



Findings of the 2021 Inpatient Survey

Thank you!

Thank you to everyone who participated in the National Inpatient Experience Survey 2021, and to your families and carers. Without your overwhelming support and participation, the survey would not have been possible. The survey ensures that your voice will be heard by the people who can change and improve healthcare in Ireland. By putting the voice of the patient at the centre of acute healthcare, we can make sure that the needs and wishes of the people who matter most are met. This is the fourth time the survey has been run, and a number of improvement initiatives have been undertaken to address patients' feedback. However, this survey was unique as it took place during a time of unprecedented disruption and restrictions on the provision of healthcare due to the COVID-19 pandemic and the cyberattack on the Health Service Executive's (HSE) IT systems.

Thank you also to the staff of all participating hospitals for contributing to the success of the survey, and in particular, for engaging with and informing patients while the survey was ongoing. We sincerely thank all of the staff for their assistance as they continue to fight the COVID-19 pandemic and deal with the consequences of the cyberattack.

The survey was overseen by a national steering group and a programme board. We acknowledge the direction and guidance provided by these groups. Appendix 1 lists the members of these groups and the core project team. We particularly acknowledge the late Dr Brian Place, a patient representative on the steering group, for his significant contribution to the survey since its inception in 2017.

About the National Care Experience Programme

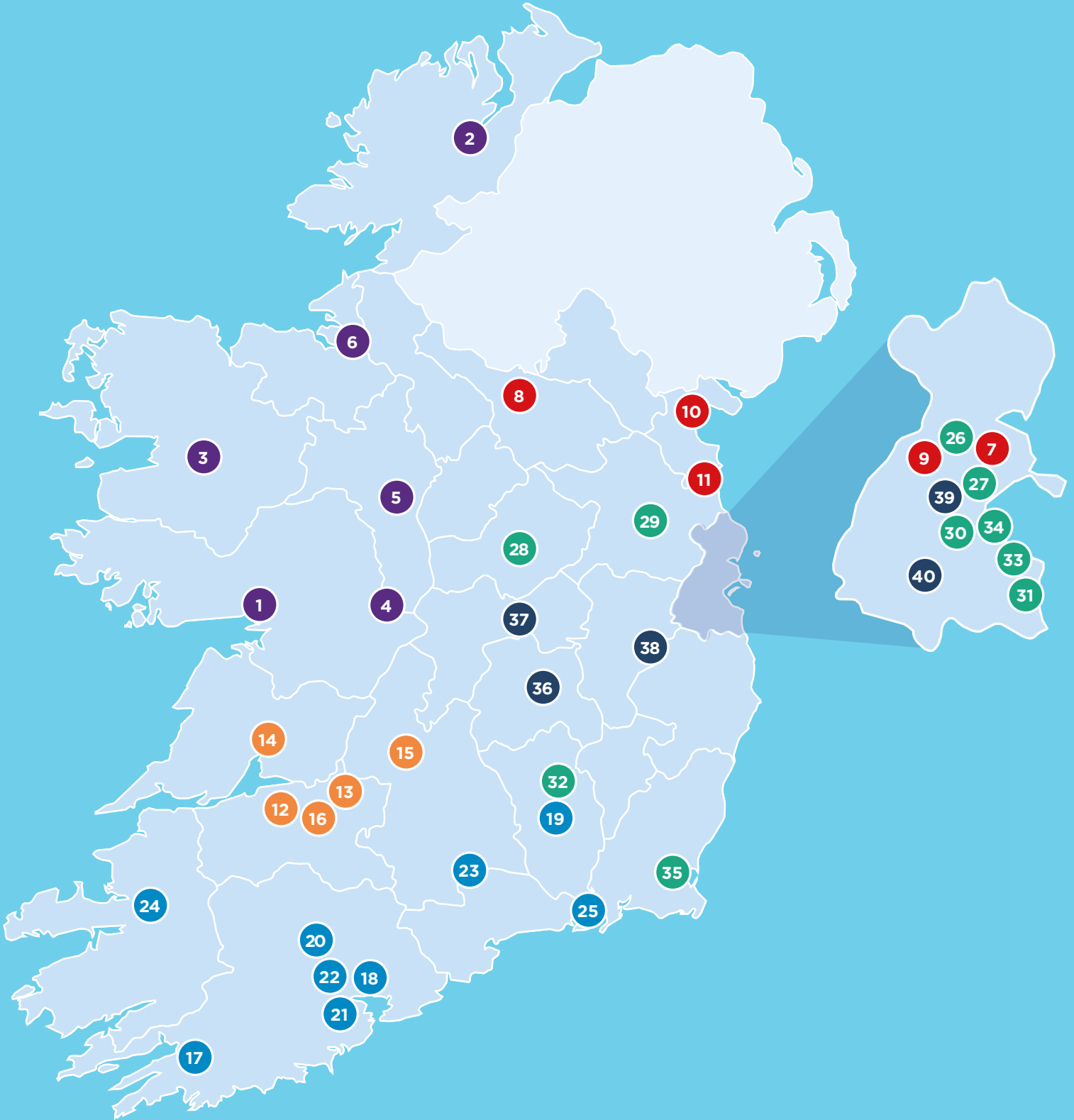
The National Care Experience Programme seeks to improve the quality of health and social care services in Ireland by asking people about their experiences of care and acting on their feedback. The National Care Experience Programme is a joint initiative by the Health Information and Quality Authority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

40 participating hospitals



Saolta University Health Care Group

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

Total: 6

South/South West Hospital Group

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

Total: 9

RCSI Hospital Group

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

Total: 5

Ireland East Hospital Group

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

Total: 10

UL Hospitals

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

Total: 5

Dublin Midlands Hospital Group

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

Total: 5

Executive summary

40 

HOSPITALS TOOK PART

10,743 

PARTICIPANTS (OUT OF AN ELIGIBLE POPULATION OF **25,346**)

42% 

RESPONSE RATE

1



Admission to hospital

The average patient rating for the 'admissions' stage of care was **7.8 out of 10**.

81% of people (6,385) said they were always treated with respect and dignity in the emergency department.

29% of people (2,104) said that they were admitted to a ward within the HSE's target waiting time of six hours, with 4% of people (305) saying that they waited 48 hours or more before being admitted to a ward.

SUGGESTION FOR IMPROVEMENT:

“ A+E waiting times particularly for the elderly. Sitting on chairs all through the night with little sleep.”

2



Care on the ward

The average patient rating for care on the ward was **8.2 out of 10**.

76% of respondents (7,849) said that their room was very clean.

22% of people (1,425) said that they did not find a member of staff to talk to about their worries and fears.

SUGGESTION FOR IMPROVEMENT:

“ I would have liked more time for explanations and talking about my condition.”

3

Examinations, diagnosis and treatment



The average rating for examinations, diagnosis and treatment was **8.0 out of 10**.

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

10% of people (1,057) said that they did not feel they had enough time to discuss their care and treatment with a doctor.

SUGGESTION FOR IMPROVEMENT:

“ The consultant doctor would not clearly explain my blood test results or anything else to me. He said I did not need to know. I found this very frustrating. There were no explanations given, no matter my daily asking and the pain, as to why this course of treatment.”

4

Discharge or transfer



The average rating for discharge or transfer was **6.9 out of 10**.

69% of people (5,744) said that staff completely explained the purpose of the medicines they were to take at home.

36% of people (2,644) who received medication said that they were not informed about the side effects to watch for when they went home.

SUGGESTION FOR IMPROVEMENT:

“ When I was leaving hospital I was told an hour before I went home, they gave me a list of medications to get when I got home and they never explained what they were for or if there were any side effects.”

5

Care during the pandemic



The average rating for care during the pandemic was **7.5 out of 10**.

68% of people (6,400) said that they did not feel they were at risk of catching COVID-19 while in hospital.

9% of people (814) said that they definitely felt at risk of catching COVID-19.

While **62%** of people (6,287) said they had no worries or fears about COVID-19, 12% of respondents (1,174) said that they could not find someone on the hospital staff to talk to if they had worries or fears about COVID-19.

SUGGESTION FOR IMPROVEMENT:

“ It is very hard to understand staff who are wearing masks. There was no effort to distance people in A&E. I really felt I could contract Covid-19 while in hospital.”

Executive summary

The National Inpatient Experience Survey¹ is a nationwide survey that offers patients the opportunity to describe their experiences of public acute healthcare in Ireland. The survey is a partnership between the Health Information and Quality Authority (HIQA), the HSE and the Department of Health. The survey was run on an annual basis between 2017 and 2019, but was cancelled in May 2020 due to the additional demands placed on the health service during 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 survey questions were unchanged from previous years, seven questions on COVID-19 were included. Given the significant changes in care provision between 2021 and previous years, comparisons with previous survey results will be limited. These comparisons can be found in Figure 2.2 of this report.

During September 2021, 25,346 people were invited to participate in the fourth National Inpatient Experience Survey. In total, 10,743 people took part in this survey, resulting in a response rate of 42%. Of the participants, 829 (7.7%) said that they were either admitted due to COVID-19 or were told that they had COVID-19 at some point during their time in hospital. The strong response rate indicates that patients in Ireland have a desire to talk about their experiences in hospital and contribute to efforts to improve our health service.

The aim of the survey is to find out about patients' experiences in public acute hospitals and to use their feedback to identify areas of good experience, and areas needing improvement. The HSE responded to the 2017, 2018 and 2019 survey results by producing detailed quality improvement plans. Some examples of these initiatives can be seen at www.youexperience.ie.

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

What were the main findings of the 2021 survey?

Admissions

The average patient rating for the 'admissions' stage of care was 7.8 out of 10. Approximately 81% of patients said that they were always treated with respect and dignity in the emergency department. However, long waiting times in the emergency department were highlighted, with 29% of people saying that they were admitted to a ward within the HSE's target, which states that 95% of patients should be admitted or discharged within six hours. 305 people (4%) said they waited 48 hours or more before being admitted to a ward. Patients in older age groups were more likely to report that they waited less than six hours before being admitted to a ward than younger patients.

Care on the ward

The average patient rating for 'care on the ward' was 8.2 out of 10. Patients generally gave positive ratings of cleanliness, with 76% of people saying that their room was very clean. Patients were less positive in terms of having someone to talk to about their worries or fears, with 22% saying that they did not find a member of staff to talk to about their worries and fears.

Examinations, diagnosis and treatment

The average patient rating for 'examinations, diagnosis and treatment' was 8.0 out of 10. Patients generally gave positive ratings of the privacy they were given, with 86% saying that they were always given enough privacy when being examined or treated. Patients were less positive about the time they had to discuss their care and treatment with a doctor, with 10% saying that they did not have enough time to do so.

Discharge or transfer

'Discharge or transfer' was the lowest-rated stage of care, with an average patient rating of 6.9 out of 10. 69% of patients said that staff 'completely' explained the purpose of medicines they were to take at home, while 45% said that staff 'completely' explained the potential side effects of medications.

Other aspects of care

The question asking patients if they were treated with respect and dignity while they were in hospital was one of the most positively-rated questions in the survey; 83% of participants said that they were always treated with respect and dignity while in hospital. However, participants had less positive views in relation to the involvement of their families in their care, with 1,528 people (24%) saying that their families or people close to them did not have sufficient opportunities to talk to a doctor.

Care during the pandemic

Six tick-box questions asked patients about their experiences of being in hospital during the pandemic. These questions were developed in consultation with patients who spent time in hospital under COVID-19 restrictions. In total, 791 patients (8%) said that they were told they had COVID-19 during their stay. Most people (6,400 or 68%) said that they did not feel they were at risk of catching COVID-19 while in hospital. However, 814 people (9%) said that they definitely felt at risk of catching COVID-19. While 4,006 respondents (39%) said that they did not need help to keep in touch with family or someone else close to them during their stay in hospital, 23% of people (1,384 of 6,072) who needed help to keep in touch said that they did not receive it. While 6,287 people (62%) said they had no worries or fears about COVID-19, 1,174 respondents (12%) said that they could not find a member of staff to talk to if they had worries or fears about COVID-19.

What patients said

Participants made 20,795 comments in response to the three open-ended questions in this year's survey. One question asked patients specifically about how the COVID-19 pandemic affected their care. The other two questions asked patients to describe what was good about their care, and where it could have been improved. These comments provide an incredibly rich source of information, which complements the information from the structured questions. Examples of comments made by patients are provided throughout this report.

Conclusion

The majority of patients (83%) rated their overall experience of hospital care as good or very good. Most patients said that they did not feel they were at risk of catching COVID-19 while in hospital, and that they were always able to understand staff when they were wearing face masks and visors. While around two in three people said that they had no worries or fears about COVID-19 and two in five said that they did not need help to keep in touch with family during their stay in hospital, a number of participants said that they could not find a member of hospital staff to talk to if they had worries or fears about COVID-19, and did not receive help to keep in touch with family.

Areas of good patient experience included being treated with respect and dignity, cleanliness of rooms and wards, privacy while being examined or treated, confidence and trust in hospital staff, and pain management. Areas needing improvement included the availability of emotional support, time to discuss care and treatment with a doctor, information on how to manage a condition after leaving hospital, and the opportunity for families to talk to a doctor. Patients who were admitted to small and specialist elective hospitals tended to report more positive experiences than patients who were admitted to medium and large hospitals.

What happens next?

As in 2017, 2018 and 2019, the HSE will respond to the results of the 2021 survey. The HSE will coordinate its response to the survey through a national oversight group, with local implementation of quality improvement initiatives led by personnel from hospitals and hospital groups. These initiatives will build on the work conducted since 2017, which has included programmes to improve admissions, hospital food and nutrition, and discharge information for patients, as well as clearer medication instructions and the roll out of activity programmes for older patients. A programme of support and training for staff on communication skills is also being implemented. Further examples of local quality improvements can be found at www.yourexperience.ie.

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Chapter 1

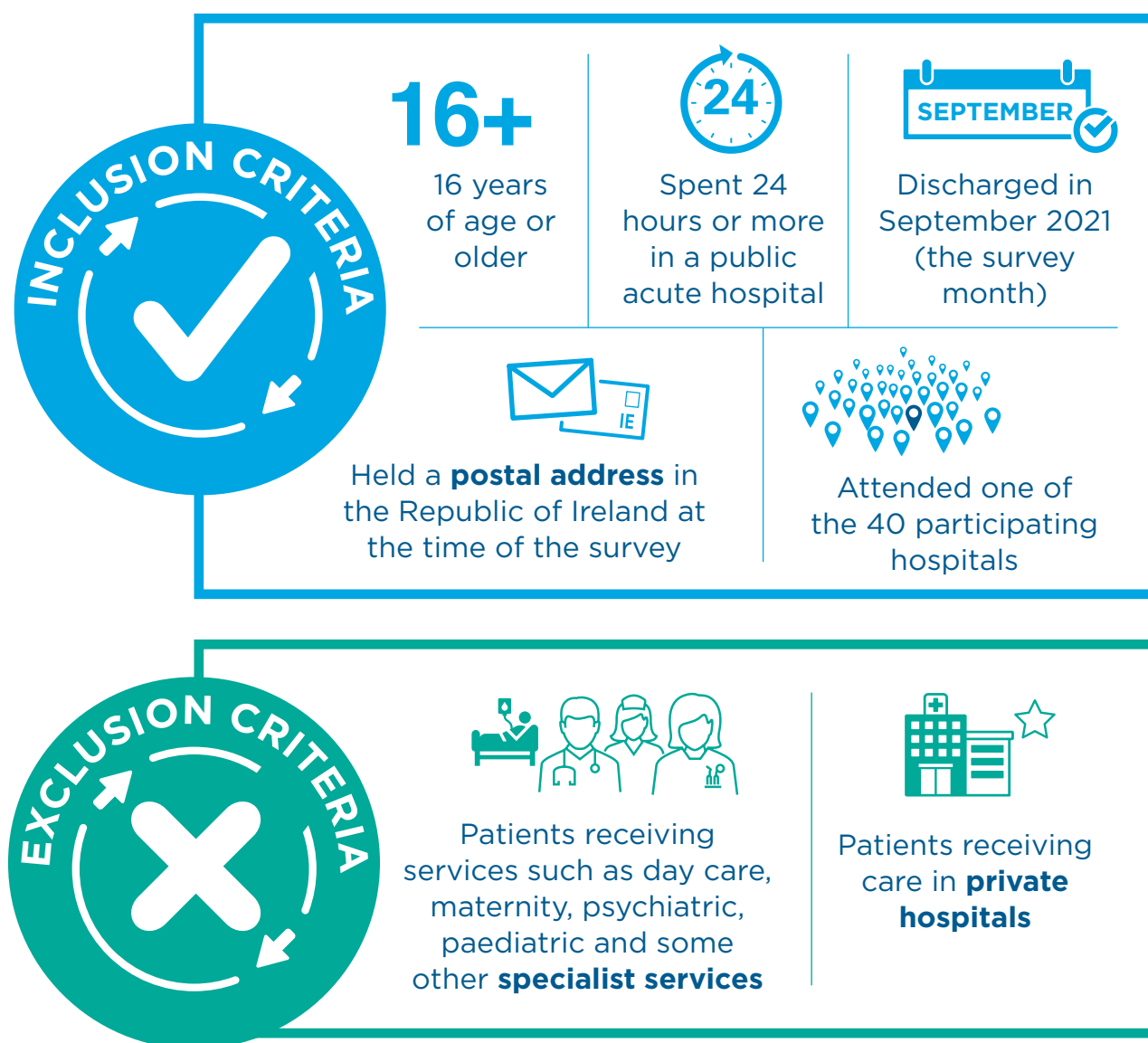
Patients' experiences of acute hospital care in Ireland

In brief: The National Inpatient Experience Survey 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 1.1 summarises the eligibility criteria for participation in the National Inpatient Experience Survey 2021.

Figure 1.1 Inclusion and exclusion criteria



Eligible patients were sent a questionnaire in the post in October². Participants could also choose to complete the survey online. Two reminder letters were sent to people who were invited to participate but had not yet returned a survey. Internationally, the second reminder has been shown to increase response rates significantly.⁽¹⁾

Participation in the survey was voluntary and confidential. Participants could also opt out of the survey either while they were still in hospital or after discharge. The administration and survey fieldwork was carried out by Behaviour & Attitudes³ on behalf of the partner organisations.

2 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.

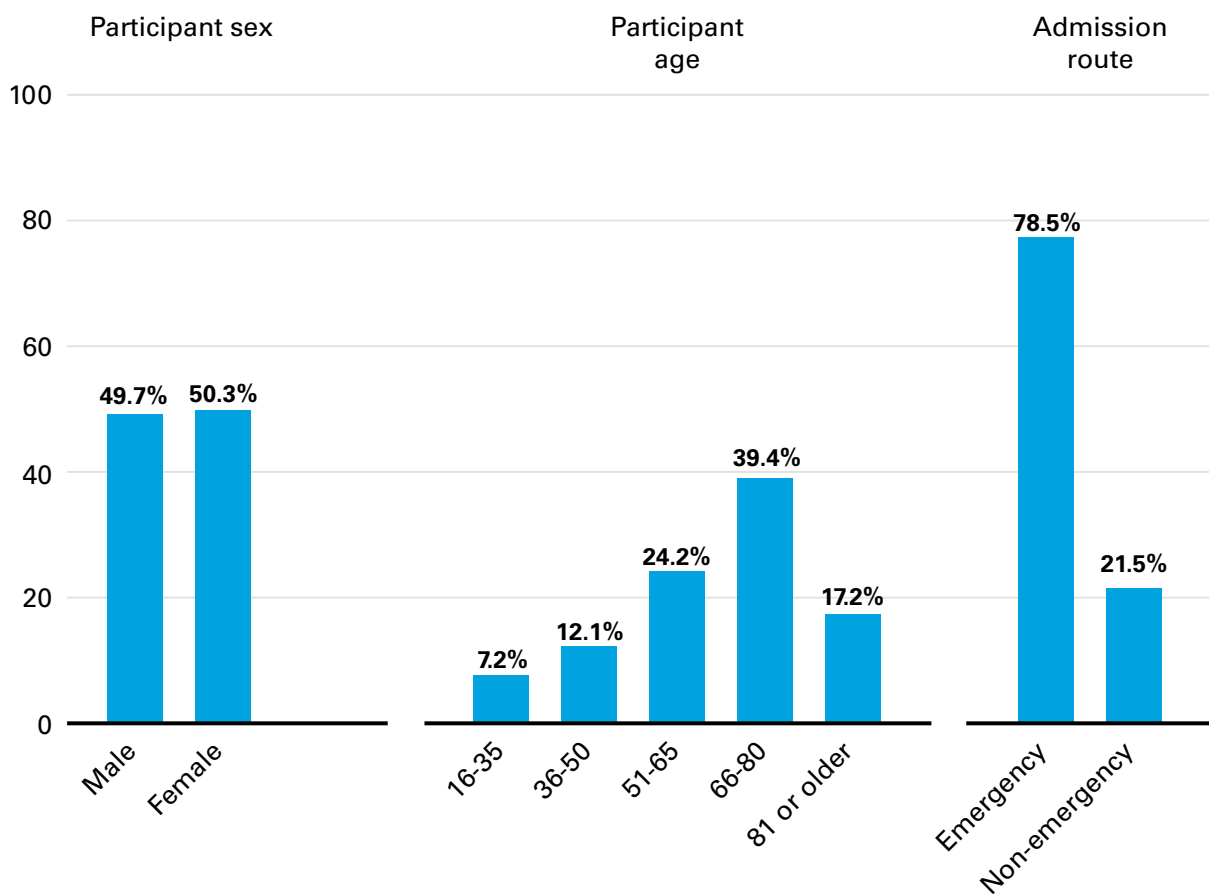
3 Behaviour & Attitudes is a market research agency. More information on the company can be found on their website www.banda.ie.

Who participated in the 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. 829 participants (7.7%) said that they were either admitted due to COVID-19 or were told that they had COVID-19 at some point during their time in hospital.

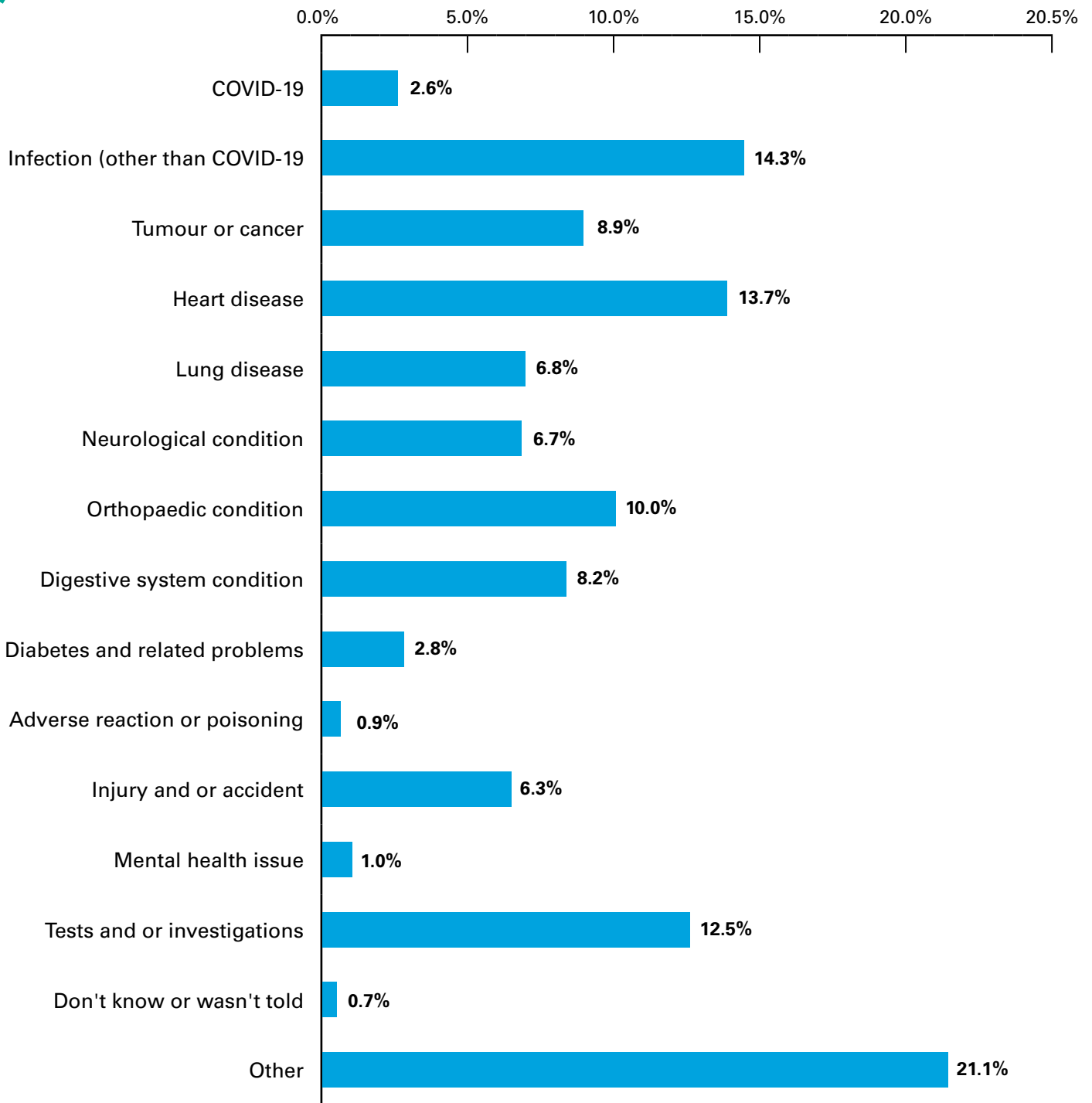
In total, 5,338 males (49.7%) and 5,405 females (50.3%) participated in the survey. The majority of patients who participated were aged 51 years or older (n=8,670, 80.8%). Most people (78.5%) were admitted to hospital through the emergency department. Figure 1.2 shows the characteristics of people who participated in the 2021 survey, while Appendix 2 provides additional detail on those who took part.

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



Participants were admitted to hospital for a variety of reasons, including infection, for tests or investigations, or other reasons. In total, 274 people (2.6%) said that COVID-19 was the main reason for their admission to hospital. The breakdown of participants' reasons for admission to hospital is shown in Figure 1.3.

Figure 1.3 Survey participants by reason for admission



Which hospitals participated?

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



Why measure patient experience in Irish hospitals?

Patient experience is a good indicator of healthcare quality and performance.⁽²⁻⁴⁾ Rather than asking about satisfaction with a service, surveys of patient experience ask for details about what happened when a person used a healthcare service.^(5,6) Patient experience surveys are a useful way of finding specific problems in the delivery of healthcare, and provide hospital managers with detailed information on specific areas that need to be improved.⁽⁵⁾ Until 2017, patient experience was not measured systematically in Ireland's public acute hospitals.

The information gathered in the National Inpatient Experience Survey provides a clear picture of the quality of acute healthcare in Ireland, as reported by patients themselves. The addition of a number of questions related to the COVID-19 pandemic will allow us to understand how experiences of care changed during this unique and challenging period.

The National Inpatient Experience Survey was granted ethical approval from the Royal College of Physicians in Ireland in March 2018, with approval updated on an annual basis subsequently.

Ensuring the voice of the patient is heard

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

The National Inpatient Experience Survey equally values and seeks to represent every patient's voice among the 10,743 who took part.

Areas of good experience and areas needing improvement

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

Areas of good experience

<p>Admissions</p> <p>Respect and dignity in the emergency department Q6</p>	<p>Of the 7,921 people who responded to this question, 6,385 (81%) said that they were always treated with respect and dignity in the emergency department.</p>
<p>Care on the ward</p> <p>Help from staff to get to the bathroom Q12</p>	<p>Of the 6,052 people who responded to this question, 4,593 (76%) said that they always got help when needed from staff to get to the bathroom or toilet in time.</p>
<p>Care on the ward</p> <p>Clear answers from a nurse Q22</p>	<p>Of the 9,650 people who had important questions to ask, 7,023 (73%) said that nurses on the ward always answered questions in a manner that they could understand.</p>
<p>Care on the ward</p> <p>Pain management Q32</p>	<p>Of the 8,711 people who said that they experienced pain, 6,897 (79%) said that hospital staff definitely did everything they could to help control it.</p>

Other aspects of care

Confidence and trust in hospital staff | Q29

Of the 10,283 people who answered this question, 8,297 (81%) said they always had confidence and trust in the hospital staff who treated them.

Other aspects of care

Respect and dignity | Q57

Of the 10,305 people who responded to this question, 8,577 (83%) said that they were always treated with respect and dignity throughout their stay in hospital.

Areas needing improvement

Examinations, diagnosis and treatment	<p>Of the 10,255 people who answered this question, 1,057 (10%) said that they did not have enough time to discuss their care and treatment with a doctor.</p>
Time to discuss care and treatment with a doctor Q21	
Other aspects of care	<p>Of the 6,389 people who answered this question, 1,528 (24%) said that their families or people close to them did not have sufficient opportunities to talk to a doctor.</p>
Opportunities for family members to talk to a doctor Q27	
Care on the ward	<p>Of the 6,490 people who had worries and fears, 1,425 (22%) said that they could not find a member of hospital staff to talk to about their worries and fears.</p>
Someone to talk to about worries and fears Q28	
Discharge or transfer	<p>Of the 9,150 people who needed help to manage their condition, 1,508 (16%) said that they did not receive enough information on how to manage their condition after their discharge from hospital.</p>
Information on how to manage condition Q50	
Care during the pandemic	<p>Of the 6,072 people who needed help to keep in touch with their family or someone else close to them during their stay in hospital, 1,384 (23%) said that they did not receive help to do so.</p>
Help to keep in touch with family Q55	
Care during the pandemic	<p>While 6,287 people said they had no worries or fears about COVID-19 while they were in hospital, 12% of people (1,174) said that they could not find a member of hospital staff to talk to about their worries or fears.</p>
Worries or fears about COVID Q56	

2

Chapter 2

The patient journey through hospital

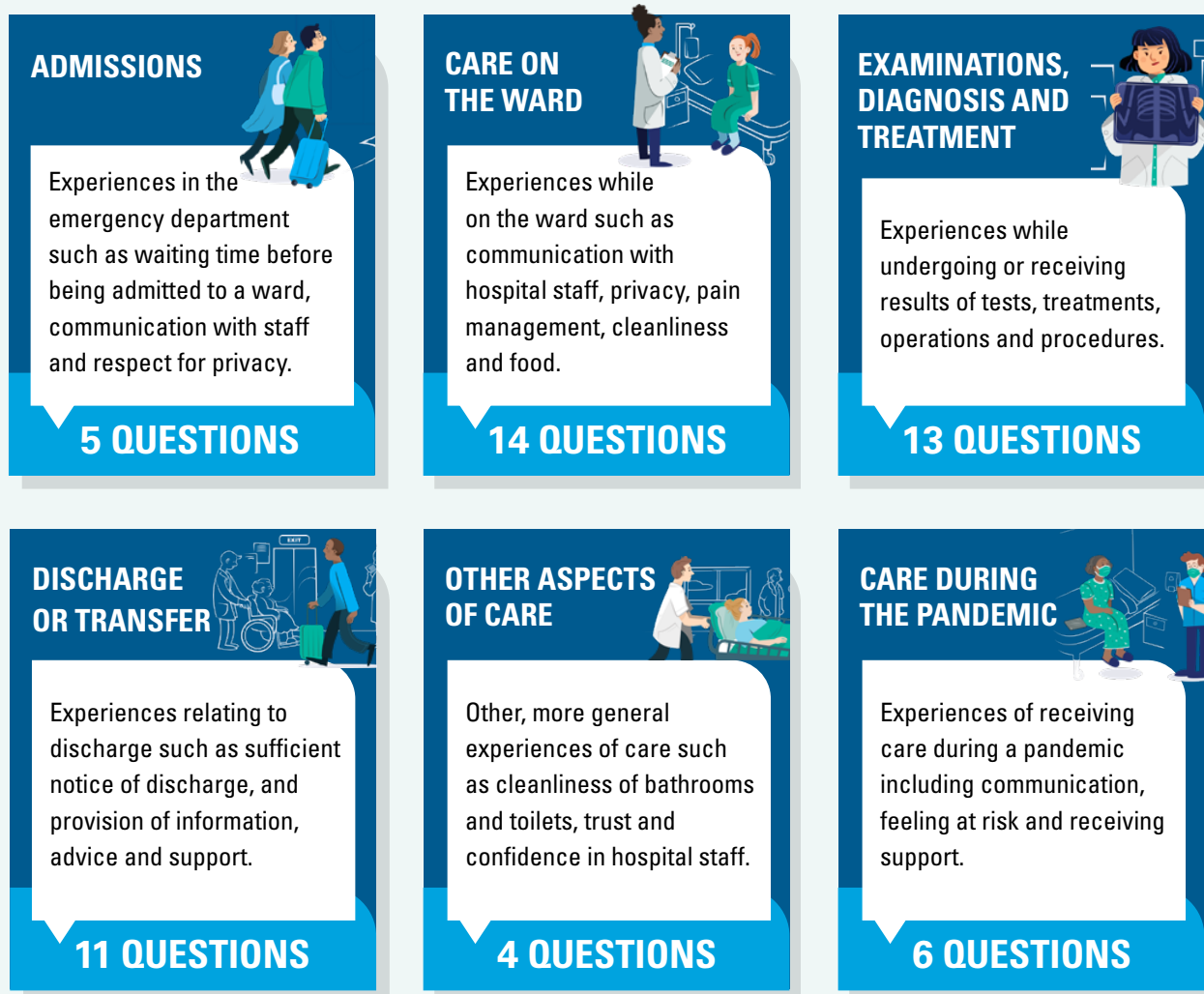
Findings of the 2021 survey

The stages of care along the patient journey

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 patients' 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.

Figure 2.1 gives a short description of the stages along the patient journey. It also indicates how many questions in the survey relate to each stage.

Figure 2.1 Description of stages of care along the patient journey



Interpreting the results for the stages of care

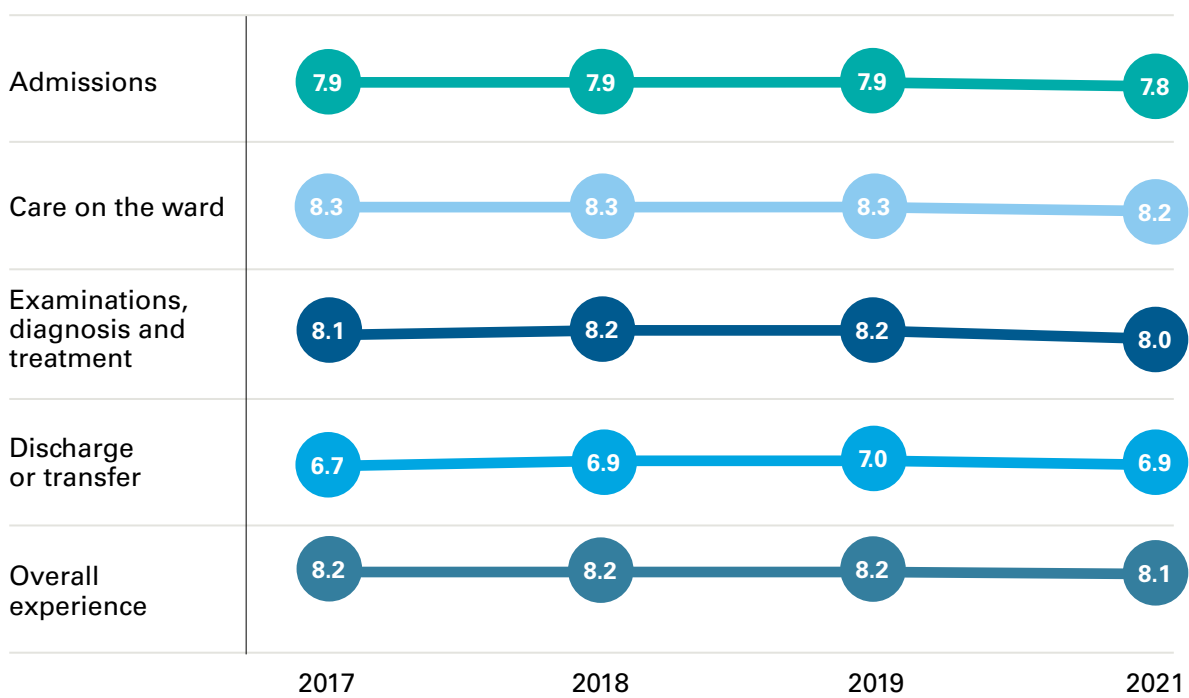
Scores out of 10 are given for each question belonging to a stage of care or to a stage as a whole. A score of 0 indicates a very negative experience and a score of 10 indicates a very positive experience. Statistical tests were carried out to examine if there were significant differences between the national average and male and female participants and different age groups. For further information on the analyses please consult Appendix 3.

Appendix 4 provides a list of the 2021 survey questions. Throughout this report, quotations from patients are used to illustrate particular themes. Quotations from patients have been redacted to remove any information that could identify an individual.

Changes in patient experience over time

Figure 2.2 shows average patient ratings for the stages of care for each year of the survey. Ratings for 2021 were slightly lower for each stage of care than in 2019. However, as provision of care in Ireland’s acute hospitals was severely disrupted due to the pandemic, any comparisons with the results of previous surveys must be made with caution.

Figure 2.2 **National stage of care score comparisons by survey year**





Admissions

"From moment I arrived in A/E to emergency room, the care and attention was excellent. Most nurses were very caring and kind."

"Yes, the waiting time in A&E while waiting to see a doctor. It was ridiculous waiting time, nine hours and all the people lying on trolleys is shocking."

"On my arrival to A&E it was very busy and I was surprised on how fast I was attended to."

"A&E. The nurse that took my vitals had a very poor manner, A&E was very poor in general with no privacy what so ever. A person definitely has no dignity, was able to hear everyone's business."

"I was very happy with my hospital care. I was seen to very quick after arrival. I was never waiting around. All staff were excellent, friendly, caring, helpful. Also, all were covid-19 respectful."



"Facilities in A&E very good. Care & attention & speed in dealing with my problem, 1st class."

"The ED is larger than I expected, yet it has hopelessly inadequate waiting facilities! I spent my entire stay on a low backed chair and "lucky" to do so. Many later arrivals began their stay on hard chairs."

"Staff in A&E obviously tired, stressed and sometimes this was reflected in the way they spoke to patients and colleagues. Covid control measures seemed more important than the patients' needs."

Admissions

Figure 2.3 presents the 2021 results for questions on admissions.

6,385 out of 7,921 people (81%) who responded to Question 6 said that they were always treated with respect and dignity in the emergency department. On the other hand, Question 8, which asked about emergency department waiting times, was the lowest-rated question for this stage of care. In total, 71% of the 7,239 people who answered this question said they waited longer than the HSE target of six hours before being admitted to a ward.

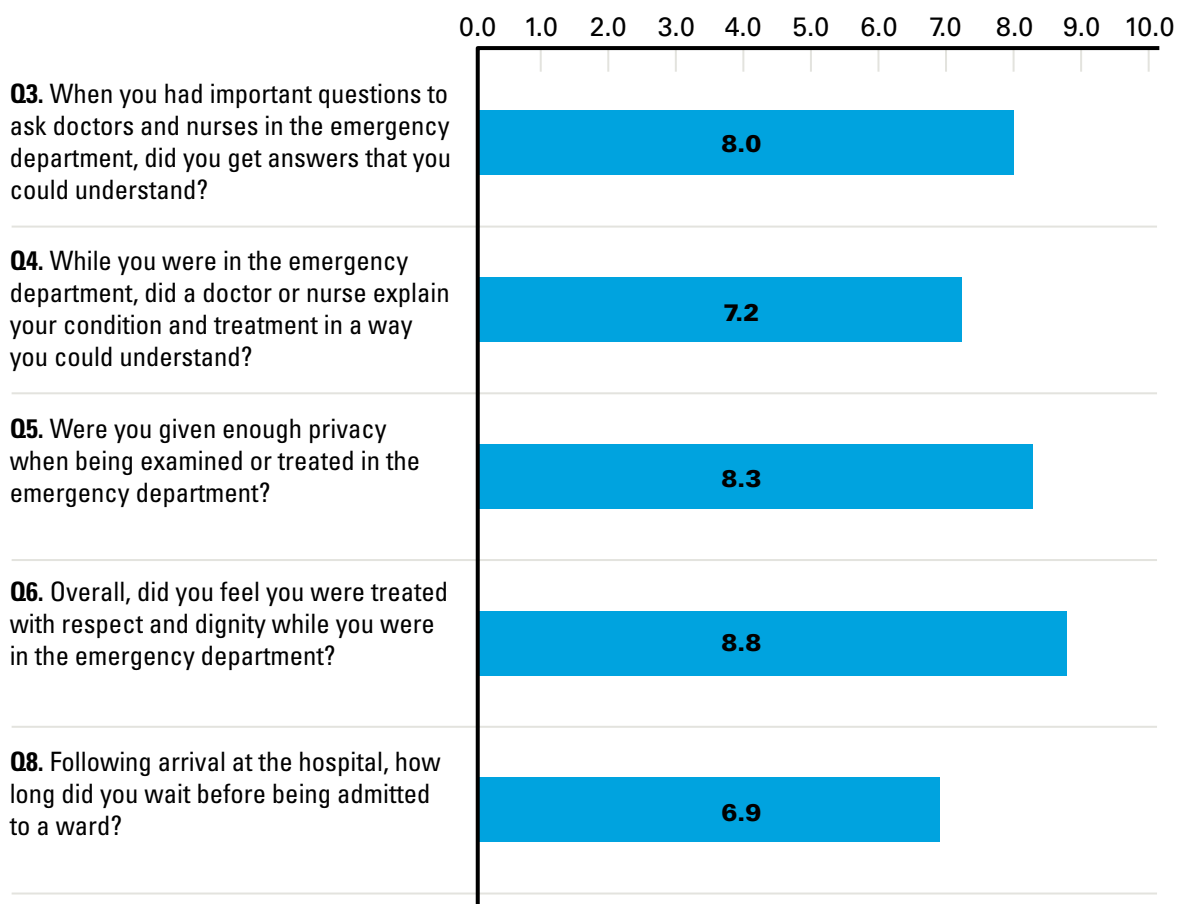
ADMISSIONS



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

5 QUESTIONS

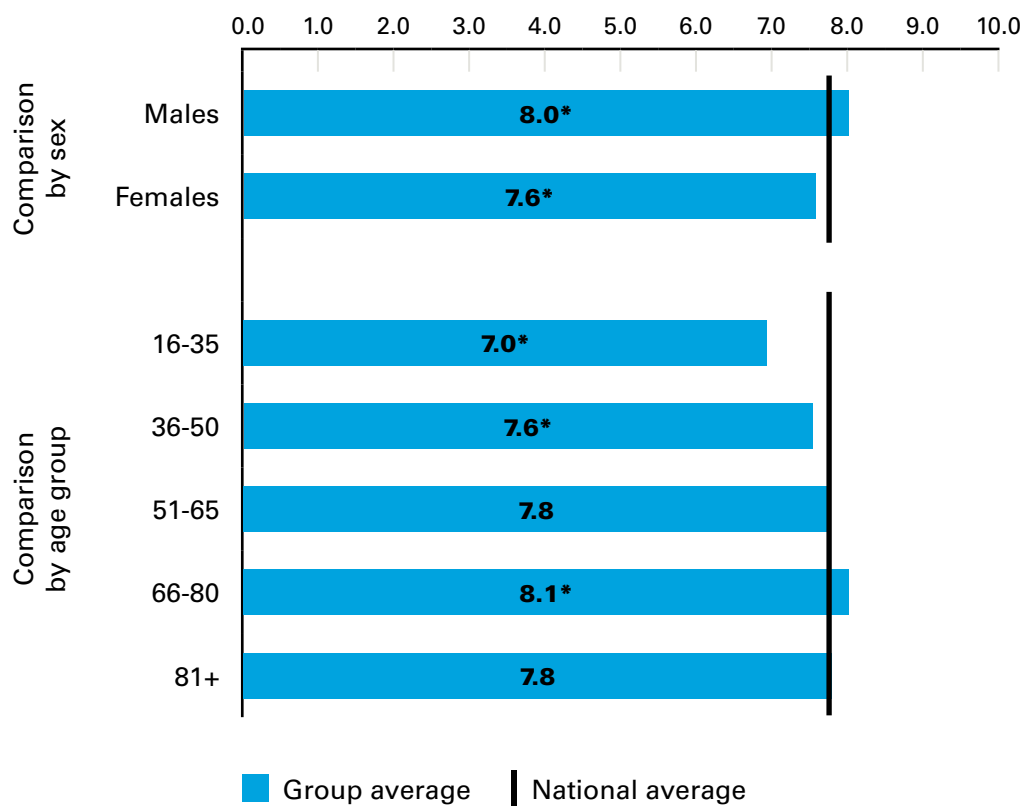
Figure 2.3 **National scores for questions on 'admissions'**



Experience of admissions by sex and age group

Nationally, the 'admissions' stage of the patient journey scored 7.8 out of 10. Male participants gave more positive ratings than female participants. Some differences were also found between people of different ages. Participants aged 16 to 35 years and 36 to 50 years gave below-average ratings for this stage, while participants aged 66 to 80 years gave above-average ratings. Figure 2.4 shows the scores for hospital admissions by sex and age group compared with the national average.

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

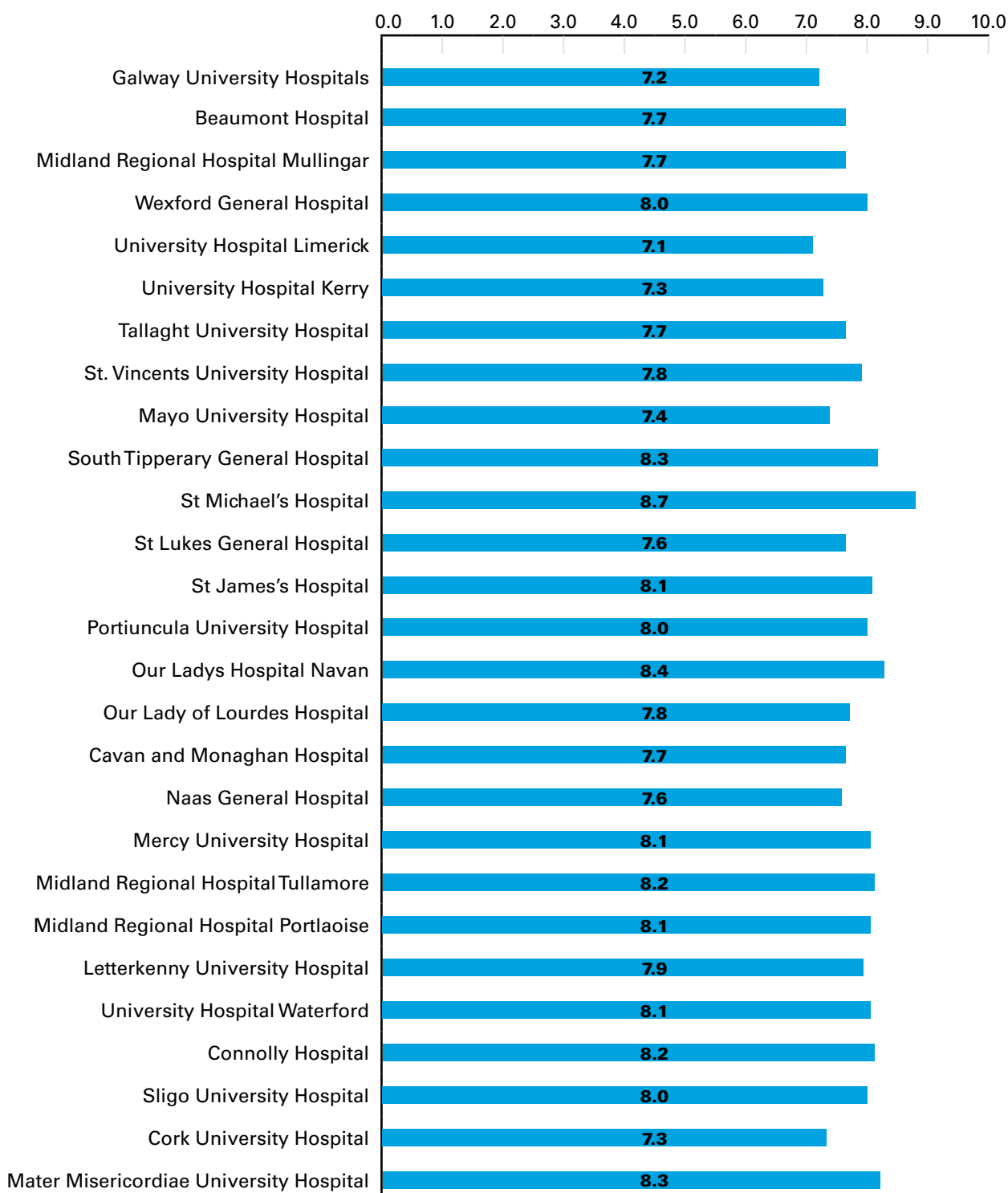


*denotes statistically significant difference from the national average.

Experience of 'admissions' in hospitals

Figure 2.5 presents 'admissions' scores for each hospital that has an emergency department.

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

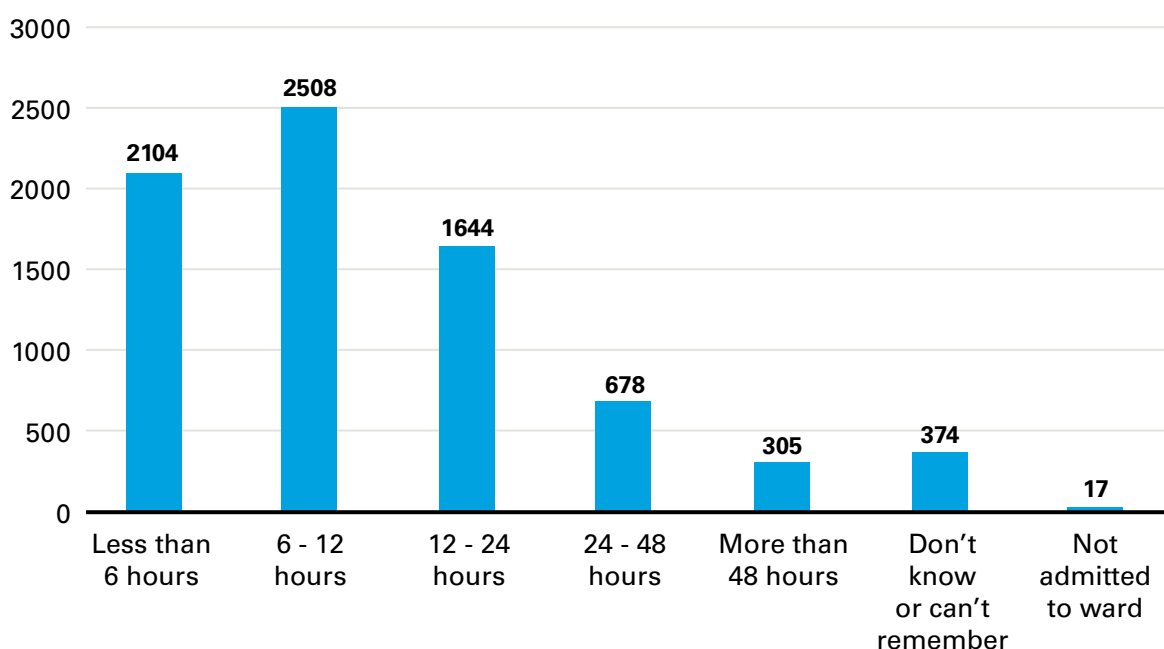


How did patients experience waiting times in the emergency department?

Patients who said that they presented to the emergency department were asked how long they waited until they were admitted to a ward.⁴ While the analysis in Appendix 3 found that there was not a strong relationship between waiting times and patients' ratings of their overall experience, studies have shown that long waiting times in the emergency department after a decision has been made to admit a patient are linked with poorer patient outcomes.^(7,8) In Ireland, the target waiting time for people in the emergency department is six hours for 95% of patients.⁵

In this survey, 2,104 (29%) of the 7,239 people who reported the length of time they waited said that they waited less than six hours in the emergency department before being admitted to a ward. The majority, that is 5,135 people (71%), said that they waited more than six hours before being admitted. Of those, 305 people (4%) reported waiting 48 hours or more before they were admitted to a ward. Figure 2.6 shows emergency department waiting times as reported by patients.

Figure 2.6 **Following arrival at the hospital, how long did you wait before being admitted to a ward? (Q8)⁶**



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

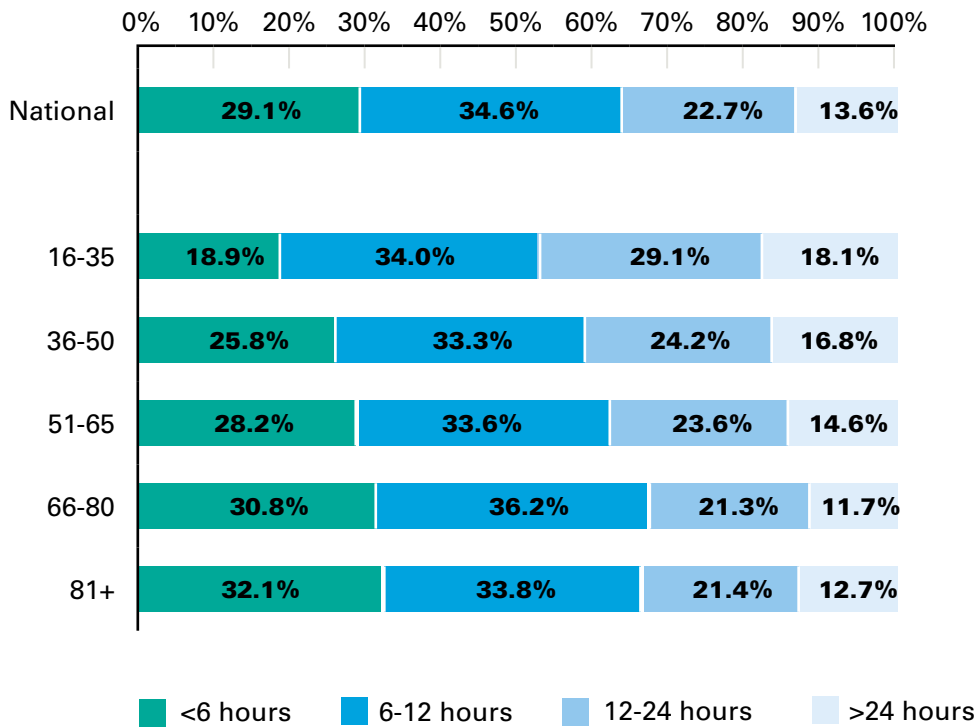
5 The HSE measures emergency department waiting times differently to the survey, namely from the time a patient registers at the emergency department until they leave it. It is likely that there are some differences between survey findings and the official HSE figures.

6 391 people who answered Q8 said they didn't know or remember how long they waited, or were not admitted to a ward.

Waiting times by age group

Patients in older age groups were more likely to report that they waited less than six hours before being admitted to a ward than younger patients. Around 31% of those aged over 65 years said that they were admitted within six hours, compared to 19% of patients aged 16 to 35 years. Figure 2.7 presents the national emergency department waiting times by age group.

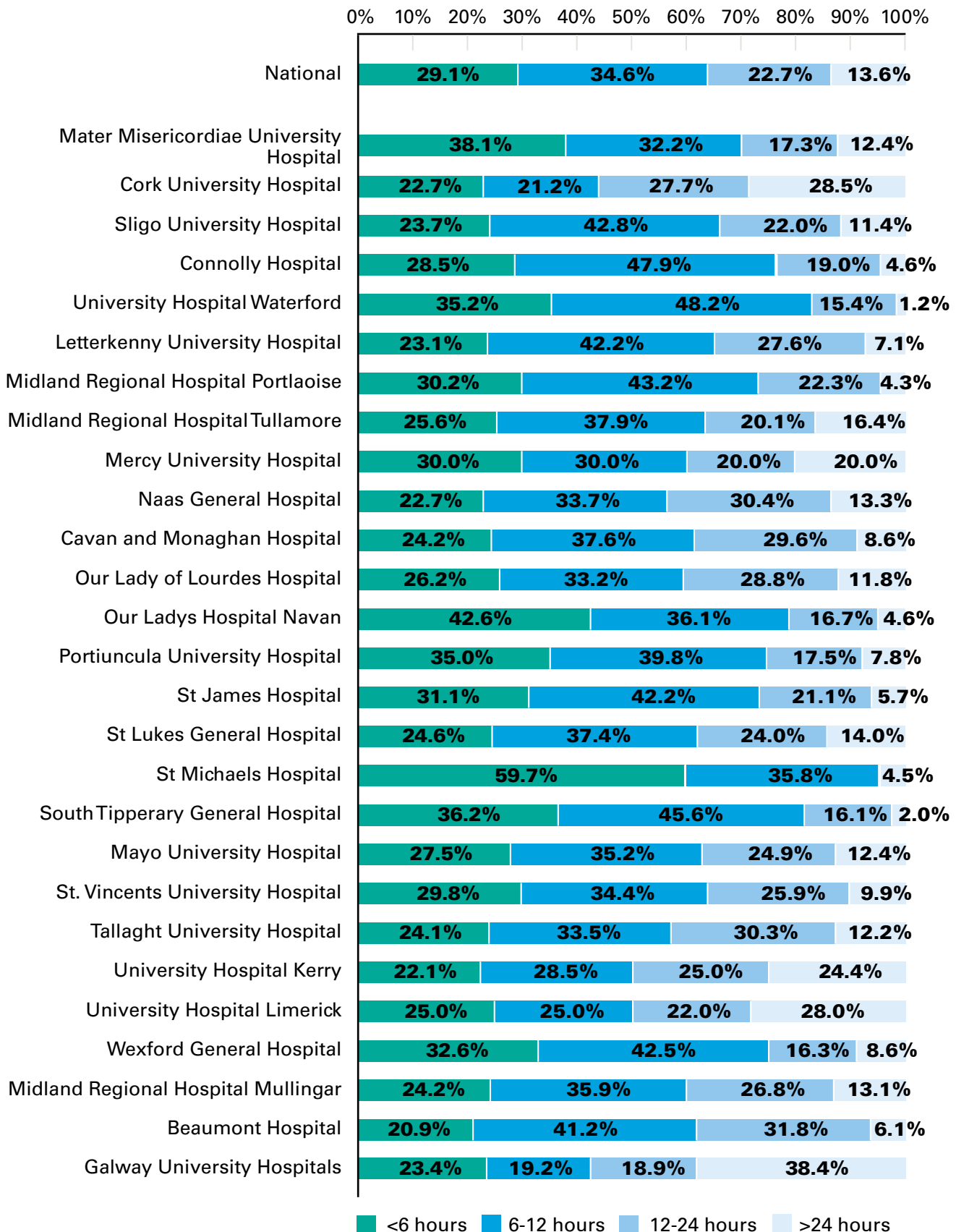
Figure 2.7 **Emergency department waiting times by age group, as reported by patients**



Waiting times in hospitals, as reported by patients

Figure 2.8 presents the national emergency department waiting times by hospital.

Figure 2.8 **Emergency department waiting times by hospital, as reported by patients**



Admissions: what do these results mean?

Of the 7,239 people who reported how long they waited in the emergency department, 71% said that they waited longer than the six-hour HSE target waiting time, with 305 people (4%) saying that they waited for 48 hours or longer. Patients in older age groups were more likely to report that they waited less than six hours before being admitted to a ward than younger patients. Studies have shown that long waiting times in the emergency department can affect overall experiences of care and can have negative consequences for patients' health.⁽⁹⁻¹¹⁾

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

Care on the ward



"Very impressed with 1. Care 2. staff 3. facilities. I was very impressed with dedication of all the staff, nurses, drs, trainee nurses and drs."

"Quality of food is very poor (fried, processed) with little access to eg. fresh fruit or (non sweetened) yoghurts. Better quality more nutritious food would aid recovery."

"The nurses in the day ward were very kind and helpful. And the staff in general were great. The doctor, can't remember her name, came to explain my procedure and my options was fantastic."

"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."

"The care and attention that I received was top class. Every worker did their jobs with great pride and professionalism. They were kind, caring compassionate and friendly. I felt very privileged to be in the hands of a very skilled team of healthcare workers. The team of porters were excellent and had great patience. The cleaning staff were superb and were constantly cleaning the ward and the bathrooms."



"The care from nurse on ward was very good. They talked + listened to me when I was upset."

"I felt that one of the consultants who I saw while my own consultant was away was not very engaging and passing off concerns I had as nothing leaving me feel very stupid. Also he was not quiet about it and all other patients heard everything."


"There should be an alternative meal option for patients who miss their three meals throughout the day while fasting. I don't think tea and toast is a meal."

Care on the ward

Figure 2.9 presents the results for questions on 'care on the ward'.

In total, 7,849 of 10,278 people (76%) said that the hospital room or ward that they were in was very clean. This compares with 242 people who said that their room was not very clean, and 63 who said it was not clean at all. Patients were less positive about having someone to talk to about their worries or fears, with 1,425 of 6,490 people (22%) saying that they did not find someone on the hospital staff to talk to about their worries and fears.

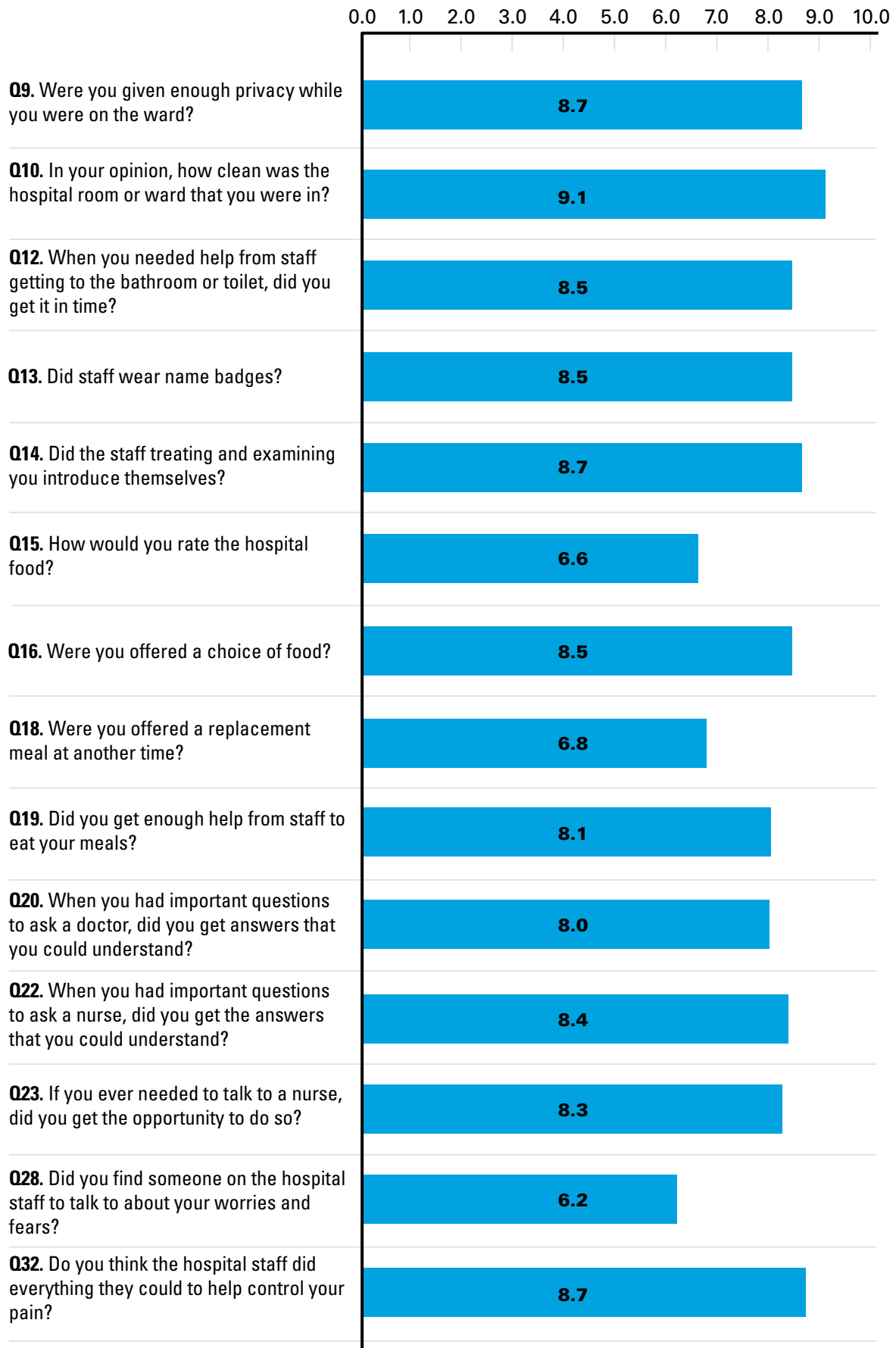
CARE ON THE WARD



Experiences while on the ward such as communication with hospital staff, privacy, pain management, cleanliness and food.

14 QUESTIONS

Figure 2.9 National scores for questions on 'care on the ward' (scores out of 10)

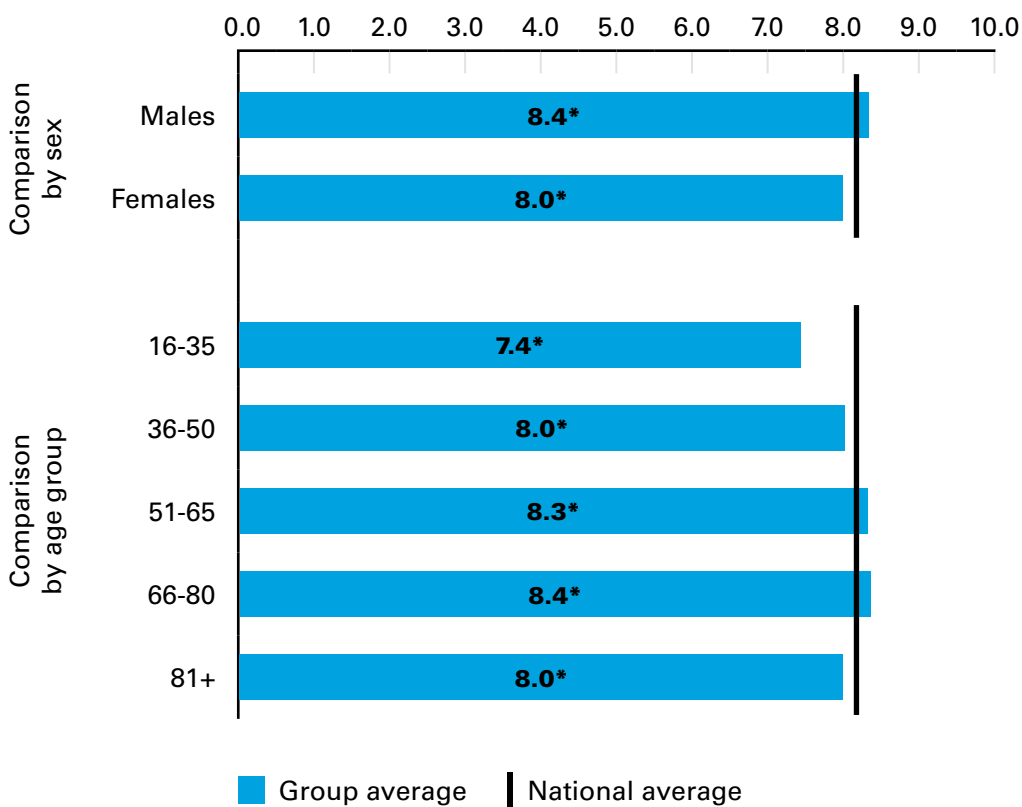


Experience of 'care on the ward' by sex and age group

Nationally, 'care on the ward' scored 8.2 out of 10. Males reported more positive experiences (score of 8.4 out of 10) of care on the ward than females (score of 8.0 out of 10).

People of different ages also had slightly different experiences of 'care on the ward'. Those in the two youngest age groups (16 to 35 and 36 to 50 years), as well as the oldest age group (81 years or older), reported more negative experiences of 'care on the ward' than people aged 51 to 65 and 66 to 80 years of age. People aged 16 to 35 gave the lowest ratings of 'care on the ward' (score of 7.4 out of 10). Figure 2.10 shows the scores for 'care on the ward' by sex and age group compared with the national average.

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

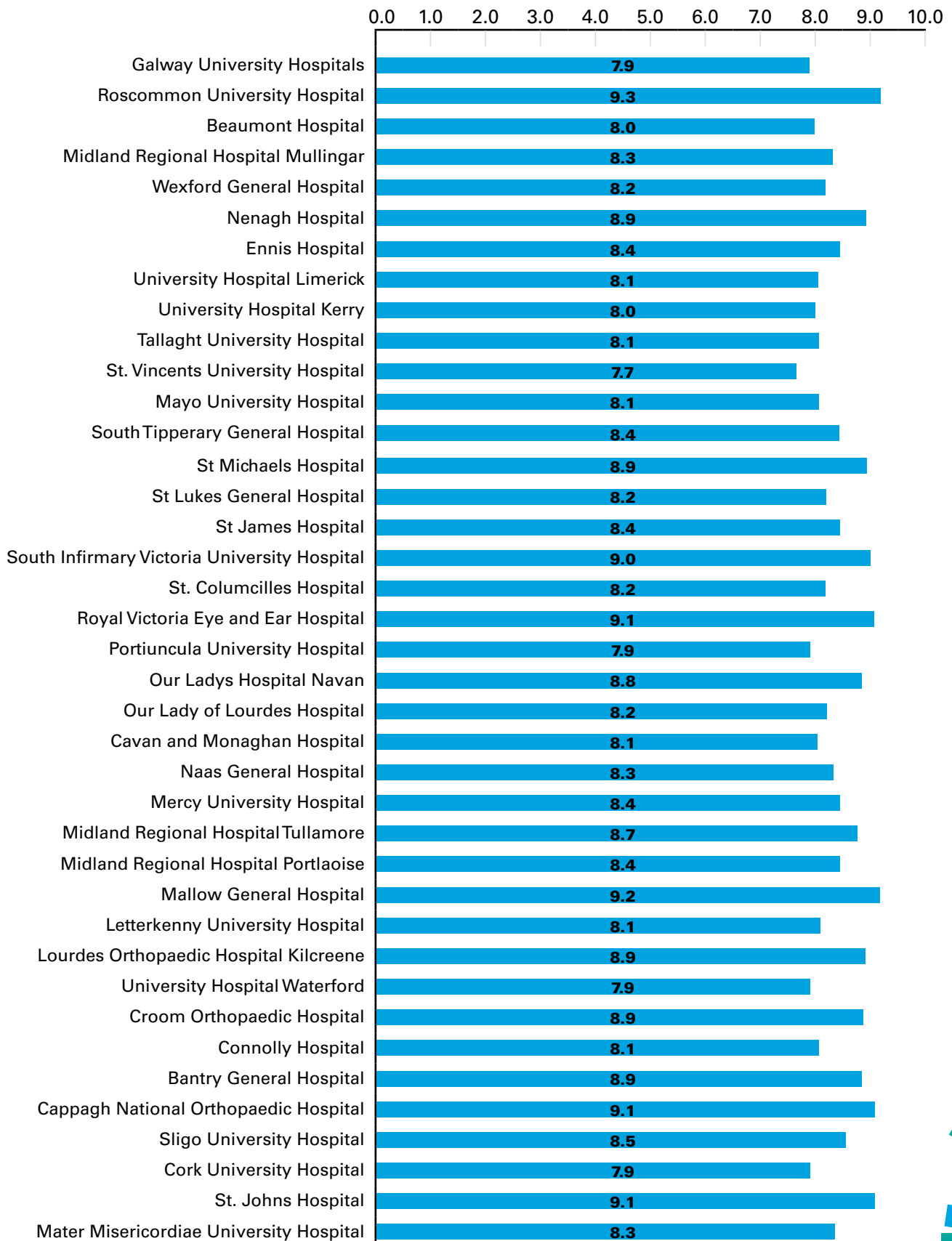


*denotes statistically significant difference from the national average.

Experience of 'care on the ward' in hospitals

Figure 2.11 presents the scores for 'care on the ward' for each hospital.

Figure 2.11 **Scores for 'care on the ward' by hospital (scores out of 10)**



Care on the ward: what do these results mean?

In general, participants had positive experiences of the care they received while on a ward. Most patients said that they were given enough privacy while on the ward, that their room or ward was clean, and that staff did everything they could to help control their pain. However, members of staff were not always available to talk to people about their worries and fears and a number of participants gave low ratings of the food they received. Furthermore, people under the age of 50 and those aged 81 years and above had less positive experiences of care on the ward than participants aged 51 to 80 years.

Examinations, diagnosis and treatment



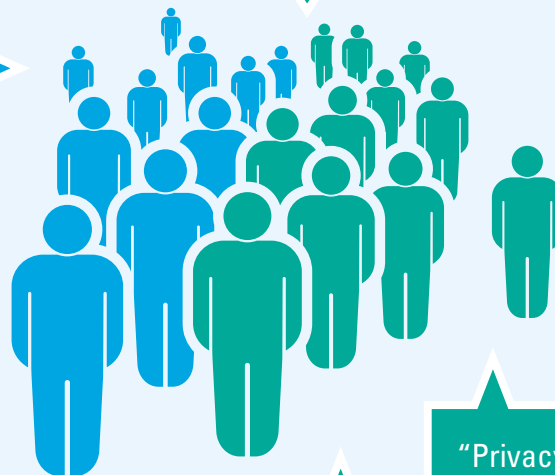
"I was very happy with my treatment. All members of medical staff were very helpful + professional."

"Doctors never explained the side effects of the treatment I was getting and those side effects were causing me to vomit and no one told me why. This went on for several days and the day after I was taken off this treatment, I was eating and went home."

"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."

"I waited a long time to have the necessary treatment and cancellation of scan was appalling."

"Nurses were attentive and caring at all times. All procedures were explained to me. I am very thankful my life was saved several times. Excellent care."



"I was very impressed with a fast diagnosis and immediately moved for operation. I felt very looked after for my whole stay."

"Poor communication from consultant & doctors to nursing staff, while in the ward. Not enough time with doctors during stay to review my progress. Did not receive the relevant discharge letter yet."

"Privacy, everyone on our ward knew each other's condition as the surgeons would explain behind the closed curtain but we could not hear it all."

Examinations, diagnosis and treatment

Figure 2.12 presents the results for questions on 'examinations, diagnosis and treatment'. Participants generally reported positive experiences of privacy, with 8,718 of 10,195 people (86%) saying that they were always given enough privacy when being examined or treated on the ward. However, 1,057 out of 10,255 people (10%) said that they did not have enough time to discuss their care and treatment with a doctor.

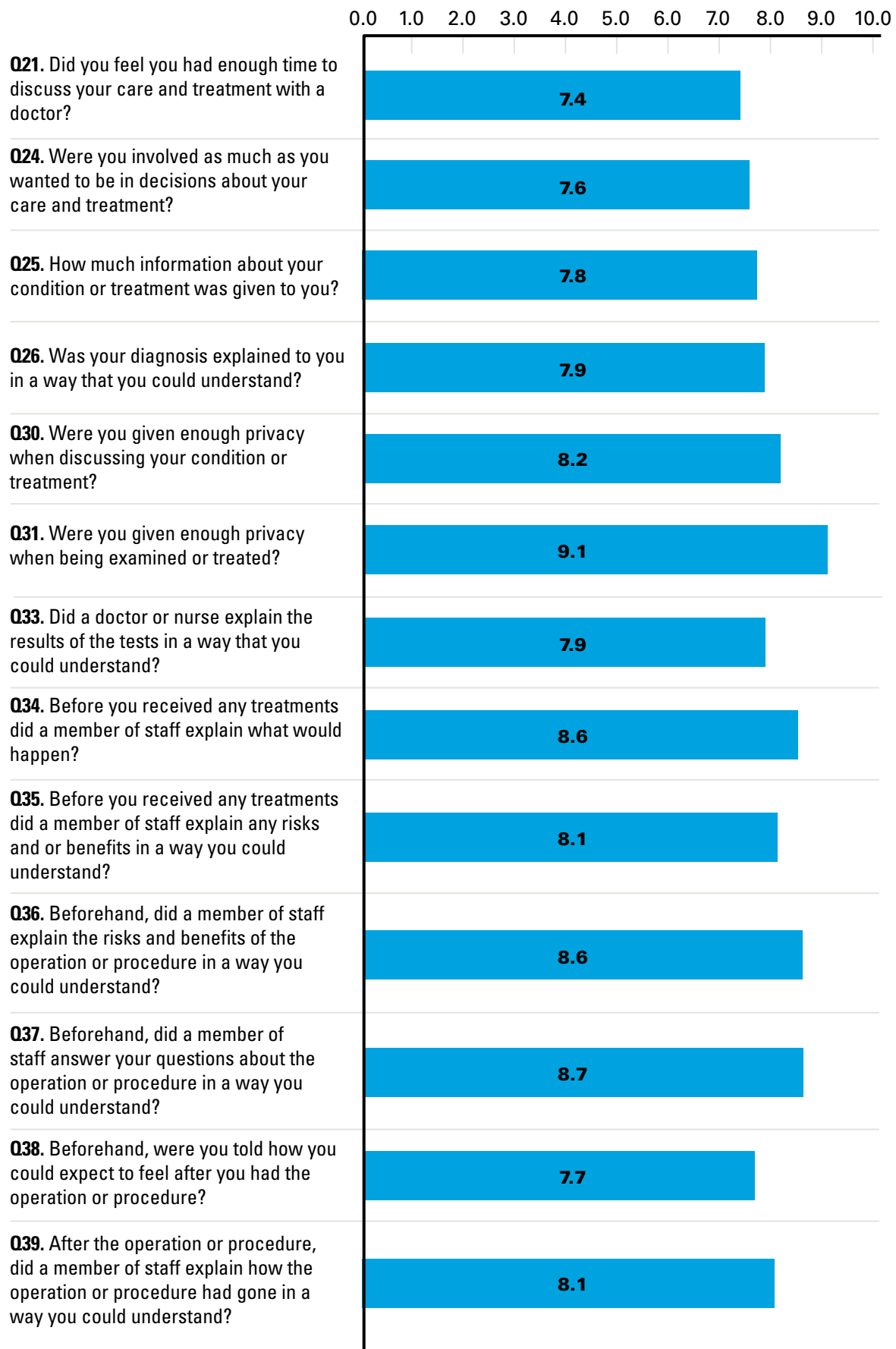
EXAMINATIONS, DIAGNOSIS AND TREATMENT



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

13 QUESTIONS

Figure 2.12 **National scores for questions on 'examinations, diagnosis and treatment' (scores out of 10)**



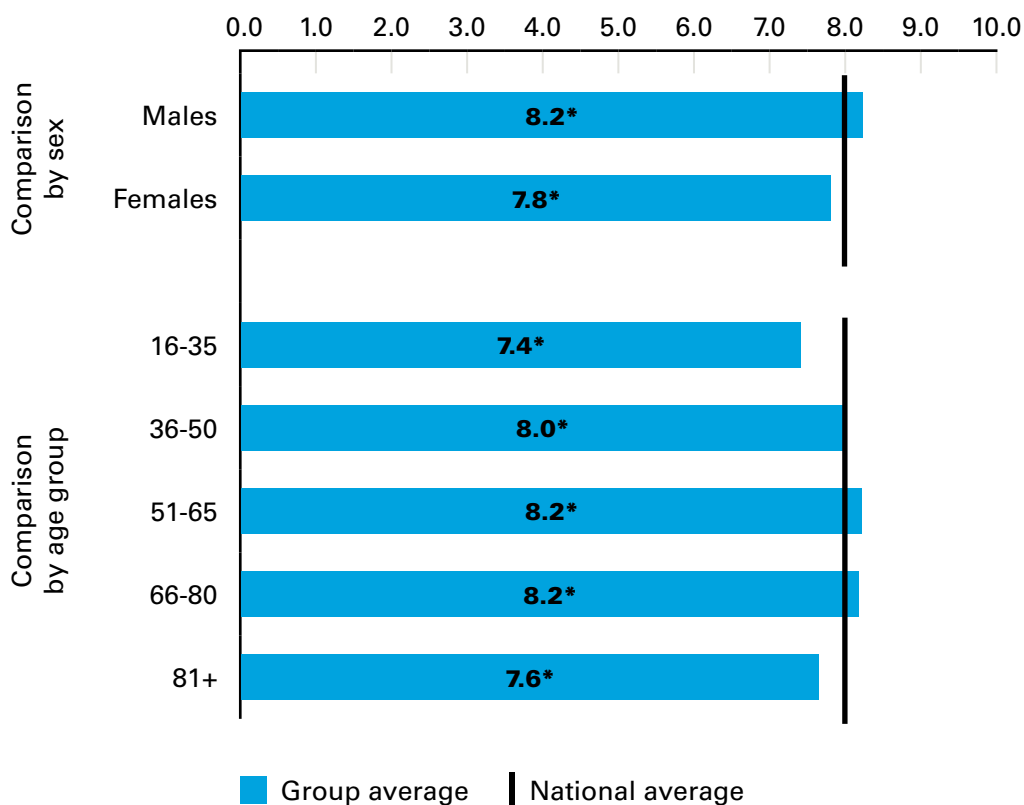
Experience of ‘examinations, diagnosis and treatment’ by sex and age group

Nationally, ‘examinations, diagnosis and treatment’ scored 8.0 out of 10. Males reported a more positive experience of this stage of care (score of 8.2 out of 10) than females (score of 7.8 out of 10).

Younger and older patient groups also reported different experiences of ‘examinations, diagnosis and treatment’. People aged 16 to 35 and people aged 81 years or older reported more negative experiences than people aged 51 to 65 and 66 to 80. Participants aged 16 to 35 (score 7.4 out of 10) gave the lowest ratings.

Figure 2.13 presents the scores for ‘examinations, diagnosis and treatment’ by sex and age group, compared with the national average.

Figure 2.13 **‘Examinations, diagnosis and treatment’ scores by sex and age group (scores out of 10)**

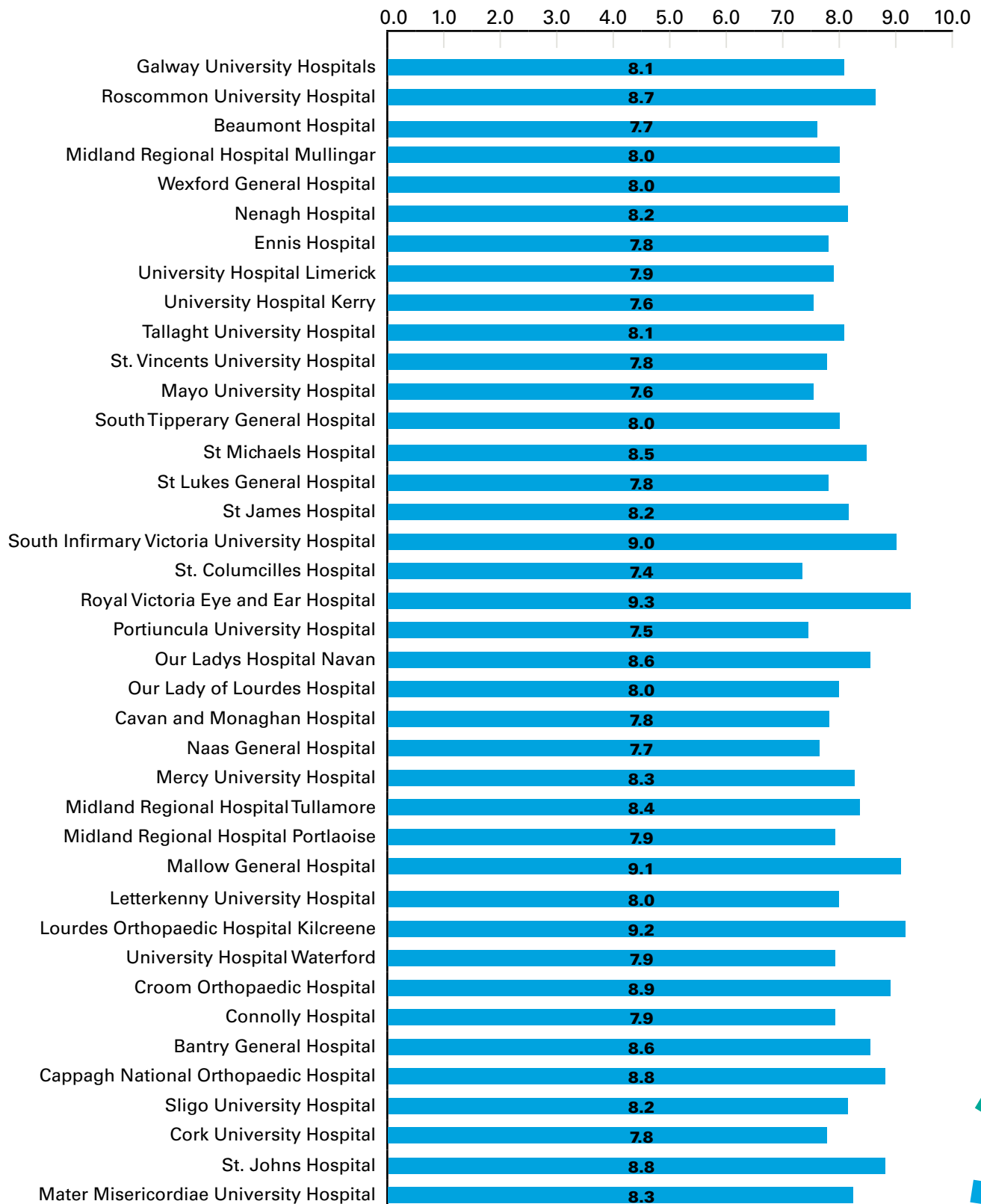


*denotes statistically significant difference from the national average.

Experience of 'examinations, diagnosis and treatment' in hospitals

Figure 2.14 presents the scores for 'examinations, diagnosis and treatment' for each hospital.

Figure 2.14 **Examinations, diagnosis and treatment scores by hospital (scores out of 10)**



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

Most people said that they had enough privacy when being examined or treated, and that a member of staff answered their questions about operations or procedures in a way they could understand. However, people were less positive about the amount of time they had to talk about their treatment with a medical professional, and their involvement in decisions about their care. Notably, people under the age of 36 and over the age of 80 had less positive experiences of 'examinations, diagnosis and treatment'.

Discharge or transfer



"The care was very good. Very good follow up after I came home."

"Clear instructions/ information should be given on discharge."

"I was treated with complete respect, courtesy, love compassion and good humour with all the hospital staff I encountered from admission office to being accompanied to my car on discharge."

"I was discharged at 3pm and had to wait until 7.15 for my letter of discharge from the doctor. He went off & forgot to write it for me, I don't know what the reason was and this happened to me before, that was my worst experience."

"I was discharged quicker than I expected which was good."



"Physiotherapy worked close with me to get me home and the new discharge section worked. Discharge Section great idea. [Staff Name] explained everything to me. Letter of discharge, notes for the doctor, medication. Never been in hospital so for me it was a very good experience even though the staff are run off their feet. Thank you."

"On discharge, was very late. I was rushed out of the unit by 2 carers who packed my belongings into plastic bags and was left in family room for 2 hours to wait for family member to organise transport to collect me and take home. Felt carelessly done as I had had mini stroke, felt fragile."

"The discharge. No information provided to family, about the procedure or follow up care."

Discharge or transfer

Across all years of the National Inpatient Experience Survey, 'discharge or transfer' has remained the lowest-rated stage of care. A separate report, focusing in more detail on patients' experiences of discharge or transfer from hospital has also been published and is available at www.yourexperience.ie.

Figure 2.15 presents the results for questions on 'discharge or transfer'. Most participants (69%) said that the purpose of medications they were to take at home was fully explained to them. However, 2,644 people out of 7,331 (36%) who received medication said that they were not informed about the side effects to watch for when they went home.

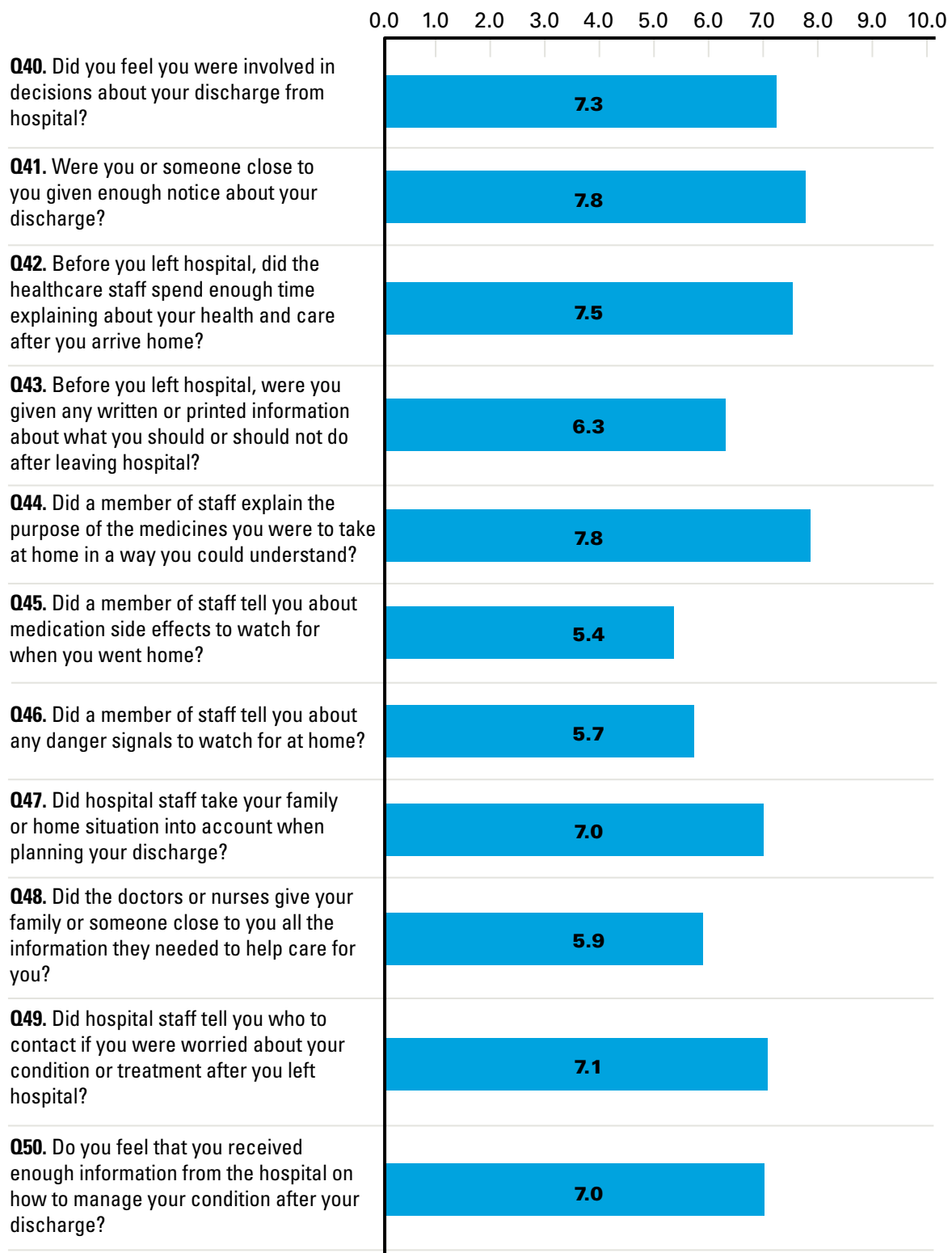
DISCHARGE OR TRANSFER



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

11 QUESTIONS

Figure 2.15 National scores for questions on 'discharge or transfer' (scores out of 10)



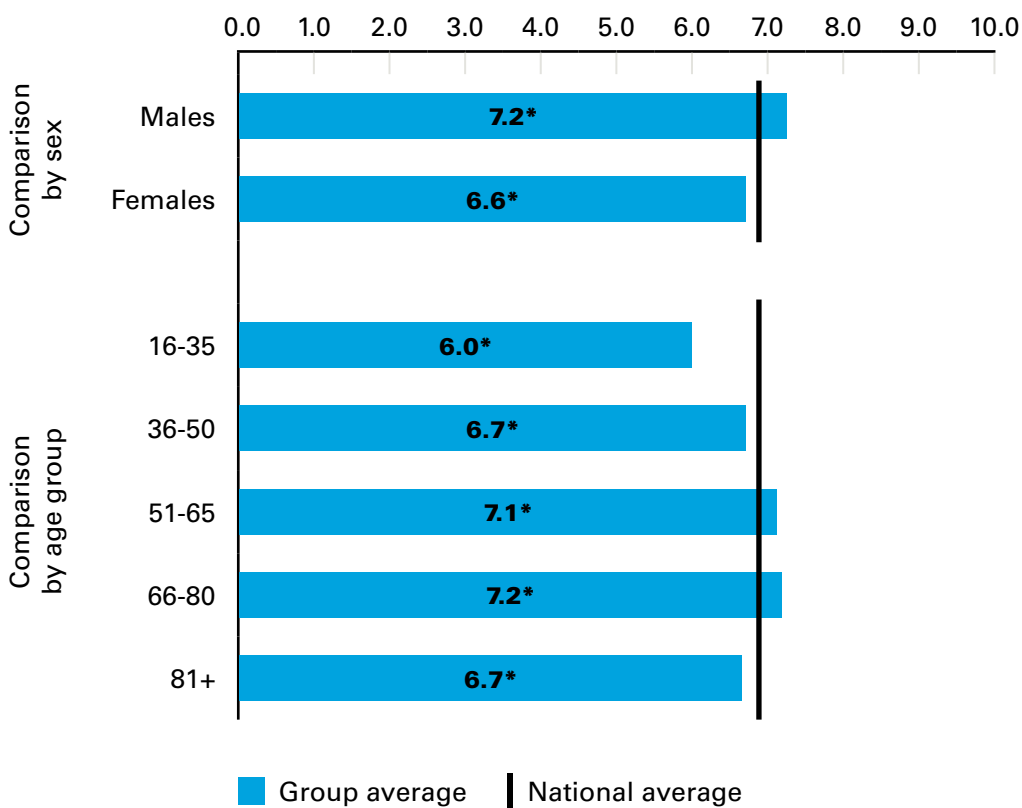
Experience of ‘discharge or transfer’ by sex and age group

Nationally, ‘discharge or transfer’ scored 6.9 out of 10. On average, men had a more positive experience of discharge or transfer from hospital (score of 7.2 out of 10) than women (score of 6.6 out of 10).

Younger age groups (16 to 35 and 36 to 50 years), as well as people aged over 80 years, reported more negative experiences of ‘discharge or transfer’ than people aged 51 to 65 and 66 to 80 years. Younger people (16 to 35 years) reported the most negative experience of any age group (score of 6.0 out of 10), whereas people aged 66 to 80 gave the highest rating for this stage of care (score of 7.2 out of 10).

Figure 2.16 shows the national ‘discharge or transfer’ scores by sex and by age group and compared with the national average.

Figure 2.16 **‘Discharge or transfer’ scores by sex and age group (scores out of 10)**

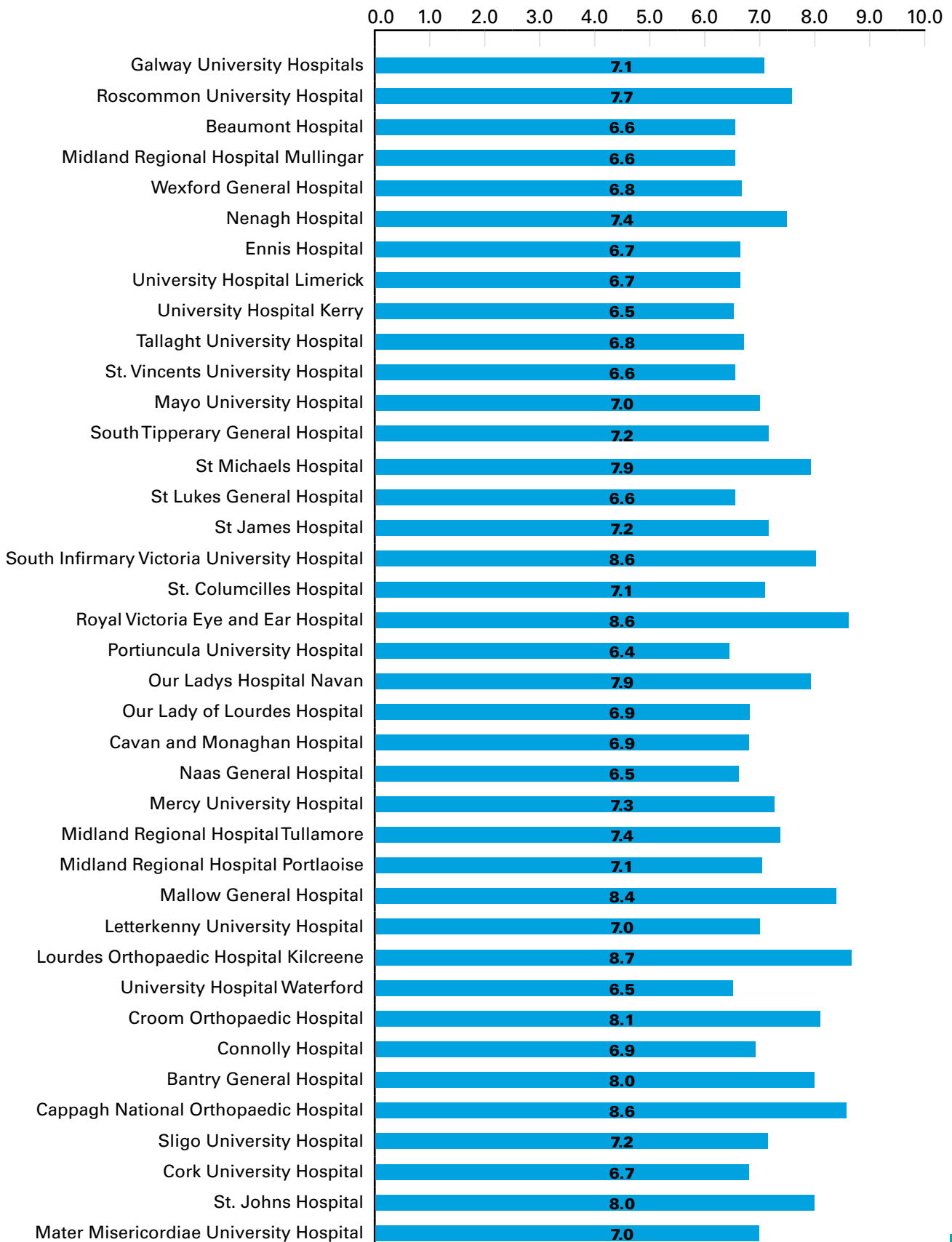


*denotes statistically significant difference from the national average.

Experience of 'discharge or transfer' in hospitals

Figure 2.17 displays the 'discharge or transfer' scores for each hospital.

Figure 2.17 'Discharge or transfer' scores by hospital (scores out of 10)



Discharge or transfer: what do these results mean?

'Discharge or transfer' was the lowest-rated stage of care in 2021. Most patients said that staff explained the purpose of medications they were to take at home, but many said they did not explain potential side effects to watch out for. A number of patients also said that they did not get enough information on danger signals to watch for after they went home. Patients who are not sufficiently informed about their condition, their medication regime and how to care for themselves at home are at a higher risk of complications and being re-admitted to hospital.⁽¹⁰⁻¹²⁾ Furthermore, people under the age of 50 and over the age of 80 had less positive experiences of 'discharge or transfer' than those in other age groups. A separate report, focusing on patients' experiences of discharge or transfer from hospital in more detail, has also been published and is available at www.yourexperience.ie.

Other aspects of care



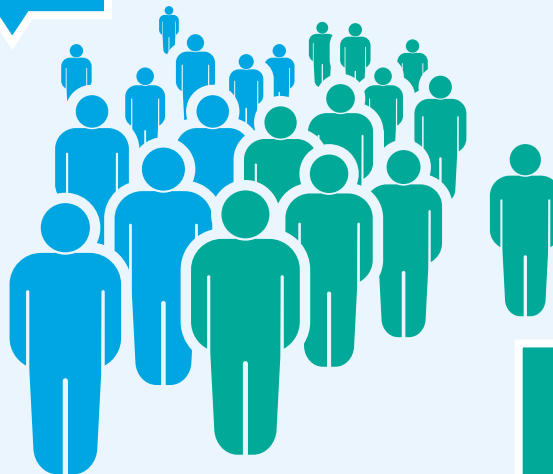
"Once I was admitted I received very good care from all staff. Once I alerted Staff to my condition I got prompt attention."

"Overflowing bins in bathrooms not good. Bathroom and sanitary ware could be cleaner."

"I was well looked after, treated with respect given privacy I could not find anything to complain about, gold medals for all staff I was in contact with."

"Communication. There was no communications between hospital and my family. Ringing A&E and no answer. Switchboard staff very rude. Could not get talking to doctors and my family very stressed and worried. Appalling in this day and age."

"The surgeons who did my operations were very good. I was sent to I.C.U where the staff were also very good. When my family rang for information about my condition they answered all their questions."



"Yes, I thought the food had improved since my last stay about 5 years ago. Staff as always were very kind especially the young nurses and care staff and domestic staff."

"I was put on a restricted diet which I had no clue about. I wish I had been given some information or spoken to someone about it. There was a lot of information given to me about my diagnosis, treatment and surgery. I became overwhelmed and emotional."


"Yes, there was no patient doctor privacy. I was repeatedly asked to repeat very personal information in front of another patient and her doctors."

Other aspects of care

The questions for this stage of care reflect patients' general experiences across their care journey. Figure 2.18 presents the results for questions on 'other aspects of care' — the highest-scoring stage of care in the survey.

Most participants (83%) said that they were always treated with respect and dignity while in hospital. Participants reported less positive experiences of the interaction between their family members and doctors, with 1,528 of 6,389 people (24%) saying that their family members were not given sufficient opportunities to talk to a doctor.

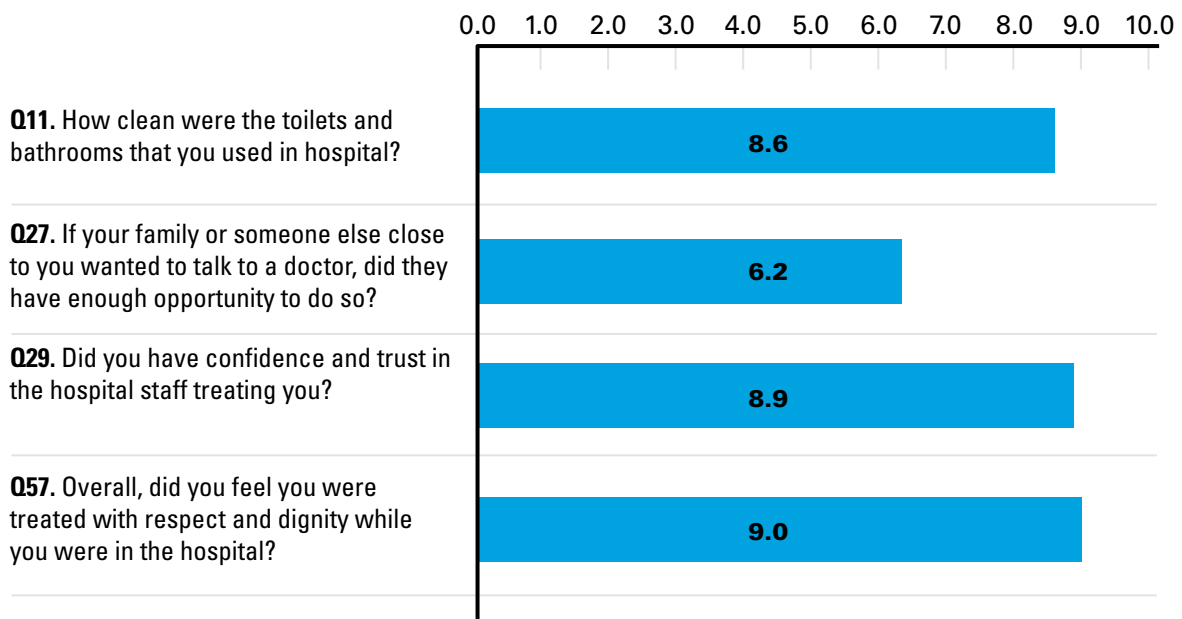
OTHER ASPECTS OF CARE



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

4 QUESTIONS

Figure 2.18 **National scores for questions on 'other aspects of care' (scores out of 10)**



Other aspects of care: what do these results mean?

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

Care during the pandemic



"All the [staff] were very kind and helpful. They always contacted my family and kept them up to date via phone calls as they could not come in because of covid."

"I think Covid-19 has helped, when you have an outpatient appointment you are seen on time. No crowds waiting for hours to be seen. Staff on ward have handled Covid very well. Looking after patients safely."

"I never felt nervous about contracting the virus. The precautions taken by all the staff was very good. Also we were tested for Covid every 72 hours which really put my mind at ease."

"All regulations adhered to. Covid-19 did not affect my care in any noticeable way. I had no concerns. All staff wore masks and regularly washed hands."



"Overall the covid 19 pandemic slowed everything down. Everything had to be sterilised and everyone wearing PPE which often cover their name badges and hampered procedures. The lack of availability of single rooms (which were reserved for infection contagion) meant wards were mixed with the very sick - who needed sleep - and the other patients that made a lot of noise during the night and slept all day.... Also patients who had not been vaccinated were put into wards with very sick people."

"Due to the pandemic, the possibility of visiting by relatives is limited."

"It is very hard to understand staff who are wearing masks. There was no effort to distance people in A&E. I really felt I could contract Covid-19 while in hospital."

"Contracted covid while in hospital. After being stabilised couldn't have any procedures for bowel problems as I contracted covid."

Care during the pandemic

This section was added to the 2021 National Inpatient Experience Survey to explore patients' experiences of acute care during the COVID-19 pandemic. In total, 829 people said that they were admitted due to COVID-19 or were told that they had COVID-19 during their stay in hospital.

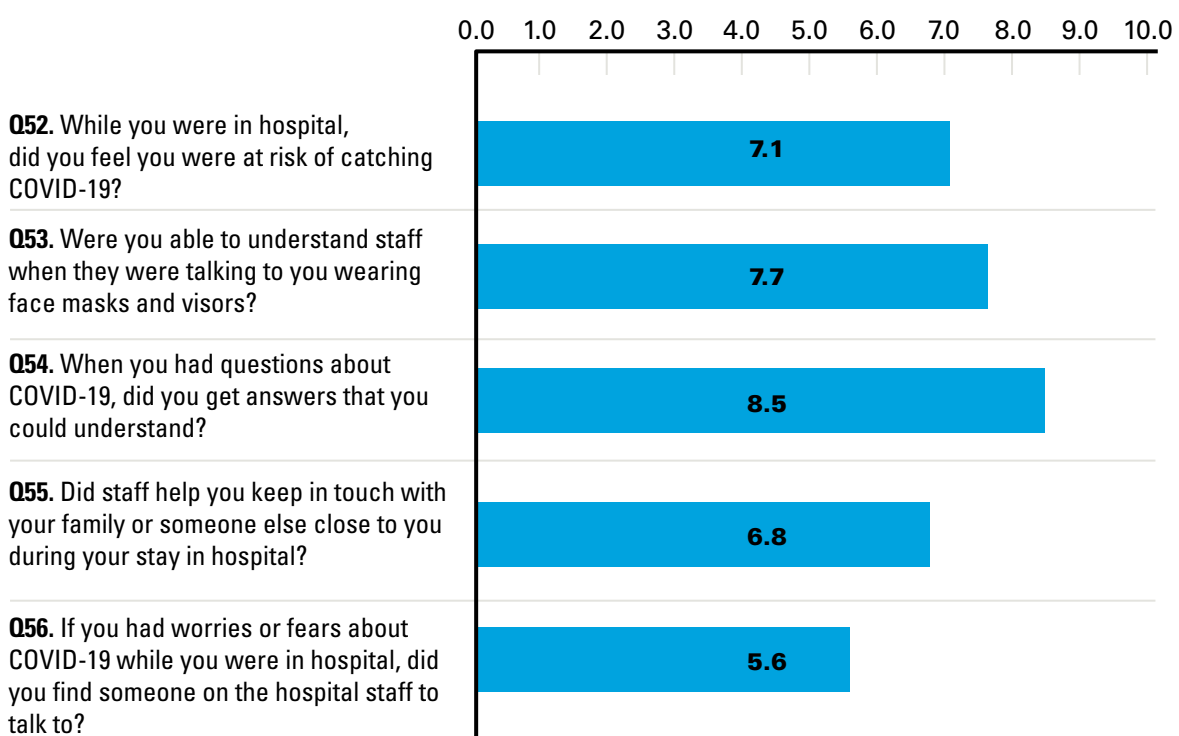
CARE DURING THE PANDEMIC

Experiences of receiving care during a pandemic including communication, feeling at risk and receiving support.

6 QUESTIONS

Most people (68%) said that they did not feel they were at risk of catching COVID-19 while in hospital, with 2,763 of those saying that they did not feel at risk as they had been vaccinated. However, 814 people (9%) said that they definitely felt at risk of catching COVID-19. Most people (60%) said that they were always able to understand staff when they were wearing face masks and visors, with 506 patients (5%) saying that they could not understand staff when they were wearing face masks and visors. Furthermore, 4,187 people (42%) said that they always got answers they could understand when they had questions about COVID-19, while 4,493 people (45%) said that they had no need to ask or were too unwell to ask any questions. 3,538 people (35%) said that staff always helped them to keep in touch with family or someone else close to them during their stay in hospital, with 4,006 people (39%) saying that they did not need any help. However, 23% of people (1,384 of 6,072) who needed help to keep in touch with family or someone else close to them said that they did not receive it. While 6,287 people (62%) said they had no worries or fears about COVID-19, 1,174 participants (12%) said that they could not find a member of staff to talk to if they had worries or fears about COVID-19. Figure 2.19 presents the results for questions on 'care during the pandemic'.

Figure 2.19 **National scores for questions on 'care during the pandemic' (scores out of 10)**

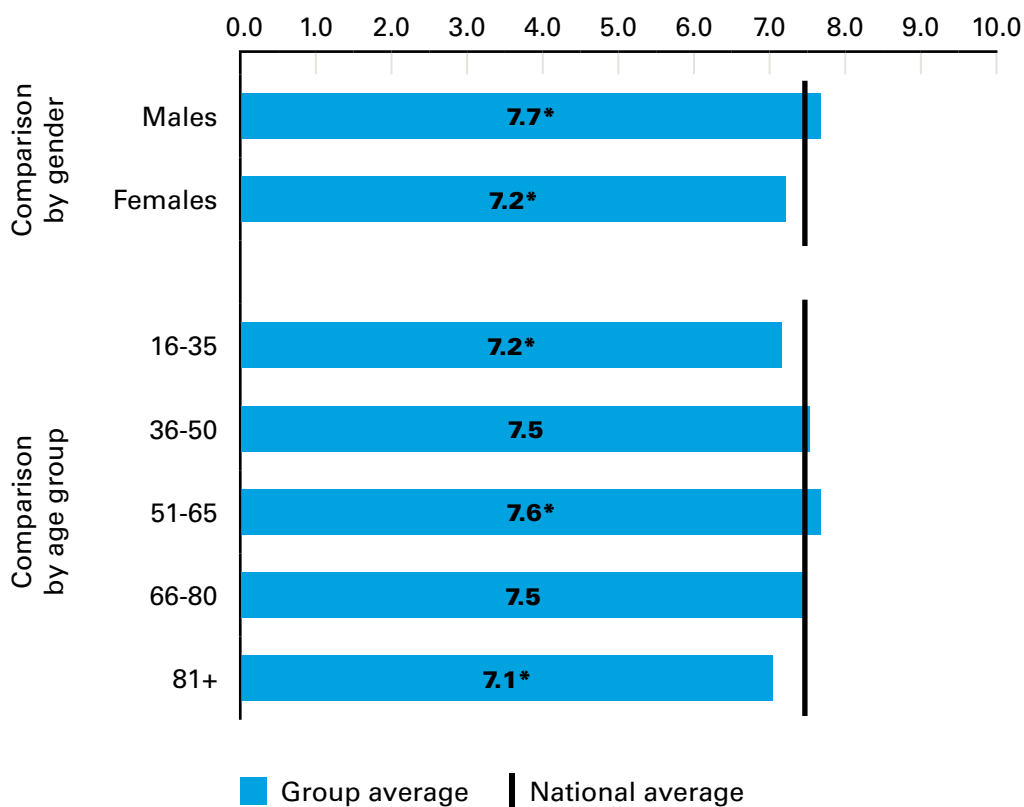


Experience of ‘care during the pandemic’ by sex and age group

Nationally, ‘care during the pandemic’ scored 7.5 out of 10. On average, men had a more positive experience of care during the pandemic (score of 7.7 out of 10) than women (score of 7.2 out of 10). People in the youngest (16 to 35 years), and oldest (81 years and above) age groups reported more negative experiences of ‘care during the pandemic’ than people aged 51 to 65 years. Younger people (16 to 35 years) reported the most negative experience of any age group (score of 7.2 out of 10), whereas people aged 51 to 65 gave the highest rating for this stage of care (score of 7.6 out of 10).

Figure 2.20 shows the national ‘care during the pandemic’ scores by sex and by age group and compared with the national average.

Figure 2.20 ‘Care during the pandemic’ scores by sex and age group (scores out of 10)

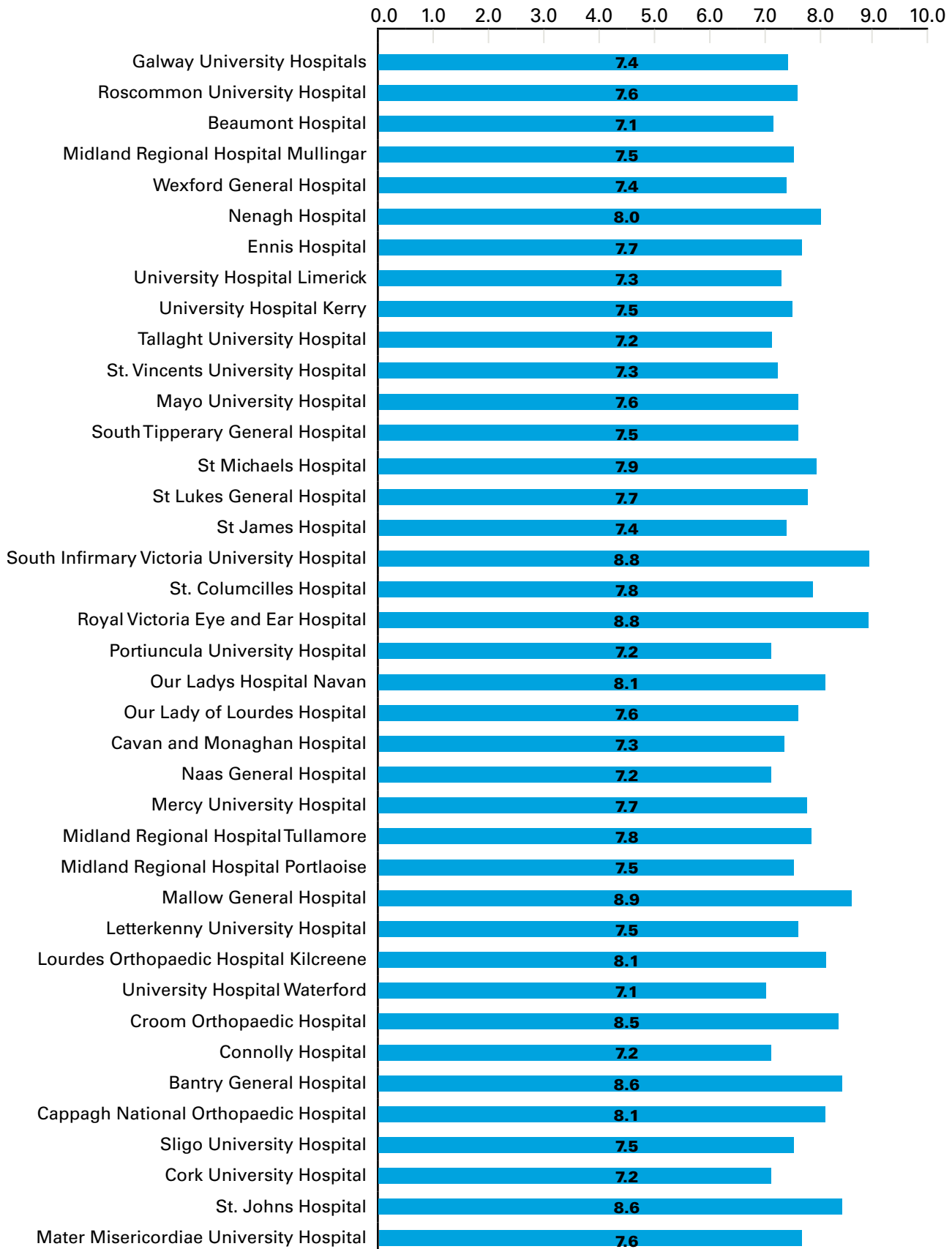


*denotes statistically significant difference from the national average.

Experience of ‘care during the pandemic’ in hospitals

Figure 2.21 displays the ‘care during the pandemic’ scores for each hospital.

Figure 2.21 'Care during the pandemic' scores by hospital (scores out of 10)



Care during the pandemic: what do these results mean?

The COVID-19 pandemic has greatly impacted the delivery of healthcare services across the world. The National Inpatient Experience Survey 2021 presented the first opportunity for the provision of feedback on care experiences during a pandemic in Ireland. In total, 829 people (7.7%) said that they were admitted due to COVID-19 or were told that they had COVID-19 during their stay in hospital. While most people said that they did not feel they were at risk of catching COVID-19 while in hospital, a number of people said that they definitely felt at risk. Most people who had questions about COVID-19 said that they always got answers they could understand. While the majority of respondents said they had no worries or fears about COVID-19, of those who did, many said that they could not find someone on the hospital staff to talk to.

3

Chapter 3

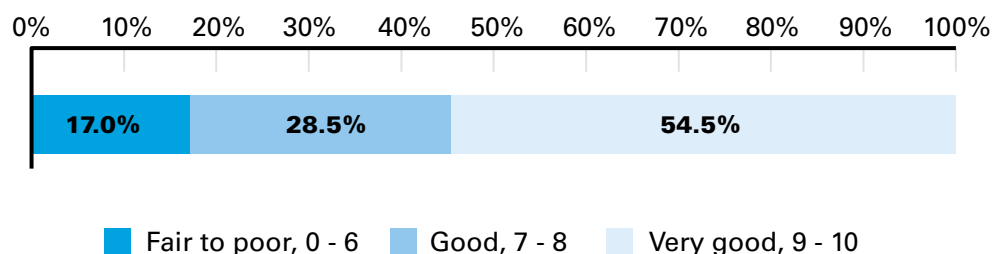
Overall experience

Ratings of overall experience

In summary: what was the overall experience of patients in September 2021?

The 2021 National Inpatient Experience Survey asked patients to rate their overall hospital experience on a scale from 0 to 10, with 0 indicating a very negative and 10 indicating a very positive experience. Nationally, the average overall rating of care was 8.1 out of 10. 5,413 people (55%) said that they had a very good experience in hospital (overall rating between 9 and 10), 2,833 people (29%) rated their hospital experience as good (overall rating of 7-8), whereas 1,693 people (17%) said that their stay in hospital was fair to poor (overall rating of 0-6). Figure 3.1 summarises patients' overall experiences.

Figure 3.1 Overall patient experience rating



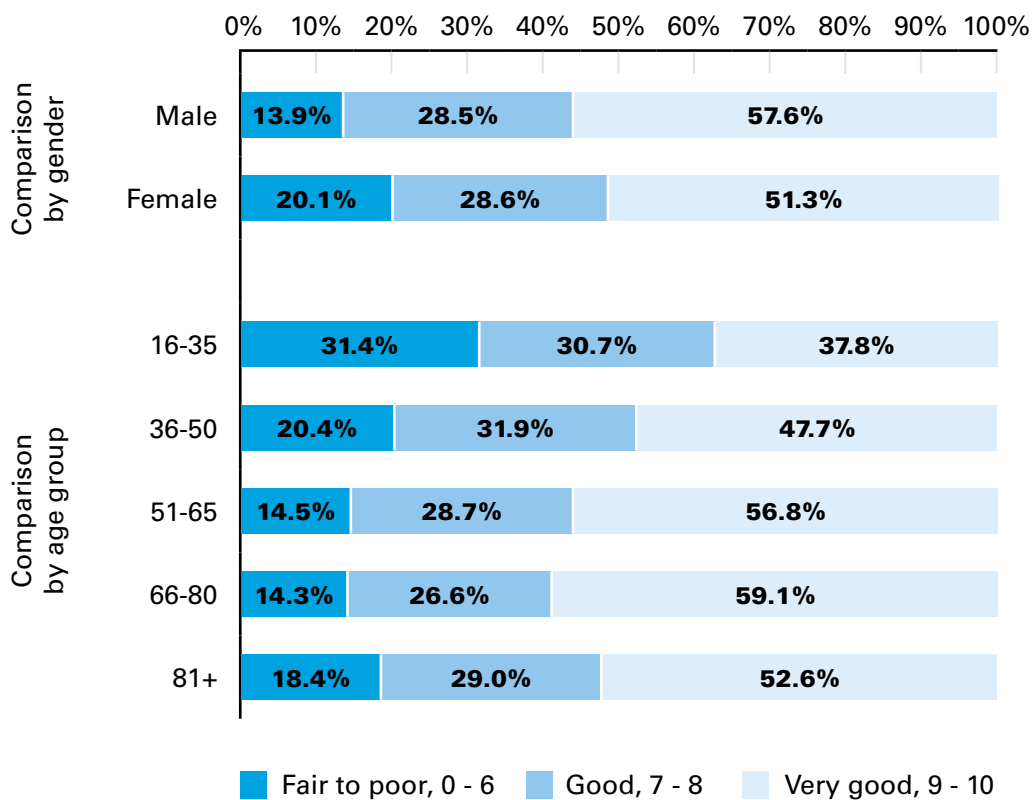
Patients were also asked if they knew how to give feedback or make a complaint. In total, 2,696 people (26%) answered 'yes', while 3,211 (32%) answered 'no'. 4,284 people (42%) said they did not wish to give feedback or make a complaint.

Overall experience by sex and age group

In total, 86% of males had a good or very good patient experience, compared with 80% of females. In terms of age groups, around 86% of people aged 51-65 and 66-80 years, and 82% of people aged 81 years or older rated their experience in hospital as good or very good overall. Younger people were less likely to report a very good experience and more likely to report a fair to poor experience overall. Furthermore, 69% of people aged 16-35 said they had a good or very good hospital experience, while 31% of people in this age group said they had a fair to poor experience. In comparison, only 14% of people aged 66-80 years reported a fair to poor experience overall.

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

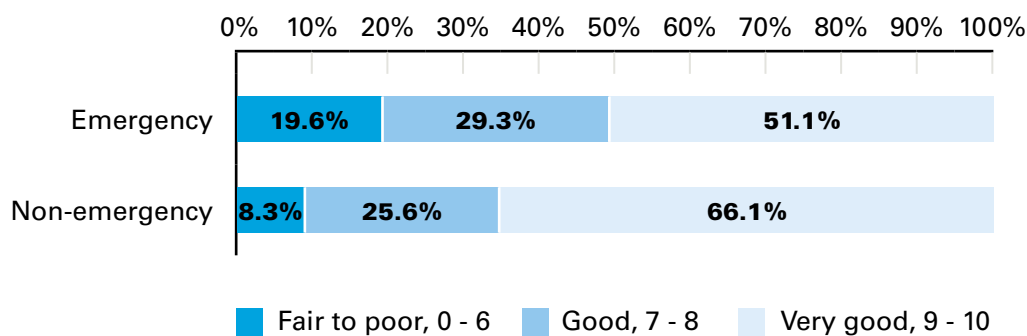
Figure 3.2 Ratings of overall experience by sex and age group



Overall experience for emergency and non-emergency patients

People whose hospital visit was planned in advance were more likely to report a good or very good hospital experience overall; 92% of non-emergency patients reported a good or very good experience compared with 80% of people who required an emergency admission. 20% of emergency patients rated their experience as fair to poor, compared with 8% of non-emergency admissions. Figure 3.3 presents the ratings of overall experience for emergency and non-emergency admissions.

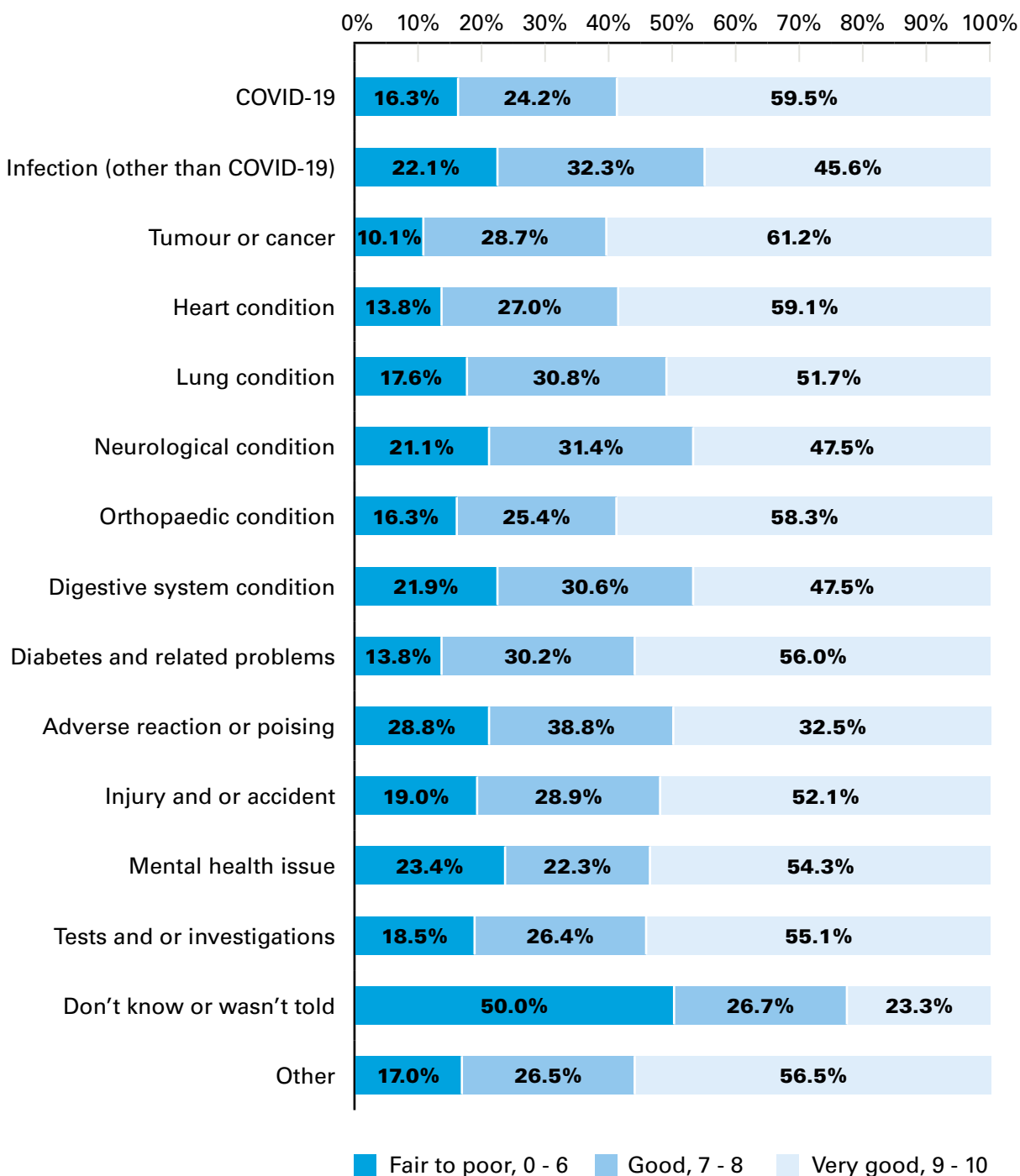
Figure 3.3 Ratings of overall experience by admission route



Overall experience by reason for admission

There were notable differences in participants' ratings of their overall experience depending on their reason for admission to hospital. Participants who said they did not know or were not told why they were admitted were most likely to report a fair to poor experience (30 of 60 patients or 50%), while those admitted due to a tumour or cancer were least likely (10%) to do so. Figure 3.4 shows the ratings for patients' overall experiences by reason for admission to hospital. Table C in Appendix 2 shows the number of patients who selected each reason for admission.

Figure 3.4 Ratings of overall experience by reason for admission

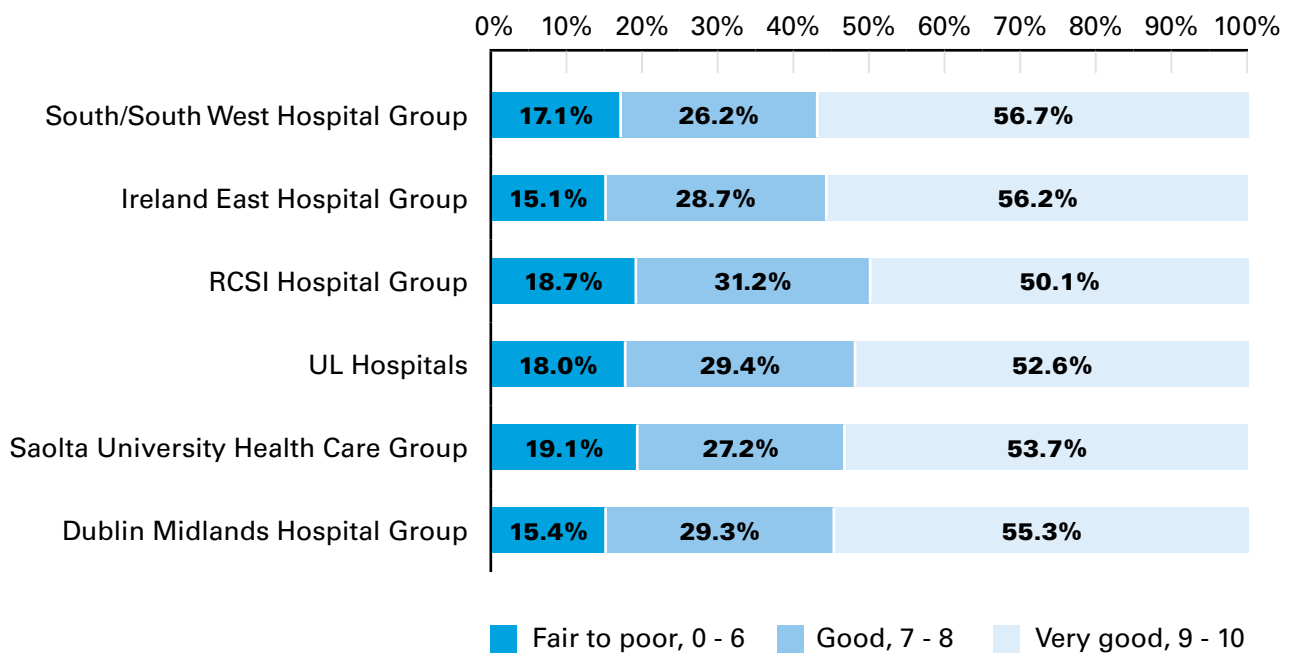


Overall experience in the six hospital groups

In every hospital group, at least half of patients rated their overall experience as very good. The Ireland East Hospital Group had the highest percentage of 'good' or 'very good' ratings at 85%.

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

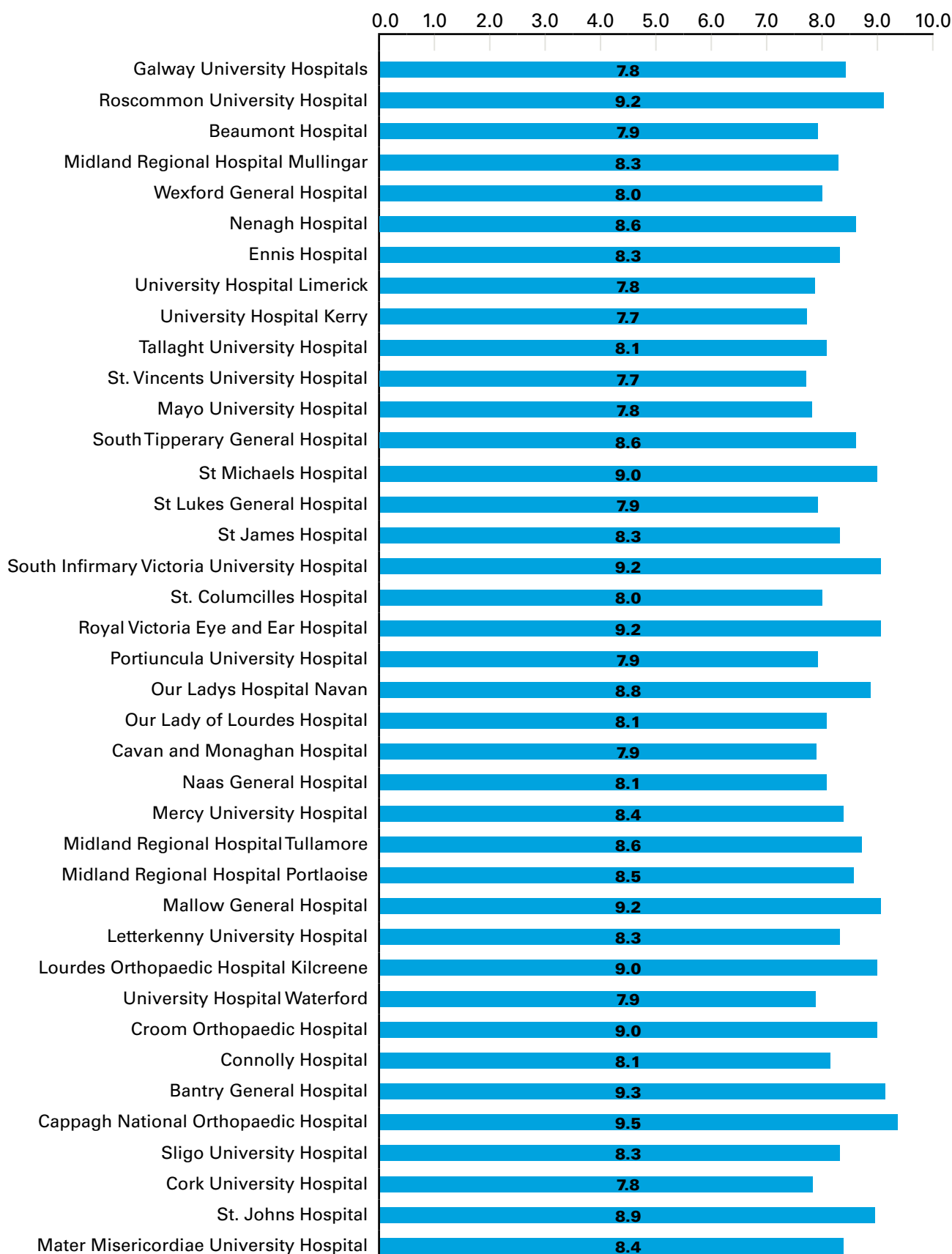
Figure 3.5 **Ratings of overall experience by hospital group**



Overall experience in hospitals

Ratings for overall experience in each hospital is shown in Figure 3.6.

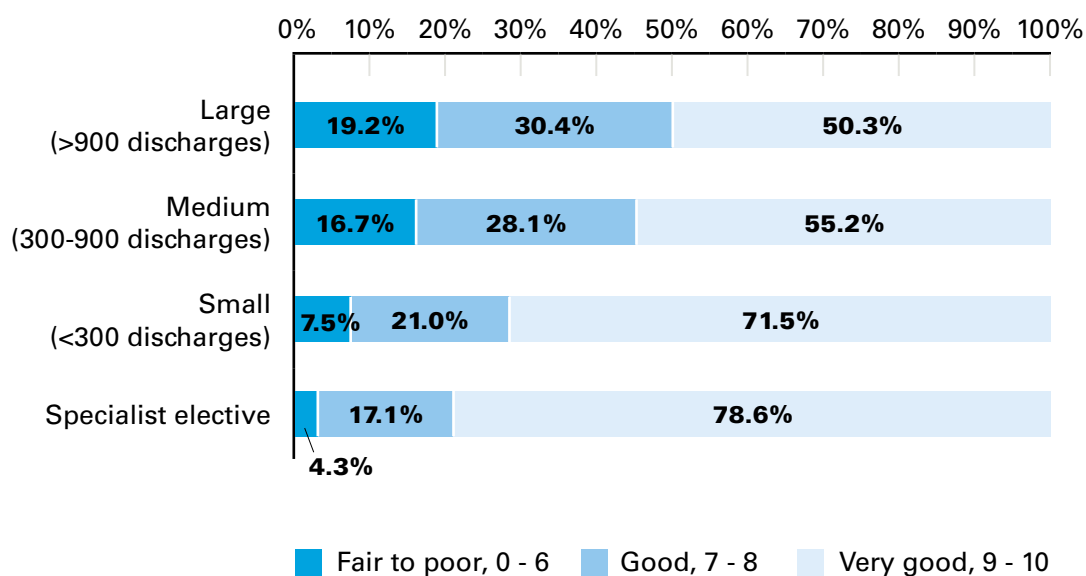
Figure 3.6 **Ratings of overall experience by hospital (scores out of 10)**



Overall experience by hospital size

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

Figure 3.7 Ratings of overall experience by hospital size



4

Chapter 4

Conclusion

What were patients' experiences of hospital care in September 2021?

The findings of the National Inpatient Experience Survey 2021 show that, as was the case in previous surveys, patients had a wide variety of experiences, both positive and negative, across their acute healthcare journey. However, this survey was unique as it took place during a time of unprecedented disruption and restrictions on the provision of healthcare due to the COVID-19 pandemic and the cyberattack on the HSE's IT systems.

The majority of patients (83%) rated their overall experience of hospital care as good or very good. Most patients said that they did not feel they were at risk of catching COVID-19 while in hospital, and that they were always able to understand staff when they were wearing face masks and visors. While around two in three people said that they had no worries or fears about COVID-19 and two in five said that they did not need help to keep in touch with family during their stay in hospital, a number of participants said that they could not find a member of staff to talk to if they had worries or fears about COVID-19, and did not receive help to keep in touch with family.

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

A number of areas needing improvement were also identified, particularly in relation to the availability of emotional support and time to discuss care and treatment with a doctor. A significant number of participants said that they did not receive enough information on how to manage their condition after leaving hospital. In addition, many suggested that their families did not have an opportunity to talk to a doctor. Patients in smaller hospitals gave higher overall ratings than patients who attended larger hospitals, where many patients entered hospital through the emergency department.

In conclusion, the findings of the 2021 survey show that most patients had positive experiences of care during a time of unprecedented disruption and restrictions on the provision of healthcare due to the COVID-19 pandemic and the cyberattack on the HSE. The huge response to the survey from patients demonstrates their commitment to having a say in their care, and will help to identify areas where improvements can be made.

What happens next?

The HSE will continue to use the survey results to inform the development of quality improvement plans. 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.yourexperience.ie. The Department of Health will continue to use the information gathered to inform the development of policy in relation to acute healthcare. Finally, the findings of the survey will inform HIQA's approach to the monitoring of hospitals.

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Appendix 1

Membership of the National Inpatient Experience Survey governance groups

Steering Group:

Phelim Quinn (Chair)	Chief Executive Office, HIQA, (Chairperson)
Rachel Flynn	Director of Health Information and Standards, HIQA
Marita Kinsella	Director, National Patient Safety Office, CMO Office, Department of Health
Patrick Creedon	Principal Officer - Blood & Organ Transplant and Acute Hospital Service Planning Policy, Department of Health
Angela Fitzgerald	Deputy National Director of Acute Hospitals, HSE
Brian Place	Patient representative
Joe Ryan	National Director, National Services, HSE
Roisin O'Leary	Senior Patient Advocate, Sage Advocacy
Louise Loughlin	National Manager, National Advocacy Service

National Inpatient Experience Survey, Programme Oversight Board:

Rachel Flynn (Chair)	Director of Health Information and Standards, HIQA
Tracy O'Carroll	Senior Programme Manager, National Care Experience Programme, HIQA
Aileen Keane	Regulatory Practice Development Manager, Regulation, HIQA
Cara Regan Downey	Business Manager, Office of the National Director Operational Performance and Integration, HSE
Deirdre Hyland	Patient Safety Surveillance Officer, National Patient Safety Officer, Department of Health
Nessa O'Rourke	Higher Executive Officer, Acute Hospitals Policy Division, Department of Health
Kay Caball	Patient Representative, UL Hospital Group Patient Council
Claire Lehane	Service Manager, Patient Advocacy Service
June Boulger*	National Lead for Patient and Public Partnership, HSE
Catherine Corcoran*	Assistant Principal Officer, Acute Hospitals Policy Division, Department of Health

*Until August 2021.

National Inpatient Experience Survey Team

Tracy O' Carroll	Senior Programme Manager, National Care Experience Programme, HIQA
Conor Foley	Senior Analyst, National Care Experience Programme, HIQA
Linda Drummond	Project Lead, National Care Experience Programme, HIQA
Daniela Rohde	Analyst, National Care Experience Programme, HIQA
Donnacha O'Ceallaigh	Project Officer, National Care Experience Programme, HIQA
Trudi Mason	Project Officer, National Care Experience Programme, HIQA
Róisín Murphy	Research Officer, National Care Experience Programme, HIQA
Geneviève Ruiz-O'Sullivan	Research Officer, National Care Experience Programme, HIQA
Catriona Keane*	Project Officer, National Care Experience Programme, HIQA

*Until December 2021.

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Appendix 2

Who took part in the National Inpatient Experience Survey 2021?

People invited to take part

In total, 25,346 people met the eligibility criteria for the National Inpatient Experience Survey 2021 and were invited to participate. A total of 318 people opted out of the survey. In total, 10,743 people returned a valid survey. This represents a national response rate of 42%.

The South/South West and Ireland East Hospital Groups had the highest response rate, with 44% of patients returning a questionnaire. The RCSI Hospital Group had the lowest response rate (39%). All hospital groups exceeded the minimum response rate of 20% (or 400 responses for each group) required to ensure the reliability of results.

Table A shows the number of people eligible and invited to participate in the 2021 survey. It also indicates how many people took part and gives the corresponding response rate for each hospital group.

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

Group	Number invited to take part	Number of participants	Response rate (%)
National (total)	25,346	10,743	42%
By Hospital Group			
South/South West Hospital Group	4801	2131	44%
Ireland East Hospital Group	5523	2402	44%
RCSI Hospital Group	4192	1639	39%
UL Hospital Group	2406	999	42%
Saolta Hospital Group	4128	1759	43%
Dublin Midlands Hospital Group	4296	1813	42%

Characteristics of survey respondents

To get a better understanding of who participated in the 2021 survey, the questionnaire included demographic questions. This information was important to establish if the people who responded to the survey represented all sections of society.

49.7% of respondents were male and 50.3% were female. People aged 66 or older accounted for 56.6% of survey respondents, with 17.2% aged 81 or older.

The vast majority of respondents (90.2%) indicated having a white, Irish ethnic background.

Tables B summarises the characteristics of the 2021 survey respondents by sex, age and ethnic group.

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

Group	Number of participants	Percentage
Sex		
Males	5338	49.7%
Females	5405	50.3%
Age group		
16-35	778	7.2%
36-50	1295	12.1%
51-65	2599	24.2%
66-80	4228	39.4%
81+	1843	17.2%
Ethnic group*		
White, Irish	9459	90.2%
Irish Traveller	34	0.3%
Any other White background	690	6.6%
Black, African	83	0.8%
Any other Black background	11	0.1%
Asian, Chinese	13	0.1%
Any other Asian background	85	0.8%
Other ethnic background	111	1.1%

*257 people did not indicate an ethnic group.

78.5% of survey respondents entered the hospital through the emergency department. For 21.5% of respondents, their stay in hospital had been planned in advance, or as a result of something else. 67.2% of respondents reported holding a medical card.

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

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

Group	Number taking part	Percentage
Admission route		
Emergency	8435	78.5%
Non-emergency	2308	21.5%
Length of stay		
1-2 days	3536	32.9%
3-5 days	3048	28.4%
6-10 days	2316	21.6%
11 or more days	1843	17.2%
Medical card status*		
Medical card	7022	67.2%
No medical card	3420	32.8%
Reason for admission to hospital**		
COVID-19	274	2.6%
Infection (other than COVID-19)	1516	14.3%
Tumour or cancer	937	8.9%
Heart condition	1451	13.7%
Lung condition	715	6.8%
Neurological condition	713	6.7%
Orthopaedic condition	1055	10.0%
Digestive system condition	871	8.2%
Diabetes and related problems	295	2.8%
Adverse reaction or poisoning	93	0.9%
Injury and or accident	671	6.3%
Mental health issue	104	1.0%
Tests and or investigations	1317	12.5%
Don't know or wasn't told	72	0.7%
Other	2232	21.1%

*301 people did not indicate a medical card status.

**Some people ticked more than one reason for admission

79.1% of surveys were filled in by the patient themselves. 13.2% were filled in by a person acting on behalf of the patient. 7.7% of surveys were completed by the patient together with the assistance of someone else. Table D summarises information on who filled in the questionnaire.

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

Respondent	Number of participants	Percentage
Patient	8309	79.1%
Patient with the help of someone else	1383	13.2%
A person acting on patient's behalf	809	7.7%

*242 people did not reply to this question.

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Appendix 3

A technical note on analyses and interpretation

Preliminary note

Please note that values in figures do not always add up to 100% exactly. This is due to rounding.

Scoring methodology

The scores for the patient journey were calculated by grouping survey questions into six stages of care⁷: admissions; care on the ward; examinations, diagnosis and treatment; discharge or transfer; other stages of care; and care during the pandemic. Scores are presented for individual questions making up a stage of care. The responses to all questions in each stage were also summarised to form overall scores ranging from 0-10.

The National Inpatient Experience Survey scoring methodology is based on the methodology adopted by the Care Quality Commission on behalf of the National Health Service (NHS) in England.⁽¹³⁾

Figure A is an example of how response options were converted into scores. It should be noted that only evaluative questions could be scored, that is questions that assessed an actual experience of care. Routing or demographic questions were not scored. More 'positive' answers were assigned higher scores than more 'negative' ones. In the example, 'No' was given a score of 0, 'Yes, sometimes' was given a score of 5 and 'Yes, always' was given a score of 10. The last response option, 'I had no need to ask/I was too unwell to ask any questions' was categorised as 'missing'. It was not scored as it cannot be evaluated in terms of best practice.

7 There were 52 questions relating to the patient journey stages of care. Filter questions, that is, questions whose main purpose it was to route respondents to the next applicable question, were excluded from this categorisation.

Figure A. Example of a scored question in the 2021 survey

The Emergency Department	
Q3.	When you had important questions to ask doctors and nurses in the Emergency Department, did you get answers that you could understand?
10	Yes, always
5	Yes, sometimes
0	No
M	I had no need to ask / I was too unwell to ask any questions

The table below shows how scores were calculated for a specific question. In this example, the scores of five respondents are presented. The score for Q3 is calculated by adding the scores in the right hand column (10+10+5+0+5), before dividing them by the number of people who responded to this question (30/5=6). Thus, the average score for Q3 is 6 out of 10.

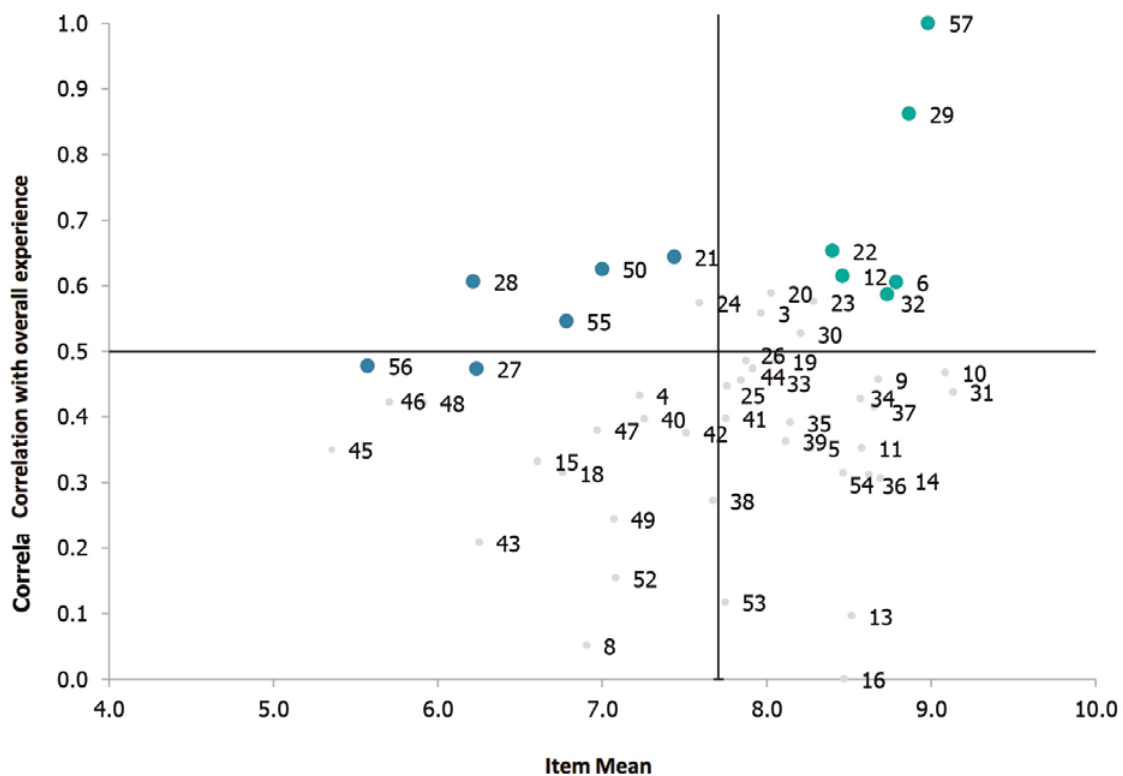
Q3. When you had important questions to ask doctors and nurses in the emergency department, did you get answers that you could understand?	
Respondent	Score
1	10
2	10
3	5
4	0
5	5
Sum of scores	30

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

Identifying areas of good experience and areas needing improvement

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

Figure B. Overall patient experience map



Comparing groups

Adjusting results for fair comparison

The survey findings were standardised for individual question and stage scores. Demographic attributes (such as age and sex, for example) often influence how a person responds to a survey.⁽¹⁴⁾ Bearing in mind that the participating hospitals and hospital groups have different patient profiles, it is important to minimise or standardise such differences to allow for fairer comparisons.

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

When is a difference a 'real' difference?

Statistical tests were carried out to examine if there were significant differences in patient experience across patient groups (that is by sex or age group).

A 'z-test' was used to compare patient experience data at the 99% confidence level. A z-test is a statistical test used to examine whether two population mean scores are different when the variances are known and the sample size is large. A statistically significant difference means it is very unlikely that results were obtained by chance alone if there was no real difference. Therefore, when a score is 'higher than' or 'lower than' the national average, this is highly unlikely to have occurred by chance.

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

How are 2019 and 2021 scores compared?

Stage of care scores for 2019 and 2021 (Figure 2.2) were compared using a 't-test' at the 99% confidence level. A t-test is a statistical test used to compare the average scores of two groups. A statistically significant difference means it is very unlikely that results were obtained by chance alone if there was no real difference. Therefore, when a score is 'higher than' or 'lower than' a comparison group, this is highly unlikely to have occurred by chance.

Survey analysis and reporting

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

Quantitative survey data was analysed using the statistical package SPSS (Version 24).

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

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Appendix 4

The National Inpatient Experience Survey questionnaire 2021

Of the survey questions, 61 originate from a library of questions originally formulated by the Picker Institute in the United States.⁽¹⁵⁾ The National Inpatient Experience Survey questionnaire was adapted to the Irish context. In 2021, seven additional questions were added to the 2021 National Inpatient Experience Survey to explore patients' experiences of acute care during the COVID-19 pandemic. Further information on the questionnaire development process can be found at www.yourexperience.ie.

PATIENT QUESTIONNAIRE



Help us make hospital care better!

What is the survey about?

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

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

Why did I get this questionnaire?

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

Can I do the questionnaire online?

Yes, please go to survey.yourexperience.ie to complete the survey online.

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

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

Completing the questionnaire

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

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

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

Your answers will remain anonymous and confidential.

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

Survey Code:

We're committed to excellence in healthcare



An Roinn Sláinte
Department of Health

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

ADMISSION TO HOSPITAL

- Q1. Was your most recent hospital stay planned in advance or an emergency?
- 1 Emergency or urgent → **Go to Q2**
- 2 Planned in advance or waiting list → **Go to Q9**
- 3 Something else → **Go to Q2**
-
- Q2. When you arrived at the hospital, did you go to the emergency department (also known as the A&E department or casualty)?
- 1 Yes → **Go to Q3**
- 2 No → **Go to Q9**

THE EMERGENCY DEPARTMENT

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

- Q3. When you had important questions to ask doctors and nurses in the emergency department, did you get answers that you could understand?
- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I had no need to ask/I was too unwell to ask any questions

- Q4. While you were in the emergency department, did a doctor or nurse explain your condition and treatment in a way you could understand?
- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation
-

- Q5. Were you given enough privacy when being examined or treated in the emergency department?
- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Don't know/can't remember
-

- Q6. Overall, did you feel you were treated with respect and dignity while you were in the emergency department?
- 1 Yes, always
- 2 Yes, sometimes
- 3 No
-

- Q7. Did you remain in the emergency department for the entire time of your stay?
- 1 Yes, I was discharged from the emergency department → **Go to Q60***
- 2 No, I was transferred to a different part of the hospital before I was discharged → **Go to Q8**

*If you were **discharged from the emergency department**, please go to page 9 and complete Q60 – Q64, and provide any comments you may have on page 11.

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

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

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

- 1 Less than 6 hours → **Go to Q9**
- 2 Between 6 and up to 12 hours → **Go to Q9**
- 3 Between 12 and up to 24 hours → **Go to Q9**
- 4 Between 24 and up to 48 hours → **Go to Q9**
- 5 More than 48 hours → **Go to Q9**
- 6 Don't know/can't remember → **Go to Q9**
- 7 I was not admitted to a ward → **Go to Q60**

THE HOSPITAL AND WARD

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

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

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

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

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

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

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

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

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

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

Q13. Did staff wear name badges?

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

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

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

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

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

HOSPITAL FOOD

Q15. How would you rate the hospital food?

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

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

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

YOUR CARE AND TREATMENT

Q16. Were you offered a choice of food?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PAIN

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

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

TESTS

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

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

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

TREATMENTS

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

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

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

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

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

OPERATIONS AND PROCEDURES

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

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

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

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

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

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

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

Q39. After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?

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

LEAVING HOSPITAL

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

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

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

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

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

- 1 Yes
- 2 No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CARE DURING THE PANDEMIC

As a result of the COVID-19 (coronavirus) pandemic there have been some changes in Irish hospitals. The questions in this section ask about the care you received in hospital during the pandemic.

Q51. Did a doctor or nurse explain the results of the tests in a way that you could understand?

- 1 Yes, always → **Go to Q35**
- 2 Yes, sometimes → **Go to Q52**
- 3 Don't know/ can't remember → **Go to Q52**

Q52. While you were in hospital, did you feel you were at risk of catching COVID-19?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not feel at risk as I had been vaccinated
- 5 Not applicable, I already had COVID-19 when I was admitted
- 6 Don't know/can't remember

Q53. Were you able to understand staff when they were talking to you wearing face masks and visors?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Staff did not wear face masks or visors

Q54. When you had questions about COVID-19, did you get answers that you could understand?

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

Q55. Did staff help you keep in touch with your family or someone else close to you during your stay in hospital?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I did not need any help
- 5 It was not possible to keep in touch

Q56. 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?

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

OVERALL

Q57. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

1 Yes, always

2 Yes, sometimes

3 No

Q58. Overall... (please circle a number)

I had a
very **poor**
experience

I had a
very **good**
experience

0 1 2 3 4 5 6 7 8 9 10

Q59. Thinking about your overall care, if you wanted to give feedback or make a complaint, did you know how and where to do so?

1 Yes

2 No

3 I did not wish to give feedback or make a complaint

ABOUT YOU

Q60. Who was the main person or people who filled in this questionnaire?

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

2 The patient with the help of someone else

3 A person acting on the patient's behalf

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

This includes the following questions.

Q61. What was the **main** reason for your most recent stay in hospital?

(Tick **ONE** box only)

1 COVID-19

2 Infection (other than COVID-19)

3 Tumour/cancer

4 Heart condition

5 Lung condition

6 Neurological condition (including stroke)

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

8 Digestive system condition (including gallbladder and appendix issues)

9 Diabetes and related problems

10 Adverse reaction/poisoning

11 Injury and or accident

12 Mental health issue

13 I was admitted for tests and or investigations

14 Don't know/I was not told

15 Other, please specify

Q62. What is your month and year of birth? (Please tick the month and write in the year)

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

(Please write in)

e.g. 1 9 6 1

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

Q63. What is your ethnic or cultural background?
(Tick **ONE** box only)

White

- 1 Irish
- 2 Irish Traveller
- 3 Any other White background

Black or Black Irish

- 4 African
- 5 Any other Black background

Asian or Asian Irish

- 6 Chinese
- 7 Any other Asian background

Other, including mixed background

- 8 Other, write in description

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Q64. Do you currently have:

- 1 A medical card?
- 2 Private health insurance?
- 3 **Both** a medical card and private health insurance?
- 4 **Neither** a medical card nor private health insurance?

OTHER COMMENTS

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

This anonymised feedback will be looked at by HIQA, the HSE and the Department of Health to try to understand and improve patients' experiences in hospital. Other researchers may also analyse anonymised data from this survey in the future, after all personal information that could identify you has been removed. We will give examples of feedback in the final survey reports to provide a fuller understanding of patients' experiences.

Q65. Was there anything particularly good about your hospital care?

Q66. Was there anything that could be improved?

Q67. Do you have any comments about how the COVID-19 pandemic affected the care you received in hospital?

Thank you very much for your help!

Please check that you have answered all of the questions that apply to you.

Please return this questionnaire in the Freepost envelope provided. No stamp is needed.

References

1. Health Information and Quality Authority. International Review on Patient Experience Surveys. <https://www.patientexperience.ie/about-the-survey/survey-questionnaire/>; 2016.
2. Coulter A, Cleary PD. Patients' Experiences With Hospital Care In Five Countries. *Health Affairs*. 2001;20(3):244-52.
3. Luxford K, Sutton S. How does patient experience fit into the overall healthcare picture? *Patient Experience Journal*. 2014;1(Inaugural issue).
4. Anhang Price R, Elliott MN, Zaslavsky AM, Hays RD, Lehrman WG, Rybowski L, et al. Examining the Role of Patient Experience Surveys in Measuring Health Care Quality. *Medical care research and review: MCRR*. 2014;71(5):522-54.
5. Coulter A, Fitzpatrick R, Cornwell J. The point of care - Measures of patients' experience in hospital: purpose, methods and uses. *The King's Fund*; 2009.
6. Graham C, Woods P. Patient experience surveys. In: Ziebland S, Coulter A, Calabrese JD, Locock L, editors. *Understanding and Using Health Experiences: Improving patient care*. Oxford: Oxford University Press; 2013.
7. Singer AJ, Thode Jr HC, Viccellio P, Pines JM. The Association Between Length of Emergency Department Boarding and Mortality. *Academic Emergency Medicine*. 2011;18(12):1324-9.
8. Plunkett PK, Byrne DG, Breslin T, Bennett K, Silke B. Increasing wait times predict increasing mortality for emergency medical admissions. *European Journal of Emergency Medicine*. 2011;18(4):192-6.
9. Mwakilasa MT, Foley C, O'Carroll T, Flynn R, Rohde D. Care Experiences of Older People in the Emergency Department: A Concurrent Mixed-Methods Study. *Journal of Patient Experience*. 2021;8:23743735211065267.
10. Forster AJ, Murff HJ, Peterson JF, Gandhi TK, Bates DW. The incidence and severity of adverse events affecting patients after discharge from the hospital. *Annals of Internal Medicine*. 2003;138(3):161-7.
11. McMurray A, Johnson P, Wallis M, Patterson E, Griffiths S. General surgical patients' perspectives of the adequacy and appropriateness of discharge planning to facilitate health decision-making at home. *Journal of Clinical Nursing*. 2007;16(9):1602-9.
12. Naylor MD, Aiken LH, Kurtzman ET, Olds DM, Hirschman KB. The care span: The importance of transitional care in achieving health reform. *Health Aff (Millwood)*. 2011;30(4):746-54.
13. Care Quality Commission. NHS Patient Survey Programme: Survey Scoring Method 2015.
14. Care Quality Commission. Technical details - patient survey information. 2015 Inpatient survey. 2016.
15. Jenkinson C, Coulter A, Bruster S, Richards N, Chandola T. Patients' experiences and satisfaction with health care: results of a questionnaire study of specific aspects of care. *Quality and Safety in Health Care*. 2002;11(4):335-9.



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