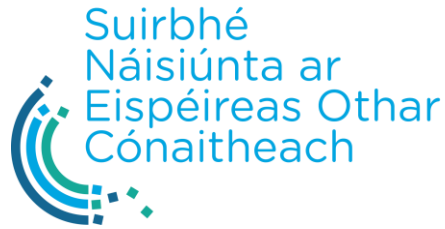


PATIENT QUESTIONNAIRE



National
Inpatient
Experience
Survey

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 questionnaire 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 or phone 1890 424 555. You can also contact the Patient Advocacy Service, an independent advocacy service, which supports people who wish to make a complaint, at 0818 293 003 or 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 to complete the questionnaire online.

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

Yes, you can ask someone to help you fill in the questionnaire. You may also ask someone to fill in the questionnaire 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.**

National Inpatient Experience Survey
Milltown House
Milltown
Business Reply
Dublin 6

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

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

Your answers will remain anonymous and confidential.

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

Survey Code:

Improving care experiences together



An Roinn Sláinte
Department of Health

DRAFT QUESTIONNAIRE

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?

- Emergency or urgent → GO TO Q2.
- Planned in advance or waiting list → GO TO Q7.
- 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)?

- Yes → GO TO Q3.
- No → GO TO Q7.

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?

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

Q4. Were you given enough privacy when being examined or treated in the emergency department?

- Yes, completely
- Yes, to some extent
- No
- Don't know/can't remember

Q5. Did you remain in the emergency department for the entire time of your stay?

- Yes, I was discharged from the emergency department → GO TO Q44.*
- No, I was transferred to a different part of the hospital before I was discharged → GO TO Q6.

*If you were **discharged from the emergency department**, please go to page 8 and complete Q44 – Q49, and provide any comments you may have on page 11.

Q6. Following arrival at the hospital, how long did you wait before being admitted to a ward?

- Less than 6 hours → GO TO Q7.
- Between 6 and up to 12 hours → GO TO Q7.
- Between 12 and up to 24 hours → GO TO Q7.
- Between 24 and up to 48 hours → GO TO Q7.
- More than 48 hours → GO TO Q7.
- Don't know/ can't remember → GO TO Q7.
- I was not admitted to a ward → GO TO Q44.

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.

Q7. In your opinion, how clean was the hospital?

This includes all areas of the hospital, including the ward, bathrooms and other areas

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

Q8. 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

Q9. 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

Q10. How would you rate the hospital food?

- ¹ Very good → GO TO Q11.
- ² Good → GO TO Q11.
- ³ Fair → GO TO Q11.
- ⁴ Poor → GO TO Q11.
- ⁵ I did not have any hospital food → GO TO Q13.

Q11. Were you offered food that met any dietary needs or requirements you had?

This could include religious, medical, or allergy requirements, vegetarian/vegan options, or different food formats such as liquefied or pureed food.

- ¹ Yes, always
- ² Yes, sometimes
- ³ No
- ⁴ I did not have any dietary needs or requirements
- ⁵ I was fed through tube feeding
- ⁶ I did not have any hospital food

Q12. Were you able to get hospital food outside of set meal times?

This could include a replacement meal if you missed set meal times due to operations/procedures or another reason.

- ¹ Yes, always
- ² Yes, sometimes
- ³ No
- ⁴ I did not need this
- ⁵ Don't know/can't remember

Your care and treatment

Q13. When you had important questions to ask a doctor, did you get answers that you could understand?

- Yes, always
- Yes, sometimes
- No
- I had no need to ask

Q14. Did you feel you had enough time to discuss your care and treatment with a doctor?

- Yes, definitely
- Yes, to some extent
- No

Q15. If you ever needed to talk to a nurse, did you get the opportunity to do so?

- Yes, definitely
- Yes, to some extent
- No
- I had no need to talk to a nurse

Q16. When you had important questions to ask a nurse, did you get answers that you could understand?

- Yes, always
- Yes, sometimes
- No
- I had no need to ask

Q17. Were you involved as much as you wanted to be in decisions about your care and treatment?

- Yes, definitely
- Yes, to some extent
- No

Q18. How much information about your condition or treatment was given to you?

- Not enough
- The right amount
- Too much

Q19. Was your diagnosis explained to you in a way that you could understand?

- Yes, completely
- Yes, to some extent
- No

Q20. 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
- Yes, to some extent
- No
- My family did not want or need information
- I did not want my family or friends to talk to a doctor
- No family or friends were involved

Q21. 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

Q22. Did you have confidence and trust in the hospital staff treating you?

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

Q23. Were you given enough privacy when discussing your condition or treatment?

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

Q24. Were you given enough privacy when being examined or treated?

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

Q25. 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, operations and procedures

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

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.

Q26. Before any test, operation or procedure you received did a member of staff explain the risks and benefits in a way you could understand?

- ¹ Yes, completely → GO TO Q27.
- ² Yes, to some extent → GO TO Q27.
- ³ No → GO TO Q27.
- ⁴ I did not want an explanation → GO TO Q27.
- ⁵ I did not have any test, operation or procedure → GO TO Q28.

Q27. After any test, operation or procedure you received, did a member of staff explain the outcome in a way you could understand?

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

Leaving hospital

Q28. Did you feel you were involved in decisions about your discharge from hospital?

- Yes, definitely
- Yes, to some extent
- No
- I did not want to be involved

Q29. Were you or someone close to you given enough notice about your discharge?

- Yes, definitely
- Yes, to some extent
- No
- Don't know/can't remember

Q30. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?

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

Q31. Did a member of staff explain the purpose of the medicines you were to take at home and any side effects in a way you could understand?

- Yes, completely
- Yes, to some extent
- No
- I did not need an explanation
- I had no medicines

Q32. Did a member of staff tell you about any danger signals you should watch for after you went home?

- Yes, completely
- Yes, to some extent
- No
- It was not necessary

Q33. Did hospital staff take your family or home situation into account when planning your discharge?

- Yes, completely
- Yes, to some extent
- No
- It was not necessary
- Don't know/can't remember

Q34. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

- Yes
- No
- Don't know/can't remember

Q35. Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?

- Yes, definitely
- Yes, to some extent
- No
- I did not need help in managing my condition

Patient safety

Q36. During this hospital stay, did you feel that there was good communication about your care and treatment between doctors, nurses and other hospital staff?

(For example, did staff that were caring for you have all the information they needed about your care and treatment at all times)

- Yes, always
- Yes, sometimes
- No
- Don't know/can't remember

Q37. During this hospital stay, did you feel comfortable to speak out at any time about anything that you might wish to raise with hospital staff?

(This may include raising a complaint or concern about any issues you had with your care.)

- Yes, definitely
- Yes, to some extent
- No
- Not relevant to my situation

Q38. During this hospital stay, did you feel confident in the safety of your treatment and care?

- Yes, definitely
- Yes, to some extent
- No

A patient safety incident is an incident (an event or circumstance) that could have resulted, or did result, in unnecessary injury or harm to you or put you at risk of injury or harm.

This could be anything from you being given the wrong medication, to you getting an infection after surgery.

Q39. Did you experience any patient safety incident(s) during this hospital stay?

- Yes → GO TO Q40.
- No → GO TO Q41.
- Don't know → GO TO Q41.
- Can't remember → GO TO Q41.

Q40. What type of patient safety incident did you experience? (tick all that apply)

- Medication issue
(for example, you were given the wrong medicine, wrong dose, another patient's medicine, or any other type of problem related to the medicines you were taking)
- Healthcare associated infection
(for example, you caught an infection while having treatment or being cared for, e.g. a wound)
- Medical device or equipment issue
(for example, lack of equipment or equipment failure)
- Patient fall
(for example, you slipped, tripped or fell while in hospital)
- Patient accident
- Other, please specify

Overall

Q41. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

- Yes, always
- Yes, sometimes
- No

Q42. Overall... (please circle a number)

I had a very poor experience	I had a very good experience
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0	1	2	3	4	5	6	7	8	9	10
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Q43. Thinking about your overall care, if you wanted to give feedback or make a complaint, did you know how and where to do so?

- Yes
- No
- I did not wish to give feedback or make a complaint

About you

Q44. Who was the main person or people who filled in this questionnaire?

- The patient (named on the front of the envelope)
- The patient with the help of someone else
- 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.

Q45. What was the main reason for your most recent stay in hospital? (Tick ONE box only)

- Tumour/cancer
- Heart condition
- Lung condition
- Neurological condition (including stroke)
- Orthopaedic condition (e.g. bone or joint issues)
- COVID-19
- Infection (other than COVID-19)
- Digestive system condition (including gallbladder and appendix issues)
- Diabetes and related problems
- Adverse reaction/poisoning
- Injury and or accident
- Mental health issue
- I was admitted for tests and/or investigations
- Don't know/I was not told
- Other, please specify

DRAFT QUESTIONNAIRE

**Q46. 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
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Y	Y	Y	Y
---	---	---	---

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

Q47. 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 group/background:

- ¹⁰ Arab
- ¹¹ Mixed, write in description

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- ¹² Other, write in description

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Q48. 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?

Q49. Do you have any of the following on a long-term basis? Please tick all that apply

- ¹ Blindness or a serious vision impairment
- ² Deafness or a serious hearing impairment
- ³ A condition that substantially limits one or more basic physical activities
- ⁴ An intellectual disability
- ⁵ Difficulty in learning, remembering or concentrating
- ⁶ Mental health, psychological or emotional condition
- ⁷ Difficulty in dressing, bathing or getting around inside the home
- ⁸ Difficulty in going outside home alone
- ⁹ Difficulty in working or attending school/college
- ¹⁰ Difficulty in taking part in other activities
- ¹¹ Other disability, including chronic illness
- ¹² None of the above

Other Comments

Thank you very much for taking part in this survey. Please feel free to tell us more 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.

Q50. Was there anything particularly good about your hospital care?

Q51. Was there anything that could be improved?

Q52. Any other comments or suggestions?

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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