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

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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.