

2011

Report on Work Placement Experience with the Organisation of Quality and Safety of Healthcare in Ireland

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DT205-3 WORK PLACEMENT PRESENTATION 2011

By Keith Bermingham

ISQSH

- Irish Society for Quality and Safety in Healthcare
- Founded in 1994



ISQSH

- Not-for-profit, non governmental, members based charitable organisation.
- Promotes Quality and Safety improvement throughout the Irish health service



2010 IN-PATIENT SURVEY

- Measuring the Patient's Experience of Hospital Services
- 25 Hospitals Nationwide participated voluntarily



2010 IN-PATIENT SURVEY

- Postal Survey
- This technique was chosen to eliminate bias in patient selection and patient response
- Patients less likely to be influenced by the person administering the survey



2010 IN-PATIENT SURVEY

- Patients less likely to be refused a survey due to a perceived difficulty
- Patients less likely to suffer from acquiescence bias, i.e. responding more favourably because they think it is expected of them
- Patients in general more likely to suffer from acquiescence bias due to being unwilling to criticise their medical care



2010 IN-PATIENT SURVEY

- Participants were sampled from patients who had been recently discharged from each of the participating Hospitals



2010 IN-PATIENT SURVEY

- ISQSH posted a pack containing a cover letter, questionnaire and envelope for returning the questionnaire to each participant
- Information about a free Helpline was also included, and participants had the option to complete a survey over the phone with one of the researchers



2010 IN-PATIENT SURVEY

- Participants reassured that Hospitals would be unable to identify them by their response, thus insuring anonymity
- Each Hospital given unique ID number
- This allowed feedback to be given to each Hospital individually



2010 IN-PATIENT SURVEY

- Completed questionnaires were returned to the ISQSH
- Completed responses were data entered
- Program used to analyse the data was SPSS, Statistical Package for the Social Sciences
- Before the Data could be analysed it needed to be cleaned for Data entry errors



DATA CLEANING

- Once questionnaires were data entered they were sorted by Hospital
- These were then sorted numerically
- This allowed quick access to individual questionnaires in the event of a data entry error



DATA CLEANING

- Once the questionnaires were sorted the next phase of Data cleaning could begin
- This involved running frequency tables for each question in the questionnaire to look for Data entry errors
- Data entry errors appeared as responses which didn't relate to the question, e.g. 6 for a question with two possible answers, 1-Yes & 2-No



DATA CLEANING

- When a Data entry error was found it was possible to find the exact ID of the case which contained an error and then pull that questionnaire from the sorted questionnaires
- This process highlighted possible areas of concern, such as patients who did not qualify for inclusion in the sample, due to age or outpatient status



DATA CLEANING

- Once this process was complete the Data was considered cleaned and thus ready for analysis



DATA ANALYSIS

- I began an analysis of questions pertaining to Medication Safety, Pain Management and Patient Safety
- This involved graphing the frequency of responses and comparing them to those from the 2004 survey



DATA ANALYSIS

- The response to each question was then cross tabulated with the response to questions about the following categories:
 - ❖ Gender {Male, Female}
 - ❖ Age {<=34, 35-68, 69+}
 - ❖ Payment status {Public, Private, NTPF, Other}
 - ❖ Reason for stay {Surgical, Medical, Other, Don't Know}



DATA ANALYSIS

- In each case a Chi squared test of Independence was performed to investigate the relationship between patients responses and these categories
- The findings suggest that how a patient responds depends on their status in relation to these categories



DATA ANALYSIS

- This is most pronounced with respect to Gender and Age, with Males and older patients responding more favourably overall

