisions about your care and treatment?	✓				
25 How much information about your condition or treatment was given to you?					✓
26 Was your diagnosis explained to you in a way that you could understand?			✓		✓

		Fairness	Respect	Equality	Dignity	Autonomy
27	If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?	✓				
28	Did you find someone on the hospital staff to talk to about your worries and fears?	✓				
29	Did you have confidence and trust in the hospital staff treating you?		✓			
30	Were you given enough privacy when discussing your condition or treatment?		✓		✓	
31	Were you given enough privacy when being examined or treated?		✓		✓	
Pain						
32	Do you think the hospital staff did everything they could to help control your pain?				✓	
Tests						
33	Did a doctor or nurse explain the results of the tests in a way that you could understand?			✓		✓
Treatments						
34	Before you received any treatments did a member of staff explain what would happen?		✓			✓
35	Before you received any treatments did a member of staff explain any risks and or benefits in a way you could understand?		✓	✓		✓
Operations and procedures						
36	Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?			✓		✓
37	Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?			✓		✓
38	Beforehand, were you told how you could expect to feel after you had the operation or procedure?					

	Fairness	Respect	Equality	Dignity	Autonomy
39			✓		✓
Leaving hospital					
40	✓				
41		✓			
42					✓
43		✓	✓		✓
44			✓		✓
45		✓			✓
46					✓
47			✓		
48		✓			
49					✓
50					✓
Care during the pandemic					
51					

52	While you were in hospital, did you feel you were at risk of catching COVID-19?			
53	Were you able to understand staff when they were talking to you wearing face masks and visors?		✓	
54	When you had questions about COVID-19, did you get answers that you could understand?		✓	✓
55	Did staff help you keep in touch with your family or someone else close to you during your stay in hospital?	✓		
56	If you had worries or fears about COVID-19 while you were in hospital, did you find someone on the hospital staff to talk to?	✓	✓	
Overall				
57	Overall, did you feel you were treated with respect and dignity while you were in the hospital?		✓	✓
58	Overall... (please circle a number) I had a very poor experience I had a very good experience			
59	Thinking about your overall care, if you wanted to give feedback or make a complaint, did you know how and where to do so?	✓	✓	
Other Comments				
65	Was there anything particularly good about your hospital care?			
66	Was there anything that could be improved?			
67	Do you have any comments about how the COVID-19 pandemic affected the care you received in hospital?			

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