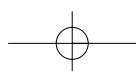


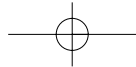
# Health Service Executive Emergency Departments

*Patient Profiles, Experiences and Perceptions*

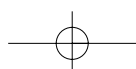
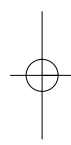


*Report of a National Survey  
among people who attended during 2006*



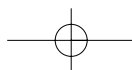
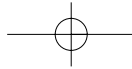


**2** HSE Emergency Departments  
*Patient Profiles, Experiences and Perceptions*



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## Foreword

### Listening to Patient's Views'

The Health Service Executive (HSE) provides acute emergency services throughout 35 hospital-based Emergency Departments<sup>1</sup> in Ireland.

This report contains the results of the first ever HSE survey among a nationally representative sample of people who have attended these Emergency Departments.

Annually more than 1.2 million patients attend the HSE's Emergency Departments; an average of 3,300 every day. More than one in four of these patients require hospital admission<sup>2</sup> and the vast majority are admitted without delay. For a 'walk in-on-demand' service this is a positive performance and the staff that are delivering it deserve recognition for their commitment.

The survey's primary aim was to capture, for the first time in an Irish setting, an impartial national profile of the perceptions people have of their Emergency Department experiences.

It was commissioned by the HSE and carried out by an independent organisation The Irish Society for Quality and Safety in Healthcare, in partnership with the Royal College of Surgeons in Ireland and Ipsos MORI Ireland. It involved detailed telephone interviews with 1,600 people who attended an Emergency Department during 2006 and an analysis of their responses.

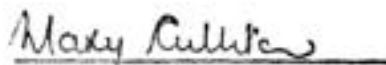
Overall the results are very encouraging. They reflect the dedication and commitment of staff who operate in an environment that, by the nature of the services provided in Emergency Departments, can be personally and professionally demanding.

The results showed;

- ⊕ **93%** of respondents said they were treated with dignity and respect;
- ⊕ **76%** reported that they were satisfied with the overall service they received; and
- ⊕ **86%** said they would return to the same Emergency Department if they needed care in the future.

The results also highlight areas where improvements can be made and where further research is required. Further patient surveys are planned for 2007 and their results should contribute towards planning and implementing ongoing service improvements.

We would like to take this opportunity to thank all of the patients and carers who gave their time so generously to participate in this survey.



**Mary Culliton**  
Head of Consumer Affairs



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



### **The Irish Society for Quality and Safety in Healthcare (ISQSH)**

Established in 1994, ISQSH is a not for profit, non-governmental organisation. It is dedicated to leading the improvement in quality and safety in Irish healthcare through supporting the development of professionals in healthcare through education and research in quality in healthcare and in supporting a network for those working in or interested in quality in healthcare.

ISQSH has been involved in a number of research projects. In 2000, it carried out the first National Patient Perception of the Quality of Healthcare Survey to investigate and report on the patients' perception of the quality of care and services they received during a hospital stay. This survey was also carried out in 2002 and 2004. Available at [www.isqsh.ie](http://www.isqsh.ie).



### **The Royal College of Surgeons in Ireland (RCSI)**

The RCSI is an independent academic institution, founded in 1784, and provides undergraduate and postgraduate medical and related training (nursing, physiotherapy, pharmacy and healthcare management) in Ireland and overseas. It awards postgraduate research degrees and has a very active research profile ranging from biomedical laboratory through clinical (typically hospital-based) to public health research.

In 1997, RCSI established the first Health Services Research Centre in Ireland (HSRC). It aims to promote quality healthcare delivery in the Irish system through research and policy evaluation. Its approach is multidisciplinary and inter-institutional. The HSRC has undertaken numerous sensitive health-related national projects concerning health knowledge, attitudes and behaviours.



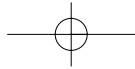
### **Ipsos MORI**

Ipsos MORI has conducted nationwide surveys with the general public on a range of social and healthcare issues. Its client base includes former health boards, Government agencies and a number of the leading pharmaceutical companies in Ireland. Ipsos MORI's experience covers a variety of research services to companies and organisations, with experience and expertise that ranges from social research to general pharmaceutical research.

It has conducted many relevant social and health research projects and undertaken both qualitative and quantitative research projects at national and regional level.

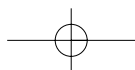
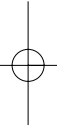
### **Acknowledgements**

We would like to thank and acknowledge all the patients and carers who took part in the survey. We would also like to acknowledge the work of the many project teams and partner organisations who gave their commitment to ensure that this major project was undertaken in an inclusive, professional and confidential manner.



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**HSE Emergency Departments**  
*Patient Profiles, Experiences and Perceptions*





## Executive Summary

### Background, aims and methods

Ireland has 53 publicly funded acute hospitals, 35 of which have Emergency Departments. Every day these Emergency Departments see an average of 3,300 people, the majority of whom are treated there and then discharged without the need for in-patient admission<sup>3</sup>. To better understand the service user or patients' experience of the service, the HSE contracted an independent research company to survey, by computer aided telephone interview, 1,600 representative members of the public who had used Emergency Departments during 2006. The aim of the survey was to ask patients about their experience of attending an Emergency Department and to learn from their experiences as a basis for making improvements that matter to patients.

### Key Findings

#### Overall satisfaction

- ⊕ Three in every four patients (76%) were satisfied with their experience of the Emergency Department.
- ⊕ The majority of patients (86%) who said they had a choice of services from which to attend would choose to go back to the same Emergency Department if needed in the future.
- ⊕ Patients who reported that they received less information, advice and pain relief were more likely to be dissatisfied. These patients were also more likely to have experienced longer waiting times with half (51%) waiting more than three hours following initial assessment to be examined by a doctor.

### Key influencers of satisfaction

- ⊕ The results show that there are three aspects of patient experience that impact most on their overall satisfaction level. They are:

#### 1) Staff interactions

- ⊕ Patients feeling they are treated with dignity and respect<sup>a</sup>.
- ⊕ Patients believe that staff have the knowledge and skills<sup>b</sup> to provide the appropriate treatment

#### 2) Communication/Information<sup>c</sup>, and

#### 3) Waiting times<sup>d</sup>.

#### A Dignity & respect

93% of patients reported that they were treated with dignity and respect while in the Emergency Department.

#### B Knowledge and skills

95% of patients said that all, most or some members of the Emergency Team had the knowledge and skills necessary to treat them appropriately.

#### C Communication/Information

Patients who said they did not receive enough information, advice or pain relief were more likely to be dissatisfied with their overall experience. These patients were also more likely to have experienced longer waiting times from arrival to initial assessment and being seen by a doctor.

## D Waiting

Most patients (79%) said they were clinically assessed within an hour of their arrival at the Emergency Department and 75% of patients who needed to be examined by a doctor said they were examined within three hours.

### Arriving at the Emergency Department

- ⊕ Half (50%) of all patients referred themselves to the Emergency Department. This includes 9% who called for and went by ambulance. The remainder were referred to the Emergency Department through some form of medical referral (44%) or via ambulance (6%).
- ⊕ Patients within the Dublin City and County area (60%) were significantly more likely to self refer to the Emergency Department than respondents from the rest of Ireland (47%).
- ⊕ Two-thirds of patients (67%) who presented to the Emergency Department with chest pain were medically referred.
- ⊕ Patients with orthopedic related conditions were more likely to self refer; broken or fractured bones (60%), cuts, scrapes, bruises or abrasions (64%) and sprains and strains (73%).
- ⊕ The four main conditions cited for attending the Emergency Department made up 49% of all reported conditions; broken or fractured bones (18%), cuts, scrapes, bruising or abrasions (12%), abdominal or stomach pains (10%) and head/eye pain (9%).

### Clinical Assessment and doctor's consultation

- ⊕ Most patients (79%) were clinically assessed within an hour of their arrival at the Emergency Department while 21% waited more than one hour.
- ⊕ Following their initial assessment 50% of patients who needed to be examined by an Emergency Department doctor were examined within one hour. A further 25% were examined within three hours. A total of 2% of all patients did not need to see a doctor and 2% left before being examined by a doctor.
- ⊕ When asked if they understood that patients were seen in order of priority or need (triaging), 16% said they did not.

### Patient care and treatment

#### Treatment information

- ⊕ When asked about the level of information they received about their condition and treatment, most (69%) stated that they got the right amount or more information than they needed, 15% reported that they did not get enough information and 10% stated that they did not get any information.

#### Test information

- ⊕ Over three-quarters (77%) of patients who had tests while in the Emergency Department stated that they got the right or more information than they needed. Almost one in five respondents who had tests stated that they did not get sufficient information. This included 8% of respondents who did not get any information.

**Pain**

- ⊕ Pain was a part of the presenting condition for two-thirds (66%) of patients.
- ⊕ 59% of respondents who reported that pain was part of their presenting condition either requested or were offered pain medication and 70% received it promptly (within 15 minutes). A total of 19% said it took 15 minutes or more to receive it and 11% reported that they did not receive any. (For some patients who did not receive any pain relief, it may not have been medically appropriate to administer pain relief due to their condition or treatment.)

**Leaving the Emergency Department****Outcome**

- ⊕ 73% of patients were discharged directly from the Emergency Department. Of these (17%) were asked to attend a further service, an out-patient clinic (11%), a GP (5%) or a specialist (1%). 7% were asked to return to the Emergency Department on another day. One in three (32%) did not require further follow-up.
- ⊕ 37% were admitted to hospital, including 5% who were transferred to another hospital.
- ⊕ Significantly more patients who were medically referred (40%) were admitted to hospital as a result of their Emergency Department visit compared to those who self-referred (20%).

**Advice**

- ⊕ 54% of patients received advice on the signs to look out for with regard to their illness or treatment when they went home. 9% of respondents reported that they did not get advice even though they felt they needed it.
- ⊕ Patients who reported they required more advice had attended the Emergency Department primarily with cuts, scrapes or abrasions (19%), broken or fractured bones (15%), pain in the eyes or head (11%) and sprains or strains (10%).

**Conclusions**

The results of this survey give the HSE a greater understanding of what is important to the people who use Emergency Department services. It informs the HSE that the length of time patients wait to be assessed and seen by a doctor is not the only or indeed the main factor determining their overall satisfaction with services delivered in Emergency Departments throughout the country. It highlights the importance of interpersonal relationships, communication/information, knowledge and dignity and respect as key determinants that drive satisfaction.

## Introduction

There is a growing body of international evidence to suggest the importance of the role of patients or health service users<sup>4</sup> in influencing meaningful reform of the service. It is increasingly acknowledged that the most successful approach to building a safer and quality health care system is when the health service works together with patients and communities as a working partnership. The demand for externally reported assessments of hospital quality is increasing, as health service users, service providers, representative groups, patient advocate groups, and policy makers continue to express a growing demand for information about our health system including aspects such as quality, safety, and accountability.

Public participation requires a comprehensive and integrated approach; a key dimension of which involves the measurement of the user experiences with the health services. Service user participation has been highlighted as a key priority by the Department of Health and Children and the Health Service Executive in the Health Strategy "Quality and Fairness" (Action 48) and the HSE Corporate Plan 2006-2008. The main way in which user views on healthcare performance has been sought is through measurement of 'patient satisfaction'. User satisfaction is now a critical variable in any calculation of quality or value and therefore in the assessment of corporate/individual accountability. It is thus a legitimate and important measure of quality of healthcare.

Two commonly used methods are:

### **Experience of care:**

This involves taking a problem-oriented approach, asking questions about what did or did not happen during their interaction with the health service with regard to various aspects of care.

### **Satisfaction with care:**

This involves asking the individual to rate their satisfaction with various aspects of care during their interaction with the health service.

The present study was developed with this perspective as the first in a series of HSE studies to elicit the views of service users on important aspects of the health service in Ireland. It is envisaged that these studies will inform priorities for service improvements and will provide an important benchmark against which to measure progress in quality improvement initiatives. The Emergency Department setting is a fitting place to begin a series of such studies given the challenges it poses in Irish as in other healthcare systems. This study aimed to capture, for the first time in the Irish setting, a national profile of contemporary (current year) service user experiences of the Emergency Department.

## Methodology

### Survey Design

While a number of methods may be used to assess the views of patients, clients and carers of the quality of the services they receive, two methods (computer aided telephone interview (CATI) and postal survey) are used in larger studies for cost, time and coverage consideration.

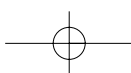
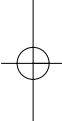
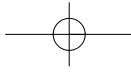
The use of follow-up CATI surveys provide hospital in-patients or Emergency Department attendees with the opportunity to evaluate their perception of the overall service they received at a time when they are likely to be in better health and able to respond independently of the service they received. This survey used the CATI method (for further details on the method and national coverage, see Appendix 1).

Both listed and non-listed (ex-directory) landline telephone numbers were included. When a private household was contacted, interviewers asked if anyone in the household had an Emergency Department visit in the household in the current year (2006). Where there was more than one visit per household, the person with the most recent visit was interviewed (about the most recent visit if more than one).

Guardians of children under the age of fifteen and relatives of those unable to participate due to ill-health were asked to answer the survey on the person's behalf. A total of 1600 interviews with those having an Emergency Department visit were completed over a three-week period (in October 2006) throughout Ireland.

### Survey instrument and analysis

The survey instrument was designed taking due cognisance of a wide range of factors including current literature, previous surveys undertaken both at a national and international level for the purpose of international benchmarking and discussion of proposed questions with HSE executives. The sequence of questions asked mirrors the 'journey' through a typical Emergency Department. The questionnaire was thoroughly piloted for acceptability, clarity, flow and completeness. The final dataset was weighted as is standard in population research to ensure that the data was representative of the general population in Ireland. Where results or percentages do not sum to 100, this may be due to computer rounding or multiple responses.



## Section 1: Profile of Respondents

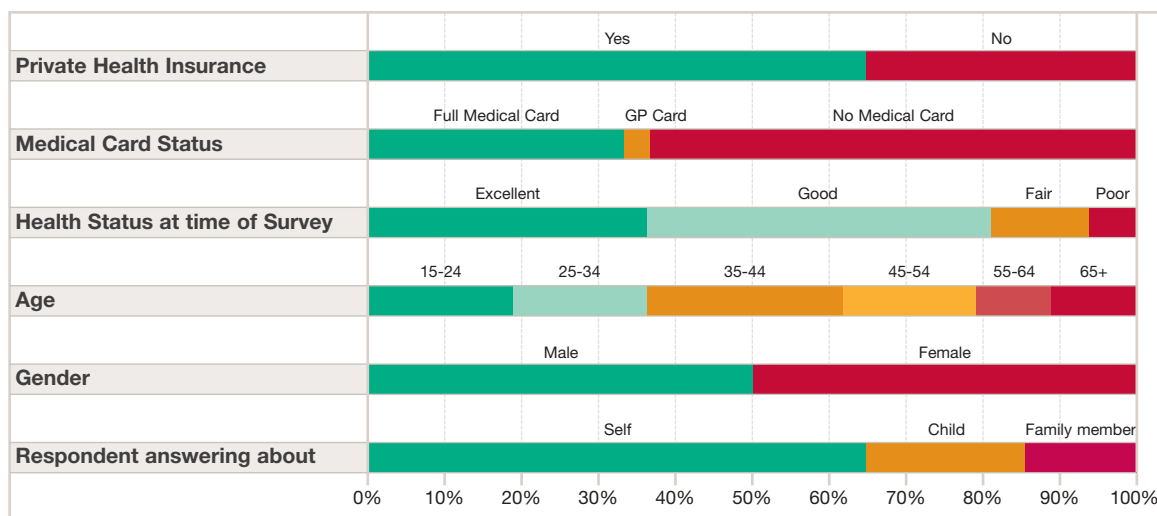


Figure 1: Profile of respondents

A broad selection of experiences of adults and children, and of those in good and poor health, was included. A summary profile of the respondents is given in Figure 1.

The mean age of the patient group was 41 years (range 15 years to 91 years) and comprised 52% men and 48% women. Over six out of every ten respondents (63%) had private health insurance. One third (37%) had a full medical card.

Slightly more than one in three rated their health at the time of the survey as excellent (36%) while the majority (47%) rated their health as good.

In about two-thirds of cases respondents reported about their own experience and the balance reported on the experience of a family member or child.

The majority of patients (67%) who responded to the survey stated that they or their family member had attended the Emergency Department once in 2006. In addition, one in five had attended the Emergency Department twice in 2006.

## Section 2: Arriving at the Emergency Department

The following section examines the experiences of patients during their most recent attendance at an Emergency Department in an Irish hospital and their perception of the service they received.

### Section 2.1: Referral type

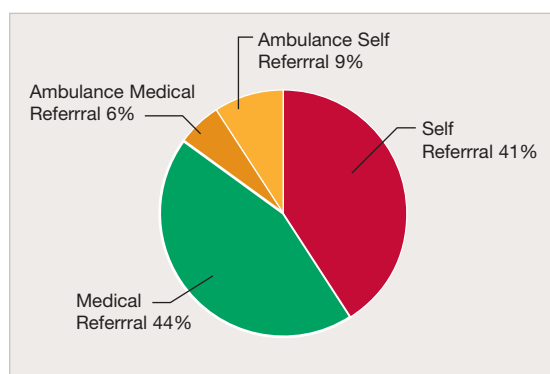


Figure 2: Referral type (n=1595)

Half of all respondents self referred to the Emergency Department and the other half had some form of medical referral (Figure 2).

A total of 15% of respondents arrived at the Emergency Department by ambulance; 9% called for an ambulance directly and 6% arrived by ambulance following a medical referral<sup>5</sup>.

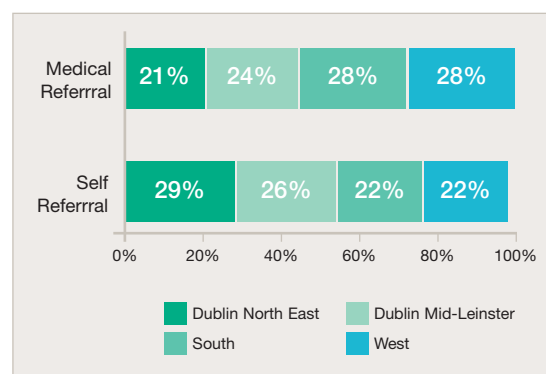


Figure 3: Referral type by HSE Area (Medical referral n=803, Self referral n=793)

The type of referral by geographic region in the HSE is outlined in Figure 3. This shows that self-referral and medical referral differ notably by HSE Area. Respondents in the eastern part of the country (HSE, Dublin North-East and HSE, Dublin Mid-Leinster) were more likely to self-refer than those in the more western areas (HSE, South and HSE, West).

Patients in Dublin City and County were significantly more likely to refer themselves to an Emergency Department (60%) than respondents from the rest of Ireland (47%).



**Table 1: Referral pathways of respondents** (n = 1599)

	Frequency	Percent
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**How were you referred to [...Why did you decide to go to...] the Emergency Department?**

	Frequency	Percent
Self Referral – drove/was driven to hospital /walked/public transport	656	41
G.P. Referral – admission advised following GP visit	464	29
Self-referral – I/family/carer/friend/neighbour called ambulance from home	136	9
GP referral – admission advised following telephone call to GP	98	6
Accident /emergency – ambulance called to scene (away from home)	95	6
Doctor on call referral – admission advised following DOC visit	59	4
Doctor on call referral – admission advised following telephone call to DOC	35	2
Referred by another hospital	21	1
Out of hours co-op referral – admission advised following visit	13	1
Out of hours co-op – admission advised following telephone call to	11	1
Referral by specialist	5	*
Referral by clinic / other department within a hospital	2	*
Other	4	*

Of those patients that self referred to the Emergency Department, 40% (n=319) considered themselves too ill to go to their general practitioner (GP) prior to attending.

One out of four patients (24%) who stated they were too ill to attend their GP came to the Emergency Department by ambulance.

Approximately eight out of ten (86%) patients who self referred as they felt they were too ill, were assessed within an hour of their arrival and four out of five (79%) who self referred stated that they were satisfied with their Emergency Department experience. Referral pathways are outlined in greater detail in Table 1.

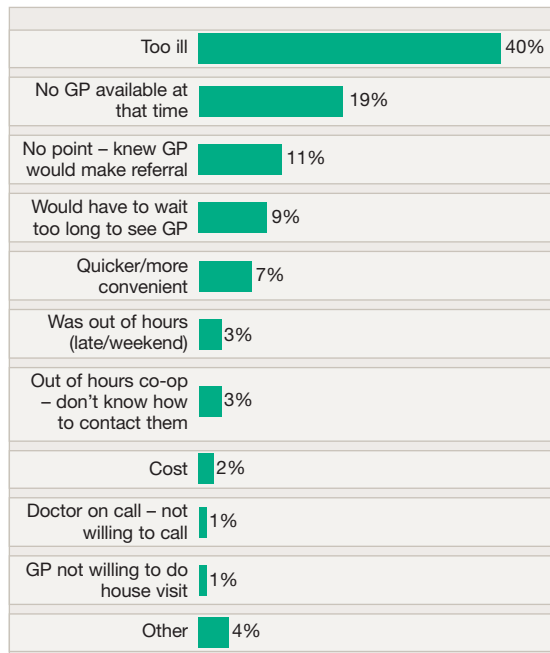


Figure 4: Reasons why respondents self-referred or called an ambulance rather than choosing other possible options (n = 793)

One in four patients self-referred to the Emergency Department as there was either no GP available, it was outside of their GP's normal working hours or they were unable to receive a home visit.

A further 3% stated that they did not know how to contact their out-of-hours co-op or doctor on call service. Some respondents (15%) felt they would be seen more rapidly by going to their Emergency Department.

Six out of ten respondents who cited no GP available as the reason for attending the Emergency Department were attending at times that GPs would normally not be available.

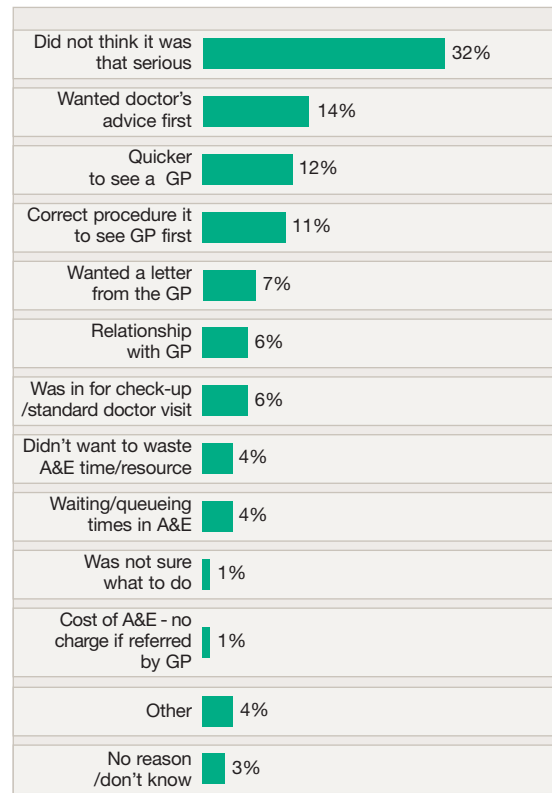


Figure 5: Reasons for attending GP, doctor on call, or out-of-hours co-op service prior to attending the Emergency Department (n = 680)

Forty four per cent of those who responded to this survey were referred to the Emergency Department by a GP or GP service, while 6% arrived by ambulance following an accident away from their home. Reasons for initially seeking services other than the Emergency Department are outlined in Figure 5.

Of those medically referred, 32% saw their GP prior to attending at the Emergency Department as they did not think their symptoms were serious and felt their GP was the best alternative. Whilst 14% of respondents wanted to see their GP first, 12% commented that they went to their GP as they felt they would be seen more quickly than going to the Emergency Department.

## Section 2.2: Nature of Presenting Complaint

There are a wide variety of conditions that require the services of the Emergency Department. In many cases symptoms are often related and patients may present to the Emergency

Department with more than one symptom. Table 2 details the various conditions cited by respondents as the reason for attending an Emergency Department.

**Table 2: Nature of Presenting Complaint**

(n = 1600)

	Frequency	Percent
<b>What was the nature of your complaint [the reason you attended the Emergency Department]?</b>		
Broken or fractured bones	282	18
Cut or scrape / bruise or abrasion	190	12
Pain- abdominal / stomach	155	10
Pain – head / eyes	138	9
Sprain or strain	123	8
Pain – chest	104	6
Pain – legs/feet	86	5
Respiratory problems / breathing difficulties / asthma	76	5
Complication from existing condition (named condition)	72	4
Nassau / vomiting	69	4
Pain – back / hip	60	4
Heart attack / coronary problems	53	3
Dislocation – bone	37	2
Temperature / fever	37	2
Fainting / collapse / dizziness	35	2
Poisoning by substance or by liquid	29	2
Stroke / seizure	27	2
Pain – arms / hands	26	2
Blood pressure / hypertension	22	1
Fall	20	1
Infections – not specified	19	1
Internal bleeding	14	1
Pneumonia	13	1
Burn or scald	13	1
Blood clots	8	*
Passing blood	4	*
Overdose	2	*
Other	68	4

The four main conditions cited for attending the Emergency Department made up 49% of all reported conditions; broken or fractured bones

(18%), cuts, scrapes, bruising or abrasions (12%), abdominal or stomach pains (10%) and head/eye pain (9%).

**Table 3: Cross reference between condition and referral type** (n = 1600)

	Frequency			Percent	
	Medical Referral	Self Referral	TOTAL	% Medical Referral	% Self Referral
Broken or Fractured Bones	112	169	281	39.9%	60.1%
Cut or Scrape / Bruise or Abrasion	69	121	190	36.3%	63.7%
Pain - Abdominal/Stomach	98	57	155	63.2%	36.8%
Pain - Head/Eyes	81	55	136	59.6%	40.4%
Sprain or Strain	33	89	122	27.0%	73.0%
Pain - Chest	70	34	104	67.3%	32.7%
Pain - Legs/Feet	47	38	85	55.3%	44.7%
Respiratory Problems / Breathing Difficulties	41	35	76	53.9%	46.1%
Complication from Existing Condition	42	29	71	59.2%	40.8%
Nausea/Vomiting	37	31	68	54.4%	45.6%
Other	42	25	67	62.7%	37.3%
Pain - Back/Hip	28	33	61	45.9%	54.1%
Heart Attack / Coronary Problems	29	23	52	55.8%	44.2%
Dislocation - Bone	19	18	37	51.4%	48.6%
Temperature / Fever	21	14	35	60.0%	40.0%
Fainting / Collapse / Dizziness	19	16	35	54.3%	45.7%
Poisoning by Substance or by Liquid	17	11	28	60.7%	39.3%
Stroke/Seizure	16	11	27	59.3%	40.7%
Pain - Arms/Hands	10	16	26	38.5%	61.5%
Blood Pressure / Hypertension	14	8	22	63.6%	36.4%
Fall	9	11	20	45.0%	55.0%
Infections - Not Specified	12	8	20	60.0%	40.0%
Pneumonia	11	3	14	78.6%	21.4%
Internal Bleeding	9	5	14	64.3%	35.7%
Burn or Scald	8	5	13	61.5%	38.5%
Blood Clots	7	1	8	87.5%	12.5%
Passing Blood	3	1	4	75.0%	25.0%
Overdose	1	1	2	50.0%	50.0%

*Self Referred Patients*

Patients, who self referred to the Emergency Department, were significantly more likely to have complaints involving broken or fractured bones (60%), cuts, scrapes, bruises or abrasions (64%) and sprains and strains (73%) than with other complaints.

*Medically Referred Patients*

Significantly more respondents attended their GP service first and were then medically referred to the Emergency Department (rather than attending the Emergency Department first) with complaints of chest pain (67%), heart attack / coronary problems (56%) and stroke / seizures (59%).

**Section 2.3: Assessment and treatment**

When asked if they understood that patients were seen in order of priority or need (i.e. triaging), 84% stated they did and 16% said they did not (Figure 6).

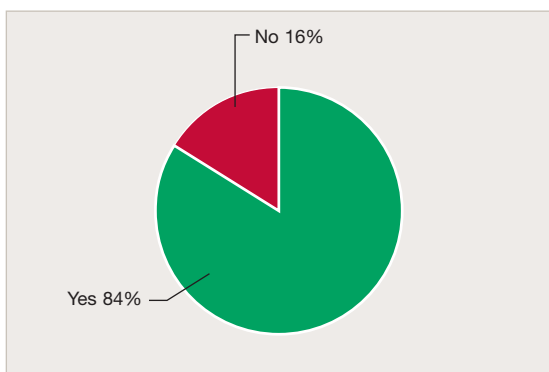


Figure 6: Patients understanding of Triaging: "Did you understand that patients are seen in order of priority?" (n=1537)

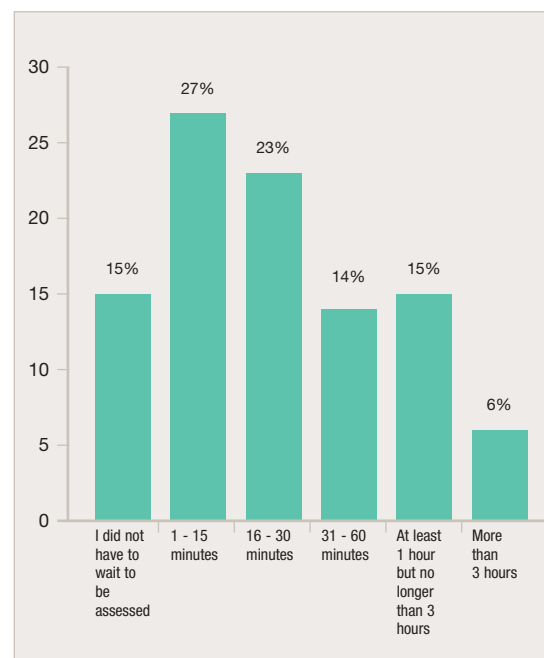


Figure 7: Following your arrival in the Emergency Department (A&E), how long did you wait for your initial assessment (being asked about your complaint and your level of priority assessed). (n=1573)

Four out of five patients were initially assessed within an hour of their arrival at the Emergency Department.

A total of 15% of respondents were assessed immediately, while 15% waited at least one hour but not longer than three hours and a further 6% waited in excess of three hours.

It is important to consider that in some Emergency Departments in Irish hospitals, the patient's initial assessment is undertaken by a doctor and the results of this question may reflect the time waited for initial assessment incorporating the time waited to see a doctor.

While 5% of respondents stated that they did not know who assessed their level of priority, the majority of respondents (71%) reported that they were assessed by a nurse or nurse practitioner with a quarter (24%) initially assessed by a doctor.

Patients who waited in excess of three hours for their initial assessment (n=101) were predominantly younger patients (28% in the age category 15-24 years and 21% in the 25-34 years group). This group of patients stated that they currently had excellent (33%) or good (40%) health. The main presenting complaints cited by this group of patients were broken or fractured bones (17%), pains in the eyes/head (15%), cuts, bruises or abrasions (11%) and sprain or strains (8%). However, it also included a number of patients who presented with chest pain (8%).

One in five patients who self referred waited more than one hour for their initial assessment compared to one in four who had some form of medical referral prior to attending the Emergency Department.

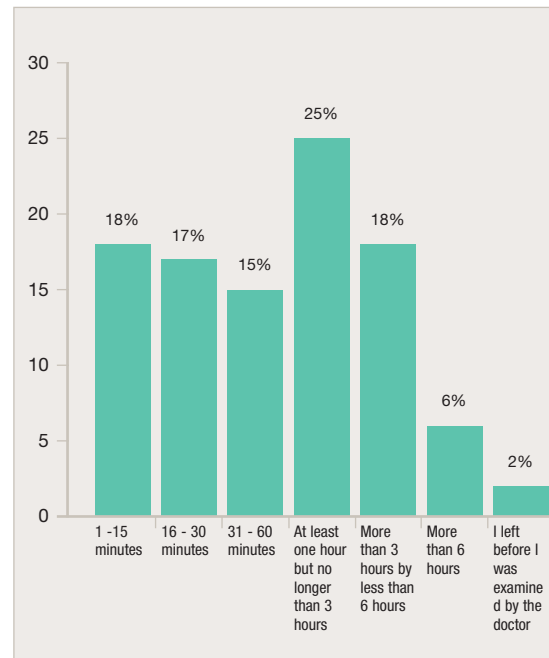


Figure 8: Waiting time for examination by a doctor after initial assessment. (n=999)

Older people were less likely to wait more than three hours to be assessed by a doctor (for example 9% of 55-64 years and 5% of 65+ years waited over this time). This longer wait time is likely to do with the nature of the presenting complaint.

Respondents who waited more than three hours to be assessed by a doctor were more likely to present with broken or fractured bones (22%), pain in the eyes or head (10%), abdominal or stomach pain (10%), sprains or strains cuts, scrapes, bruises or abrasions and chest pain (each accounted for approximately 9% of cases).

## Section 3: Patient care and treatment

### Section 3.1: Information/Communication

When asked about the level of information they received about their condition and treatment 63% of respondents stated that they got the right amount of information, a further 6% replied that they had received more information than they needed (figure 9). In contrast, 15% of those surveyed answered that they did not get enough information and a further 10% stated that they did not get any information.

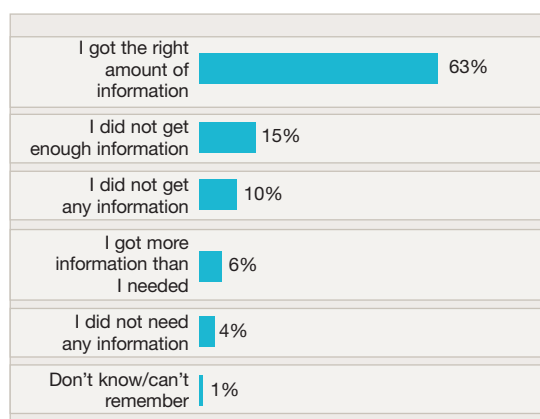


Figure 9: Level of Information patients received about their condition and treatment. (n=1577)

Table 4: Treatment information	(n=1325)	
	Frequency	Percent
<b>Was the information you received provided in a manner you could understand</b>		
Yes, definitely	1103	83
Yes, to some extent	169	13
No	46	3
Don't know, can't remember	7	1

The vast majority of respondents (96%) said that they information they received was provided in a manner they could understand (Table 4).

## Section 3.2: Test Information

Respondents were asked about the level of information they received about any tests which were performed. 16% had no tests.

Of those who had tests, over three quarters (77%) stated that they got the right or more information than they needed (see figure 10).

One in five respondents who had tests did not get sufficient information, including 8% of respondents who said they did not get any information.

Somewhat more patients (25%) in the younger age groups (15-24 years and 25-34 years) stated that they did not get enough or in some cases any information about the tests they received.

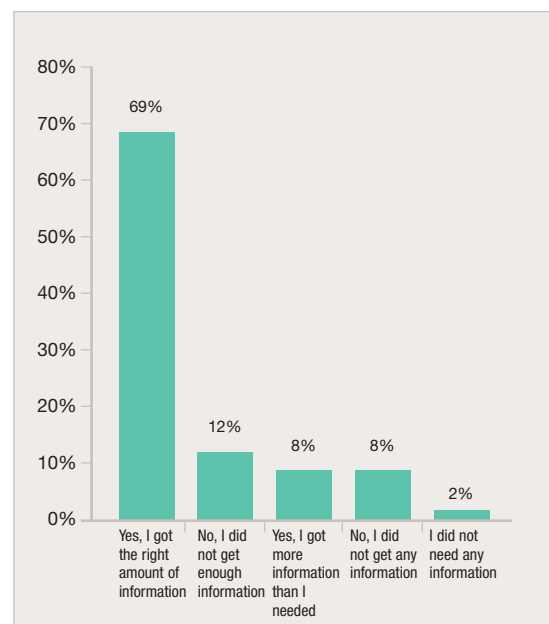


Figure 10: Level of information received by patients who had tests performed (such as blood tests, x-rays or scans), while in the Emergency Department (n = 1315)



### Section 3.3: Pain

Pain is a common experience of Emergency Department attendees with two thirds of respondents (66%) stated that pain was part of their condition (figure 11).

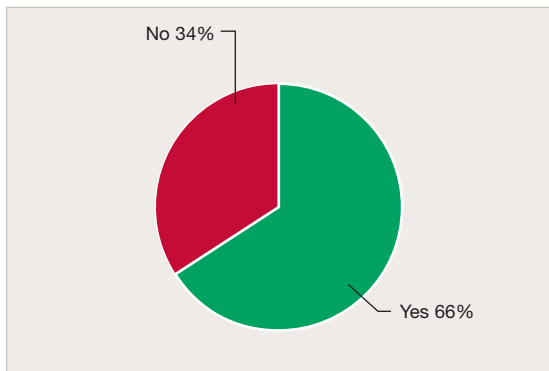


Figure 11: Patients who experienced pain as part of their condition (n=1577)

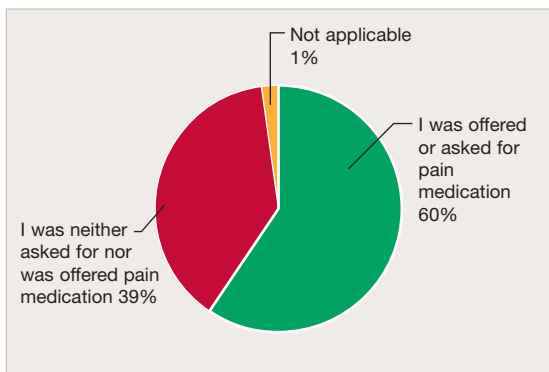


Figure 12: Pain Medication (n=1010)

A total of 60% of patients either asked for or were offered medication for pain relief.

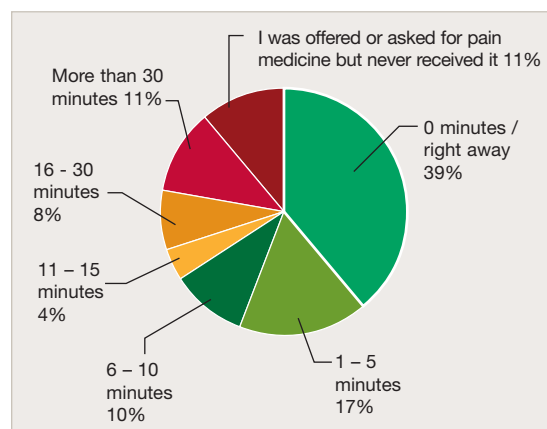


Figure 13: Time taken for respondents who were offered or requested pain medicine to receive pain relief (n = 580)

70% of respondents who were offered or requested pain relief received it promptly (within 15 minutes). A total of 19% said it took over 15 minutes to receive it and 11% reported that they did not receive any pain medication. It is not possible in a survey such as this to determine in which situations or for which patient's pain medication would be contraindicated.

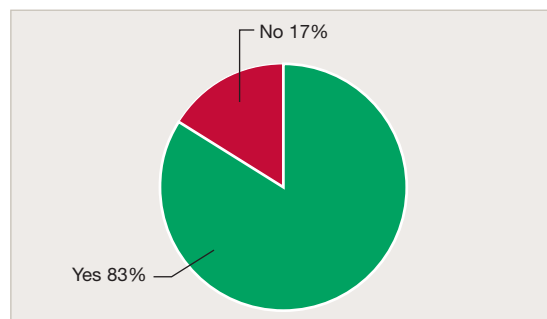


Figure 14 Patients who received adequate pain relief (n = 522)

Over eight out of every ten respondents (83%) stated that they received adequate pain relief.

## Section 4: Leaving the Emergency Department

### Section 4.1: Outcome

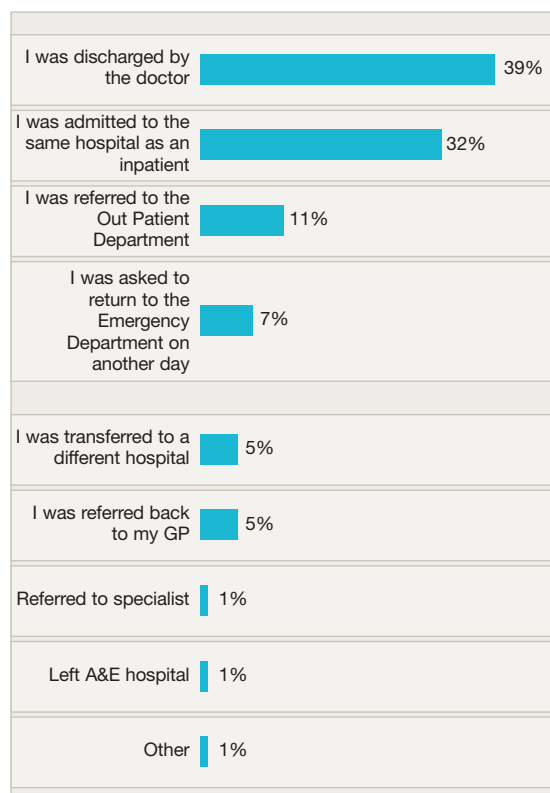


Figure 15: Patient outcome from Emergency Department attendance (n = 1610)<sup>a</sup>

Following their attendance at the Emergency Department, 73% of patients were discharged by a doctor, this included patients who were asked to attend a further service (17%), an outpatient clinic (11%), a GP (5%) or a specialist (1%). 7% were asked to return to the Emergency Department on another day) (see figure 15).

A total of 37% were admitted to hospital. This included 5% that were transferred to another hospital.

Significantly more patients who were medically referred to the Emergency Department than those who referred themselves were admitted to hospital (40%). This was also true of those who arrived by ambulance (39%) compared to those who self referred (20%).

## Section 4.2: Information leaving the Emergency Department

<b>Table 5: Information leaving the Emergency Department</b>	(n = 991)	
	<b>Frequency</b>	<b>Percent</b>
<b>Did a member of the emergency department staff provide any advice on the signs to look out for about your illness or treatment after you went home</b>		
Yes, too much information was given to me	17	2
Yes, the right amount of information was given to me	519	52
No, I did not receive information although I felt some advice was needed	93	9
No	269	27
No, I felt I did not need information in this case	93	9

The majority of patients (54%) stated that they received advice on the signs to look out for with regard to their illness or treatment when they went home.

A total of 9% stated that they did not need information while 36% reported that they did not get any information.

Nine percent of patients stated that they did not get advice even though they felt they needed it. Patients who would have liked advice and did not get any were more likely to have come to the Emergency Department by ambulance.

Those patients who felt that they would like advice had attended the Emergency Department primarily with the following conditions; cuts, scrapes or abrasions (19%), broken or fractured bones (15.2%), pain in the eyes or head (11%) and sprains or strains (10%).

## Section 5: Knowledge and Respect

### Section 5.1: Dignity and Respect

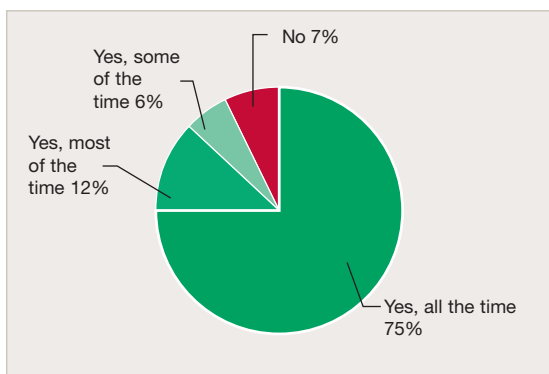


Figure 16: Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department? (n = 1574)

Overall, 93% of patients stated that they were treated with dignity and respect during their time in the Emergency Department.

A total of 7% (n=112) reported that they were not treated with dignity and respect while in the Emergency Department. Of these patients, over half waited more than one hour for their initial assessment and two thirds waited more than three hours following their assessment to be examined by a doctor.

## Section 5.2: Knowledge

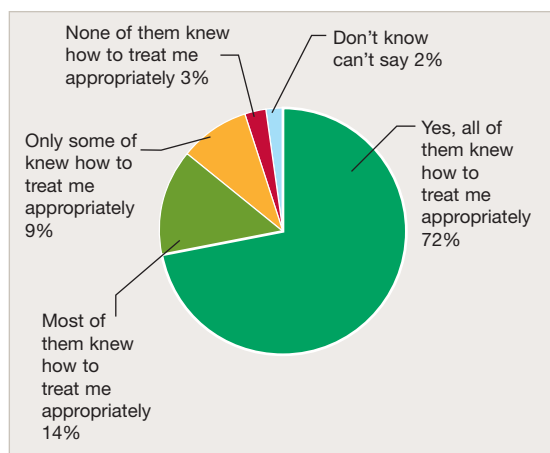


Figure 17: Did the members of the Emergency Department healthcare team have the knowledge and skills to treat you appropriately? (n = 1576)

Patients were asked if in their opinion, members of the Emergency Department healthcare team had the knowledge and skills to treat them appropriately.

95% of patients said that all, most or some members of the Emergency Team had the knowledge and skills necessary to treat them appropriately. 86% of patients responded that **all** or **most** members of the Emergency Department team knew how to treat them appropriately while a further 9% said that **some** members of the team knew how to treat them.

A total of 3% of patients (n=53) reported that in their opinion none of the Emergency Department healthcare team knew how to treat them appropriately.

## Section 6: Overall

### Section 6.1: Overall Satisfaction

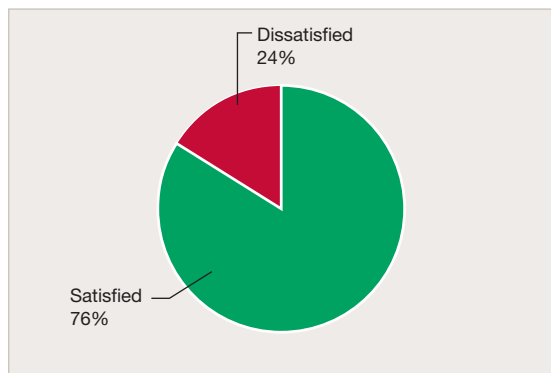


Figure 18: Level of satisfaction with Emergency Department experience (n = 1570)

Three out of four respondents were satisfied with their experience at the Emergency Department.

In terms of overall satisfaction, 87% of patients who stated they were satisfied with their Emergency Department visit received their initial assessment within one hour of registration compared to 53% of patients who stated they were dissatisfied with their Emergency Department visit.

An analysis of dissatisfied patients, shows that a higher proportion had been medically referred (51%) than self referred (36%) or than those who arrived by ambulance (13%).

Just over half of dissatisfied patients (51%) waited more than three hours following assessment to be examined by a doctor. On the contrary only 14% of satisfied patients waited more than three hours following assessment to be examined by a doctor.

Dissatisfied patients also reported that they did not get enough (26%) or any (21%) information on tests they received compared to satisfied patients where only 7% reported that they did not get enough information and 4% stated they did not get any information.

Seven out of ten patients who stated they were dissatisfied (n=310) reported that they did not receive advice upon leaving the Emergency Department. Nearly, half (48%) of patients (n = 130) who stated that they were dissatisfied reported that they did not receive adequate pain relief.

## Section 6.2: Return to the Same Emergency Department

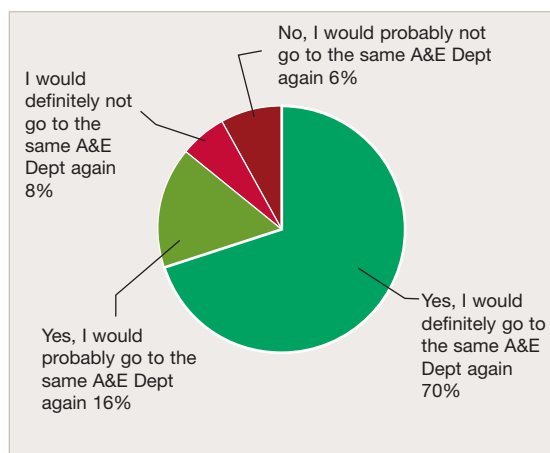


Figure 19: If other options were available would you return to the same Emergency Department (n = 1332)

When patients were asked if they needed to go to an Emergency Department again, would they return to the same Emergency Department 15% stated they had no other option.

Excluding those that stated they had no other option, 86% said they would return to the same Emergency Department again. A total of 6% of respondents stated that they would probably not go to the same Emergency Department and 8% replied that they would definitely not go to the same Emergency Department.

## Section 7: Key Driver Analysis

Key Driver Analysis is a technique used to identify which aspects of the emergency department experience are most strongly linked to overall satisfaction, and which aspects should be targeted for improvement. For the purposes of this evaluation, regression analysis was used to investigate the relative importance of relevant questionnaire items on overall satisfaction. This works by identifying those questionnaire items that are most highly correlated with overall satisfaction – these are the factors that we can consider the *key drivers* of satisfaction with the service.

In summary, we investigate the relative importance of a specific attribute to patient’s overall satisfaction, by asking patients how satisfied they are with different aspects of the Emergency Department experience and seeing how well each item correlates with overall satisfaction.

The result is a table of relative influence, which shows the importance of each key driver as a percentage within the overall model, as shown overleaf. It is worth noting that, while it is not possible to prove causality, such analyses are useful to demonstrate the strength and direction of association between overall satisfaction and individual aspects of the patient experience.

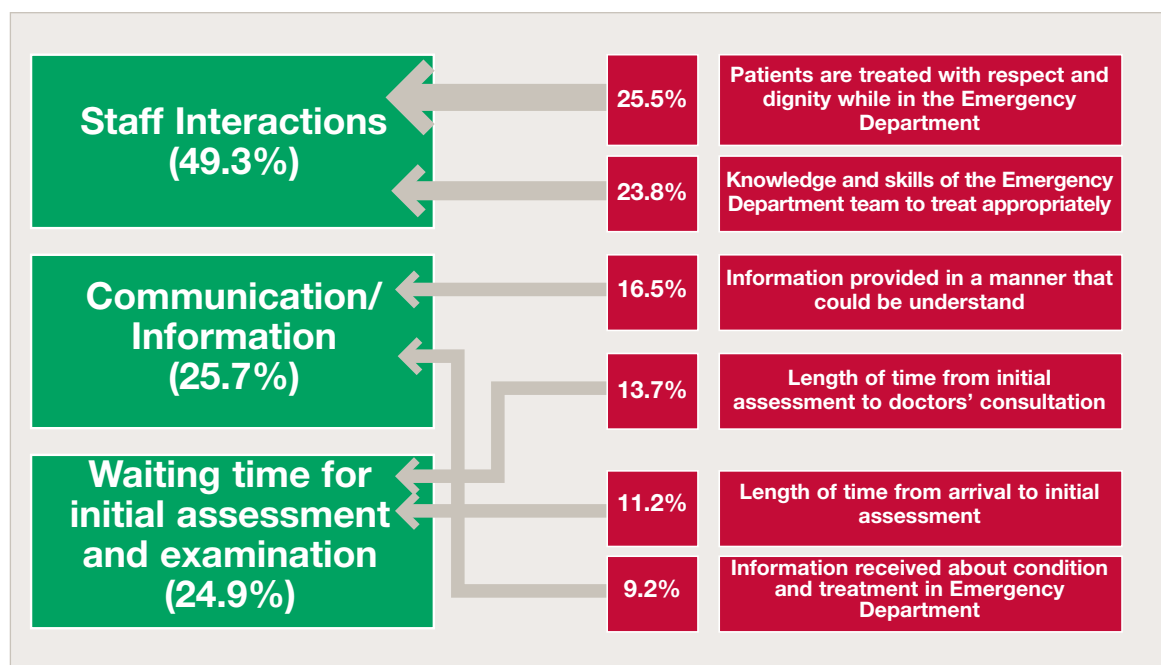


Figure 20: Key Drivers



There are three key drivers of satisfaction with regard to a patients experience in the Emergency Department the main driver relates to staff attributes such as being treated with dignity and respect (25.5%) and members of the Emergency Department having the knowledge and skills to treat patients appropriately (23.8%).

The second driver communication/information also played an important role in determining patient satisfaction particularly in relation to information being provided in a manner that patients can understand (16.5%) and patients receiving information on their condition and treatment while in the Emergency Department (9.2%).

The third driver of patient satisfaction relates to the length of time patients wait, following arrival at the Emergency Department, for their initial assessment (11.2%) and then a doctor's consultation (13.7%).

## Section 8: Conclusions

Overall, three in four attendees to Emergency Departments in 2006 were satisfied with their overall experience.

79% of patients had their initial assessment within one hour of their arrival at the Emergency Department and 50% of patients were examined by an Emergency Department doctor within one hour following their initial assessment. A further 25% were examined by a doctor between one and three hours.

Older patients, with complex symptoms such as chest pain, were typically treated before younger patients and/or those presenting with breaks and sprains.

Patients with orthopaedic problems (breaks and sprains) were more likely to self-refer than those with pain problems, such as chest pain, who were more likely to be referred by a medical practitioner.

There is some evidence within the results that communication and information provided to patients could be improved in areas such as the level and type of information patients receive about their condition and treatment; tests they receive and information when being discharged from the Emergency Department.

37% of patients were admitted to a hospital (the one they arrived at or another hospital). Self-referred patients were less likely to be considered to have problems needing hospital admission.

The results of this survey give us a greater understanding of what is important to the people who use Emergency Department services. It informs the HSE that the length of time patients wait to be assessed and seen by a doctor is not the only or indeed the main factor determining their overall satisfaction with services delivered in Emergency Departments throughout the country. It highlights the importance of interpersonal relationships, communication, information and trust as key determinants that drive satisfaction.

## Footnotes

- <sup>1</sup> The term Emergency Department is used as the preferred professional term for services otherwise called 'Casualty' or 'A&E' (Accident and Emergency)
- <sup>2</sup> HSE's/Performance Monitoring Unit
- <sup>3</sup> HSE's/Performance Monitoring Unit
- <sup>4</sup> The term health service user is used to describe those commenting on their experience of being a patient or their expectations of the health service.
- <sup>5</sup> The term medical referral is used to describe referral by means of a GP, specialist, OPD or other medical personnel.
- <sup>6</sup> Patients gave multiple answers to reflect being discharged with some form of follow-up.

## Appendices

### Appendix 1: The Computer Aided Telephone Interview technique

Computer Aided Telephone Interviews (CATI) is favoured over other forms of data collection such as postal surveys because it can be completed in less time, it provides better response rates and also because it removes literacy as a barrier to participation. Irish results from an International Literacy Study (Morgan et al, 1997) show that approximately 25% of the Irish population (e.g. 17% at ages 16-25 and 44% at ages 55-65) are at level I literacy (able to read only simple text with no distracting information or challenging text structures). Telephone interviews (and CATI) have become increasingly common in recent years in Ireland, particularly in the study of sensitive subjects such as sexual abuse and domestic violence. They are cheaper than face-to-face interviews as interviewers do not need to travel and there is evidence that they are also better at maintaining a respondent's sense of anonymity in responding. The telephone interview also allows greater opportunity to clarify and probe than postal questionnaires and thus can cover more topics. In addition, the use of CATI helps to eliminate accidental skips of questions. Furthermore, there is no additional data entry which helps to reduce time and costs.

The main limitation of CATI research is that it does not include people who do not have a telephone in their household. The exact coverage of landline telephones is not clear but is expected to be currently in the region of 90% in Ireland. However, De Leeuw *et al*, (1996) found that on average, face-to-face interviews achieve the highest response rate (70%), telephone interviews the next highest (67%) and mail surveys the lowest. Correspondingly, a systematic review of 210 studies, recorded an average response rate for interview studies (telephone and face-to-face) of 77%, compared with 67% for mail surveys (Sitzia and Wood, 1998). Another limitation is that there is reduced effectiveness of prompted recall due to lack of visual stimuli such as show cards or other prompts. However, this would not have a major effect on the areas covered in a health service user project.

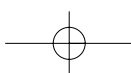
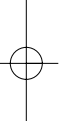
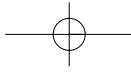
### Appendix 2: Sampling Frame

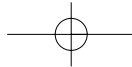
Respondents were selected using a three phase process. The first stage involves making a random selection of sampling points based on aggregates of Townlands, using a minimum population criterion. These form the Primary Sampling Units (PSUs). The PSUs are selected with regard to a number of parameters including the number of sampling points required for the survey; minimum population size (number of private addresses) of each PSU and number of addresses to be ultimately selected from within each PSU. Once the required number of PSUs has been selected a systematic sample is drawn from within each from a random start. At the second stage a telephone number is selected in each PSU as the start number, and random suffixes are attached to the stem to produce a list of numbers to be called.

This then generates a random probability sample of addresses in Ireland which have a landline telephone. The method ensures that both listed and non-listed (ex-directory) numbers are included. Finally, respondent selection within the household involves asking who has had an Emergency Department visit in the household in the last six months and where there is more than one visit per household the person with the most recent visit was selected. Guardians of children under the age of fifteen and relatives of those unable to participate due to medical conditions were asked to answer the survey on the person's behalf. Appropriate training methods including the ability for participants to verify the authenticity of the study and for interviewers to manage respondent distress were designed such that the study itself can be a model of good practice in user consultation.

## References

- Batchelor, C., Owens, D.J., Read, M. and Bloor, M. (1994) 'Patient Satisfaction Studies: Methodology, Management and Consumer Evaluation', *International Journal of Healthcare Quality Assurance*, 7 (7): 22-30.
- Bowling, A. (1992) In: Batchelor, C., Owens, D.J., Read, M. and Bloor, M. (1994) 'Patient Satisfaction Studies: Methodology, Management and Consumer Evaluation', *International Journal of Healthcare Quality Assurance*, 7 (7): 22-30.
- Cohen, G. (1996) 'Age and Health Status in a Patient Satisfaction Survey', *Social Science and Medicine*, 42 (7): 1085-1093.
- Commission for Health Improvement. London. Emergency Department: Key Findings (Patient Survey Programme 2004/2005)  
<http://www.healthcarecommission.org.uk>
- De Leeuw, E.D., Gideon, J.M. and Joop, J. Hox (1996) 'The Influence of Data Collection Methods on Structural Models. A Comparison of a Mail, Telephone and a Face-to-Face Survey. *Sociological Methods and Research*, 24 (4): 443-472.
- Department of Health and Children (1991) *The Charter of Rights for Hospital Patients*. Dublin: The Stationery Office.
- Department of Health and Children (2001) *Quality and Fairness: A Health System for You*. Dublin: The Stationery Office.
- Draper, M. and Hill, S. (1995) *The Role of Patient Satisfaction in Surveys in a National Approach to Hospital Quality Management*. Canberra: Commonwealth Department of Health and Family Services.
- Hall, J. and Dornan, M. (1988) 'What Patients Like about their Medical Care and How Often they are Asked: A Meta-Analysis of the Satisfaction Literature', *Social Science and Medicine*, 27 (9) 935-939.
- Health Service Executive, A&E Mapping and Efficiency Review Across 10 National Hospitals, Tribal Secta Overview Report (2006)
- Health Service Executive, A&E Departments, Background Briefing (2006)
- The Irish Society for Quality and Safety in Healthcare The Patients' View, (2004 *National Patient Perception of Acute Hospital In-Patient Care in Ireland*. Irish Society for Quality and Safety in Healthcare.
- Irish Society for Quality and Safety in Healthcare (2002) *National Patient Perception of the Quality of Healthcare 2002: Results of the National Survey*. Dublin: Irish Society for Quality and Safety in Healthcare.
- Irish Society for Quality and Safety in Healthcare (2000) *National Patient Perception of the Quality of Healthcare 2000: Results of the National Survey*. Dublin: Irish Society for Quality and Safety in Healthcare.
- Kaldenburg, D. (2000) 'Better or Worse? Patients' Perceptions of Hospital Services', *The Satisfaction Report*, 4: August.
- Laine C, Davidoff C 1996, Patient-centered medicine, A professional evolution; *Journal of the American Medical Association*: January.





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*Patient Profiles, Experiences and Perceptions*

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