



# Findings of the 2022 Inpatient Survey



# Thank you!

**Thank you to everyone who participated in the National Inpatient Experience Survey 2022 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 fifth time the survey has been run, and a number of improvement initiatives have been undertaken to address patients' feedback.

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 tackle the difficulties caused by the COVID-19 pandemic.

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.



# 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 National Inpatient Experience Survey, the National Maternity Experience Survey, the National Nursing Home Experience Survey, 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 Infirmary Victoria University Hospital
23. Tipperary University 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. National Orthopaedic Hospital Cappagh
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

**10,904** 

PARTICIPANTS (OUT OF AN  
ELIGIBLE POPULATION OF **24,996**)

**44%** 

RESPONSE RATE

## 1. Admission to hospital



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

**80%** of people (6,571) said they were always treated with respect and dignity in the emergency department.

**29%** of people (2,141) said that they were admitted to a ward within six hours, with 5% of people (334) saying that they waited 48 hours or more before being admitted to a ward.

### SUGGESTION FOR IMPROVEMENT:

“Waiting time in ED could be definitely improved. I spent 3 days there, no proper food only sandwiches, soup and tea.”

## 2. Care on the ward



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

**75%** of people (7,761) said that their room was very clean, while 22% (2,313) said their room was fairly clean.

**22%** of people (1,491) said that they could not find a member of staff to talk to about their worries and fears.

### SUGGESTION FOR IMPROVEMENT:

“I often felt like doctors were not listening to my concerns, and dismissive of my questions.”



### 3. Examinations, diagnosis and treatment



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

**85%** of people (8,799) said that they were always given enough privacy when being examined or treated.

**11%** of people (1,102) said that they did not have enough time to discuss their care and treatment with a doctor.

#### SUGGESTION FOR IMPROVEMENT:

“Doctors should explain medical conditions in more details and outcome of the surgery. Written after surgery care should be given.”

### 4. Discharge or transfer



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

**69%** of people (5,884) said that staff fully explained the purpose of medications they were to take at home.

**36%** of people (2,668) who received medication said that they were not told about the side effects to watch for when they went home.

#### SUGGESTION FOR IMPROVEMENT:

“There needs to be more information given to patients about the side effects of the various medications that they have been prescribed.”

### 5. Care during the pandemic



The average rating for care during the pandemic was **7.4 out of 10**.

**73%** of people (3,908) who had questions about COVID-19 said that they always got answers they could understand.

While **63%** of people (6,342) said they had no worries or fears about COVID-19, 12% of people (1,190) said that they could not find a member of staff to talk to about their worries or fears.

#### SUGGESTION FOR IMPROVEMENT:

“Very difficult to keep in touch with family. Due to memory difficulties it was hard to answer the phone and didn't receive help on this. Also I was limited to one visit per day which was incredibly hard.”



# Executive summary

The National Inpatient Experience Survey<sup>1</sup> is a nationwide survey that offers patients the opportunity to describe their experiences of public acute healthcare in Ireland.

The survey is a partnership between the Health Information and Quality Authority (HIQA), the HSE and the Department of Health. The survey was run on an annual basis between 2017 and 2019, but was cancelled in 2020 due to the impact of the COVID-19 pandemic. In 2021, the survey month was moved from May to September, due to the cyberattack on HSE IT systems. The fifth National Inpatient Experience Survey was implemented in May 2022.

During May 2022, 24,996 people were invited to participate in the fifth National Inpatient Experience Survey. In total, 10,904 people took part in this survey, resulting in a response rate of 44%. 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, 2019 and 2021 survey results by producing quality improvement plans. Some examples of these initiatives can be seen at [www.yourexperience.ie](http://www.yourexperience.ie).

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

# What were the main findings of the 2022 survey?

## Admissions

The average patient rating for the 'admissions' stage of care was 7.8 out of 10. Most patients (6,571 or 80.2%) 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 28.9% of people (2,141) saying that they were admitted to a ward within the HSE's target, which states that 70% of patients should be admitted or discharged within six hours. In total, 334 people (4.5%) 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 74.6% of people (7,761) saying that their room was very clean and 22.2% (2,313) saying their room was fairly clean. Patients were less positive in terms of having someone to talk to about their worries or fears, with 22.4% (1,491) saying that they could 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 85.3% (8,799) 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 10.6% (1,102) 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. While 69.2% of patients (5,884) said that the purpose of medications they were to take at home was fully explained to them, 35.6% (2,668) said that they were not told about medication side effects.

## 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 highest-scoring questions in the survey; 82.1% of participants (8,525) 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 1,367 people (20.3%) saying that their families or people close to them did not have sufficient opportunities to talk to a doctor.



## Care during the pandemic

In total, 1,280 participants (11.7%) 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. Most people (6,043 or 67.2%) said that they did not feel at risk of catching COVID-19 while in hospital, and that they always received clear answers when they had questions about COVID-19 (3,908 or 73.1%). While 62.5% of people (6,342) said that they had no worries or fears about COVID-19 while in hospital, 1,190 respondents (11.7%) 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 20,656 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 (81.9%) rated their overall experience of hospital care as good or very good. Areas of good patient experience included being treated with dignity and respect, 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 provision of information to family members. Patients whose hospital visit was planned in advance tended to report more positive experiences than patients who required an emergency admission.

## What happens next?

As in 2017, 2018, 2019 and 2021, the HSE will respond to the results of the 2022 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](http://www.yourexperience.ie).

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# 1

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## Patients' experiences of acute hospital care in Ireland

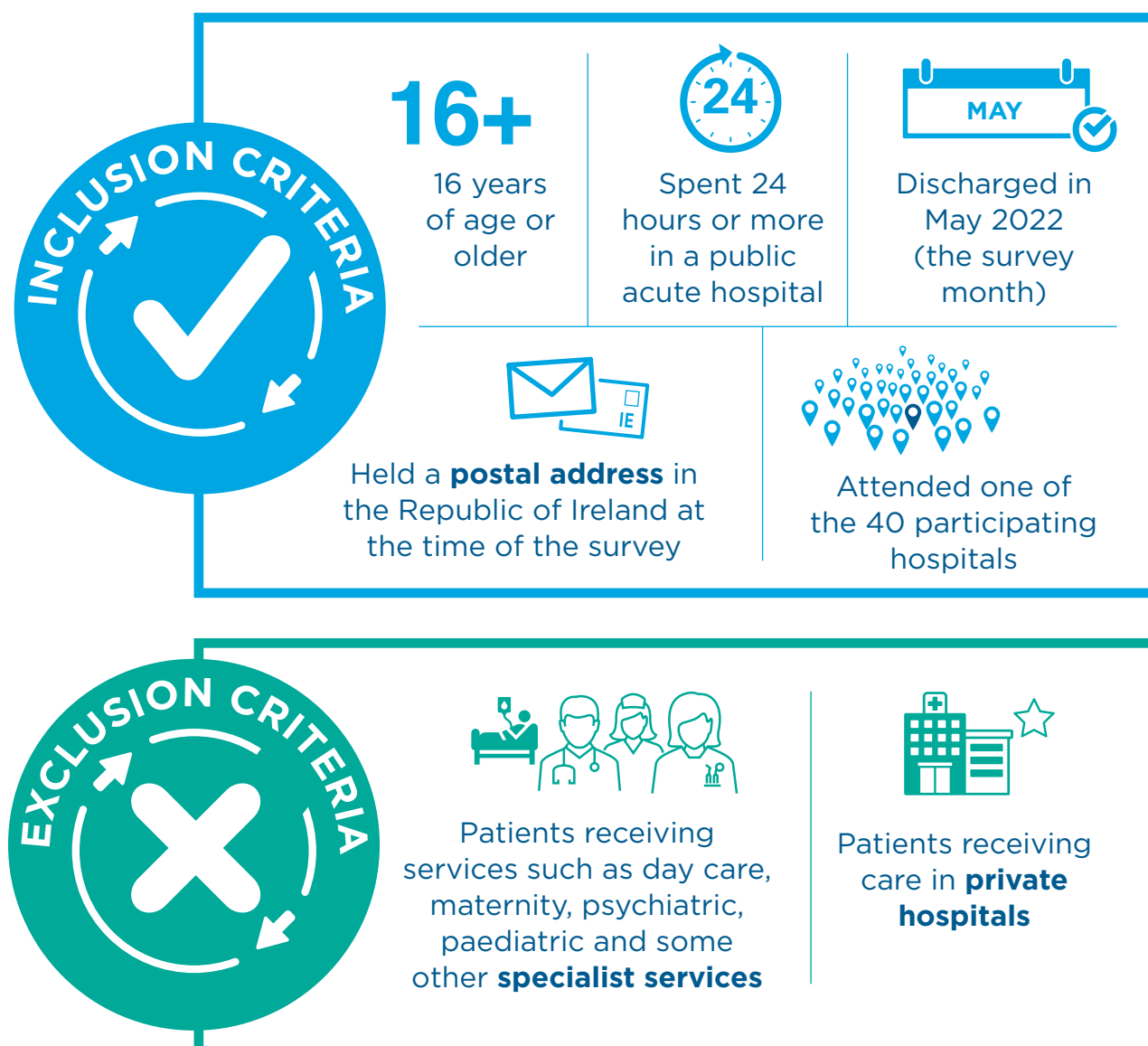


# In brief: The National Inpatient Experience Survey 2022

## 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 May 2022, 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 2022.

Figure 1.1 Inclusion and exclusion criteria





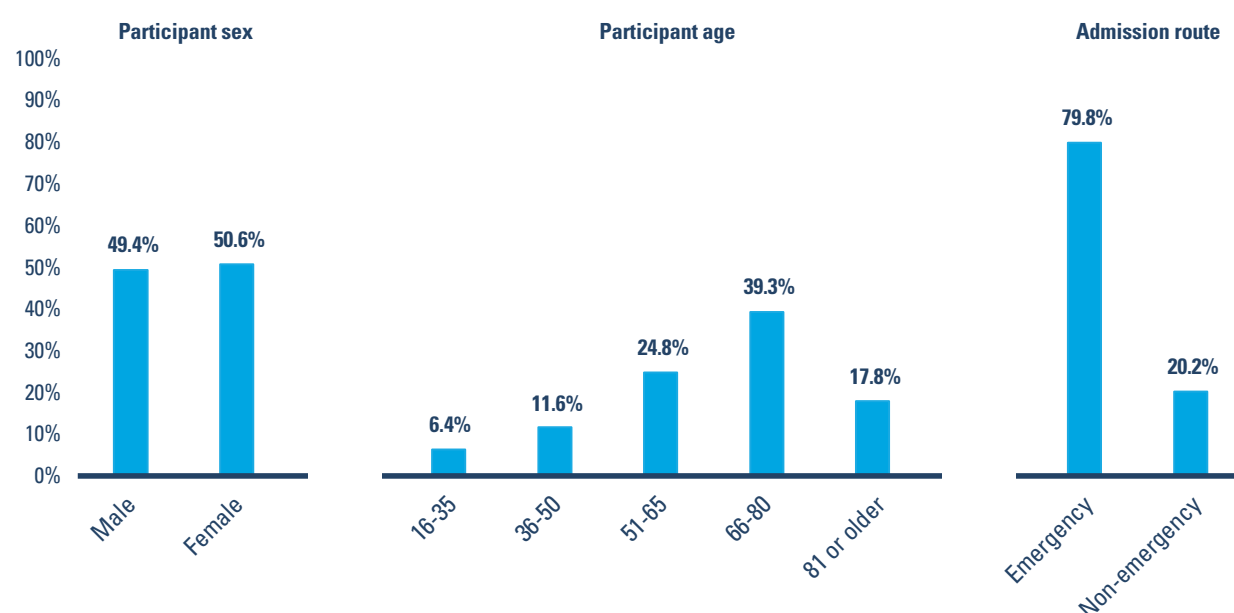
Eligible patients were sent a questionnaire in the post in June.<sup>2</sup> Participants could also choose to complete the survey online. Two reminder letters were sent to people who were invited to participate but had not yet returned a survey. Internationally, the second reminder has been shown to increase response rates significantly.<sup>(1)</sup>

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 & Attitudes<sup>3</sup> on behalf of the partner organisations.

## Who participated in the 2022 survey?

In total, 24,996 people discharged from a public acute hospital during the month of May 2022 were invited to participate in the survey, of whom 10,904 (43.6%) returned a completed questionnaire. Of these participants, 5,382 (49.4%) were male and 5,522 (50.6%) were female. The majority of patients who participated were aged 51 years or older (8,941 people or 82.0%). Most people (79.8%) were admitted to hospital through the emergency department. Figure 1.2 shows the characteristics of people who participated in the 2022 survey, while Appendix 2 provides additional detail on those who took part.

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



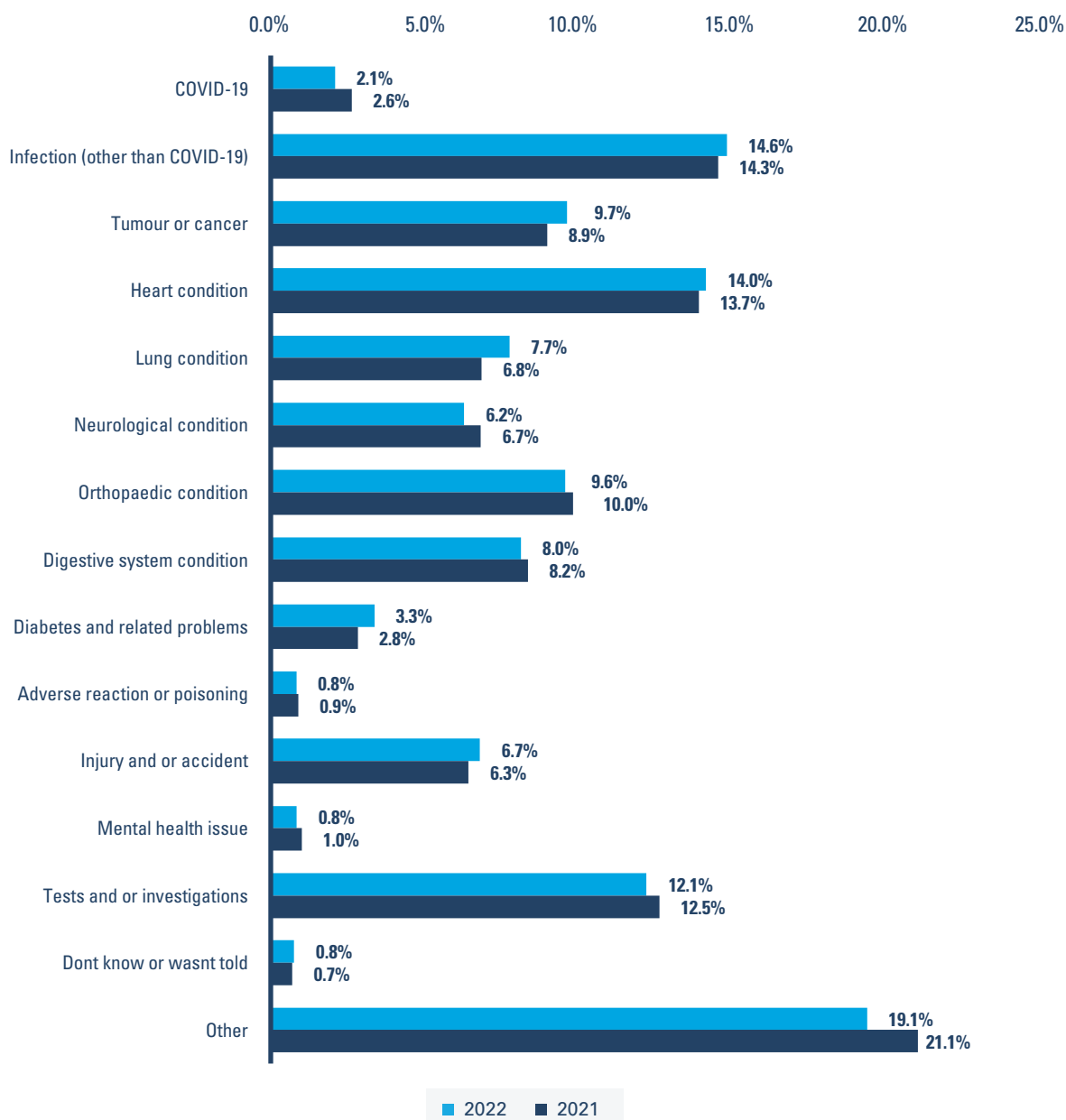
<sup>2</sup> In previous surveys, patients received their questionnaire in the post two weeks after discharge. However, this year all eligible patients were sent a survey pack at the same time, in order to reduce the demands on hospital administrative staff during the pandemic.

<sup>3</sup> Behaviour & Attitudes is a market research agency. More information on the company can be found on their website [www.banda.ie](http://www.banda.ie).



Participants were admitted to hospital for a variety of reasons, including infection, for tests or investigations, or other reasons. The breakdown of participants' reasons for admission to hospital is shown in Figure 1.3, compared to participants' reasons for admission in 2021.

**Figure 1.3** Survey participants by reason for admission in 2022, compared to 2021



## Which hospitals participated?

Forty public acute hospitals participated in the 2022 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.<sup>(2-4)</sup> 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.<sup>(5, 6)</sup> 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.<sup>(5)</sup> 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 10,904 people who took part.



# Areas of good experience and areas needing improvement

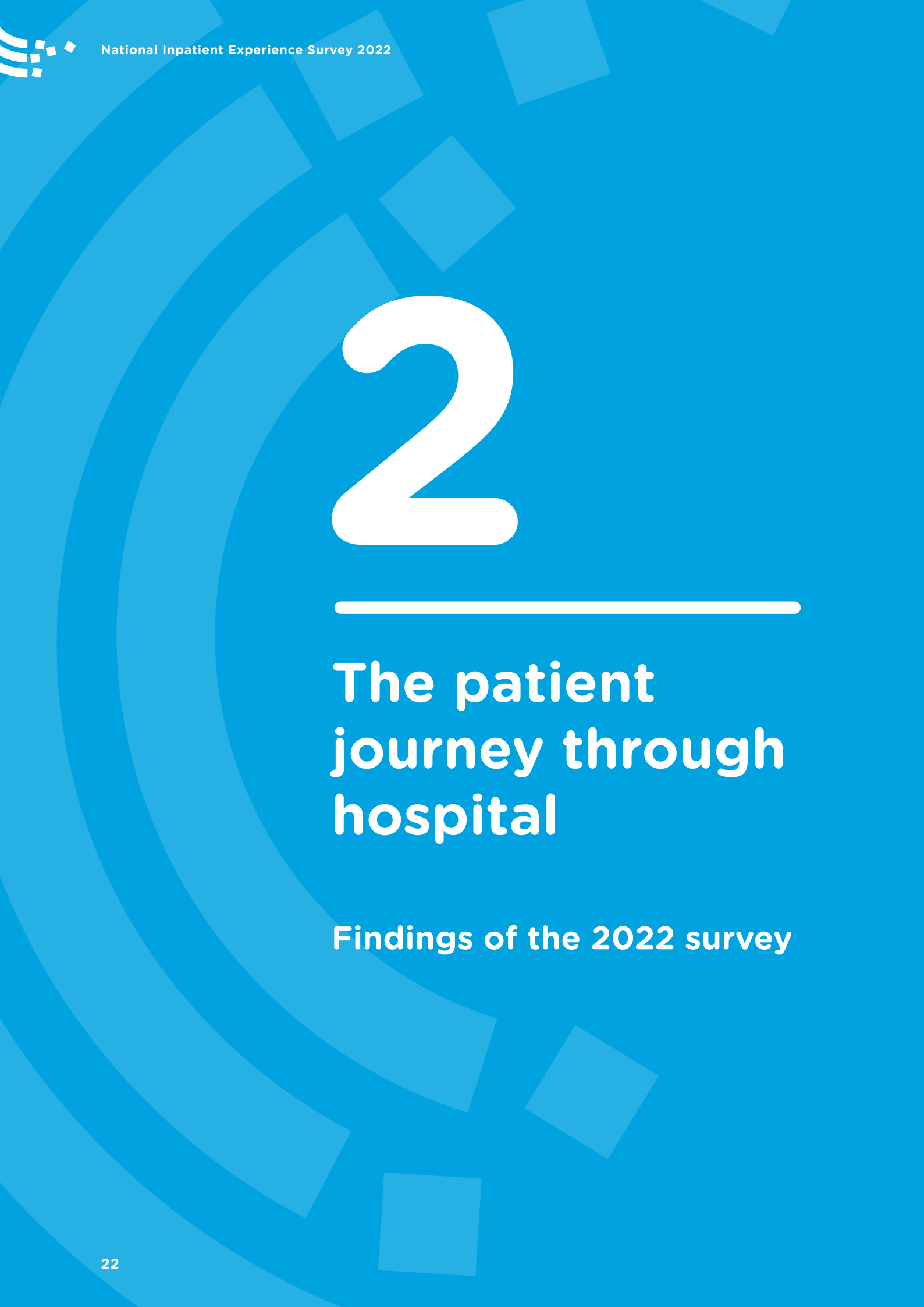
This section lists the areas where patients had particularly positive experiences, and details those areas where there is the most room for improvement. Questions with high average scores out of 10 and a strong relationship with overall experience are areas of good experience. Questions with lower scores out of 10 and strong relationships with overall experience are areas needing 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

<b>Admissions</b>	Of the 8,189 people who responded to this question, 6,571 (80.2%) said that they were always treated with respect and dignity in the emergency department. The average score for this question was 8.7 out of 10.
<b>Respect and dignity in the emergency department   Q6</b>	
<b>Care on the ward</b>	Of the 9,833 people who had important questions to ask, 7,048 (71.7%) said that nurses on the ward always answered questions in a manner that they could understand. The average score for this question was 8.4 out of 10.
<b>Clear answers from a nurse   Q22</b>	
<b>Care on the ward</b>	Of the 9,665 people who responded to this question, 6,915 (71.6%) said that they always had the opportunity to talk to a nurse when they needed to. The average score for this question was 8.3 out of 10.
<b>Opportunity to talk to a nurse   Q23</b>	
<b>Care on the ward</b>	Of the 8,864 people who said that they experienced pain, 7,106 (80.2%) said that hospital staff definitely did everything they could to help control it. The average score for this question was 8.8 out of 10.
<b>Pain management   Q32</b>	
<b>Other aspects of care</b>	Of the 10,389 people who answered this question, 8,334 (80.2%) said they always had confidence and trust in the hospital staff who treated them. The average score for this question was 8.8 out of 10.
<b>Confidence and trust in hospital staff   Q29</b>	
<b>Other aspects of care</b>	Of the 10,389 people who responded to this question, 8,525 (82.1%) said that they were always treated with respect and dignity throughout their stay in hospital. The average score for this question was 8.9 out of 10.
<b>Respect and dignity   Q57</b>	

## AREAS NEEDING IMPROVEMENT

<b>Examinations, diagnosis and treatment</b> <b>Time to discuss care and treatment with a doctor   Q21</b>	<p>Of the 10,399 people who answered this question, 1,102 (10.6%) said that they did not have enough time to discuss their care and treatment with a doctor. The average score for this question was 7.4 out of 10.</p>
<b>Other aspects of care</b> <b>Opportunities for family members to talk to a doctor   Q27</b>	<p>Of the 6,748 people who answered this question, 1,367 (20.3%) said that their families or people close to them did not have sufficient opportunities to talk to a doctor. The average score for this question was 6.5 out of 10.</p>
<b>Care on the ward</b> <b>Someone to talk to about worries and fears   Q28</b>	<p>Of the 6,660 people who had worries and fears, 1,491 (22.4%) said that they could not find a member of staff to talk to about their worries and fears. The average score for this question was 6.2 out of 10.</p>
<b>Discharge or transfer</b> <b>Danger signals to watch out for   Q46</b>	<p>Of the 8,191 people who answered this question, 2,546 (31.1%) said that they were not told about the danger signals to watch for after going home. The average score for this question was 5.8 out of 10.</p>
<b>Discharge or transfer</b> <b>Provision of information to family members   Q48</b>	<p>Of the 6,752 people who answered this question, 1,907 (28.2%) said that their family did not receive all of the information they needed to help care for them. The average score for this question was 6.1 out of 10.</p>
<b>Discharge or transfer</b> <b>Information on how to manage condition   Q50</b>	<p>Of the 9,268 people who needed help to manage their condition, 1,557 (16.8%) said that they did not receive enough information on how to manage their condition after their discharge from hospital. The average score for this question was 7.0 out of 10.</p>



# 2

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## The patient journey through hospital

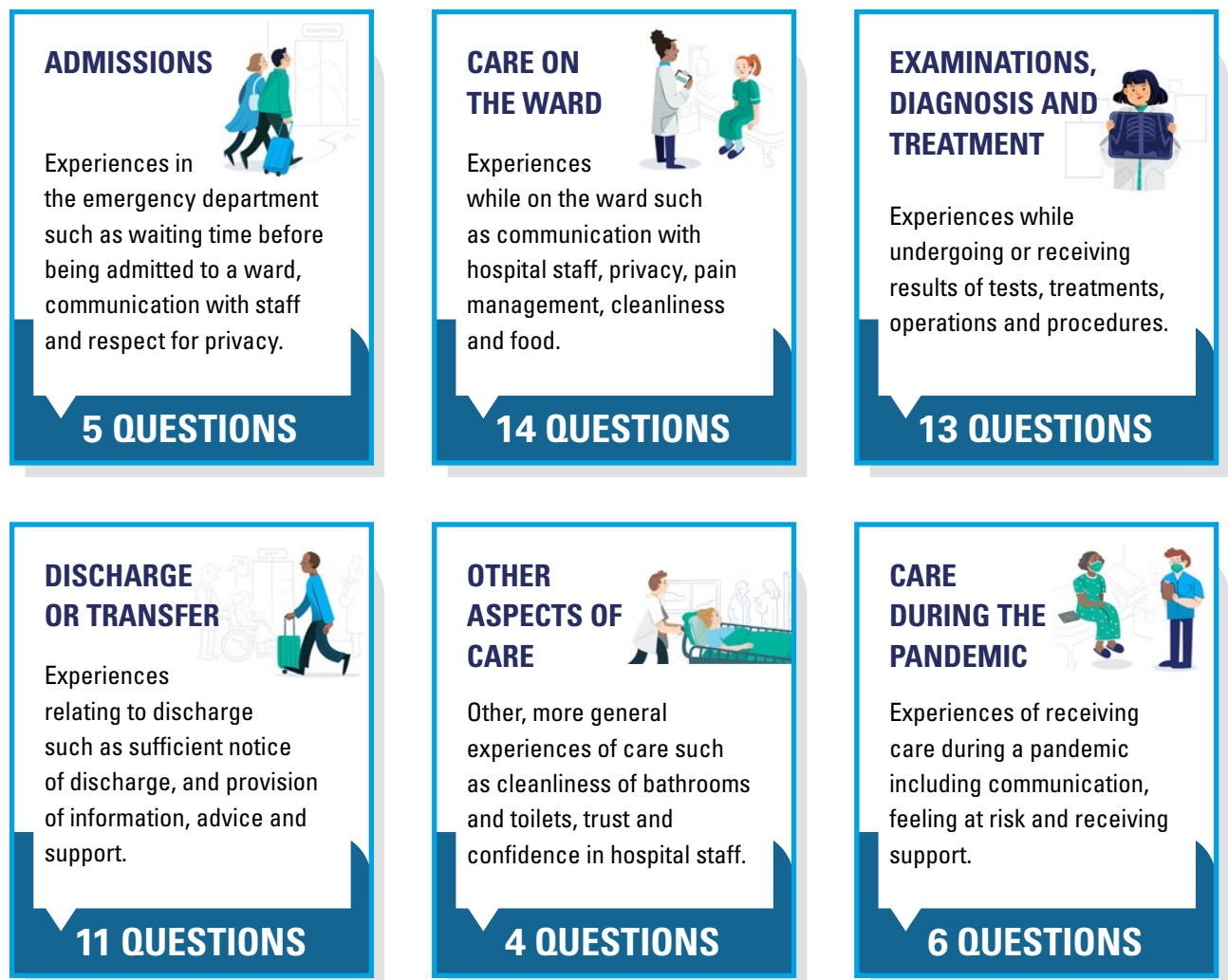
Findings of the 2022 survey

# The stages of care along the patient journey

The National Inpatient Experience Survey 2022 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

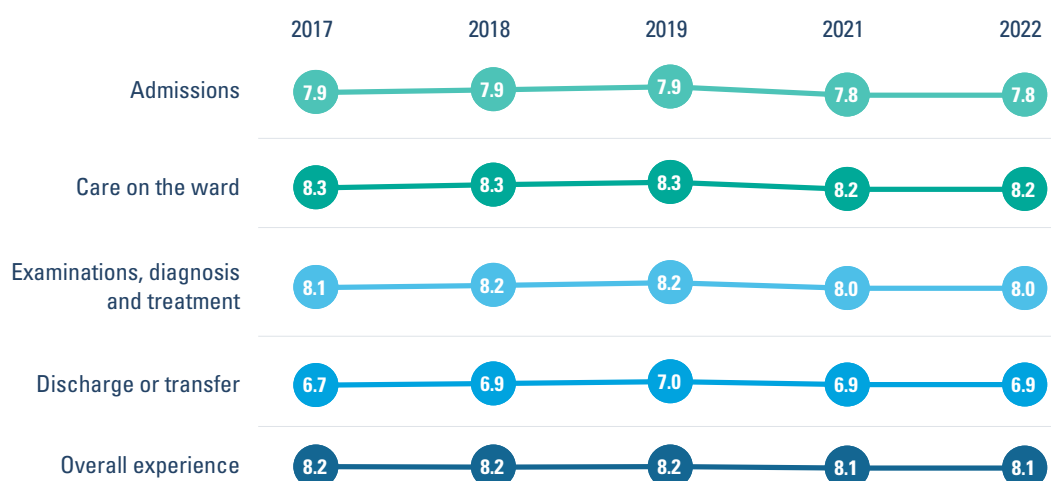
Scores out of 10 are given for each question belonging to a stage of care or to a stage as a whole. A score of 0 indicates a very negative experience and a score of 10 indicates a very positive experience. Statistical tests were carried out to examine if there were significant differences between the 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 2022 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 each stage of care were about the same in 2022 as ratings in 2021. As provision of care in Ireland's acute hospitals was severely disrupted due to the COVID-19 pandemic, any comparisons with the results of surveys from previous years must be made with caution. It should also be noted that in 2021, the survey month was moved from May to September due to the cyberattack on HSE IT systems.

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





# Admissions

"When I arrived at A&E I was treated with such amazing care and respect, told not to worry about a thing. I was given a comfy chair and offered a blanket. The amazing men I wish I could remember their names, they were wonderful. Thanks to them. Overall it was a really easy experience."

"Great attention from a very good A&E consultant."

"The quick movement through A&E as on previous occasions I've been kept up to 24 hrs. Also the speed of the procedures while I was in the ward."

"Waiting time in the emergency department was crazy. Admission to the ward was a very slow process."

"My E.D. experience was very poor - sent in by G.P. in an ambulance - 8 hours in E.D. - discharged. Had to return 2 days later - E.D - 20 hours before admission and eventually surgery - I feel it was neglectful on my 1st trip to ED to be discharged without a diagnosis."

"The nurses in A&E were lovely and very helpful. When I felt dizzy and was waiting to get an x-ray they moved me from the waiting room and put me on a bed in A&E. As I had been waiting all day I hadn't eaten so the nurse kindly got me a sandwich before I was moved to a ward."

"On a chair in A&E over night with 2 other patients before admission - narrow corridor, trolleys could barely pass by. No privacy discussing health in A&E (I understand set up is temporary and covid 19 and older patients given priority for trolleys)- waiting area uncomfortable. Very small check in area in A&E prior to screening covid/non covid. I was isolated as a possible contact so no visitors, minimal interaction with staff except for treatment times."

"Improvements in emergency department regarding privacy on admission."



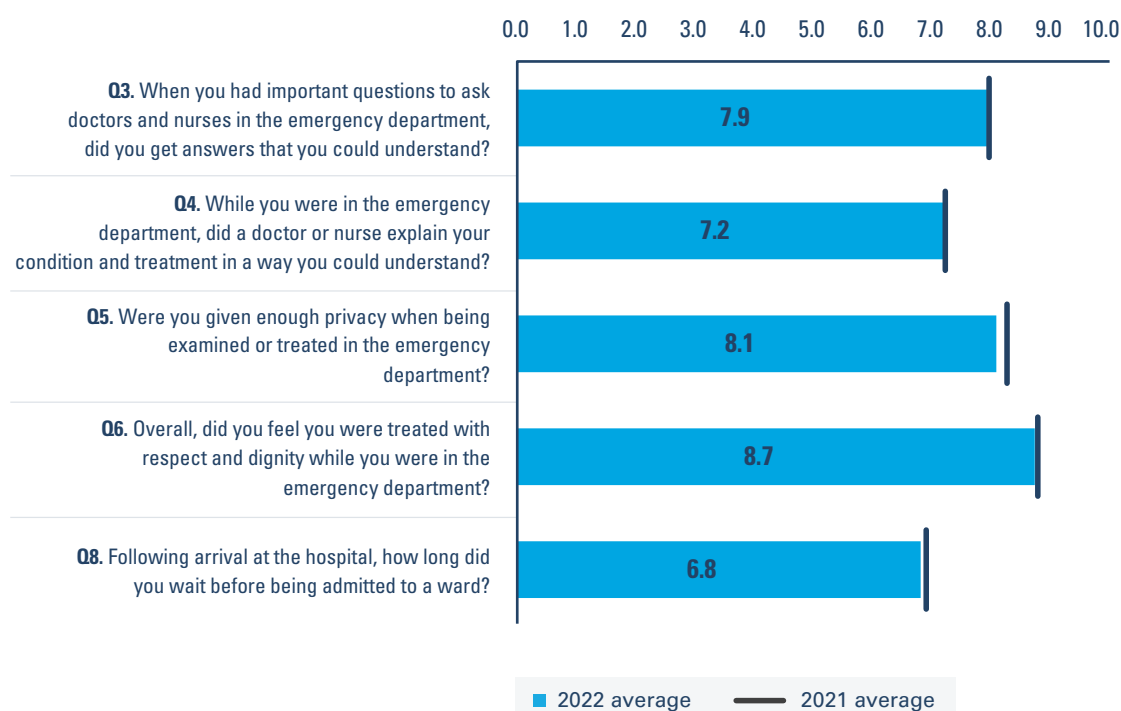


# Admissions

Figure 2.3 presents the 2022 results for questions on 'admissions'. Ratings for all questions were about the same as in 2021.

Being treated with respect and dignity in the emergency department was the highest-scoring question for this stage of care. Of the 8,189 people who responded to Question 6, 6,571 (80.2%) 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, 71.1% of the 7,419 people who answered this question said they waited longer than six hours before being admitted to a ward.

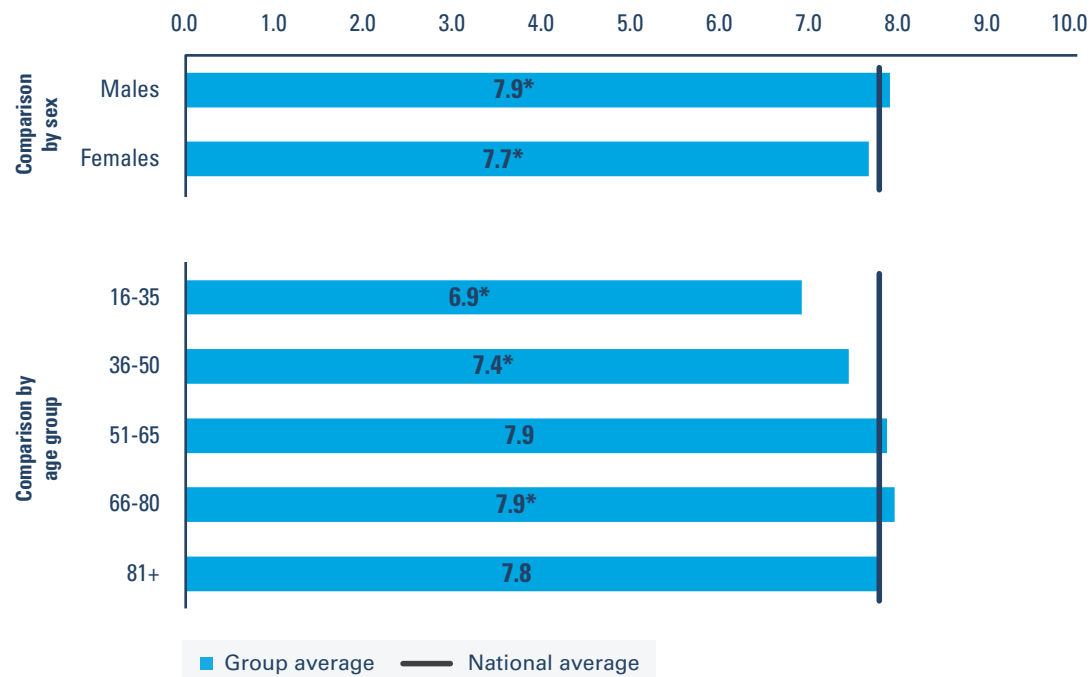
**Figure 2.3** National scores for questions on 'admissions'



## 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)



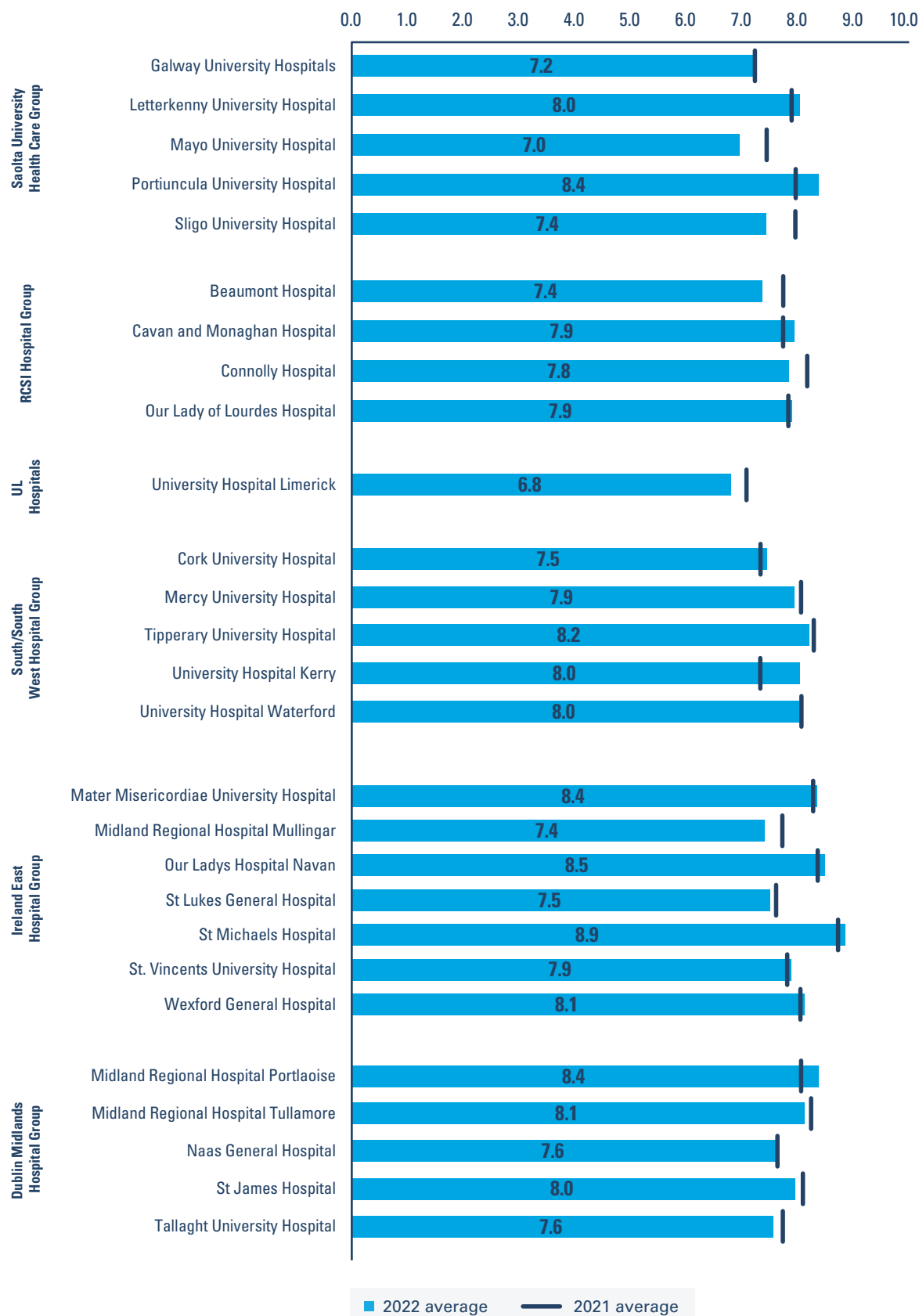
\*denotes statistically significant difference from the national average.



## Experience of 'admissions' in hospitals

Figure 2.5 presents 'admissions' scores for each of the 28 hospitals that have an emergency department, compared to each hospital's score in 2021.

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

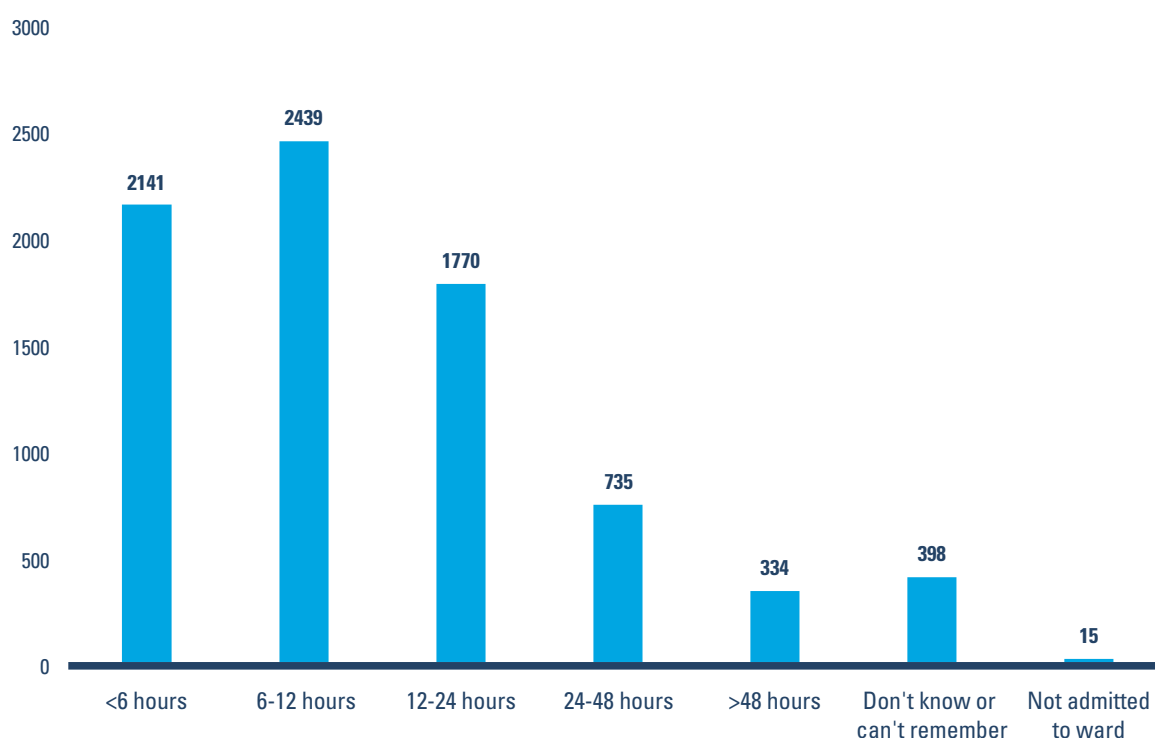


## How did patients experience waiting times in the emergency department?

Patients who said that they presented to the emergency department were asked how long they waited until they were admitted to a ward.<sup>4</sup> 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.<sup>(7, 8)</sup> In Ireland, the target waiting time for people in the emergency department is six hours for 70% of patients, with a target of six hours for 95% of patients aged 75 years and over.<sup>5</sup>

In this survey, 2,141 (28.9%) of the 7,419 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 5,278 people (71.1%), said that they waited more than six hours before being admitted. Of those, 334 people (4.5%) 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)<sup>6</sup>



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.

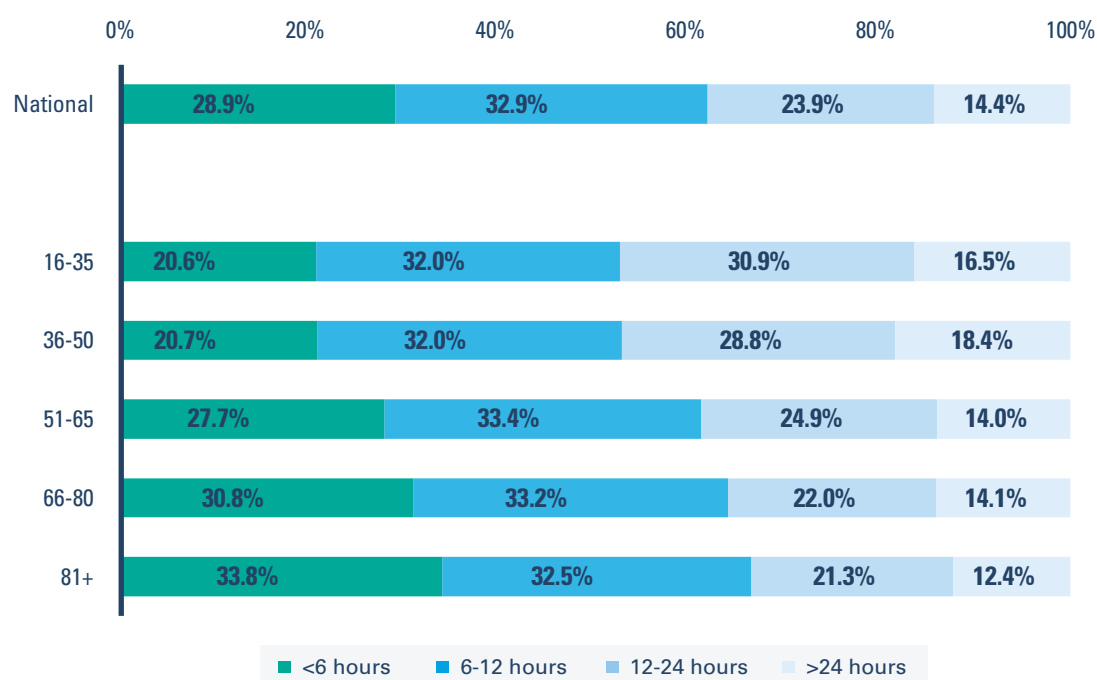
6 413 people who answered Q8 said they didn't know or remember how long they waited, or were not admitted to a ward.



## 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 31.8% of those aged over 65 years said that they were admitted within six hours, compared to 20.6% of patients aged 16 to 35 years. Figure 2.7 presents the national emergency department waiting times reported by patients by age group.

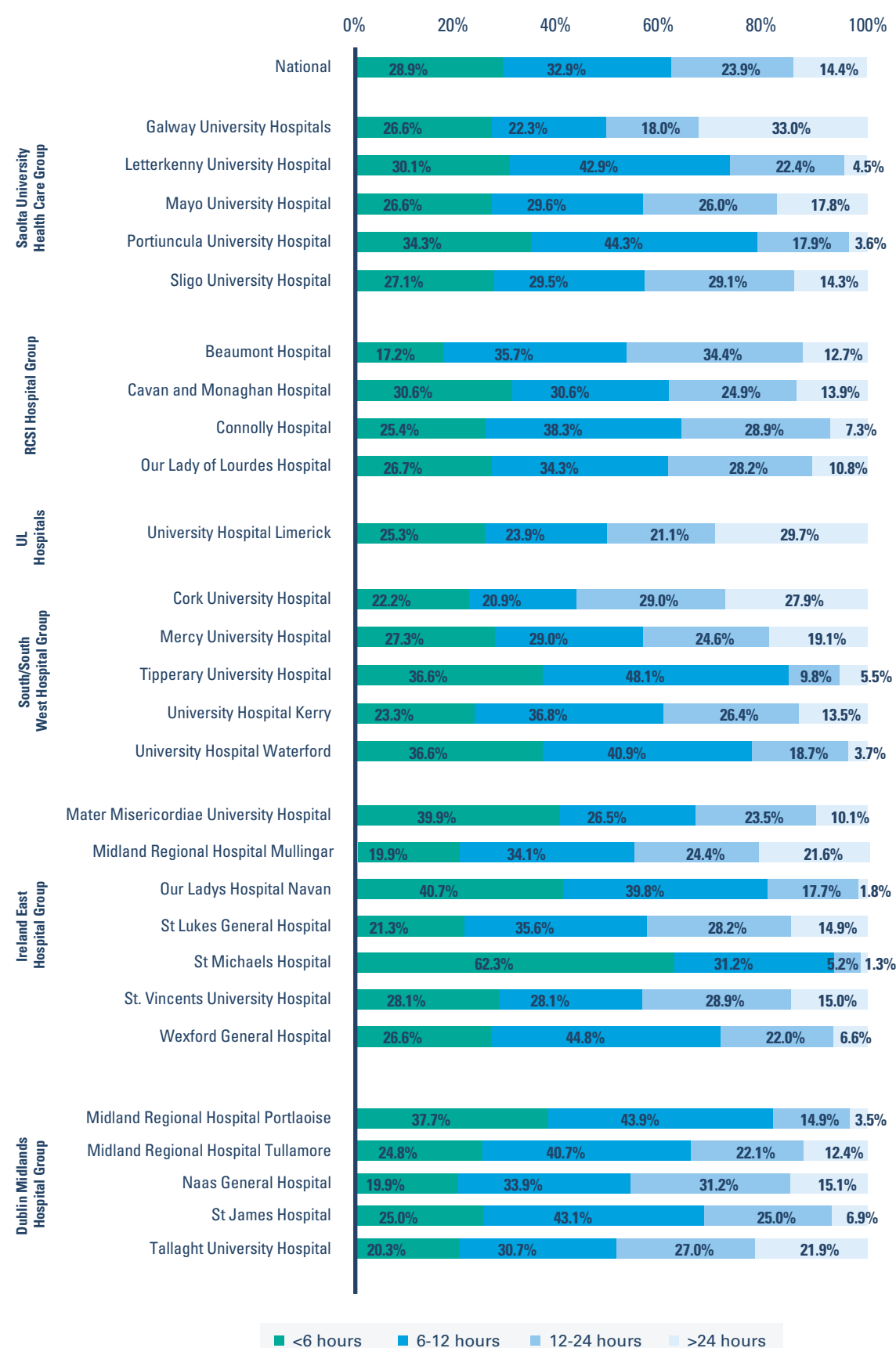
**Figure 2.7** Emergency department waiting times by age group, as reported by patients



## 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 7,419 people who reported how long they waited in the emergency department, 71.1% said that they waited longer than six hours before being admitted to a ward, with 334 people (4.5%) 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 have negative consequences for patients' health.<sup>(7-9)</sup>



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

"I was in a ward "short stay" and a nurse was assigned to this ward. I believe having a nurse assigned encouraged me to voice my concerns and worries regarding my condition during my stay as she was familiar to me and I had trust in her care of me."

"Staff were kind and helpful. Room/ward was modern, clean and very comfortable. Overall care was excellent."

"The treatment and care I received from the doctors and nursing staff on the ward was exceptional. I cannot fault them. The cleaning and catering staff were also excellent."

"Do not understand what the doctors are saying. Lack of communication between staff members. Not informed enough about my condition. Hospital way behind in the times."

"The staff, particularly the nursing staff were excellent. They were attentive and caring. Pain relief was delivered promptly and communication was excellent."

"I do not believe in mixed sex wards - after my surgery I was placed in a 6 bed ward with all males - I was in a vulnerable state - epidural, catheter etc. and when nurses attended to me curtains were not always closed and these males would look on!! Not acceptable."

"Very noisy at night. The staff could be a little quieter."

"I found it difficult to sleep with the noise on the ward and when I did fall asleep I had a nurse wake me at 5am to tell me she was changing my IV drip bags if this could be done without waking the patient I feel it would be better."



**CARE ON  
THE WARD**

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

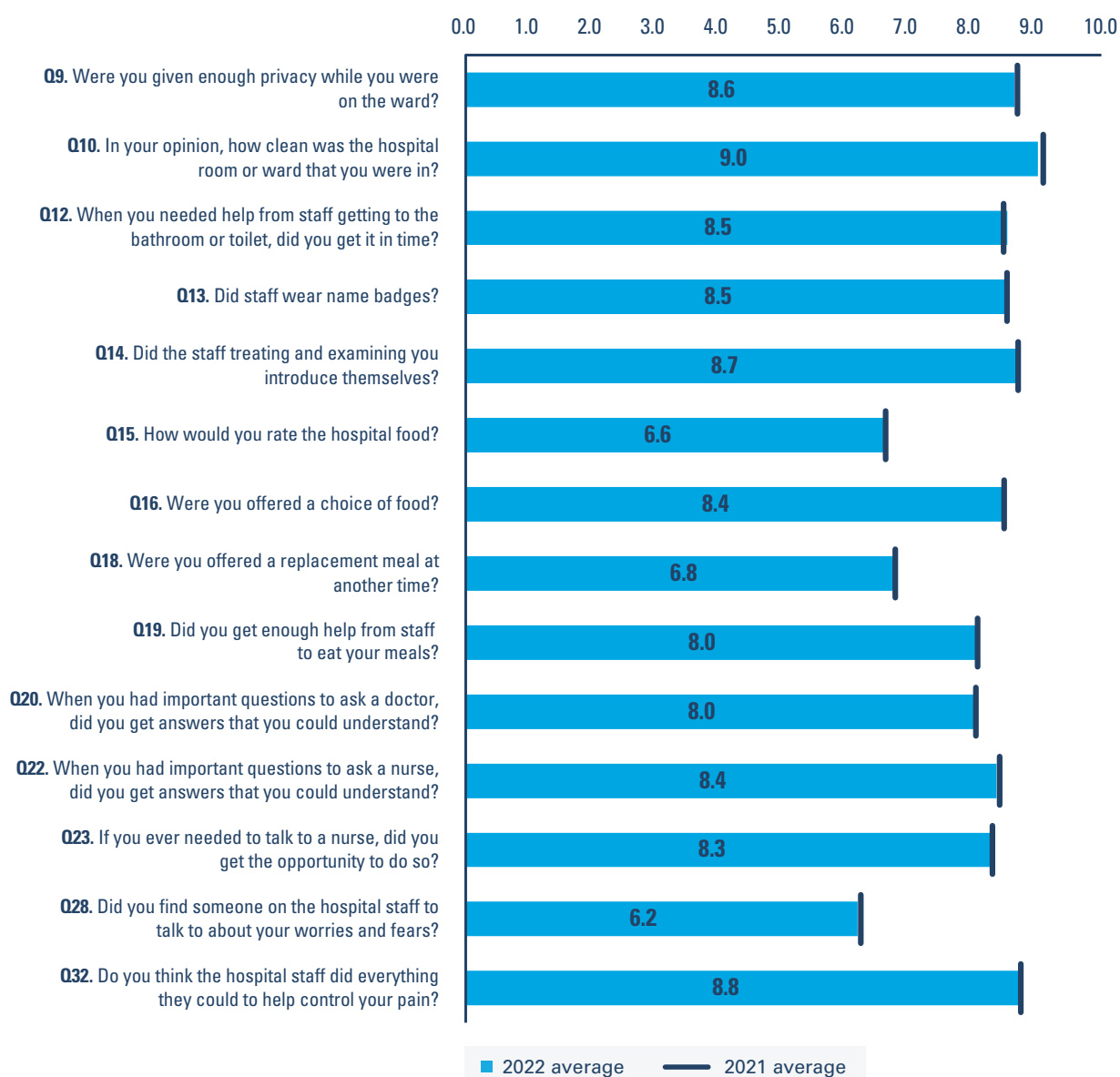
**14 QUESTIONS**

# Care on the ward

Figure 2.9 presents the results for questions on 'care on the ward'. Ratings for all questions were about the same as in 2021.

Question 10 was the highest-scoring question for this stage of care. In total, 7,761 of 10,409 people (74.6%) said that the hospital room or ward that they were in was very clean. This compares with 257 people who said that their room was not very clean, and 78 who said it was not clean at all. Question 28 was the lowest-scoring question, with 1,491 of 6,660 people (22.4%) saying that they could not find someone on the hospital staff to talk to about their worries and fears.

**Figure 2.9** National scores for questions on 'care on the ward'

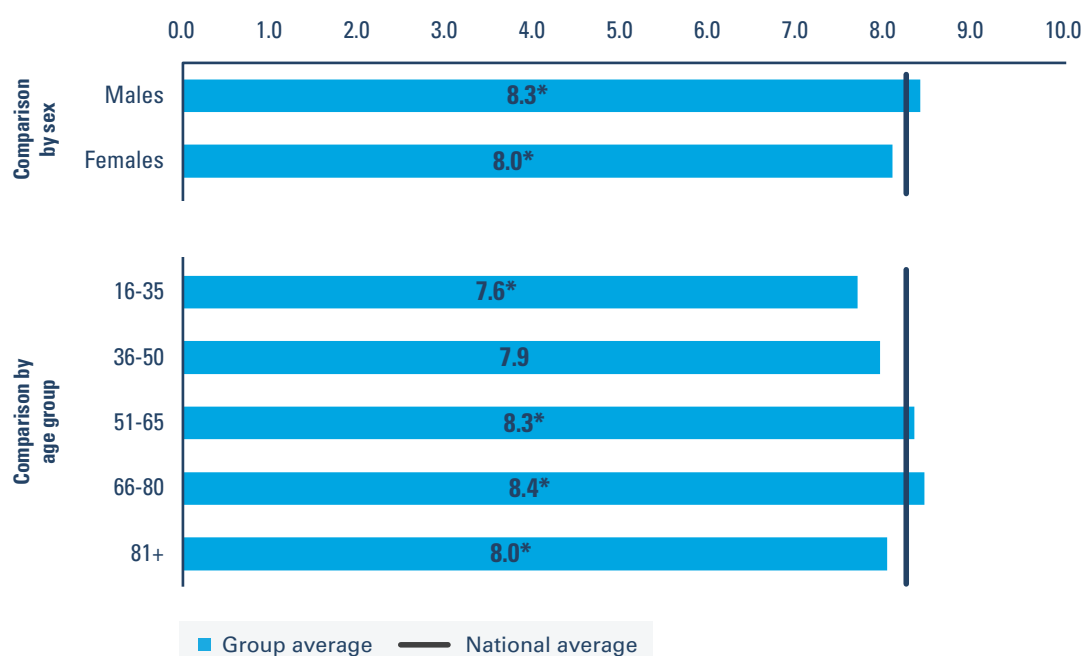


## Experience of 'care on the ward' by sex and age group

Nationally, 'care on the ward' scored 8.2 out of 10. Males reported more positive experiences (score of 8.3 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 7.6 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)



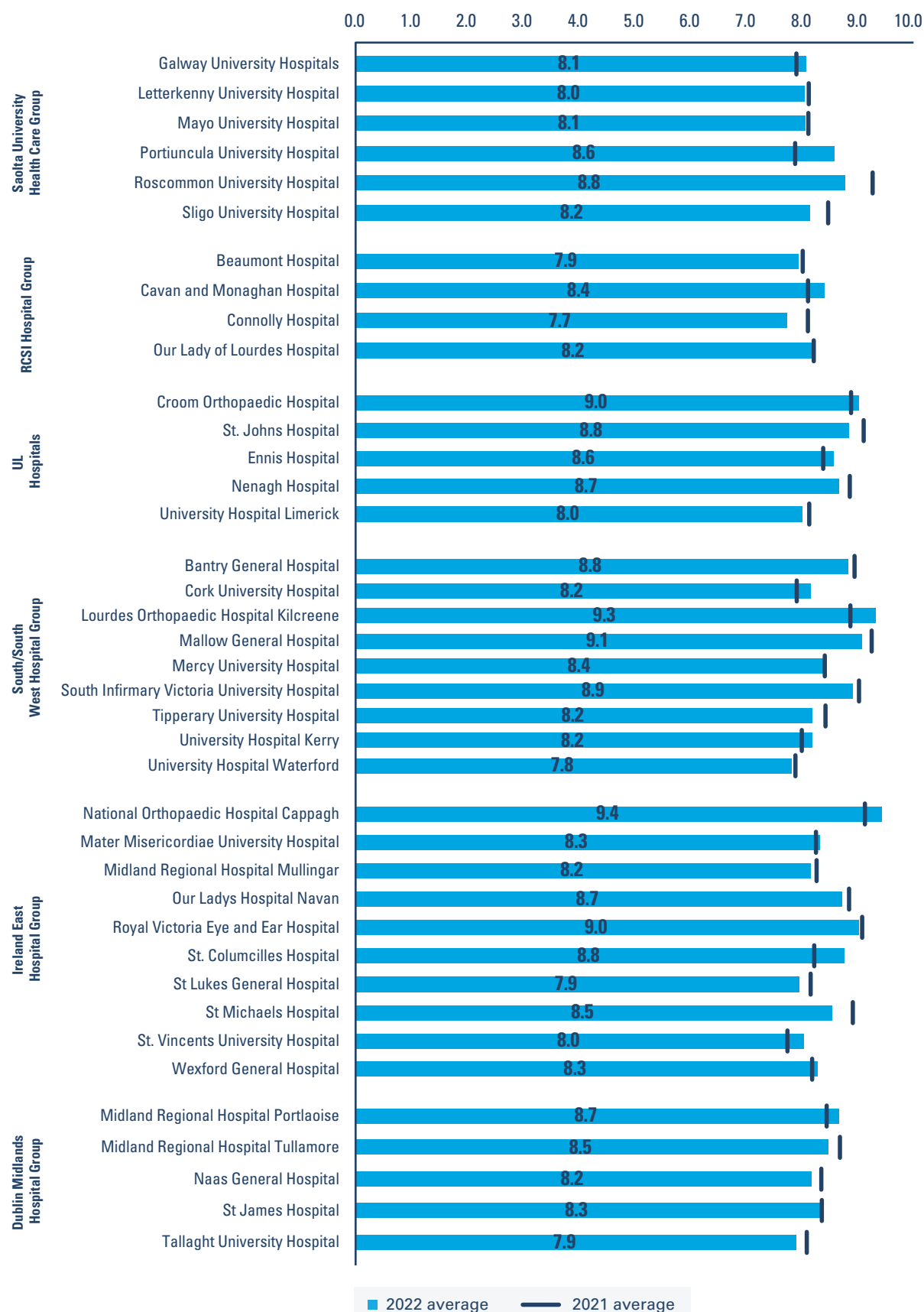
\*denotes statistically significant difference from the national average.



## Experience of 'care on the ward' in hospitals

Figure 2.11 presents the scores for 'care on the ward' for each hospital, compared to each hospital's score in 2021.

**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 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

"The medical team and nurses were amazing. I had a particularly painful surgery and the night nurse came into the room without turning on the lights so as not to wake me. The doctor examined everything very well before the surgery."

"Very prompt tests and diagnosis - was seen by a consultant every day, including at the weekends."

"I was particularly pleased receiving information on a daily basis from the consultant and her team. Investigatory results were given to me as soon as they were reported. I appreciated this early information."

"At all times I was treated with great kindness, dignity, respect and patience by all members of staff. The care and medical treatment received was of the highest quality and was always provided in a very professional and pleasant manner, which was deeply appreciated."

"I found some of the staff (doctor) were very unprofessional in regards of delivering results and giving diagnosis news. The doctors didn't practice dignity and respect when he told me of my diagnosis. There were 5 other people in my room and they heard my diagnosis when I heard about it. I felt angry and upset at the lack of dignity, respect, privacy shown."

"Very rushed. They are pushing us to go home, without proper diagnosis, treatment and without any explanation."

"The time I spent waiting for tests when I feel I was taking up a trolley/bed which if I was moved on faster the bed would have been available to someone else."

"I arrived on Friday evening with bleeding. I was examined and sent home with a prescription. Nobody stopped the bleeding, they just sent me home! I had to beg for treatment. The service then was good."



## EXAMINATIONS, DIAGNOSIS AND TREATMENT

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

**13 QUESTIONS**

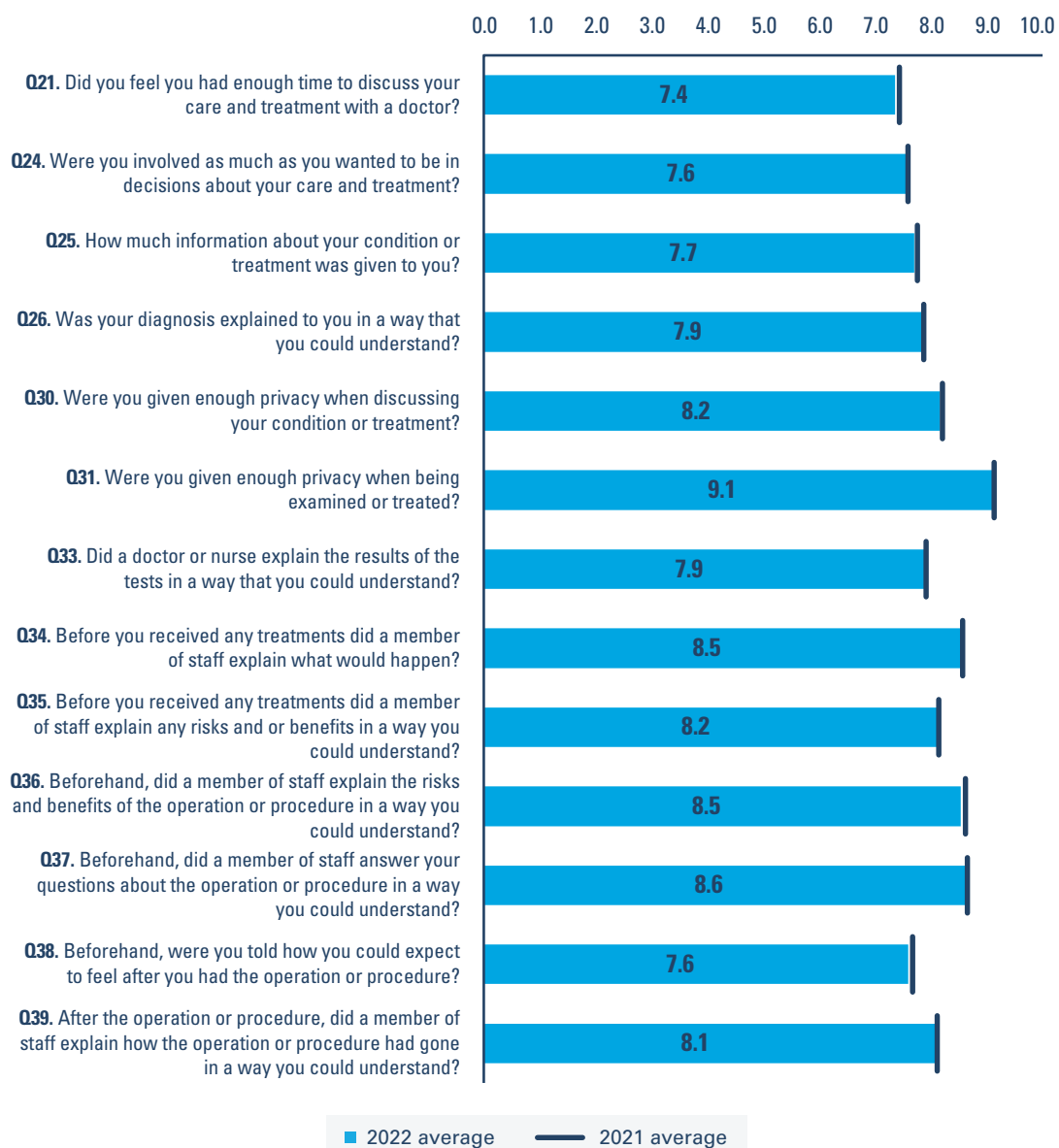


# Examinations, diagnosis and treatment

Figure 2.12 presents the results for questions on 'examinations, diagnosis and treatment'. Ratings for all questions were about the same as in 2021.

Question 31 was the highest-scoring question for this stage of care. Participants generally reported positive experiences of privacy, with 8,799 of 10,317 people (85.3%) saying that they were always given enough privacy when being examined or treated. Question 21 was the lowest-scoring question. 1,102 of 10,399 people (10.6%) said that they did not have enough time to discuss their care and treatment with a doctor.

**Figure 2.12** National scores for questions on 'examinations, diagnosis and treatment'





## 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 8.1 out of 10) than females (score of 7.9 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 7.6 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)\*



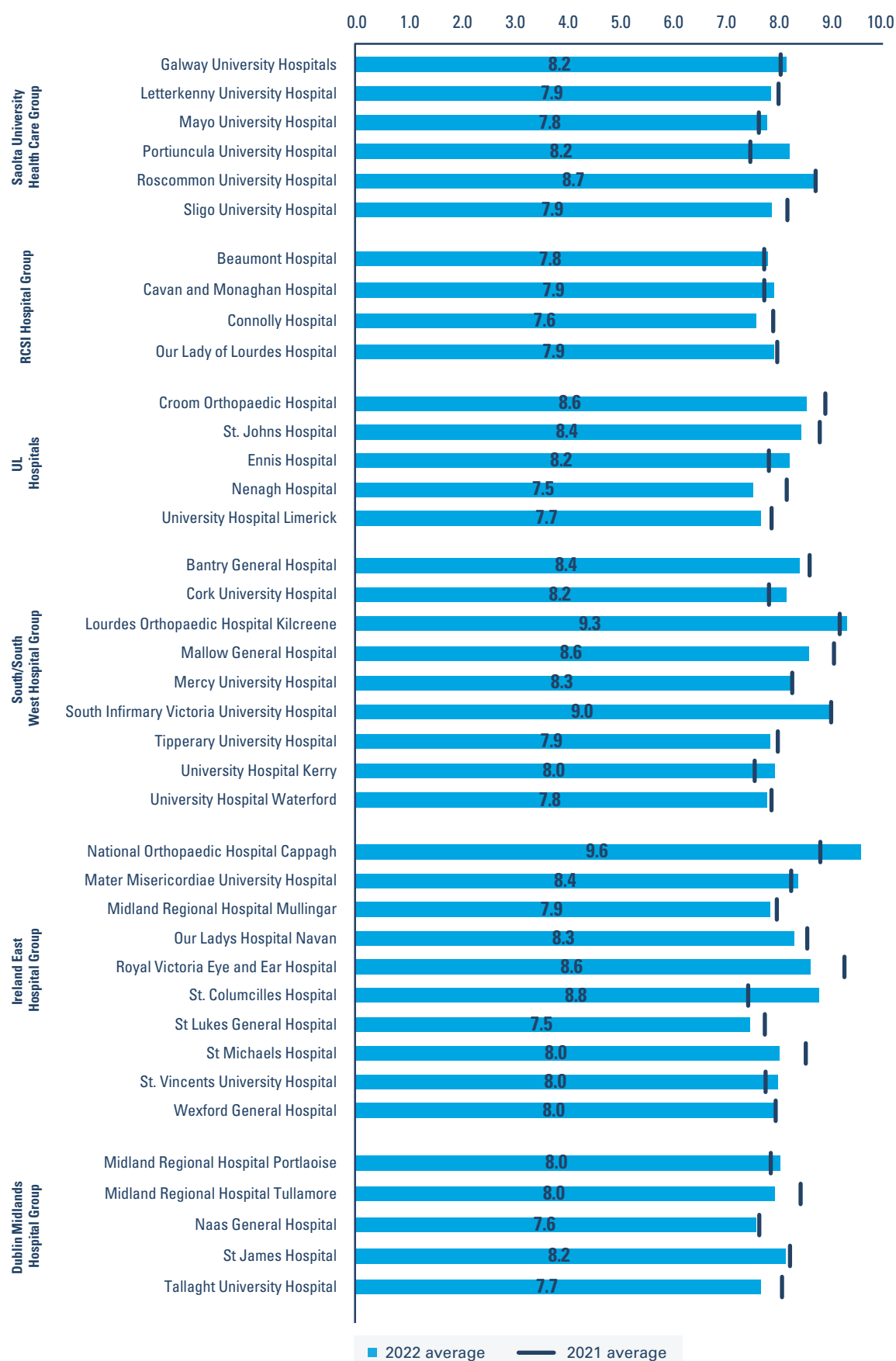
\*denotes statistically significant difference from the national average.



## Experience of 'examinations, diagnosis and treatment' in hospitals

Figure 2.14 presents the scores for 'examinations, diagnosis and treatment' for each hospital, compared to each hospital's score in 2021.

**Figure 2.14** 'Examinations, diagnosis and treatment' scores by hospital





## 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. People under the age of 36 and over the age of 80 had less positive experiences of 'examinations, diagnosis and treatment'.



# Discharge or transfer

"Staff (nurses and doctors) were excellent during stay and made extra effort to ensure home care was in place after discharge."

"Very good care with appropriate referral to family members as short-term recall is poor. Appropriate discharge to rehab for intensive physio and OT assessment."

"One of the admin team in AD was particularly helpful after I was discharged as I had to ring her to obtain a letter of attendance. She was really helpful and emailed the letter to me very promptly."

"The length of time from discharge to receiving necessary letters and prescriptions - my wife had to wait four hours in reception for me to receive paperwork - told to arrange transport at 12 noon and only got paperwork at 6.30pm."

"[Dr Name] and his team were very caring, information and helpful. [Dr Name] before my discharge, explained why particular medications were prescribed and the tests and procedures carried out."

"A little more knowledge about side effects on new medication from a doctor."

"I was a bit disappointed as my chart was not sent to my consultant for appraisal on my discharge."

"Communication with family (next of kin) by doctors. Urgency to get me discharged when I was still very ill, saying they needed the bed. Sending me to respite and having to readmit me a day later. This was very stressful for family and should not have happened."



**DISCHARGE  
OR TRANSFER**

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

**11 QUESTIONS**

# Discharge or transfer

Across all years of the National Inpatient Experience Survey, 'discharge or transfer' has remained the lowest-rated stage of care. Figure 2.15 presents the results for questions on 'discharge or transfer'.

Question 44 was the highest-scoring question for this stage of care. Most participants (5,884 or 69.2%) said that the purpose of medications they were to take at home was fully explained to them. Question 45 was the lowest-scoring question. Of the 7,499 people who received medication, 2,668 (35.6%) said that they were not informed about the side effects to watch for when they went home.

**Figure 2.15** - National scores for questions on 'discharge or transfer'



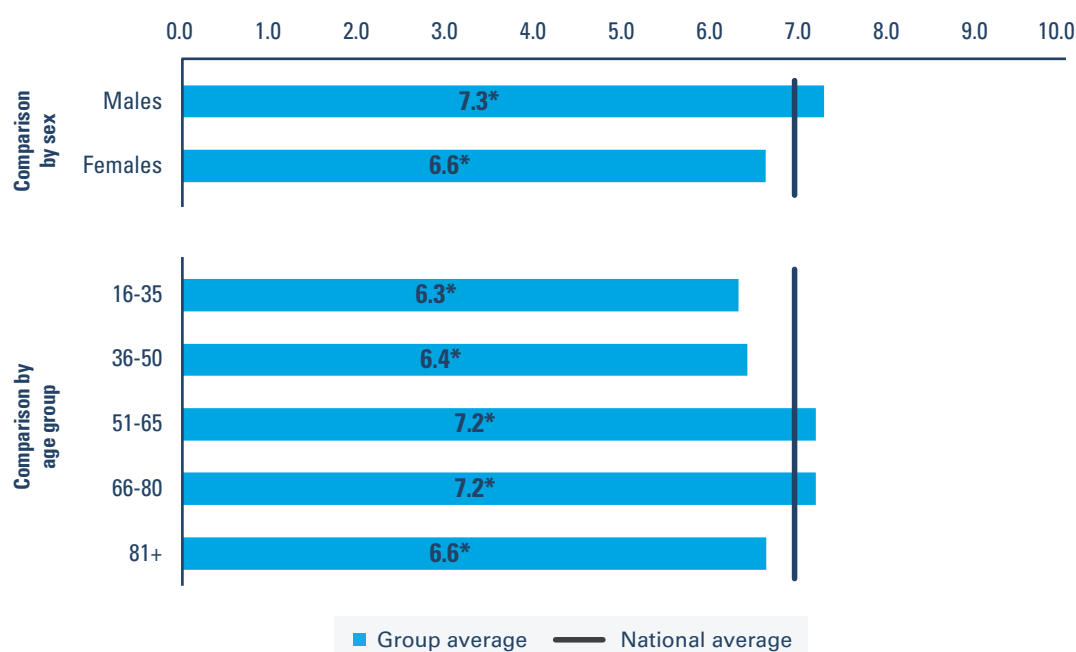
## Experience of 'discharge or transfer' by sex and age group

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 7.3 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 80 years. Younger people (16 to 35 years) reported the most negative experience of any age group (score of 6.3 out of 10), whereas people aged 51 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, compared with the national average.

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



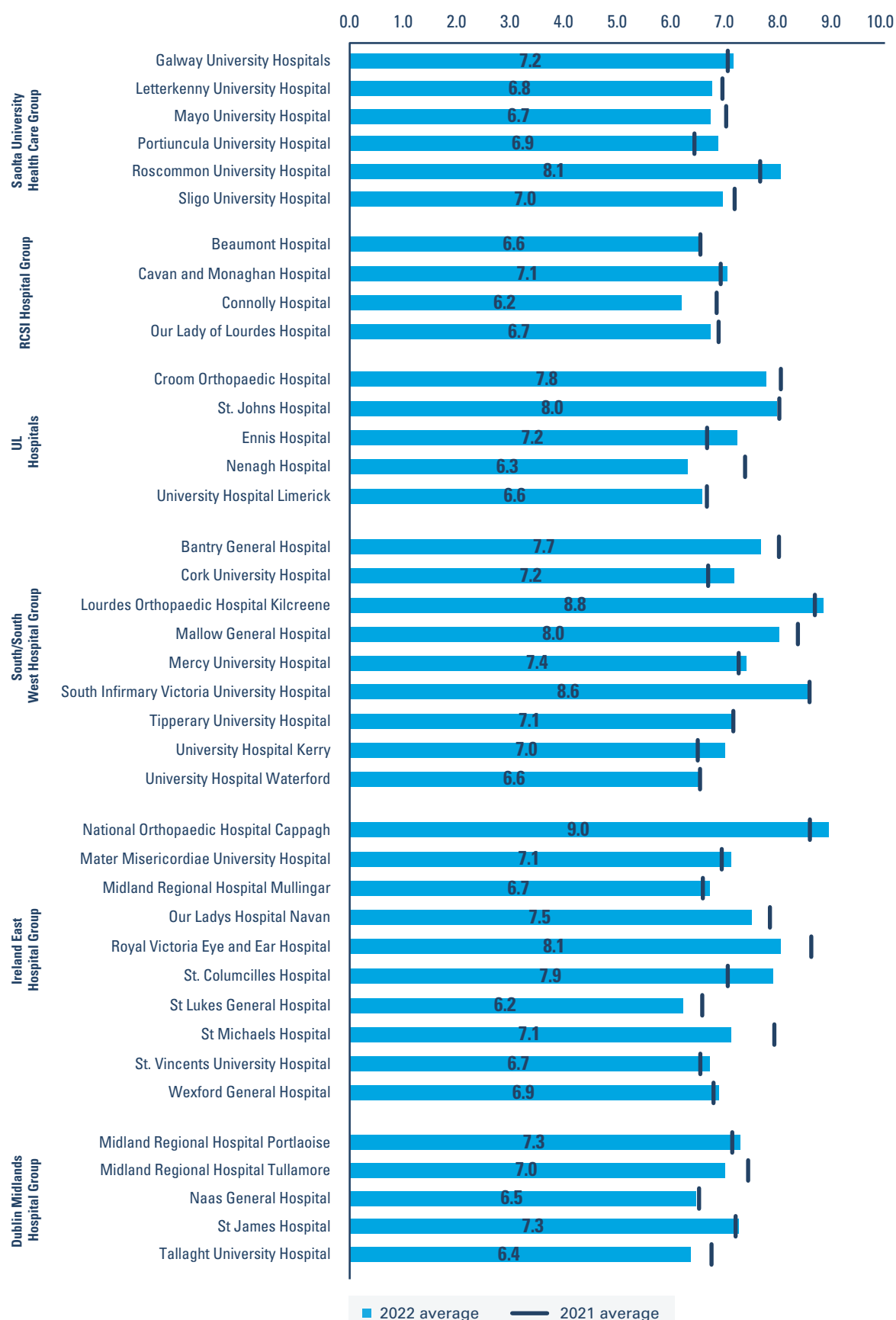
\*denotes statistically significant difference from the national average.



## Experience of 'discharge or transfer' in hospitals

Figure 2.17 displays the 'discharge or transfer' scores for each hospital, compared to each hospital's score in 2021.

**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 2022. 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.<sup>(10-12)</sup> 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.





# Other aspects of care

"Excellent members of staff who tried their utmost to attend to me with respect and dignity."

"Manner of some medical staff. Need more awareness of patient worries. Explain more to patient in lay man's terms."

"I felt I could trust the hospital staff who seemed to be genuinely working hard and trying to do their best."

"The sanitary bins in bathrooms were not emptied every day. There was a bad smell."

"Two young doctors were very good, explained everything and answered any questions I asked."

"Communication with doctors. I was unable to understand and my family could not get an opportunity to speak with the doctor."

"Doctor phoned when asked by family member to give feedback and update."

"Washing facilities could be improved."





## OTHER ASPECTS OF CARE

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

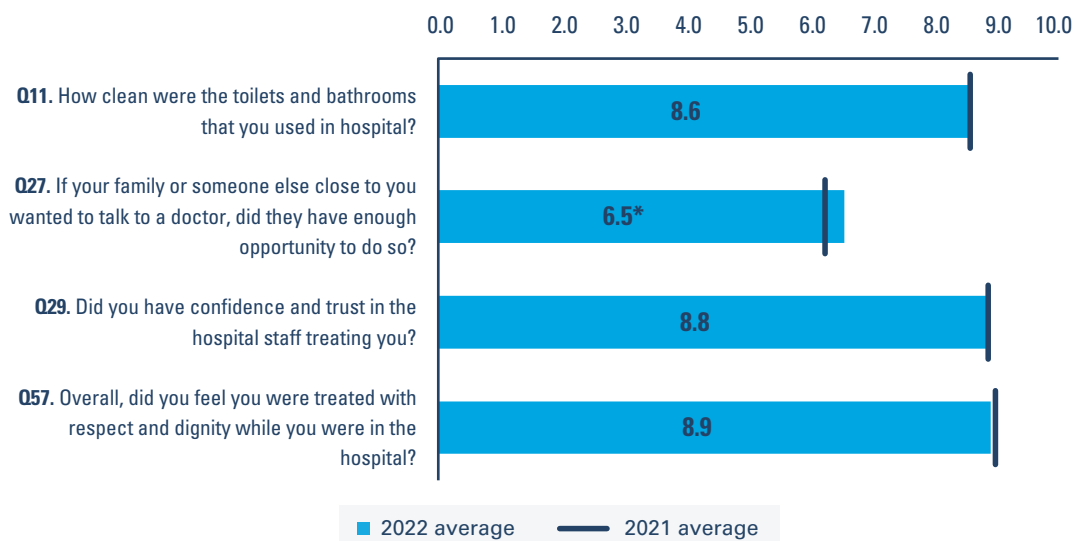
### 4 QUESTIONS

# Other aspects of care

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.

Question 57 was the highest-scoring question for this stage of care. Most participants (8,525 or 82.1%) said that they were always treated with respect and dignity while in hospital. While it was the lowest-rated question for this stage of care, scores for Question 27 were higher in 2022 compared to 2021. In total, 1,367 of 6,748 people (20.3%) said that their family or someone else close to them did not have enough opportunity to talk to a doctor.

**Figure 2.18** National scores for questions on 'other aspects of care'



\*denotes statistically significant difference from 2021 scores.

Patients were also asked if they knew how to give feedback or make a complaint. In total, 2,763 people (26.8%) answered 'yes', while 3,299 (32.0%) answered 'no'. In addition, 4,236 people (41.1%) said they did not wish to give feedback or make a complaint.



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

Most people said that they were treated with respect and dignity, and had confidence and trust 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

"I had no great fear of covid-19 during my stay. Staff were very careful and protecting and the domestic staff were exceptional."

"All the staff used masks and sanitiser and very strict to make sure you are safe I was happy the way it was handled."

"All seemed under control, I didn't worry about covid, everywhere was clean."

"Not being able to have somebody else be with me while in hospital. Especially as I have dementia and I get quite confused. It would of kept me more calm and helped me understand."

"I was permitted to have my partner attend OPD appointments pre and post-surgery - this was very important to me as I was getting a lot of information and it was great to have someone with me to hear it too. During my stay - covid 19 did not affect me."

"Sometimes hard to hear and recognise staff due to PPE."

"Due to the close proximity of beds in A&E and in the hospital corridors plus the non-wearing of masks by some patients all of which created a great fear of catching covid 19."

"Having had covid recently (April 2022) and my vaccine and booster, I was placed in a ward that had covid and was in lockdown, I was not allowed any visitors for over two weeks. This is distressing given my terminal diagnosis."





## CARE DURING THE PANDEMIC



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

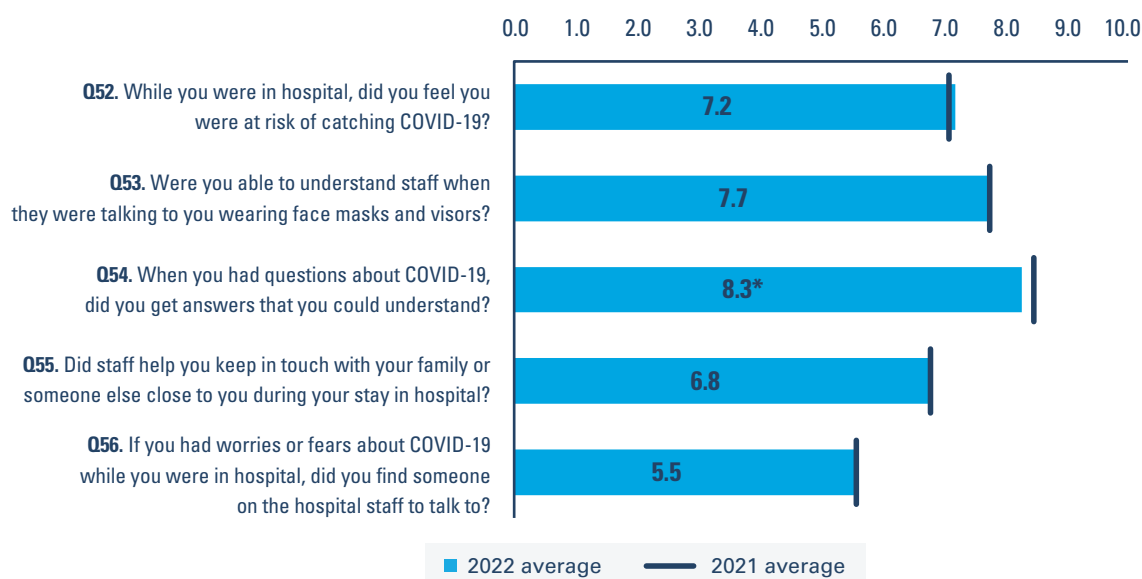
6 QUESTIONS

# Care during the pandemic

This section explored experiences related to COVID-19. Figure 2.19 presents the results for questions on 'care during the pandemic'. In total, 1,280 people said that they were admitted due to COVID-19 or were told that they had COVID-19 during their stay in hospital.

Most people (3,908 or 73.1%) who had questions about COVID-19 said that they always got answers they could understand. While 62.5% of people said they had no worries or fears about COVID-19, of those who did have worries or fears, 31.3% (1,190 of 3,802) said that they could not find a member of staff to talk to.

**Figure 2.19** National scores for questions on 'care during the pandemic'



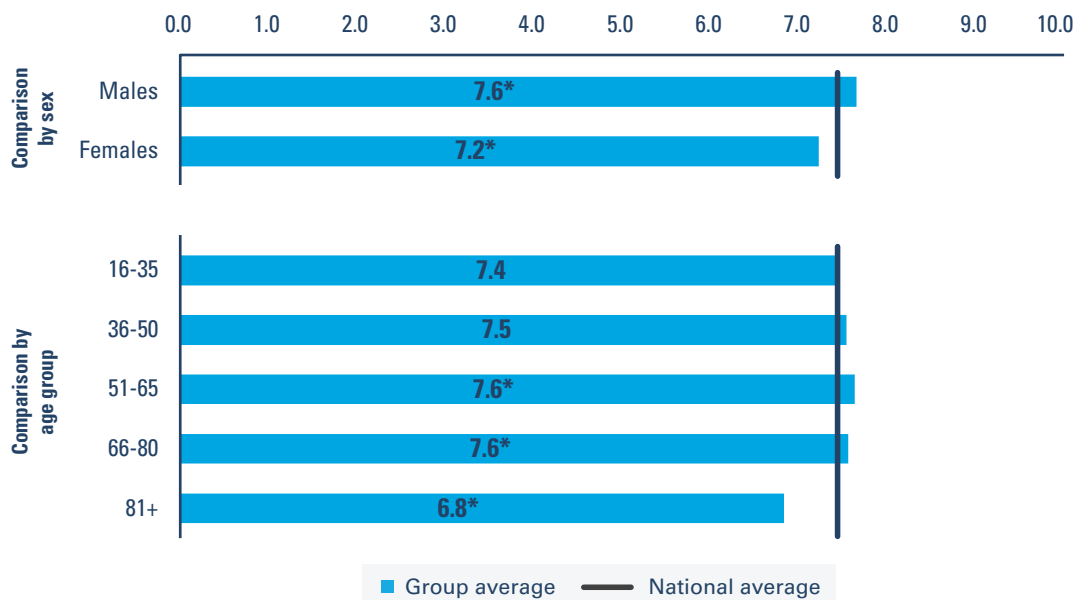
\*denotes statistically significant difference from 2021 scores.

## Experience of 'care during the pandemic' by sex and age group

Nationally, 'care during the pandemic' scored 7.4 out of 10. On average, men had a more positive experience of 'care during the pandemic' (score of 7.6 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. People aged 81 years and above reported the most negative experience of any age group (score of 6.8 out of 10), whereas people aged 51 to 80 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, compared with the national average.

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



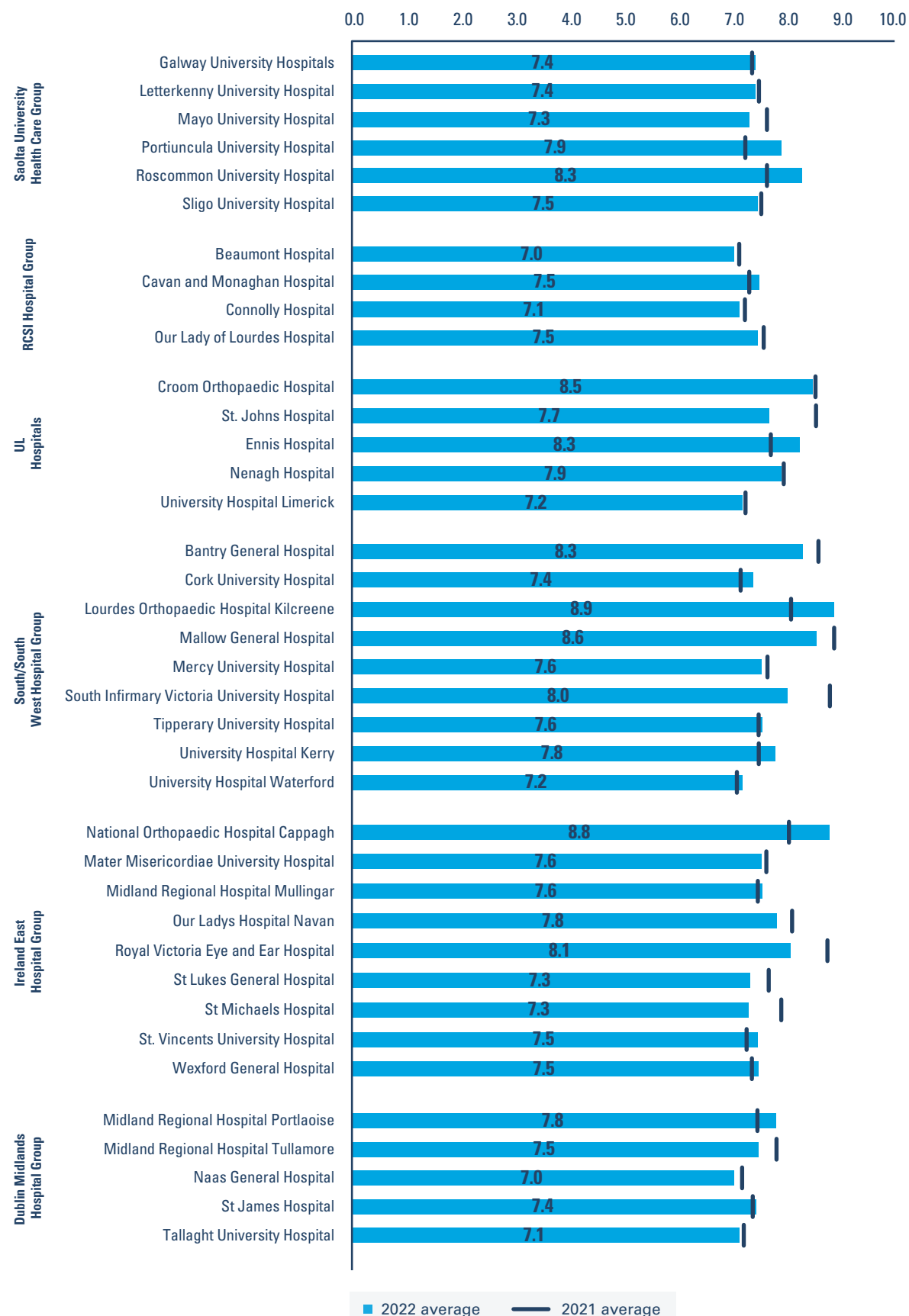
\*denotes statistically significant difference from the national average.



## Experience of 'care during the pandemic' in hospitals

Figure 2.21 displays the 'care during the pandemic' scores for each hospital, compared to each hospital's score in 2021.

**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. Most people who had questions about COVID-19 said that they always got answers they could understand. However, some people who needed help to keep in touch with family did not receive it. Furthermore, 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 a member of staff to talk to.





3

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Overall  
experience

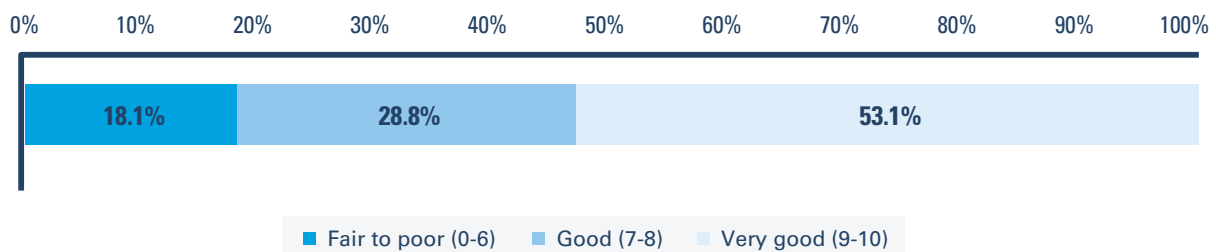


# Ratings of overall experience

## In summary: What was the overall experience of patients in May 2022?

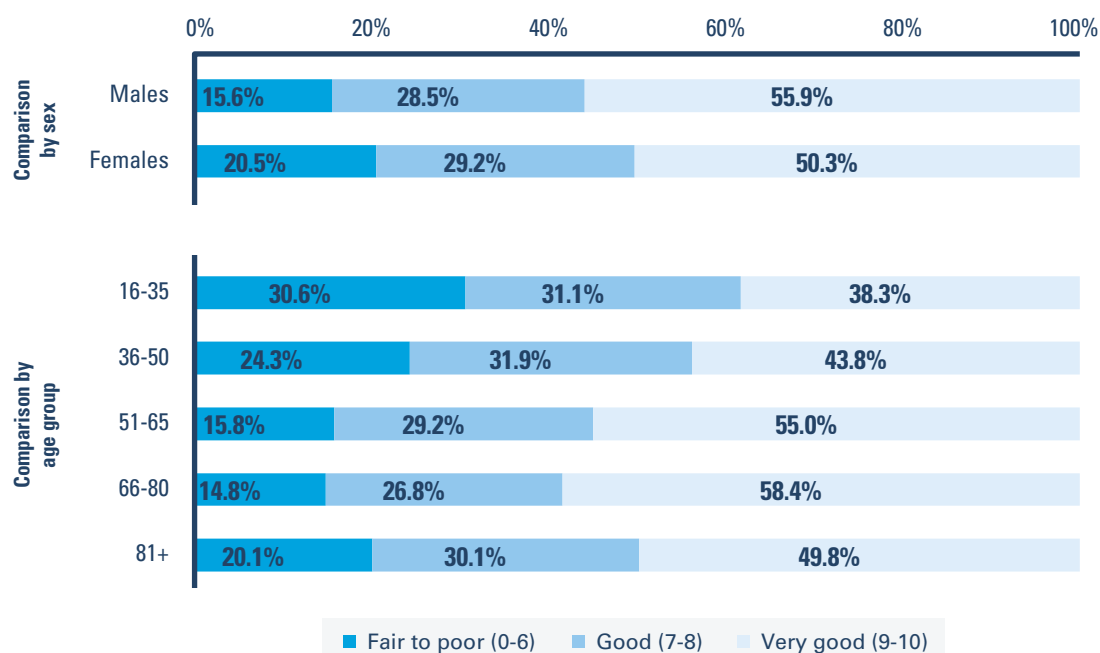
The 2022 National Inpatient Experience Survey asked patients to rate their overall hospital experience on a scale from 0 to 10, with 0 indicating a very negative and 10 indicating a very positive experience. Nationally, the average overall rating of care was 8.1 out of 10. A total of 5,331 people (53.1%) said that they had a very good experience in hospital (overall rating between 9 and 10), while 2,897 people (28.8%) rated their hospital experience as good (overall rating of 7-8) and 1,815 people (18.1%) 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



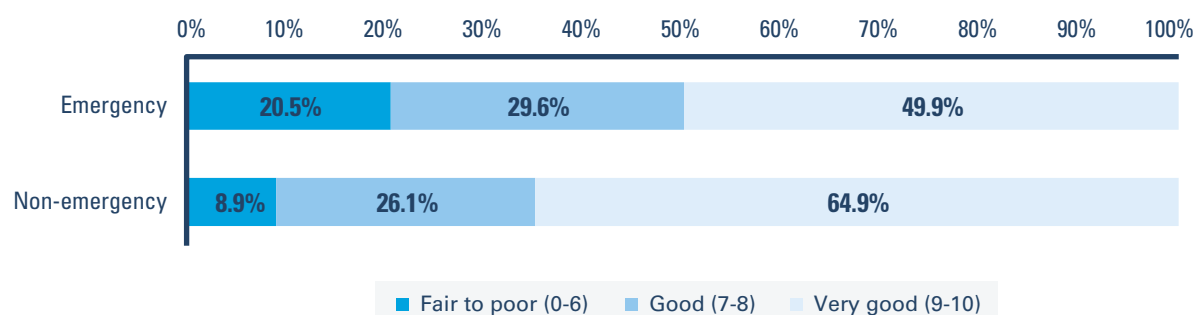
## Overall experience by sex and age group

In total, 84.4% of male patients had a good or very good overall experience, compared with 79.5% of female patients. In terms of age groups, 84.2% of people aged 51-65 years, 85.2% of those aged 66-80 years, and 79.9% 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, 69.4% of people aged 16-35 said they had a good or very good hospital experience, while 30.6% of people in this age group said they had a fair to poor experience. In comparison, only 14.8% 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

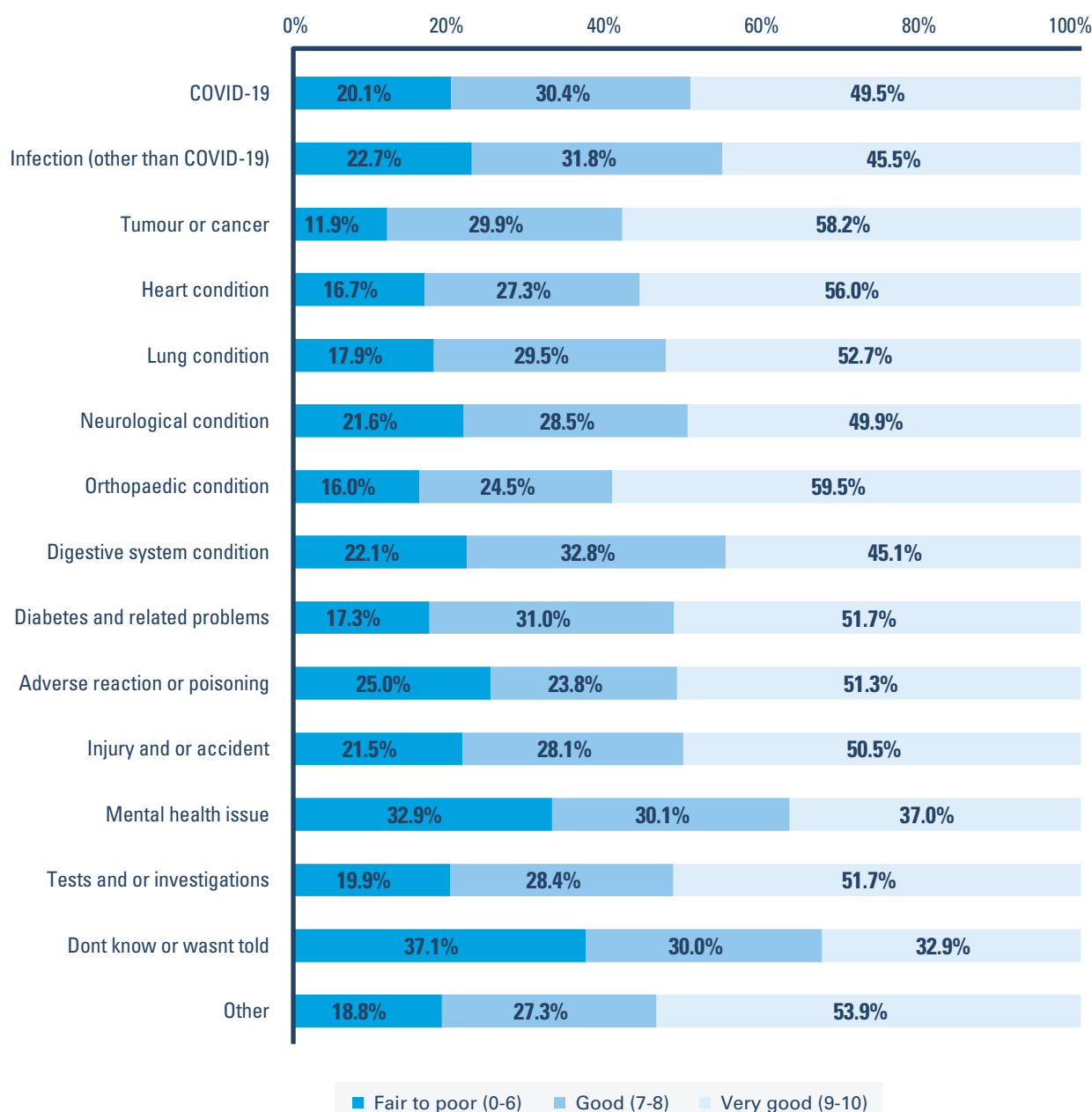
People whose hospital visit was planned in advance were more likely to report a good or very good hospital experience overall; 91.1% of non-emergency patients reported a good or very good experience, compared with 79.5% of people who required an emergency admission. On the other hand, 20.5% of emergency patients rated their experience as fair to poor, compared with 8.9% 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 (26 of 70 patients or 37.1%), while those admitted due to a tumour or cancer were least likely (11.9%) 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

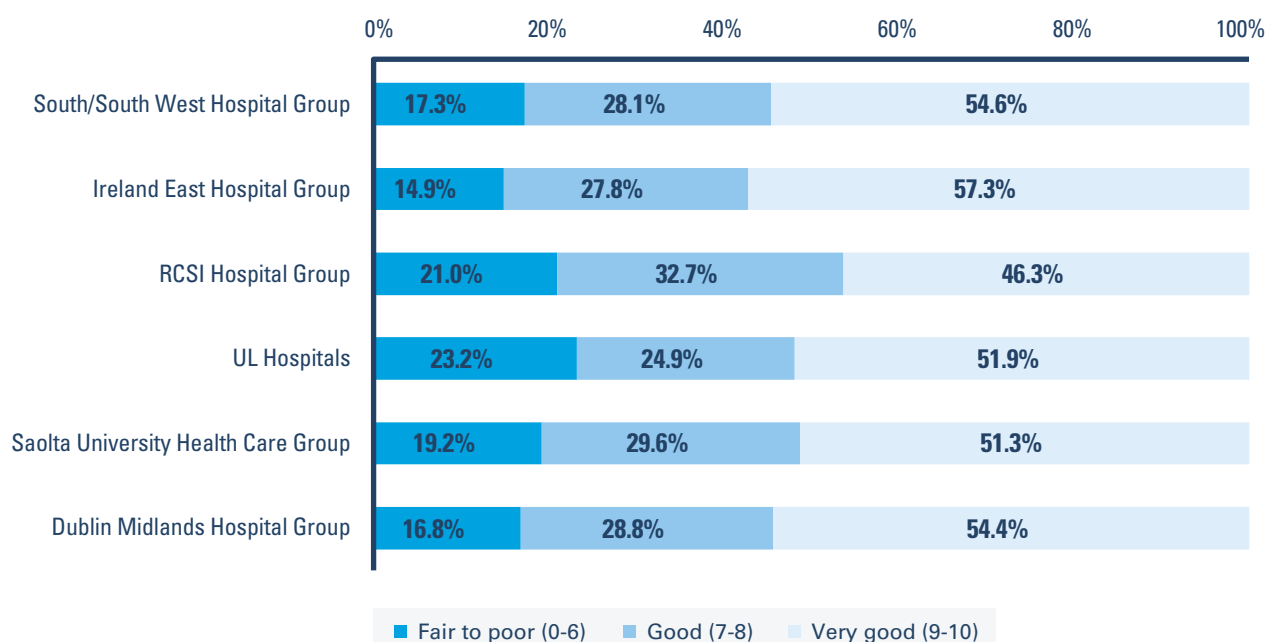




## Overall experience in the six hospital groups

In every hospital group, over 75% of patients rated their overall experience as good or very good. The Ireland East Hospital Group had the highest percentage of 'good' or 'very good' ratings at 85.1%. Figure 3.5 shows the ratings of overall patient experience for the six hospital groups.

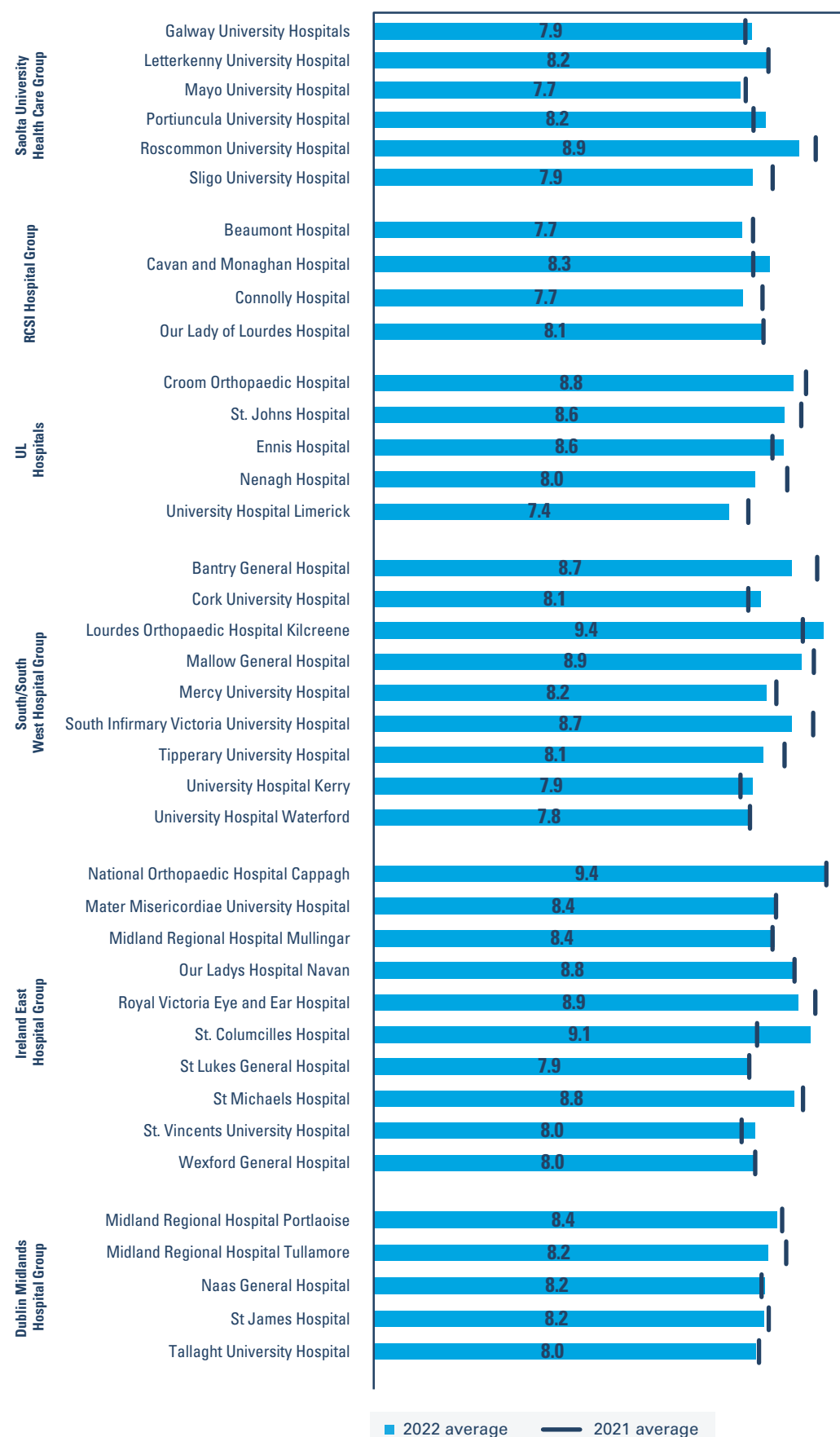
**Figure 3.5** Ratings of overall experience by hospital group



## Overall experience in hospitals

Ratings for overall experience in each hospital is shown in Figure 3.6, compared to each hospital's score in 2021.

**Figure 3.6** Ratings of overall experience by hospital

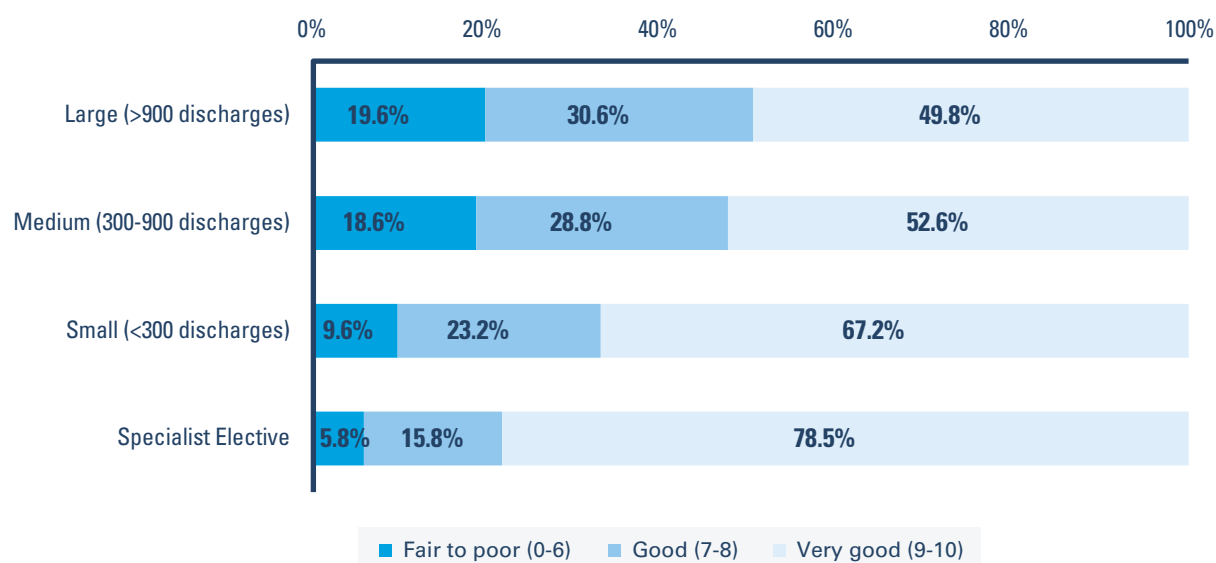




## Overall experience by hospital size

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 May 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, and specialist, elective hospitals are in a separate category.

**Figure 3.7** Ratings of overall experience by hospital size



# 4

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## In their own words

Analysis of patients'  
comments





# Quantitative analysis of patients' comments

The last three questions (Q65-67) of the survey asked patients to provide additional information, in their own words, on their experiences in hospitals. Q65 asked participants what was particularly good about their hospital care, Q66 asked participants what could be improved, and Q67 asked participants for comments about how the COVID-19 pandemic affected the care they received in hospital.

The free-text questions allowed people to give a more in-depth description of specific aspects of their care. It also allowed them to talk about various things (good or bad) that could not be captured by the structured questions. In total, 20,656 comments were received in response to the free-text questions in the 2022 survey.

The framework method was used to analyse and manage the wealth of information provided in patients' comments. All comments were analysed and multi-coded using the following 24 codes:

Staffing levels	Planned procedures waiting times
Nursing staff	Food and drink
Doctors or consultants	Staff availability
Other healthcare staff	Discharge
Other staff	Cleanliness or hygiene
General staff comment	Hospital facilities
Dignity, respect and privacy	Parking facilities
Communication: Patient	Clinical information
Communication: FRF	Health insurance
Physical comfort	Compassion
ED management/ environment	General comment
ED waiting times	Other comment

An analytical framework consisting of 11 themes was developed, with the 24 codes mapped to these 11 themes. This framework helped organise and systematically reduce the thousands of patients' comments into manageable chunks of information.<sup>(13)</sup>



A separate analytical framework was developed to analyse the comments received in response to Q67 ('Do you have any comments about how the COVID-19 pandemic affected the care you received in hospital?'). All comments received in response to Q67 were analysed and multi-coded using the following 20 codes, which were then mapped to six themes:

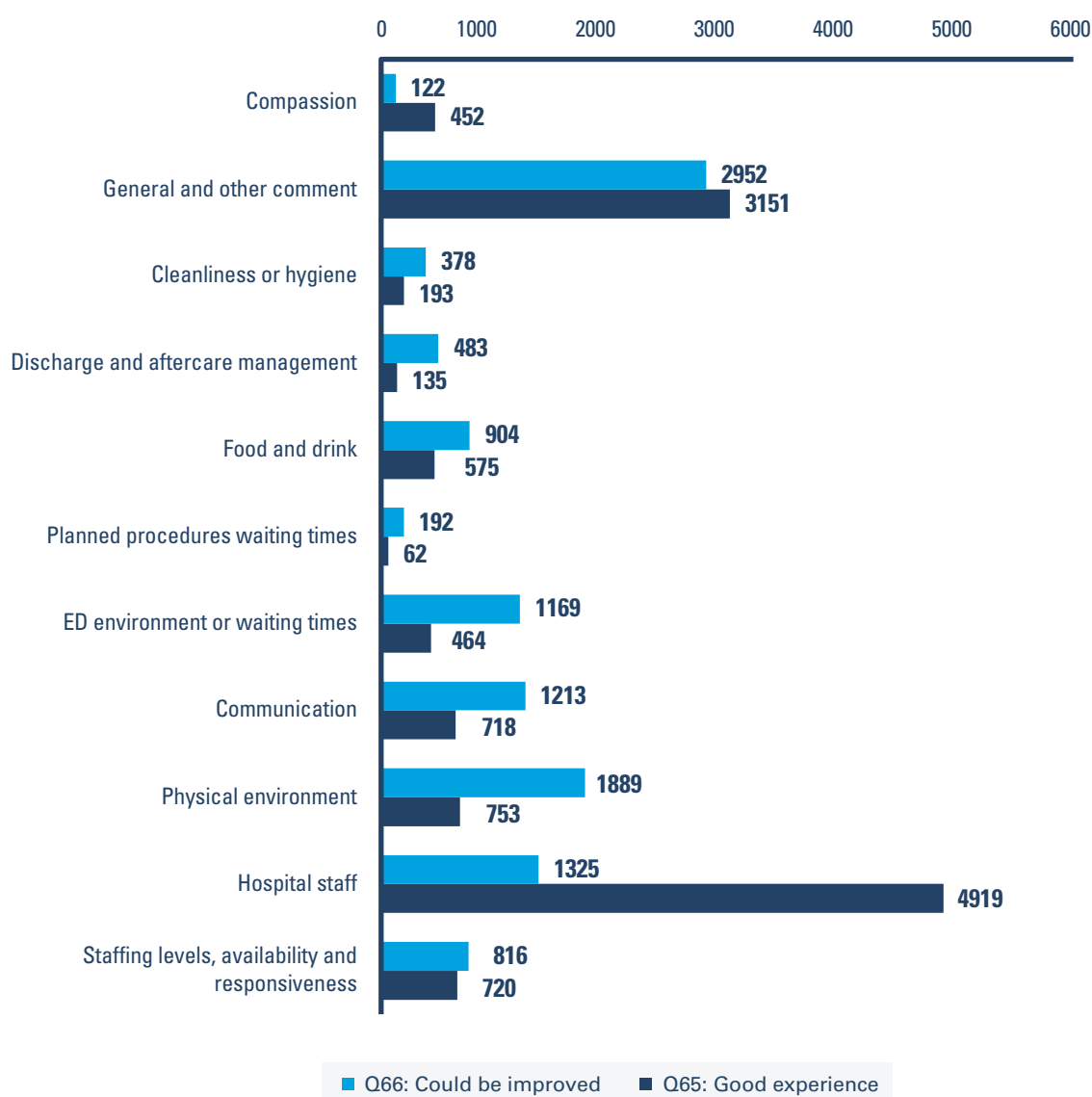
No impact on care	Patients with additional needs
COVID-19 did impact care	COVID-19 restrictions not being followed
Gratitude/Appreciation of staff	Care - negative experience
Examples of good care	Fear of contracting COVID-19/did contract COVID-19
Staff shortages and overcrowding	COVID-19 Restrictions - improved experience
Staff criticism and lack of dignity	COVID-19 impact on waiting list
Infection prevention & control (IPC)	feeling safe/no fear of contracting COVID-19
Visitor restrictions	Communication: Patient
Vaccination	Communication: Family
Mental and psychological wellbeing	Other comment



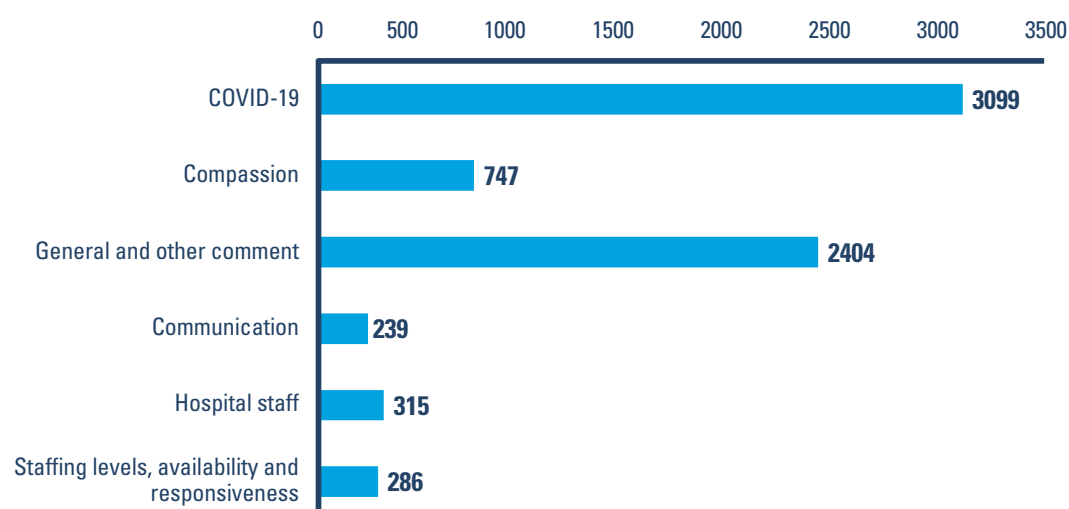
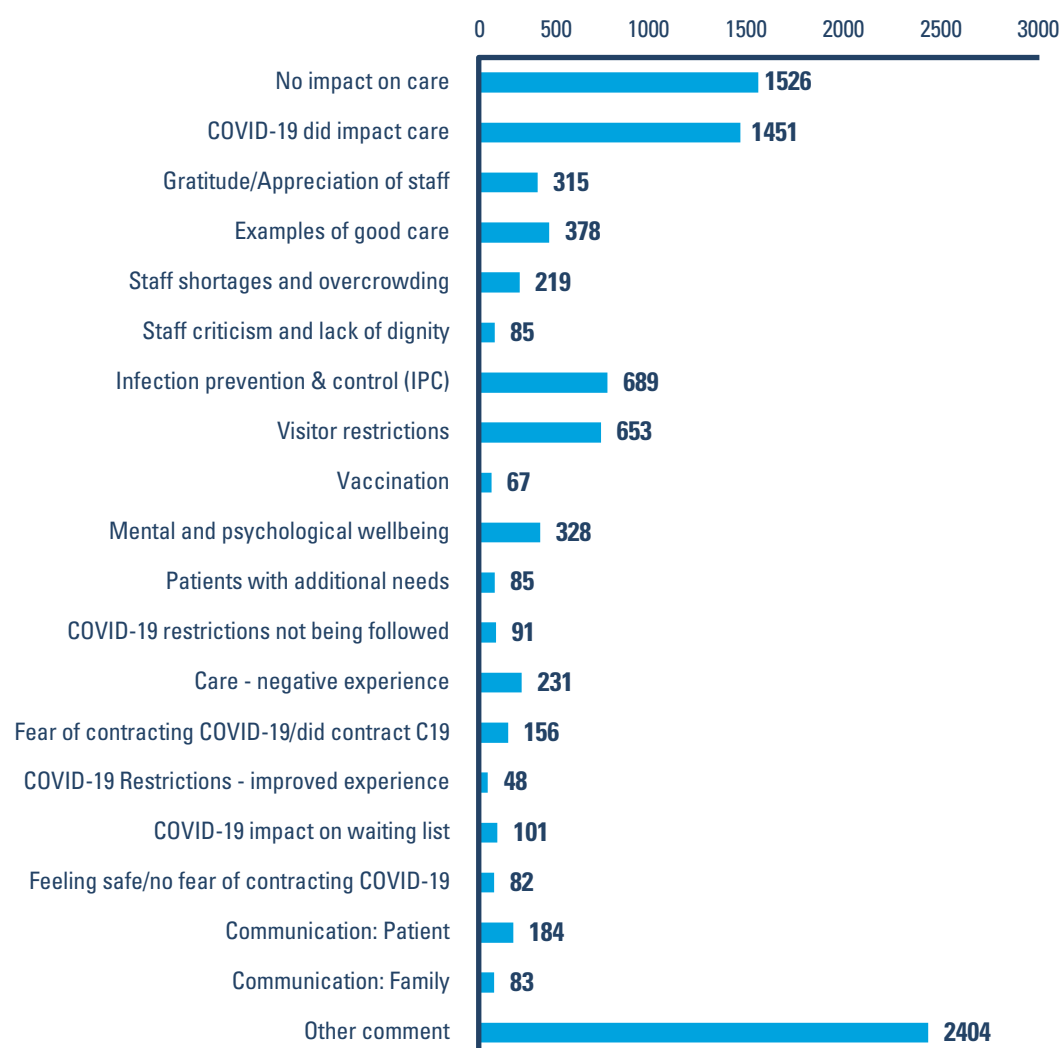
# Overview of patients' comments

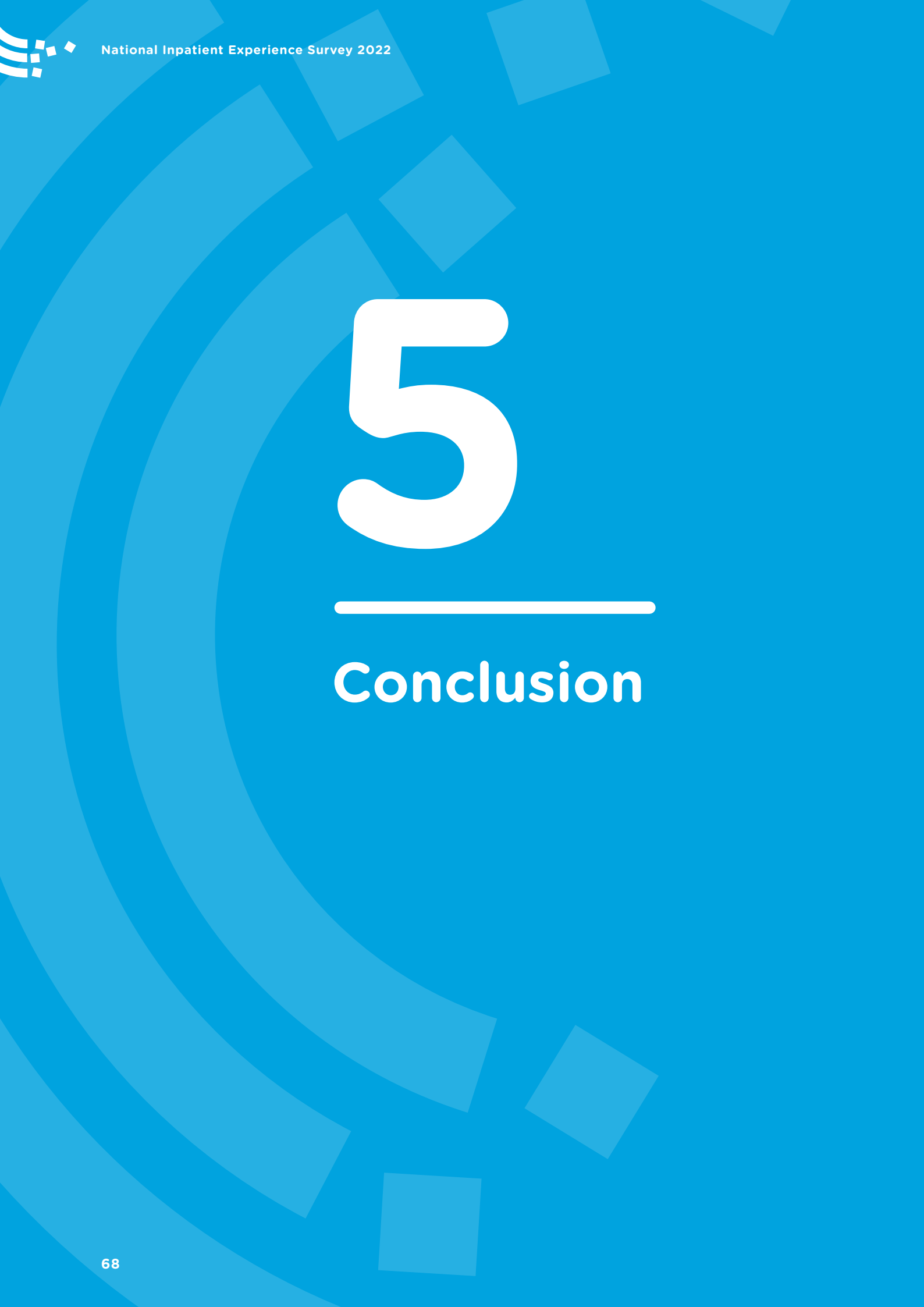
Figure 4.1 shows the breakdown of patients' comments by theme for Q65 and Q66. For Q65, most of the comments related to the 'Hospital staff' and 'General and other comment' themes. For Q66, most comments related to the 'Physical environment', 'Communication', 'Hospital staff' and 'General and other comment' themes. Figure 4.2 shows the breakdown of patients' comments by theme for Q67, while figure 4.3 shows the breakdown of patients' comments by the original codes for Q67. Most responses to Q67 related to the 'General and other comment' and 'COVID-19' themes.<sup>7</sup>

**Figure 4.1** Number of patient comments for Q65 and Q66 by theme



<sup>7</sup> 3,513 short comments ('yes', 'no', 'NA', 'no comment') were received across the three open-ended questions. These are included in the 'General and other comment' themes.

**Figure 4.2** Number of patient comments for Q67 by theme**Figure 4.3** Number of patient comments for Q67 by code



# 5



## Conclusion

# What were patients' experiences of hospital care in May 2022?

The findings of the National Inpatient Experience Survey 2022 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.

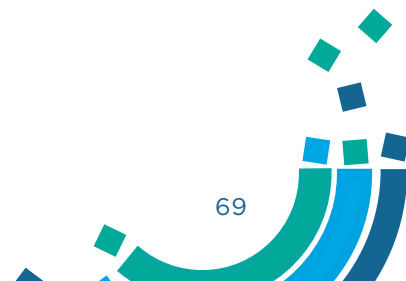
The majority of patients (81.9%) rated their overall experience of hospital care as good or very good. The survey identified a number of areas of good patient experience. Questions on dignity and respect achieved some of the highest scores in this survey. Participants also gave positive ratings of their interactions with nurses. 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 information on how to manage a condition after discharge. A significant number of participants said that they did not have enough time to discuss their care and treatment with a doctor. In addition, many suggested that their families did not have an opportunity to talk to a doctor. Patients whose hospital visit was planned in advance tended to report more positive experiences than patients who required an emergency admission.

In conclusion, the findings of the 2022 survey show that most patients had positive experiences of care. 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, 2019 and 2021 survey results by producing quality improvement plans. Some examples of these initiatives can be seen at [www.yourexperience.ie](http://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.





# Appendices

# Appendix 1

## Membership of the National Inpatient Experience Survey governance groups

### Steering Group:

<b>Angela Fitzgerald (Chair)</b>	Chief Executive Office, HIQA
<b>Rachel Flynn</b>	Director of Health Information and Standards, HIQA
<b>Mary McGeown</b>	Principal Officer, Department of Health
<b>Niamh Bernard</b>	Principal Officer, Acute Hospital Oversight and Performance Division, Department of Health
<b>Roisin O'Leary</b>	Patient Representative, Sage Advocacy
<b>Louise Loughlin</b>	National Manager, National Advocacy Service
<b>Mary Day</b>	Interim National Director Acute Operations, HSE
<b>Joe Ryan</b>	National Director, Operational Performance and Integration, HSE



## National Inpatient Experience Survey, Programme Board:

<b>Rachel Flynn (Chair)</b>	Director of Health Information and Standards, HIQA
<b>Tracy O'Carroll</b>	Head of National Care Experience Programme, HIQA
<b>Aileen Keane</b>	Regulatory Practice Development Manager, Regulation, HIQA
<b>Joe Ryan</b>	National Director, Operational Performance and Integration, HSE
<b>Deirdre Hyland</b>	Patient Safety Surveillance Officer, National Patient Safety Office, Department of Health
<b>Jamie Leahy</b>	Assistant Principal Officer, Acute Hospitals Oversight & Performance Division, Department of Health
<b>Kay Caball</b>	Patient Representative, UL Hospital Group Patient Council
<b>Conor Foley</b>	Senior Analyst, NCEP
<b>Cara Regan Downey*</b>	NCEP Lead, Operational Performance and Integration Division, HSE
<b>Aileen Killeen</b>	Senior Operations Manager, Office of the National Director, Operational Performance & Integration, HSE
<b>Claire Lehane**</b>	Service Manager, Patient Advocacy Service
<b>Georgina Cruise ***</b>	Acting Service Manager, Patient Advocacy Service

\*Until August 2022

\*\*Until September 2022

\*\*\*From September 2022

## National Inpatient Experience Survey Team:

<b>Tracy O' Carroll</b>	Head of National Care Experience Programme, HIQA
<b>Conor Foley</b>	Senior Analyst, National Care Experience Programme, HIQA
<b>Linda Drummond*</b>	Project Lead, National Care Experience Programme, HIQA
<b>Tina Boland</b>	Project Lead, National Care Experience Programme, HIQA
<b>Daniela Rohde</b>	Analyst, National Care Experience Programme, HIQA
<b>Siobhan Morrison</b>	Project Officer, National Care Experience Programme, HIQA
<b>Trudi Mason</b>	Project Officer, Communications, National Care Experience Programme, HIQA
<b>Róisín Murphy**</b>	Research Officer, National Care Experience Programme, HIQA
<b>Geneviève Ruiz-O'Sullivan</b>	Research Officer, National Care Experience Programme, HIQA
<b>Alice Reetham</b>	Project Officer, National Care Experience Programme, HIQA

\*Until September 2022

\*\*Until November 2022



## Appendix 2

# Who took part in the National Inpatient Experience Survey 2022?

### People invited to take part

In total, 24,996 people met the eligibility criteria for the National Inpatient Experience Survey 2022 and were invited to participate. A total of 454 people opted out of the survey. In total, 10,904 people returned a valid survey. This represents a national response rate of 43.6%.

The South/South West Hospital Group had the highest response rate, with 46.6% of patients returning a questionnaire. The RCSI Hospital Group had the lowest response rate (40.0%). 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 2022 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 (%)
<b>National (total)</b>	<b>24,996</b>	<b>10,904</b>	<b>43.6%</b>
<b>By Hospital Group</b>			
South/South West Hospital Group	4,797	2,235	46.6%
Ireland East Hospital Group	5,164	2,345	45.4%
RCSI Hospital Group	4,108	1,642	40.0%
UL Hospital Group	2,207	920	41.7%
Saolta Hospital Group	4,271	1,886	44.2%
Dublin Midlands Hospital Group	4,449	1,876	42.2%



## Characteristics of survey respondents

To get a better understanding of who participated in the 2022 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.

Of the respondents, 49.4% were male and 50.6% were female. People aged 66 or older accounted for 57.1% of survey respondents, with 17.8% aged 81 or older. The vast majority of respondents (90.1%) indicated having a white, Irish ethnic background. Tables B summarises the characteristics of the 2022 survey respondents by sex, age and ethnic group.

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

Group	Number of participants	Percentage
<b>Sex</b>		
Males	5,382	49.4
Females	5,522	50.6
<b>Age group</b>		
16-35	693	6.4
36-50	1,270	11.6
51-65	2,709	24.8
66-80	4,287	39.3
81+	1,945	17.8
<b>Ethnic group*</b>		
White, Irish	9,643	90.1
Irish Traveller	43	0.4
Roma	14	0.1
Any other White background	687	6.4
Black, African	82	0.8
Any other Black background	9	0.1
Chinese	14	0.1
Indian/Pakistani/Bangladeshi	42	0.4
Any other Asian background	46	0.4
Arabic	31	0.3
Mixed	40	0.4
Other ethnic background	57	0.5

\*196 people did not indicate an ethnic group.

The majority of survey respondents (79.8%) entered the hospital through the emergency department. For 20.2% of respondents, their stay in hospital had been planned in advance, or as a result of something else. 67.0% 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
<b>Admission route</b>		
Emergency	8,696	79.8
Non-emergency	2,208	20.2
<b>Length of stay</b>		
1-2 days	3,313	30.4
3-5 days	3,062	28.1
6-10 days	2,443	22.4
11 or more days	2,086	19.1
<b>Medical card status*</b>		
Medical card	7,107	67.0
No medical card	3,503	33.0
<b>Reason for admission to hospital**</b>		
COVID-19	221	2.1
Infection (other than COVID-19)	1,568	14.6
Tumour or cancer	1,039	9.7
Heart condition	1,498	14.0
Lung condition	820	7.7
Neurological condition	666	6.2
Orthopaedic condition	1,028	9.6
Digestive system condition	860	8.0
Diabetes and related problems	356	3.3
Adverse reaction or poisoning	88	0.8
Injury and or accident	720	6.7
Mental health issue	90	0.8
Tests and or investigations	1,293	12.1
Don't know or wasn't told	81	0.8
Other	2,050	19.1

\*294 people did not indicate a medical card status.

\*\*Some people ticked more than one reason for admission



77.8% of surveys were filled in by the patient themselves, while 9.0% were filled in by a person acting on behalf of the patient. 13.2% 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	8,260	77.8
Patient with the help of someone else	1,402	13.2
A person acting on patient's behalf	958	9.0

\*284 people did not reply to this question.

# 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 care<sup>7</sup>: 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.<sup>(14)</sup>

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.

**Figure A** Example of a scored question in the 2022 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	

<sup>7</sup> 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.



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.

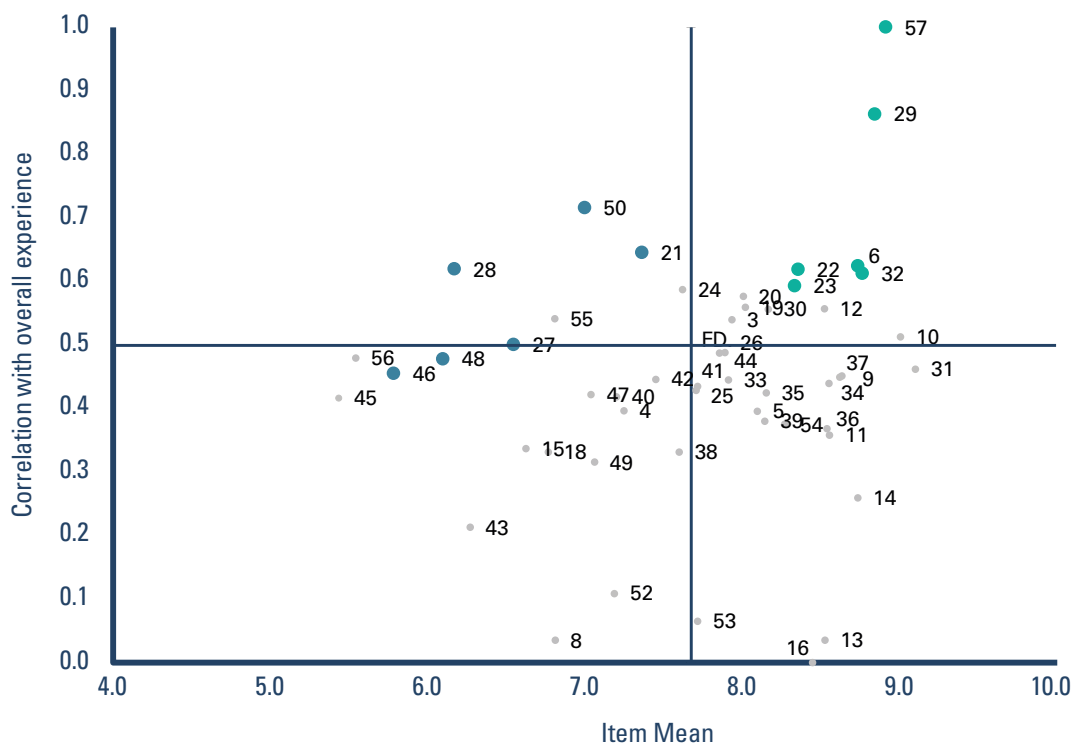
<b>Q3. When you had important questions to ask doctors and nurses in the emergency department, did you get answers that you could understand?</b>	
<b>Respondent</b>	<b>Score</b>
1	10
2	10
3	5
4	0
5	5
<b>Sum of scores</b>	<b>30</b>

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.<sup>(15)</sup> 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.<sup>(18,19)</sup>



## 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](http://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 2021 and 2022 scores compared?

Stage of care and individual question scores for 2021 and 2022 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.



## Appendix 4

# The National Inpatient Experience Survey questionnaire 2022

Of the survey questions, 61 originate from a library of questions originally formulated by the Picker Institute in the United States.<sup>(16)</sup> The National Inpatient Experience Survey questionnaire was adapted to the Irish context. Further information on the questionnaire development process can be found at [www.yourexperience.ie](http://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 or complaint and receive a response, please email the HSE at [yoursay@hse.ie](mailto:yoursay@hse.ie) or phone 1890 424 555. You can also contact the Patient Advocacy Service, which supports people who wish to make a complaint, at 0818 293 003 or [info@patientadvocacyservice.ie](mailto:info@patientadvocacyservice.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](https://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.**
- Please return this questionnaire in the Freepost envelope provided. No stamp is needed.

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](https://www.yourexperience.ie)** or email us at **[info@yourexperience.ie](mailto: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](https://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

## 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

Q16. Were you offered a choice of food?

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

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

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

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

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

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. Were you told you had COVID-19 at any time during your stay?

- 1 ☐ Yes → Go to Q53
- 2 ☐ No → 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 ☐ Roma
- 4 ☐ Any other White background

**Black or Black Irish**

- 5 ☐ African
- 6 ☐ Any other Black background

**Asian or Asian Irish**

- 7 ☐ Chinese
- 8 ☐ Indian/Pakistani/Bangladeshi
- 9 ☐ Any other Asian background

**Other, including mixed background**

- 10 ☐ Arabic
- 11 ☐ Mixed, write in description
- 12 ☐ Other, write in description

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.

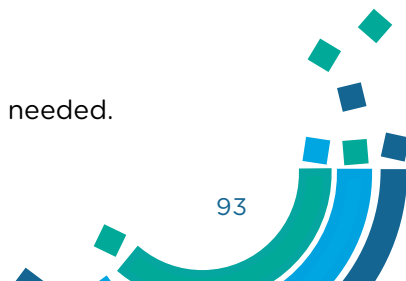
**Q65. Was there anything particularly good about your hospital care?**

**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.





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