



The National Care Experience Programme

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Improving care experiences together



An Roinn Sláinte
Department of Health

What is Patient Experience?

“The sum of all interactions, shaped by an organisation’s culture, that influence patient perceptions, across the continuum of care”.

The Beryl Institute (2016). Defining Patient Experience



NCEP: Purpose and Mission

Deliver Sustainable Improvement

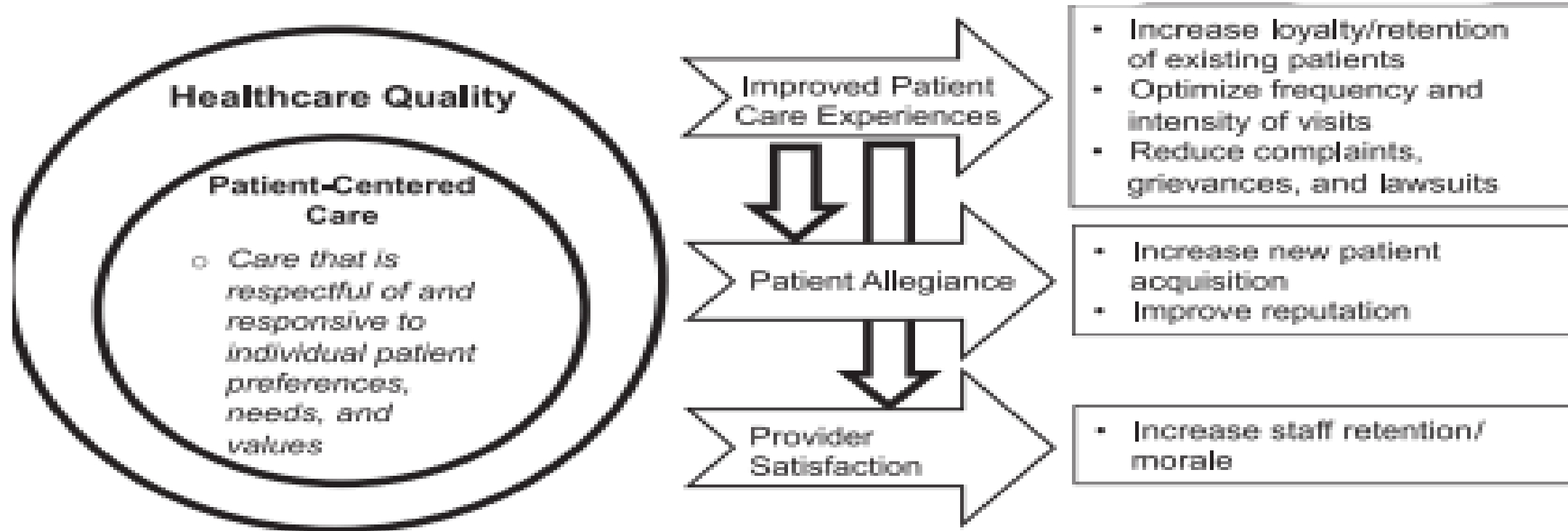
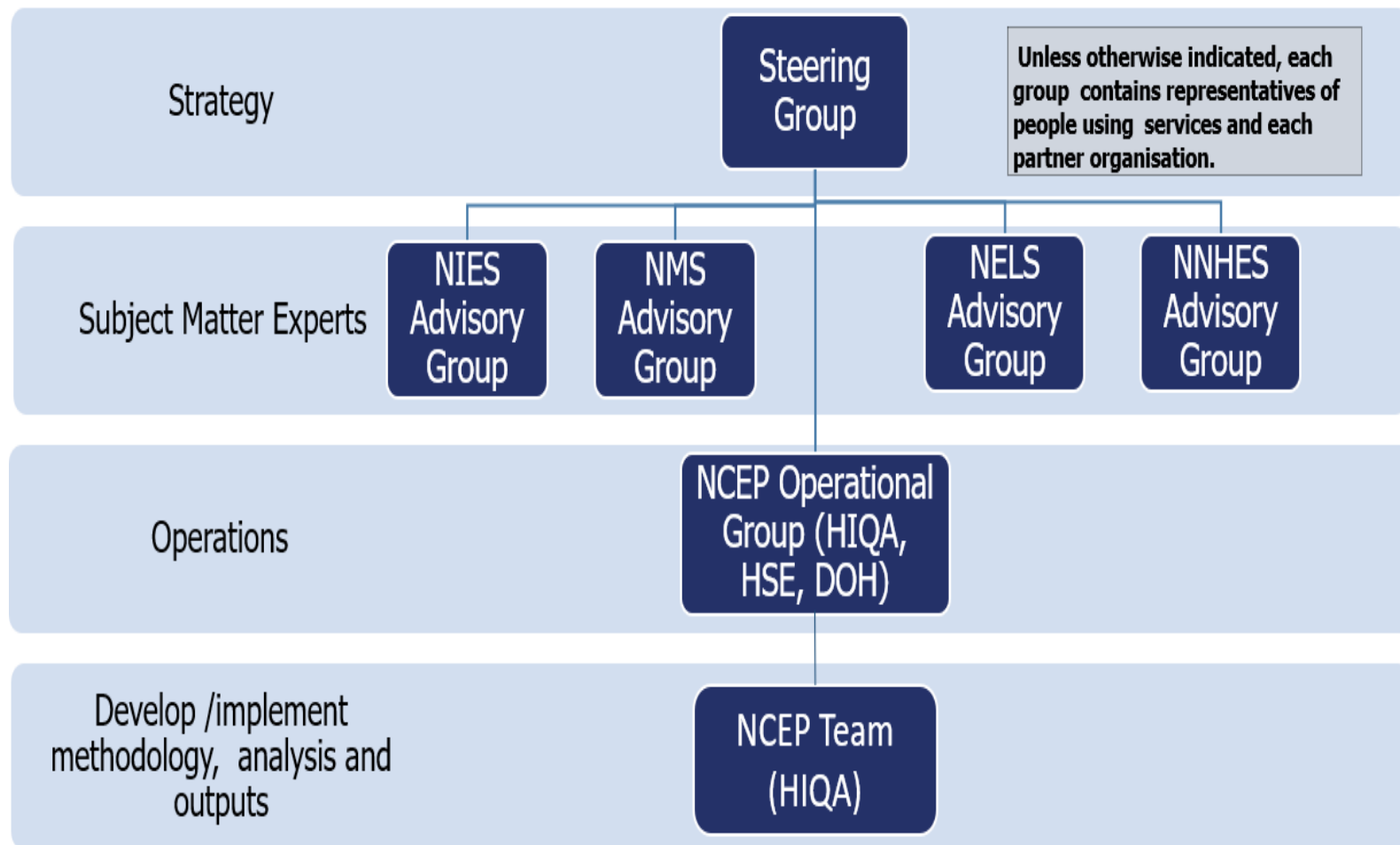


Figure 1: Capturing Patient Experience

Partnership and Governance



NCEP Strategy 2022-2024

Mission

Hearing, understanding and responding to the experiences of people using Ireland's health and social care services to drive and embed sustainable improvements in care.

Vision

Over the next three years, the National Care Experience Programme will elevate the voice of people using services to drive and embed sustainable improvements in care.

Values

Promoting
a human
rights-
based
approach



Putting
people
first



Being fair,
objective
and equitable



Being open
and
accountable



Promoting
quality



Working
collaboratively



- **Objective 1:** Voice of people using services is used to improve delivery, policy, planning and practice
- **Objective 2:** Ensuring that the programme is responsive, agile and based on national need
- **Objective 3:** Innovating and ensuring methodological rigour
- **Objective 4:** Building sectoral and academic capacity aligned with the national programme.

Current Suite of Surveys



National Inpatient
Experience
Survey

National
Maternity
Experience
Survey

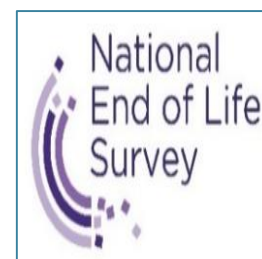
National Maternity
Bereavement
Experience Survey

National Nursing
Home Survey

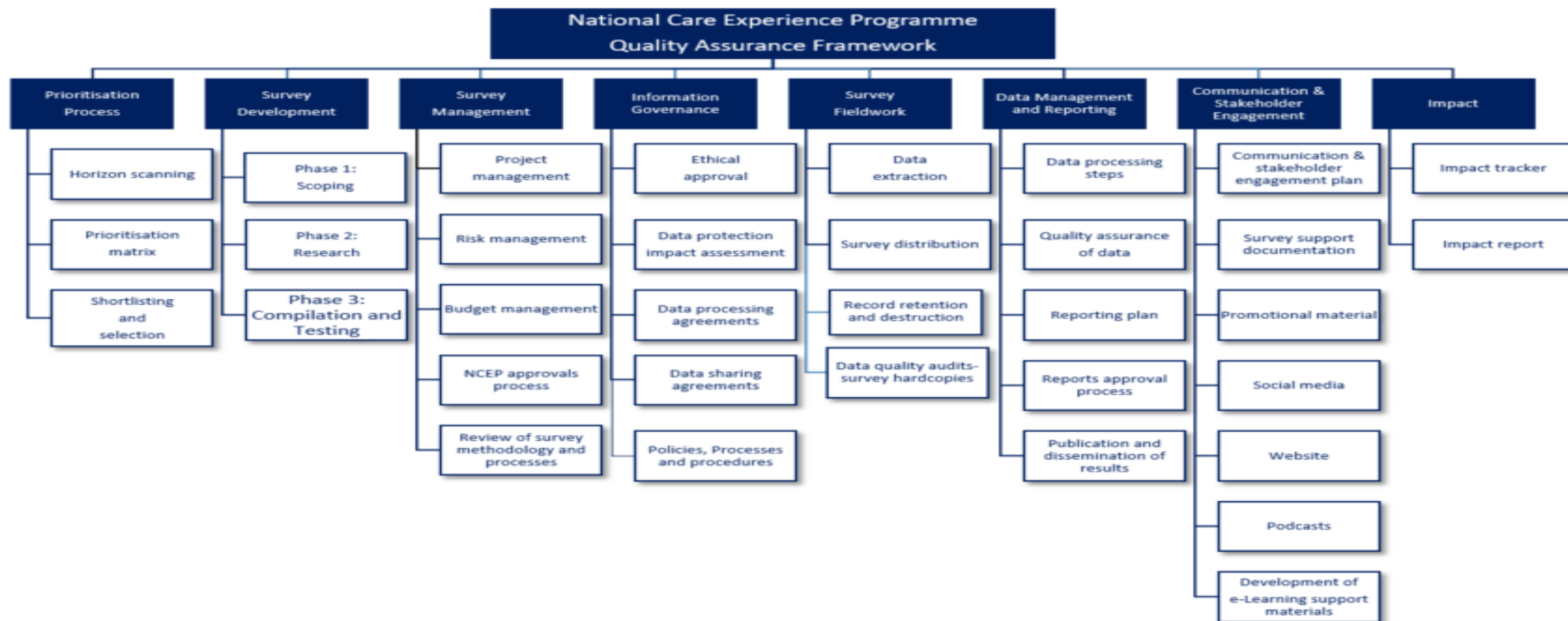
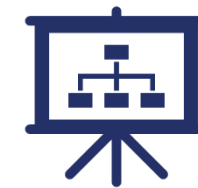
National End of
Life Survey

Mental Health
Survey

Cancer Care
Survey



Survey Development





About the NIES

- Five iterations since 2017
- Patients' experiences of:
 - Admission to hospital
 - Care on the ward
 - Examination, diagnosis and treatment
 - Discharge or transfer
 - Overall experience
 - Care during the pandemic
- 3 free-text questions where patients can respond in their own words
 - What was good, what could be improved, any other comments.


ADMISSIONS



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

5 QUESTIONS


CARE ON THE WARD



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

14 QUESTIONS


EXAMINATIONS, DIAGNOSIS AND TREATMENT



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

13 QUESTIONS


DISCHARGE OR TRANSFER



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

11 QUESTIONS


OTHER ASPECTS OF CARE



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

4 QUESTIONS

CARE DURING THE PANDEMIC

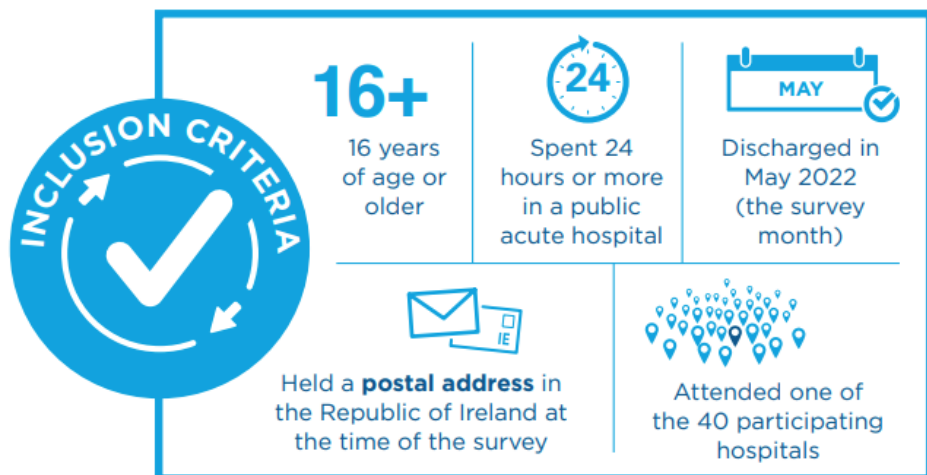


Experiences of receiving care during a pandemic including communication, feeling at risk and receiving support.

6 QUESTIONS

About the NIES

Inclusion and exclusion criteria



Participating hospitals

South/South West Hospital Group

Ireland East Hospital Group

Royal College of Surgeons in Ireland (RCSI) Hospital Group

University of Limerick (UL) Hospitals

Saolta University Health Care Group

Dublin Midlands Hospital Group



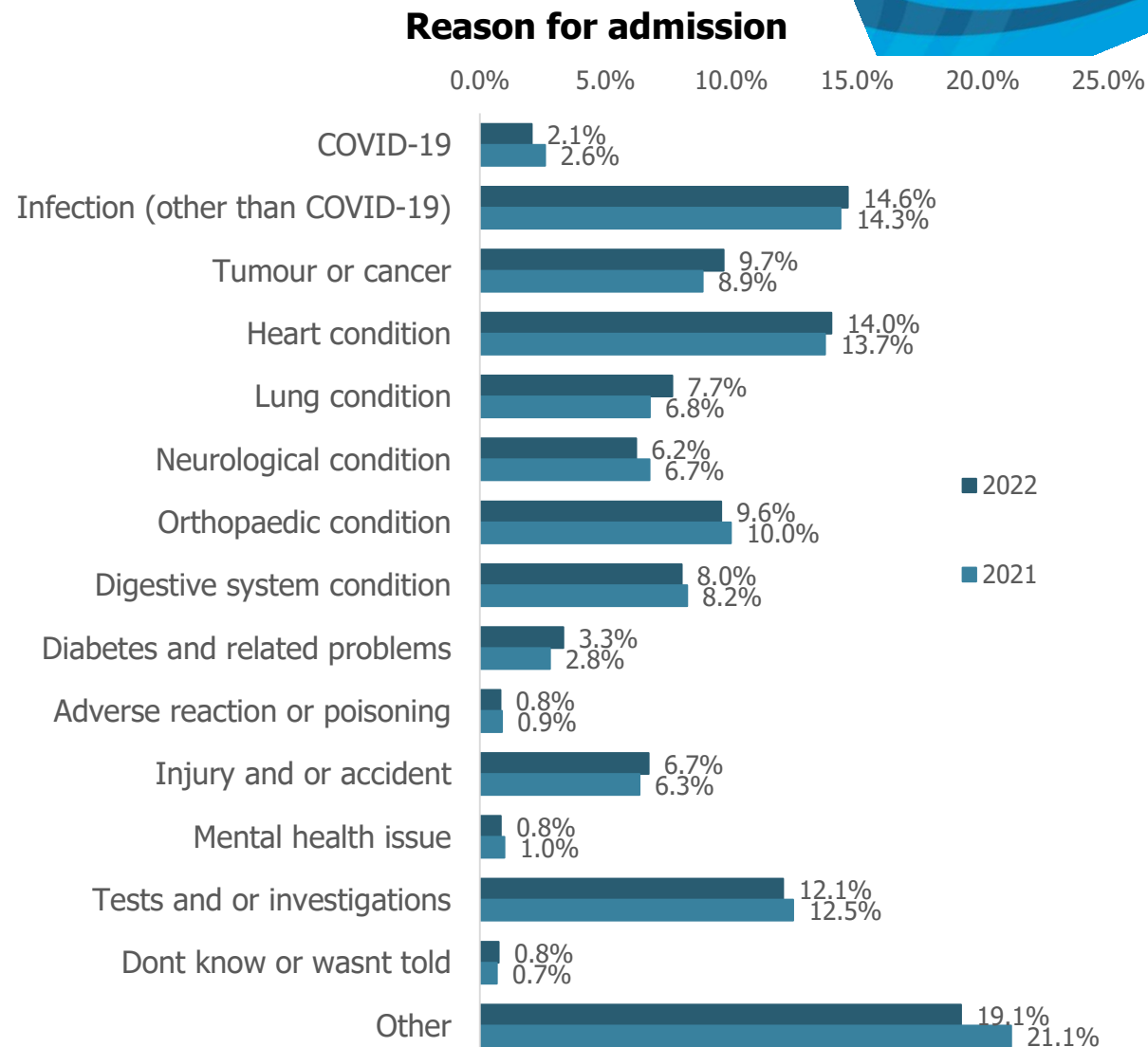
Who took part in the National Inpatient Experience Survey 2022?



- 24,996 people invited
- 10,904 took part (44%)

Characteristics of participants

Age category	%
16 to 35 years	6.4
36 to 50 years	11.6
51 to 65 years	24.8
66 to 80 years	39.3
81 years or older	17.8
Sex	
Male	49.4
Female	50.6
Admission route	
Emergency	79.8
Non-emergency	20.2



Areas of good experience

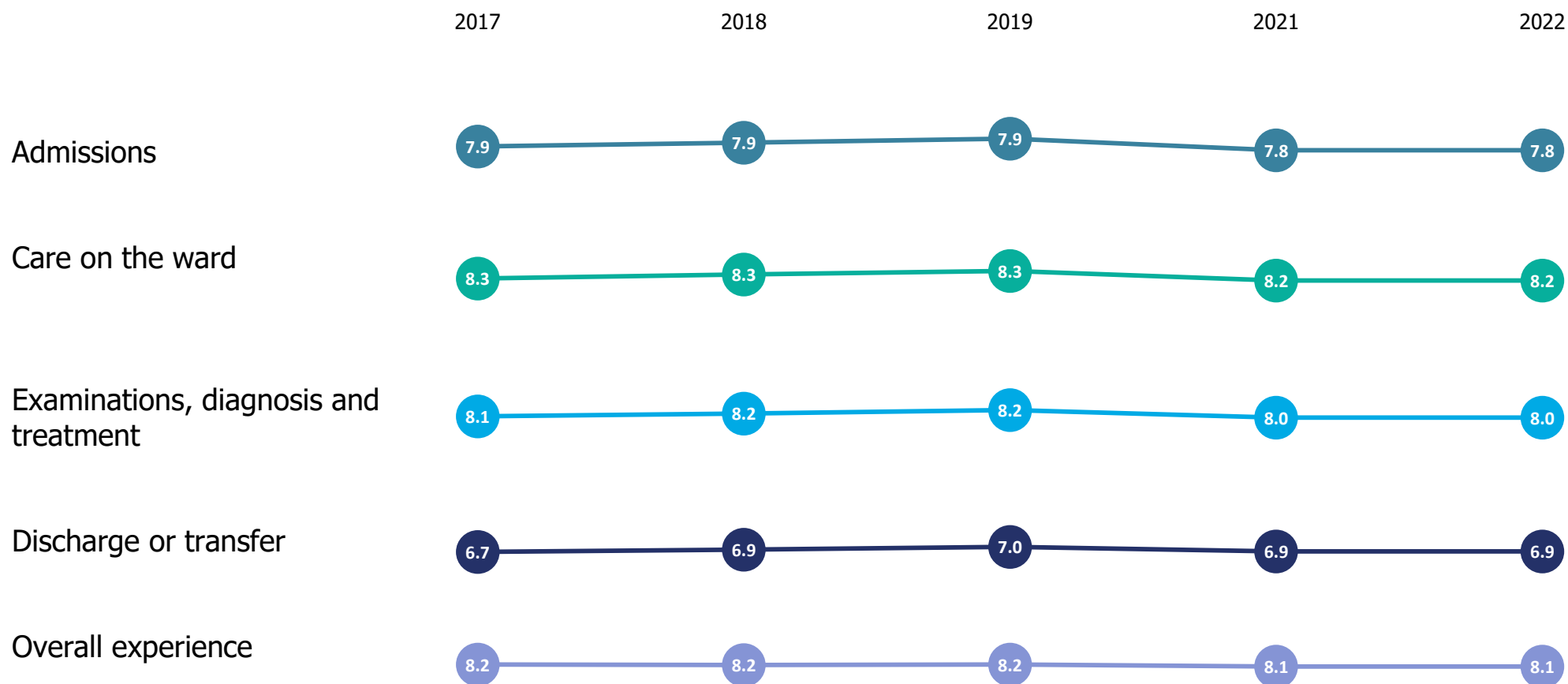
Admissions	Of the 8,189 people who responded to this question, 6,571 (80.2%) said that they were always treated with respect and dignity in the emergency department. The average score for this question was 8.7 out of 10.
Respect and dignity in the emergency department Q6	
Care on the ward	Of the 9,833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

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

"The doctors on the team were brilliant. Before the procedure they sat down with me and explained everything in great detail, the good and the bad. This continued after the procedure. They gave me as much time as I needed."

"The nurses in the day ward were very kind and helpful. And the staff in general were great. The doctor... came to explain my procedure and my options, it was fantastic."

Inpatient – Across areas of care



Areas needing improvement 2022

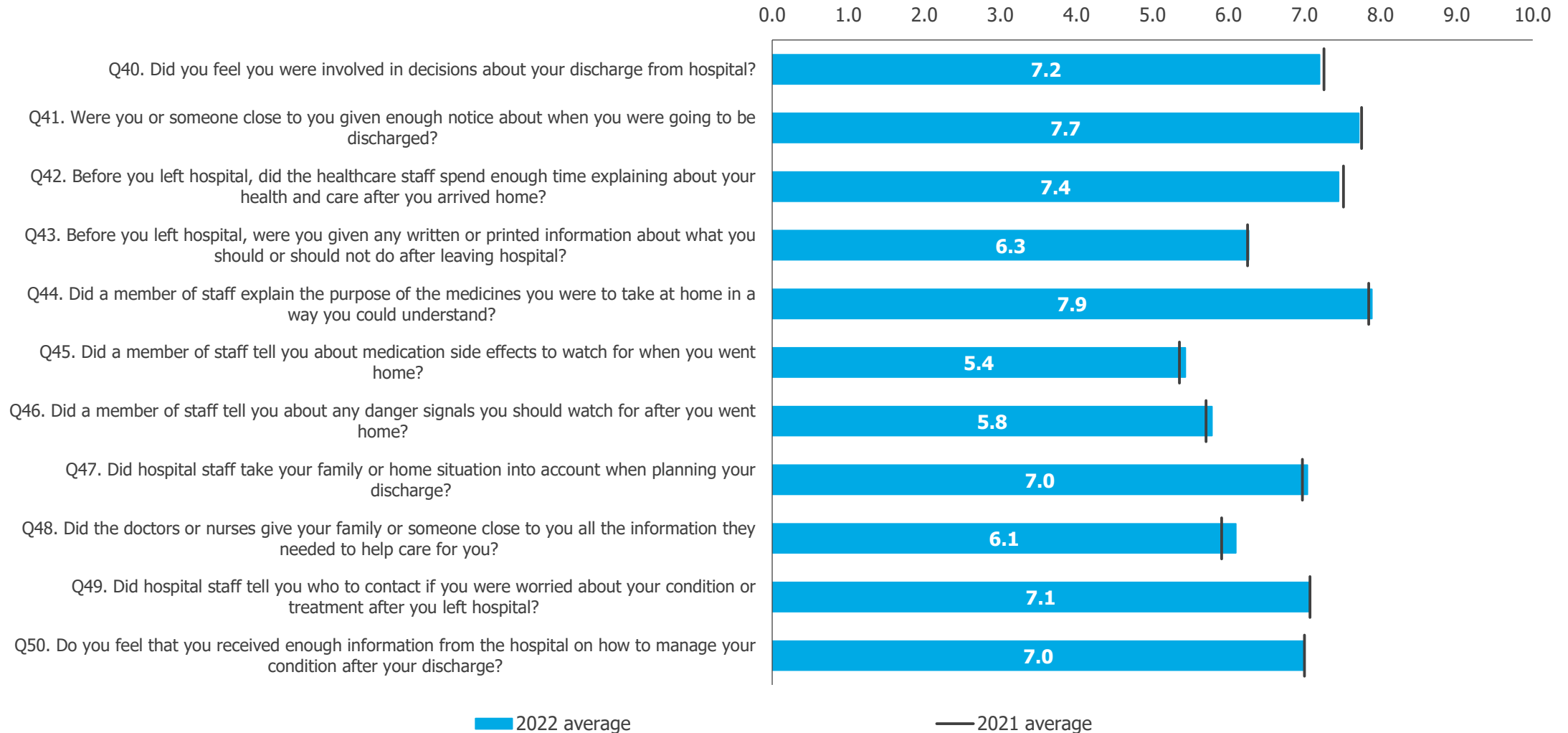
Examinations, diagnosis and treatment	Of the 10,399 people who answered this question, 1,102 (10.6%) said that they did not have enough time to discuss their care and treatment with a doctor. The average score for this question was 7.4 out of 10.
Time to discuss care and treatment with a doctor Q21	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

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

“The discharge. No information provided to family about the procedure or follow up care.”

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

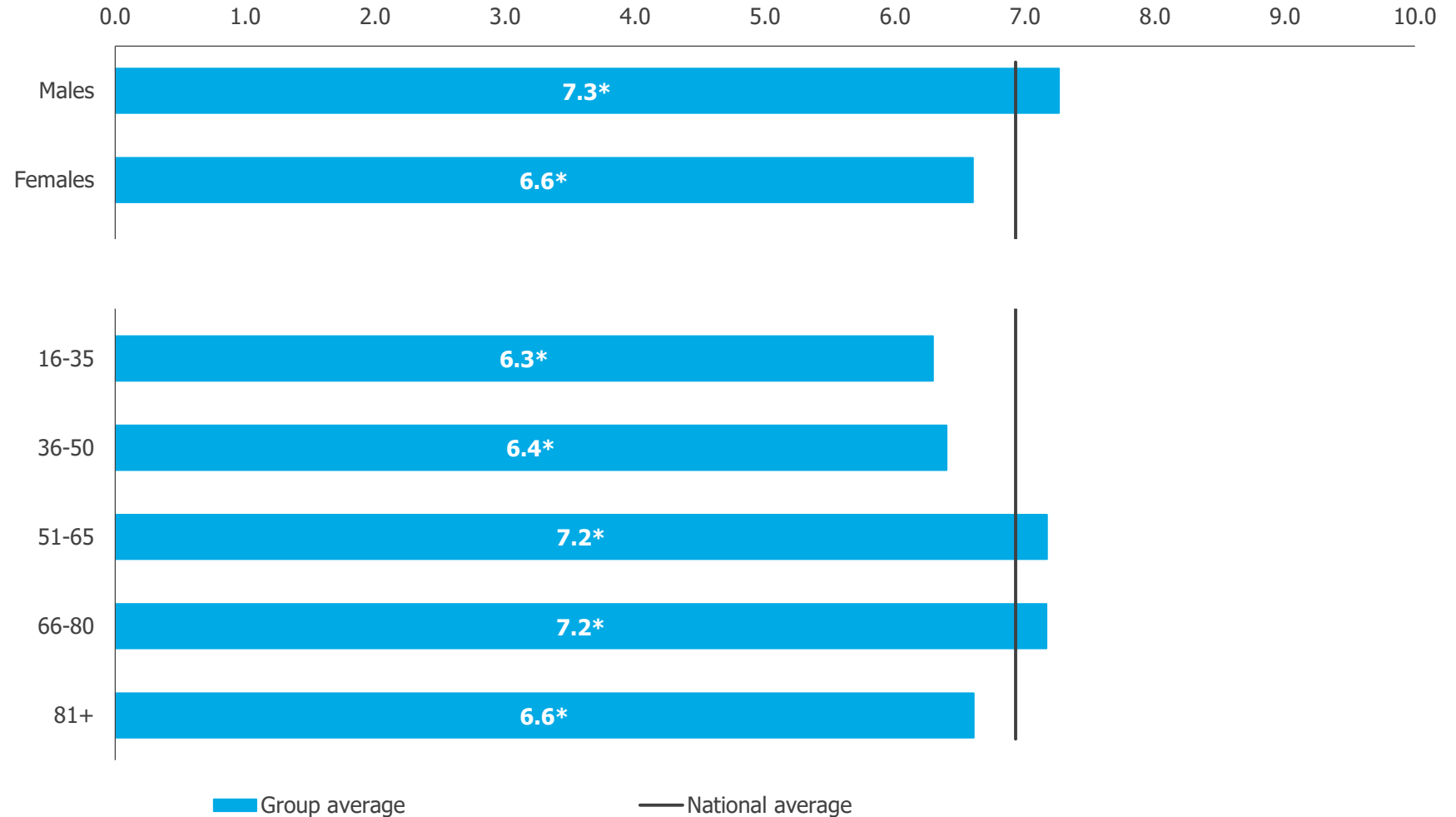
Discharge or Transfer



Discharge or Transfer by Sex and Age Group

Comparison by sex

Comparison by age
group



Medications

4. Discharge or transfer



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

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

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

SUGGESTION FOR IMPROVEMENT:

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

Discharge or transfer

Unsatisfactory discharge procedures arising from lack of information on conditions, instructions for homecare, and excessive waiting time for prescriptions

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

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

The information about after care and timeline of recovery was non-existent.

"No discharge papers. Had to keep calling my GP for scripts to go to the chemist."

Experiences of shared decision making in acute hospitals

- Perceived lack of available staff was a barrier to SDM, but efforts were still appreciated

"Nurses were always busy and seemed to be short staffed at times but they always had time to talk with you if you were upset or wanted to ask questions."

- Previous studies have identified that positive SDM at discharge can greatly reduce readmission

Care Experiences of Older People in the Emergency Department



- Lack of communication to be among the challenges faced by older people when seeking care in the ED.

Data Retention

- Repetitive nature of questions by different health carers - surely my data should be assessed with the click of a computer button!
- Shared databases - the number of times I have repeated my medical history is ridiculous.
- Yes. On my arrival at A&E it was obvious that I was very ill but the registration staff were more interested in getting all my personal data than in my wellbeing.
- data collecting/collating is very important if the system is to be refined
- Communication. Doctors should inform family of ongoing care. Data protection is dangerous at times - especially with the elderly.
- We were never given the hospital report. 2. The GP was not provided with [Patients Name] hospital report. 3. Method of contact during his stay was poor! 4. Difficult to contact staff or social worker.
- It was hard on whole visit repeat same things,
- Had to keep repeating my history of miscarriage and gynae surgery at every appointment.
- It was frustrating to have to repeat myself at every appointment



Survey Responses



All: yourexperience.ie

Survey findings: national, regional, local, theme and technical reports - dashboard

Interactive access: Tableau on website

Secondary Analysis: <https://yourexperience.ie/about/contact-us/request-personal-data/>



Responses

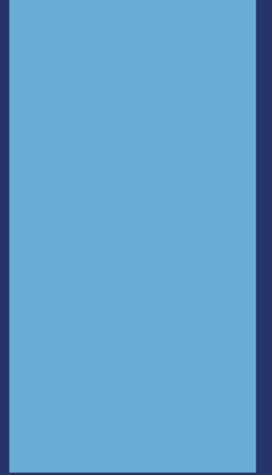


Qualitative: National Care Experience Programme: 118,203

- Inpatient: 96,943
- Maternity: 6,077
- Maternity Bereavement: 1,603
- Nursing Home: 4,835
- End of Life: 8,745
- <https://yourexperience.ie/about/contact-us/request-data-for-research/>
- E: info@yourexperience.ie



QUESTIONS



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