Suirbhé Náisiúnta ar Eispéireas Othar Cónaitheach

National Inpatient Experience Survey

National Inpatient Experience Survey 2024

Technical Report

National Inpatient Experience Survey Technical Report: Purpose and content

This report provides a comprehensive technical description of the model, methodology, methods and procedures implemented during the National Inpatient Experience Survey 2024. 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.

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1. Overview

1.1 The National Inpatient Experience Survey

The National Inpatient Experience Survey is a nationwide survey that offers patients the opportunity to share their experiences of public acute healthcare in Ireland. The aim of the survey is to use patients' feedback to identify areas of good experience, and areas needing improvement. The survey is a partnership between the Health Information and Quality Authority (HIQA), the HSE and the Department of Health. The survey has been conducted six times since 2017. In 2023, we conducted a thorough review of the survey's methods and methods used internationally, to inform improvements to the survey. The sixth National Inpatient Experience Survey was implemented in 2024.

During May 2024, 30,103 people who were discharged from 40 acute public hospitals in Ireland were invited to participate in the National Inpatient Experience Survey. In total, 12,367 people took part in the survey, resulting in a response rate of 41%.

The National Inpatient Experience Survey 2024 asked patients 52 questions about their hospital experience, 49 of which were structured and three of which were free-text questions. The majority of the survey questions were derived from questions originally formulated by the Picker Institute in the United States,[1] and the National Inpatient Experience Survey questionnaire was also adapted to the Irish context. Further information on the questionnaire development process can be found at www.yourexperience.ie/inpatient.

The survey questionnaire explored the patient's experience of:

- care during admission to hospital
- care on the ward
- care during examinations, diagnosis and treatment
- care during discharge or transfer from hospital, and
- other aspects of care.

The 2024 survey contained new questions about patient safety during the hospital stay. Additionally, participants were asked to provide some demographic information so that differences between groups in their care experiences could be identified. For the first time, the National Inpatient Experience Survey 2024 explored whether patients' care experiences in public acute hospitals in Ireland differed by the level of deprivation in the area where they live.

The closing date for the survey was 31 July 2024. The survey findings were published in December 2024 in a national report and 40 individual hospital reports, which are available at www.yourexperience.ie.

1.2 Management of the National Inpatient Experience Survey

HIQA, as the lead partner on the National Care Experience Programme, contracted a managed service — Ipsos B&A*— to administer the 2024 National Inpatient Experience Survey and to process the responses received. In 2024, 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

Promotional materials about the National Inpatient Experience Survey were displayed in participating hospitals for the duration of the survey period to create awareness about the survey and promote participation; materials used in 2024 included internal communications campaign, posters, leaflets and pull-up banners. Eligible patients also received information material about the survey on discharge, and they were sent a survey invitation letter by post a few weeks after discharge from hospital.

Following the review of National Inpatient Experience Survey methods in 2023, it was decided to increase the promotion of online responses to the survey, to reduce postal costs and improve data quality. For the 2024 survey, the survey invitation letter contained a QR (quick-response) code, which participants could scan with a mobile phone to access the survey online. There were 6,500 scans of the QR code between 28 May and 31 July 2024 (5,633 unique scans within this time). The invitation letter also contained the web address for the online survey, so that participants could access the survey using other devices.

*Ipsos B&A is a market research agency. More information on the company can be found on their website www.banda.ie.

The online survey was available in English and Irish. Participants were also informed in the invitation letter that they could call the survey helpline to request a paper version of the survey questionnaire in English, Irish or Polish.

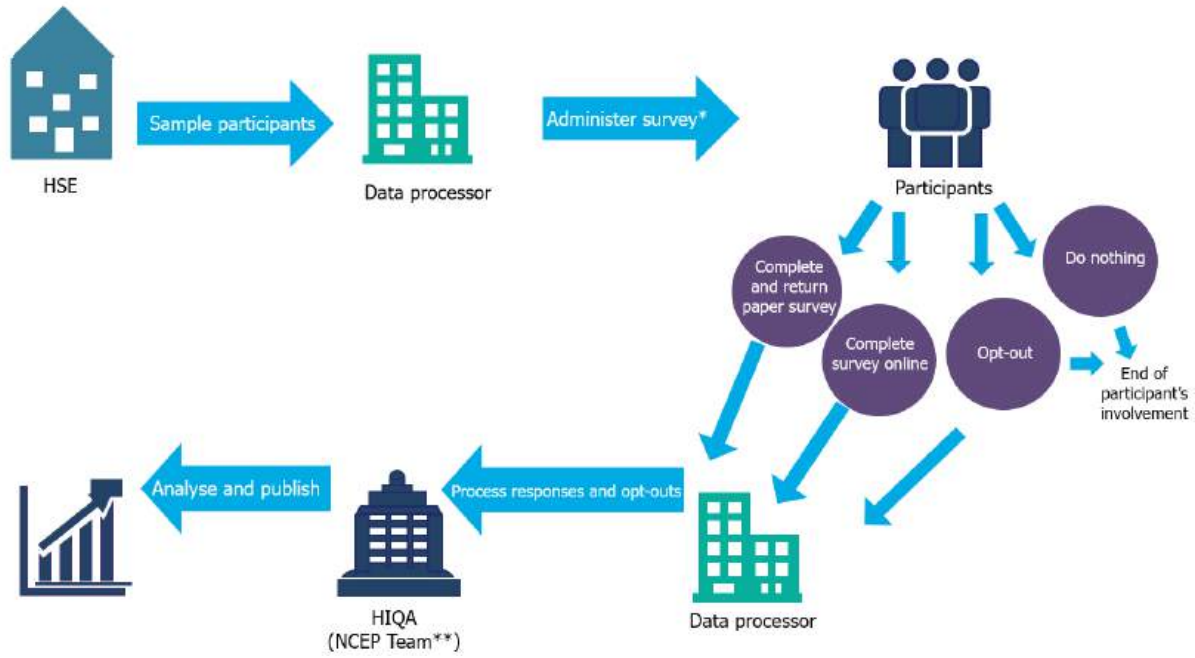
Two reminder letters were sent to people who were invited to participate but had not yet returned a survey response. Internationally, a second reminder has been shown to increase survey response rates significantly. [2] The survey closed on 31 July 2024.

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. Five opt-out methods were provided:

1. Opt-out at discharge while still in hospital
2. Opt-out by calling the Freephone number
3. Opt-out by emailing info@yourexperience.ie
4. Opt-out online on www.yourexperience.ie
5. Return a blank questionnaire

Figure 1.1 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. In Figure 1.1, the 'data processor' refers to the managed service responsible for the survey administration and fieldwork. The data were subsequently analysed by researchers in HIQA, who reported on the survey findings (see Chapter 3).

Figure 1.1 The National Inpatient Experience Survey model



* Administer survey includes application of eligibility criteria, distribution of survey to eligible participants, application of HP Deprivation Index and management of survey responses and opt-outs.
** National Care Experience Programme.

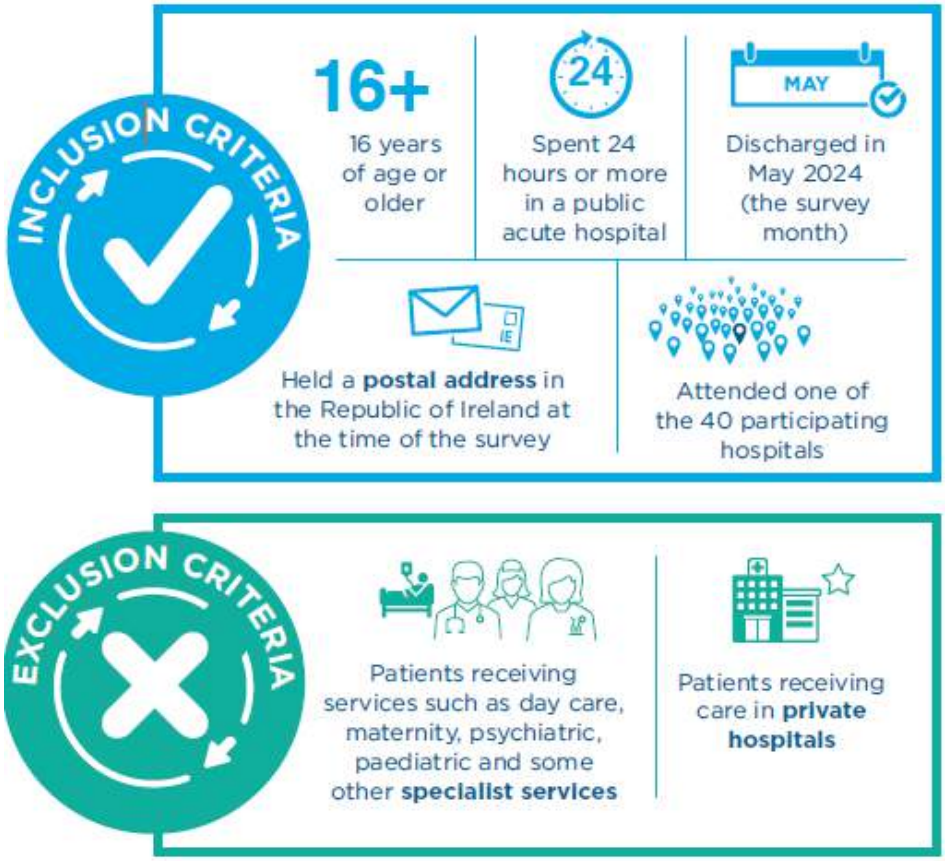
1.3.2 Sample

All of the 40 public acute hospitals in Ireland participated in the 2024 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 health regions:

- HSE Dublin and Midlands
- HSE Dublin and North East
- HSE Dublin and South East
- HSE West and North West
- HSE Mid West
- HSE South West

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 2024, were eligible to participate in the survey. Patients who were not eligible to participate in the survey included those who received maternity, paediatric, psychiatric and some other specialist (less than 24 hours stay) hospital services, day cases, as well as patients in private hospitals. Eligible participants were identified through each hospital's internal Patient Administration System (PAS). Figure 1.2 summarises the eligibility criteria for participation in the National Inpatient Experience Survey 2024.

Figure 1.2 Inclusion and exclusion criteria



1.3.3 The questionnaire

The 2023 review of the National Inpatient Experience Survey included a review of international studies of patient experience.[2] Consultations were also held with stakeholders (including patient representatives, policymakers and hospital staff) to ensure that the survey was responding to stakeholders' needs and priorities. Following this review, the number of questions on the survey questionnaire was reduced from 67 to 52.

The 2024 National Inpatient Experience Survey questionnaire explored the patient's experience of care:

- during admission to hospital
- on the ward
- during examinations, diagnosis and treatment
- during discharge or transfer from hospital, and
- other aspects of care.

The 2024 survey also contained questions about patient safety during the hospital stay. Additionally, the National Inpatient Experience Survey included a new question

that asked participants if they had a condition or difficulty on a long-term basis (hereafter referred to as a disability) so that any differences between groups in their experience of care could be identified.

1.3.4 Ethical approval

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

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, and so on), a data protection impact assessment (DPIA) was conducted. A summary of the DPIA is available at https://yourexperience.ie/wp-content/uploads/2024/04/NIES_DPIA_2024_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 Information governance - National Care Experience Programme.

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 2024.

To enable timely and accurate administration of the inpatient survey to eligible participants, a detailed process guide was developed and training was provided to support nominated hospital staff to extract the relevant patient data. The guide included a number of steps:

- Step 1: Eligible participants from the hospital's Patient Administration System were identified using the eligibility criteria guide.
- Step 2: The NIES contact dataset was compiled in adherence with the quality assurance checklist provided in the process guide. Data quality checks included ensuring completion of all relevant data fields and confirming use of authorised values only.
- Step 3: The contact dataset was saved and uploaded to the Patient and Service User Engagement (PSUE) Team in the HSE.
- Step 4: The PSUE Team conducted additional data quality assurance checks prior to transferring the datasets to the Managed Service.

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.

Each hospital carried out three data extractions as outlined in Table 2.1 below. 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 health region and hospital name details.*

* The transfer of participant data between hospitals (data controllers) and the managed service (data processor on behalf of HIQA) was mandated by data sharing agreements in all instances.

Table 2.1 Schedule for extracting and submitting the NIES contact dataset

Extraction date	Task for hospitals	Deadline for upload of contact dataset (Hospitals to PSUE)	Deadline for upload of contact dataset (PSUE to IPSOS B&A)
Tuesday 14 May	Extract and quality assure dataset for discharges **1-10 May** inclusive.	Upload contact dataset by **5pm** on 16 May 2024	Upload contact dataset by **5pm** on 21 May 2024
Thursday 23 May	Extract and quality assure dataset for discharges **11 – 20 May** inclusive	Upload contact dataset by **5pm** on 24 May 2024	Upload contact dataset by **5pm** on 28 May 2024
Wednesday 5 June	Extract and quality assure dataset for discharges **21 – 31 May** inclusive	Upload contact dataset by **5pm** on 6 June 2024	Upload contact dataset by **5pm** on 11 June 2024

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.

Death checks

In order to protect the families or friends of people who died during the survey period, the following death checks were conducted to reduce the risk of a survey being sent to a deceased patient (this includes the initial invitation letter and the reminder letters):

- The PSUE team monitored the website www.rip.ie, which provides publicly available information about deaths in Ireland, and reconciled this information with the contact datasets provided by the hospitals.
- Hospitals ran a weekly monitoring of the list of eligible participants versus the report of known deaths.
- Hospitals were requested to communicate to the PSUE any known death of an eligible participant, in parallel with recording same within the patient records system in the hospital.

2.2 Sampling and operational outcomes

A total of 30,997 people who met the survey inclusion criteria were discharged from hospital in the month of May 2024. Of these, 585 individuals died during the survey period. In addition, 309 survey invitation letters could not be delivered to the intended recipient and were returned to the sender. A total of 30,103 people formed the final survey population. Of those, 405 individuals actively opted-out of the survey. A total of

27,733 first reminders and 24,684 second reminders were sent out during the survey period.

2.3 Survey administration

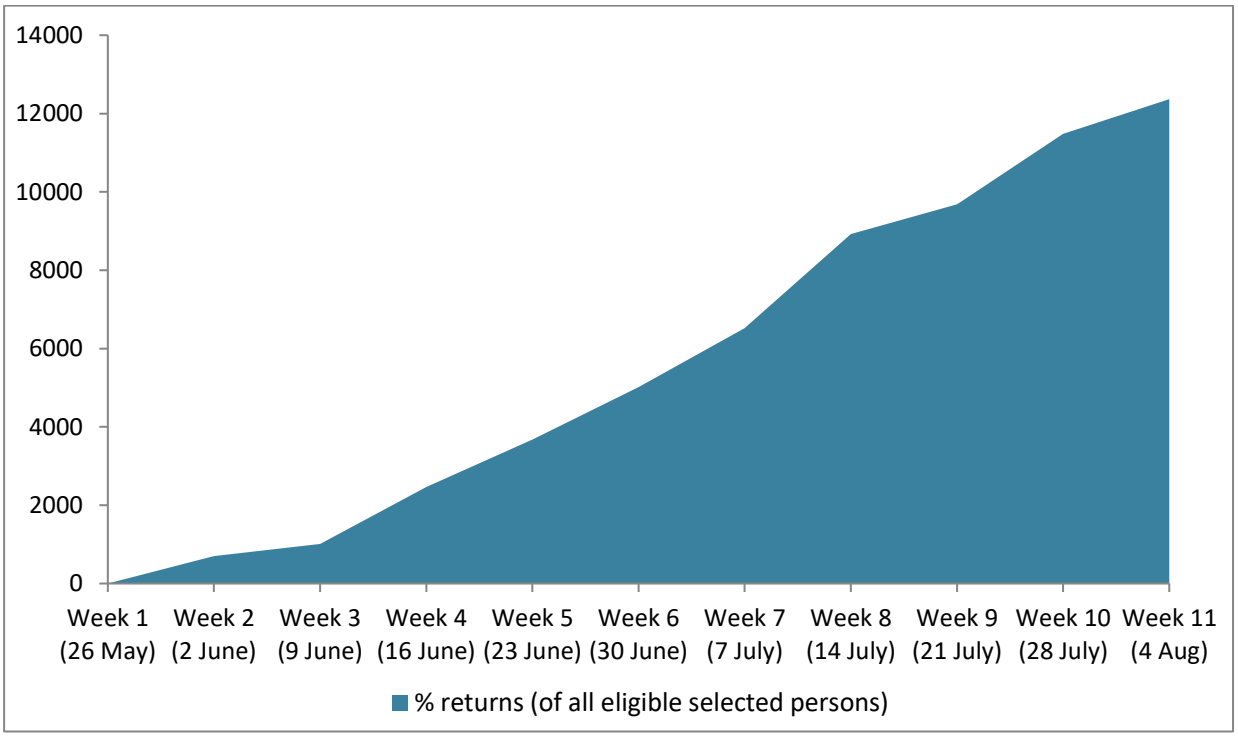
The survey went live on 28 May and closed on 31 July 2024. Survey invitation letters were sent to participants a few weeks after their discharge from hospital. Two additional reminder letters were sent out at fortnightly intervals to eligible individuals who had not yet completed a survey.

2.4 Response rates

Of the 30,103 people who were ultimately eligible to participate in the survey, 12,367 people completed a valid survey questionnaire prior to the survey closing date on 31 July 2024, resulting in a national response rate of 41% (Table 2.3). In total, 6,898 participants (55.8%) completed the survey questionnaire online and 5,469 individuals (44.2%) completed a paper version of the survey questionnaire (Table 2.4).

Response rates were calculated by dividing the number of valid surveys completed 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. A total of 2,403 surveys were returned during week seven — this was the highest number returned during any week.

Figure 2.1 Cumulative response rates by week of the survey period



Response rates at health region level were generally at or above 40%, with the exception of the HSE Mid West, which had a response rate of 38%. Table 2.2 shows the number of people invited to take part, the number who took part, and the corresponding response rate for each health region.

Table 2.2 Number of people invited to participate, response numbers and response rate by health region for 2024

	Total eligible sample	Number who took part	Response rate
National	30,103	12,367	41%
By health region			
HSE Dublin & Midlands	5,828	2,341	40%
HSE Dublin & South East	5,210	2,224	43%
HSE Dublin & North East	6,993	2,822	40%
HSE West & North West	5,258	2,145	41%
HSE South West	5,743	2,522	44%
HSE Mid West	3,016	1,158	38%

As shown in Table 2.3, the response rates for eligible male patients (40%) and eligible female patients (42%) were broadly similar. People aged 66–80 years had the highest response rate (48%) of any age group. People aged 35 or younger were least likely to respond to the survey, with only 28% of those invited returning a valid survey questionnaire. Patients who stayed in hospital for 11 or more days were most likely to return a questionnaire (response rate 48%), compared with patients who had shorter stays (only 28% of those who spent 1-2 days in hospital responded to the survey). People who were admitted to hospital as a result of an emergency were less likely to respond to the survey (response rate 39%), compared with people whose stay had been planned in advance (response rate 50%).

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

Table 2.3 Response and non-response composition 2024

Group		Total discharged	Deceased	Return to sender	Total eligible sample	Opted out	No response	Completed (online)	Completed (paper)	Response rate
All respondents		30,997	585	309	30,103	405	17,331	6898	5469	41%
Sex	Males	15,558	319	199	15,040	229	8771	3301	2739	40%
	Females	15,439	266	110	15,063	176	8560	3597	2730	42%
Age	16-35 years	3417	5	62	3350	10	2402	753	185	28%
	36-50 years	4340	25	79	4236	17	2700	1219	300	36%
	51-65 years	6640	59	66	6515	46	3572	1870	1027	44%
	66-80 years	9910	211	63	9636	151	4870	2096	2519	48%
	81+ years	6690	285	39	6366	181	3787	960	1438	38%
Length of stay	1-2 days	3417	5	68	3344	10	2402	753	185	28%
	3-5 days	4340	25	101	4214	17	2700	1219	300	36%
	6-10 days	6640	59	77	6504	46	3572	1870	1027	45%
	11+ days	9910	211	63	9636	151	4870	2096	2519	48%
Admission	Elective	6862	91	33	6738	69	3317	1942	1410	50%
	Emergency	24,135	494	276	23,365	336	14,014	4956	4059	39%

2.5 Survey operations

In addition to administering the 2024 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 1 May 2024[†] to 31 July 2024, 1,948 calls were recorded by the managed service helpline operators, compared to 759 in 2022. The public most frequently called the Freephone helpline to request a paper copy of questionnaire — a total of 793 queries (40.2%) were received in this regard. The helpline received 67 calls (3.4%) during the survey period from individuals who wished to inform survey administrators that the patient had passed away. Table 2.4 details the most frequent query types received and logged by operators of the helpline.

Table 2.4 Summary of query types received by the Freephone helpline

Summary of call query	Number	%
Request paper copy of questionnaire	793	40.2%
General query about survey	369	18.7%
I can't or don't want to do the survey online	297	15.1%
Opt-Out	279	14.2%
Patient has passed away	67	3.4%
Received second letter and already completed the questionnaire	60	3.0%
Complaint or compliment	35	1.8%
Unable to participate due to illness	16	0.8%
Wrong address	10	0.5%
Online – difficulty with QR Code/logging on/error message	7	0.4%
Haven't received a letter or heard about it. Can I participate?	7	0.4%
Received my survey pack but there is no Freepost envelope	6	0.3%
Online – can't see where to log in on website	4	0.2%
Want to speak to a member of the NCEP survey team	4	0.2%
Hospital staff query	3	0.2%
Query about other surveys	3	0.2%
Data protection query	2	0.1%
Completed the survey but wants to change the answers	2	0.1%
How to access info about survey	2	0.1%
Duplicate – received two or more invitations with different codes	2	0.1%
Adverse Event – wrong treatment/adverse reaction to treatment	1	0.1%
Serious or severe incident or complaint	1	0.1%
Survey code not working	1	0.1%
Total	**1,971[‡]**	**100%**

[†] From 1 May 2024, patients were provided with information about the survey (including the helpline number) in the hospital and at the point of their discharge.
[‡] The total number of queries in the table exceeds the total number of calls, because some callers had multiple queries.

In total, 405 people opted out of the 2024 National Inpatient Survey. Of these people, 279 opted out by calling the helpline number. People also opted out of the survey by returning a blank questionnaire (68 people), via email (39 people), or via the online survey portal (19 people).

Those who called the helpline to opt-out of the survey were asked the reason for opting out. Where a reason was provided, 31% of callers explained that the patient who received the survey invitation letter was unable to communicate. Table 2.5 outlines the reasons for opting out of the National Inpatient Experience Survey 2024 among callers to the survey helpline.

Table 2.5 Reasons for opting out of National Inpatient Experience Survey 2024 among callers to survey helpline

Reason for opt-out	Number	%
Patient unable to communicate	92	31%
I am too ill	56	19%
I don't have time	41	14%
I never take part in surveys of any kind	33	11%
I prefer not to say	30	10%
I have difficulty reading or completing the survey (such as sight difficulties)	23	8%
Only have bad things to say or don't want to express them or take part or remember	5	2%
I don't trust the people running the survey	5	2%
I have nothing to say	3	1%
I don't like the invitation letter	1	0%
Survey too long or too many questions	1	0%
The survey is not available in my first language	1	0%
Can't remember hospital stay	1	0%
I feel it is not going to make a difference	1	0%
Total	**293**	**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 37 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 and to assign their address to one of the eight categories of deprivation level in the Pobal HP Deprivation Index. Information on date of birth, sex and other relevant variables was collected in order to describe the characteristics of the sample. Personal information data (used for the purpose of administering the survey) was electronically destroyed on 16 September 2024. Hard copies of the survey questionnaire were destroyed on 2 October 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 and locked in a secure filing room. The data was manually uploaded to a customised data entry form developed in Askia software, where they were anonymised (in line with pre-agreed anonymisation criteria), uploaded to the NCEP dashboard and combined with the online survey responses that were uploaded directly by survey participants. The processing of paper questionnaires concluded in August 2024.

The National Inpatient Experience Survey website allowed patients to complete the survey questionnaire online, using their eight-digit survey code.[§] 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 Version 29).

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)
- 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'
- participants were coded as having a disability if they selected any of the conditions or difficulties that were listed on Question 49, or they were coded as 'no disability' if they selected 'None of the above' for this question.
- The level of deprivation for each participant's home address was calculated using the Pobal HP Deprivation Index.[**] This index provides an estimate of the level of

[§] Eligible participants received a unique eight-digit survey code, which was provided to them in the initial invitation letter and subsequent reminder letters.

[**] The Pobal HP Deprivation Index is Ireland's primary social gradient tool, used for the identification of geographic disadvantage, in order to target resources and services towards communities most in need.

deprivation for each small area (approximately 100 households) in Ireland, using data from the 2022 Census about a number of different measures of disadvantage for each household within that area.

- The question on overall experience (Question 42, rated 0–10) was collapsed into three groups: very good (score of 9–10), good (7–8), and fair to poor (0–6).

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. Four questions on respondent demographics and the three open-ended questions were also excluded from the categorisation into stages of care. 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 variations across hospitals and health regions. This section also explains how the stage-of-care scores were calculated and describes the quality assurance of the survey data.

3.3.1 Adjustment weights

The results of the National Inpatient Experience 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 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 2024, 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 or 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 survey sample aged 16 – 35 who had an emergency admission was 0.065, the proportion of the national sample aged 51 – 65 who had a non-emergency admission was 0.069, and so on. These proportions were then calculated for each hospital using the same procedure.

Table 3.1 Proportions of survey sample

Admission type	Age	National
Emergency	16–35	0.065
	36–50	0.099
	51–65	0.175
	66–80	0.293
	81+	0.147
Non-emergency	16–35	0.015
	36–50	0.031
	51–65	0.069
	66–80	0.081
	81+	0.021

The next step was to calculate the weighting for each individual. Age or admission type weightings for individuals were calculated for each respondent by dividing the national proportion of respondents in their age or 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. Consequently, 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. [6] The minimum value for any weight was set at 0.2.

Table 3.2 Proportion and weighting for Hospital A

Admission type	Age	National proportion	Hospital A proportion	Hospital A weight (national or hospital A)
Emergency	16–35	0.065	0.058	1.120
	36–50	0.099	0.082	1.207
	51–65	0.175	0.200	0.875
	66–80	0.293	0.249	1.176
	81+	0.147	0.124	1.130
Non-emergency	16–35	0.015	0.024	0.625
	36–50	0.031	0.041	0.756
	51–65	0.069	0.108	0.638
	66–80	0.081	0.087	0.931
	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, 36 questions were scored.

In the example below, the first response option was 'Yes, always', which was given a score of 10. The second response option, 'Yes, sometimes', was given a score of 5 and the third response option, 'No', was given a score of 0. The fourth response option, 'I had no need to ask or 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 2024 survey

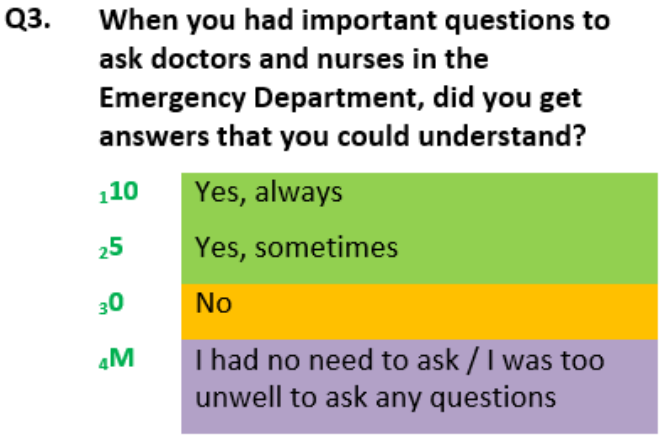


Table 3.3 below shows how scores were calculated for a specific question in the survey. In this example, the scores of five respondents are presented. The score for Question 3 (Q3) is calculated by adding the scores in the right-hand column (10+10+5+0+5), before dividing them by the number of people 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	Q6	RQ3	RQ4	RQ6	
1	1		10	10		10
1	2	2	10	5	7.5	7.5
1	1		10	10		10
2	2	6	5	5		5
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 2022 and 2024

Stage of care and individual question scores for 2022 and 2024 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

The first caveat in the survey reporting plan was that the results for any hospitals with fewer than five respondents would not be not made available, in order to protect the anonymity of respondents. However, all of the participating hospitals exceeded the five-respondent threshold. In previous years, the data for Louth County Hospital, Dundalk

was merged with Our Lady of Lourdes Hospital, Drogheda, but the 2024 survey findings for Louth County Hospital were published independently. However, there were only nine survey respondents for Louth County Hospital, so this sample was too small to include in the statistical analyses that compared hospital average scores.

The second caveat related to representativeness, whereby any hospital or health region with less than a 25% response rate would be flagged in reporting, with caution advised in interpreting the results. However, this was not necessary, since all hospitals and health regions exceeded the 25% response rate (see Appendix 2).

3.3.7 Quality assurance of quantitative data

As far 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.

A data quality audit was undertaken by the survey team to quality-assure the process for managing paper responses and the upload of data to the dashboard to identify if the data contained in the paper questionnaires mirror that which is displayed on the dashboard. The findings from the audit were recorded in the NCEP Data Quality Audit notebook.

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 6.3% for Questions 7-9 compared with 9.6% for the last three numeric (closed response) questions prior to the demographic section (Questions 41-43). The average rate of missing responses for the demographic questions about age, ethnicity and medical card status (Questions 46-48) was 1.8%. The rate of missing responses for the question about disability status was 8.2%.

3.4 Qualitative methodology

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 50 (Q50) — Was there anything particularly good about your hospital care?
- Question 51 (Q51) — Was there anything that could be improved?
- Question 52 (Q52) — Any other comments or suggestions?

3.4.1 Anonymisation of qualitative data

All qualitative responses were anonymised through redaction. Whether on paper or online, the same set of procedures was followed. The key principle underpinning 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

Content analysis was used to analyse and manage the wealth of information provided in patients' comments. All comments received in response to Q50 (Was there anything particularly good about your hospital care?), Q51 (Was there anything that could be improved?), and Q52 (Any other comments or suggestions?) were analysed and multi-coded using 26 codes, as shown in Table 3.5. These 26 codes were then mapped to 13 'summary themes' (larger categories). This framework helped organise and systematically reduce the thousands of patients' comments into manageable chunks of information.

Table 3.5 Detailed set of codes used for analysing responses to Q50 to Q52

Staffing levels, availability and responsiveness	Planned procedures waiting times
Nursing staff	Food and drink
Doctors or consultants	Compassion
Other healthcare staff	Discharge and aftercare management
Other staff	Cleanliness or hygiene
General staff comment	Hospital facilities
Dignity, respect and privacy	Parking facilities
Communication between healthcare staff and patient	Clinical or medical information
Communication between healthcare staff and family and or friends	Health insurance
Co-ordination of care or Communication between healthcare professionals	Patient safety
Physical comfort	Patient disability
Emergency Department management and or environment	General comment
Emergency Department waiting times	Other comment

3.4.3 Quality assurance of qualitative data

The following processes assured the quality of the qualitative 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. An agreement rate of 96% was achieved for the double-coding across responses from the three open-ended questions. Where necessary, codes were edited or additional codes added, in order to ensure that the coding was as comprehensive as possible.

3.5 Treatment of duplicates

Duplicates could occur within the National Inpatient Experience Survey data in two ways: firstly within the data extracts, and secondly 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.

3.6 Publication of national results

In December 2024, the National Inpatient Experience Survey team published one national report and 40 hospital reports. Tableau data visualisation was embedded at www.yourexperience.ie and allowed site visitors to further examine the results. It

should be noted that specific hospital personnel working in senior management and quality improvement, and other key stakeholders, had been granted access to a 'real-time' online reporting platform where they could view survey findings for their hospital as the data were being processed. Access to this information prior to the publication of reports allowed hospitals to be proactive and to identify opportunities for improvement at an early stage, in order to develop quality improvement plans.

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
- 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, together with other data and information sources
- provide a basis for benchmarking progress over time following future surveys.

All published reports are available at https://yourexperience.ie/inpatient.

3.7 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 HSE published a national quality improvement plan in December 2024, which set out a roadmap for quality improvements at the national level, as well as across each of the participating hospitals. HSE Public Involvement, Culture and Risk Management has committed to monitoring the implementation of the 2024 National HSE Response, which is available at https://yourexperience.ie/inpatient.

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 other jurisdictions. In 2023, as part of the review of the National Inpatient Experience Survey methods, an international review was conducted to identify current practices and trends in inpatient experience surveys in other jurisdictions.[8] The findings of the review informed changes to the 2024 survey.

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 perceptions and reporting of encounters with the health service.[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 which 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 appeared in the National Inpatient Experience Survey. These questions may be numbered and categorised differently in other surveys.

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 2023 (NHS data published via CQC). Survey results organised by: ▪ admission to hospital ▪ person-centred care ▪ availability of staff ▪ meeting patients' fundamental needs ▪ discharge from hospital and integrated care ▪ overall experience.	Wider coverage of hospital wards rather than just acute general. Survey fieldwork took place between January 2023 and April 2023. The survey has run annually since 2004.
New Zealand	Health Quality and Safety Commission (HQSC) adult inpatient survey May 2024. Survey results organised by: ▪ care from health care team ▪ hospital environment ▪ surgery ▪ discharge.	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 2023. Survey results are organised by: ▪ overall satisfaction and outcomes ▪ compassion, respect and kindness ▪ effective communication ▪ clear information ▪ involvement in decision-making ▪ timely and coordinated care ▪ experiences in rural and urban hospitals ▪ experiences of patients who had surgery compared with experiences of those who did not ▪ Aboriginal people's experiences of hospital care.	The survey has been conducted annually since 2013 and is mailed to adult patients who were admitted to a NSW public hospital between January and December. The survey questionnaire is reviewed each year. In response to the increased and ongoing use of virtual care, for the April to September 2023 patient cohort, a 13 question module about patients' experiences with virtual care outpatient and general practitioner (GP) appointments was sent to all eligible patients. For January to December 2023, an additional 11-question module about Aboriginal patients' experiences of care was sent to those whose administrative clinical record indicates eligibility.

Table 4.2. Comparison of question scores across jurisdictions

	Ireland 2024	England †† 2023	New Zealand 2024‡‡	New South Wales 2023§§
Response rate	41%	42%	/	30%
Sex (female %)	51%	52%	/	51%
Admission route (based on Q1. Was your most recent hospital stay planned in advance or an emergency?) (% emergency or urgent)	78%	74%	/	/
Age (% >65 years)	54%	62%	/	66% (>55 years)
Q7. In your opinion, how clean was the hospital room or ward that you were in? (% very clean)	71%	70%	83%	74%
Q13. When you had important questions to ask a doctor, did you get answers that you could understand? (% yes, always)	68%	72%	/	/
Q16. When you had important questions to ask a nurse, did you get answers that you could understand? (% yes, always)	62%	72%	/	/
Q17. Were you involved as much as you wanted to be in decisions about your care and treatment? (% yes, always)	63%	35%	83%	67%

†† The results for the 2023 adult inpatient survey conducted in England can be downloaded in open data format from https://www.cqc.org.uk/publications/surveys/adult-inpatient-survey
‡‡ The results for the HQSC adult inpatient survey May 2024 are available at https://reports.hqsc.govt.nz/AHI-explorer/
§§ The results for the Adult Admitted Patient Survey 2023, conducted in New South Wales are available at https://www.bhi.nsw.gov.au/data-portal

	Ireland 2024	England 2023	New Zealand 2024	New South Wales 2023
Q18. How much information about your condition or treatment was given to you? (% the right amount)	74%	78%	/	84%
Q23. Were you given enough privacy when discussing your condition or treatment? (% yes, always)	66%	89%	75%	/
Q25. Do you think the hospital staff did everything they could to help control your pain? (% yes, definitely)	79%	76%	/	72%
Q28. Did you feel you were involved in decisions about your discharge from hospital? (% yes, definitely)	55%	33%	/	64%
Q41. Overall, did you feel you were treated with respect and dignity while you were in the hospital? (% yes, always)	84%	82%	/	88%
Q42. Overall rating of hospital experience (% who gave rating between 7 and 10)	85%	80%	/	/

Appendix 1

2024 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	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	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
Q07	In your opinion, how clean was the hospital?	Very clean (10) Fairly clean (6.67) Not very clean (3.33) Not at all clean (0)	Care on the ward
Q08	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
Q09	Did the staff treating and examining you introduce themselves?	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
Q10	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

Question	Wording	Response options with corresponding scores in parentheses	Stage of Care
Q11	Were you offered food that met any dietary needs or requirements you had?	Yes, always (10) Yes, sometimes (5) No (0) I did not have any dietary needs or requirements (M) I was fed through tube feeding (M) I did not have any hospital food (M)	Care on the ward
Q12	Were you able to get hospital food outside of set meal times?	Yes, always (10) Yes, sometimes (5) No (0) I did not need this (M) Don't know/can't remember (M)	Care on the ward
Q13	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
Q14	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
Q15	If you ever needed to talk to a nurse, did you get the opportunity to do so?	Yes, definitely (10) Yes, to some extent (5) No (0) I had no need to talk to a nurse (M)	Care on the ward
Q16	When you had important questions to ask a nurse, 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
Q17	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

Question	Wording	Response options with corresponding scores in parentheses	Stage of Care
Q18	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
Q19	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
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 (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
Q21	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
Q22	Did you have confidence and trust in the hospital staff treating you?	Yes, always (10) Yes, sometimes (5) No (0)	Other
Q23	Were you given enough privacy when discussing your condition or treatment?	Yes, always (10) Yes, sometimes (5) No (0)	Examination/ diagnosis/ treatment
Q24	Were you given enough privacy when being examined or treated?	Yes, always (10) Yes, sometimes (5) No (0)	Examination/ diagnosis/ treatment
Q25	Do you think the hospital staff did everything they could to help control your pain?	Yes, definitely (10) Yes, to some extent (5) No (0) I was never in any pain (M)	Care on the ward
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?	Yes, completely (10) Yes, to some extent (5) No (0) I did not want an explanation (M) I did not have any test, operation or procedure (M)	Examination/ diagnosis/ treatment

Question	Wording	Response options with corresponding scores in parentheses	Stage of Care
Q27	After any test, operation or procedure you received, did a member of staff explain the outcome in a way you could understand?	Yes, completely (10) Yes, to some extent (5) No (0)	Examination/ diagnosis/ treatment
Q28	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
Q29	Were you or someone close to you given enough notice about your discharge?	Yes, definitely (1) Yes, to some extent (5) No (0) Don't know/can't remember (M)	Discharge/ transfer
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 (10) No (0) I did not want or need any written or printed information (M)	Discharge/ transfer
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 (10) Yes, to some extent (5) No (0) I did not need an explanation (M) I had no medicines (M)	Discharge/ transfer
Q32	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
Q33	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
Q34	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
Q35	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
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?	Yes, always (10) Yes, sometimes (5) No (0) Don't know/can't remember (M)	Patient safety
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?	Yes, definitely (10) Yes, to some extent (5) No (0) Not relevant to my situation (M)	Patient safety
Q38	During this hospital stay, did you feel confident in the safety of your treatment and care?	Yes, definitely (10) Yes, to some extent (5) No (0)	Patient safety
Q41	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)	Other
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 (10) No (0) I did not wish to give feedback or make a complaint (M)	Other

Appendix 2

May 2024 operational outcomes by health region and individual hospitals

Health region/Hospital	Total discharged	Deceased	Return to Sender	Total eligible sample	Opted out	No response	Completed (paper)	Completed (online)	Took part	Response rate
HSE Dublin & Midlands	5985	85	72	5828	72	3415	1020	1321	2341	40%
Regional Hospital Mullingar	500	8	3	489	4	296	81	108	189	39%
Midland Regional Hospital Portlaoise	486	7	7	472	7	300	77	88	165	35%
Midland Regional Hospital Tullamore	923	16	3	904	11	532	172	189	361	40%
Naas General Hospital	756	13	8	735	13	443	118	161	279	38%
St. James's Hospital	1747	25	32	1690	17	958	323	392	715	42%
Tallaght University Hospital	1573	16	19	1538	20	886	249	383	632	41%
HSE Dublin & South East	5364	104	50	5210	71	2915	963	1261	2224	43%
Kilcreene Orthopaedic Hospital	91	0	1	90	0	23	28	39	67	74%
Royal Victoria Eye and Ear Hospital	166	0	0	166	1	72	30	63	93	56%
Tipperary University Hospital	522	11	1	510	11	288	95	116	211	41%
St. Columcille's Hospital	102	5	0	97	3	55	21	18	39	40%
St. Luke's General Hospital	787	21	15	751	9	453	135	154	289	38%
St. Michael's Hospital	264	3	3	258	6	127	60	65	125	48%
St. Vincent's University Hospital	1382	23	14	1345	20	754	238	333	571	42%
University Hospital Waterford	1358	29	10	1319	13	739	245	322	567	43%
Wexford General Hospital	692	12	6	674	8	404	111	151	262	39%

Health region/Hospital	Total discharged	Deceased	Return to Sender	Total eligible sample	Opted out	No response	Completed (paper)	Completed (online)	Took part	Response rate
HSE Dublin & North East	7222	126	103	6993	102	4069	1219	1603	2822	40%
Beaumont Hospital	1678	39	23	1616	19	942	256	399	655	41%
National Orthopaedic Hospital Cappagh	278	0	0	278	3	87	75	113	188	68%
Cavan and Monaghan Hospitals	745	15	5	725	13	444	150	118	268	37%
Connolly Hospital Blanchardstown	1161	18	22	1121	18	679	180	244	424	38%
Louth County Hospital	42	2	0	40	1	30	4	5	9	23%
Mater Misericordiae University Hospital	1505	20	41	1444	24	827	242	351	593	41%
Our Lady's Hospital Navan	392	13	2	377	8	204	71	94	165	44%
Our Lady of Lourdes Hospital	1421	19	10	1392	16	856	241	279	520	37%
HSE West & North West	5402	106	38	5258	74	3039	979	1166	2145	41%
Galway University Hospitals	2051	39	12	2000	24	1122	371	483	854	43%
Letterkenny University Hospital	1005	19	16	970	17	586	164	203	367	38%
Mayo University Hospital	888	19	5	864	8	537	159	160	319	37%
Portiuncula University Hospital	380	6	0	374	4	208	81	81	162	43%
Roscommon University Hospital	89	3	0	86	3	54	19	10	29	34%
Sligo University Hospital	989	20	5	964	18	532	185	229	414	43%
HSE South West	3937	93	20	3824	51	2096	792	885	1677	44%
Bantry General Hospital	192	6	1	185	6	84	55	40	95	51%
Cork University Hospital	1831	46	8	1777	22	975	333	447	780	44%
Mallow General Hospital	182	7	1	174	5	100	31	38	69	40%
Mercy University Hospital	767	20	5	742	11	451	145	135	280	38%
South Infirmary Victoria University Hospital	403	2	1	400	1	180	104	115	219	55%
University Hospital Kerry	562	12	4	546	6	306	124	110	234	43%

Health region/Hospital	Total discharged	Deceased	Return to Sender	Total eligible sample	Opted out	No response	Completed (paper)	Completed (online)	Took part	Response rate
HSE Mid West	3087	71	26	2990	35	1797	496	662	1158	38%
Nenagh Hospital	139	5	0	134	2	75	30	27	57	43%
Croom Orthopaedic Hospital	196	1	1	194	0	87	47	60	107	55%
Ennis Hospital	186	8	1	177	3	119	26	29	55	31%
St. John's Hospital	276	2	5	269	9	156	43	61	104	39%
University Hospital Limerick	2290	55	19	2216	21	1360	350	485	835	38%

Appendix 3

2024 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]
Phone number and address	[Phone No.] [Address]
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
Staff working in hospital Porter, "Tea lady", Cleaner	No redaction
Dates, days and times Monday, Tues, and so on. Weekend Bank holiday weekend Was waiting between 7 and 9.30 24 May	 No redaction [Date]

Example	Recommended redaction
Departments and wards Emergency department Operating theatre Cancer ward Ward name (St James's Ward) Recovery Isolation AMAU (acute medical assessment unit)	No redaction
Religions, nationality, ethnicity 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 [Location]
Age Any specific age in years mentioned. For instance, "I had a heart attack and I'm only 43."	[Age]
Procedures and operations Lumbar puncture Bypass Appendix operation Eye surgery Operation (generic)	No redaction
Specific therapies Intravenous antibiotic 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 "I was put on Xanax/650mg of Tramadol daily for one week."	No redaction

Example	Recommended redaction
Illegible text	[...] and continue to the next legible part of the comment.
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.
Patients reference number	[Ref. No.]
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.

Appendix 4

Data Quality Statement – National Inpatient Experience Survey 2024

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.[10] 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 original 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 2024, 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.

- In line with the Quality Assurance Framework of the National Care Experience Programme, a review of each survey is carried out after its completion. This review includes consulting with stakeholders, such as those who use the survey findings for quality improvement, to gather their feedback on all aspects of the survey, including the relevance of the survey data.
- In 2023, a detailed review of the methods used by the National Inpatient Experience Survey was conducted in order to inform improvements to the survey. International studies of patient experience were reviewed. Consultations were also held with stakeholders, (including patient representatives, policymakers and hospital staff) to ensure that the survey meeting the needs and matching the priorities of stakeholders. Following this review, the number of questions on the 2024 survey questionnaire was reduced from 67 to 52.

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 5 or more responses have been received, these are then disclosed to nominated hospital staff working in quality improvement, 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 four 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, health region 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 2024 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 National Inpatient Experience Survey has been conducted six times from 2017 through 2024. Each time the survey is conducted, statistical analysis is used to identify any significant differences in question scores and stage-of-care scores from the preceding survey.
As previously mentioned, for the 2024 survey, the number of questions was reduced from 67 to 52. The reduced number of questions for two stages of care- 'admissions'

and 'care on the ward'- may have affected the year-on-year comparability of the survey.***

The 2022 and 2024 surveys both included an additional question module to focus on a specific issue. In 2022, a set of questions explored patients' experiences of acute care during the COVID-19 pandemic. The 2024 survey contained a question module about patient safety during the hospital stay. These additional modules are not comparable to previous years.

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 several 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.

*** Significant decrease in scores for 'admissions' and 'care on the ward' stages of care since 2022 are likely due to changes made to the questions for the 2024 survey as some of the highest-scoring questions within these stages in the 2022 survey were not included in 2024. This was noted in both national and hospital reports for the 2024 survey.

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National Inpatient Experience Survey

Health Information and Quality Authority
An Údarás Um Fhaisnéis agus Cáilíocht Sláinte

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An Roinn Sláinte
Department of Health