

National
Inpatient
Experience
Survey

Findings of the 2024 Inpatient Experience Survey

Thank you!

Thank you to everyone who took part in the National Inpatient Experience Survey 2024 and to your families and carers. Without your support and participation, the survey would not have been possible.

This survey ensures that your voices are heard. The information you provided for the survey will be used by services, policymakers and patient partners, working together to deliver people-centred healthcare in Ireland. By putting the voice of the patient at the centre of acute healthcare, we can make sure that the needs and wishes of the people who matter most, are met. This is the sixth time the survey has been conducted, and several improvement initiatives have been undertaken to address patients' feedback.

Thanks also to the staff of all participating hospitals for contributing to the success of the survey, and in particular, for engaging with and informing patients during the survey.

This survey was overseen by a national advisory group and a steering group, whose direction and guidance is appreciated. Appendix 1 of this report lists the members of these groups and the core project team.

About the National Care Experience Programme

The National Inpatient Experience Survey is part of the work of the National Care Experience Programme. The programme seeks to improve the quality of health and social care services by asking people about their care experiences and acting on their feedback. The National Care Experience Programme is a joint initiative from the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health.

The National Care Experience Programme has a range of surveys that capture the experiences of people using different services. Surveys include:

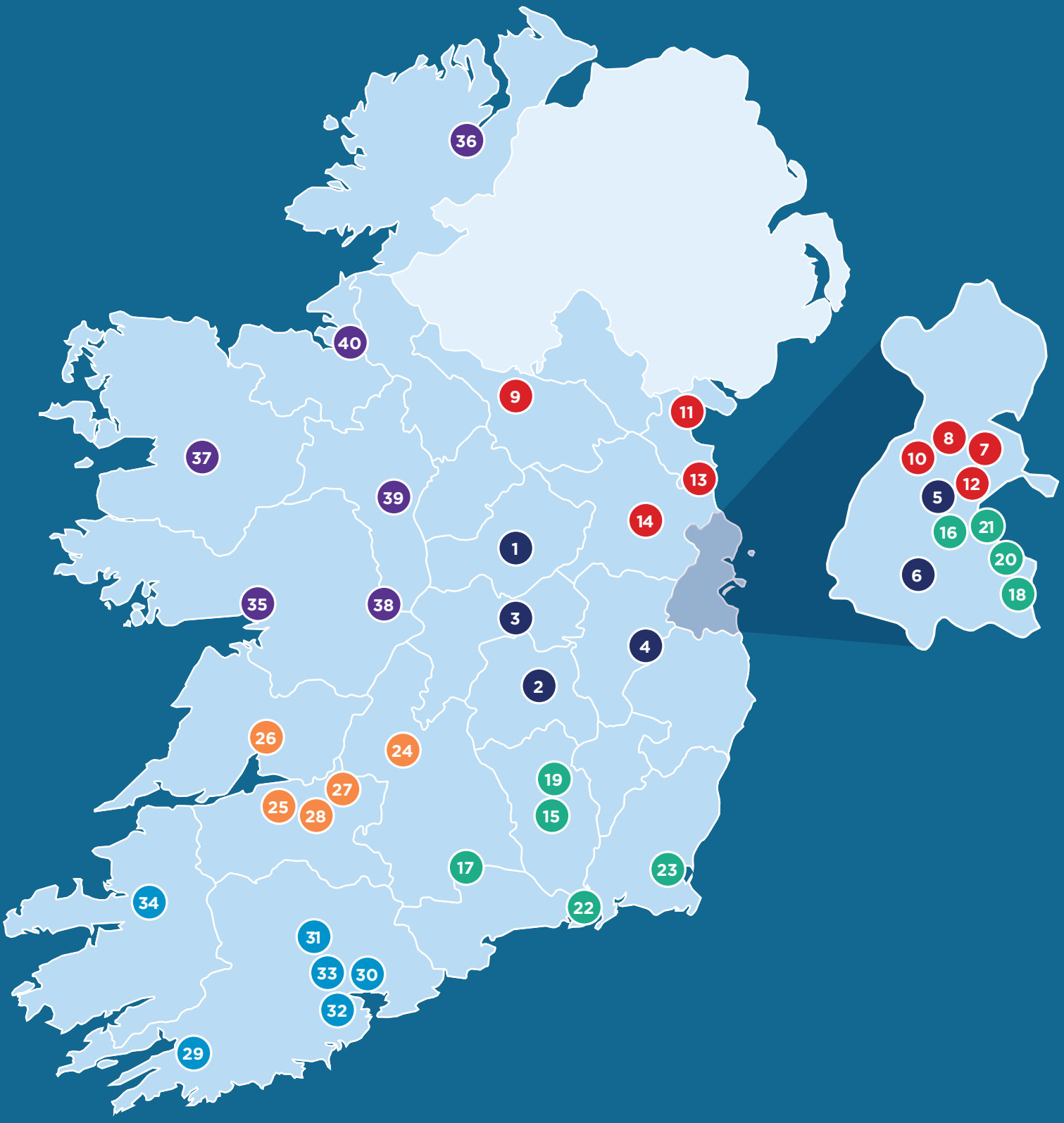
- The National Inpatient Experience Survey
- The National Maternity Experience Survey
- The National Nursing Home Experience Survey
- The National Maternity Bereavement Experience Survey
- The National End of Life Survey

The surveys aim to learn from people's feedback about the care received in health and social care services, to find out what is working well, and what needs to be improved.

A National Care Experience Programme Survey Hub is available to provide support, guidance, information and resources to assist providers to develop, conduct and analyse their own surveys, and act on the findings.



40 participating hospitals



HSE Dublin & Midlands

1. Regional Hospital Mullingar
2. Midland Regional Hospital Portlaoise
3. Midland Regional Hospital Tullamore
4. Naas General Hospital
5. St. James's Hospital
6. Tallaght University Hospital

Total: 6

HSE Dublin & North East

7. Beaumont Hospital
8. National Orthopaedic Hospital Cappagh
9. Cavan and Monaghan Hospitals
10. Connolly Hospital Blanchardstown
11. Louth County Hospital
12. Mater Misericordiae University Hospital
13. Our Lady of Lourdes Hospital
14. Our Lady's Hospital, Navan

Total: 8

HSE Dublin & South East

15. Kilcreene Orthopaedic Hospital
16. Royal Victoria Eye and Ear Hospital
17. Tipperary University Hospital
18. St Columcille's Hospital
19. St. Luke's General Hospital
20. St. Michael's Hospital
21. St. Vincent's University Hospital
22. University Hospital Waterford
23. Wexford General Hospital

Total: 9

HSE South West

29. Bantry General Hospital
30. Cork University Hospital
31. Mallow General Hospital
32. Mercy University Hospital
33. South Infirmity Victoria University Hospital
34. University Hospital Kerry

Total: 6

HSE West & North West

35. Galway University Hospitals
36. Letterkenny University Hospital
37. Mayo University Hospital
38. Portiuncula University Hospital
39. Roscommon University Hospital
40. Sligo University Hospital

Total: 6

HSE Mid West

24. Nenagh Hospital
25. Croom Orthopaedic Hospital
26. Ennis Hospital
27. St. John's Hospital
28. University Hospital Limerick

Total: 5

Summary

40 

HOSPITALS TOOK PART

12,367

PEOPLE PARTICIPATED



41%

RESPONSE RATE



Positive care experiences



Most patients reported:

- Being treated with respect and dignity
- Confidence and trust in hospital staff
- Confidence in the safety of their treatment and care

Areas for improvement



Patients need:

- A member of staff to talk to about worries and fears
- More time to discuss care and treatment with a doctor
- Enough information about how to manage their condition after discharge

About the National Inpatient Experience Survey

The National Inpatient Experience Survey is a nationwide survey that offers patients the opportunity to describe their experiences of public acute healthcare in Ireland. The survey is part of the National Care Experience Programme and has been conducted six times since 2017. In 2023, we conducted a thorough review of the survey's methods and those used internationally, to inform improvements to this survey. The sixth National Inpatient Experience Survey was implemented in May 2024. The aim of the survey was to learn about patients' experiences in public acute hospitals and to use their feedback to identify areas of good experience, and areas needing improvement.

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 survey questionnaire contained 52 questions, which 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
- other aspects of care.

The 2024 survey also contained 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.



What were the main findings of the 2024 survey?

In total, 12,367 people participated in the survey. Participants shared their experiences of the care they received from admission to care on the ward, care during examinations, diagnosis and treatment, through to discharge or transfer and perceived patient safety. Participants' responses to each question were converted to scores out of 10. Participants were also asked to rate their overall care, with 58% rating their care as 'very good', 27% as 'good', and 15% rating their care as 'fair to poor'.

Areas of good experience and areas needing improvement

Using the methodology described in Appendix 3, questions where most participants had positive care experiences and questions where there is the most room for improvement were identified. These questions are highlighted in this report due to their strong relationship with participants' overall ratings of their hospital care (as measured by Question 42).

Most survey participants felt they were always treated with respect and dignity during their hospital stay. The majority of participants reported that they had confidence and trust in the hospital staff who cared for them. Most participants said they always got answers they could understand from a doctor when they had important questions to ask. Pain management also scored highly in the survey. For the first time, the National Inpatient Experience Survey asked questions in relation to patient safety and the responses to these questions were among the highest-scoring questions in the survey. Most participants felt confident in the safety of their treatment and care and felt that there was good communication about their care and treatment between hospital staff.

The 2024 survey also identified a number of areas for improvement in inpatient care experience. Patients need a member of staff to talk to about their worries and fears during their hospital stay. Patients also need sufficient time to discuss care and treatment with a doctor, increased opportunities for their family members to speak with a doctor and greater involvement in decisions about their own care and treatment. The average score for discharge care has improved since the 2022 survey, but patients need more information about how to manage their condition after discharge. Patients also need clear explanations about the purpose of medicines to take at home and any side effects they may experience.

Comparison with 2022 findings

Statistical analysis was conducted on the 2024 survey data to see whether scores for survey questions had increased or decreased since 2022. Sixteen questions had a significantly higher score in 2024 compared to 2022, and five questions had a significantly lower score. The 2024 survey findings indicate that since 2022 there have been improvements in scores for the questions about the time and opportunity that patients are given to talk to healthcare professionals about their care. Improvements have also been made in the information and explanations provided to patients about their care, and patient involvement in decisions about their care. The 2024 survey findings show improvements to almost every aspect of discharge care compared to 2022.

However, the 2024 survey findings indicate reduced scores for patients in relation to privacy during their hospital stay, compared to patients in 2022. Patients in 2024 reported that staff were less likely to introduce themselves and less likely to do everything they could to control pain, compared to patients in 2022. While the majority of patients reported that they always had confidence and trust in hospital staff, the average score for this question decreased between 2022 and 2024.

Comparisons between groups

The 2024 survey findings identified significant differences between groups in their care experiences. Across all stages of hospital care, responses from women scored lower than men. Patients whose hospital visit was planned in advance tended to report more positive experiences than patients who required an emergency admission. Younger age groups (particularly those aged 16-35 years) reported more negative experiences of inpatient care than other age groups. Patients with a disability had consistently poorer care experiences during their hospital stay compared to patients who do not have a disability.

Comments about hospital care experience

Participants made 19,596 comments in response to the three open-ended questions in this year's survey. Participants were asked to describe what was good about their care, where it could have been improved and whether they had other comments or suggestions about hospital care. These comments provided a rich source of information, which enhanced the responses to the structured questions.

Examples of comments made by patients about both positive and negative aspects of their care are provided throughout this report.



Conclusion

The majority of patients (85%) discharged from acute public hospitals in Ireland in May 2024 rated their overall experience of hospital care as good or very good. Areas of good patient experience include being treated with dignity and respect, confidence and trust in hospital staff, confidence in the safety of treatment and care, and pain management. Areas needing improvement include having someone on the hospital staff for patients to talk to about their worries and concerns, more time to discuss care and treatment with a doctor, and more information on how to manage a condition after leaving hospital. Since 2022, there has been a significant increase in the scores for 16 survey questions, representing 16 different aspects of care experience for Irish patients, while there has been a decrease in scores for five questions in that period.

What happens next?

Similar to previous years, the HSE will respond to the results of the 2024 survey by producing quality improvement plans. The HSE will coordinate its response to the survey through a national oversight group, with local implementation of quality improvement initiatives led by staff from hospitals and health regions, working together with patient partners. These initiatives will build on the work conducted since 2017, which has included programmes to improve admissions, hospital food and nutrition, and discharge information for patients, as well as clearer medication instructions and activity programmes for older patients. Further examples of local quality improvements can be found in the HSE Response to this year's survey, published in parallel to this report: <https://yourexperience.ie/inpatient/national-results/>

Contents

About the National Care Experience Programme	5
Summary	8
About the National Inpatient Experience Survey	9
What were the main findings of the 2024 survey?	10
CHAPTER 1	
About the National Inpatient Experience Survey	15
Areas of good experience and areas needing improvement	21
<hr/>	
CHAPTER 2	
The patient journey through hospital	25
The stages of care along the patient journey	26
Admissions	28
Care on the ward	36
Examinations, diagnosis and treatment	42
Discharge or transfer	48
Other aspects of care	54
Changes in patient experience over time	58
Patient safety	61
<hr/>	
CHAPTER 3	
Overall experience	68
Ratings of overall experience	69
<hr/>	
CHAPTER 4	
Deprivation and inpatient experience	76
<hr/>	
CHAPTER 5	
Patients' comments	81



CHAPTER 6	
Conclusion	86
What were patients' experiences of hospital care in May 2024?	87
What happens next?	88
<hr/>	
APPENDICES	89
Appendix 1	
Membership of the National Inpatient Experience Survey governance groups	90
Appendix 2	
Who took part in the National Inpatient Experience Survey 2024?	92
Appendix 3	
A technical note on analyses and interpretation	95
Identifying areas of good experience and areas needing improvement	97
Appendix 4	
Findings by deprivation index	99
Appendix 5	
The National Inpatient Experience Survey questionnaire 2024	101
<hr/>	
References	113

1

About the National Inpatient Experience Survey

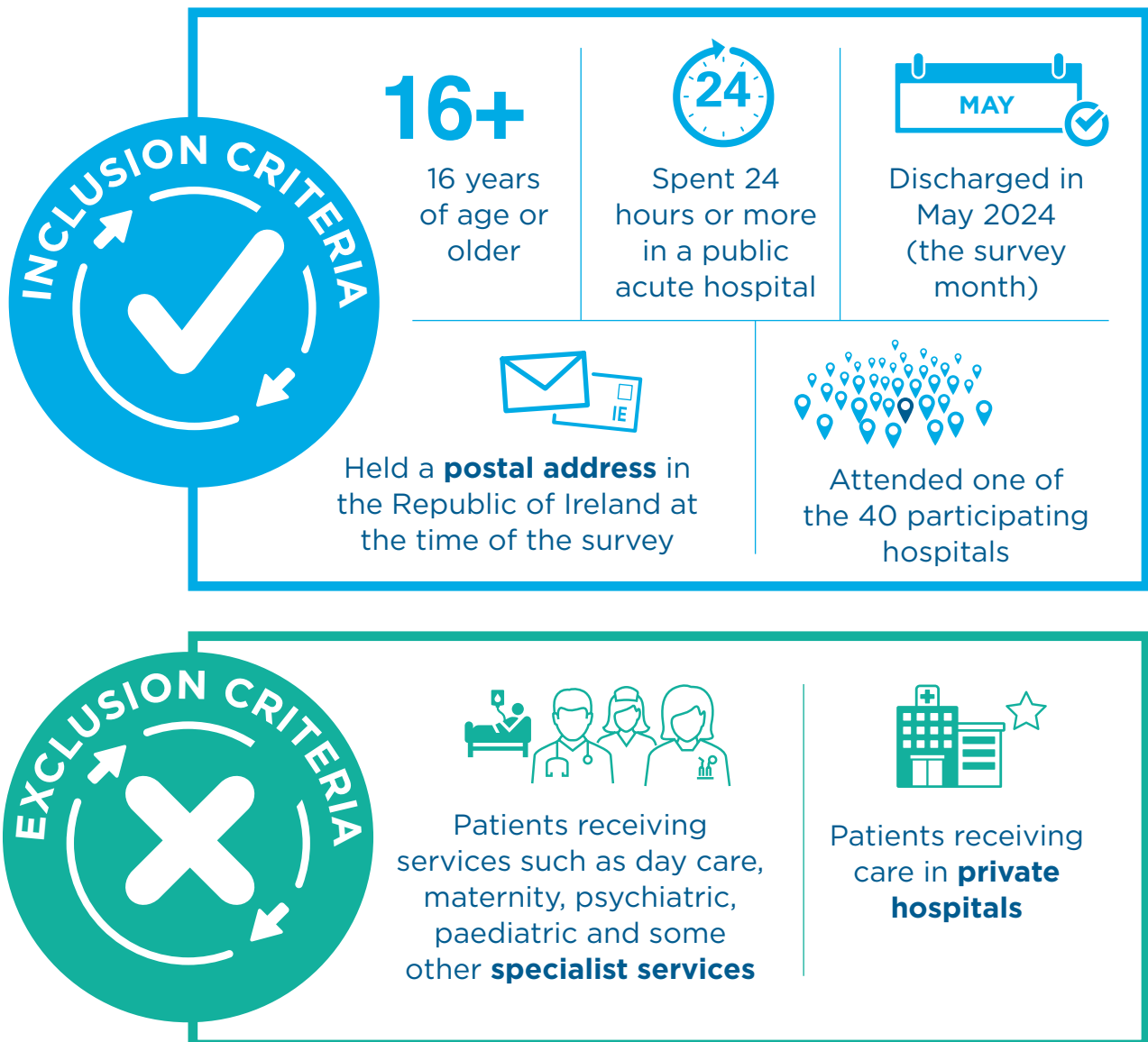




Who was eligible to take part in the survey?

Patients aged 16 years or older, who spent at least 24 hours in a public acute hospital and who were discharged from hospital during the month of May 2024, were eligible to participate in the survey. Patients who were not eligible to participate in this survey included those who received maternity care, day cases, paediatric, psychiatric and some other specialist (less than 24 hours stay) hospital services, as well as patients in private hospitals. Figure 1.1 summarises the eligibility criteria for participation in the National Inpatient Experience Survey 2024.

Figure 1.1 Inclusion and exclusion criteria



Survey questions

In 2023, a 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.⁽¹⁾ 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

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

How was the survey conducted?

Following the review of National Inpatient Experience Survey methods in 2023, it was decided to increase the promotion of online responses to the survey in future, to reduce postal costs and improve data quality. For the 2024 survey, eligible patients were sent an invitation letter by post in June. The invitation letter contained a QR (quick-response) code, which participants could scan with a mobile phone to access the survey online. The invitation letter also contained the web address for the online survey, so that participants could access the survey using other devices. 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. Internationally, a second reminder has been shown to increase survey response rates significantly. The second reminder letter contained a paper copy of the survey questionnaire. The survey closed on July 31st 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. The administration and survey fieldwork was conducted by Ipsos B&A* on behalf of the partner organisations.

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



Who participated in the 2024 survey?

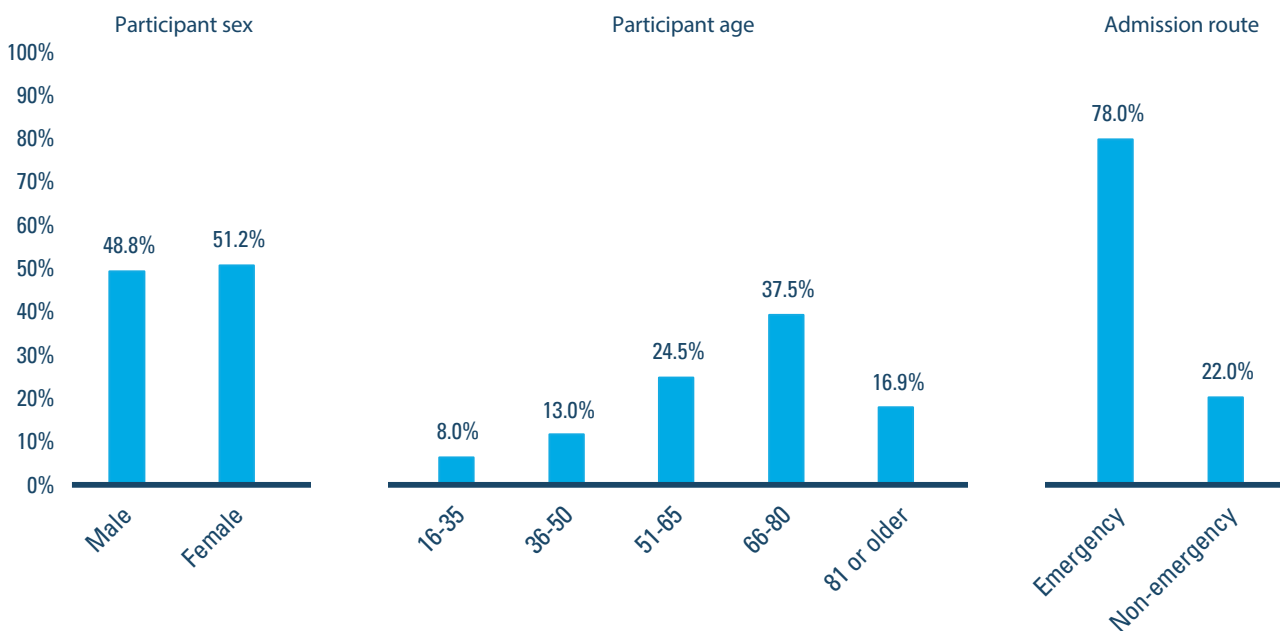
In total, 30,103 people discharged from a public acute hospital during May 2024 were invited to participate in the survey, of whom 12,367 (41%) returned a completed questionnaire. Of these participants, 6,040 (48.8%) were male and 6,327 (51.2%) were female. The majority of patients who participated were aged 51 years or older (9,765 people or 79%). Most people (78%) who participated in the survey were admitted to hospital through the emergency department.

Of those who participated in the survey, 55.8% (6,898 participants) completed the survey questionnaire online and 44.2% (5,469 participants) completed a paper version of the survey questionnaire. Among those aged 65 years and under, 71.4% (3,919 participants) completed the survey online.

In 2024, 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). Of those patients who took part in the survey, 43.2% indicated that they had a disability,** while 56.8% indicated that they did not have a disability.

Figure 1.2 shows the characteristics of people who participated in the 2024 survey, while Appendix 2 provides additional detail on those who took part.

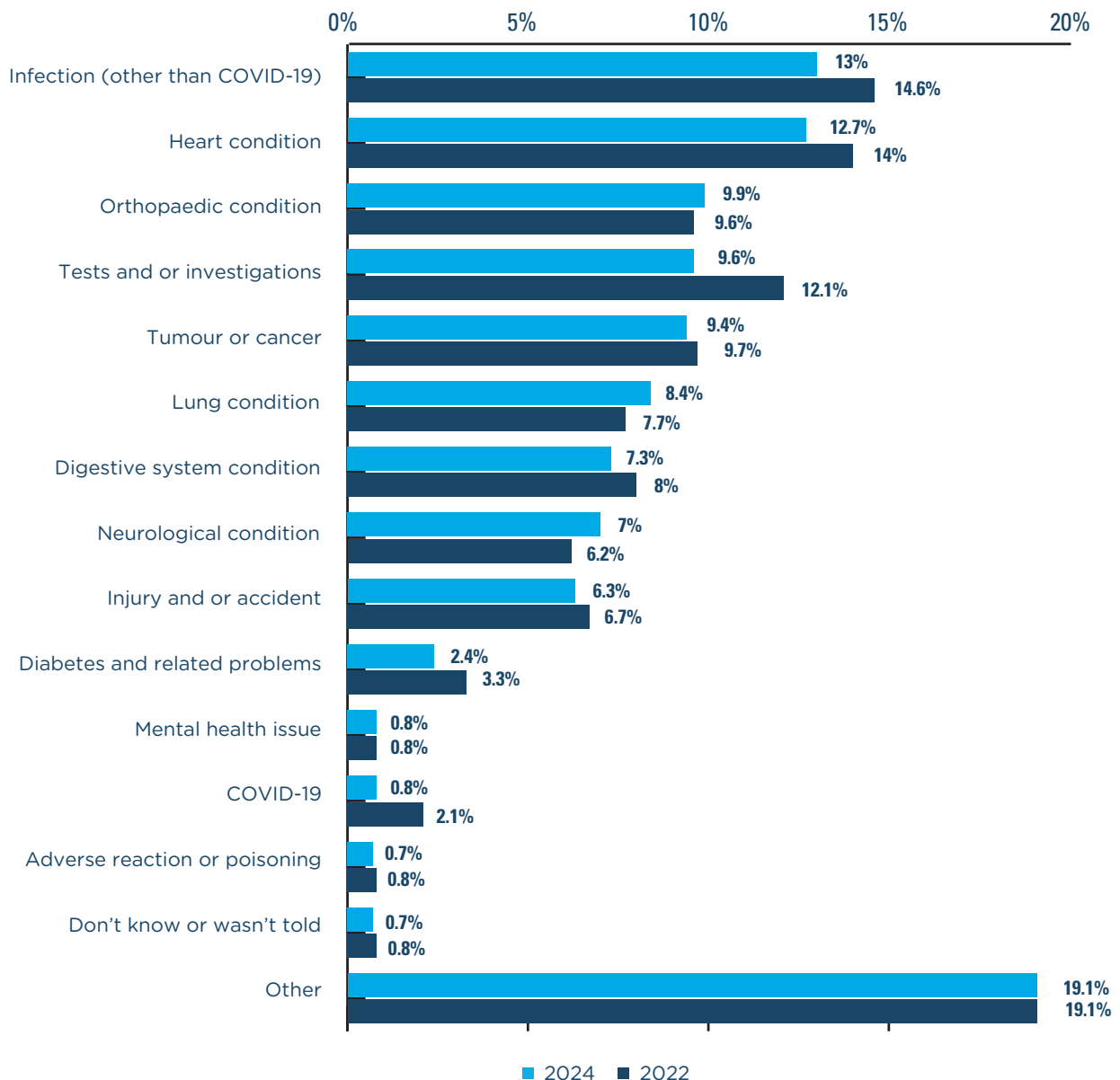
Figure 1.2 Survey participants by sex, age group and admission route



**Some participants indicated that they had more than one long-term condition or disability.

Participants were admitted to hospital for a variety of reasons, including infection, for tests or investigations, or other reasons. The breakdown of participants' reasons for admission to hospital is shown in Figure 1.3, compared to participants' reasons for admission in 2022.*

Figure 1.3 Survey participants by reason for admission in 2024, compared to 2022



* The survey was not conducted in 2023.



Which hospitals participated?

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

Why measure patient experience in Irish hospitals?

Patient experience is a good indicator of healthcare quality and performance.⁽²⁻⁴⁾ Rather than asking about satisfaction regarding a particular service, surveys of patient experience seek details about what happened when a person used a healthcare service, including aspects such as whether they received help from staff getting to the bathroom, or whether they got the opportunity to talk to a nurse when needed.^(5, 6) Patient experience surveys are a useful way to identify specific problems in healthcare delivery, and provide hospital managers with detailed information on specific areas requiring improvement.⁽⁵⁾ Until 2017, patient experience was not measured systematically in Ireland's public acute hospitals.

The information gathered in the National Inpatient Experience Survey provides a clear picture of the quality of acute healthcare in Ireland, as reported by patients themselves. The survey also asks participants to rate their overall experience of care received. As described in Appendix 3, further analysis is then used to identify which aspects of care experience are most closely connected to participants' overall rating of care.

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.

Ensuring the voice of the patient is heard

While many survey participants said that their experience of acute hospital care in Ireland was very good, it is essential to capture patient experiences that were not as good. For example, even if thousands of people respond very positively to any question in the survey, it is important to note that for the same question, many hundreds and sometimes even thousands of people may report a more negative experience of hospital care.

Areas of good experience and areas needing improvement

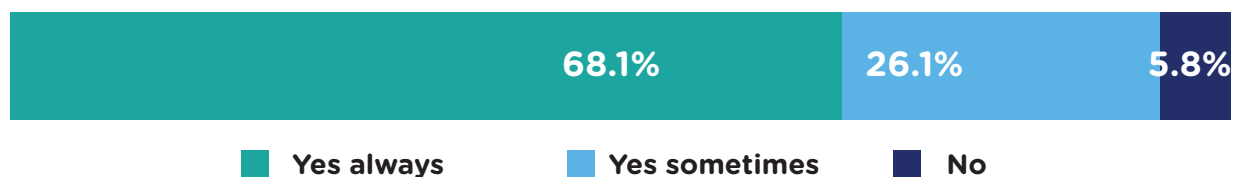
This section lists the areas where patients had particularly positive experiences, and areas that most need improvement. The areas of good experience are questions that have a high average score out of 10 and are strongly related to patients' overall ratings of their experience. Areas needing improvement are questions with lower scores out of 10 that are strongly related to patients' overall ratings of their experience. The list below includes the relevant question number for each area. Appendix 3 explains how these areas were identified.

AREAS OF GOOD EXPERIENCE

Clear answers from a doctor | Q13

Of the 11,089 people who had important questions to ask a doctor, 7,551 (68.1%) said that they always got answers that they could understand.

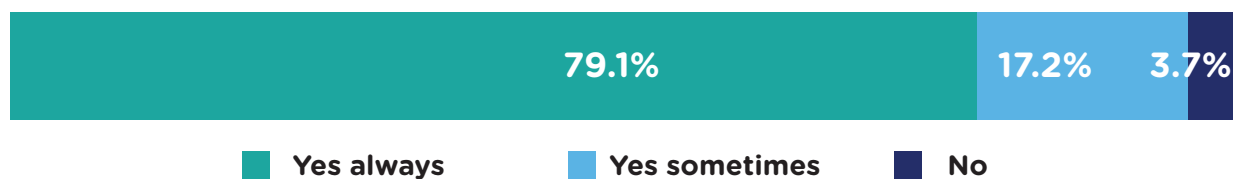
Q: When you had important questions to ask a doctor, did you get answers that you could understand?



Confidence and trust in hospital staff | Q22

Of the 11,609 people who answered this question, 9,185 (79.1%) said they always had confidence and trust in the hospital staff who treated them.

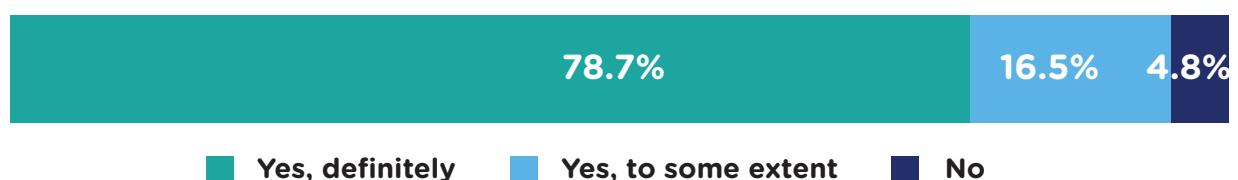
Q: Did you have confidence and trust in the hospital staff treating you?



Pain management | Q25

Of the 10,137 people who said that they experienced pain, 7,973 (78.7%) said that hospital staff definitely did everything they could to help control it.

Q: Do you think the hospital staff did everything they could to help control your pain?

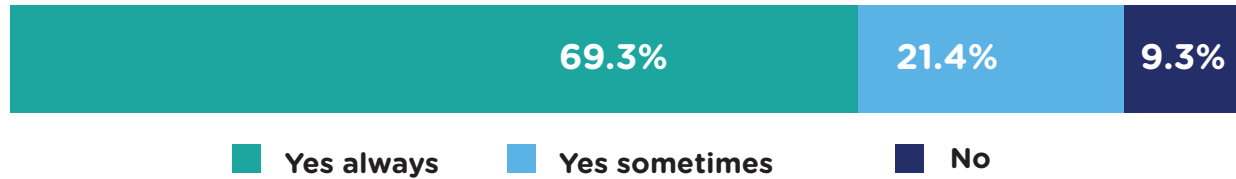




Communication about care and treatment between doctors, nurses and hospital staff | Q36

This was a new question included in this year's National Inpatient Experience Survey. Of the 11,197 people who answered this question, 7,754 (69.3%) said they always felt there was good communication about their care and treatment between hospital staff.

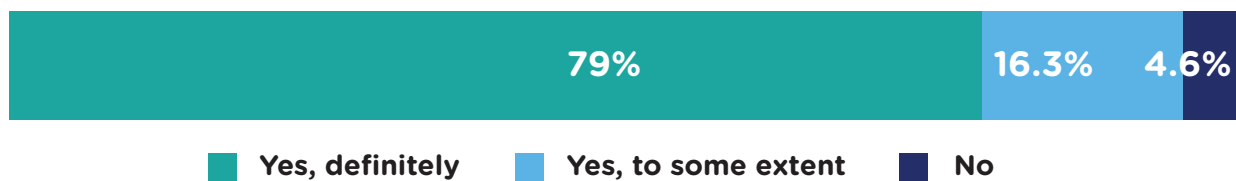
Q: During this hospital stay, did you feel that there was good communication about your care and treatment between doctors, nurses and other hospital staff?



Confidence in the safety of treatment and care | Q38

This was a new question included in this year's National Inpatient Experience Survey. Of the 11,596 people who answered this question, 9,162 (79%) said they definitely felt confident in the safety of their treatment and care.

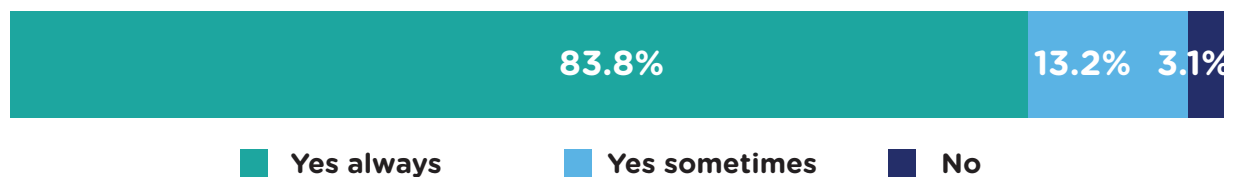
Q: During this hospital stay, did you feel confident in the safety of your treatment and care?



Respect and dignity | Q41

Of the 11,609 people who responded to this question, 9,724 (83.8%) said that they were always treated with respect and dignity in hospital.

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

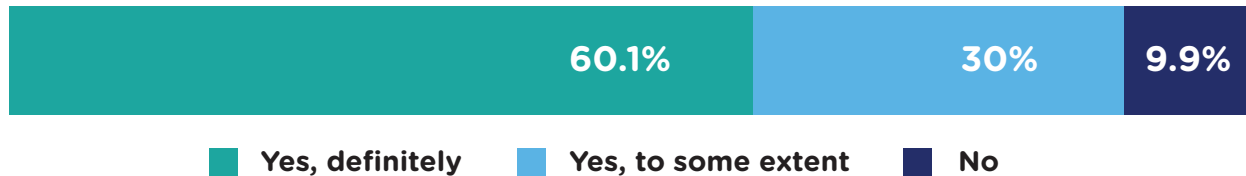


AREAS NEEDING IMPROVEMENT

Time to discuss care and treatment with a doctor | Q14

Of the 11,579 people who answered this question, 1,147 (9.9%) said that they did not have enough time to discuss their care and treatment with a doctor.

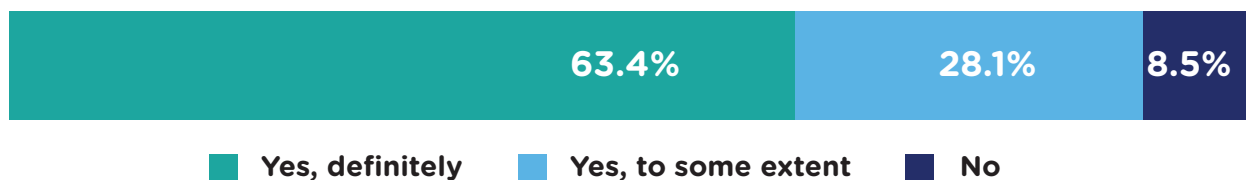
Q: Did you feel you had enough time to discuss your care and treatment with a doctor?



Involvement in decisions about care and treatment | Q17

Of the 11,566 people who answered this question, 985 (8.5%) said that they were not involved as much as they wanted to be in decisions about their care and treatment.

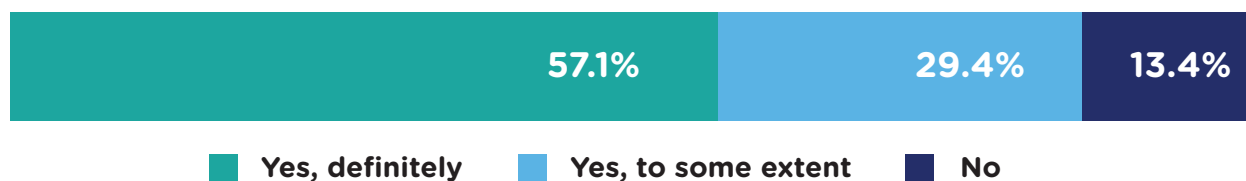
Q: Were you involved as much as you wanted to be in decisions about your care and treatment?



Opportunities for family members to talk to a doctor | Q20

Of the 8,045 people who answered this question, 1,081 (13.4%) said that their families or people close to them did not have sufficient opportunities to talk to a doctor.

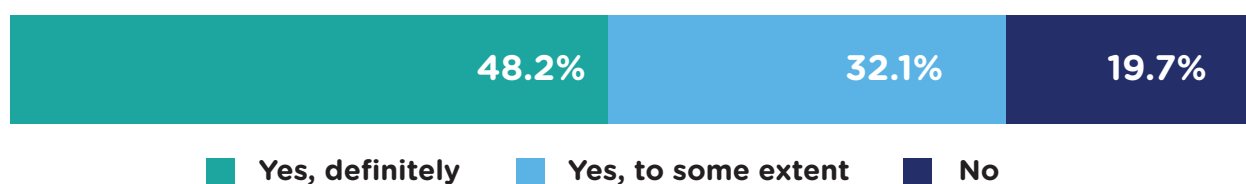
Q: If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?



Someone to talk to about worries and fears | Q21

Of the 7,753 people who had worries and fears, 1,527 (19.7%) said that they could not find a member of staff to talk to about their worries and fears.

Q: Did you find someone on the hospital staff to talk to about your worries and fears?



Explanations about medication on discharge | Q31

Of the 9,496 people who answered this question, 1,454 (15.3%) said that they were not given an explanation about the purpose of the medicines they were to take at home and any side effects in a way they could understand.

Q: 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

Information on how to manage condition on discharge | Q35

Of the 10,599 people who needed help to manage their condition, 1,617 (15.3%) said that they did not receive enough information on how to manage their condition after their discharge from hospital.

Q: 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

2

The patient journey through hospital

Findings of the 2024 survey





The stages of care along the patient journey

The National Inpatient Experience Survey 2024 followed the patient journey through hospital from admission to discharge. The survey questions were grouped into stages along the patients' journey: admissions; care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other aspects of care. Questions were also asked about patient safety. Participants were asked to rate their overall experience from 0 to 10.

Figure 2.1 gives a short description of the grouped questions in the 2024 survey. It also indicates how many questions in the survey relate to each stage.

Figure 2.1 Description of stages of care along the patient journey



Interpreting the results for the stages of care

Scores out of 10 were given for each question belonging to a stage of care or to a stage as a whole. A score of 0 indicates a very negative experience and a score of 10 indicates a very positive experience. Statistical tests were carried out to examine if there were significant differences between the national average scores for male and female participants, for different age groups and for those who do and do not have a disability. Statistical tests were also carried out to determine if there were significant differences in survey question scores between 2022 and 2024. For further information on the analyses, please consult Appendix 3.

Appendix 5 provides the 2024 survey questions. Throughout this report, quotations from patients are used. Quotations from patients have been redacted to remove any information that could identify an individual.



Admissions

“The night nurse in A/E was excellent. She attended to me, took full history, bloods, blood cultures at 7.30am. She said she was off duty at 7.45am. She stayed with me until 8am and did not rush anything.”

“Very friendly, caring staff. I was listened to and provided with comfort and food while waiting in ED.”

“The ED doctor was so lovely and accommodating and explained things to me in a way I would fully understand.”

“Very fast response when arriving at A&E. The place was packed with people yet I was taken to a cubicle and started treatment almost immediately after going through triage.”

“I was left on a trolley for 3 hours before being moved to a cubicle. Nursing staff were very poor in A&E, I rang the call bell as I needed help to go to the toilet. No one came for 20+ minutes, resulting in me wetting the bed.”

“...the lack of medication when waiting in A&E, I missed my important regular meds. Was assured I would pass through A&E swiftly, not 17 hrs.”

“A&E dept. very congested with very long waiting times. Doctors and nurses understaffed - continually on the move - they must suffer from burnout. Waiting areas all full of people, some really ill and more not so ill, and no privacy as overcrowding, was in a serious state! No coffee or tea machines - not a good place to be if seriously ill and having to sit in a chair for very long hours - should have a management system.”

“30 hours waiting on a chair with MS relapse in A&E is just crazy.”

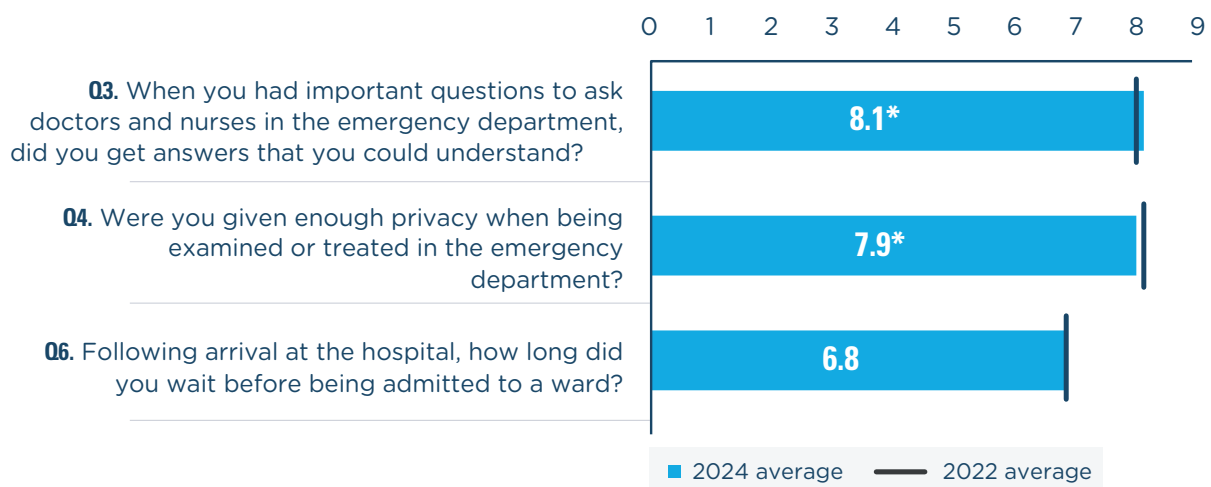


Admissions

Survey participants who said that they presented to the emergency department when they arrived at the hospital were asked about their experience of care at this stage.** The average score for the admissions stage of care was 7.6 out of 10. Figure 2.2 presents the 2024 scores for the three questions in the admissions stage, compared with the scores for the same questions in 2022.



Figure 2.2 National scores for questions on 'admissions'



*denotes statistically significant difference in score between 2024 and 2022 (see Appendix 3)

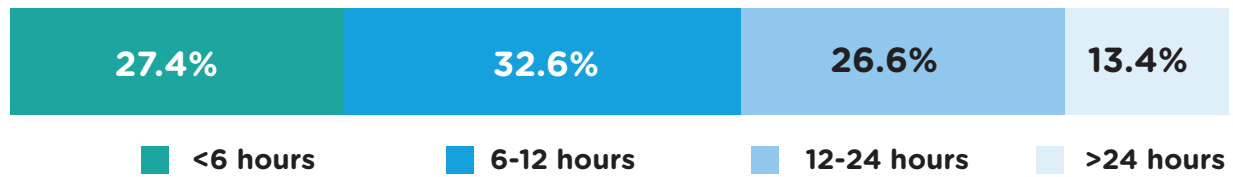
Question 3 was the highest scoring question at this stage of care, at 8.1 out of 10. Of the 7,931 people who had important questions to ask doctors and nurses in the emergency department, 66.8% (5,301 people) said that they always received answers they could understand. The score for question 4 in relation to privacy when being examined or treated in the emergency department was significantly lower for the 2024 survey (7.9 out of 10) compared to the 2022 survey (8.1 out of 10). In the 2024 survey, 67.1% of participants reported that they were definitely given enough privacy, 24.5% said that they were given privacy to some extent, and 8.4% of participants said that they were not given enough privacy in the emergency department.

The lowest scoring question for the admissions stage of care was in relation to waiting times in the emergency department. The score for this question was the same as the score in the 2022 survey. Of the 8,029 people who indicated how long they waited in the emergency department in the 2024 survey, 27.4% (2,201 people) said that they waited less than six hours before being admitted to a ward. The majority of participants, that is 72.6% (5,828 people), said that they waited more than six hours before being admitted, with 13.4% (1,078 people) waiting more than 24 hours in the emergency department.

**People who did not come into hospital through the emergency department were not required to answer these questions.



Figure 2.3 Wait times in emergency departments as reported by patients

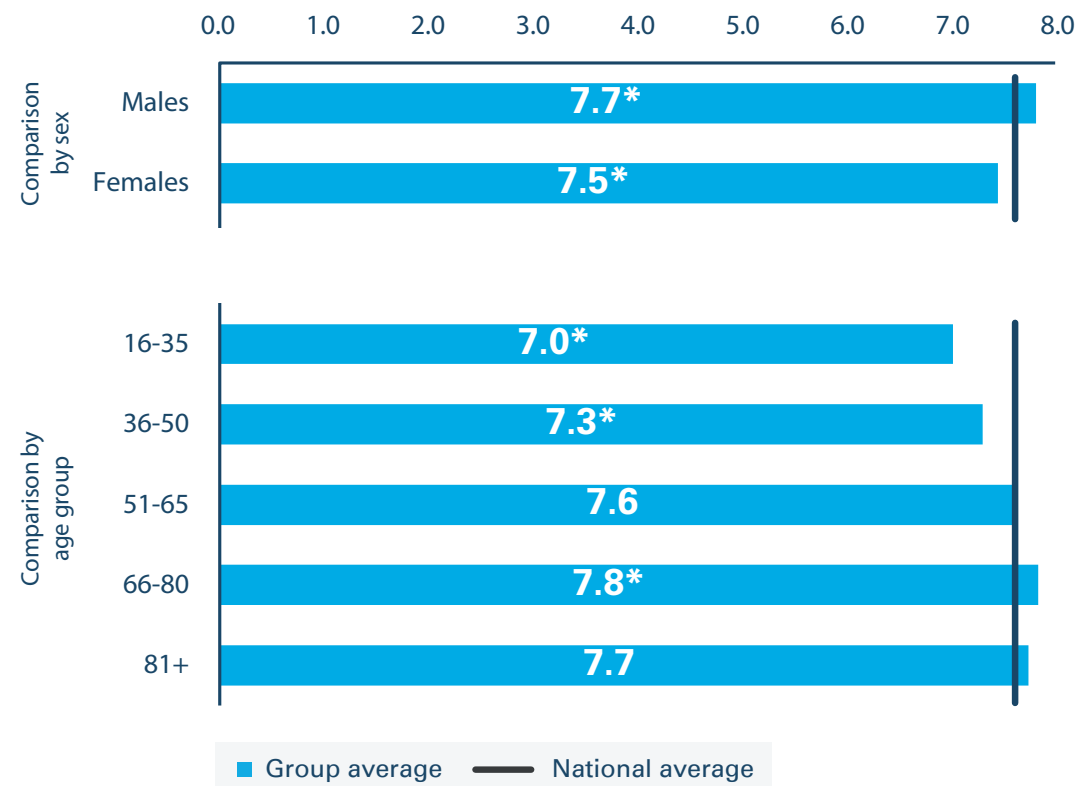


Comparisons between groups on their experiences in the emergency department

Using the methodology described in Appendix 3, significant differences were found between groups in their care experiences in the emergency department. The average score for this stage of care was higher for male participants (7.7 out of 10) compared to female participants (7.5 out of 10).

Figure 2.4 shows the scores for hospital admissions by sex and age group, compared with the national average. Figure 2.4 shows that scores for participants aged 16 to 35 years and 36 to 50 years were significantly below average for this stage (7.0 and 7.3 out of 10 respectively), while scores for participants aged 66 to 80 years were significantly above average (7.8 out of 10).

Figure 2.4 'Admissions' scores by sex and age group (scores out of 10)



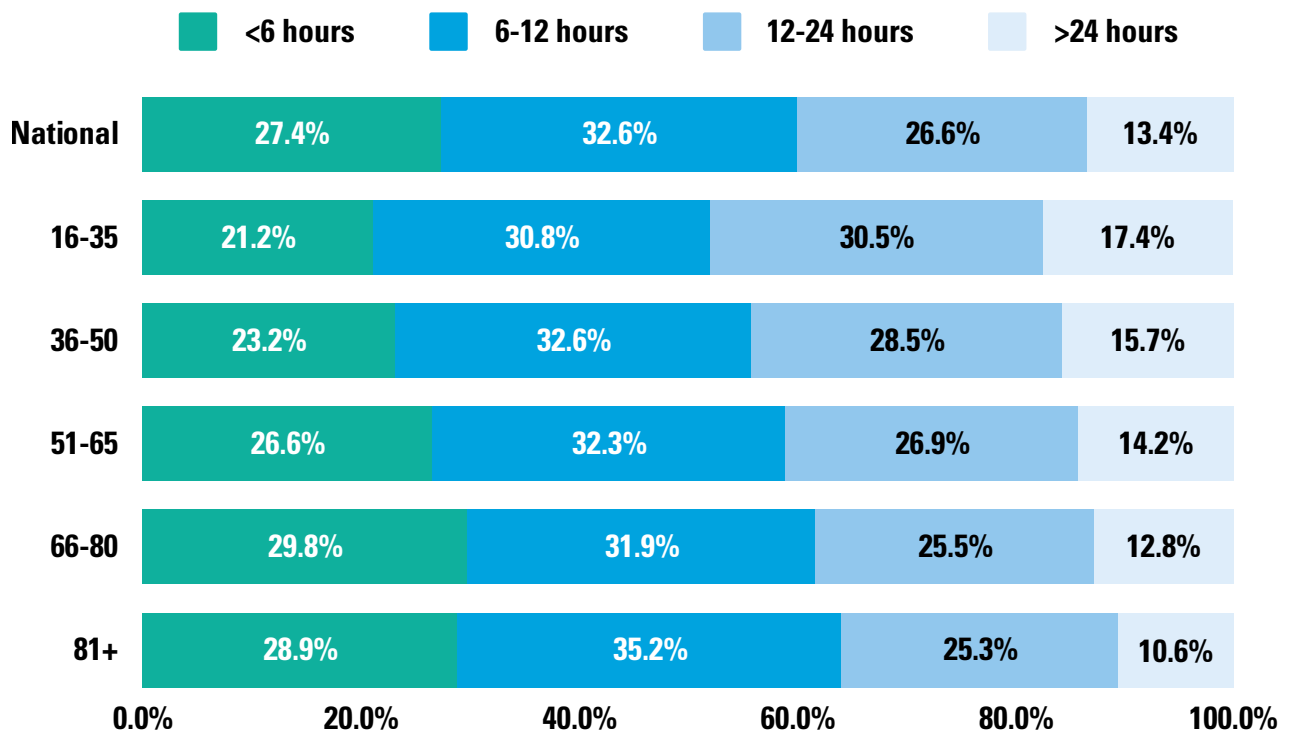
*denotes statistically significant difference from the national average.

Participants with a disability reported care experiences in the emergency department with a lower score (7.3 out of 10) than participants who did not have a disability (7.8 out of 10).

Waiting times by age group

Patients in older age groups were more likely to report that they waited less than six hours before being admitted to a ward than younger patients (see Figure 2.5). Of those aged 66 to 80 years, 29.8% said that they were admitted in less than six hours, compared to 21.2% of patients aged 16 to 35 years.

Figure 2.5 Waiting times in the emergency department by age group



Experience of 'admissions' by hospital

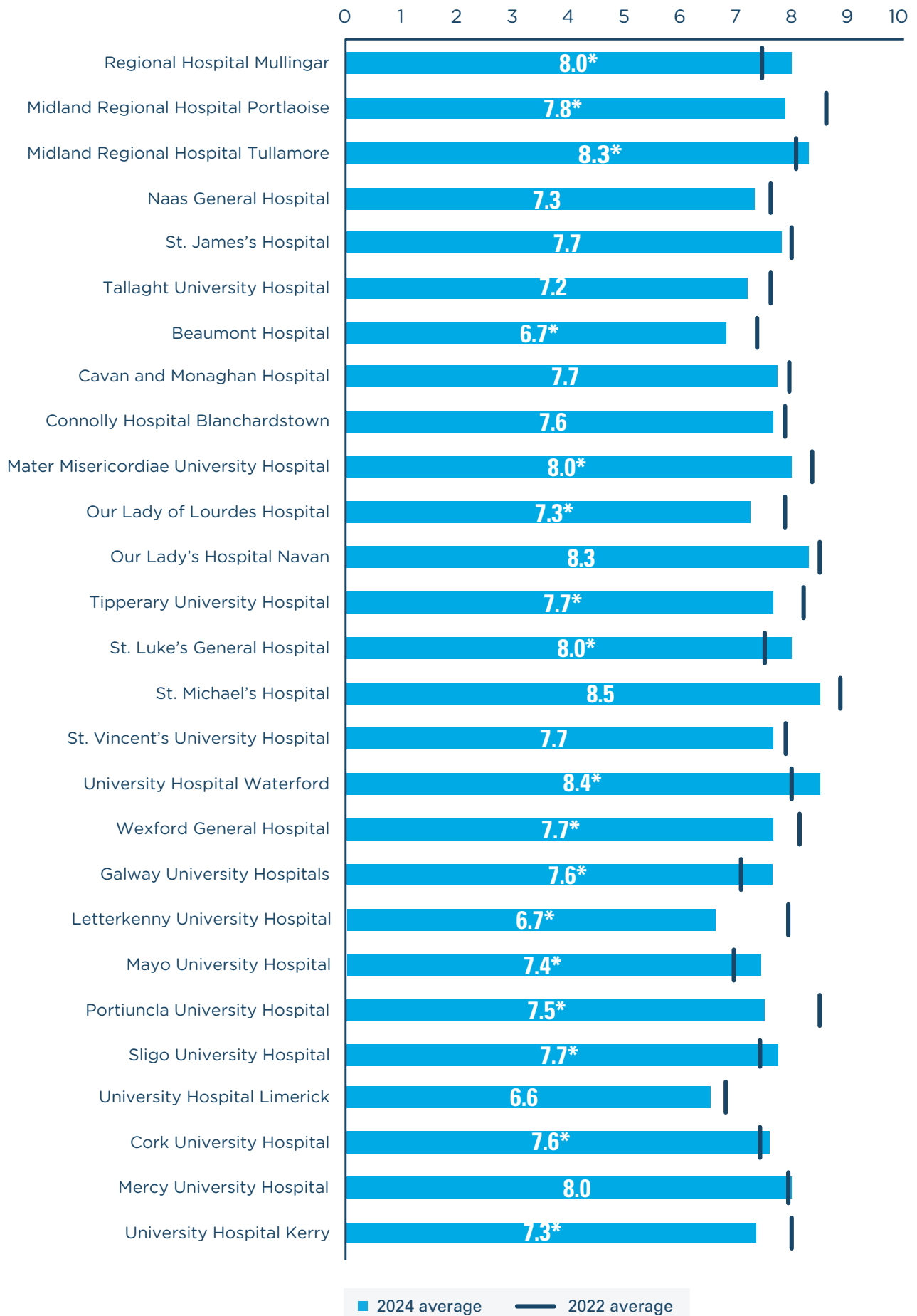
There is an emergency department in 27 of the 40 acute public hospitals in Ireland. Figure 2.6 presents scores for the admissions stage of care for each of these 27 hospitals, compared to each hospital's score in 2022. An asterisk beside a score indicates that there was a statistically significant increase or decrease in the score for that hospital, compared to the score in 2022. It is important to note that there were five questions asked about the admissions stage of care in the 2022 survey and only three questions asked about the admissions stage in the 2024 survey. This may have affected the average scores for most hospitals.

Figure 2.7 presents scores for the admissions stage of care by health region.

Figure 2.8 presents findings for emergency department waiting times by hospital, as reported by survey participants.

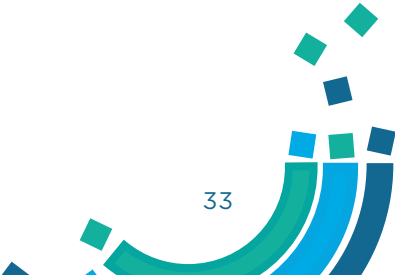
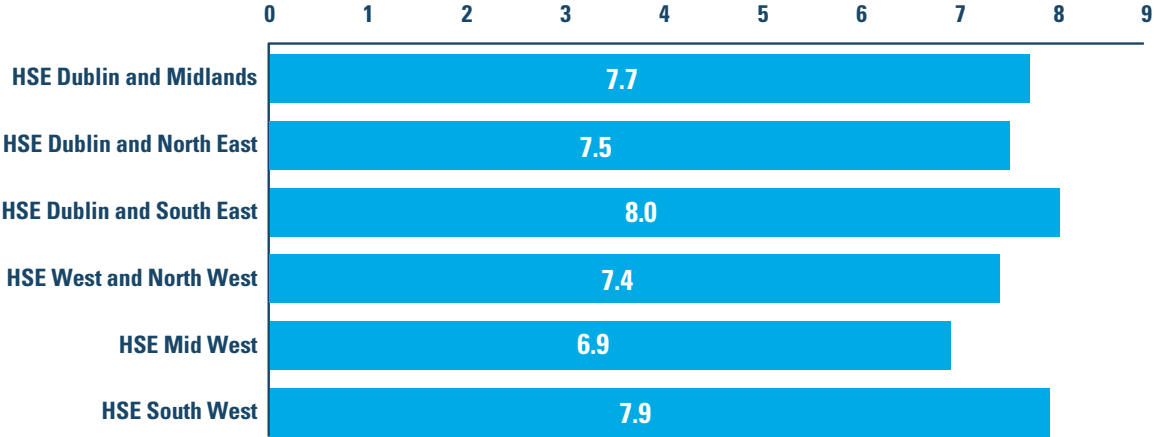


Figure 2.6 'Admissions' scores by hospital (scores out of 10)



*denotes statistically significant difference from the national average.

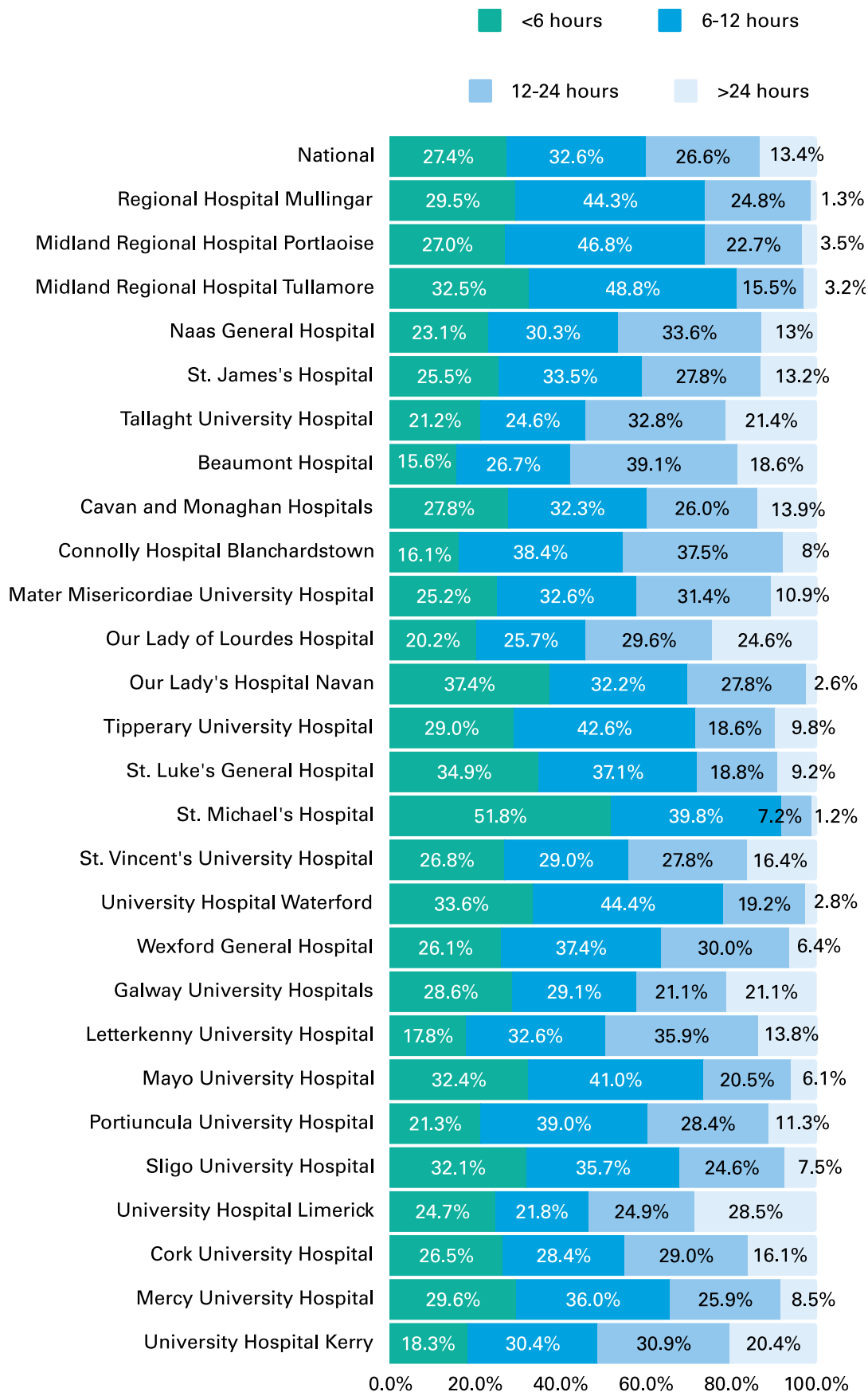
Figure 2.7 Admissions scores by health region (scores out of 10)





Waiting times in hospitals, as reported by patients

Figure 2.8 Emergency department waiting times by hospital, as reported by patients



Admissions: what do these results mean?

Most patients surveyed said they received clear answers when they had important questions to ask in the emergency department. This response was more positive in 2024 compared with 2022. Most patients also said that they received enough privacy when being examined or treated in the emergency department, but the score for this response has decreased since 2022.



People under the age of 50 had less positive experiences of admissions than older patients, and people with a disability had less positive experiences than people with no disability.

In Ireland, the target waiting time for people in the emergency department is six hours for 70% of all patients, and a target of six hours for 95% of patients aged 75 years and over**

In this survey, of the 8,029 people who reported how long they waited in the emergency department, 71.1% said that they waited longer than six hours before being admitted to a ward, with 1,078 people (13.4%) saying that they waited more than 24 hours.

Patients in older age groups were more likely to report that they waited less than six hours before being admitted to a ward, than younger patients.

Further analysis of the survey data indicated that only 30.1% of patients aged 75 years and older waited less than six hours in the emergency department, 33.9% waited between 6 to 12 hours and 11% of patients aged 75 years and older reported that they waited 24 hours or more in the emergency department.

While the analysis (as described in Appendix 3) found that there was not a strong relationship between waiting times and patients' ratings of their overall experience, studies have shown that long waiting times in the emergency department can have negative consequences for patients' health.^(7,8)

** The HSE uses patient experience times (PETs) to quantify the length of time patients wait in emergency departments before they are either discharged or admitted to hospital. This survey captures self-reported waiting times from patients directly, so some variance may occur between HSE figures and survey findings.



Care on the ward

“The nurses looking after me were incredibly good, not only were they efficient, but were so friendly and lovely to talk to; this is especially true for the ICU nurses, who were always on top of pain management, morphine at the ready!”

“The nurses gave great care, each and every one of them. The food was very tasty and hot on arrival. I was able to sleep a full night’s sleep. All very satisfactory.”

“The first few days of post-op surgery was critical. I am thankful there were student nurses in the ward, able to assist me, e.g. assist to sit up for breakfast, morning care, assisting with toileting needs and more, and thankful to staff for their quick response for my needs.”

“The overcrowding was unsafe. Felt you could not ask questions or get help re. going to the bathroom. I was left in disposable nappies that were not checked.”

“Very caring nursing staff and care assistants. Courteous and helpful. Always willing to answer any questions I had, even when extremely busy.”

“The food was not suitable for a renal patient. I couldn’t eat the soup because the only available option contained salt, and I was on a restricted renal diet. Lunch was almost the same every day, with a poor lack of options and unhealthy choices - too much processed food and not enough vegetables. Dinner was similar, with no options other than salad, eggs or yoghurt. The hospital should have a strict policy regarding food, because, for many patients, it is the only source of pleasure and happiness during a long stay, as it was for me.”

“Most of the staff very caring, but alone a lot and couldn’t get pain relief.”


“Answer the call when needed, not 30 mins later. Clean the ward more, always urine on the floor and cleaners refused to clean it up. Giving and not giving correct medication, I had to call them several times to say they were wrong.”



Care on the ward

The average national score for patient experience of care on the ward during a hospital stay was 8 out of 10, a statistically significant decrease since the average score of 8.2 out of 10 in 2022. However, this decrease may be explained by the removal of some questions on the 2024 survey. Figure 2.9 presents the scores for the individual questions about patients' care experiences on the ward in 2024, compared to the average scores for each question in 2022.**

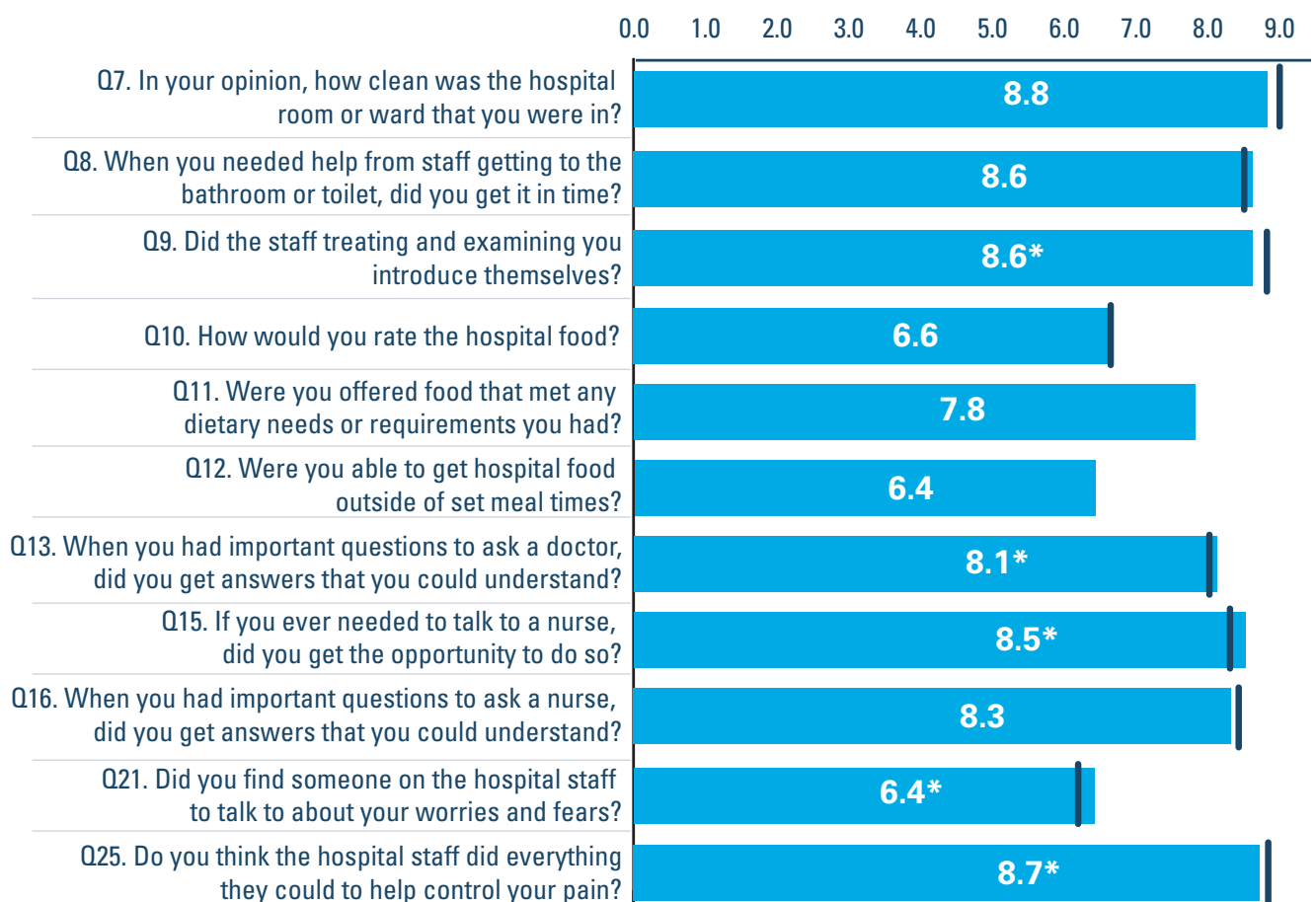
CARE ON THE WARD



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

11 QUESTIONS

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



*denotes statistically significant difference in score between 2024 and 2022.

The highest scoring question for this stage of care was in relation to cleanliness, which scored 8.8 out of 10 nationally. Of the 11,590 participants who answered this question, 71% (8,228 people) said that the hospital room or ward they stayed in was "very clean", 24.5% (2,838 people) said that the hospital room or ward was "fairly clean", 3.7% of participants (431 people) said that the hospital room or ward was "not very clean" and 0.8% of participants (93 people) said that the hospital room or ward was "not at all clean".

**New or amended questions on the 2024 survey do not have comparison data for 2022.



Patients in the 2024 survey reported greater opportunities to talk to a nurse when they needed to (score of 8.5 out of 10), compared to patients in 2022 (score of 8.3 out of 10). Of the 11,018 participants who said they needed to talk to a nurse during their hospital stay, 74% (8,148 people) reported that they always had the opportunity to do so.

Pain management also received a high score on the survey (8.7 out of 10), though the score for this question has significantly decreased since 2022 (when it scored 8.8 out of 10). As described by the methodology in Appendix 3, the question about pain management has a strong relationship with patients' overall ratings of their hospital experience. For the 10,137 participants who responded to the question on pain management, 78.7% (7,973 people) thought that hospital staff definitely did everything they could to control their pain.

Similar to responses in previous years, patients were less positive in how they rated the food they received during their hospital stay. In 2024, hospital food scored 6.6 out of 10 nationally, unchanged from 2022. Of those who responded to the question about hospital food in the 2024 survey, 28% rated the food they received as "fair" or "poor". There was also a low score (6.4 out of 10) for the question about whether patients could access hospital food outside of set meal times during their hospital stay.

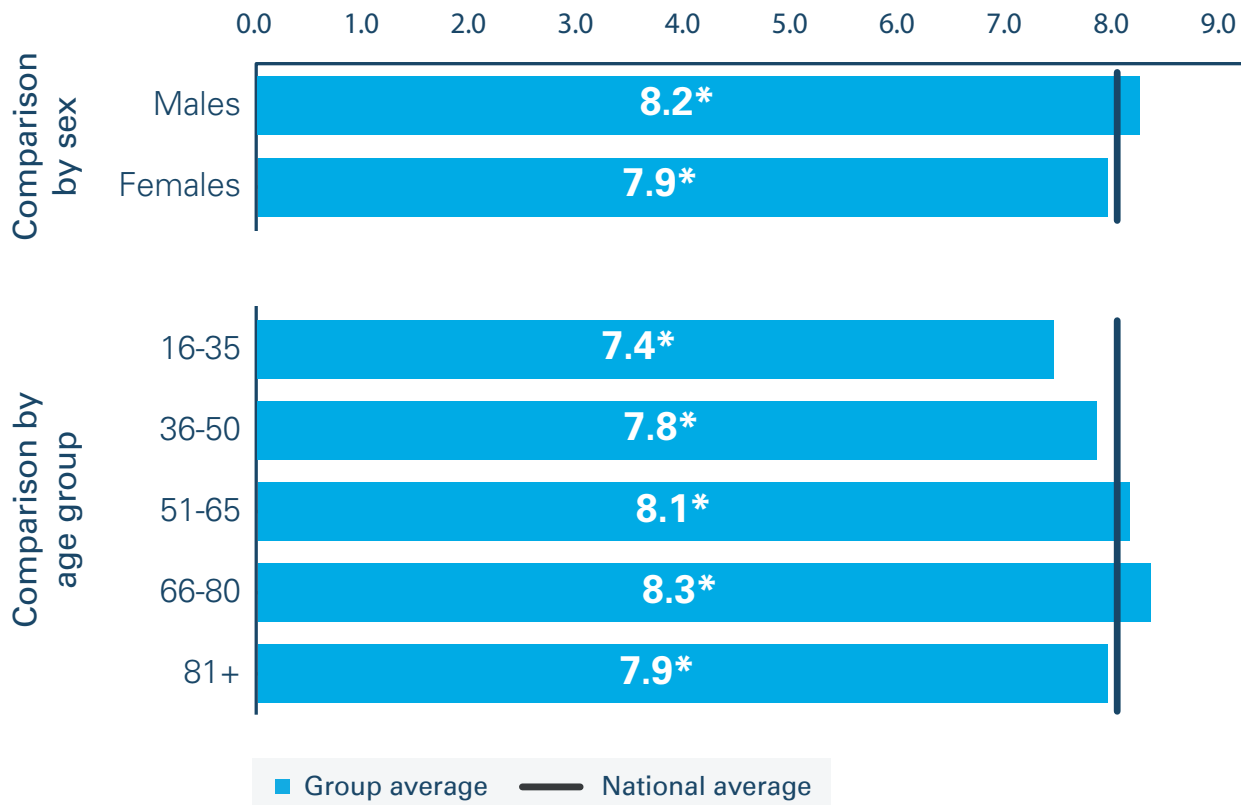
Question 21 was one of the lowest scoring questions for experience of care on the ward, with 1,527 of 7,753 people (19.7%) saying that they could not find a member of staff to talk to about their worries and fears. However, the national score for this question (6.4 out of 10) has improved significantly in 2024 compared to the score in 2022 (6.2 out of 10).

Comparisons between groups for care on the ward

There were significant differences identified between groups in relation to care experiences on the ward. Males reported more positive care experiences on the ward (score of 8.2 out of 10) than females (score of 7.9 out of 10).

People of different ages also had different care experiences on the ward. Those in the two youngest age groups (16 to 35 and 36 to 50 years), as well as the oldest age group (81 years or older), reported more negative care experiences on the ward than people aged 51 to 65 and 66 to 80 years of age. People aged 16 to 35 gave the lowest ratings of care on the ward (score of 7.4 out of 10). Figure 2.10 shows the scores for care on the ward by sex and age group, compared with the national average.

Figure 2.10 Scores for 'care on the ward' by sex and age group (scores out of 10)



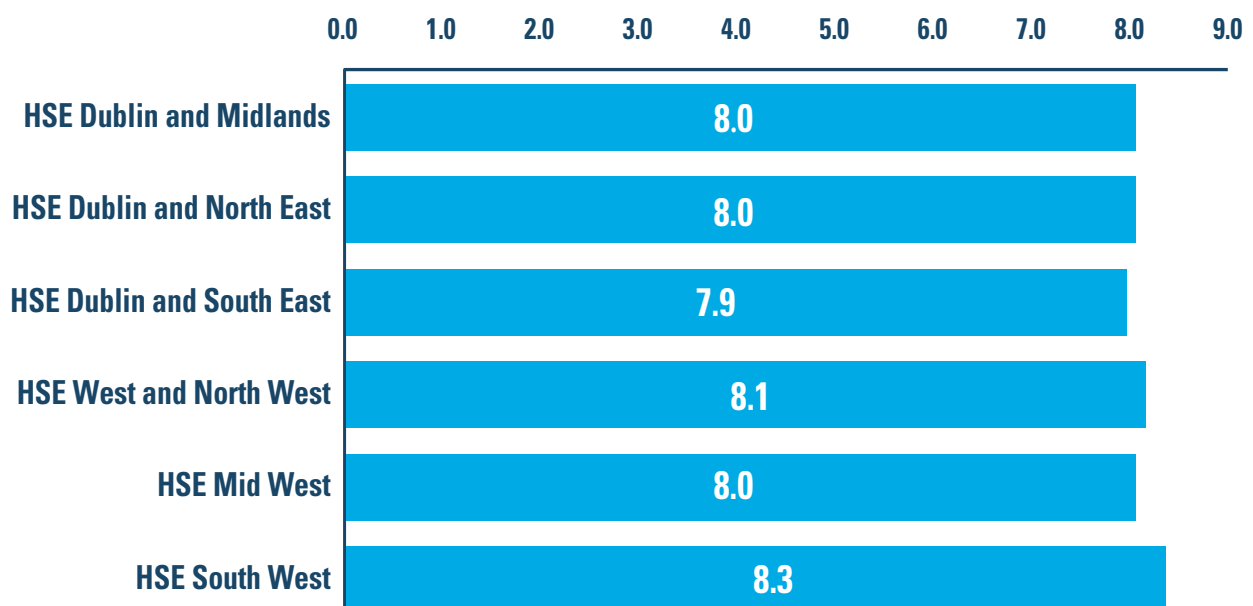
*denotes statistically significant difference from the national average.

Patients with a disability reported a poorer experience for all questions asked about care on the ward (average score 7.7 out of 10) compared to patients without a disability (average score 8.3 out of 10).

Experience of care on the ward by health region

Figure 2.11 presents the scores for care on the ward for each health region.

Figure 2.11 Scores for care on the ward by health region (scores out of 10)

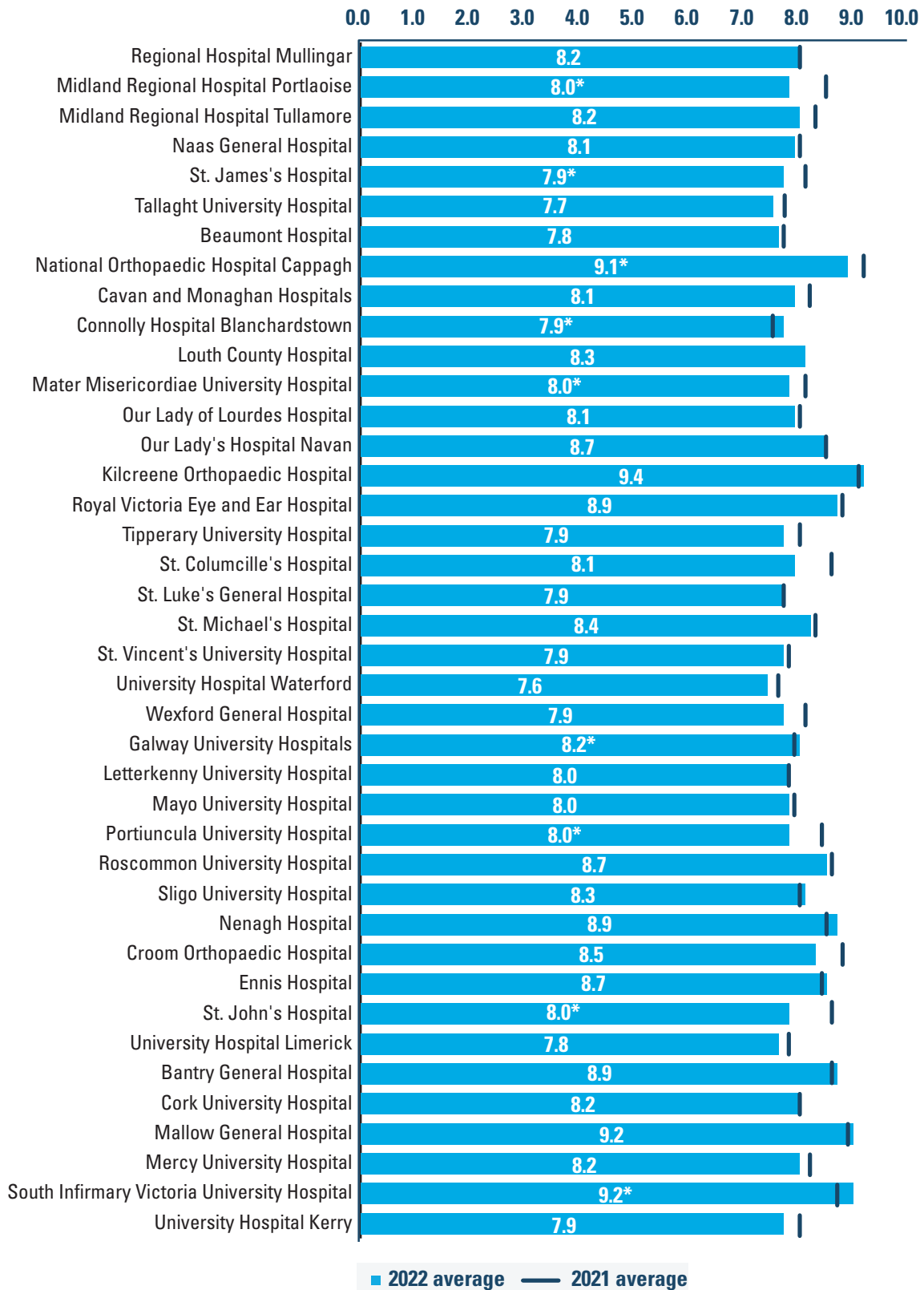




Experience of 'care on the ward' by hospital

Figure 2.12 presents the scores for care on the ward for each hospital, compared to each hospital's score in 2022. As noted, the reduced number of questions for this stage of care in the 2024 may have contributed to the differences in scores for this stage between 2022 and 2024.

Figure 2.12 Scores for care on the ward by hospital (scores out of 10)



*denotes statistically significant increase or decrease in score between 2024 and 2022.

Care on the ward: what do these results mean?

In general, participants had positive experiences of the care they received during their time on a ward. Most patients thought that the hospital ward was clean and that staff did everything they could to help control their pain. However, members of staff were not always available to talk to people about their worries and fears, and a number of participants gave low ratings of the food they received.



The 2024 survey findings showed improvements in scores for patients' opportunities to talk to a nurse and to talk to a member of staff about their worries and fears, compared to the findings from 2022. However, there were statistically significant decreases since 2022 in the number of patients who reported that the staff who were treating and examining them introduced themselves, and who felt that staff did everything they could to control the patient's pain.

People under the age of 50 and those aged 81 years and above had less positive experiences of the care they received on the ward than participants aged 51 to 80 years. People with a disability also had more negative experiences of this stage of care than those without a disability.



Examinations, diagnosis and treatment

“My surgeon spent time with me and my family discussing my treatment and answering questions. He looked in on me nearly every day post-op while I was in the hospital and even came in on his day off before I was discharged. His surgical team are extremely approachable, friendly and spent time explaining procedures. The anaesthetist team pre-op took the time to talk me through the op and steady my nerves.”

“The staff provided personalised care. They explained everything carefully and in full. They gave me time to question and provide explanations. They did not rush this.”

“The consultant’s team visited the ward each morning and went through what had been done and the results received.”

“The doctor that was on the care team came back to me when the team had left to make sure I understood what was wrong and explain to me in a way I could understand.”

“Why, when you get your diagnosis, do the doctors shout it out for the whole ward to hear? Whatever happened to speaking to patients quietly and confidentially? I understand the interns have to learn from them but really it’s not acceptable for our private information to be heard by the whole ward.”

“Decisions were made on my behalf by staff and surgical team. Different teams disagreed on treatments, I was not asked my preference.”

“Did not get any report after CT scan. I have received an appointment for a urology clinic but I do not know why.”

“Would be great if doctors would tell you more about what is going on with the ills you have. Doctors would say, “I am sending you for tests”, but don’t tell you what they are.”



Examinations, diagnosis and treatment

The average score for patient experience with examinations, diagnosis and treatment in the 2024 survey was 8.0 out of 10, the same score as received in the previous survey in 2022. Figure 2.13 presents the scores for individual questions in this section.

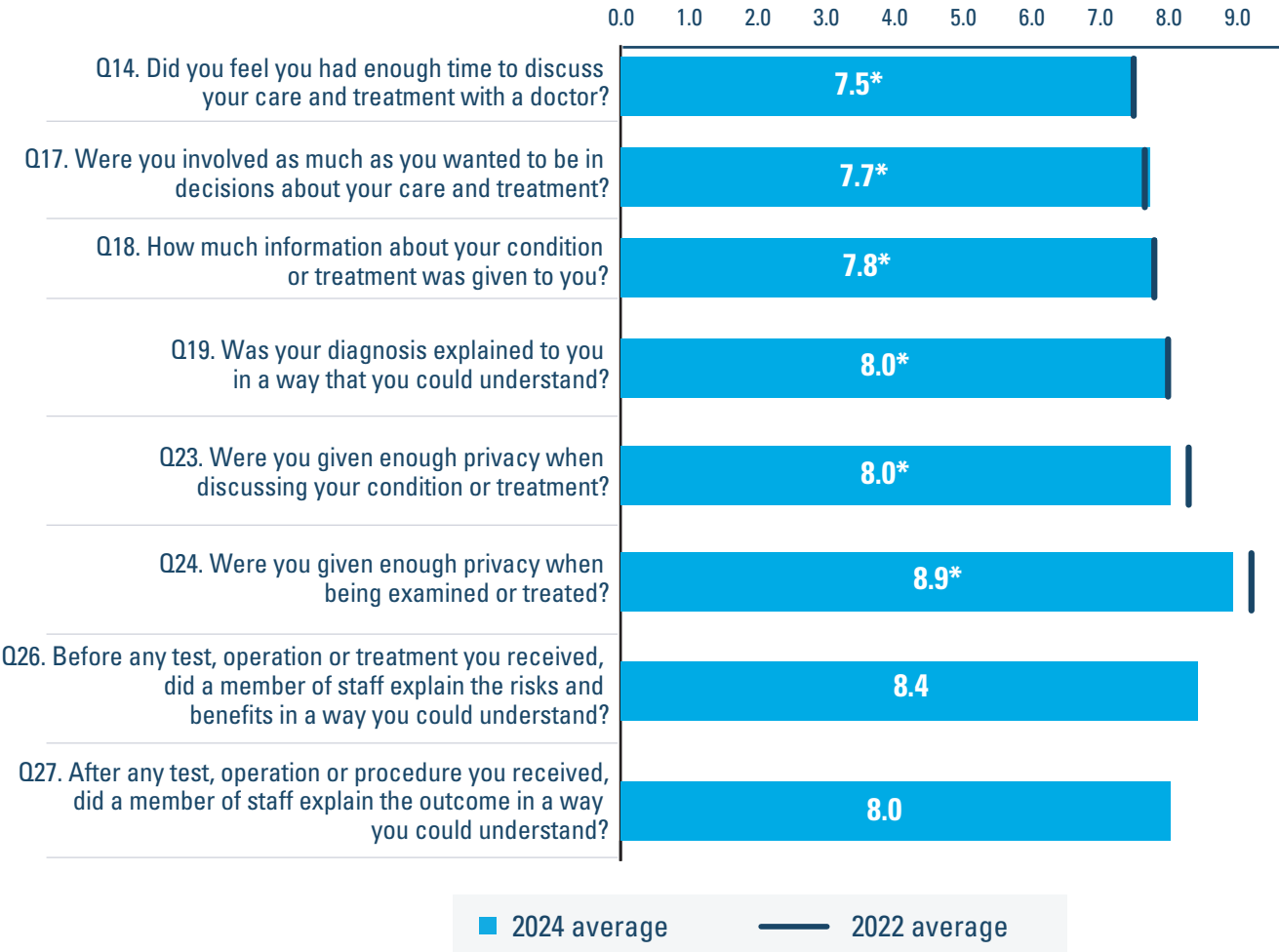
EXAMINATIONS, DIAGNOSIS AND TREATMENT



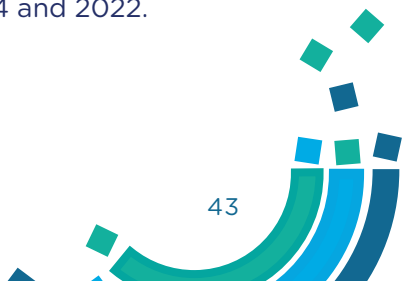
Experiences while undergoing or receiving results of tests, treatments, operations and procedures.

8 QUESTIONS

Figure 2.13 National scores for questions on examinations, diagnosis and treatment



*denotes statistically significant increase or decrease in score between 2024 and 2022.





The highest scoring question in this stage of care was in relation to the privacy given to patients when they were being examined or treated (8.9 out of 10). Of the 11,614 participants who answered this question, 82.9% (9,626 people) said that they were always given enough privacy when being examined or treated during their hospital stay. However, the score for this question has significantly decreased since 2022 (when it was 9.1 out of 10). Patients similarly reported more negative experiences in relation to privacy when discussing their condition or treatment in 2024 (8.0 out of 10) compared to in 2022 (8.2 out of 10).

The lowest scoring question for this stage of care was in relation to patients feeling they had enough time to discuss their care and treatment with a doctor (7.5 out of 10). Of the 11,579 participants who answered this question, 9.9% (1,147 people) said that they did not have enough time with a doctor to discuss their care. However, there has been an improvement in the score for this question since 2022 (when it was 7.4 out of 10). Similarly, the other questions concerning communication about examinations, diagnosis and treatment, while still receiving lower scores than other questions, have improved in 2024, compared to 2022. Participants in the 2024 survey were more likely to feel involved in decisions about their care and treatment. They were more likely to report that they were given enough information about their condition or treatment, and that their diagnosis was explained to them in a way that they could understand.

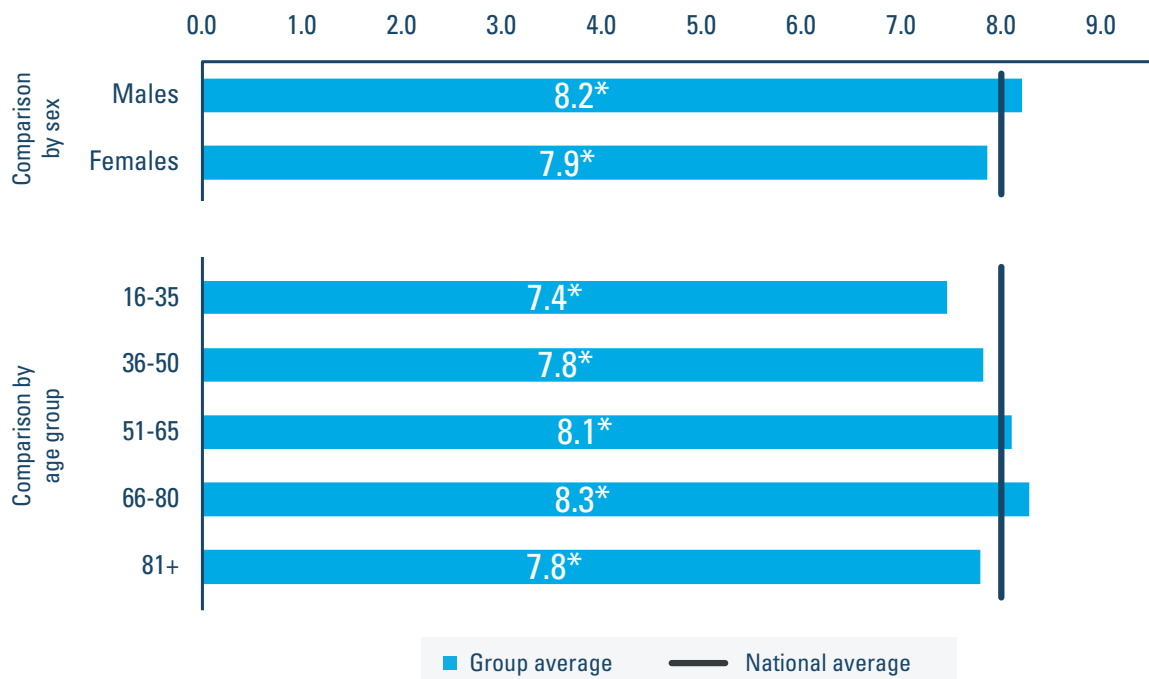
Comparisons between groups for experience with examinations, diagnosis and treatment

There were significant differences identified between groups in relation to experience of care with examinations, diagnosis and treatment. Males reported a more positive experience of this stage of care (score of 8.2 out of 10) than females (score of 7.9 out of 10).

Younger and older patient groups also reported different care experiences with examinations, diagnosis and treatment. Those in the two youngest age groups (16 to 35 and 36 to 50 years), as well as the oldest age group (81 years or older), reported more negative care experiences with examinations, diagnosis and treatment than people aged 51 to 65 and 66 to 80 years of age. Participants aged 16 to 35 reported the lowest-scoring responses for this stage of care (average of 7.4 out of 10).

Figure 2.14 presents the scores for examinations, diagnosis and treatment by sex and age group, compared with the national average.

Figure 2.14 ‘Examinations, diagnosis and treatment’ scores by sex and age group (scores out of 10)*



*denotes statistically significant difference from the national average.

Patients with a disability reported a significantly poorer experience for all questions asked about care on the ward (average score of 7.6 out of 10) than patients without a disability (average score of 8.4 out of 10).

Experience of ‘examinations, diagnosis and treatment’ by health region

Figure 2.15 presents the scores for ‘examinations, diagnosis and treatment’ for each health region.

Figure 2.15 Examinations, diagnosis and treatment scores by health region

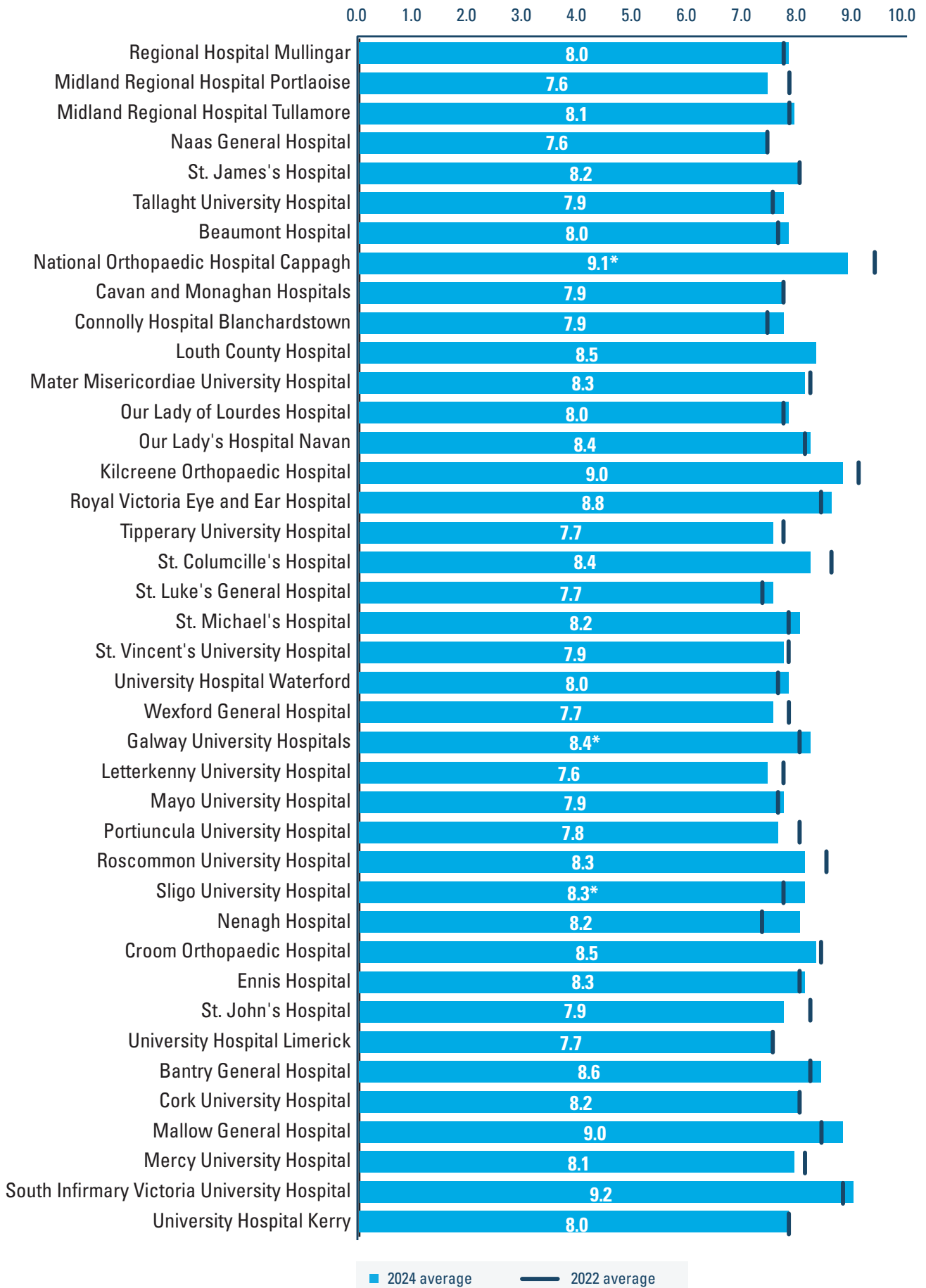


Experience of ‘examinations, diagnosis and treatment’ by hospital

Figure 2.16 presents the scores for ‘examinations, diagnosis and treatment’ for each hospital, compared to each hospital’s score in 2022.



Figure 2.16 'Examinations, diagnosis and treatment' scores by hospital



*denotes statistically significant difference in score between 2024 and 2022.

Examinations, diagnosis and treatment: what do these results mean?

Most people in the 2024 survey said that they had enough privacy when being examined or treated, but scores in relation to privacy during a hospital stay have decreased in 2024, compared to findings from 2022.



The majority of participants said that before they received any tests, operations or procedures, a member of staff explained risks and benefits in a way they could understand, but participants were less likely to receive clear explanations about the outcomes of such procedures. The 2024 survey showed some improvements since 2022 in relation to patients feeling they had enough time to discuss their care and treatment with a doctor, patient involvement in decisions about their care and treatment, and the information that patients received about their condition. However, these aspects of care remain the lowest scoring questions in relation to examinations, diagnosis and treatment.

People under the age of 50 and over the age of 80 had less positive care experiences in relation to examinations, diagnosis and treatment. People with a disability also had more negative experiences of this stage of care than those without a disability.



Discharge or transfer

“The discharge lounge is a fantastic idea and works so well, brilliant. Definitely improvements over the years.”

“The communication between doctor and discharge co-ordinator and family was excellent.”

“All the nurses looked after me to the best of their ability. From changing my dressings to advising my niece on the best way to keep my wounds clean between hospital visits.”

“Very basic printed page for aftercare. Had to Google cleaning, changing paper stitches, wound care, how long to keep it bandaged, to let air at it or not. When to remove dressing and so on.”

“A meeting was held with my wife and myself before discharge and a plan was put in place. This was of utmost benefit to me. The aftercare is excellent, appointments and follow up at the hospital.”

“I live alone, nobody asked how I’d manage post-discharge.”

“More discussion needed about transfer to rehab/step down or long term care - what’s available and what rehab (physio or OT and how often will be seen), how to go about (forms) and how long it takes to access.”

“I was discharged and set in a taxi to a step down facility without being told where I was going, without my family being notified in advance, and without being properly dressed.”



Discharge or transfer

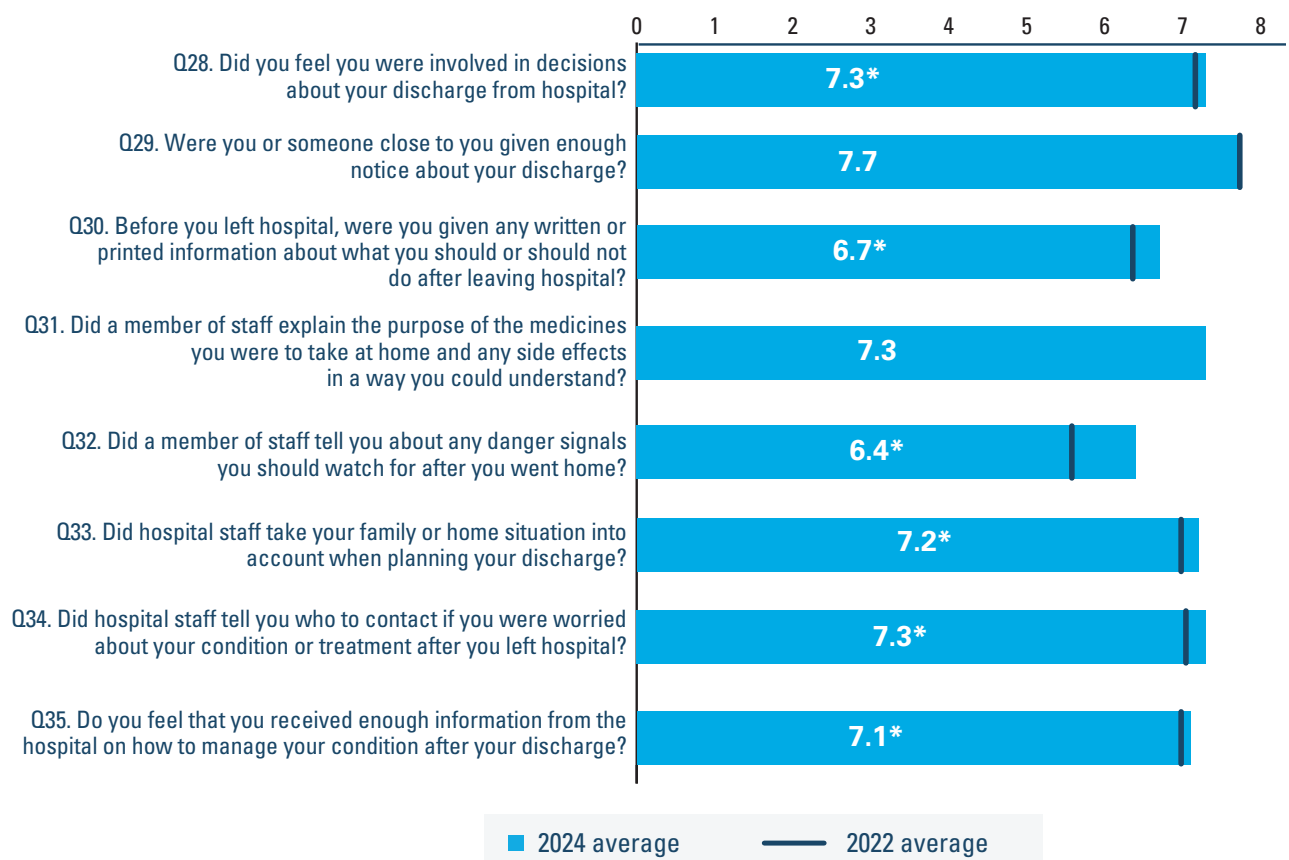
Across all years of the National Inpatient Experience Survey, care during discharge or transfer from hospital has remained the lowest-scoring stage of care. Similarly in the 2024 survey, the experience of care during discharge or transfer was the lowest-scoring stage of care, with an average score of 7.2 out of 10. However, the national score for care during discharge has improved significantly since the 2022 survey, when it was 6.9 out of 10. Figure 2.17 presents the results for the individual questions about care during discharge or transfer in the 2024 survey.

DISCHARGE OR TRANSFER

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

8 QUESTIONS

Figure 2.17 - National scores for questions on 'discharge or transfer'



*denotes statistically significant increase or decrease in score between 2022 and 2024.



Six of the eight questions in the discharge section had significantly higher scores in 2024 compared to 2022, and no question about discharge care had a decrease in score.

The highest scoring question for the discharge stage was in relation to the notice given about discharge (score of 7.7 out of 10). Most participants (7,652 people out of 11,457, or 66.8%) said that they, or someone close to them, were given sufficient notice about their discharge from hospital.

The lowest-scoring question for this stage of care was whether a member of staff told the patient about any danger signals they should watch for after they went home (score of 6.4 out of 10). Of the 9,610 participants in the 2024 survey who felt this question was relevant to them, 2,378 (24.7%) said that they were not told about any danger signals. However, the score for this question has improved significantly since the 2022 survey, when it was 5.8 out of 10.

As per the methodology outlined in Appendix 3 there were some questions in the discharge stage of care which were strongly associated with patients' overall rating of their hospital care. This includes question 31, which asked patients about the explanations they received about medication on discharge.** Of the 9,496 survey participants who received medications upon discharge, 15.3% (or 1,454 people) said that they were not given an explanation about the purpose of the medicines they were to take at home and any side effects in a way they could understand. The average score for this question was 7.3 out of 10. Question 35 was also strongly related to patients' overall experience of care. Of the 10,599 participants who needed help to manage their condition after discharge from hospital, 1,617 participants (15.3%) said that they did not receive enough information about this. The average score for this question was 7.1 out of 10.

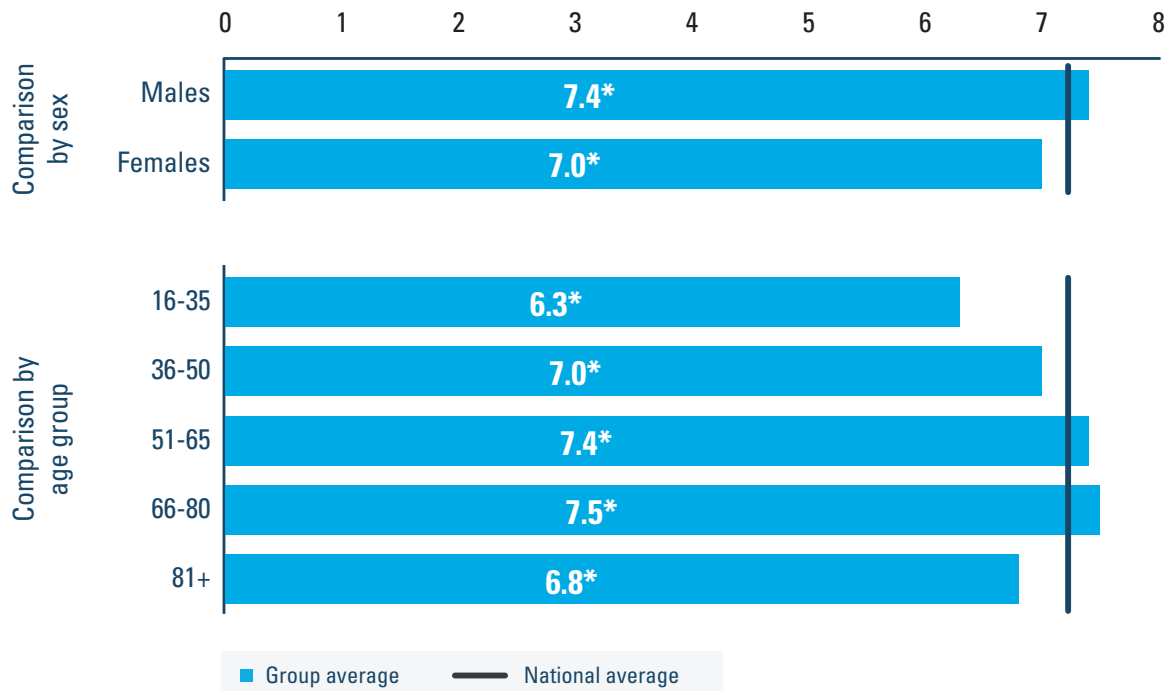
Comparisons between groups for experience of discharge or transfer from hospital

There were significant differences identified between groups in relation to the experience of care during discharge or transfer. On average, men had a more positive experience of discharge or transfer from hospital (score of 7.4 out of 10) than women (score of 7 out of 10).

Younger age groups (16 to 35 and 36 to 50 years), as well as people aged over 80 years, reported more negative care experiences during discharge or transfer, than people aged 51 to 80 years. Younger people (16 to 35 years) reported the most negative experience of any age group (score of 6.3 out of 10), whereas people aged 66 to 80 gave the highest rating for this stage of care (score of 7.5 out of 10).

Figure 2.18 shows the national scores for care during discharge or transfer by sex and by age group, compared with the national average.

**In 2022, there were two separate questions asked about whether patients received (i) an explanation about the purpose of the medications they were to take at home, and (ii) an explanation about any side effects from the medication. These two issues were merged into one question for the 2024 survey.

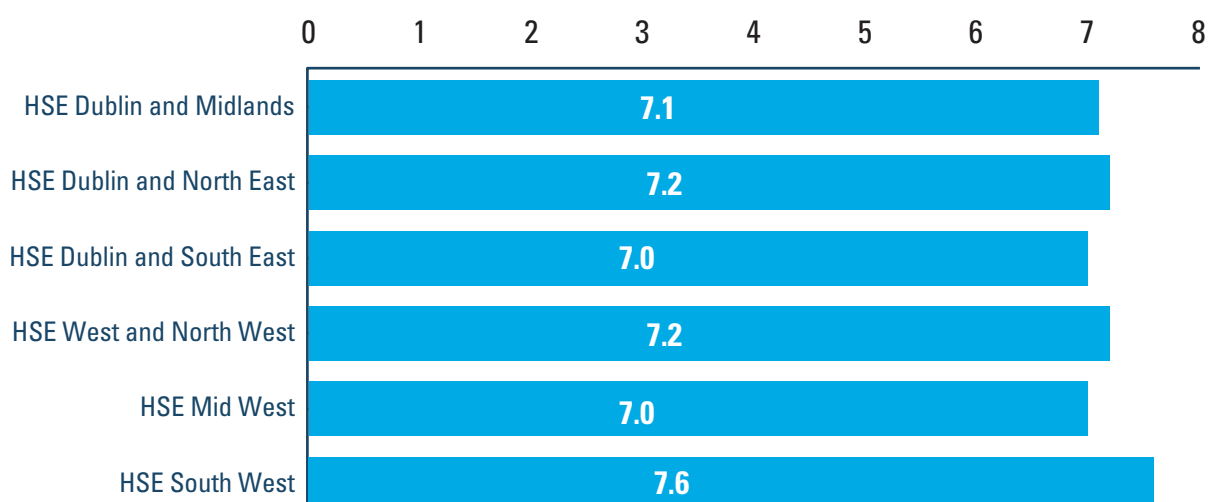
Figure 2.18 'Discharge or transfer' scores by sex and age group (scores out of 10)

*denotes statistically significant difference from the national average.

Patients with a disability reported significantly poorer care experiences on all questions relating to discharge or transfer from hospital, with an average score of 6.7 out of 10 for this stage of care, compared with an average score of 7.5 out of 10 for those without a disability.

Experience of discharge or transfer care by health region

Figure 2.19 displays the care experience scores for discharge or transfer for each health region.

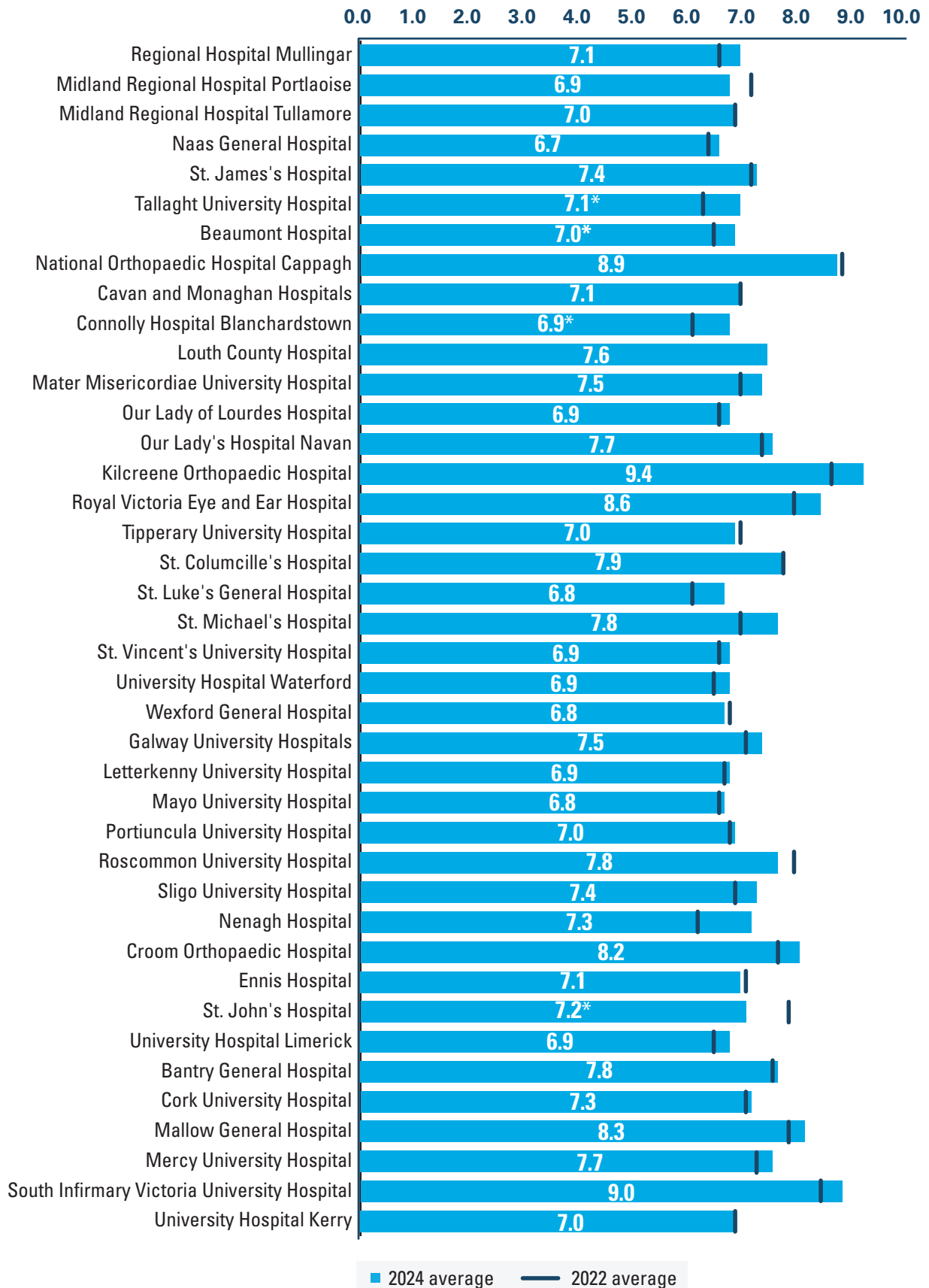
Figure 2.19 Discharge or transfer care scores by health region (scores out of 10)



Experience of 'discharge or transfer' by hospital

Figure 2.20 displays the care experience scores for discharge or transfer for each hospital, compared to each hospital's score in 2022.

Figure 2.20 Discharge or transfer care scores by hospital (scores out of 10)



*denotes statistically significant difference in score between 2022 and 2024.

Discharge or transfer: what do these results mean?

Similar to previous years of the National Inpatient Experience Survey, the discharge or transfer stage of care received the lowest average score in 2024. However, scores for the majority of questions about discharge have increased significantly since 2022.



Most survey participants said that they were given enough notice about their discharge from hospital. However, a number of patients said that they were not given enough information about managing their condition upon discharge, or clear information about the purpose and side effects of their prescribed medicines. Almost a quarter of patients also reported that they were not told about danger signals to watch for, after they went home. Patients who are not sufficiently informed about their condition, their medication regime and how to care for themselves at home, are at a higher risk of complications and being re-admitted to hospital.⁽⁹⁻¹¹⁾

People under the age of 50 and over the age of 80 had less positive care experiences during discharge or transfer from hospital than those in other age groups. People with a disability also reported poorer experiences of discharge care than people without a disability.



Other aspects of care

“The kindness of the nurses and doctors, my mother felt well cared for and loved. They were making time to listen to us, especially in her case she couldn’t speak English and my presence was very important as her interpreter at the hospital.”

“I was treated with dignity and by caring efficient medical team the moment I arrived in hospital at 3.30 am. I felt SAFE and knew I was being treated by wonderful people who showed great efficiency, compassion and kindness.”

“Communication with relatives was very poor. Reliant on other patient’s family to give an update on whether my mother had physio or OT. A simple notepaper at end of bed to indicate if patient did certain things in the day. Very hard to talk to doctor, repeated requests for updates.”

“I found all the doctors and nurses and hospital staff very courteous and respectful. I especially would like to thank [Doctor] for going over and above the call of duty to explain my condition to myself and my daughter.”

“When a patient is having difficulty comprehending information, it is difficult for their home carer, family to get information.”

“Staff could maybe be aware of unconscious age bias. It would be better to assess the capability of individual patients. Applying an adult nappy after catheter removal was neither requested nor required.”

“I was made very comfortable and treated with great kindness and compassion.”


“I was treated very rudely by a nurse who came along to move me from the room I was put in. I felt there was no need to speak to me in such a manner, I understand how busy A and E can be and I had absolutely no problem in moving, I was so unwell I didn’t say a word I just moved, but I was so upset by her attitude. I feel like there was no need to speak to anyone like that especially someone who is so unwell, frightened and scared.”



Other aspects of care

The questions in this section reflect patients' general experiences across their care journey. Figure 2.21 presents the results for the individual questions within this section. Responses to these questions were among the highest-scoring responses in the survey.

OTHER ASPECTS OF CARE



Other, more general care experiences such as opportunities for family to communicate with staff, and trust and confidence in hospital staff.

4 QUESTIONS

Figure 2.21 National scores for questions on 'other aspects of care'



*denotes statistically significant increase or decrease in score between 2022 and 2024.

Question 41, which asked participants whether they were treated with respect and dignity in hospital, was the highest-scoring question in the 2024 survey and was also the question most strongly associated with patients' overall ratings of their experience of hospital care. Most participants (83.8% or 9,724 of 11,609) said that they were always treated with respect and dignity while in hospital. Of the remaining participants, 13.2% (1,527 people) said that they were sometimes treated with respect and dignity, while 3.1% (358 people) said they were not treated with respect and dignity during their hospital stay. The score for this question (9 out of 10) has increased since 2022, when it was 8.9 out of 10.



Survey participants reported high levels of confidence and trust in hospital staff, with 79.1% (9,185 people out of 11,609) saying that they always had confidence and trust in the hospital staff treating them. The average score for this question (8.8 out of 10), has decreased since 2022.* The methodology outlined in Appendix 3 identified that this question was strongly associated with overall patient rating of care received in hospital.

Participants had less positive views in relation to the involvement of their families in their care. Of the 8,045 participants whose family wished to talk to a doctor during their hospital stay, 13.4% (1,081 participants) said that their family or someone close to them did not have enough opportunity to do so. However, the average score for this question in 2024 (7.2 out of 10) has improved significantly since 2022 when it was 6.5 out of 10.

The survey also asked patients if they knew how to give feedback about their care or make a complaint if they wished to do so (Question 43). In total, 35.5% of participants (4,068 of 11,468 people) answered 'Yes', while 30.8% (3,527 people) answered 'No'. In addition, 33.8% of participants (3,873 people) said they did not wish to give feedback or make a complaint.

* The score for this question has changed from 8.84 in 2022 to 8.76 in 2024. At the national level such changes can reach the threshold to be statistically significant differences.

Other aspects of care: what do these results mean?

Most people who participated in the 2024 survey said that they were treated with respect and dignity during their hospital stay, and the score for this aspect of care has increased since 2022. Most survey participants also had confidence and trust in the hospital staff treating them, though the national score for this has reduced since 2022. These aspects of care are strongly linked with whether patients report a positive overall experience, and are thus a very good result for acute public healthcare in Ireland. However, people reported less positive experiences with the level of communication between hospital staff and their family or someone close to them, though the score for this question has increased significantly since the last survey in 2022.





Changes in patient experience over time

Changes in survey question scores since 2022

As outlined in Appendix 3, statistical analysis was conducted to see whether the score for each individual survey question in 2024 had increased or decreased since 2022. Sixteen questions had significantly higher scores in 2024 compared to 2022, and five questions had significantly lower scores. Five questions had no significant increase or decrease in score, and eight questions were new or amended questions so could not be included in any comparison.

The table below shows the questions which have increased or decreased in score in 2024 compared to 2022. The 2024 survey findings indicate that since 2022, there have been improvements to the scores for several questions that relate to the time and opportunity that patients are given to talk to healthcare professionals about their care. Improvements have also been made in the information and explanations provided to patients about their care, and patient involvement in decisions about their care. The 2024 survey findings show improvements to almost every aspect of discharge care compared to 2022.

However, the statistical analysis of the 2024 survey findings indicates reduced scores in relation to patient privacy during the hospital stay, compared to patients in 2022. Patients in 2024 reported that staff were less likely to introduce themselves and less likely to do everything they could to control pain, compared to responses from 2022. Patients in 2024 also indicated a decrease in trust and confidence in hospital staff compared to patients in 2022.

Increased score since 2022

When you had important questions to ask doctors and nurses in the emergency department, did you get answers that you could understand?

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

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

Did you find someone on the hospital staff to talk to about your worries and fears?

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

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

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

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

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

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

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

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

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

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

If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?

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

Decreased score since 2022

Did the staff treating and examining you introduce themselves?

Do you think the hospital staff did everything they could to help control your pain?

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

Were you given enough privacy when being examined or treated?

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



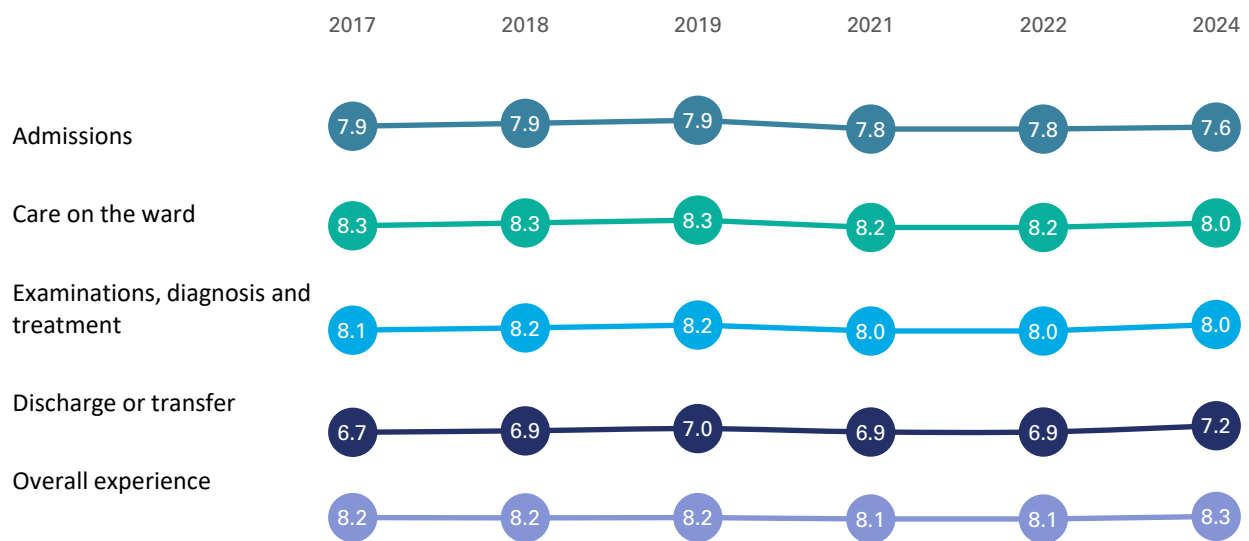
Changes by stage of care over time

Figure 2.22 shows average patient ratings for the stages of care for each year of the survey.* While Figure 2.22 appears to show a significant decrease in national average scores for the 'admissions and 'care on the ward' stages of care since 2022, these reduced average scores are likely due to changes made to the questions for the 2024 survey. Some of the highest-scoring questions within these stages in the 2022 survey were not included in 2024.

Since 2022, there has been a significant increase in the national average score for the discharge or transfer stage of care and overall experience with hospital care. While the national average score for care during examinations, diagnosis and treatment appears the same since 2022, the score for this question has changed from 7.97 out of 10 in 2022 to 8.03 out of 10 in 2024, which is a statistically significant increase.

* The survey was not conducted in 2020 and 2023.

Figure 2.22 National stage of care score comparisons by survey year



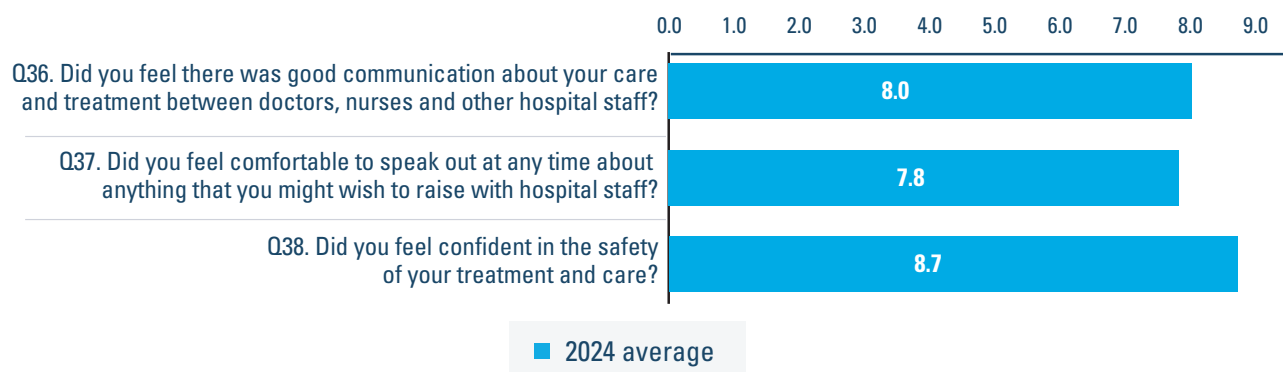
Patient safety

New questions about patient safety were included in the National Inpatient Experience Survey 2024. The questions for this section were developed in partnership with the National Patient Safety Office at the Department of Health, the national lead for patient safety policy and legislation. The questions explored patients' views and experiences of patient safety culture* and patient safety incidents during their hospital stay.



Figure 2.23 presents the results for the individual questions in the patient safety section of the survey.

Figure 2.23 National scores for questions on patient safety



Two of the questions in this section (Q36 and Q38) received high scores nationally and were strongly related to participants' overall experience of care. Most patients surveyed (9,162 of 11,596, or 79%) said that they definitely felt confident in the safety of their treatment and care. This question scored 8.7 out of 10. However, 16.3% of participants who answered this question (1,895 people) said that they only felt confident in the safety of their treatment and care 'to some extent', while 4.6% of participants (539 people) said that they did not feel confident in the safety of their treatment and care.

Most participants (7,754 of 11,197, or 69.2%) felt that there was always good communication about their care and treatment between doctors, nurses and other hospital staff. This question scored 8 out of 10. Of those participants who answered this question, 21.4% (2,398 people) felt that there was 'sometimes' good communication between healthcare staff, while 9.3% (1,045 people) did not feel that there was good communication about their care and treatment between healthcare staff.

* Patient safety culture refers to "the shared values, attitudes, norms, beliefs, practices, policies and behaviours about safety issues in daily practice" of healthcare organisations (12).



The lowest scoring question around patient safety was Question 37, which asked patients whether they felt comfortable to speak out about anything they wished to raise with hospital staff during their stay, including any concerns about their care. This question scored 7.8 out of 10. Of the 10,133 participants who indicated that this question was relevant for them, 10.8% (1,098 people) reported that they did not feel comfortable to speak out about their care, 21.9% (2,221 people) reported that they only felt comfortable 'to some extent' to speak out about their care, and 67.2% (6,814) reported that they definitely felt comfortable to speak out about their care.

Patient safety incidents

The patient safety section of the survey also asked participants if they experienced any patient safety incidents during their hospital stay. The questionnaire provided the following definition of a patient safety incident:

“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.”

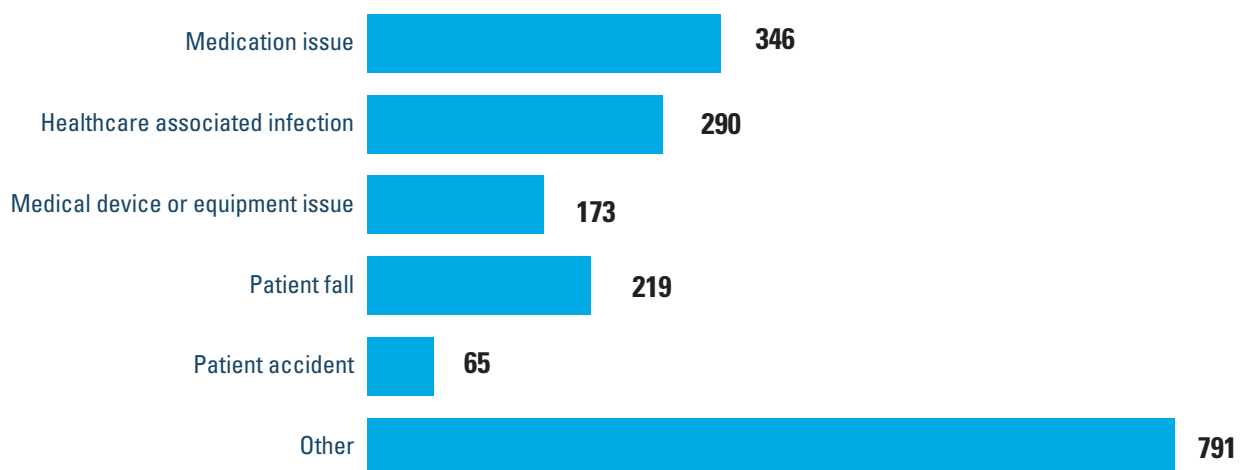
Of the 11,477 participants who answered this question, 1,277 (or 11.1%) indicated that they experienced a patient safety incident during their hospital stay. Previous research in Irish public hospitals identified a prevalence rate of 14% for adverse events (with a rate of 9.1% for preventable adverse events).⁽¹³⁾

The table below shows the percentage of participants within each age category who indicated that they experienced a patient safety incident during their hospital stay.

Age group (years)	Indicated experience of patient safety incident
16-35	13%
36-50	14%
51-65	11.8%
66-80	9.3%
81 and above	11.4%

Those who had experienced a patient safety incident were asked about the type of incident they experienced. Figure 2.24 below shows the types of patient safety incidents that were presented to participants and the number of responses that were recorded for each type.*

Figure 2.24 Type of patient safety incident self-reported by survey participants



As seen in Figure 2.24 above, 791 participants selected 'Other' for the type of patient safety incident they experienced. These participants provided comments in a free-text box to describe the nature of the 'Other' type of incident. A wide range of different issues and experiences in relation to patient safety were described in these comments. The comments were analysed and sorted into categories which are listed in the next table, along with the percentage of comments in each category.**

*Some patients indicated that they had experienced more than one type of patient safety incident.

**Some comments included content in relation to multiple categories so the percentages will exceed 100%.

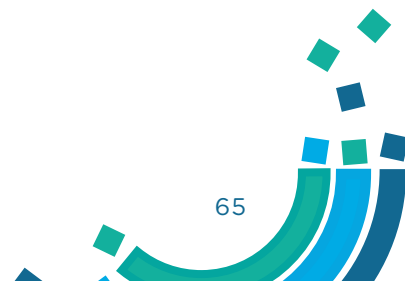


Description of incident	% of comments
Personal safety: Feeling unsafe in hospital due to the behaviour of other patients; feeling unsafe due to mixed-gender wards.	17%
Staff responsiveness: Lack of care or attentiveness to the needs of the patient.	10%
Hospital facilities: Broken and or faulty facilities; insufficient shower or toilet facilities; poor ventilation.	6%
Cleanliness and or hygiene: Experiences and perceptions of cleanliness or hygiene in the hospital.	5%
Complications from surgery and or procedures: Complications or negative outcomes from surgery or other hospital procedures.	4%
Long wait times: Wait times in the emergency department; wait times for treatments, procedures or scans.	4%
Incorrect patient information: Patient mix-up, patient files misplaced or confused, or missing or incorrect information on notes.	4%
Staff member unable to do procedure: Member of the hospital staff unable to correctly insert cannula and or carry out procedures.	4%
Staff handling and behaviour: Being handled in a “rough” or insensitive manner by hospital staff.	4%
Healthcare associated infection: Getting an infection during the hospital stay.	3%
Risk of infection: Perceived risk of infection from other patients in the hospital.	3%
Diagnosis: Diagnosis being missed by hospital staff, or being given the wrong diagnosis.	3%
Medication issue: Patient given the wrong medicine, or other problems with their medication.	2%
Discharge: Issues with the timing or nature of discharge.	2%
Food: Being given unsuitable foods, food poisoning, or not being given enough food.	2%
Risk of falling: Perceived risk of falling in hospital.	2%
Sensory discomfort: Discomfort caused by noise, lights, and so on.	1%
Lack of communication between staff and patient: Patient not receiving information about their condition or treatment.	1%
Patient fall: Patient fell in hospital.	1%
Lack of communication between hospital staff: Perceived lack of communication between hospital staff about care.	1%
Patient accident: Patient had an accident in hospital.	1%
Not applicable: These comments did not concern the safety, or perceived safety, of the patient. Also included in this category were cases where the participant had already ticked the relevant incident type option on the survey (see Figure 2.24), but used the text-box only to provide further details about the incident.	24%

The National Inpatient Experience Survey relies on self-reported data from patients. The descriptions of patient safety incidents that were reported in the survey reflect patients' own perceptions and assessment of whether they experienced harm, or potential harm, during their hospital stay. The table above shows that the largest group of patient safety incidents described in the 'Other' responses (17%) related to concerns about personal safety in the hospital and the behaviour of other patients. The second largest category of comments (10%) described patient harm, or potential harm, due to lack of care and attention from hospital staff to the patient's needs.

For almost a quarter of the 'Other' responses to patient safety incident type, the participant had already selected the relevant response option, or their comments were not relevant to patient safety. A number of participants who selected the 'Other' category (approximately 7%) described patient safety incidents that were already listed in the survey response options (e.g., medication issue, patient fall, etc.).

The World Health Organisation's conceptual framework for international classification for patient safety outlines a range of different 'incident type' categories that include: "clinical administration, clinical process/procedure, documentation, healthcare-associated infection, medication/IV fluids, blood/blood products, nutrition, oxygen/gas/vapour, medical device/equipment, behaviour, patient accidents, infrastructure/building/fixtures, and resources/organizational management".⁽¹⁴⁾ Many of these categories are aligned with those raised by the National Inpatient Experience Survey participants in their comments.





Comments about patient safety

Survey participants also made comments about experience of harm during their hospital stay in the free-text boxes provided for the open-ended questions of the survey (questions 50-52). These comments were coded as 'patient safety', as outlined in Chapter 5. Examples of these comments are provided below.

“Doctors did not adequately listen to family concerns about patient welfare potentially resulting in delayed diagnosis of a stroke. Doctor prescribed a medication the patient had previously had a reaction to. Consultant refused to speak with next of kin when requested. Doctor prescribed medication on family member request without checking if correct or warranted.”

“Penicillin was administered despite patient and family clearly reporting on numerous occasions that patient was allergic to penicillin. It was not clearly marked on patients chart. Result was anaphylaxis which could have been fatal.”

“When I was put in an isolation ward, I really was isolated. I felt something could be done to help you get through this isolation. Hours went by and in one case I fell trying to get to toilet and it was one of the cleaning girls who found me.”

“There seemed to be a rush to get me out of the hospital, I left with an infection which my family was not aware of and ended up very seriously sick and back in hospital as a result.”



Patient Safety: what do these results mean?

This is the first time that questions about patient safety have been included in the National Inpatient Experience Survey. The findings show that the majority of patients in acute public hospitals in Ireland felt confident in the safety of their treatment and care. Most patients also felt that there was always good communication about their care and treatment between hospital staff, but over 9% of patients did not think there was good communication among hospital staff about their care and treatment. Almost a third of participants (32.7%) were not fully comfortable speaking out at any time about anything they might wish to raise with hospital staff during their stay.



Of the 2024 National Inpatient Experience Survey participants, 11.1% indicated that they experienced a patient safety incident during their hospital stay. As the survey relies on self-reported data from patients, this figure reflects patients' own understanding and assessment of whether any of their experiences in hospital could be regarded as a patient safety incident. Nonetheless, these findings are relatively in line with previous research in Irish public hospitals.

The survey findings in relation to experience of patient safety and patient safety culture will inform future assessment of the impact of the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023. The findings will also inform ongoing policy developments in relation to patient safety.



3



Overall
experience



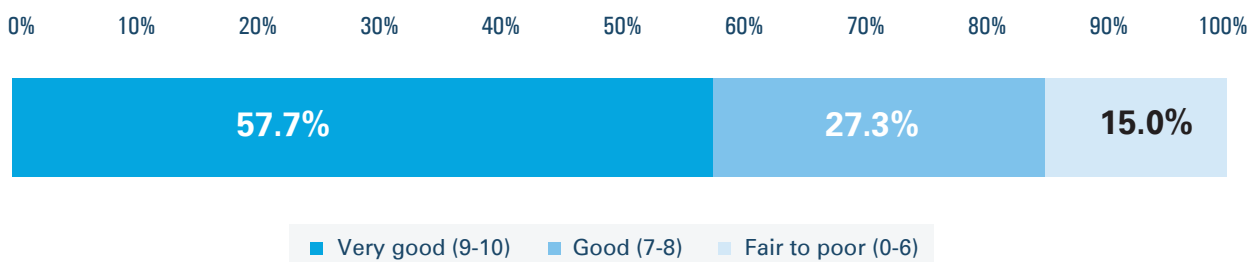
Ratings of overall experience

What was the overall experience of patients in May 2024?

The 2024 National Inpatient Experience Survey asked patients to rate their overall hospital experience on a scale from 0 to 10, with 0 indicating a very negative experience and 10 indicating a very positive experience. Nationally, the average overall rating of care was 8.3 out of 10, a significant rise from the 2022 average overall rating of 8.1 out of 10.

A total of 6,024 people (57.7%) said that they had a very good experience in hospital (an overall rating between 9 and 10), while 2,853 people (27.3%) rated their hospital experience as good (overall rating of 7-8) and 1,567 people (15%) said that their experience in hospital was fair to poor (overall rating of 0-6). Figure 3.1 summarises patients' overall experience ratings.

Figure 3.1 Overall patient experience rating

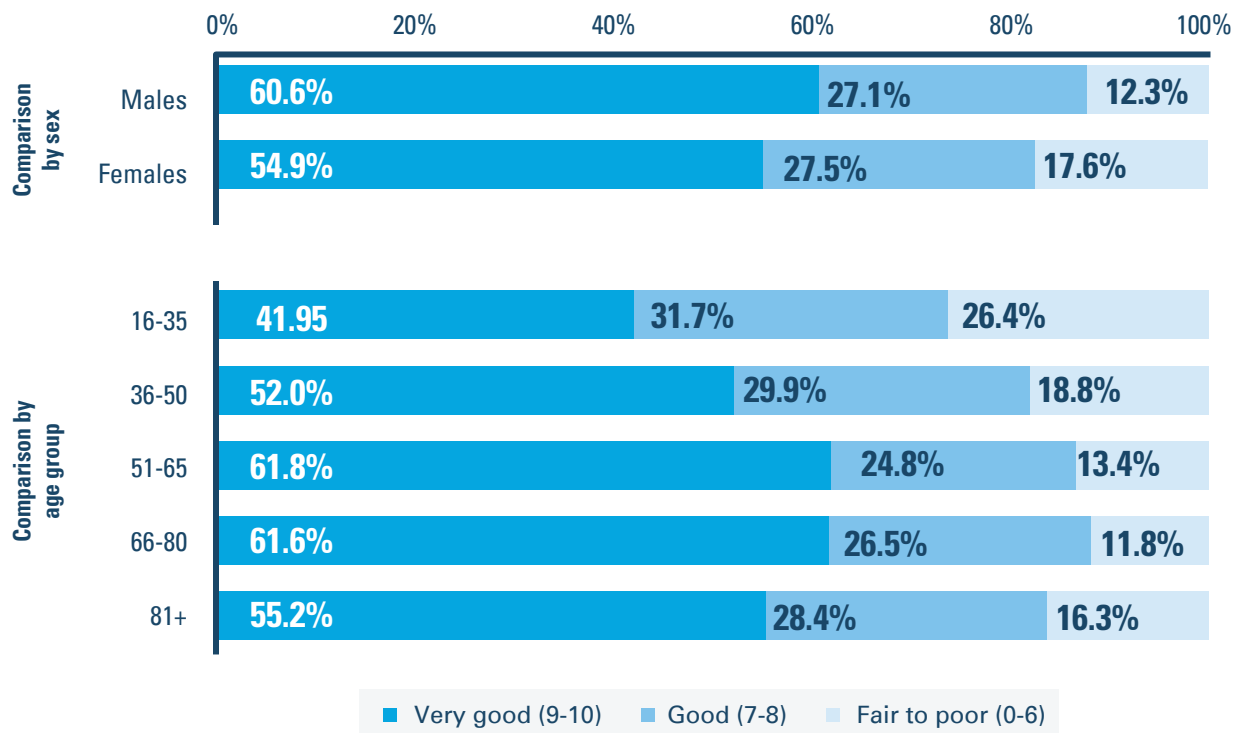


Comparisons between groups for overall experience of care ratings

There were significant differences between groups in overall rating of experience in hospital. Men gave higher overall ratings of the care they received (average of 8.5 out of 10) than women (average of 8.1 out of 10). In total, 87.7% of male patients had a good or very good overall experience, compared with 82.4% of female patients. In terms of age groups, 86.6% of people aged 51 to 65 years, 88.1% of those aged 66 to 80 years, and 83.6% of people aged 81 years or older rated their overall experience in hospital as good or very good. Younger people were less likely to report a very good experience and more likely to report a fair to poor experience overall. Among people aged 16 to 35, 73.6% of said they had a good or very good hospital experience, while 26.4% of people in this age group said they had a fair to poor experience. In comparison, only 11.8% of people aged 66 to 80 years reported a fair to poor experience overall. Figure 3.2 presents the ratings of overall patient experience by sex, by age group and figure 3.3 presents the same findings by disability status.

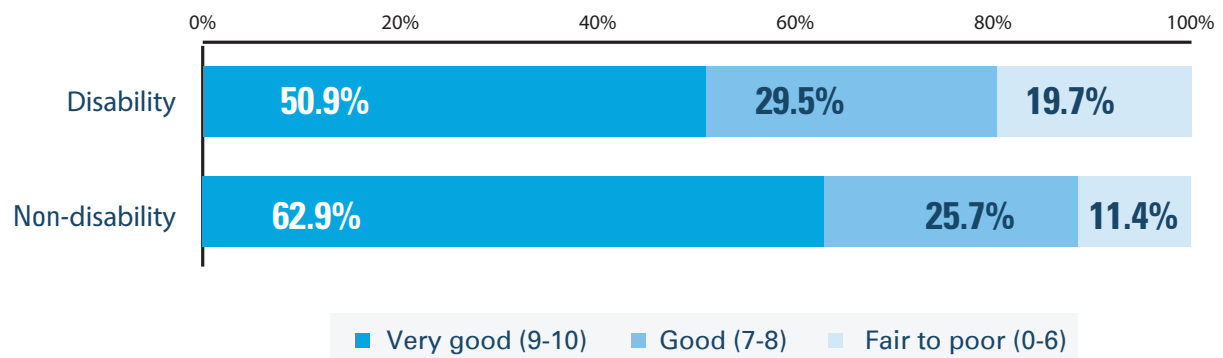


Figure 3.2 Ratings of overall experience by sex and age group



Patients with a disability gave a lower overall rating for their experience of care (8 out of 10) than patients who did not have a disability (8.5 out of 10). Of patients with a disability, 19.7% reported a fair to poor experience of care overall, compared to 11.4% of patients who do not have a disability.

Figure 3.3 Ratings of overall experience by disability status



Comments about disability and inpatient care

As outlined in Chapter 5, survey participants made comments about the needs and requirements of patients with a disability and the hospital care they experienced. A sample of these comments is presented below:

“As a parent with a young person with an intellectual disability our stay in hospital was overall very good. The doctors and nurses were kind and engaged well with my daughter they treated her like an adult informing her what they were going to do such as bloods, x-rays, etc.”

“As a person with dementia, the watchful 24 hour care of nurses and porters was unbelievable”.

“There is very limited disability equipment. Have very little manual hoists, no ceiling hoist, no toileting slings, no disabled toilet on wards. My daughter was waiting two hours to be brought to the day ward to use toilet.”

“The patient has a profound disability and hospital staff took this into consideration during his care. They were absolutely amazing, no request was too much trouble. They did everything they could, to make his stay as stress-free as possible.”

“Staff need a better understanding of autistic patients.”

“I’m autistic so I struggle in social situations like this one. However, the nurses were very kind and helpful, which eased my stress a lot.”

“I have aphasia because of a stroke, so have difficulty understanding and cannot speak. Efforts should be made to provide staff and doctors with information about how to communicate with a patient with a condition like this, maybe guidelines from a speech and language therapist or writing information down so that it can be read slowly. None of these things were considered. I only have movement on one side due to a stroke but when given meals this was not considered and sometimes I couldn’t access my food and therefore went hungry, I have no speech to tell anyone and nobody asked me.”

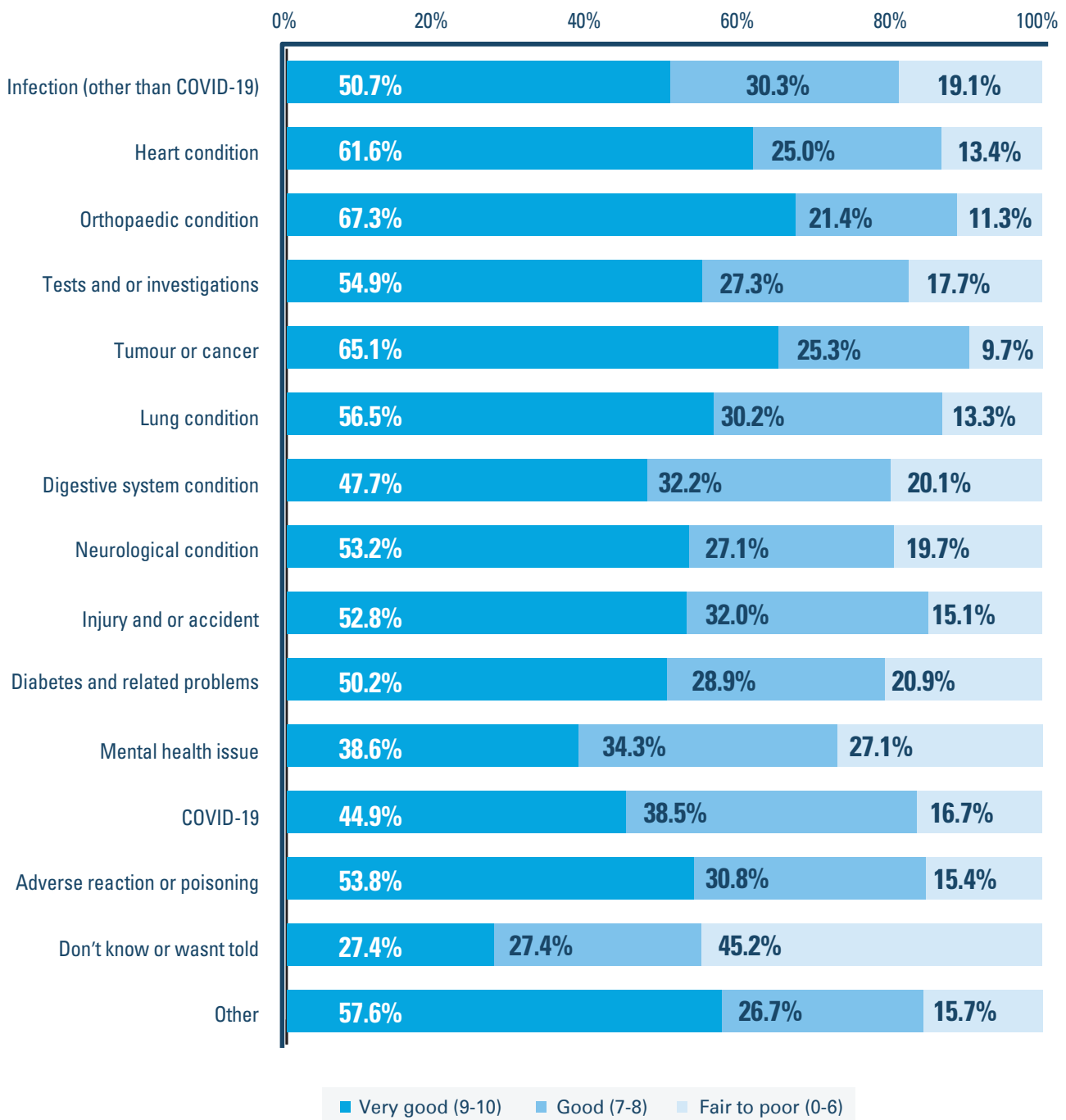
“The doctors can sometimes rush through examinations and did not take the time or make reasonable adjustments for my intellectual disability.”



Overall experience by reason for admission

There were notable differences in participants' ratings of their overall experience depending on their reason for admission to hospital. Participants who said they did not know or were not told why they were admitted were most likely to report a fair to poor experience (28 of 62 patients or 45.2%), while those admitted due to a tumour or cancer were least likely (9.7%) to do so. Figure 3.4 shows the ratings for patients' overall experiences by reason for admission to hospital. Table C in Appendix 2 shows the number of patients who selected each reason for admission.

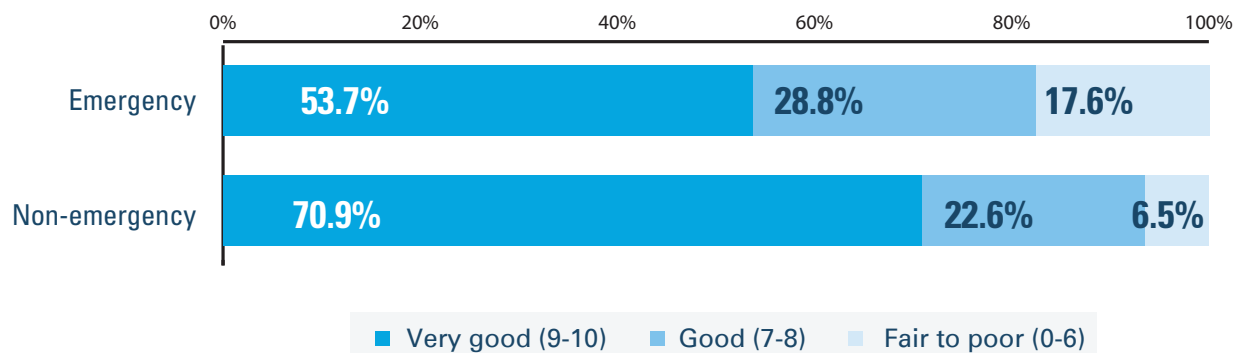
Figure 3.4 Ratings of overall experience by reason for admission



Overall experience rating by admission route

People whose hospital visits were planned in advance were more likely to report a good or very good hospital experience overall; 93.5% of non-emergency patients reported a good or very good experience, compared with 82.5% of people who required an emergency admission. Of the non-emergency admissions, 6.5% rated their experience as fair to poor, compared to 17.6% of emergency patients. Figure 3.5 presents the ratings of overall experience for emergency and non-emergency admissions.

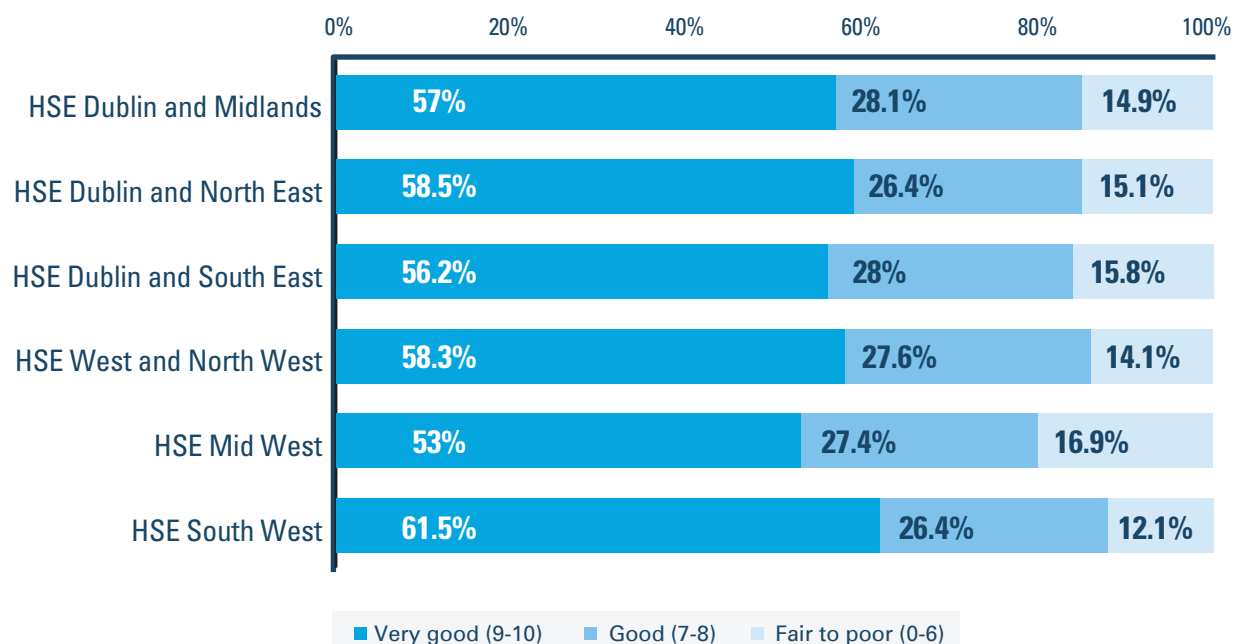
Figure 3.5 Ratings of overall experience by admission route



Overall experience in the six health regions

In every health region, over 80% of patients rated their overall experience as good or very good. The HSE South West health region had the highest percentage of 'good' or 'very good' ratings at 87.9%. Figure 3.6 shows the ratings of overall patient experience for the six health regions.

Figure 3.6 Ratings of overall experience by health region

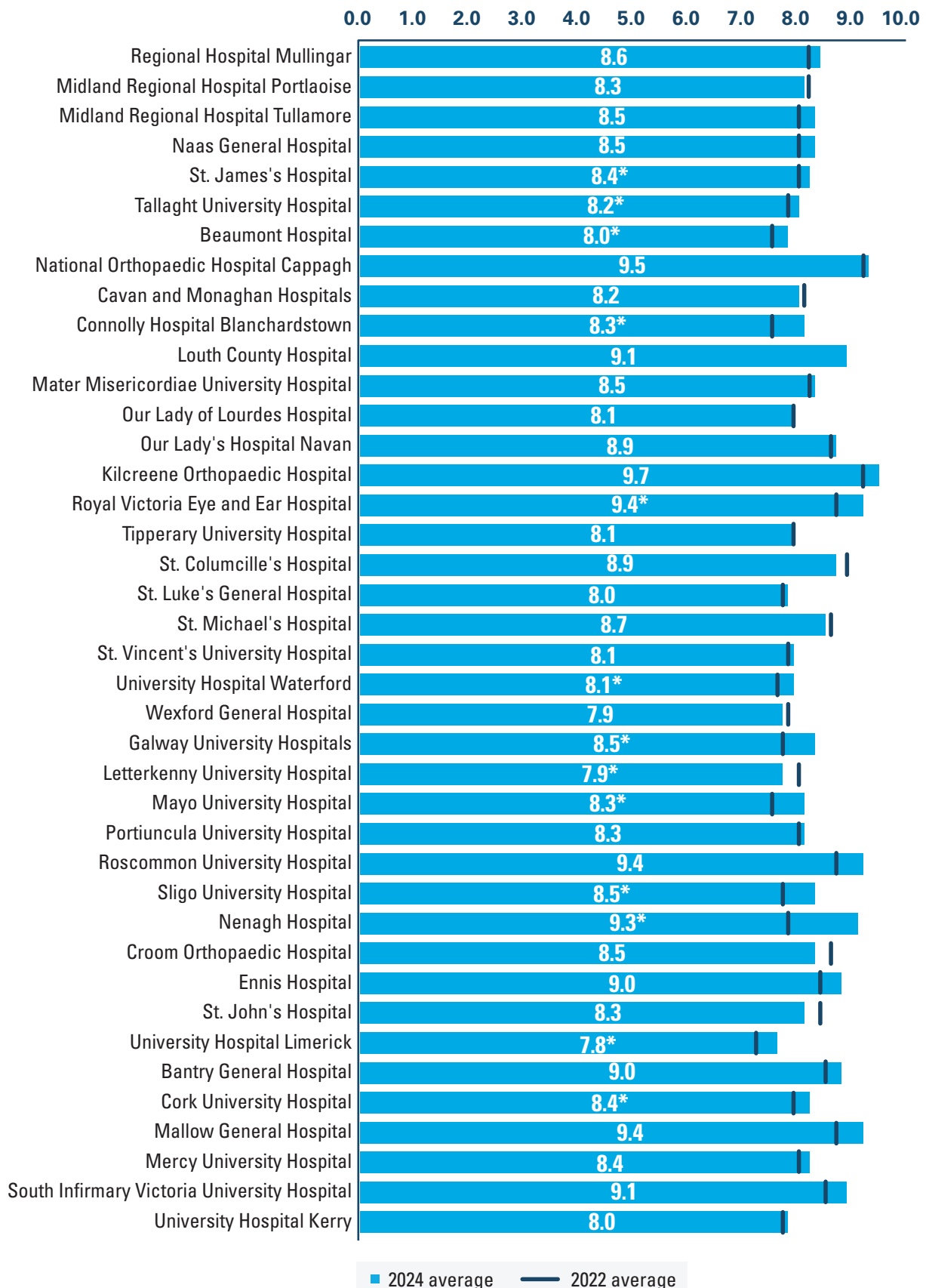




Overall experience by hospital

The scores for overall experience rating in each hospital are shown in Figure 3.7, compared to each hospital’s score in 2022.

Figure 3.7 Ratings of overall experience by hospital

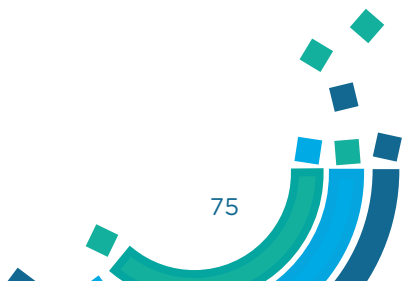
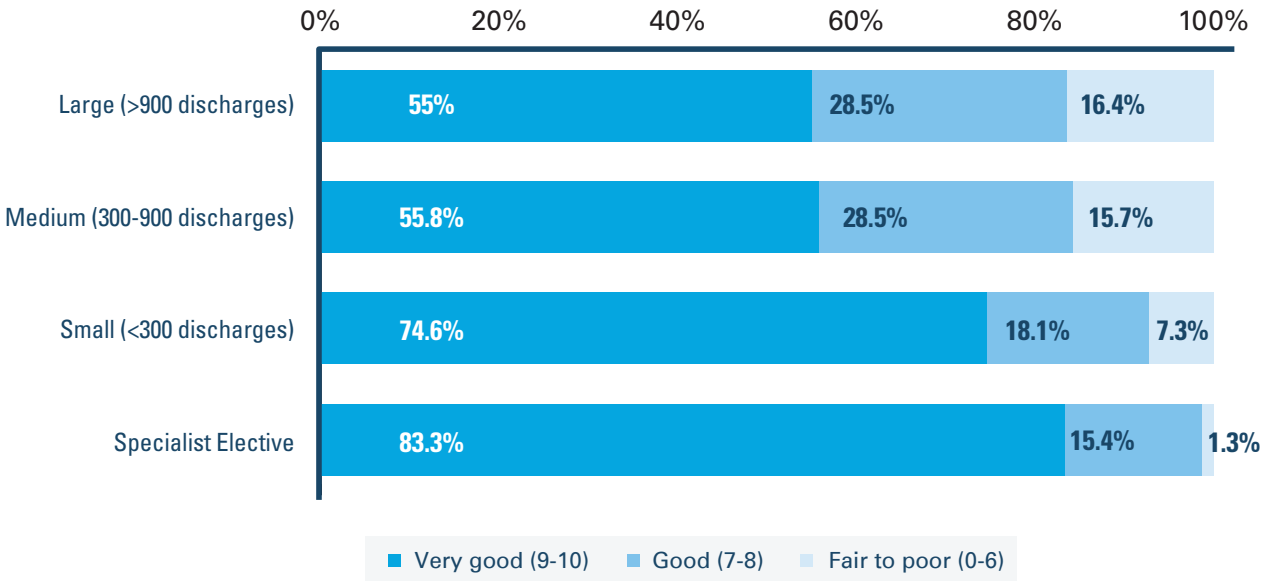


*denotes statistically significant increase or decrease in score between 2022 and 2024.

Overall experience by hospital size

Patients in smaller hospitals and specialist elective hospitals gave higher overall ratings than patients who attended larger hospitals, where many patients entered hospital through the emergency department. Hospitals that discharged over 900 eligible patients in May 2024 are categorised as large, hospitals that discharged between 300 and 900 patients are medium-sized, while hospitals that discharged fewer than 300 patients are categorised as small, and specialist, elective hospitals are in a separate category. Figure 3.8 shows a comparison of ratings of overall experiences by hospital size.

Figure 3.8 Ratings of overall experience by hospital size





4

Deprivation and inpatient experience

Health inequalities are unfair differences in health outcomes between population groups. In Ireland, evidence shows that people living in more deprived areas have higher rates of illness, disability and poor health, along with less opportunities and resources to reduce their risk of developing preventable conditions.⁽¹⁵⁾ There is limited research on how deprivation impacts patient experience of acute hospital care.

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 where they live. 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 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, including education level, unemployment rate, and age dependency.** There are eight categories within the Pobal HP Deprivation Index. These categories are listed in the table below, along with the number and percentage of participants from the 2024 National Inpatient Experience Survey within each category.

Index category	Number of participants	% of participants
1 - Extremely disadvantaged	89	0.7%
2 - Very disadvantaged	568	4.6%
3 - Disadvantaged	1770	14.3%
4 - Marginally below average	4280	34.6%
5 - Marginally above average	4567	36.9%
6 - Affluent	1051	8.5%
7 - Very affluent	42	0.3%
8 - Extremely affluent	-	-

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

**<https://www.pobal.ie/pobal-hp-deprivation-index/>

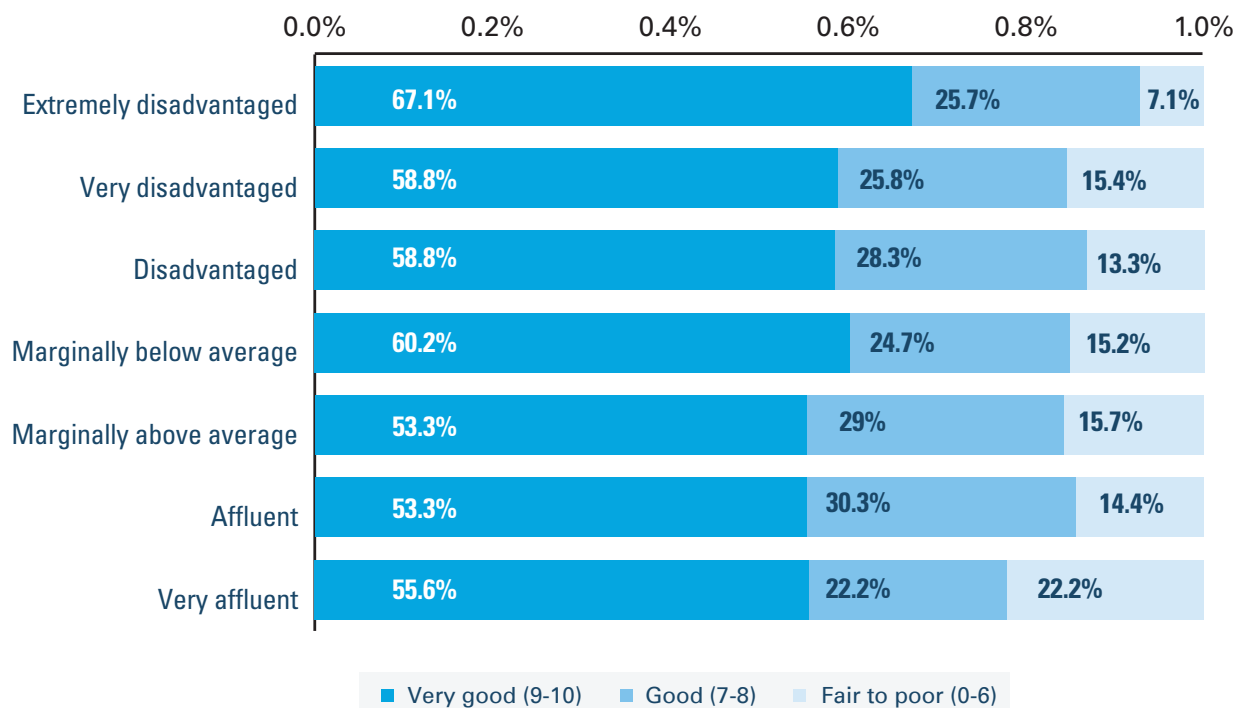


The table below displays the response rate to the survey for each category of the deprivation index. The response rate is the percentage of people within each category who completed the survey when they were invited to do so. Patients living in areas with higher levels of deprivation were less likely to take part in the survey than patients living in affluent areas.

Index category	Response rate %
1- Extremely disadvantaged	24.4%
2- Very disadvantaged	32.0%
3- Disadvantaged	37.9%
4- Marginally below average	40.0%
5- Marginally above average	41.7%
6- Affluent	43.1%
7- Very affluent	44.2%
8- Extremely affluent	-

Figure 4.1 below shows a comparison of ratings of overall experience in hospital by the level of deprivation in the area where participants lived.

Figure 4.1 Ratings of overall experience by deprivation level



Statistical tests (outlined in Appendix 3) were performed to determine if there were significant differences in the scores for hospital care experience associated with the level of deprivation in the area where participants lived.

Patients living in areas that are disadvantaged and extremely disadvantaged were more likely than other patients to report that they were treated with respect and dignity during their hospital stay, which is strongly linked to overall experience of care received in hospital.

Patients living in areas that are extremely disadvantaged and marginally below average were significantly more likely to say that the hospital staff who were treating and examining them introduced themselves. In contrast, patients living in areas that are marginally above average and very affluent were significantly less likely to say that staff introduced themselves.

Patients living in affluent areas were less likely to say that they received enough information from the hospital about how to manage their condition after discharge, which is strongly linked to overall experience of care received in hospital.

The ratings that patients gave for hospital food also differed by deprivation index. Patients living in areas that are disadvantaged and marginally below average gave higher ratings than average for the food they received, while patients living in areas that are marginally above average or affluent gave lower ratings than average for the food.

Appendix 4 contains more detailed information about the differences in scores for hospital care experience by deprivation index.



Deprivation and inpatient experience: what do these results mean?

In this survey of patient experience in acute public hospitals in Ireland, patients living in more deprived areas reported more positive experiences through several aspects of their hospital care than patients living in more affluent areas. Level of deprivation was not associated with patient confidence in the safety of their treatment and care for the participants in this survey.



The findings in this chapter need to be interpreted with caution. There was a low response rate to the survey from patients living in extremely disadvantaged areas. This means that the responses received from people living in extremely disadvantaged areas may not be a good representation of the hospital care experiences of other people living in these areas.

Expectations from care can vary by patient characteristics, including sociodemographic characteristics, and can influence perceptions of care.⁽¹⁶⁾ Previous analysis from National Inpatient Experience Survey data identified that patients with private health insurance coverage may have higher expectations of care from public hospitals, which can lead to poorer assessments of experience.⁽¹⁷⁾ In the 2024 survey, 47.7% of participants living in very affluent, affluent or marginally above average areas had private health insurance, whereas 25.8% of the participants living in extremely disadvantaged, very disadvantaged, disadvantaged or marginally below average areas had private health insurance.

5

Patients' comments





The last three questions (50-52) of the survey asked patients to provide additional information, in their own words, about their experiences in the 40 public acute hospitals in Ireland. Question 50 asked participants whether there was anything particularly good about their hospital care, Question 51 asked them whether there was anything that could be improved, and Question 52 asked participants for any other comments or suggestions.

The free-text questions allowed people to give more detailed description of specific aspects of their care. It also allowed them to talk about various aspects (good or bad) that could not be captured by the survey’s structured questions. In total, 19,596 comments were received in response to the free-text questions in the 2024 National Inpatient Experience Survey. These comments reflected the breadth of experience with public acute hospital care in May 2024.

Content analysis of the participants’ comments was used to sort and categorise the meaning within the comments. All comments were initially reviewed and coded (labelled) using the following 26 codes:

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 (for example, cleaner, porter, and so on)	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 and 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

These 26 codes were then mapped to 13 'summary themes' (larger categories), in order to organise the thousands of comments into manageable chunks of information:

Staffing levels, availability and responsiveness:

Comments about staffing levels, staff shortages, waiting times for care on the ward, and support with clinical and personal care needs.

Hospital staff:

Comments about nurses, doctors, other healthcare staff (for example, physiotherapists, healthcare assistants, and so on), and other hospital staff (for example, cleaner, porter, catering staff, and so on).

Physical environment:

Comments about:

- Physical comfort during hospital stay (for example, noise levels, light levels, and so on)
- Privacy (physical privacy in relation to personal space)
- Feelings of security (for example, mixed-gender wards, behaviour of other patients, security of personal belongings)
- Hospital facilities (for example, condition of bathroom and showering facilities, number of people sharing toilets, quality of ward accommodation).

Communication

Comments about:

- Communication between patient and doctor, nurse or other healthcare professional
- Communication between hospital staff and family members or friend of patient
- Communication between healthcare professionals.

Emergency Department environment and or wait times

Comments about the experience of emergency department facilities and wait times.

Waiting times for procedures and or tests

Comments about the timeliness of any planned procedures, scans or tests.

Food and drink

Comments about the quality of food and drinks provided to patients during hospital stay.



Discharge and aftercare management

Comments about the experience of being discharged from hospital, including the timing of discharge and information about how to manage care after leaving hospital.

Cleanliness or hygiene

Comments about:

- Hygiene of the hospital facilities, including toilets and bedding
- Hygiene practices of the hospital staff in the care provided to patients.

Compassion

Comments about hospital staff being caring and compassionate in their interaction with patients, and the emotional impact of this for patients. This theme also includes comments about staff not showing compassion to patients.

Patient Safety

Comments about patient experience of harm during hospital stay (for example, being given the wrong medication, getting an infection from being in hospital, falling while in hospital care).

Patient Disability

Comments about the needs and or the care provided by the hospital to patients with a disability.

General or other comment

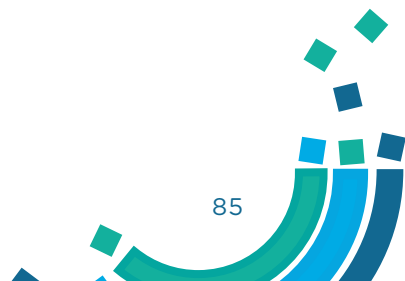
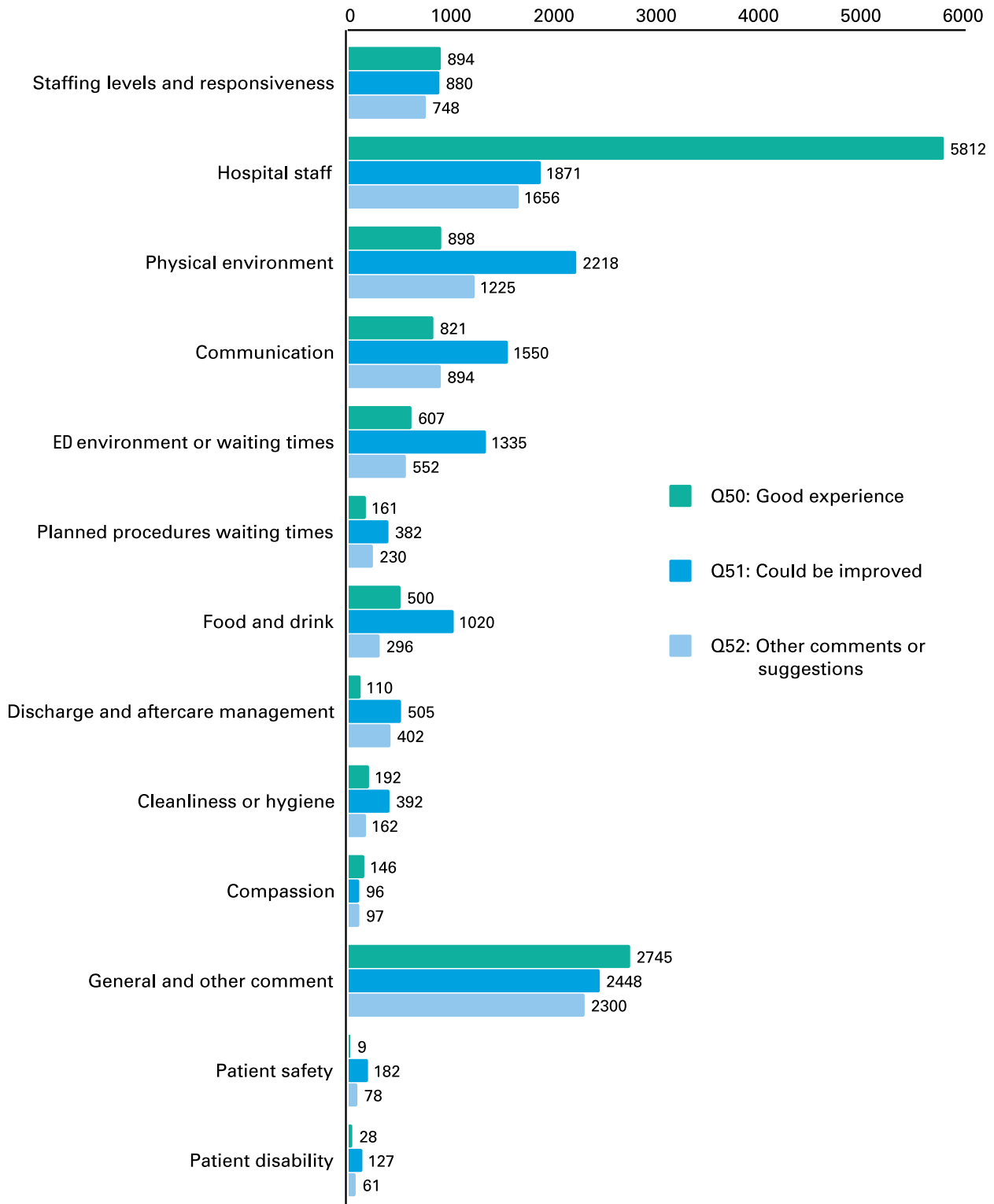
General statements, either positive or negative, that do not contain enough detail to include within the themes listed above.

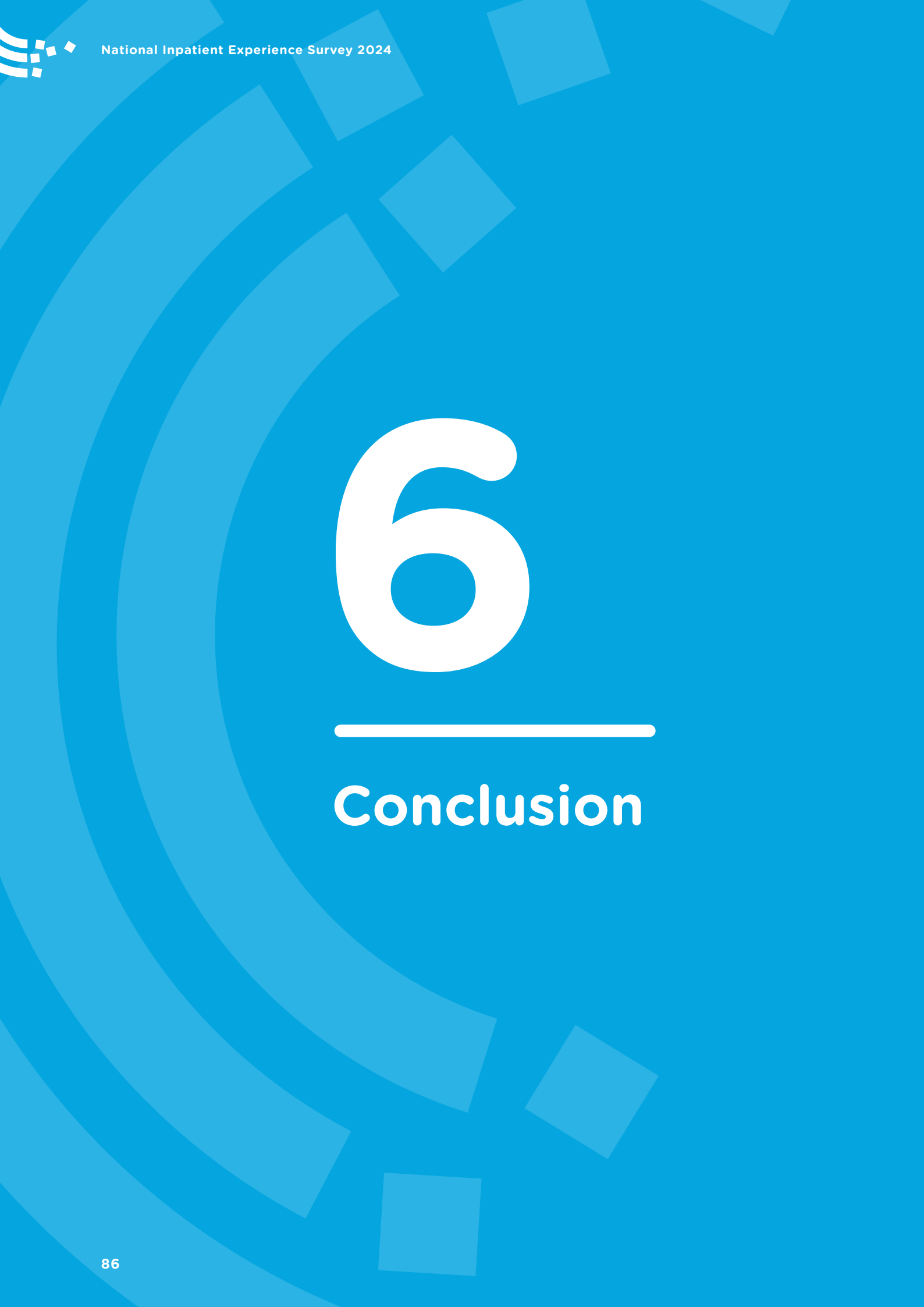
Each individual comment was reviewed to remove any personal information about patients and or hospital staff (including name, age, nationality, ethnicity, date of admission). Comments were then uploaded to a password-protected online dashboard, which is accessed by specific members of staff in each hospital who work on the quality improvement of hospital care. In this way, the main issues that patients raised, in their own words, can be shared directly with those responsible for improving care. Comments can be viewed thematically on the dashboard, grouped by the themes outlined above.

Figure 5.1 shows the breakdown of patients' comments by theme for questions 50 to 52. For Q50, the majority of the comments that patients made about good aspects of their hospital care were in relation to hospital staff.

For Q51, responses showed that the aspects of care that patients thought could be improved the most were in relation to the physical environment of their hospital stay; the hospital staff; communication; and the waiting times and environment of the emergency department.

Figure 5.1 Number of patient comments for Q50, Q51 and Q52 by theme





6

Conclusion

What were patients' experiences of hospital care in May 2024?

The findings of the National Inpatient Experience Survey 2024 show that patients had a wide variety of experiences, both positive and negative, across their acute healthcare journey.

The majority of patients (85%) rated their overall experience of hospital care as good or very good. The survey identified a number of areas of good patient experience. The question on dignity and respect for the patient in hospital achieved the highest score in this survey. The majority of participants reported that they had confidence and trust in the hospital staff who cared for them. Most participants said they always got answers they could understand from a doctor when they had important questions to ask. Pain management also scored highly in the survey. For the first time, the National Inpatient Experience Survey asked questions in relation to patient safety and the responses to these questions were among the highest-scoring questions in the survey. Most participants felt confident in the safety of their treatment and care, and felt that there was good communication about their care and treatment between hospital staff.

The 2024 survey also identified a number of areas for improvement in inpatient care experience. Patients need a member of staff to talk to about their worries and fears during their hospital stay. Patients also need sufficient time to discuss care and treatment with a doctor, increased opportunities for their family members to speak with a doctor and greater involvement in decisions about their own care and treatment. In relation to discharge, patients need more information about how to manage their condition after leaving hospital and clear explanations about the purpose of medicines to take at home and information about side effects they may experience.

Patients whose hospital visit were planned in advance tended to report more positive experiences than patients who required emergency admissions. Younger age groups (particularly those aged 16 to 35 years) reported more negative experiences of inpatient care than other age groups. Patients with a disability had poorer experiences across all stages of care in hospital compared to patients who do not have a disability. For the first time, the 2024 survey analysis used a deprivation index to explore whether patients' care experiences in public acute hospitals in Ireland differed by the level of deprivation associated with their localities. Patients living in disadvantaged areas reported more positive experiences of different aspects of their hospital care than patients living in more affluent areas, though these findings need to be interpreted with caution. Level of deprivation was not associated with patient confidence in the safety of treatment and care.



The 2024 survey findings show improvements to almost every aspect of discharge care compared to 2022. The 2024 survey findings also indicate that since 2022, there have been improvements to the time and opportunity that patients are given to talk to healthcare professionals about their care, the information and explanations provided to patients about their care, and patient involvement in decisions about care. However, the 2024 survey findings also indicate lower scores than 2022 in relation to privacy in hospital, introductions from hospital staff and pain management. Patients in 2024 also indicated reduced trust and confidence in hospital staff. In the 2024 survey, 16 questions about inpatient care experience received significantly higher scores than in 2022, while five questions received significantly lower scores than in 2022.

In conclusion, the survey findings show that most participants had positive care experiences in public acute hospitals in Ireland in May 2024. Since 2022, patients' ratings of their overall care experience have significantly improved. The huge response to the survey from patients demonstrates their commitment to having a say in their care, and will help to identify further opportunities to improve the quality of inpatient care.

What happens next?

The HSE will continue to use the survey results to inform the development of quality improvement plans. The HSE has responded to every survey in previous years by producing quality improvement plans. The HSE Response to the 2024 National Inpatient Experience Survey can be found at <https://yourexperience.ie/inpatient/national-results/>. The Department of Health will continue to use the information gathered to inform the development of policy in relation to acute healthcare. Finally, the findings of the survey will inform HIOA's approach to the monitoring of hospitals.

Appendices



Appendix 1

Membership of the National Inpatient Experience Survey governance groups

National Care Experience Programme, Steering Group:

Angela Fitzgerald (Chair)	Chief Executive Office, HIQA
Rachel Flynn	Director of Health Information and Standards, HIQA
Marty Whelan	Head of Communications and Stakeholder Engagement, HIQA
Sean Egan	Director of Healthcare, HIQA
Barry O'Dwyer	Principal Officer, Blood and Organ Transplant Policy, Department of Health
Andrew McCarten	Principal Officer, Patient Safety Surveillance and Performance Department of Health
Laura Casey	Principal Officer, Older Persons Policy Development, Department of Health
Joe Ryan	National Director, Public Involvement, Culture and Risk Management, HSE
Margaret Brennan	Assistant National Director, REO Office, HSE Dublin and North East
Fiona Garvey	Quality and Patient Safety Manager, Quality & Patient Safety Office, Access and Integration, HSE
Aoife Lenihan	Head of Quality, Safety and Service Improvement, CHO Dublin North City & County, HSE
Iolo Eilian	Assistant National Director, Patient and Service User Experience, HSE
Orla Healy	National Clinical Director, Quality and Patient Safety Directorate (NQPSD), HSE
Rebecca Carolan	Regional Advocate North East, SAGE
Georgina Cruise	National Manager, Patient advocacy Service
Joanne Condon	National Manager, National Advocacy Service for People with Disabilities

National Inpatient Experience Survey, Advisory Group:

Rachel Flynn (Chair)	Director of Health Information and Standards, HIQA
Tracy O'Carroll	Deputy Director, National Care Experience Programme, HIQA
Aileen Keane	Acting Head of Programme, Regulatory Practice Development, HIQA
Deirdre Hyland*	Patient Safety Surveillance Officer, National Patient Safety Office, Department of Health
Jamie Leahy	Assistant Principal Officer, Acute Hospitals Oversight & Performance Division, Department of Health
Gavin O'Dowd**	Assistant Principal Officer, Patient Safety Surveillance and Performance, National Patient Safety Office, Department of Health
Christine Fenton	Patient Partner, HSE National Patient and Service User Forum
Aileen Killeen	Patient Partner, HSE National Patient and Service User Forum
Mary Wycherley	Patient Representative, UL Hospital Group Patient Council
Stephanie Skeffington	Patient Representative, Tipperary University Hospital
Conor Foley	Senior Analyst, National Care Experience Programme, HIQA
Mila Whelan*	Interim Senior Operations Manager, Patient and Service User Experience, Public Involvement, Culture and Risk Management, HSE
Cara Regan Downey**	Business Manager / Project Lead, Patient & Service User Experience, Public Involvement, Culture and Risk Management, HSE
Margaret Brennan	Assistant National Director, REO Office, HSE Dublin and North East

*Until March 2024

**From March 2024

National Inpatient Experience Survey Team:

Tracy O' Carroll	Head of National Care Experience Programme, HIQA
Conor Foley	Senior Analyst, National Care Experience Programme, HIQA
Tina Boland	Project Lead, National Care Experience Programme, HIQA
Lorna Sweeney	Analyst, National Care Experience Programme, HIQA
Geneviève Ruiz-O'Sullivan	Research Officer, National Care Experience Programme, HIQA
Alice Reetham*	Project Officer, National Care Experience Programme, HIQA
Rachael Falconer**	Project Officer, National Care Experience Programme, HIQA

*Until May 2024.

** From September 2024.



Appendix 2

Who took part in the National Inpatient Experience Survey 2024?

People invited to take part

In total, 30,103 people met the eligibility criteria for the National Inpatient Experience Survey 2024 and were invited to participate. Of that number, 405 people opted out of the survey.** In total, 12,367 people returned a valid survey either online or on paper. This represents a national response rate of 41%.

The survey responses showed that 75.2% of surveys were completed by the patient themselves, while 9.4% were completed by a person acting on behalf of the patient and 15.4% of surveys were completed by the patient with the assistance of someone else. Table A summarises information on who filled in the questionnaire.

Table A. Who filled in the survey questionnaire?

Respondent	Number of participants*	Percentage
Patient	9,160	75.2
Patient with the help of someone else	1,872	15.4
A person acting on patient’s behalf	1,144	9.4

* 191 people did not reply to this question.

Characteristics of survey respondents

To get a better understanding of who participated in the 2024 survey, the questionnaire included demographic questions. This information was important to establish if the people who responded to the survey represented all sections of society.

Of the respondents, 48.8% were male and 51.2% were female. People aged 66 or older accounted for 54.4% of survey respondents, with 16.9% aged 81 or older. The majority of respondents (88.1%) indicated having a White Irish ethnic background. Table B summarises the characteristics of the 2024 survey respondents by sex, age and ethnic group.

**This number represents the people who actively chose to opt out of survey participation. For a further 309 invitees, the survey invitation letter was returned to sender as it could not be delivered.

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

Group	Number of participants	Percentage
Sex		
Males	6,040	48.8%
Females	6,327	51.2%
Age group		
16-35	991	8.0%
36-50	1,611	13.0%
51-65	3,032	24.5%
66-80	4,638	37.5%
81+	2,095	16.9%
Ethnic group**		
White, Irish	10,784	88.1%
Irish Traveller	36	0.3%
Roma	15	0.1%
Any other White background	921	7.5%
Black or Black Irish- African	124	1%
Any other Black background	14	0.1%
Asian or Asian Irish- Chinese	22	0.2%
Asian or Asian Irish- Indian/Pakistani/ Bangladeshi	115	0.9%
Any other Asian background	63	0.5%
Arab	32	0.3%
Mixed	40	0.3%
Other ethnic background	81	0.7%

**126 respondents did not indicate an ethnic group.

The majority of survey respondents (78%) entered the hospital through the emergency department. For 22% of respondents, their stay in hospital had been planned in advance, or as a result of something else. Additionally, 64.3% of respondents reported holding a medical card.

Table C. shows the characteristics of survey respondents by admission route, length of stay and medical card status.



Table C. Respondent characteristics nationally by admission route, length of stay and medical card status

Group	Number taking part	Percentage
Admission route		
Emergency	9,649	78.0
Non-emergency	2,718	22.0
Length of stay		
1-2 days	4,304	34.8
3-5 days	3,517	28.4
6-10 days	2,514	20.3
11 or more days	2,032	16.4
Medical card status*		
Medical card	7,788	64.3
No medical card	4,317	35.7
Reason for admission to hospital**		
Infection (other than COVID-19)	1,585	13.0
Heart condition	1,546	12.7
Orthopaedic condition	1,210	9.9
Tests and or investigations	1,178	9.6
Tumour or cancer	1,151	9.4
Lung condition	1,026	8.4
Digestive system condition	890	7.3
Neurological condition	859	7.0
Injury and or accident	771	6.3
Diabetes and related problems	288	2.4
Mental health issue	94	0.8
COVID-19	93	0.8
Adverse reaction or poisoning	88	0.7
Don't know or wasn't told	84	0.7
Other	2,334	19.1

* 262 people did not indicate a medical card status.

** Some people ticked more than one reason for admission

Appendix 3

A technical note on analyses and interpretation

Preliminary note

Due to rounding, values in some figures in this report do not add up to 100% exactly.

Scoring methodology

Survey questions were grouped into five stages of care:* admissions; care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other aspects of care. Scores are presented for individual questions comprising a stage of care. The responses to all questions in each stage were also summarised to form overall scores ranging from 0-10. Scores were also presented for the questions about patient safety.

The National Inpatient Experience Survey scoring methodology is based on the methodology adopted by the Care Quality Commission on behalf of the National Health Service (NHS) in England.⁽¹⁸⁾

Figure A is an example of how response options were converted into scores. It should be noted that only evaluative questions could be scored, that is questions that assessed an actual experience of care. Routing or demographic questions were not scored. More 'positive' answers were assigned higher scores than more 'negative' ones. In the example, 'No' was given a score of 0, 'Yes, sometimes' was given a score of 5 and 'Yes, always' was given a score of 10. The last response option, 'I had no need to ask/I was too unwell to ask any questions' was categorised as 'missing'. It was not scored as it cannot be evaluated in terms of best practice.

Figure A Example of a scored question in the 2024 survey

The Emergency Department	
Q3.	When you had important questions to ask doctors and nurses in the Emergency Department, did you get answers that you could understand?
10	Yes, always
5	Yes, sometimes
0	No
M	I had no need to ask / I was too unwell to ask any questions

* There were 32 questions relating to the patient journey stages of care. Filter questions, whose main purpose was to route respondents to the next applicable question, were excluded from this categorisation.



The table below shows how scores were calculated for a specific question. In this example, the scores of five respondents are presented. The score for Q3 is calculated by adding the scores in the right hand column (10+10+5+0+5), before dividing them by the number of people who responded to this question (30/5=6). Thus, the average score for Q3 is 6 out of 10, on a scale from 0 to 10, with 0 indicating a very negative and 10 indicating a very positive experience.

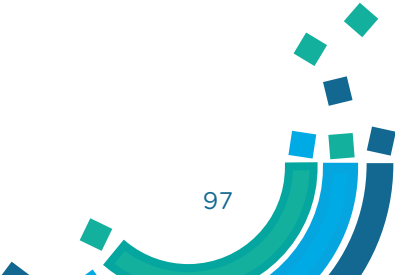
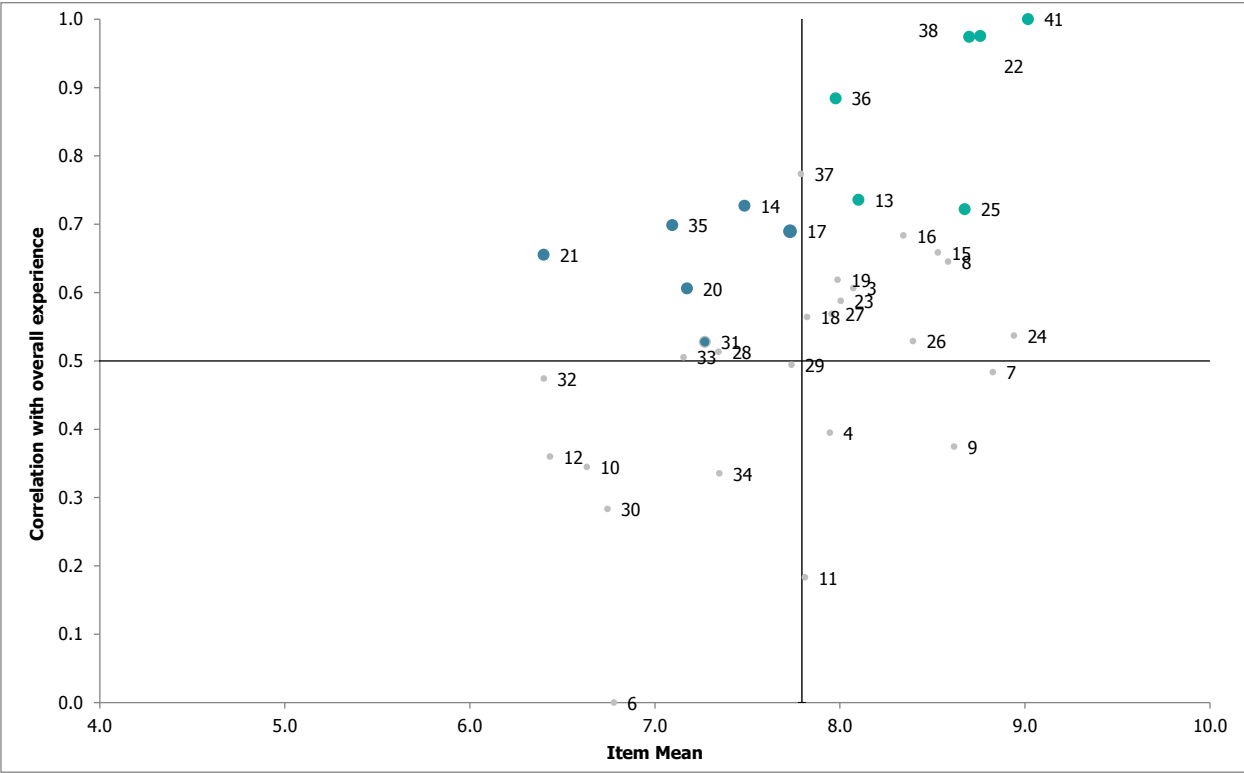
Q3. When you had important questions to ask doctors and nurses in the emergency department, did you get answers that you could understand?	
Respondent	Score
1	10
2	10
3	5
4	0
5	5
Sum of scores	30

Scores for the stages of care (scales) were constructed by calculating the average scores for all questions belonging to that stage.

Identifying areas of good experience and areas needing improvement

Figure B shows the average score out of 10 for each question on the survey, and the strength of the relationship between the scores and participants' overall experience. The strength of this relationship was identified in a correlation analysis. Questions with high average scores out of 10 and a strong relationship with patients' overall rating of their experience are highlighted in green. Questions with lower scores out of 10 and a strong relationship with patients' overall rating of their experience are highlighted in blue.

Figure B Overall patient experience map





Comparing groups

Adjusting results for fair comparison

The survey findings were standardised for individual question scores and stage scores. Demographic attributes (such as age and sex) often influence how a person responds to a survey.⁽¹⁹⁾ Bearing in mind that the participating hospitals and health regions have different patient profiles, it is important to minimise or standardise such differences to allow for fairer comparisons.

The statistical analyses have applied an adjustment weight that accounts for differences between hospitals and health regions in the distribution of patients by age group and admission route (that is 'emergency admission' or 'other'). Similar surveys conducted in England and New Zealand also apply adjustment weights.⁽²⁰⁾

When is a difference a 'real' difference?

Statistical tests were carried out to examine if there were significant differences in patient experience across patient groups (that is by sex or age group).

A 'z-test' was used to compare patient experience data at the 99% confidence level. A z-test is a statistical test used to examine whether two population mean scores are different when the variances are known and the sample size is large. A statistically significant difference means it is very unlikely that results were obtained by chance alone if there was no real difference. Therefore, when a score is 'higher than' or 'lower than' the national average, this is highly unlikely to have occurred by chance.

The National Inpatient Experience Survey technical report, available at <http://www.yourexperience.ie/>, provides details on all aspects of the analyses, including response rates, mapping of questions to reporting themes, computation of patient journey scores, statistical comparisons, and application of adjustment weights.

How are 2022 and 2024 scores compared?

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.

Survey analysis and reporting

The survey data was analysed by the National Inpatient Experience Survey team based in the Health Information and Quality Authority (HIQA). Quantitative survey data was analysed using the statistical package SPSS (Version 29). The responses to the open-ended questions were transcribed and anonymised. All references to names of patients or hospital staff, places, and nationalities were removed from patients' comments.

Appendix 4

Findings by deprivation index

Statistical tests (outlined in Appendix 3) were performed to determine if there were significant differences in the scores for hospital care experience depending on the level of deprivation in the area where survey participants lived.

Survey participants living in areas that are extremely disadvantaged* were **more likely** to report:

- hospital staff helped them to get to the toilet in time (9.3 out of 10)
- hospital staff introduced themselves (9.2 out of 10),
- they were offered food that met their dietary needs and requirements (9 out of 10)
- they felt involved in decisions about their care and treatment (8.4 out of 10)
- they were given enough privacy when discussing their condition or treatment (8.7 out of 10)
- they had confidence and trust in hospital staff (9.5 out of 10)
- they were involved in decisions about their discharge (8.5 out of 10)
- they were given enough notice about their discharge (8.5 out of 10)
- they received enough information to manage their condition after leaving hospital (8 out of 10)
- they were treated with respect and dignity during their hospital stay (9.6 out of 10)
- a higher overall rating of care experience (8.9 out of 10).

Survey participants living in areas that are very disadvantaged on the deprivation index did not give responses to any of the survey questions that scored significantly higher or lower than average in statistical tests.

Participants living in areas that are disadvantaged on the deprivation index were **more likely** to report:

- positive rating for food (6.9 out of 10)
- they got an opportunity to talk to a nurse when they needed to (8.7 out of 10)
- they were treated with respect and dignity during their stay (9.1 out of 10).

* As noted in Chapter 4, these results need to be interpreted with caution, given the low response rate to the survey from people living in areas of extreme disadvantage.



Survey participants living in areas that are marginally below average were **more likely** to report:

- the hospital was clean (8.9 out of 10)
- hospital staff introduced themselves (8.7 out of 10)
- positive rating for food (6.8 out of 10)
- they could find a member of staff to talk to about their worries and fears (6.6. out of 10)
- they were given clear explanations of the outcomes of any tests, operations or procedures they received (8.1 out of 10)

Participants living in areas with marginally above average levels of deprivation were **less likely** to report:

- hospital staff introduced themselves (8.5 out of 10)
- positive rating for food (6.5 out of 10)
- they had enough time to discuss their care and treatment with a doctor (7.3 out of 10)
- they got an opportunity to talk to a nurse when they needed to (8.4 out of 10)
- hospital staff provided clear explanations of risks and benefits before any test, operation or procedure (8.3 out of 10)
- hospital staff provided clear explanations of the outcomes of any test, operation or procedure (7.8 out of 10)
- good communication about care and treatment between hospital staff (7.9 out of 10)
- a high overall rating of care experience (8.2 out of 10)

Survey participants living in affluent areas were **less likely** to report:

- positive rating for food (6 out of 10)
- they received enough privacy when discussing their condition or treatment (7.7 out of 10).
- they were told about danger signals to watch for after they went home (6 out of 10)
- they were given enough information to manage their condition when leaving hospital (6.8 out of 10)

Survey participants living in very affluent areas were **less likely** to report that the hospital staff treating and examining them introduced themselves (7.5 out of 10).

Appendix 5

The National Inpatient Experience Survey questionnaire 2024

The majority of the survey questions are derived from questions originally formulated by the Picker Institute in the United States.⁽¹⁶⁾ The National Inpatient Experience Survey questionnaire was adapted to the Irish context. Further information on the questionnaire development process can be found at www.yourexperience.ie.



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 survey?

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.

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

When answering the questions, please think of your **most recent stay** in the hospital **named** in the letter that was included with this survey.

Admission to hospital

- Q1. Was your most recent hospital stay planned in advance or an emergency?
- 1 Emergency or urgent → **Go to Q2**
- 2 Planned in advance or waiting list → **Go to Q7**
- 3 Something else → **Go to Q2**
-
- Q2. When you arrived at the hospital, did you go to the emergency department (also known as the A&E department or casualty)?
- 1 Yes → **Go to Q3**
- 2 No → **Go to 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?
- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 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?
- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Don't know/can't remember

- Q5. Did you remain in the emergency department for the entire time of your stay?
- 1 Yes, I was discharged from the emergency department → **Go to Q44***
- 2 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?
- 1 Less than 6 hours → **Go to Q7**
- 2 Between 6 and up to 12 hours → **Go to Q7**
- 3 Between 12 and up to 24 hours → **Go to Q7**
- 4 Between 24 and up to 48 hours → **Go to Q7**
- 5 More than 48 hours → **Go to Q7**
- 6 Don't know/ can't remember → **Go to Q7**
- 7 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 wore name badges
- 2 Some of the staff wore name badges
- 3 Very few or none of the staff wore name badges
- 4 Don't know/can't remember

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?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I had no need to ask

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

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

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

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 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?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I had no need to ask

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

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

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

- 1 Not enough
- 2 The right amount
- 3 Too much

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

- 1 Yes, completely
- 2 Yes, to some extent
- 3 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?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 No family or friends were involved
- 5 My family did not want or need information
- 6 I did not want my family or friends to talk to a doctor



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?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not want to be involved

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

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Don't know/can't remember

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

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

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?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation
- 5 I had no medicines

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

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 It was not necessary

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

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 It was not necessary
- 5 Don't know/can't remember

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

- 1 Yes
- 2 No
- 3 Don't know/can't remember

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

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need any help in managing my condition



Patent safety

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.

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.

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)

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know/
can't remember → **Go to Q41**

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.)

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 not relevant to my situation

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

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

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

- 1 Yes → **Go to Q40**
- 2 No → **Go to Q40**
- 3 Don't know → **Go to Q41**
- 4 Can't remember → **Go to Q41**

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

- 1 **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)**
- 2 Healthcare associated infection
(for example, you caught an infection while having treatment or being cared for, e.g. a wound)
- 3 **Medical device or equipment issue**
(for example, lack of equipment or equipment failure)
- 4 **Patient fall**
(for example, you slipped, tripped or fell while in hospital)
- 4 **Patient accident**
- 4 **Other, please specify**

Overall

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

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

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

I had a very **poor** experience

I had a very **good** experience

0 1 2 3 4 5 6 7 8 9 10

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?

- 1 Yes
- 2 No
- 3 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?

- 1 The patient (named on the front of the envelope)
- 2 The patient with the help of someone else
- 3 A person acting on the patient's behalf

Please keep in mind that all questions should be answered from the point of view of the person named on the envelope.

This includes the following questions.

Q45. What was the **main** reason for your most recent stay in hospital?

(Tick **ONE** box only)

- 1 Tumour/cancer
- 2 Heart condition
- 3 Lung condition
- 4 Neurological condition (including stroke)
- 5 Orthopaedic condition (e.g. bone or joint issues)
- 6 COVID-19
- 7 Infection (other than COVID-19)
- 8 Digestive system condition (including gallbladder and appendix issues)
- 9 Diabetes and related problems
- 10 Adverse reaction/poisoning
- 11 Injury and or accident
- 12 Mental health issue
- 13 I was admitted for tests and or investigations
- 14 Don't know/I was not told
- 15 Other, please specify



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

Y	Y	Y	Y
---	---	---	---

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

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 background

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

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.

References

1. National Care Experience Programme. National Inpatient Experience Survey:International Review ; <https://www.patientexperience.ie/about-the-survey/survey-questionnaire/>; 2023.
2. Avlijas T, Squires JE, Lalonde M, Backman C. A concept analysis of the patient experience. *Patient Experience Journal*. 2023;10(1):15-63.
3. Luxford K, Sutton S. How does patient experience fit into the overall healthcare picture? *Patient Experience Journal*. 2014;1(Inaugural issue).
4. Anhang Price R, Elliott MN, Zaslavsky AM, Hays RD, Lehrman WG, Rybowski L, et al. Examining the Role of Patient Experience Surveys in Measuring Health Care Quality. *Medical care research and review : MCRR*. 2014;71(5):522-54.
5. Coulter A, Fitzpatrick R, Cornwell J. *The point of care - Measures of patients' experience in hospital: purpose, methods and uses*. The King's Fund; 2009.
6. Graham C, Woods P. Patient experience surveys. In: Ziebland S, Coulter A, Calabrese JD, Locock L, editors. *Understanding and Using Health Experiences: Improving patient care*. Oxford: Oxford University Press; 2013.
7. Singer AJ, Thode Jr HC, Viccellio P, Pines JM. The Association Between Length of Emergency Department Boarding and Mortality. *Academic Emergency Medicine*. 2011;18(12):1324-9.
8. Plunkett PK, Byrne DG, Breslin T, Bennett K, Silke B. Increasing wait times predict increasing mortality for emergency medical admissions. *European Journal of Emergency Medicine*. 2011;18(4):192-6.
9. Forster AJ, Murff HJ, Peterson JF, Gandhi TK, Bates DW. The incidence and severity of adverse events affecting patients after discharge from the hospital. *Annals of internal medicine*. 2003;138(3):161-7.
10. McMurray A, Johnson P, Wallis M, Patterson E, Griffiths S. General surgical patients' perspectives of the adequacy and appropriateness of discharge planning to facilitate health decision-making at home. *Journal of Clinical Nursing*. 2007;16(9):1602-9.
11. McMurray A, Johnson P, Wallis M, Patterson E, Griffiths S. General surgical patients' perspectives of the adequacy and appropriateness of discharge planning to facilitate health decision-making at home. *Journal of Clinical Nursing*. 2007;16(9):1602-9.
12. Wagner C, Kristensen S, Sousa P, Panteli D. Patient safety culture as a quality strategy. In: Busse R, Klazinga N, Panteli D, editors. *Improving healthcare quality in Europe: Characteristics, effectiveness and implementation of different strategies*. Copenhagen, Denmark: European Observatory on Health Systems and Policies; 2019.
13. Connolly W, Rafter N, Conroy RM, Stuart C, Hickey A, Williams DJ. The Irish National Adverse Event Study-2 (INAES-2): longitudinal trends in adverse event rates in the Irish healthcare system. *BMJ Quality & Safety*. 2021;30(7):547-558.
14. World Health Organisation. *Conceptual Framework for the International Classification for Patient Safety*. <https://www.who.int/publications/i/item/WHO-IER-PSP-2010.2>; 2010.
15. Irish Medical Organisation. *IMO Position Paper on Health Inequalities*. <https://www.imo.ie/policy-international-affair/overview/IMO-Position-Paper-on-Health-Inequalities.pdf>; 2012.



16. Larson E, Sharma J, Bohren MA, Tuncalp O. When the patient is the expert: measuring patient experience and satisfaction with care. *Bulletin of the World Health Organisation*. 2019;97(8):563-569.
17. Huss T, Foley C, O'Carroll T, Foley B, Flynn R. Private health insurance status as a predictor of patient experience in public acute hospitals: Evidence from a national healthcare survey in the Republic of Ireland PowerPoint Presentation (yourexperience.ie); 2019. .
18. Care Quality Commission. NHS Patient Survey Programme: Survey Scoring Method 2015.
19. Care Quality Commission. Technical details - patient survey information. 2015 Inpatient survey. 2016.
20. Jenkinson C, Coulter A, Bruster S, Richards N, Chandola T. Patients' experiences and satisfaction with health care: results of a questionnaire study of specific aspects of care. *Quality and Safety in Health Care*. 2002;11(4):335-9.

Suirbhé
Náisiúnta ar
Eispéireas Othar
Cónaitheach

National
Inpatient
Experience
Survey

