National Inpatient Experience Survey

National Inpatient Experience Survey 2022

Technical Report

About the National Inpatient Experience Survey 2022

The National Inpatient Experience Survey[1] 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.

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

National Inpatient Experience Survey

Technical Report 2022: Purpose and content

Purpose of the report

This report provides a comprehensive technical description of the model, methodology, methods and procedures implemented during the National Inpatient Experience Survey 2022. This report has been designed to provide sufficient detail for repetition, replication and review. This document does not report in detail on the survey results. The reports on the survey findings can be downloaded at www.yourexperience.ie/.

Contents

1. Overview

1.1 The National Inpatient Experience Survey

The National Inpatient Experience Survey asks patients 67 questions about their journey through hospital, 64 of which are structured and three of which are free-text questions. Of the survey questions, 61 originate from a library of questions originally formulated by the Picker Institute in the United States.[1] The National Inpatient Experience Survey questionnaire was adapted to the Irish context. In 2021, seven additional questions were included to explore patients' experiences of acute care during the COVID-19 pandemic. Further information on the questionnaire development process can be found at www.yourexperience.ie, where you can also download a copy of the questionnaire. The closing date for the survey was 12 August 2022. In total, 90% of respondents returned the survey questionnaire by post, while 10% of respondents filled in the survey online.

The results of the survey were published in December 2022. The 2022 national report and 39 local hospital reports are available at www.yourexperience.ie.

1.2 Management of the National Inpatient Experience Survey

HIQA, as the lead partner, contracted a managed service to administer the 2022 survey and to process the responses received. In 2022, the managed service was responsible for:

- receiving and quality assuring the lists of sampled persons from participating hospitals
- printing and distributing the questionnaire
- logging returns, opt-outs and ineligible respondents
- providing information to respondents on a dedicated survey helpline
- data processing and quality assuring survey responses
- hosting a secure back-end database to allow hospitals to view their survey results on an online reporting platform prior to the publication of the results.

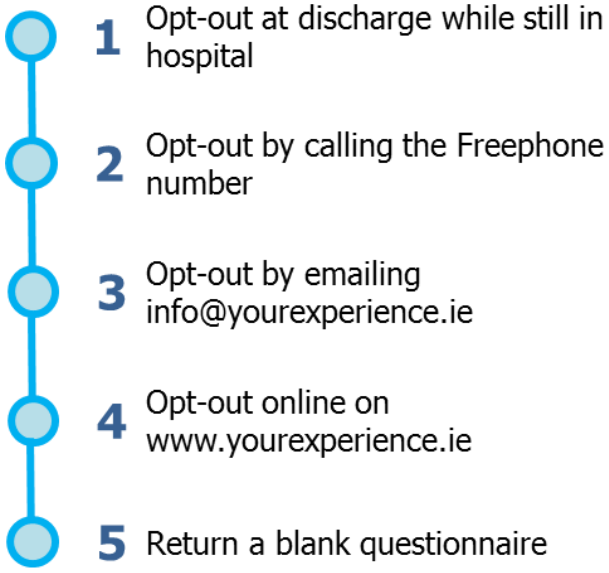
1.3 Survey design

1.3.1 Survey methodology

The National Inpatient Experience Survey is based on a concurrent mixed-mode response design, which allows participants to complete the survey online or by returning a hard copy questionnaire in the post. The mode of contact, however, is via post only. Eligible people were sent a questionnaire in the post in June 2022. The invitation letter provides recipients with the choice of completing the survey online or on paper.

The administration of two reminder letters is built into the survey design. One or two reminder letters are sent to people who have not yet returned a survey. Internationally, the second reminder has been shown to increase response rates significantly.(2)

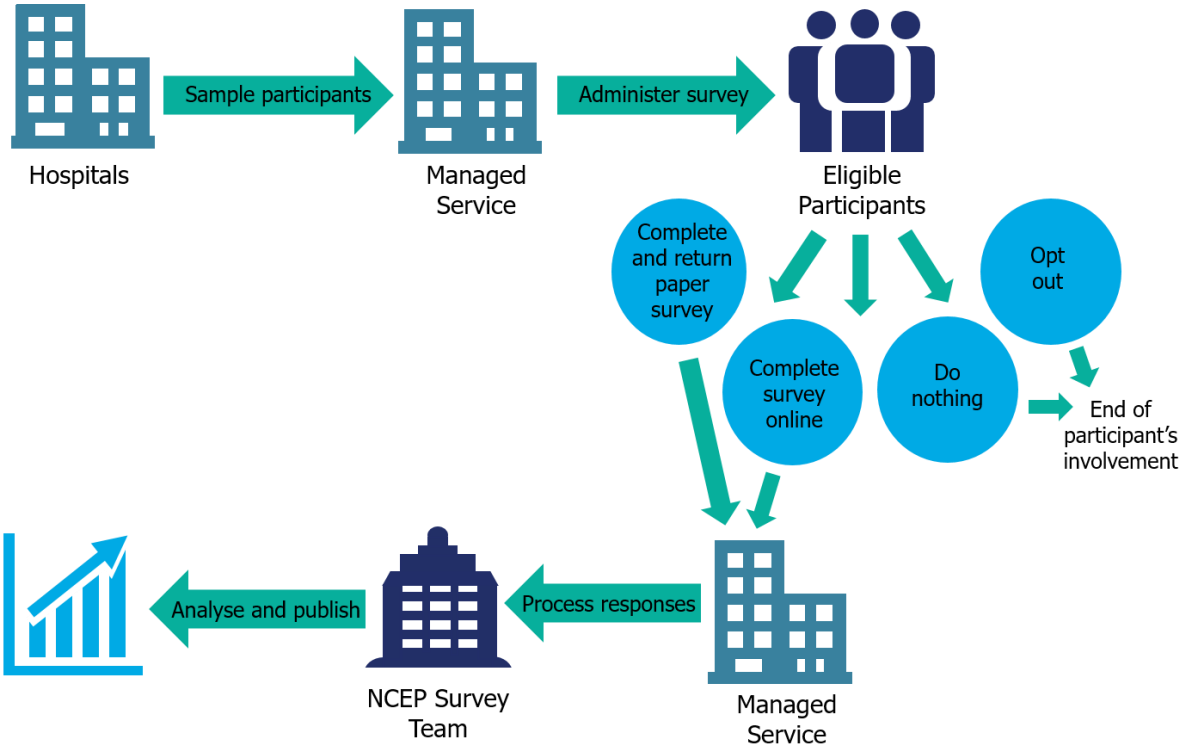
Participants can opt out of the survey. Five opt-out methods are provided; one in the hospital and four after discharge:



The managed service processed the returned questionnaires. The data are subsequently analysed by researchers in HIQA who report on the survey findings (see Chapter 3).

Figure 1.1 below outlines the model and design of the National Inpatient Experience Survey. This model is closely aligned to that of the national inpatient survey in England.

Figure 1.1 **The National Inpatient Experience Survey process**



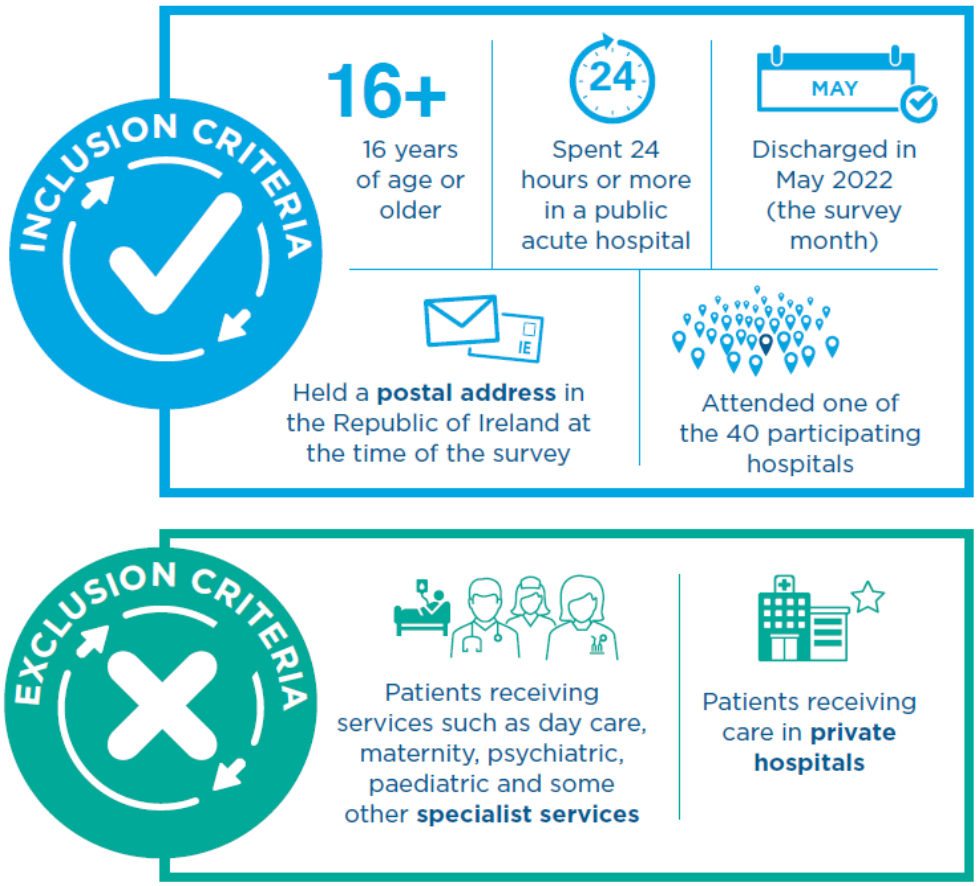
1.3.2 Sample

In total, 40 public acute hospitals, from six[2] of Ireland's seven hospital groups, participated in the National Inpatient Experience Survey in 2022.

The sample for the National Inpatient Experience Survey comprised all patients aged 16 years or older, discharged between 1–31 May 2022, who had spent 24 hours or more in a public acute hospital and who held an address in the Republic of Ireland. Patients who received maternity, psychiatric, paediatric and other specialist services were not eligible to participate in the survey on this occasion. Eligible participants were identified through each hospital's internal Patient Administration System (PAS). Figure 1.2 summarises the inclusion and exclusion criteria for the 2022 survey.

[2] The Children's Hospital Group is the seventh hospital group in Ireland.

Figure 1.2 **Inclusion and exclusion criteria**



1.3.3 The questionnaire

The 2022 National Inpatient Experience Survey questionnaire remained unchanged from the questionnaire used in 2021.

In 2021, the questionnaire was adapted for use during the COVID-19 pandemic, with the inclusion of seven new questions and an additional stage of care ('care during the pandemic'). The new questions addressed specific aspects of inpatient experiences during the COVID-19 pandemic that were not captured by the existing questions, such as staff communication while wearing personal protective equipment (PPE) and contact with family and friends given visitor restrictions. All other existing questions from the 2019 survey were retained. The changes to the questionnaire were informed by a review of international surveys, four cognitive interviews with patient representatives and an expert review by Picker Institute Europe.

1.3.4 Ethical approval

The National Inpatient Experience Survey team submitted an application to the Royal College of Physicians in Ireland (RCPI) Research Ethics Committee on behalf of the

National Inpatient Experience Survey Programme. Ethical approval for the survey was obtained in March 2018, with approval updated on an annual basis subsequently.

1.3.5 Data Protection Impact Assessment

Given that the administration of the National Inpatient Experience Survey requires the processing of personal data (for example, patient contact details, dates of birth, etc.), a data protection impact assessment (DPIA) was conducted. A summary of the DPIA is available at https://yourexperience.ie/wp-content/uploads/2022/05/2022_NIES_DPIA_Summary.pdf.

1.3.6 Information governance

Information governance is a means of ensuring that all data, including personal information, is handled in line with all relevant legislation, guidance and evidence-based practices. The National Care Experience Programme has developed a comprehensive information governance framework to ensure that any information it collects is handled safely and securely.

The National Care Experience Programme information governance framework comprises policies, procedures and processes covering: data protection and confidentiality, data subject access requests, record retention and destruction, security, data breach management, data quality, access control, business continuity and record management. A statement of purpose and statement of information practices detailing the information-handling practices of the National Inpatient Experience Survey are available at www.yourexperience.ie/about/information-governance/.

2. Survey fieldwork

2.1 Data extraction of patient information

Data extraction of patient information refers to the sampling procedures undertaken to identify individuals eligible to participate in the survey. During the survey period, hospitals were required to extract patient information (such as names and addresses) for every eligible individual discharged during the month of May 2022. Adhering to agreed protocols, hospitals securely shared this information with the managed service, who subsequently sent invitation letters and survey questionnaires via post to eligible participants. Hospitals were also required to quality assure the sample for a specified number of weeks; for example, hospitals were required to check that all relevant data fields were completed.[3]

Personnel responsible for data extraction and quality assurance of data extracts were required to follow data-extraction and quality-assurance procedures during every step of the process to ensure a standardised and consistent approach to the implementation of the survey across all participating hospitals.

2.2 Survey administration

The survey fieldwork was carried out from 13 June–12 August 2022. Survey invitations and questionnaires were sent to participants in June. Two additional reminders were sent out at fortnightly intervals to eligible individuals who had not yet returned a survey. Participants could return their questionnaires until 12 August 2022.

Each participating hospital carried out one data extraction as outlined in Table 2.1 below. This is a change from previous survey years, where five weekly data extracts were carried out, and was introduced in order to reduce the workload for hospital staff. The following patient information was collected: the patient's name, address, date of birth, sex, date of admission, source of admission, date of discharge, discharge destination, length of stay, provider hospital group and hospital name details.[4]

[3] A detailed account of quality assurance procedures is available at: www.yourexperience.ie/inpatient/about-the-survey/resources-for-hospital/
[4] The transfer of participant data between hospitals (data controllers) and the managed service (data processor on behalf of HIQA) was in all instances mandated by data sharing agreements.

Table 2.1 **Schedule for data extraction**

Extract coverage	Deadline for sharing with the managed service
1–31 May 2022	2 June 2022

Data transfers to the managed service occurred through a secure transfer mechanism, ensuring the safety of patient information while in transfer. Upon receipt of the data files, patient details were uploaded to a master file. Three reviews of death notifications were carried out by every participating hospital and the names of patients who had died since their discharge from hospital were subsequently removed from the master file. In order to check if patients had died, hospitals adopted a number of different approaches, including checking with the General Register Office, other healthcare providers, hospices, online death notification sites and other appropriate information sources.

2.3 Sampling and operational outcomes

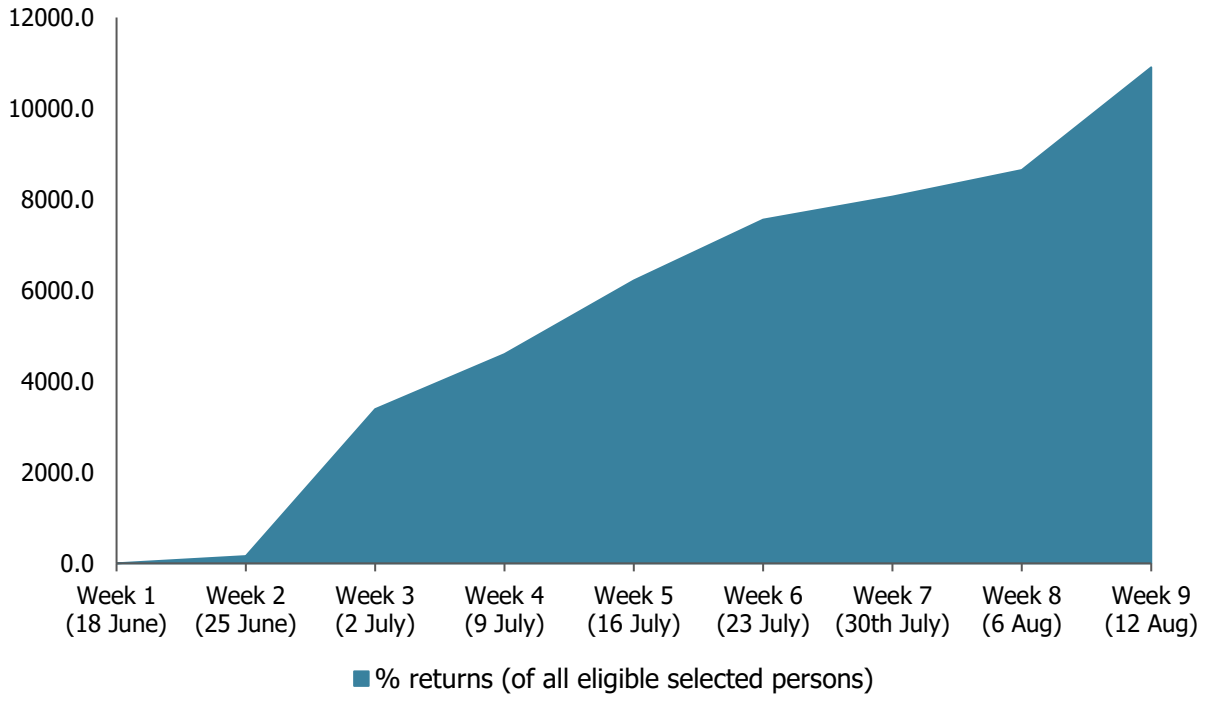
A total of 25,914 people who met the survey inclusion criteria were discharged from hospital in the month of May 2022. Of these, 714 individuals died during the survey period. In addition, 204 surveys could not be delivered to the intended recipient and were returned to the sender. A total of 24,996 people formed the final survey sample. Of those, 454 individuals actively opted out of the survey. A total of 22,185 first reminders and 17,414 second reminders were sent out during the survey period.

2.4 Response rates

Of the 24,996 people who were ultimately eligible to participate, 10,904 people returned a valid survey questionnaire prior to the survey closing date on 12 August 2022, resulting in a national response rate of 44% (Table 2.3). In total, 9,815 individuals (90%) completed the survey on paper, with 1,089 (10%) of surveys filled in online (Table 2.4).

Response rates were calculated by dividing the number of valid surveys received by the number of initial invitations sent, minus questionnaires that were returned to sender and minus the number of people who died during the survey period. Figure 2.1 shows the cumulative response rates by week during the survey period (13 June–12 August 2022). A total of 3,228 surveys were returned during week three — this was the highest number returned during any week.

Figure 2.1 **Cumulative response rates by week of the survey period**



Response rates at the hospital-group level were generally at or above 42%, with the exception of the RCSI Hospital Group, which had a response rate of 40%. Table 2.3 shows the number of people invited to take part, the number who took part, and the corresponding response rate for each hospital group.

Table 2.3 **Number of people invited to participate, response numbers and response rate by hospital group for 2022**

	Total eligible sample	Number who took part	Response rate
National	24,996	10,904	44%
By hospital group			
Dublin Midlands Hospital Group	4,449	1,876	42%
Ireland East Hospital Group	5,164	2,345	45%
RCSI Hospital Group	4,108	1,642	40%
Saolta University Health Care Group	4,271	1,886	44%
South/South West Hospital Group	4,797	2,235	47%
UL Hospitals Group	2,207	920	42%

As shown below in Table 2.4, the response rates for eligible male patients (43%) and eligible female patients (44%) were broadly similar. People aged 66–80 years had the highest response rate (53%) of any age group. People aged 35 or younger were least likely to respond to the survey, with only 23% of those invited returning a valid survey questionnaire. Patients who stayed in hospital between six and ten days were most likely to return a questionnaire compared with patients who had shorter or longer stays. People who were admitted to hospital as a result of an emergency were less likely to respond to the survey compared with people whose stay had been planned in advance.

Appendix 2 includes a detailed breakdown of operational outcomes and response rates by hospital group and individual hospital.

Table 2.4 **Response and non-response composition 2022**

Group		Total discharged	Deceased	Return to sender	Opted out	No response	Completed (paper)	Completed (online)	Response rate
All respondents		25,914	714	204	454	13,638	9,815	1,089	44%
Sex	Males	13,075	405	121	224	6,943	4,846	536	43%
	Females	12,839	309	83	230	6,695	4,969	553	44%
Age	16-35 years	2,810	9	41	33	2,091	460	176	23%
	36-50 years	3,658	28	39	34	2,359	913	285	33%
	51-65 years	5,527	92	42	75	2,725	2,307	286	48%
	66-80 years	8,369	279	40	130	3,649	4,046	225	53%
	81+ years	5,550	306	42	182	2,814	2,089	117	42%
Length of stay	1-2 days	7,895	109	64	108	4,301	2,909	404	43%
	3-5 days	6,859	109	46	100	3,542	2,772	290	46%
	6-10 days	5,424	149	42	95	2,695	2,225	218	47%
	11+ days	5,736	347	52	151	3,100	1,909	177	39%
Admission	Elective	6,097	128	30	90	2,835	2,722	292	51%
	Emergency	19,817	586	174	364	10,803	7,093	797	41%

2.5 Survey operations

In addition to administering the 2022 survey and processing the responses received, the managed service was responsible for providing information to respondents on a dedicated survey helpline. During the survey period of 13 June–12 August 2022, 759 calls were recorded by the managed service helpline operators, compared to 621 in 2021. The highest number of calls (386, 51%) was received between 11–15 July (week five of the survey period).

The public most frequently called the Freephone helpline to opt out — a total of 209 queries (27%) were received in this regard. The helpline received 84 calls (11%) during the survey period from individuals who wished to inform survey administrators that the patient had passed away. Table 2.6 details the most frequent query types received and logged by operators of the helpline.

Table 2.6 **Summary of query types received by the Freephone helpline**

Summary of call query	Number	%
Opt out	209	27%
Received second letter and already completed the questionnaire	206	26%
General query about survey	141	18%
Patient has passed away	84	11%
Lost questionnaire/Resend the survey	67	9%
Comment, complaint or compliment	44	5%
Received my survey pack but there is no Freepost envelope	16	2%
Unable to participate due to illness/relative or friend wants to do	4	1%
Haven't received a letter/heard about it. Can I participate?	4	1%
Hospital staff query	2	<1%
Received my survey pack but there is no questionnaire	2	<1%
Duplicate – received two or more invitations with different codes	1	<1%
Serious or severe incident/complaint	1	<1%
Data protection query	1	<1%
Total	**782**	**100%**

Where callers provided a reason for opting out of the survey, 43% explained that the patient was unable to communicate. Table 2.7 outlines the most frequent reasons for opting out during the National Inpatient Experience Survey 2022.

Table 2.7 **Most frequent reasons for opting out**

Reason for opt-out	Number	%
Patient unable to communicate	88	43%
I am too ill	45	22%
I prefer not to say	27	13%
I have difficulty reading or completing the survey (for example sight difficulties)	14	7%
I don't have time	11	5%
Can't remember hospital stay	7	3%
I feel my stay was too short to contribute	5	2%
I feel it's not going to make a difference	4	2%
I don't trust the people running the survey	2	1%
I never take part in surveys of any kind	2	1%
I am a hospital staff member	1	<1%
Only have bad things to say/don't want to express them	1	<1%
Total	**207**	**100%**

Bereavement letters were sent in the event that invitation or reminder letters were erroneously sent to individuals who had passed away following discharge from hospital. A total of 51 bereavement letters were sent to patients' families during the survey period.

2.6 Data retention and destruction

Patients' contact details were used to distribute the questionnaire to their home addresses. Information on date of birth, sex and other relevant variables was collected in order to describe the characteristics of the sample. Patients' names and addresses were deleted at the close of the survey period. Hard copies of the survey questionnaire were destroyed once all answers had been coded and correctly uploaded to the response file.

3. Data processing, analysis and reporting

3.1 Data processing steps

Completed questionnaires were received both online and in paper form. All completed (paper) questionnaires were returned by participants to the managed service where they were opened, date stamped, punched and coded. Data were entered into a customised data entry form developed in Askia software. The form was designed to quality assure the data upon entry. For example, data entry staff could not progress to the next field if an incorrect survey code (ID) was entered. Similarly, out-of-range values were not permitted for any of the numeric fields. The processing of paper questionnaires concluded in September 2022.

The National Inpatient Experience Survey website allowed patients to input their eight-digit code[5] and complete the survey online. Similar to the paper-based survey, invalid survey codes (IDs) were not permitted on login (an error message appeared asking the user to enter their code again), and the routing in the questionnaire was programmed into the online survey design.

To prepare the data for analysis and reporting, scoring (see section 3.3.2) and a number of post-entry recodes were applied to the survey response file (using SPSS 24).

Demographic variables were also produced at this stage:

- age of respondents was calculated based on their date of birth and date of discharge. Age was then collapsed into five categories of age groups (16–35, 36–50, 51–65, 66–80, 81 or older).
- ethnic group was collapsed into 'White, Irish' and 'Other'.[6]
- admission type was coded as 'emergency' if the respondent had a code 1 to either Question 1 (Was your most recent hospital stay planned in advance or an emergency? — Emergency or urgent) or Question 2 (When you arrived at hospital, did you go to the Emergency Department? — Yes) or if they answered one or more of Questions 3-6. Otherwise, it was coded as 'non-emergency'.

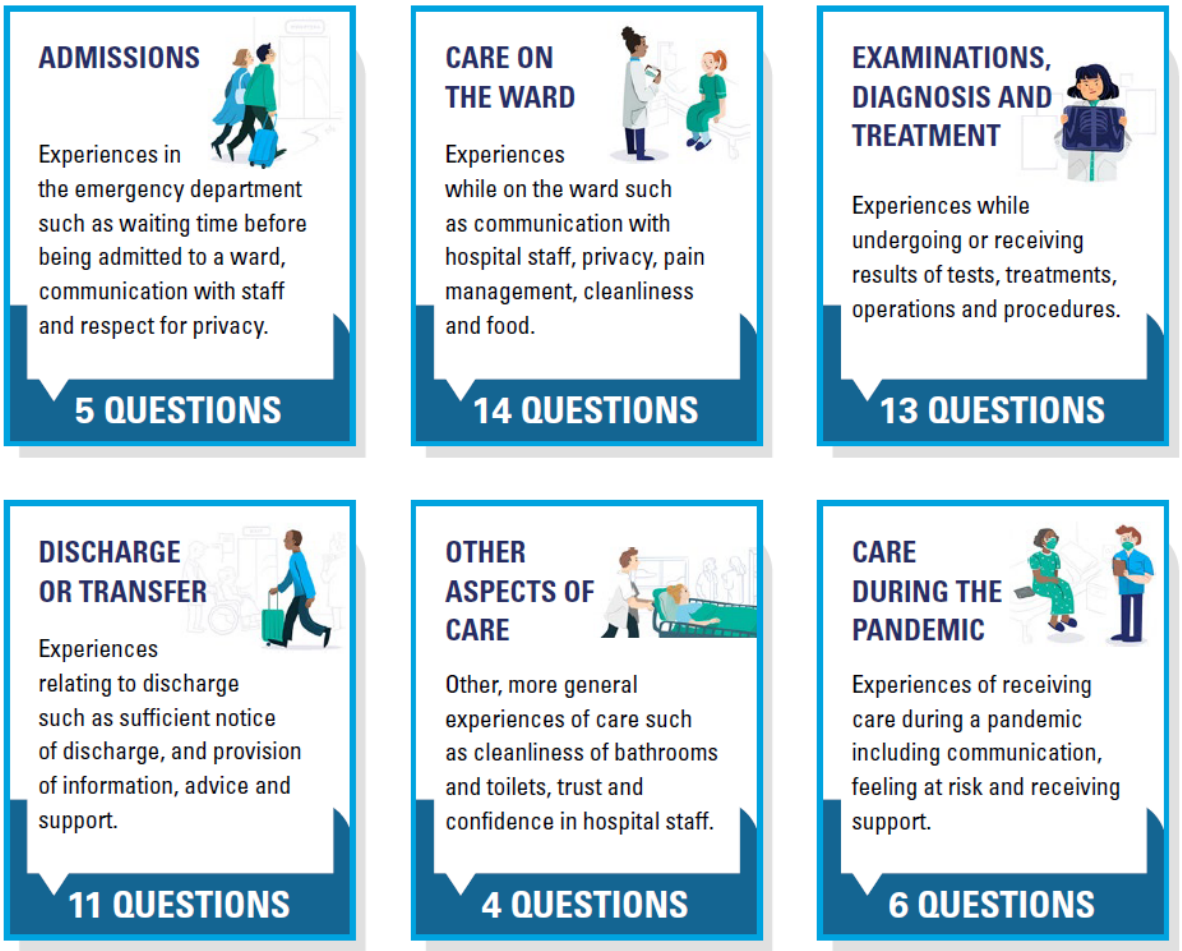
The question on overall experience (Question 58, rated 0–10) was collapsed into three groups: very good (score of 9–10), good (7–8), and fair to poor (0–6).

[5] Eligible participants received a unique eight-digit survey code, which was provided to them in the initial invitation and subsequent reminder letters.
[6] It must be acknowledged that this 'other' group contains a range of ethnicities, but binary coding was used in this instance due to the low percentage overall classed as 'other'.

3.2 Mapping of survey questions to the stages of care

For analytic and reporting purposes, questions were grouped into 'stages of care' along the patient journey. Figure 3.1 provides a brief description of the stages of care and specifies the number of questions corresponding to each stage of care. Filter questions (that is, questions with the main purpose of routing respondents to the next applicable question) were excluded from this categorisation. Five questions on respondent demographics and the three open-ended questions were also excluded. Appendix 1 shows how individual questions map to the stages of care.

Figure 3.1 **Description of stages of care**



3.3 Quantitative methodology

This section describes the methods adopted to calculate and apply the weights used to adjust for demographic variations across hospitals and hospital groups. This section also explains how the stage-of-care scores were calculated and describes the quality assurance of the survey data.

3.3.1 Demographic adjustment weights

The results of the survey are based on standardised data, using a process that seeks to minimise potential bias in responses. Previous patient experience surveys conducted in Ireland and internationally have demonstrated that a respondent's characteristics, such as their age and type of admission (for example, emergency or elective) can influence survey responses.[3] Older respondents, for example, tend to report more positive experiences than younger respondents, while those admitted to hospital on an emergency basis report more negative experiences than those admitted on a non-emergency basis.[4, 5] As there is considerable variation in the age and admission profile of patients across hospitals, there is potential for bias, with hospitals appearing better or worse than if they catered for patients with a different demographic profile. In order to address this issue and facilitate 'like for like' comparisons, the data are standardised. Standardising adjusts for the differences in respondent profiles in order to allow for fairer comparisons than could be made with non-standardised data.

In the analysis for the National Inpatient Experience Survey 2022, responses were standardised by age and type of admission. This approach was taken based on the analysis of responses and guidance from the Picker Institute Europe, which indicated that age and type of admission were the most significant sources of potential bias.

The standardisation process involves applying a 'weight' to each respondent within a particular hospital, which adjusts the value of their responses in proportion to the profile of the national sample of respondents. The first step in developing weightings is to calculate the proportion of the national sample of respondents in each age/admission group. Table 3.1 shows the proportion of respondents within each age group, categorised by type of admission. For example, the proportion of the national sample aged 16–35 who had an emergency admission was 0.057, the proportion of the national sample aged 51–65 who had a non-emergency admission was 0.063, etc. These proportions were then calculated for each hospital using the same procedure.

Table 3.1 **National proportions**

Admission type	Age	National
Emergency	16–35	0.052
	36–50	0.090
	51–65	0.185
	66–80	0.313
	81+	0.157
Non-emergency	16–35	0.011
	36–50	0.027
	51–65	0.063
	66–80	0.080
	81+	0.021

The next step was to calculate the weighting for each individual. Age/admission type weightings for individuals were calculated for each respondent by dividing the national proportion of respondents in their age/admission type group by the corresponding hospital proportion.

This process identifies respondents within hospitals from groups that are over- or under-represented compared to the national profile of respondents. For example, if a lower proportion of people admitted as emergency patients and aged between 66 and 80 within Hospital A responded to the survey, in comparison with the national proportion, then this group would be under-represented in the final scores. Dividing the national proportion by the hospital proportion results in a weighting greater than 1 (1.257) for members of this group (Table 3.2). This increases the influence of responses made by respondents within that group in the final score, thus counteracting their low representation.

Likewise, if a considerably higher proportion of people admitted as non-emergency patients aged between 36 and 50 years from Hospital A responded to the survey, then this group would be over-represented within the sample, compared with the national representation of this group. Subsequently this group would have a greater influence over the final score. In order to counteract this, dividing the national proportion by the proportion for Hospital A results in a weighting of less than 1 (0.659) for this group.

To prevent the possibility of excessive weight being given to respondents in an extremely under-represented group, the maximum value for any weight was set at 5, in line with the approach taken in England. The minimum value for any weight was set at 0.2.[6]

Table 3.2 **Proportion and weighting for Hospital A**

Admission type	Age	National proportion	Hospital A proportion	Hospital A weight (national/ hospital A)
Emergency	16–35	0.052	0.058	0.897
	36–50	0.090	0.082	1.098
	51–65	0.185	0.200	0.925
	66–80	0.313	0.249	1.257
	81+	0.157	0.124	1.266
Non-emergency	16–35	0.011	0.024	0.458
	36–50	0.027	0.041	0.659
	51–65	0.063	0.108	0.583
	66–80	0.080	0.087	0.920
	81+	0.021	0.028	0.750

3.3.2 Question scores

To calculate scores for the themes described in Section 3.2, the responses to the questions making up these stages of care were assigned a score using methods equivalent to those used in the UK by the Care Quality Commission (CQC).[7] The scores applied to each of these questions are shown in Appendix 1.

Figure 3.2 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 which 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 total, 53 questions were categorised into stages of care.

In the example below, '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 3.2 **Example of a scored question in the 2022 survey**

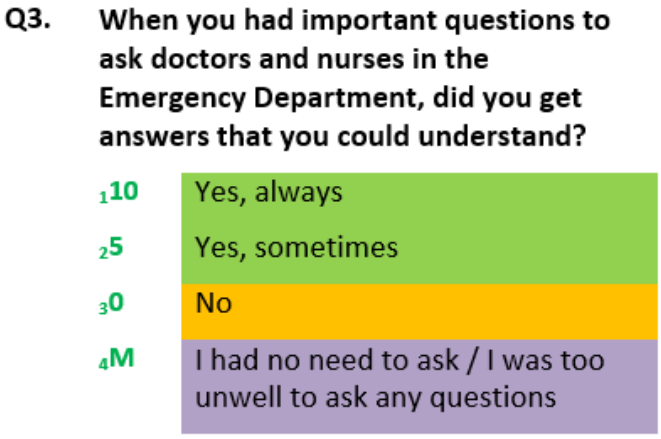


Table 3.3 below shows how scores were calculated for a specific question in the survey. In this example, the scores of five respondents are presented. The score for Question 3 (Q3) is calculated by adding the scores in the right-hand column (10+10+5+0+5), before dividing them by the number of people who responded to this question (30/5=6). Thus, the average score for Question 3 is 6 out of 10.

Table 3.3 **Sum of scores for Q3 based on five respondents**

Q3. When you had important questions to ask doctors and nurses in the emergency department, did you get answers that you could understand?	
Respondent	Score
1	10
2	10
3	5
4	0
5	5
Sum of scores	30
Average score	6

3.3.3 Stage of care scores

A stage of care score was generated for each respondent with one or more 'scorable' responses on items making up a stage. Scores ranged from 0 to 10, with higher scores indicating a better experience.

Table 3.4 shows an example of the original and scored data for the admissions stage of care. See Appendix 1 for the wording and response options for the questions shown in Table 3.4.

Table 3.4 Example of scored responses for the 'Admissions' stage of care

Original responses					Scored responses					Admissions stage score
Q3	Q4	Q5	Q6	Q8	RQ3	RQ4	RQ5	RQ6	RQ8	
1	1				10	10				10
1	2	2	2	2	10	5	5	5	7.5	6.5
1	1	3	3		10	10	0	0		5
2	2	4		6	5	5				5
4	4	4		6						[Missing]

3.3.4 Comparisons of groups

Statistical tests were carried out to examine if there were significant differences in patient experience across groups of patients.

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 significantly 'higher than' or 'lower than' the national average, this is highly unlikely to have occurred by chance.

3.3.5 Comparisons between and 2021 and 2022

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.

3.3.6 Reporting caveats

To protect the anonymity of respondents, the results for hospitals with fewer than five respondents were not made available.[7] All of the participating hospitals exceeded the five-respondent threshold. It should be noted, however, that as in previous years, the data for Louth County Hospital, Dundalk was merged with Our Lady of Lourdes Hospital, Drogheda. The former had only 27 eligible discharges in May 2022, and is a partner facility of the latter.

The second caveat relates to representativeness, whereby a hospital or hospital group with less than a 25% response rate would be flagged in reporting, with caution advised in interpreting the results. Again, however, this was not necessary, since all hospitals and hospital groups exceeded the 25% response rate (see Appendix 2).

3.3.7 Quality assurance of quantitative data

Insofar as possible, quality assurance was built into the design of the data capture for the paper-based survey responses. The managed service undertook to double enter 4% of all paper-based surveys received.

Frequency checks on the merged (paper-based and online) survey data also confirmed that the rate of 'missingness' on the individual survey questions was in the low range, that is, there was no substantial evidence of 'survey fatigue', whereby rates of missing responses would be higher for questions appearing later in the questionnaire. For example, missing responses averaged 4.8% for Questions 9–11 compared with 6.1% for the last three numeric (closed response) questions prior to the demographic section (Questions 57–59). The average rate of missingness for the demographic questions (Questions 62–64) was 2.6%.

3.4 Qualitative methodologies

This section describes the processing of the qualitative data collected via the survey questionnaire, that is, responses to the last three (open-ended) questions:

- Question 65 (Q65) — Was there anything particularly good about your hospital care?
- Question 66 (Q66) — Was there anything that could be improved?
- Question 67 (Q67) — Do you have any comments about how the COVID-19 pandemic affected the care you received in hospital?

[7] This is the same criterion as used in the UK.

Table 3.5 shows the number of responses received for each question by sex, age group, route of admission and response mode (paper or online).

Table 3.5 **Number of responses received for Q65, Q66 and Q67 overall and by sex, age group, and response mode**

	Q65	Q66	Q67
Male	3,815	3,456	2,769
Female	4,034	3,760	2,822
Age 16–35	480	477	323
Age 36–50	918	902	645
Age 51–65	2,020	1,849	1,407
Age 66–80	3,079	2,743	2,195
Age 81+	1,352	1,245	1,021
Emergency	6,226	5,833	4,485
Non-emergency	1,623	1,383	1,106
Paper	7,124	6,481	5,055
Online	725	735	536

3.4.1 Anonymisation of qualitative data

All qualitative responses were anonymised. Whether on paper or online, the same set of procedures was followed. The overarching principle guiding these procedures was the protection of the anonymity of individuals, including respondents and hospital staff.

The redaction guidelines can be found in Appendix 3.

3.4.2 Developing thematic codes for the qualitative data

The framework method was used to analyse and manage the wealth of information provided in patients' comments.[7] All comments received in response to Q65 (Was there anything particularly good about your hospital care?) and Q66 (Was there anything that could be improved?) were analysed and multi-coded using 24 codes, as shown in Table 3.6. An analytical framework consisting of 11 themes was then 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.[7]

Table 3.6 **Detailed set of codes used for analysing responses to Q65 and Q66**

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

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 20 codes, as shown in Table 3.7. These codes were then mapped to six themes.

Table 3.7 **Detailed set of codes used for analysing responses to Q67**

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

3.5 Treatment of duplicates

Duplicates could occur within the National Inpatient Experience Survey data in two senses: the first sense was within the data extracts, and the second was within the survey responses, whereby a respondent may have opted to complete a survey online as well as on paper.

The vast majority of duplicates within the data extracts were identified and removed as part of the quality-assurance processes. Duplicate records were discounted from the data extract for repeat admissions to the same hospital and internal transfers. However, individuals who were transferred between hospitals received a survey questionnaire for each hospital to which they were admitted. Similarly, individuals who were independently admitted to multiple hospitals during the survey month received a survey invitation for every hospital from which they were discharged.

Duplicates in the survey response file could not occur as the system did not permit entry of a record with a survey ID which was already in the online survey response set. In this sense, a duplicate is defined as a paper-based response that already appears in the online file, that is, the record in the duplicate set with the older time stamp was the

one retained in the final dataset. In reality, there were very few duplicates (amounting to 0.1%).

3.6 Quality assurance of qualitative data

The following processes assured the quality of these data:

- regular audits of paper-based responses against the data entered online confirmed high levels of accuracy in the transcription of the handwritten comments to the online system.
- the National Inpatient Experience Survey team at HIQA reviewed all comments to check that they had been anonymised in accordance with the agreed redaction protocols. Only then were the data released to the online reporting facility for hospitals to review (also refer to section 3.7).
- 3% of responses were selected for blind double-coding. Responses were selected at a random starting point, followed by every 33rd comment, in order to achieve the set quota. Where necessary, codes were edited or additional codes added in order to ensure that the coding was as comprehensive as possible.

3.7 Publication of national results

In December 2022, the National Inpatient Experience Survey team published one national report and 39 hospital reports. Tableau data visualisation was embedded at www.yourexperience.ie and allows site visitors to further examine the results. It should be noted that hospital personnel and other stakeholders had been granted access to a 'real-time' online reporting platform where they could view their performance in the survey as the data were being processed. Access to this information prior to the publication of reports allows hospitals to be proactive and to identify opportunities for improvement at an early stage.

Taken together, the national and hospital reports were designed to:

- provide a clear description of the key features of inpatient experience at national and local levels, pointing to areas of good experience and areas needing improvement in the system
- together with other data and information sources, provide a robust basis for the development of quality improvement plans at national and hospital level
- together with other data and information sources, enable the identification of policy priorities at the national level
- provide a basis for benchmarking progress over time following future surveys.

All published reports are available at www.yourexperience.ie/inpatient/national-results.

3.8 Survey findings, quality improvement and next steps

The implementation of quality improvement initiatives in response to the survey findings is a key objective of the National Inpatient Experience Survey, and is coordinated by the HSE. The development of a national quality improvement plan was initiated in June 2017. An update of this plan was launched in 2022 and coincided with the publication of the survey results.

The national quality improvement plan sets out a roadmap for quality improvements at the national level, as well as across each of the participating hospitals. The HSE Acute Hospital Division has committed to monitoring the implementation of the quality improvement plan, which is available at https://yourexperience.ie/wp-content/uploads/2022/05/HSE-QIP-2021.pdf.

4. International comparisons

4.1 Comparisons with international data

Inpatient surveys are undertaken in a number of countries, using a wide variety of approaches and survey tools. In previous years, comparisons were made between results from the Irish National Inpatient Experience Survey and the findings of inpatient surveys conducted in England, Scotland[8] and New Zealand. However, the COVID-19 pandemic has impacted survey programmes in other countries. A summary of the approach taken in England, New Zealand and Australia (New South Wales) and how this compares with the National Inpatient Experience Survey approach is provided in Table 4.1.

A comparison of results in Ireland, England, New Zealand and Australia (New South Wales) is provided in Table 4.2. Comparing patient experience across jurisdictions is challenging due to variations in health service provision, differences in survey instruments and methodology, as well as cultural differences in how encounters with the health service are perceived and reported.[8, 9] Comparisons of survey results across jurisdictions should therefore be made with caution. Nevertheless, there are some common aspects in survey approaches between other jurisdictions and Ireland and comparisons of results on similar questions can be useful.

Comparisons are only made for questions with similar wording and response options. In Table 4.2, questions are numbered and ordered according to where they appear in the National Inpatient Experience Survey. These questions may be numbered and categorised differently in other surveys.

[8] The Scottish Inpatient Experience Survey was last conducted in 2018.

Table 4.1 **Overview of adult inpatient experience surveys in other jurisdictions**

Jurisdiction	Survey information	Differences from National Inpatient Experience Survey approach
England	Adult inpatient survey 2021 (NHS data published via CQC). Survey results organised by: ▪ admission to hospital ▪ accident and emergency department ▪ planned admissions ▪ hospital and ward ▪ doctors and nurses ▪ care and treatment ▪ operations and procedures ▪ leaving hospital ▪ overall	Wider coverage of hospital wards rather than just acute general. Survey fieldwork took place between January 2022 and May 2022. The survey has run annually since 2004.
New Zealand	Health Quality and Safety Commission (HQSC) adult inpatient survey May 2022. Survey results organised by: ▪ communication ▪ partnership ▪ coordination ▪ physical and emotional needs	Data collected four times annually. Online data collection primarily. Participants between 15 and 16 years of age are included.
Australia (New South Wales)	Adult Admitted Patient Survey 2021. Survey results are organised by: ▪ overall care ▪ person-centred care ▪ engagement at discharge ▪ experiences in rural and urban hospitals ▪ experiences of virtual care	In response to the increased and ongoing use of virtual care, this questionnaire was amended for the July to December 2021 patient cohorts to include seven questions about patients' experiences with virtual care outpatient appointments.

Table 4.2. **Comparison of question scores across jurisdictions**

	Ireland 2022	England[9] 2021	New Zealand 2022[10]	New South Wales 2021[11]
Response rate	44%	39%	/	33%
Sex (female %)	51%	52%	/	53%
Admission route (based on Q1. Was your most recent hospital stay planned in advance or an emergency?) (% emergency or urgent)	74%[12]	76%	/	/
Age (% >65 years)	57%	59%	/	64% (>55 years)
Q10. In your opinion, how clean was the hospital room or ward that you were in? (% very clean)	75%	74%	79%	75%
Q19. Did you get enough help from staff to eat your meals? (% yes, always)	73%	65%	/	/
Q20. When you had important questions to ask a doctor, did you get answers that you could understand? (% yes, always)	67%	73%	/	/

[9] The results for the 2020 adult inpatient survey conducted in England can be downloaded in open data format from https://www.cqc.org.uk/publications/surveys/adult-inpatient-survey
[10] The results for the HQSC adult inpatient survey May 2022 are available at https://www.hqsc.govt.nz/our-data/patient-experience/survey-results/#S1
[11] The results for the Adult Admitted Patient Survey 2021, conducted in New South Wales are available at https://www.bhi.nsw.gov.au/data-portal
[12] The figure for emergency admissions reported in the National Inpatient Experience Survey Report is based on combined responses to Q1 and Q2, as described on page 18 of this report

	Ireland 2022	England 2022	New Zealand 2022	New South Wales 2021
Q22. When you had important questions to ask a nurse, did you get answers that you could understand? (% yes, always)	72%	74%	/	/
Q32. Do you think the hospital staff did everything they could to help control your pain? (% yes, definitely)	80%	77%	/	74%
Q24. Were you involved as much as you wanted to be in decisions about your care and treatment? (% yes, always)	63%	35%	77%	67%
Q25. How much information about your condition or treatment was given to you? (% the right amount)	77%	78%	/	84%
Q30. Were you given enough privacy when discussing your condition or treatment? (% yes, always)	72%	88%	72%	/
Q40. Did you feel you were involved in decisions about your discharge from hospital? (% yes, definitely)	60%	38%	/	63%
Q45. Did a member of staff tell you about medication side effects to watch for when you went home? (% yes, completely)	46%	/	60%	60%
Q57. Overall, did you feel you were treated with respect and dignity while you were in the hospital? (% yes, always)	82%	82%	/	88%
Q58. Overall rating of hospital experience (% who gave rating between 7 and 10)	82%	81%	/	/

Appendix 1

2022 question wording, response options, corresponding scores and mapping to stages of care

Question	Wording	Response options with corresponding scores in parentheses	Stage of Care
Q03	When you had important questions to ask doctors and nurses in the Emergency Department, did you get answers that you could understand?	Yes, always (10); Yes, sometimes (5); No (0); I had no need to ask/I was too unwell to ask questions (M)	Admissions
Q04	While you were in the Emergency Department, did a doctor or nurse explain your condition and treatment in a way you could understand?	Yes, completely (10); Yes, to some extent (5); No (0); I did not need an explanation (M)	Admissions
Q05	Were you given enough privacy when being examined or treated in the Emergency Department?	Yes, definitely (10); Yes, to some extent (5); No (0); Don't know/can't remember (M)	Admissions
Q06	Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department?	Yes, always (10); Yes, sometimes (5); No (0)	Admissions
Q08	Following arrival at the hospital, how long did you wait before being admitted to a ward?	Less than 6 hours (10); Between 6 and up to 12 hours (7.5); Between 12 and up to 24 hours (5); Between 24 and up to 48 hours (2.5); More than 48 hours (0); Don't know/can't remember (M); I was not admitted to a ward (M)	Admissions
Q09	Were you given enough privacy when you were on the ward?	Yes, always (10); Yes, sometimes (5); No (0)	Care on the ward
Q10	In your opinion, how clean was the hospital room or ward that you were on?	Very clean (10); Fairly clean (6.67) ; Not very clean (3.33); Not at all clean (0)	Care on the ward

Question	Wording	Response options with corresponding scores in parentheses	Stage of Care
Q11	How clean were the toilets and bathrooms that you used in hospital?	Very clean (10); Fairly clean (6.67); Not very clean (3.33); Not at all clean (0); I did not use a toilet or bathroom (M)	Other
Q12	When you needed help from staff getting to the bathroom or toilet, did you get it in time?	Yes, always (10); Yes, sometimes (5); No (0); I did not need help (M)	Care on the ward
Q13	Did staff wear name badges?	Yes, all of the staff wore name badges (10); Some of the staff wore name badges (5); Very few or none of the staff wore name badges (0); Don't know/can't remember (M)	Care on the ward
Q14	Did the staff treating and examining you introduce themselves?	Yes, all of the staff introduced themselves (10); Some of the staff introduced themselves (5); Very few or none of the staff introduced themselves (0); Don't know/can't remember (M)	Care on the ward
Q15	How would you rate the hospital food?	Very good (10); Good (6.67); Fair (3.33); Poor (0); I did not have any hospital food (M)	Care on the ward
Q16	Were you offered a choice of food?	Yes, always (10); Yes, sometimes (5); No (0)	Care on the ward
Q18	Were you offered a replacement meal at another time?	Yes, always (10); Yes, sometimes (5); No (0); I did not want a meal (M); I was not allowed a meal (e.g. because I was fasting) (M); Don’t know/can’t remember (M)	Care on the ward
Q19	Did you get enough help from staff to eat your meals?	Yes, always (10); Yes, sometimes (5); No (0); I did not need help to eat meals (M)	Care on the ward
Q20	When you had important questions to ask a doctor, did you get answers that you could understand?	Yes, always (10); Yes, sometimes (5); No (0); I had no need to ask (M)	Care on the ward
Q21	Did you feel you had enough time to discuss your care and treatment with a doctor?	Yes, definitely (10); Yes, to some extent (5); No (0)	Examination/ diagnosis/ treatment

Question	Wording	Response options with corresponding scores in parentheses	Stage of Care
Q23	If you ever needed to talk to a nurse, did you get the opportunity to do so?	Yes, always (10); Yes, sometimes (5); No (0); I had no need to talk to a nurse (M)	Care on the ward
Q24	Were you involved as much as you wanted to be in decisions about your care and treatment?	Yes, definitely (10); Yes, to some extent (5); No (0)	Examination/ diagnosis/ treatment
Q25	How much information about your condition or treatment was given to you?	Not enough (0); The right amount (10); Too much (0)	Examination/ diagnosis/ treatment
Q26	Was your diagnosis explained to you in a way that you could understand?	Yes, completely (10); Yes, to some extent (5); No (0)	Examination/ diagnosis/ treatment
Q27	If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?	Yes, definitely (10); Yes, to some extent (5); No (0); No family or friends were involved (M); My family did not want or need information (M); I did not want my family or friends to talk to a doctor (M)	Other
Q28	Did you find someone on the hospital staff to talk to about your worries and fears?	Yes, definitely (10); Yes, to some extent (5); No (0); I had no worries or fears (M)	Care on the ward
Q29	Did you have confidence and trust in the hospital staff treating you?	Yes, always (10); Yes, sometimes (5); No (0)	Other
Q30	Were you given enough privacy when discussing your condition or treatment?	Yes, always (10); Yes, sometimes (5); No (0)	Examination/ diagnosis/ treatment
Q31	Were you given enough privacy when being examined or treated?	Yes, always (10); Yes, sometimes (5); No (0)	Examination/ diagnosis/ treatment
Q32	Do you think the hospital staff did everything they could to help control your pain?	Yes, definitely (10); Yes, to some extent (5); No; I was never in any pain (0)	Care on the ward

Question	Wording	Response options with corresponding scores in parentheses	Stage of Care
Q33	Did a doctor or nurse explain the results of the tests in a way that you could understand?	Yes, definitely (1); Yes, to some extent (5); No (0); Not sure/can't remember (M); I was told I would get the results at a later date (M); I was never told the results of tests (M); I did not have any tests (M)	Examination/ diagnosis/ treatment
Q35	Before you received any treatments did a member of staff explain any risks and/or benefits in a way you could understand?	Yes, always (10); Yes, sometimes (5); No (0); I did not want an explanation (M)	Examination/ diagnosis/ treatment
Q36	Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?	Yes, completely (10); Yes, to some extent (5); No (0); I did not want an explanation (M); I did not have an operation or procedure (M)	Examination/ diagnosis/ treatment
Q37	Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?	Yes, completely (10); Yes, to some extent (5); No (0); I did not have any questions (M)	Examination/ diagnosis/ treatment
Q38	Beforehand, were you told how you could expect to feel after you had the operation or procedure?	Yes, completely (10); Yes, to some extent (5); No (0)	Examination/ diagnosis/ treatment
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?	Yes, completely (10); Yes, to some extent (5); No (0)	Examination/ diagnosis/ treatment
Q40	Did you feel you were involved in decisions about your discharge from hospital?	Yes, definitely (10); Yes, to some extent (5); No (0); I did not want to be involved (M)	Discharge/ transfer
Q41	Were you or someone close to you given enough notice about your discharge?	Yes, definitely (10); Yes, to some extent (5); No (0); Don't know/can't remember (M)	Discharge/ transfer

Question	Wording	Response options with corresponding scores in parentheses	Stage of Care
Q42	Before you left hospital, did the hospital staff spend enough time explaining about your health and care after you arrive home?	Yes (10); No (0)	Discharge/ transfer
Q43	Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?	Yes (10); No (0); I did not want or need any written or printed information (M)	Discharge/ transfer
Q44	Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	Yes, completely (10); Yes, to some extent (5); No (0); I did not need an explanation (M); I had no medicines (M)	Discharge/ transfer
Q45	Did a member of staff tell you about medication side effects to watch for when you went home?	Yes, completely (10); Yes, to some extent (5); No (0); I did not need an explanation (M)	Discharge/ transfer
Q46	Did a member of staff tell you about any danger signals you should watch for after you went home?	Yes, completely (10); Yes, to some extent (5); No (0); It was not necessary (M)	Discharge/ transfer
Q47	Did hospital staff take your family or home situation into account when planning your discharge?	Yes, completely (10); Yes, to some extent (5); No (0); It was not necessary (M); Don't know/can't remember (M)	Discharge/ transfer
Q48	Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?	Yes, definitely (10); Yes, to some extent (5); No (0); No family or friends were involved (M); My family or friends did not want or need information (M)	Discharge/ transfer
Q49	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	Yes (10); No (0); Don't know/can't remember (M)	Discharge/ transfer

Question	Wording	Response options with corresponding scores in parentheses	Stage of Care
Q50	Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?	Yes, definitely (10); Yes, to some extent (5); No (0); I did not need help in managing my condition (M)	Discharge/ transfer
Q52	While you were in hospital, did you feel you were at risk of catching COVID-19?	Yes, definitely (0); Yes, to some extent (5); No (10); I did not feel at risk as I had been vaccinated (M); Not applicable, I already had COVID-19 when I was admitted (M); Don't know/can't remember (M)	Care during the pandemic
Q53	Were you able to understand staff when they were talking to you wearing face masks and visors?	Yes, always (10); Yes, sometimes (5); No (0); Staff did not wear face masks or visors (M)	Care during the pandemic
Q54	When you had questions about COVID-19, did you get answers that you could understand	Yes, always (10); Yes, sometimes (5); No (0); I had no need to ask/I was too unwell to ask any questions (M)	Care during the pandemic
Q55	Did staff help you keep in touch with your family or someone else close to you during your stay in hospital?	Yes, always (10); Yes, sometimes (5); No (0); I did not need any help (M); It was not possible to keep in touch (M)	Care during the pandemic
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?	Yes, definitely (10); Yes, to some extent (5); No (5); I had no worries or fears (M)	Care during the pandemic
Q57	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	Yes, always (10); Yes, sometimes (5); No (0)	Overall
Q58	Overall... (please circle a number)	I had a very poor experience (0) to I had a very good experience (10)	Overall

Appendix 2

May 2022 operational outcomes by hospital group and individual hospitals

Hospital	Total discharged	Deceased	Return to Sender	Opted out	No response	Completed (paper)	Completed (online)	Response rate
Dublin Midlands Hospital Group	4591	102	40	78	2495	1677	199	42%
Midland Regional Hospital Portlaoise	395	4	3	7	238	121	22	37%
Midland Regional Hospital Tullamore	781	21	3	14	427	297	19	42%
Naas General Hospital	559	20	3	18	304	190	24	40%
St James's Hospital	1541	34	16	23	796	599	73	45%
Tallaght University Hospital	1315	23	15	16	730	470	61	42%
Ireland East Hospital Group	5338	127	47	97	2722	2101	244	45%
Cappagh National Orthopaedic Hospital	203	1	1	2	61	121	17	69%
Mater Misericordiae University Hospital	1366	33	20	35	739	478	61	41%
Midland Regional Hospital Mullingar	522	12	6	13	269	200	22	44%
Our Lady's Hospital, Navan	337	6	3	2	166	150	10	49%
Royal Victoria Eye and Ear Hospital	158	1	1	2	67	81	6	56%
St Colmcille's Hospital, Loughlinstown	106	3	1	1	62	38	1	38%

Hospital	Total discharged	Deceased	Return to Sender	Opted out	No response	Completed (paper)	Completed (online)	Response rate
St Luke's General Hospital	664	21	3	8	385	226	21	39%
St Michael's Hospital	221	0	2	3	106	96	14	50%
St Vincent's University Hospital	1086	31	4	6	526	443	66	48%
Wexford General Hospital	675	19	6	15	341	268	26	45%
RCSI Hospital Group	4286	130	48	74	2392	1472	170	40%
Beaumont Hospital	1578	64	17	32	817	579	69	43%
Cavan and Monaghan Hospital	601	21	8	12	338	210	12	39%
Connolly Hospital	957	19	17	15	571	292	43	36%
Louth County Hospital*	28	0	1	1	24	2	0	7%
Our Lady of Lourdes Hospital*	1122	26	5	14	642	389	46	40%
Saolta University Health Care Group	4439	138	30	78	2307	1721	165	44%
Galway University Hospitals	1731	51	14	31	915	643	77	43%
Letterkenny University Hospital	917	19	6	11	480	368	33	45%
Mayo University Hospital	569	22	2	13	305	212	15	42%

Hospital	Total discharged	Deceased	Return to Sender	Opted out	No response	Completed (paper)	Completed (online)	Response rate
Portiuncula University Hospital	363	16	5	11	170	149	12	47%
Roscommon University Hospital	62	5	0	1	28	28	0	49%
Sligo University Hospital	797	25	3	11	409	321	28	45%
South/South West Hospital Group	4967	143	27	95	2467	2010	225	47%
Bantry General Hospital	157	7	1	6	65	67	11	52%
Cork University Hospital	1574	37	13	30	773	641	80	47%
Lourdes Orthopaedic Hospital Kilcreene	61	0	0	1	13	43	4	77%
Mallow General Hospital	101	2	0	2	48	47	2	50%
Mercy University Hospital	706	22	4	9	377	266	28	43%
South Infirmary Victoria University Hospital	303	4	0	3	118	159	19	60%
South Tipperary General Hospital	485	11	0	13	251	188	22	44%
University Hospital Kerry	586	37	4	10	308	208	19	42%
University Hospital Waterford	994	23	5	21	514	391	40	45%

Hospital	Total discharged	Deceased	Return to Sender	Opted out	No response	Completed (paper)	Completed (online)	Response rate
UL Hospital Group	2293	74	12	32	1255	834	86	42%
Croom Orthopaedic Hospital	165	1	0	0	69	88	7	58%
St John's Hospital	213	6	1	4	110	86	6	45%
Ennis Hospital	166	10	0	4	82	66	4	45%
Nenagh Hospital	84	2	0	2	45	32	3	43%
University Hospital Limerick	1665	55	11	22	949	562	66	39%

Appendix 3

2022 guidelines for the redaction of qualitative comments

Example	Recommended redaction
Names and titles Dr. Mr. James, Mary Nurse Pat, Nurse O'Brien	 [Dr. Name] [Mr. Name] [First Name] [Nurse Name]
Gender Male (Nurse), male care assistant Female (Nurse)	 No redaction
Specialist healthcare professionals Senior nurse, renal nurse Orthopaedic doctor	 No redaction
General categories of healthcare specialists – in plural The nurses, doctors, consultants	 No redaction
Specific categories of healthcare specialists Anaesthetist, physio, dietician	 No redaction
Specific grades of healthcare professional Junior doctor The intern	 No redaction
Dates and days & times Monday, Tues etc. Weekend Bank holiday weekend Was waiting between 7 and 9.30 24 May	 No redaction [Date]
Departments & wards Emergency department Operating theatre Cancer ward Ward name (St James's Ward) Recovery Isolation AMAU (acute medical assessment unit)	 No redaction

Example	Recommended redaction
Religions, nationality Muslim doctor, Indian, Pakistani, etc. Generic use of term like foreign	 [Rel] [Nat] [eth] No redaction
Hospital Names In the Mater, Vincent's etc. Location identifiers The consultant from Donegal	 No redaction [County]
Procedures and operations Lumbar puncture Bypass Appendix operation Eye surgery Operation (generic)	 No redaction No redaction
Specific therapies Intravenous anti-biotic drip Fasting on iv fluids etc.	 No redaction
Conditions Diabetes Type 1, breast cancer, Renal failure, colon cancer, Heart attack, high blood pressure Diabetes	 No redaction
Medication Specific drug doses E.g. I was put on Xanax/650mg of Tramadol daily for one week etc.	 [Med.]
Illegible text	[...] and continue to the next legible part of the comment. Aim to get a balance between capturing the maximum amount of information possible and time spent on deciphering handwriting.
Any bad, racist or derogatory remarks are typed as you see them	Redact in the normal way (that is, if nationality mentioned, redact etc.) but type in the precise remarks as you seem them.

Example	Recommended redaction
Correct spelling mistakes	Correction should be of minor and obvious spelling mistakes, for example: their/there. This is to facilitate understanding and 'readability' of the qualitative data, it should in no way impact on meaning.
Other	
Wheelchairs and other medical devices	[Assistive device]

Appendix 4

Data Quality Statement – National Inpatient Experience Survey 2022

1. Purpose

The National Inpatient Experience Survey is committed to ensuring that the data it processes and publishes adheres to the five dimensions of good quality data. The purpose of this statement is to provide transparency on the collection of National Inpatient Experience Survey data and provide data users with information about the quality of National Inpatient Experience Survey data. This will allow data users to make an informed decision about whether this data meets their needs.

2. Overview of data collection and remit

Data on patient experience is collected through eligible participants' responses to a survey. The survey asks about a person's journey through hospital and includes structured tick-box questions as well as open-ended questions for comments. The findings of the survey are used to inform quality improvements in hospital care.

3. Data source

People who respond to the survey are the data source for the data that is collected on patient experience.

4. Overview of quality of data under each of the dimensions of data quality

This section provides an overview of how data quality is ensured under each of the five dimensions of quality.

Relevance

The relevance of National Inpatient Experience Survey data is ensured in the following ways.

- To ensure that data meets the needs of data users, the development of the survey tool in 2017 involved a Delphi Study, focus groups and cognitive interviews with patient representatives and healthcare professionals. Cognitive interviews were also carried out in 2018 and 2021, to test and ensure the relevance of adaptations to the survey.
- The input of healthcare professionals and patient representatives is sought in the implementation and planning of the survey through their representation on governance groups (steering group and programme boards). This ensures that the needs of data-users are embedded into the design of surveys and the delivery of the survey results.
- The inclusion criteria of the survey were changed in 2018; 16 and 17 year olds are now invited to participate in the National Inpatient Experience Survey. The change to the inclusion criteria was requested by data-users, who identified a

gap in patient experience data for this cohort who were previously not included in paediatric or adult surveys.

- A review of each survey is carried out, which involves a public consultation. Data-users provide feedback on all aspects of the survey, including the relevance of the survey data.

Accuracy and reliability

The accuracy and reliability of the data is ensured in the following ways:

- Survey responses, once uploaded onto the online reporting tool are quality assured against the hard copy originals. The coding, or categorisation, of survey responses is also quality assured, through spot check verification.
- The results of all data analyses are quality assured to ensure that they reflect the responses received from survey participants.

Timeliness and punctuality

Timeliness and punctuality is ensured in the following ways:

- Anonymised survey responses are uploaded to an online reporting platform once received by the data processor. Once 30 or more responses have been received, these are then disclosed to nominated hospital staff, who have access to this platform and can view the data as close as possible to its point of collection.
- The findings of the survey are published at www.yourexperience.ie within 4 months of the closure of the survey.

Coherence and comparability

The coherence and comparability of the data is ensured in the following ways:

- The National Inpatient Experience Survey uses questions from a validated, international question bank, which allows for comparability of patient experience at an international level, on a question by question basis.
- The National Inpatient Experience Survey uses one survey tool to measure patient experience across public acute hospitals.
- The survey is carried out at the same time every year, allowing for year on year comparison of the data.
- Anonymised survey responses are uploaded to a publically accessible, online reporting platform at www.yourexperience.ie, where the data can be contrasted and compared:
    - by question
    - by year
    - by hospital, hospital group and nationally.

Accessibility and clarity

The accessibility and clarity of the data is ensured in the following ways:

- The findings of the survey are presented in a traditional report format with graphs and textual explanations to appeal to different types of learners.
- Staff analysing the data and reporting the survey findings undergo data visualisation training to ensure that the findings of the survey are reported in an accessible and clear format.
- All outputs, such as the 2022 National Inpatient Experience Survey National Report, are quality assured to ensure that they adhere to NALA (National Adult Literacy Agency) Standards and are therefore reported in plain English.
- Survey findings are accessible through various platforms, such as an online reporting tool for nominated hospital staff and a public facing reporting tool available at www.yourexperience.ie.
- A Data Access Request Policy and form are available for people who wish to access and use the data for research purposes.

5. Limitations of the survey

Comparability

The first National Inpatient Experience Survey took place in May 2017 and was repeated in May 2018, May 2019, September 2021 and May 2022. Each year, the survey tool was adapted. For example, a question on 'reason for admission' was added to the survey and questions on the COVID-19 pandemic in 2021. Changes, while minor, may affect the year-on-year comparability of the survey.

Accessibility

The findings of surveys are made publically available at www.yourexperience.ie. Reports are published at a local, regional and national level on a publically available, online reporting tool.

Data, relevant to the needs of specific data-users, is therefore accessible and easily obtainable. The possibility of making findings available at ward level, was also investigated, to allow for targeted, ward-specific quality improvements. It was decided against releasing data at a ward level, as this may

- not be feasible as a participants' care pathway may involve a number of wards
- allow for the identification of participants, staff and others and undermine the anonymity of survey responses.

Conclusion

The National Care Experience Programme is committed to high-quality data which is exemplified by meeting the five dimensions of data quality. The Programme Team

will continually review these dimensions to provide assurance of the quality of the data for the National Inpatient Experience Survey.

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National Inpatient Experience Survey

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