National Healthcare
Communication
Programme

National Healthcare Communication Group

Review of National Patient Experience Survey Questions and Comments relating to Communication in Healthcare

Making conversations easier

HSE

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Chapter One - Executive Summary

1. Outline of review

This review undertook to describe key learning for effective communication in healthcare arising from the questions and patient comments in the National Patient Experience Survey (May 2017). The methodology adopted is outlined in Chapter Two. The content analysis is described in Chapter Three. The themes and recommendations highlighted by the analysis are described in Chapter Four.

2. Key themes

i. Attending to the relationship

Key themes that emerge from this analysis include the importance of creating a safe and supportive atmosphere for individuals and their families by making a personal connection, demonstrating empathy and building trust and confidence. Relevant behaviours like care, compassion, kindness, consideration and respect are necessary components of a therapeutic relationship. Building a good relationship with individuals and their families facilitates optimum achievement of the goals of the clinical encounter. Therefore it is very important that every opportunity is taken to *attend to the relationship* with individuals and their families making them aware of names, roles and responsibilities of healthcare staff, demonstrating empathy and showing interest in the patient as a person.

ii. Gathering information

The next theme to emerge is *gathering information (both biomedical and psycho-social)* to help determine the nature of the individual's problem. This involves getting to know who the patient is as a person and giving them the opportunity to discuss their needs and preferences. Discovering and sharing the agenda early in the clinical encounter allows staff, individuals and their families to work together to agree individualised care and treatment. In this theme, the individual or family member/carer has an information giving role and healthcare staff are at the receiving end. This requires reflective listening to elicit the patient narrative and the person's perspective on his or her symptoms.

iii. Providing information

Another theme is *providing information*. This theme aligns with the education and treatment phase of the clinical encounter. Information can be given for a number of reasons; it is used to help the person understand their condition, their care and treatment options and the services available to them, it is the basis for assisted decision making and it can help to reduce uncertainty and anxiety. Challenges can arise in framing the individualised information in the context of the person's values and goals, delivering the information in a way that individuals and their families can understand and recall and allowing opportunities for questions to facilitate that understanding.

iv. Reaching agreement

The next theme to emerge is supporting individuals and their families in making informed choices about their care. Good connections and communication *support understanding and decision making*. Effective decision making has been found to aid recall and to lead to better treatment adherence and disease outcomes, (Charles, Gafni and Whelan 1997). Even when individuals would prefer to leave a decision to their doctor, the information provision requires skilful communicative behaviours to share the options for care and treatment.

v. Enabling self-management

The fifth theme is the support of behaviour related to the disease or treatment. Patient behaviour is relevant to adjustment to the condition, adherence to treatment and management of disease. Lifestyle behaviours are often involved in the promotion of recovery or the prevention of deterioration of health. Many of the comments in this survey related to lack of information on discharge time to prepare for transition from the hospital, medication use, diet, life styles, wound management, follow up in the hospital and community and who to contact about on-going healthcare needs. Individuals and their families may be unable to comprehend or accurately recall information presented during their journey through the hospital. On-going engagement and communication keeps the person involved in the learning process and recognises their role in managing their own care and treatment.

vi. Families and Carers

Finally, when patients are admitted to hospital, they are rarely alone. Many of the comments analysed in this report relate to family members who are sharing the person's journey, providing not only emotional support but also sometimes acting as caregivers. The family has a role in describing family history, symptoms, concerns and acting as an advocate for the person. Challenges arise in relation to taking the time to listen to and work with family members to improve the patient experience.

vii. Conclusions

The review of questions and comments relating to communication in healthcare show that hospitals are performing better in core functions relating to 'attending to the relationship' and 'reaching agreement'. The majority of hospitals are performing moderately well in core functions relating to 'gathering and providing information'. Almost all hospitals require improvement in the core function relating to 'enabling self-management'. It should be noted that this function involves staff in the hospital and community working together to provide an integrated service at the transition points of care and thus any improvements in this area will involve staff from both services. Further information on analysis and recommendations is available in chapters three and four of this review.

3. Opportunities for learning

In addition to the themes highlighted there are a number of opportunities for learning that also emerged from this review. In the first round of analysis carried out for participating hospitals, the reviewer separated patient comments regarding communication with doctors, nurses and general staff (specific discipline not identified by the patient). This analysis led to the discovery that the attitude, behaviours and communication (positive and negative) as described and experienced by the patient are the same whether the encounter is with a nurse, doctor, physiotherapist or other staff member. Therefore the communication skills identified in this review apply to all healthcare staff.

While the literature on communication skills in healthcare tends to focus on doctors, nurses and health and social care professionals, this review indicates that all healthcare staff have an impact on the patient experience and that sometimes patients can feel more at ease with support staff than they might with their doctor or nurse and that connection can support them on their journey through the healthcare system.

> “The person giving out tea at night after surgery was so thoughtful and nice”

> "To be honest with you the porters put me at ease more than the nursing staff and each one I came into contact with was so pleasant and while I was being wheeled to the operating room they really put me at ease - huge thanks up to them."

Comments may reflect problems in the wider healthcare delivery system but members of staff have the opportunity to interact in ways that will improve the experience for individuals and their families. For example, the patient may have to wait a number of hours in the Emergency Department, but even the words of a kind, cheerful, attentive porter, can make a huge difference.

4. Key recommendations

This review provides evidence of the importance and impact of core communication skills on the experience of individuals and their families of public acute healthcare in Ireland. Further information on these recommendations is available in chapter four of this review.

Staff engagement

i. Hospitals ensure that arrangements are in place to engage staff and continue to improve people management practices which help to improve staff well-being and resilience and ultimately impact on the delivery of high quality, compassionate, safe care for individuals and their families.

Communications skills

ii. There should be a HSE wide approach to raise awareness of the importance of effective communication skills for delivering high quality, safe care for individuals and their families.

iii. This review suggests a five function model for healthcare communication in the HSE. The model helps to frame patient comments of their experience in public, acute Irish hospitals: (1) attending to the relationship, (2) gathering information, (3) providing information, (4) reaching agreement, and (5) enabling self-management.

iv. A communication skills learning and development programme should be developed based on this five function model. The programme should build on the work already underway at national and local level and ensure there is an agreed framework for the learning, development and on-going maintenance of core communication skills in healthcare.

v. It is recommended that a multi-disciplinary approach be adopted and that there is a forum in place for the exchange of experiences and good practice.

Families and Carers

vi. The role of the individual's family is very important in providing information which may assist healthcare staff in reaching a diagnosis, and also in providing daily care for the individual. The role of healthcare staff is to listen to and communicate with the family as sensitively and carefully as possible, while being conscious of confidentiality. Further guidance should be developed in relation to good communication with families and carers.

Chapter Two - Background and Methodology

1. Background

The first National Patient Experience Survey took place in May 2017. 26,635 patients from 40 hospitals across Ireland were invited to participate. The response rate was 51%, which equals 13,706 participants. The survey consisted of 61 questions about admission to hospital; care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other aspects of care. 36 questions relate to some element of communication in healthcare. The scores for these questions were reviewed.

Patients made 21,528 comments in response to the three open-ended questions in the survey. The comments relating to communication in healthcare were reviewed. This review resulted in the identification of five core functions for communication in healthcare. The 36 questions from the NPES can also be assigned to one of these five functions. A comprehensive analysis of comments under each function is detailed in chapter three.

2. Goals

The goal of the review was to provide evidence, based on NPES questions and patient comments which would inform the development of guidance for healthcare staff on effective healthcare communication.

3. Objectives

The objectives of the review were:

i. To identify strengths and areas for improvement in relation to healthcare communication in HSE hospitals;

ii. To identify recommendations for guidance on effective healthcare communication that reflect and align with learning from NPES questions and comments relating to healthcare communication; and any other recommendations for fostering good practice.

4. Access to patient comments

For the purpose of this review, the HSE acute hospitals division gave the reviewer access to National Data on the HSE NPES Dashboard.

5. Methodology

Qualitative content analysis was used in this review. The categories are largely derived from the data and applied to the data through close reading. This allowed for the emergence of insights and learning that might otherwise have been lost in using predetermined categories.

i. Coding and analysis

The qualitative content analysis of the NPES patient comments was undertaken in three stages. Firstly, following the exporting of the patient comments in response to questions 59, 60 and 61 into Microsoft Excel, the reviewer immersed herself in the data to familiarise herself with the whole data set. In the course of this initial reading of the comments, the process of identifying themes and developing a preliminary coding system began. This was followed by the development of a codebook. In developing this codebook every effort was made to replicate the terminology used in the patient comments. All quotations used in the review are taken verbatim from the patient comments. In the final stage, the entire sample of comments was reread (and where appropriate, recoded), to provide particular insight into key issues emerging from the content analysis.

The detailed codebook used for the qualitative content analysis was organised into six areas which included *general staff communication* (positive and negative), *doctors communication* (positive and negative), *nurses communication* (positive and negative), *discharge communication* (positive and negative), *staff introductions* (positive and negative) and *healthcare records* (positive and negative). Additionally, the data was coded using four other nodes related to effective communication, including *staff attitude*, *behaviour*, *communication* and *how the patient felt*. This information was sent in Microsoft Excel format to each of the 40 participating hospitals. Arising from the above coding and analysis, the reviewer identified five core functions for communication in healthcare. Further subcategories were generated under the five core functions. For example, the *gathering of information* was coded using the four subcategories; listening, questions, healthcare records and families/carers, the *provision of information* was coded using the seven subcategories; information, explanations, understanding, investigations, medication, family/carer and healthcare record.

Chapter Three - Content analysis

1. Introduction

This chapter presents the results of the qualitative content analysis of the 21,528 patient comments under the five core functions for communication in healthcare identified in the review. It begins by listing the NPES questions that relate to each core function. The survey results for these questions have already been reported by HIQA. Note: Patients were given a number of response options to each of these questions, e.g. yes definitely, yes to some extent, no, This review focused on the percentage of patients per hospital who responded 'yes' to each of the questions included in this review. In general, smaller, single specialty hospitals achieved higher scores in these questions. However, certain larger hospitals achieved higher scores in relation to some of the questions reviewed. The reviewer will engage with these hospitals to learn more about the underlying reasons for achievement of these higher scores.

The reviewer then lists the comments under the sub-headings for each of the core functions and gives an example of positive comments and causes of concern raised by individuals and their families under each of the sub-headings. Throughout their comments, many people describe the emotional effects of their experience in relation to staff attitude, behaviour and communication. This information was included in the reviewer's analysis of patient comments sent to participating hospitals and is dealt with under section seven of this chapter.

In addition to the review of the NPES questions and patient comments, the reviewer drew on national programmes and national standards that have been developed to support and improve some aspect of the five core functions for communication in healthcare. For the purpose of presentation, the programmes and standards are presented as:

- Relevant programmes supporting this function
- Links to National Standards for Safer Better Healthcare

2. Attending to the relationship

This core function contains two elements which were identified during the review of the NPES questions and comments:

1. *Staff relate to individuals and their families with care, compassion, kindness, consideration and respect*
2. *Staff introduce themselves and their roles to individuals and their families*

i. NPES Questions

The following NPES questions relate to this element – staff relate to individuals and their families with care, compassion, kindness, consideration and respect

No.	Questions
Q6.	Overall, did you feel you were treated with respect and dignity while you were in the Emergency Department?
Q29	Did you have confidence and trust in the hospital staff treating you?
Q30	Were you given enough privacy when discussing your condition or treatment?
Q52.	Overall, did you feel you were treated with respect and dignity while you were in the hospital?

In general hospitals achieved higher scores for questions relating to this element.

ii. Patient comments

The qualitative content analysis of patient comments relating to staff attitudes and behaviours were grouped under sub-headings relating to interpersonal skills (greeting, eye contact, smiling, treating patient as a person, acknowledging and apologising) and the behaviours of care, compassion, kindness, consideration and respect. The patient comments under each of the sub-headings are both positive and a cause for patient concern.

Patient Comments from NPES – Interpersonal Skills (positive)	
Greeting	*"Called me by name, remembered my name"* *"Took time to address each patient by name"* *"Always addressed me by my first name, greeted you with a shake hands"*
Eye contact	*"Spoke directly to me, good eye contact"*
Smile	*"It's the little things, kind word, smile"* *"Always had a word and a comforting smile for me"*
Patient as a person	*"Talked to me person to person, normal, not like I was just a patient"* *"Doctor came down to my sons level. He could talk to her"*
Acknowledge	*"Nurses helped me come to terms with what happened to me"* *"Quick to notice distress, sit and talk to me"*
Apologise	*"Apologised for having to treat me on a trolley"*

Patient Comments from NPES – Interpersonal Skills (cause for concern)	
Greeting	*"Didn't address my mother by her name"* *"Could have spoke to me, never addressed me"* *"Doctors point at you but not talking to you or acknowledging your existence with more than a 'Hello'"* *"Neither of them said hello, Just chatted together, completely lonesome"*
Eye contact	*"Look at you when they speak, not at everything else"*
Smile	*"Could put a smile on their faces"*
Patient as a person	*"Talked down to me, scolded me, spoke to me like I was an imbecile"* *"Talk to a patient, not talk over them as if they have no idea what's going on"*
Acknowledge	*"Didn't acknowledge what happened to me"*
Apologise	*"Disrespectful, didn't apologise, rude"*

Patient Comments from NPES – Care (positive)
"Couldn't do enough for me" *"Went out of their way to make you as comfortable as possible"*

Patient Comments from NPES – Care (cause for concern)
"Left for over an hour before I was seen, asked me if I was causing trouble again"

Patient Comments from NPES – Compassion (positive)
"Quick to notice distress, sit & talk to me"

Patient Comments from NPES – Compassion (cause for concern)
"Chatting to another nurse, watching me cry in pain"

Patient Comments from NPES – Kindness (positive)
"Always had a kind word"

Patient Comments from NPES – Kindness (cause for concern)
"*Threw me out of bed, threw my clothes at me, told me to get out of her ward"* *"To the point where they were roaring at her regarding what consistency she wanted her food at - saying then that they would strangle her in front of other patients"*

Patient Comments from NPES – Consideration (positive)
"Assuring you everything was going to be ok"

Patient Comments from NPES – Consideration (cause for concern)
"Arrive at mealtimes to examine you, released with no explanation for cause and no medication"

Patient Comments from NPES – Respect (positive)
"Talked to me, expressed interest & concern how I was feeling"

Patient Comments from NPES – Respect (cause for concern)
"Not nice, treat you as a child, don't get what you asked for" **Privacy** *"Patient told of his need for palliative care on a busy ward – overheard"* *"Personal questions asked with 3 other patients present. Curtains are not walls"* *"My medical history discussed on the corridor "* *"Should have a consultation room for discussion with nurses/doctors"* *"Learn to speak in lower tones, discussing other patients problems"*

iii. Reviewer comments

Patients identified an extensive number of staff attitudes and behaviours. Care and compassion are included here as they are HSE Values. Kindness, consideration and respect are included also as they are listed in National Standard for Safer Better Healthcare: 1.7.

Although the scores for Q30 are relatively high compared to other NPES questions, there were a significant number of comments in relation to lack of privacy when discussing condition and treatment with healthcare staff. A number of comments focus on bedside curtains or room doors being left open while individuals and their families are discussing intimate, personal issues with staff.

In the HSE we aim to deliver high quality, safe and compassionate care for individuals and their families. There is a clear link between the attitude and behaviours of our staff and the patient experience. Stories from patients illustrate again and again that positive staff attitude and behaviours, or their absence, colours their experience of being a patient and is often what they remember for a long time afterwards.

Many patient comments relate to the degree of care, compassion, kindness, consideration and respect they have (or have not) experienced. Sometimes these comments are complaints about the absence of care or compassion in the healthcare system. Others describe acts of kindness and consideration which have the ability to transform the individual's experience of care.

Comments reflect the patients understanding that staff are busy and work in a demanding environment, but also appreciate a friendly exchange during routine tasks such as taking blood pressure, helping a patient sit up, serving tea or cleaning around the ward.

iv. Relevant Programme(s) supporting this core function

- What Matters To You
- Values in Action
- National Programme to Enable Cultures of Person-Centredness
- Caring Behaviours Assurance System
- Schwartz Rounds
- Staff engagement

v. Links to National Standards for Safer Better Healthcare

1.6: Service users' dignity, privacy and autonomy are respected and promoted

1.7: Service providers promote a culture of kindness, consideration and respect

vi. Recommendations (see page 57 for more detail)

Hospitals ensure that arrangements are in place for staff to learn, develop and maintain core communication skills to relate to individuals and families with care, compassion, kindness, consideration and respect.

Hospitals ensure that systems are in place to progress towards full implementation of the National Standards and Programmes supporting this core function while prioritising for immediate action areas of significant concern for individuals and their families.

i. NPES Questions

The following NPES questions relate to this element – Staff introduce themselves and their roles to individuals and their families

No.	Questions
Q13.	Did staff wear name badges?
Q14.	Did the staff treating and examining you introduce themselves?

In general hospitals achieved higher scores for questions relating to this element.

ii. Patient comments

The qualitative content analysis of patient comments relating to names, roles and responsibilities of healthcare staff were grouped under sub-headings relating to name badges (what staff did, why name badges are important, visibility and placement) and staff introductions (what staff did, why introductions are important). The patient comments under each of the sub-headings are both positive and a cause for patient concern.

Patient Comments from NPES – Name Badges (positive)	
What staff did?	*"All staff wore name badges"*

Patient Comments from NPES – Name Badges (cause for concern)	
What staff did?	*"Doctors did not wear name badges, never knew who you were speaking to"* *"Some members of staff had name tags. It would be nice to know the name of the person treating you without asking"*
Why name badges are important?	*"Name badges make it easier to remember staff and refer to them by name"*
Visibility	*"Name badges not easy to read, first names sufficient, larger badges"* *"Name badges difficult to read, even with glasses"*
Placement	*"Awkward looking at hip area, name badges, unseemly"*

Patient Comments from NPES – Introductions (positive)	
What staff did?	*"I liked how everyone introduced themselves by name and job title. Told me why they were there and what they were to do"*

Patient Comments from NPES – Introductions (cause for concern)	
What staff did?	*"Started talking among themselves, never introduced themselves, spoke directly or made eye contact"* *"On one occasion, an unidentified person came into the ward and turned off my mother's medication without any comment to her"*
Why introductions are important?	*"Range of uniforms, don't know who you are talking to"*

iii. Reviewer comments

Dr Kate Granger a doctor and a patient with terminal cancer initiated the '#hellomynameis' campaign on Twitter in August 2013 when she was hospitalised with sepsis. Dr Granger was concerned with the number of staff who failed to introduce themselves to her and felt that 'as a patient you are in an incredibly vulnerable position. The healthcare team knows so much personal information about you, yet you know next to nothing about them'. Patient comments indicate that staff introductions help to put individuals and their families at ease and are an essential part of providing high quality; person centred healthcare.

iv. Relevant Programme(s) supporting this core function

- 'Hello my name is'

v. Links to National Standards for Safer Better Healthcare

2.4: An identified healthcare professional has overall responsibility and accountability for a service user's care during an episode of care.

vi. Recommendations (see page 57 for more detail)

Hospitals ensure that arrangements are in place for staff to learn, develop and maintain core communication skills to introduce themselves and their roles to individuals and their families.

Hospitals ensure that systems are in place to progress towards full implementation of the National Standards and Programmes supporting this core function while prioritising for immediate action areas of significant concern for individuals and their families.

3. Gathering Information

This core function contains one element which was identified during the review of the NPES questions and comments:

1. *Individuals and their families have opportunities to discuss their needs and preferences to inform their individualised care*

i. NPES Questions

The following NPES questions relate to this element

No.	Questions
Q3.	When you had important questions to ask doctors and nurses in the Emergency Department, did you get answers that you could understand?
Q20.	When you had important questions to ask a doctor, did you get answers that you could understand?
Q21.	Did you feel you had enough time to discuss your care and treatment with a doctor?
Q22.	When you had important questions to ask a nurse, did you get answers that you could understand?
Q23.	If you ever needed to talk to a nurse, did you get the opportunity to do so?
Q27.	If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?
Q28.	Did you find someone on the hospital staff to talk to about your worries and fears?
Q37.	Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand

Lower scoring questions for this element are Q3 (ED), Q27 (talking to a doctor) and Q28 (worries and fears).

ii. Patient comments

The qualitative content analysis of patient comments relating to gathering information were grouped under sub-headings relating to listening (time, attention), questions (invited or valued, answered, length of time to answer, availability to answer, time to formulate questions and how the patient felt), healthcare records (use of the record, co-ordination of information, availability, computerised records) and family/carers (consulting, involving and meeting staff). The patient comments under each of the sub-headings are both positive and a cause for patient concern.

Patient Comments from NPES – Listen (positive)	
Time	*"Always had time for you, a little chat"* *"Made time if I needed to talk, aware of my home situation"* *"Doctor came to see me at least twice a day and were very open and easy to talk to"* *"Took time to listen, explain about treatment"* *"Doctor listens to you, gives his time to you"* *"Staff listened to me, learned about my illness, asked questions so they could give me the best treatment"* *"Doctors came several times to make sure they have all the information. Spent a long time with me"*
Attention	*"No delays in answering calls, if you needed a chat, someone available"* *"Took the time to make sure I was happy, kept checking in on me"*

Patient Comments from NPES – Listen (cause for concern)	
Time	*"Patient needs time, to discuss what has happened and what will happen, need time to tell their story"* *"Doctors cannot take enough time to talk to the patient. Policy of not listening or hearing what the patient is saying"* *"Join the real world, listen to how I have been managing my condition"* *"A little blasé. Did not listen to the concerns I had to the point of being dismissive. Listening to the patient is so important"* *"Consultants listening skills and bedside manner left a lot to be desired. They preferred to be listened to, rather than listen"* *"Consultant ought to take time with a patient to try and find reason for presenting symptoms"*
Attention	*"2 nurse call bells for 6 bedded ward, had to shout and watch out for those who couldn't call themselves"* *"Annoyed when staff say will be back and don't reappear for long time"*

Patient Comments from NPES – Questions (positive)	
Questions invited or valued	*"Felt free to ask questions"* *"Valued questions posed to them, taking the time to answer"*
Questions answered	*"Any questions I asked were always answered clearly"* *"Understanding, spoke to me in terms I could understand"*
Length of time to answer	*"Questions answered promptly"*
Availability to answer	*"Doctors always available to answer my questions"*
Time to formulate questions	*"Doctor rang to check how I am managing my illness and medications"*
How patient felt	*"No question was too much trouble"* *"Did not feel ignored or that any of my questions were asked by a 'silly middle-aged woman'"*

Patient Comments from NPES – Questions (cause for concern)	
Questions invited or valued	*"Did not invite questions"* *"Did not want to be approached with a question"*
Questions answered	*"Didn't get answers to my main concerns, not given results of procedure, how they are going to treat it"* *"Visits from consultants were very rushed, that was a bit disconcerting as I had a few questions that would have reduced my anxiety had there been less of a rush"* *"Busy, forgot to get back to you with an answer"*
Length of time to answer	*"Took a long time to return to answer my questions"*
Availability to answer	*"Hard to find someone to take on questions - 'it's not my area, she's not my patient, on a break'"*
Time to formulate questions	*"Too many around bed, uncomfortable, unable to answer questions"*
How patient felt	*"Follow up after 1/2 days, when you have had time to gather your thoughts & document a few questions"*

Patient Comments from NPES – Healthcare Records (gathering information - positive)	
Using Patients Healthcare Record	*"Know and understand his needs. Have his file within minutes"*

Patient Comments from NPES – Healthcare Records (gathering information-cause for concern)	
Using Patients Healthcare Record	*"Ward staff should attend ward round, not rely on notes alone"*
Co-ordination of information	*"Had to answer same questions on four different occasions in the period of six hours, didn't get to ask questions, had a relative with me, wouldn't be able to keep talking & remembering everything"* *"Medical teams need to communicate with each other and take notes"*
Availability of Healthcare Record	*"Continuously asked me my results, couldn't locate my chart"*
Computerised records	*"Doctors and nurses should have hand held machines with all my details. Each time they have to start writing out my life story - this is 2017 not 1960."* *"Go digital, stop asking same questions, already answered you"* *"I do not understand why the patient's information is not stored electronically and securely on a device on their bed which can be accessed and updated easily with the information stored centrally. It would seem to me that that would result in less duplicated conversations, reliance on individuals memory and a more efficient and safer system???"*

Patient Comments from NPES – Family/Carers (gathering information - positive)	
Consulting family/ carer	*"Spoke to and consulted my family"* *"Communicated well with my family"*
Involving family/ carer	*"Sister answered questions, stroke, couldn't understand"*
Family/ carer meeting staff	*"Staff willing to give time to discuss issues with my family"*

Patient Comments from NPES – Family/Carers (gathering information – cause for concern)	
Consulting family/ carer	*"Doctors didn't take me serious. Patient comes across as if she understands"* *"Consult family member when patient is unable to speak for themselves"* *"Speak more to family members, mistakes could have been avoided if family had been consulted"* *"Patient wanted other person present (when doctor is talking to elderly patient) but doctor won't allow it"* *"Not asked about family history, would have aided diagnosis"*
Involving family/ carer	*"Include family in discussions, patient is hearing impaired"* *"My family did not feel included in my care, nurses seemed to resent their presence"*
Family/ carer meeting staff	*"Family members tried to talk to/meet a doctor, never happened"*

iii. Reviewer comments

Patient comments describe their experience of staff both listening and also not listening to people or their family members. It is essential that healthcare staff have skills that keep the focus of communication on the person, that demonstrate active listening. Not listening to the individual is not only a failure to treat the person with respect, but also a failure to value the person's knowledge about their own health. Reflective listening has been shown to enhance the therapeutic nature of a relationship, increase openness and the disclosure of feelings and improve information recall. Patients also comment on the use of the healthcare record for gathering and co-ordinating healthcare information including repetition of the same information to different members of staff and absence of the electronic patient record. Patient comments indicate that some staff involved families and carers while gathering healthcare information; other family members and carers felt that they were not included or taken seriously.

iv. Relevant Programme(s) supporting this function

- What Matters to You
- Your Service Your Say
- Assisted Decision Making
- Your Voice Matters
- It's Safe to Ask
- Little Things Campaign

v. Links to National Standards for Safer Better Healthcare

1.7.2: Active listening and communication with service users in an open and sensitive manner, in line with their expressed needs and preferences.
2.2: Care is planned and delivered to meet the individual service user's initial and on-going assessed healthcare needs, while taking account of the needs of other service users

vi. Recommendations (see page 58 for further detail)

Hospitals ensure that arrangements are in place for staff to learn, develop and maintain core communication skills to ensure that individuals and their families have opportunities to discuss their needs and preferences to inform their individualised care.

Hospitals ensure that systems are in place to progress towards full implementation of the National Standards and Programmes supporting this core function while prioritising for immediate action areas of significant concern for individuals and their families.

4. Providing Information

This core function contains two elements which were identified during the review of the NPES questions and comments:

1. *Individuals and their families are supported by healthcare staff to understand their condition, treatment and care options and the services available to them.*
2. *Individuals and their families experience integrated care which is coordinated effectively within and between services*

i. NPES Questions

The following NPES questions relate to this element – individuals and their families are supported by healthcare staff to understand their condition, treatment and care options and the services available to them.

No.	Questions
Q4.	While you were in the Emergency Department, did a doctor or nurse explain your condition and treatment in a way you could understand?
Q25.	How much information about your condition or treatment was given to you?
Q26.	Was your diagnosis explained to you in a way that you could understand?
Q33.	Did a doctor or nurse explain the results of the tests in a way that you could understand?
Q34.	Before you received any treatments did a member of staff explain what would happen?
Q35.	Before you received any treatments did a member of staff explain any risks and/or benefits in a way you could understand?
Q36.	Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?
Q38.	Beforehand, were you told how you could expect to feel after you had the operation or procedure?
Q39.	After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?

Lower scoring questions in relation to this element are Q4 (ED), Q33 (test results) and 36 (risks and benefits)

ii. Patient comments

The qualitative content analysis of patient comments relating to providing information were grouped under sub-headings relating to information, explanations, understanding, investigations, medication, healthcare records and family/carers. The patient comments under each of the sub-headings are both positive and a cause for patient concern.

Patient Comments from NPES – Information (positive)	
What	*"Information on procedure, medication, treatment, possible causes and prevention, received phone call after to see how I was"* *"Upfront in telling me and my daughter that they forgot to give me my medication"* *"Told my wife everything she need to know"* *"Consultant talked me through step by step"*
When	*"Kept informed at all times what was happening"*
How o Thorough/ sufficient	*"Thorough giving, getting information"* *"Gave me enough information"*
o Clear	*"Clear, concise information and advice regarding illness"* *"Clear diagnosis"*
Time	*"Always available to give me information about my operation"* *"Information given at all times"* *"Always time to answer questions"* *"Time to address my concerns. Issues listened to and remedied. Effective communication and problem solving"* *"Took extra time with me so I could understand everything that was happening"* *"Excellent contact time"*
Questions	*"Helpful regarding queries"* *"Willing to answer any queries"* *"Always there for advice, answered questions when we asked"* *"Always manning phone to help with concerns"* *"Always had time to talk to you if you were upset or wanted to answer questions"* *"Helpful (if they did not have an answer, they found a senior colleague who did)"* *"Nurse was amazing, answered all my questions and treated me really well"*

Patient Comments from NPES – Information (cause for concern)	
What	*"Need information regarding procedure and after getting the operation done, explain how the patient will feel, recovery time and pain control"* *"Advice from doctors on signs and symptoms to look out for after surgery. Advice on what to do/not to do to avoid recurrence of condition"* *"Fasting, no-one told me procedure was cancelled"* *"No one informed me of duration of stay"*
When	*"Information only given when I was concerned, staff didn't have time to talk to patients"* *"Information provided on a question and answer basis. If question is not asked, information is not provided, need a delegate to explain everything"* *"Wait until I am fully awake before talking to me (post-op)"* *"Briefly got to talk to doctor, very sleepy, didn't pick up outcome, hard to get feedback on the results, booked to see specialist privately"* *"If it had been mentioned before the operation, I would have been able to assimilate the information easier"*
How o Thorough/ sufficient	*"Did not do enough to diagnose me. I want to know what is wrong with me*
o Clear	*"Tell patients if they are being admitted in a clearer manner"* *"Never clear"*
Time	*"Blink and they are gone. They knew what was wrong with me. I hadn't a clue"* *"Doctors spend one minute with you, don't discuss options or alternatives"* *"Made a face when asked to help, said she hadn't time"* *"Talk to you for more than a minute"* *"Very rushed, not enough information given to Nursing Home, not shown how to use X, no communication with team"* *"Time spent with doctors, just because you are on their checklist, sense of urgency, leave as soon as possible, give you time to process answers, formulate new questions"* *"Staff too busy to keep you informed of what is happening"* *"Doctors need to take more time with patients. I was not told the purpose of a new treatment and/or possible outcomes and side-effects"*

Patient Comments from NPES – Information (cause for concern)	
	"Access to my doctor (didn't see my consultant at all), no information (a plan would have helped)" *"Doctors should spend more time discussing details with patient and give patient more opportunities to ask questions"* *"Give you more time, hard to take everything in, need more time to think of a question you want to ask, medication explained"* *"Doctor stay with one patient until they are finished instead of going from one patient to another"*
Questions	*"Doctors never around to discuss questions about treatment, have to ask nurses, had to remind doctors about aspects of my condition, medication"* *"Had to chase everything up, no answers given"* *"Had to keep asking doctor questions, answered while on the move"* *"More information, a doctor to answer questions, family member to have access to doctor"* *"Waiting for doctors to ask questions, very slow to come & speak to me, family trying to get information"* *"When I asked a question, he directed his answer to a team of doctors"* *"Only met one doctor who asked if I was ok and if I had any questions"* *"Never saw consultant, no questions answered, utterly abandoned"*

Patient Comments from NPES – Explanations (positive)	
What	*"Took his time to sit, explain the procedure"*
When	*"Spoke to me during the operation, told me the option he had decided, explained the options, pros, cons and gave me the final say"* *"Always on hand to explain and offer solutions"*
How o Thorough/ sufficient	*"Explained in detail about my condition. Asked if I fully understood, if I had any questions at all"* *"Excellent at explaining, draws diagrams to help explain what he is going to do"*
o Clear	*"Explained clearly and concisely, patiently and respectfully, took great care*

Patient Comments from NPES – Explanations (cause for concern)	
What	*"What will happen before, during after procedure, what to expect"* *"Never explained to me why I was kept in"* *"Final diagnosis not explained properly. Perhaps I didn't ask enough questions"*
When	*"Did not speak to me before or after the operation, explain procedure"*
How o Thorough/ sufficient	*"Explain problems in a way patient understands"* *"Not enough time explaining my diagnosis"* *"I haven't a clue what is going on"*
o Clear	*"Vague in explanations"* *"Explain in a simple way, not in medical terms, patient cannot understand"*

Patient Comments from NPES – Understanding (positive)	
Medical jargon	*"Spoke in plain English"* *"Spoke to me in lay terms, explained jargon"*
English not first language	*"Patient doesn't have a lot of English, hospital provided an interpreter."* *Kept in contact with relatives, waited for relatives for reports so the patient could understand"*
Communication impairment (e.g., stroke, hearing difficulties)	*"While my father may not have understood some of what the doctor said, I feel things were explained adequately to us" (Carer)*
Check understanding	*"Explained in detail about my condition. Asked if I fully understood. (if I had any questions about it at all"*

Patient Comments from NPES – Understanding (cause for concern)	
Medical jargon	*"Don't understand medical terms, speak clear English, patients understand"* *"Doctors could appreciate the need to speak slowly and clearly when using technical terms and discussing a patients progress and treatment"*
English not first language	*"Foreign doctors and nurses hard to understand at times. Maybe when speaking to older patients, speak a little slower or possibly have an English speaking person with them"* *"Problem when I was not there to translate for her" (Carer)*
Communication impairment (e.g., stroke, hearing difficulties)	*"Hard of hearing, staff asking questions, father has.., doesn't remember, explained situation, to no avail"* *"92 years, poor understanding, consider when planning aftercare*
Check understanding	*"Doctors from another country should speak slowly for you to understand and ask if you understand"*

Patient Comments from NPES – Investigations (positive)	
Prompt	*"Details taken, quick, efficient tests"* *"Prompt, consultant had results for me"*
Thorough	*"All tests done, accurate diagnosis"*
Explain results	*"Gave update on condition & test, each morning & evening"* *"Updated on treatment plan and tests, actively listening to me, provided reassurance"*

Patient Comments from NPES – Investigations (cause for concern)	
Prompt	*"Waiting time for results is too long"* *"Waiting for tests over the weekend"*
Thorough	*"Do all the tests they say they will do"* *"More tests to rule out anything I was worried about"*
Explain results	*"Explanation as to why certain tests were being carried out and why specific treatments were being given "* *"Update patients on test results, without being asked"* *"Waiting for results, what is next part of my operation"* *"When a patient asks for results, they should be told the outcome"*

Patient Comments from NPES – Medication (positive)	
What medication is for	*"Gave us whatever information he could, spoke about drugs he wanted"* *"Went through my medication thoroughly"*
Length of time	*Not applicable*
Side effects	*Not applicable*
Prompt	*"Aware of need to take medication"*
Right medication	*"Checked I was the right person for the right medication"*

Patient Comments from NPES – Medication (negative)	
What medication is for	*"Not told what medication was for"* *"A doctor I never met, prescribed antibiotics for me and didn't explain to anyone why I needed them!"*
Length of time	*"I would like to know more about the medication, I was given and how long I have to take it for"*
Side effects	*"Explain more about medication and its side effects"* *"No one explained that I might be sick from the meds"*
Prompt	*"Had to remind every time antibiotics were due, didn't check name band, said I was ok, readmitted"* *"Severe pain, had to bed and get angry for pain killers"*
Right medication	*""My daughter had word with one of the team. Doctor prescribed medication and I am allergic"* *"Ask patients if there is any medication they should not be given"* *"Given same antibiotic that I was allergic to"* *"Ask patients if there is any medication they should not be given"*

Patient Comments from NPES – Family/Carers (providing information - positive)	
Consulting family/carer	*"Spoke to and consulted my family"* *"Communicated well with my family"*
Involving family/carer	*"Family member helps understand what doctor diagnosed"* *"Communication with family members was good. Son acted as an advocate, was of enormous benefit to me"* *"Phoned my daughter when my operation was over"*
Family/carer meeting staff	*"Staff willing to give time to discuss issues with my family"*

Patient Comments from NPES – Family/Carers (providing information – cause for concern)	
Consulting family/carer	*"Could have communicated better with my family"* *"Lack of communication from doctor. Mother was confused, hearing is bad. I should have seen a doctor in hospital to discuss mothers condition. Staff did not talk to me enough"*
Involving family/carer	*"Call spouse when explaining condition, patient may not understand"* *"Daughter available, not asked to translate, don't know if procedure was successful"* *"Need help from relative to explain how he is feeling, fears relieved if told exactly what they were doing, how long it was going to last"*
Family/carer meeting staff	*"Difficult for family to meet doctors"* *"Treated questions from next of kin with great reluctance, loathe to give information"* *"Doctors available at times that suit family members, option to make an appointment"* *"Never knew what time doctor was going to visit (ward round), could not plan for a family member to be there*

iii. Reviewer comments

Recent research has shown that most patients today want to be fully informed to understand their illness and treatment, to make decisions and to cope with their particular situation, Kaplan, Greenfield and Ware (2001). Improving health literacy for patients and carers/family members is a key element of information provision. Patient comments indicate that some patients are happy with the information and explanations that they receive, that staff took time to communicate clearly and in plain English. Other patients noted that staff were "vague in their explanations" and suggested that staff could speak more slowly and clearly. Specific patient comments were made in relation to information on investigations and medication. On the positive side, patients said that investigations were carried out promptly and they received regular updates and that staff went through their medications thoroughly. On the other hand patients said that the "waiting time for results was too long", they were not kept up to date and that they would like to know more about medications and their side effects. Patient comments indicate that although some staff involved families and carers while providing healthcare information, other family members and carers felt that staff were "loathe" to give them information.

iv. Relevant Programme(s) supporting this function

- HSE National Consent Policy
- HSE Open Disclosure Policy
- HSE Standards and Recommended Practices for Healthcare Records Management
- HSE Guidelines for Communicating Clearly using Plain English with our Patients and Service Users
- National Programme to Enable Cultures of Person-Centredness
- Your Voice Matters
- Assisted Decision-Making

v. Links to National Standards for Safer Better Healthcare

1.2.4: Provision of clear and relevant information in usable formats for service users about the services available to them and how to access these services.
1.4: Service users are enabled to participate in making informed decisions about their care
1.5: Service users' informed consent to care and treatment is obtained in accordance with legislation and best available evidence
1.9: Service users are supported in maintaining and improving their own health and wellbeing
3.5: Service providers fully and openly inform and support service users as soon as possible after an adverse event affecting them has occurred, or becomes known, and continue to provide information and support as needed

vi. Recommendations (see page 59 for further detail)

Hospitals ensure that arrangements are in place for staff to learn, develop and maintain core communication skills that support individuals and their families to understand their condition, treatment and care options and the services available to them.

Hospitals ensure that systems are in place to progress towards full implementation of the National Standards and Programmes supporting this core function while prioritising for immediate action areas of significant concern for individuals and their families.

i. NPES Questions

There were no specific NPES questions related to this element – individuals and their families experience integrated care which is coordinated effectively within and between services

ii. Patient comments

The qualitative content analysis of patient comments relating to co-ordinating care were grouped under sub-headings relating to communication between sites, teams, doctors, staff, clinical handover and healthcare records. The patient comments under each of the sub-headings are both positive and a cause for patient concern.

Patient Comments from NPES – Co-ordination (positive)	
Communication between sites	*"Communications between doctors, nurses, other hospitals involved"*
Communication between teams	*"Good teamwork and communication"* *"Work well as a team"*
Communication between doctors	*"Excellent communication and co-operation between hospitals and doctors"* *"Good liaison between doctors (to ensure my treatment did not impact on my condition)"*
Communication between staff	*"Followed up on appointments to ensure we were aware of what was happening and that professionals followed through"*
Handover	*"Passed on information requested to next changeover"*

Patient Comments from NPES – Co-ordination (cause for concern)	
Communication between sites	*"No sharing of information between hospitals*
Communication between teams	*"Poor communication between teams of specialists"* *"Improve inter-departmental communication. Needlessly nil by mouth for the day"* *"Communication error during transfer from one team to another resulted on one medication being omitted"*
Communication between doctors	*"Lack of communication between consultants. Diagnosis of the infection was too slow"* *"My last visit could have been avoided if doctor had contacted my GP"* *"Doctors from different teams need to actually talk to each other"* *"Too many doctors, all different opinions"*
Communication between staff	*"Poor communication between ED & surgery, had to inform surgeon of my symptoms"*

Patient Comments from NPES – Co-ordination (cause for concern)	
	"Flow of information from doctors to nurses not obvious"
Handover	*"Change over causing confusion, like dealing with a new patient again"* *"Lack of communication between shifts, could have been avoided with better communication"*

Patient Comments from NPES – Healthcare Records (providing information – cause for concern)	
Using Patients Healthcare Record	*"Given bad news, doctor was reading history of another patient, someone else's diagnosis, put on medication I should not have been on"* *"More interaction from nurses, treating patient without looking at the file, questions unanswered as they were never sure"* *"The nurse called me [Name] before I was put to sleep and told me she was looking at a different chart!! #scary"* *"Nurse gave incorrect information, no infection, reading someone else's file"*
Co-ordination of information	*"Medical teams need to communicate with each other and take notes"*
Computerised records	*"Doctors and nurses should have hand held machines with all my details. Each time they have to start writing out my life story - this is 2017 not 1960."*

iii. Reviewer comments

Co-ordinated care between healthcare staff, teams, departments and sites was not included as a question on the NPES. However, it was mentioned on a number of occasions in the patient comments. Patient comments provide evidence that some staff work well as a team with good co-ordination of information between staff, teams, departments and hospitals. Other comments indicate difficulties in the co-ordination of information between staff and during clinical handover. Comments regarding healthcare records indicate less than optimum healthcare records management standards and use of the patient record.

iv. Relevant Programme(s) supporting this function

- Communication (Clinical Handover) in Maternity Services. National Clinical Guideline No. 5
- Communication (Clinical Handover) in Acute and Children's Hospital Services. National Clinical Guideline No. 11
- HSE Standards and Recommended Practices for Healthcare Records Management
- It's Safer to Ask
- ISBAR3 Communication Tool
- Integrated Care Programme for Older Persons

v. Links to National Standards for Safer Better Healthcare

2.3: Service users receive integrated care which is coordinated effectively within and between services

2.4: An identified healthcare professional has overall responsibility and accountability for a service user's care during an episode of care

2.5: All information necessary to support the provision of effective care, including information provided by the service user is available at the point of clinical decision making

8.3: Service providers have effective arrangements for the management of healthcare records

vi. Recommendations (see page 59 for further detail)

Hospitals ensure that arrangements are in place for staff to learn, develop and maintain core communication skills to ensure that individuals and their families experience integrated care which is coordinated effectively within and between services.

Hospitals ensure that systems are in place to progress towards full implementation of the National Standards and Programmes supporting this core function while prioritising for immediate action areas of significant concern for individuals and their families.

5. Reaching agreement

This core function contains one element which was identified during the review of the NPES questions and comments:

1. *Individuals and their families are supported to participate should they wish to, in making informed choices about their care.*

i. NPES Questions

The following NPES questions relate to this element

No.	Questions
Q24.	Were you involved as much as you wanted to be in decisions about your care and treatment?
Q40.	Did you feel you were involved in decisions about your discharge from hospital?

In general hospitals achieved higher scores for questions relating to this element.

ii. Patient comments

The qualitative content analysis of patient comments relating to making decisions were grouped under sub-headings relating to involving patients, updating patients, reaching agreement and checking understanding. The patient comments under each of the sub-headings are both positive and a cause for patient concern.

Patient Comments from NPES – involved in care and treatment (positive)	
Involved	*"Tried their best to inform me and keep me in the loop with my diagnosis"* *"At all times, either I or my family member was completely involved in my care decisions"*
Updated	*"Kept me updated on everything they were going to do on the ward"* *"Constantly updated on all decisions regarding my operation"*
Reach agreement	*"Spoke to me during the operation, told me the option he had decided, explained the options, pros, cons and gave me the final say"*
Check understanding	*"They made sure I understood"*

Patient Comments from NPES – involved in care and treatment (cause for concern)	
Involved	*"Doctors are busy, but sometimes instead of talking between them, they can involve the patient in the talks. I felt I was not in the room when they talked about the results"*
Updated	*"Helpful if someone explained what was going on in the background, waiting for next thing to happen, never knew what next thing was, just some idea of what was going on"*
Reach agreement	*"Interaction with patients, perfunctory examination, diagnosis made, no explanation, medication not explained"*
Check understanding	*"Briefly got to talk to doctor, very sleepy, didn't pick up outcome, hard to get feedback on the results, booked to see specialist privately"*

Patient Comments from NPES – involved in decisions about discharge (positive)	
Involved, updated, reach agreement, check understanding	*"Given direct answers, spoke to me, asked if I understood everything, if I needed anything clarified, asked if I was happy to go home"*

Patient Comments from NPES – involved in decisions about discharge (cause for concern)	
Encourage participation	*"89 years, had to get a taxi home the day he was told he was being kept in"*
Outline choices	*"No notice, no time to arrange anything with my family, no way to treat a person of 91 years"*
Reach agreement	*"Listen to patient/relative, not discharge until they are fit, shouldn't have to go back through ED"*
Explore understanding	*"Aftercare could have been explained better. Didn't understand"*

iii. Reviewer comments

Studies show that treatment adherence and behaviour change are more likely when the patient is involved in the decision making process and agrees with the recommendations. Patient comments provide evidence that while some patients are involved and feel that they have adequate information to make decisions, other patients do not have the same experience and feel that they are 'not in the room' when the doctor is talking about them and making decisions about their care, treatment and discharge.

iv. Relevant Programme(s) supporting this function

- Assisted Decision Making
- What Matters to You
- HSE National Consent Policy
- Integrated Care Programme for Older Persons

v. Links to National Standards for Safer Better Healthcare

1.4: Service users are enabled to participate in making informed decisions about their care

2.2: Care is planned and delivered to meet the individual service user's initial and on-going assessed healthcare needs, while taking account of the needs of other service users

vi. Recommendations (see page 59 for further detail)

Hospitals ensure that arrangements are in place for staff to learn, develop and maintain core communication skills that support individuals and their families to fully participate should they wish to, in making informed choices about their care.

Hospitals ensure that systems are in place to progress towards full implementation of the National Standards and Programmes supporting this core function while prioritising for immediate action areas of significant concern for individuals and their families.

6. Enabling self-management

This core function contains two elements which were identified during the review of the NPES questions and comments:

1. *Individuals and their families are supported in maintaining and improving their own health and wellbeing, taking into account their circumstances, their ability to access services and their co-existing conditions*
2. *Individuals and their families are made aware of when, how and who contact about their on-going healthcare needs. Information should be available to suit a wide variety of physical and cognitive abilities*

i. NPES Questions

The following NPES questions relate to this element –individuals and their families are supported in maintaining and improving their own health and wellbeing, taking into account their circumstances, their ability to access services and their co-existing conditions

No.	Questions
Q41.	Were you given enough notice about when you were going to be discharged?
Q42.	Were your family or someone close to you given enough notice about your discharge?
Q43.	Before you left hospital, did the healthcare staff spend enough time explaining about your health and care after you arrive home?
Q44.	Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?
Q45.	Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?
Q46.	Did a member of staff tell you about medication side effects to watch for when you went home?
Q47.	Did a member of staff tell you about any danger signals you should watch for after you went home?
Q48.	Did hospital staff take your family or home situation into account when planning your discharge?
Q49.	Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?
Q51.	Do you feel that you received enough information from the hospital on how to manage your condition after your discharge?

Lower scores were achieved in Qs 44(written or printed information), 45 (purpose of medicines), 46 (medication side-effects), 47(danger signals), 48(taking family situation into account), 49(information needed to help care) and Q51 (information on managing condition).

ii. Patient comments

The qualitative content analysis of patient comments relating to enabling self-management were grouped under sub-headings relating to notice and timing of discharge, waiting for discharge, discharge letters, diagnosis and treatment, discharge information, follow-up in the hospital and community and family/carers. The patient comments under each of the sub-headings are mainly a cause for patient concern.

Patient Comments from NPES – Notice of discharge	
Time to make contact and arrange transport/help/ changes at home/medication	*"Adequate time for patient and family to make contact and arrange transport, no advice on how to manage my condition, referral letter not sent, dressings not given"* *"Notice. I live alone. Discharged on Saturday. No fresh milk, bread. Didn't feel able to go to the shops. Need notice to arrange help for this"* *"Short notice considering changes that have to be made at home"* *"Late or weekend discharge - not suitable to collect tablets from pharmacy"* *"Notice (improve uncertainty of discharge so you can plan better"*
Appropriate time of day	*"Do not discharge elderly people in the middle of the night"*
Notice for family/carers	*"No notice, no time to arrange anything with my family, no way to treat a person of 91 years"* *"Notice (informing family re discharge and expecting someone to be there at the push of a button)"*

Patient Comments from NPES – Timing of discharge	
Discharged too soon	*"Hurry to discharge, especially weekends, all issues not resolved, readmission"* *"Don't tell patient they can go home until they are sure everything is ok"* *"Discharged too soon, results received readmitted"* *"Should not have been discharged (has not left the house, spends 90% time asleep)"* *"Make sure patients are fully fit to be discharged before they go"*
Discharged sooner	*"Could have been discharged much earlier"*

Patient Comments from NPES – Waiting for discharge	
Doctor availability	*"Medical team unavailable to sign discharge, delayed, signed by registrar, unfamiliar with my case"* *"Delays (no doctor to discharge me)"* *"Could have been discharged sooner if 'healthcare professional' had been available"*
Prescription	*"Waiting (0-6 hours) for prescription"*
Discharge letter	*"Discharge letter, waiting (1.5 hrs) to bring to my GP"*
Bank holidays	*"Delayed (3-4 days), bank holiday weekend"*
Medical certificate	*"Discharge time too long. Needed certificate"* *"Didn't get medical certificate, told that it would be posted the next day"* *"Sick note for work. Given by random doctor who didn't know me"*

Patient Comments from NPES – Discharge letter	
Link with GP	*"Full summary of my treatment sent to my GP by email" (positive)* *"Following discharge I & my [doctor] are still awaiting reports out line of treatment & diagnosis making it difficult to assess recovery etc."* *"Discharge letter from the hospital took two weeks to arrive at my GP, including blood test results which had been available earlier but no-one had told me the results of. This made it difficult for my GP to help me without all the necessary details from the hospital"* *"The hospital did not get in touch with our doctor about time in hospital"* *"All patient information in writing, copy for GP after discharge, GP asks questions, doesn't have needed details, patient does not have answers"*
Delays	*"Discharge letter delay"* *"Waiting (5 hours) from final review to discharge letter. Should be possible to have time of discharge for routine procedures"*
Timing	*"Messy discharge, letter posted out"* *"Letters, etc. could be given to take home before calling for someone to pick patients up"*
Information	*"Discharge letters, contain information around diagnosis, treatment, examination, tests"* *"Discharge letters, printed results of every test done"* *"Discharge reports inaccurate"*

Patient Comments from NPES – Diagnosis & treatment	
Diagnosis	*"I left the hospital in the full knowledge and confidence that the condition I was diagnosed with was under control and manageable with great back up and follow up" (positive)* *"Several people unaware that other staff had seen me, given no diagnosis, treatment or information on my condition"* *"Wrong diagnosis, no appropriate aftercare"* *"I left the hospital not knowing much about my condition. Doctors telling me different things"* *"I wasn't told I had a condition. I didn't know why I felt so unwell. It would have been helpful to know what was wrong"* *"Nobody knew why I was sick and only presumed I had one thing or another"* *"I don't think the hospital knew what was wrong with me"* *"I went to my own doctor to find out I had a life threatening complaint. I got some shock"*
Treatment	*"More discussion on long term treatment plan"* *"Discharged, too busy, told I would be called back to have procedure"* *"Sent home to wait 3 months for another scan, no diagnosis"*
Results	*"Discharged very quick with little information. Still waiting on results"* *"Waiting to hear results after 3 weeks"* *"Availability of tests and scans prior to discharge"* *"I didn't feel they solved my problem they gave me a [Procedure Name] which gave me some results and sent me home to come back at a later date, they didn't give me the results of the [Procedure Name] my doctor did, I would have liked to have talked to the consultant but because they didn't think I needed to I didn't"*

Patient Comments from NPES – Information	
My condition	*"More information with regard to my condition and how to handle it"* *"More information on how I might cope"*
Recovery	*"Hospital gave me no indication that my recovery would take so long, had to attend my GP"* *"I would have liked more information about the length of recovery"* *"Should have taken the time to discuss what I should and shouldn't do for the recovery at home"*

Patient Comments from NPES – Information	
	"Not informed how I would feel afterwards, not given information on my recovery procedure, not sure what I could/couldn't do, how long my recovery will take"
How to avoid readmission	*"More information on discharge to ensure I don't end up in hospital again with a related condition"*
What to expect at home	*"More information on what dangers I may face in my home"* *"No one told me what to expect after surgery. No one told me what to expect when I went home"* *"Got a [Condition Name] in my arm a couple of weeks after first admission. "Wish I could have been warned about the possibility of same"* *"More information about potential issues after discharge and management of these"* *"I was not told of pain I would be getting in a week or two after operation. I had to google my symptoms to see if it was the norm"*
Side-effects	*"No side effects are ever mentioned for you to watch out for"*
Where to get help,	*"Provide patients with the information and support they are entitled to (dressings)"* *"Not told what to look out for in regards to infection after surgery* *Information on entitlements, choices"* *"No information, unable to take care of myself, family member lost his job caring for me"*
How to care for my injury/condition	*"Gave me lots of information on how to care for myself when I left hospital" (positive)* *"More information on how to care for my injury at home/warning signs"*
Warning signs	*"Discharged quickly. Given prescription but little other information about aftercare, warning signs to look out for or who to contact in the event of an emergency"* *"Give more recommendations and steps to take if unwell outside the hospital"*
Lifestyle advice/diet	*"No lifestyle advice given on how to improve my health"* *"No briefing afterwards on risk of my condition and what I needed to do to improve my health. Showed unwillingness to take ownership of my case post discharge"* *"No information on diet, still waiting for follow up appointment"*
Printed information	*"I was given as much information as they possibly could give me. Written material and explanation was excellent" (positive)*

Patient Comments from NPES – Information	
	"Useful to have printed information on what to do or not to do after leaving hospital, danger signals to watch out for, who to contact if necessary" *"A post-operative information sheet should be given to patients or their families. Things can be easily forgotten due to medication or information overload"* *"Printed information on my post-ops dos and don'ts and what to expect would have been useful"* *"Useful to have some printed information about what to expect after surgery and when you go home"*

Patient Comments from NPES – Medication	
New medication	*"Difficult to hear, got several new tablets, not enough information on how to take them"* *"On discharge my medications were not explained properly, in that the Doctor didn't advise me that I had been taken off one of my medications and the nurse incorrectly told me that I didn't need a prescription for another"* *"Had to ask chemist how to take my tablets"* *"Prescription, no idea as to what they (tablets) were, inquired with chemist"* *"Full explanation of medications especially when new"*
Side-effects	*"Dismissive, abrupt, had to go to GP to be told what medications were for and side effects"*
Length of time on medication	*"Not told what the drug was for, how long I had to take them for"*
Wrong medication	*"Explain medication, discharged on wrong medication* *"They just discharged me and gave me prescriptions for loads of strong meds, when I brought prescription to my GP he said no way was he giving me what they had prescribed"* *"Discharged on wrong medication"*
Errors on prescription	*"Did not write antibiotics on my prescription"* *"No letter given. 2 mistakes on prescription"* *"Prescription incorrect"*
Waiting for prescription	*"No doctor available to make necessary changes to prescription"* *"Wait all day for prescription"*
Filling prescription	*"Difficult to collect tablets from pharmacy because of late time"*

	"Medication has to be taken twice daily. Discharged at 6pm. Would not give me medication for that day" *"Patients discharged in the evening should be given medication for that night by the hospital as it can be awkward and stressful to find a late night pharmacy"* *"Unable to fill prescription on the evening of discharge. Did not receive medicine until following evening"*

Patient Comments from NPES – Wound management	
Information on wound care	*"More information regarding wound care afterwards"* *"More written information on wound care"* *"Written notes on how to clean/dress my wound"* *"Poor information about aftercare (removal of dressing and stitches)"* *"I would have like some information to read and take home about the bandages and healing stages and wounds management kind of a do's and don'ts…"* *"I was not informed on proper ways to get in and out of bed or on how to manage my surgery wound or movement afterwards"*
Changing dressings	*"Not shown how to change dressing when required"* *"Treatment of wounds"*
Getting dressings	*"Would have difficulty knowing how to get dressings from a nurse at home if hadn't been through similar procedure before"* *"I required daily dressings post-surgery. Hospital failed to note this"*

Patient Comments from NPES – Family/Carers (enabling self-management)	
Notify family/carers of discharge	*"Discharge without consulting my family, no advance warning, not ready"* *"Discharge, next of kin was not notified"* *"More notice given. Carers have a life too"* *"Not informed my mother was being discharged, mother taken to the nursing home without being told, would have been disorientated, asked for an apology"* *"Call family member before discharge"* *"Discharge without speaking to family members" More done to enquire what is available at home Nursing home not informed, family not informed or contacted* *"Treated poorly, transferred without notifying family, rude, nobody took responsibility"* *"No one asked if I had someone to collect me"*
Family/carer circumstances	*"Family circumstances should be addressed for aftercare"* *"Take home situation into consideration. Sent patient to a nursing home not accessible by bus or train"* *"I was never asked where I was being discharged or if I had anyone to support me"* *"Family discussion, take home situation into account"*
Information for family/carers	*"Communication with family, if elderly do not understand, information to family regarding discharge, medication, social services"* *"When I was discharged, family were not told what to watch out for or expect with my condition"* *"Post discharge communication, caregivers have no visibility"* *"My family had requested answers on my care plan which never came. I am still at home awaiting to hear from my doctor on what is the plan"* *"Family were never included or advised on the operations carried out on me and subsequent care even though they were crucial to my future health. This resulted in multiple serious problems for me"*
Role of family/carers	*"Discuss discharge of elderly patients with primary carer, they can reassure patient"* *"I was going to be left home until my daughter spoke up and said we needed answers before I could be released"*
Family/ carers access to doctor	*"I (carer) did not get to talk to a doctor before patient was discharged"*

Patient Comments from NPES – Family/Carers (enabling self-management)	
	"More access for family to discuss my situation with doctors" *"Contact family member if schedule changes, full check with all involved in care before discharge, save readmission"*

Patient Comments from NPES – Follow-up hospital	
Time to process and formulate questions	*"Follow up call from A&E" (positive)"* *"Follow up after 1/2 days, when you have had time to gather your thoughts & document a few questions"* *"Follow up call after a week would be good"* *"I rang her a few times when I went home to clarify a few details about my diet"* *"I didn't know when leaving what questions I actually had until week three"*
Appointments	"*Follow up appointment made before I left hospital (positive)* *"Chasing up appointments, trying to get an answer on the phone"* *"Told I would get appointment in 6 weeks"* *"Outpatients' appointment post-surgery. Opportunity to discuss procedure when not tired or on painkillers"* *"Doctor told me I would be called back for check-up and results. Still waiting for appointment"* *"On the day of discharge, I was expecting that someone will explain to me about follow-up visit (out-patient) with the consultants, when these would be and who will contact me, but this didn't happen"* *"No concern for follow up or aftercare, discharged with little to no understanding of post treatment options, have to pursue follow up appointment"* *"Follow up medical care disappointing, had to go privately"* *"Too long waiting for follow up appointment. Need to meet the doctor to discuss the patient's condition"* *"No physiotherapy offered or after operation follow up"*
Letters/reports/ referral	*"Letter from specialist doctor has not yet arrived, don't know what they are going to do about my situation, no one to explain next procedure I have to undertake"*
Supports (machine)	*Aftercare, who was responsible, who provided machine*

Patient Comments from NPES – Follow-up community	
Home supports	*"A member of staff phoned to check my progress after a few days. An integrated care team visited for the first two weeks" (positive)* *"Hospital contacted nurse, home, nurse visited with excellent care" (positive)* *"Received no help whatsoever when I came home"* *"No care package put in place. Good care received can be voided as a result"* *"The fact that I needed homecare was not taken into consideration"* *"A little extra rehab help post op can be very helpful and can result in faster recovery"* *"Home supports/PHN referral/Mobility aid"* *"Plan with community what equipment will be needed. Order prior to operation"* *"93 years old, discharged without reference to where she was going, who would look after her, medical advice, no communication between teams"* *"District nurse did not contact me for procedure. No home visit"* *"Needed a nurse to call sooner, picked up an infection, readmitted"* *"Information and communication between staff (not up to speed with changes in the community) "* *"GP hadn't received results (8 weeks), home care not explained, long term medical plan not explained"* *"Aftercare, who was responsible, who provided machine?"*
Discharge liaison in the community	*"Lack of discharge liaison in the community, waiting for letters to my GP, cut off from acute medicine to community, appalling"*
Referrals	*"Follow-on referrals, timely" (positive)* *"Had to contact GP for referral to PHN"* *"Referral to community response team, no one called to the house, followed it up, no referral had been received, no communication to the family"* *"Contact with PHN/GP, doctors will not listen to families"* *"More specific guidelines required from hospital on treatment in community. Discharge letter stated frequent dressings required. Not specific enough"*

Patient Comments from NPES – Follow-up community	
	"Serious lack of communication. No one told me I would have to get my GP to do a referral for them when I was being discharged from hospital" *"Referred for post-op care, didn't happen, compromised recovery"*

Patient Comments from NPES –General	
Discharge process	*"Discharge procedures could be improved"* *"Important to see a doctor before going home"* *Discharge unpleasant experience, needs care* *"System of discharging could be improved"* *"Discharge plans could be better"* *"Procedures are awful"* *"Discharge posters (leave by 11am) should be removed"* *"Matters relating to discharge and aftercare (needs improvement)"* *"Discharge process time consuming. All documents were posted to me"* *"Discharge procedure should have a time limit"* *"Discharge sooner if system was more efficient"*
Transport	*"There should be more help for people being discharged from hospital that have no transport home"*

iii. Reviewer comments

Patients being discharged from hospital should receive a seamless transition from one stage of care to the next. A co-ordinated and person-centred approach to discharge can improve the patient experience and prevent unplanned readmissions. A person-centred approach to discharge occurs when patients, families, carers and staff co-ordinate care for the patient from the hospital to the community or home. Patient comments in relation to this enabling function of healthcare communication were mainly a cause for patient concern with patients reporting not enough notice for planning discharge, long waiting times after discharge for prescriptions and discharge letters, no information on medications, wound management, how to avoid readmission or what to expect during the recovery phase of illness. This section highlights room for improvement with the core communication skills required to enable self-management, including summarising approaches, closing a consultation and emphasising immediate next steps.

iv. Relevant Programme(s) supporting this function

- HSE Code of Practice for Integrated Discharge Planning
- Integrated Care Programme for Older Persons

v. Links to National Standards for Safer Better Healthcare

1.9: Service users are supported in maintaining and improving their own health and wellbeing

2.3: Service users receive integrated care which is coordinated effectively within and between services

vi. Recommendations (see page 60 for further detail)

Hospitals ensure that arrangements are in place for staff to learn, develop and maintain core communication skills that support individuals and their families in maintaining and improving their own health and wellbeing, taking into account their circumstances, their ability to access services and their co-existing conditions.

Hospitals ensure that systems are in place to progress towards full implementation, of the National Standards and Programmes supporting this core function while prioritising for immediate action areas of significant concern for individuals and their families.

i. NPES Questions

The following NPES questions relate to this element – individuals and their families are made aware of when, how and who contact about their on-going healthcare needs. Information should be available to suit a wide variety of physical and cognitive abilities

No.	Questions
Q50.	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

In general hospitals achieved higher scores for questions relating to this element.

ii. Patient comments

The qualitative content analysis of patient comments relating to 'who to contact' were grouped under the sub-headings phone/helpline and who to contact. The patient comments under each of the sub-headings are both positive and a cause for patient concern.

Patient Comments from NPES – who to contact (positive)	
Phone/Helpline	*"Aftercare, helpline given if I have a problem"*
Who to contact	*"Information, follow-up, given information on who to contact"*

Patient Comments from NPES – who to contact (cause for concern)	
Phone/Helpline	*"Not given a hospital number to ring when I got home"* *"Nice to have a phone number separate from general hospital number for a doctor that I could speak to"* *"More information about who to contact and a telephone number that gets answered if the patient has a problem after discharge"*
Who to contact	*"No contact to ring if I had a problem"* *"More advice on where to get help for my condition"* *"Much better explanation of who to contact, after care-home care"* *"Very difficult to get information on future care and what was to happen post discharge and who in the HSE to contact"*

iii. Reviewer comments

The ability to discharge effectively is dependent on the availability of a range of services to meet the individual's on-going or longer-term healthcare needs. It is vital that patients and their families are given information on how to access support following their discharge from hospital. Some patients indicated that they were not made aware of when, how and who contact about their on-going healthcare needs

iv. Relevant Programme(s) supporting this function

- HSE Code of Practice for Integrated Discharge Planning
- Integrated Care Programme for Older Persons

v. Links to National Standards for Safer Better Healthcare

1.9: Service users are supported in maintaining and improving their own health and wellbeing

2.3: Service users receive integrated care which is coordinated effectively within and between services

vi. Recommendations (see page 60 for further details)

Hospitals ensure that systems are in place so that individuals and their families are made aware of when, how and who contact about their on-going healthcare needs. Information should be available to suit a wide variety of physical and cognitive abilities.

Hospitals ensure that systems are in place to progress towards full implementation, of the National Standards and Programmes supporting this core function while prioritising for immediate action areas of significant concern for individuals and their families.

7. Effect of staff attitude, behaviour and communication

The NPES patient comments offer a wide variety of patient perspectives of the effects of staff attitude, behaviour and communication on how patients felt. Review of the comments yields the following examples.

i. How the patient felt (positive)

“Nursing staff were professional + made me laugh with their good sense of humour. Was apprehensive about surgery but [Doctor Type] spoke to me and I felt totally relaxed”

ii. How the patient felt (cause for concern)

"I was a patient of [Ward Name]. I have never encountered a staff that were so indifferent, unempathetic and downright rude and I have been in hospital a few times. It seemed to me that you were just left there - nobody cared."

Emotional reactions experienced by patients included on one hand feeling “comfortable”, “relaxed”, “reassured”, “included” and safe” and on the other hand feeling “uncomfortable”, “worried”, “distressed and “intimidated”. In recent years, there has been increasing interest in the culture of healthcare and considered attempts to understand the conditions that promote caring and compassionate cultures and make occurrences of neglect and abuse of patients less likely. Patient comments indicate that healthcare staff must continue in their efforts to consciously focus on the provision of care that is congruent with our values of care, compassion, kindness, consideration and respect.

Chapter Four - Themes and Recommendations

1. Introduction

Arising from the content analysis of complaints which has been described in Chapter 3 , this chapter suggests themes which might be considered by the NHCG for the development of guidance on communications skills for healthcare staff. These suggestions, (in bold font), are based on the causes of concern which have arisen in the patient comments analysed during this review.

2. Staff engagement

In general, healthcare staff are highly motivated individuals with good intentions and a wide range of interpersonal skills. A number of factors (culture, language, life experiences, expectations and the specific clinical encounter) can contribute to variances in the person's experience. The practice of healthcare is highly specialised, so the application of core communication skills is very context specific, making different communication styles and methods necessary. Staff engagement also plays a role.

Professor Michael West (2014) has published papers showing the relationship between human resources management practices and patient mortality so in other words, when we apply good people-management practices, it has an effect on important performance outcomes like patient mortality. It is recognised that creating 'dignified cultures' (Yalden et al 2013) indicates the need to treat staff with the same dignity values as a precursor to ensuring dignified engagement with patients/clients. Staff need to experience these values for themselves in their workplaces in order to be consistent in providing this for the individuals who use services and their families (McCormack and McCance, 2016).

The "Your Opinion Counts "Health Sector National Staff Survey was conducted between September and October 2016. The aim of the survey was..."to assess current staff opinions in order to identify opportunities for improvement, which will help build a better health service for all''. There are common threads running through both sets of survey feedback. Staff and patient feedback provides evidence both staff and patients are looking for better communication, greater access to information and involvement in decision making.

Recommendations:

i. Hospitals should have local arrangements in place to engage staff and continue to improve people management practices.

3. Attending to the relationship

In the HSE we aim to provide high quality, safe and compassionate care for our patients. There is a clear link between the attitude and behaviours of our staff and the patient experience. Stories from patients illustrate that positive staff attitude and behaviours, or their absence, affects them deeply and is often what they remember for a long time afterwards.

Patient comments demonstrate that staff attitude and behaviour significantly affects the patient experience. The decline in empathy and caring behaviours as healthcare staff progress through training and work has been well documented. It is therefore important to have an explicit value base underpinning the work of healthcare staff, and to understand what that value base looks like 'in action'. The HSE Values in Action programme is based on nine behaviours that reflect our values of care, compassion, trust and learning combined with a grassroots approach to spreading change. Staff from boards to ward level should consider these behaviours when reflecting on culture change in their teams, departments and organisations.

Recommendations:

ii. Hospitals ensure that arrangements are in place for staff to learn, develop and maintain core communication skills to relate to individuals and families with care, compassion, kindness, consideration and respect.

iii. Hospitals ensure that arrangements are in place for staff to learn, develop and maintain core communication skills to introduce themselves and their roles to individuals and their families.

iv. Hospitals ensure that systems are in place to progress towards full implementation, of the National Standards and Programmes supporting this core function while prioritising for immediate action areas of significant concern for individuals and their families.

4. Gathering information

One of the most important issues raised in the NPES is that individuals and their families often feel that they are not listened to and that their opinions and views are not always respected. This can arise from difficulties in maintaining effective communication in busy, pressurised hospital environments where individuals and their families feel vulnerable and staff can feel time pressure and stress. Obtaining the patient's medical history of can become a series of closed-ended questions. Reflective listening has been shown to enhance the therapeutic nature of a relationship, increase openness and the disclosure of feelings and aid recall, (Coulehan et al 2001). Studies show that consultation time can decrease once physicians developed better facility asking about and responding to patient questions. These comments provide evidence that healthcare staff should receive adequate support to learn and develop communication skills that help to elicit the patient's perspective, narrative and knowledge about their own health.

Recommendations:

v. Hospitals ensure that arrangements are in place for staff to learn, develop and maintain core communication skills to ensure that individuals and their families have opportunities to discuss their needs and preferences to inform their individualised care.

vi. Hospitals ensure that systems are in place to progress towards full implementation, of the National Standards and Programmes supporting this core function while prioritising for immediate action areas of significant concern for individuals and their families.

5. Providing information

A further aspect of good communication is the provision of information to help the person understand their condition, treatment options and the services available to them. Telling individuals and their families the medical facts and what they need to know is not sufficient for effective care. Staff must also be sure that individuals and their families understand the information. Framing information in the context of the patient's perspective and engaging in dialogue that allows the patient to register new information and ask clarifying questions facilitates patient understanding. Patient comments provide evidence that demonstrate that healthcare staff should receive adequate support to learn and develop communication skills to deliver relevant information in a way that the patient can understand while allowing opportunities for questions to facilitate that understanding.

Recommendations:

vii. Hospitals ensure that arrangements are in place for staff to learn, develop and maintain core communication skills that support individuals and their families to understand their condition, treatment and care options and the services available to them.

viii. Hospitals ensure that arrangements are in place for staff to learn, develop and maintain core communication skills to ensure that individuals and their families experience integrated care which is coordinated effectively within and between services.

ix. Hospitals ensure that systems are in place to progress towards full implementation, of the National Standards and Programmes supporting this core function while prioritising for immediate action areas of significant concern for individuals and their families.

6. Reaching agreement

Over the years healthcare has become more person-centred, that is, more responsive to individual needs and perspectives, with patient values guiding decision making. The exchange of information between healthcare staff and patients helps healthcare staff to understand the patient's perspective and helps patients to make better decisions about their care and treatment. Treatment adherence and behaviour change are more likely when the patient is involved in the decision making process and agrees with the recommendations, (Kaplan, Greenfield and Ware 2007). Patient comments illustrate that while some patients felt involved in their care, treatment and discharge, others felt that they were "not in the room when staff were discussing or planning their treatment or discharge". These patient comments provide evidence that healthcare staff should receive adequate support to learn and develop communications skills that support patient autonomy by enabling individuals and their families to make informed decisions about their care and treatment

Recommendations:

x. Hospitals ensure that arrangements are in place for staff to learn, develop and maintain core communication skills that support individuals and their families to fully participate should they wish to, in making informed choices about their care

xi. Hospitals ensure that systems are in place to progress towards full implementation, of the National Standards and Programmes supporting this core function while prioritising for immediate action areas of significant concern for individuals and their families.

7. Enabling self-management

The goal of this function of healthcare communication is to ensure that individuals and their families have received and understood enough information on how to care for themselves at in the community or at home. This area was a cause of concern for many patients. Many patients said that they were not informed about danger signals to watch out for after their discharge, the potential side effects of their medication or who to contact about on-going healthcare needs. Patients who leave hospital with insufficient information about how to recover at home are at a greater risk of experiencing complications and being re-admitted to hospital. These patient comments provide evidence that healthcare staff should receive adequate support to learn and develop communications skills that support patient behaviour related to their disease or treatment.

Recommendations:

xii. Hospitals ensure that arrangements are in place for staff to learn, develop and maintain core communication skills that support individuals and their families in maintaining and improving their own health and wellbeing, taking into account their circumstances, their ability to access services and their co-existing conditions.

xiii. Hospitals ensure that systems are in place so that individuals and their families are made aware of when, how and who contact about their on-going healthcare needs. Information should be available to suit a wide variety of physical and cognitive abilities.

xiv. Hospitals ensure that systems are in place to progress towards full implementation, of the National Standards and Programmes supporting this core function while prioritising for immediate action areas of significant concern for individuals and their families.

8. Families and Carers

Patients rarely experience ill-health in a vacuum. It is increasingly apparent that families, friends and other carers play an important role in supporting patients and increasing the chance that positive health outcomes will be achieved. Bloom (1996) noted for example that patients 'significant others' were a key factor in mediating various life stresses and serious illness. Similarly Mannes et al, (1993) observed that significant individuals such as family members affect patients' health behaviours, ability to cope with illness and treatment adherence. Patient comments illustrate that while some families and carers felt that staff were willing to give time to listen to them and give them information, others felt that staff did not include them and even on occasion resented their presence. These comments provide evidence that healthcare staff should receive adequate support to learn and develop communications skills to dealing sensitively and appropriately with families and carers throughout the patient journey.

Recommendations:

xv. Hospitals ensure that arrangements are in place for staff to learn, develop and maintain core communication skills to deal sensitively and appropriately with families and carers throughout the patient journey.

9. Learning and development

xvi. National Healthcare Communication Group (NHCG)

The NHCG has established three sub-groups to listen respond and improve communication in healthcare. Progressing the work of these sub-groups will be important to filling gaps in knowledge and to giving further guidance to staff on healthcare communication skills.

xvii. Raising awareness and skill acquisition

It is the responsibility of all clinicians, healthcare staff and managers to promote effective communications skills as part of delivering high quality, safe care for patients. This should be promoted at all levels of the organisation, from the senior decision-makers to the front-line service providers. This is crucial for staff awareness of communication in healthcare and to ensure that all healthcare staff take ownership of their communication with individual and families and with each other.

Raising awareness and acquisition of core communication skills in healthcare should be promoted through a learning organisation approach. Learning and development of core communication skills should thus be integral to staff development, including in-service training, staff development and induction.

xviii. Involving individuals and their families

Growing the capacity for assisted decision-making in healthcare involves the acquisition of communication skills for staff and for individuals and their families. In addition to core communications skills training for staff, the National Healthcare Communication Group should consider programmes and approaches that empower individuals and their families to get what they want from the clinical encounter.

xix. The role of professional bodies

Professional bodies should be encouraged to promote best practice approaches and specific guidelines on communication in healthcare. There is a role for professional regulatory and accreditation bodies to integrate learning and development of healthcare communication skills into initial education, staff learning and development.

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Appendix 2 - Membership of the National Healthcare Communication Group

Name	Title
Angela Tysall	National Lead HSE, Open Disclosure
Ann Martin	Head of Communications, Acute Hospitals Division
Anne Harris	Sage (Support & Advocacy for Older People)
Anne Slattery	Hospital Manager
Ben Cloney	Lead for User Engagement Communications
Brigid Doherty	CEO, Patient Focus
Clare Duffy	Policy & Public Affairs Manager, Family Carers Ireland
Clare Hudson	Project Manager, Patient Narrative Project, Clinical Strategy & Programmes
Des Mulligan	Service Improvement Manager, Integrated Care Programme for Older Persons
Eva Doherty	Director of Human Factors and Patient Safety, RCSI
Jean Harrison	National Library Services
Jean Kelly	Hospital Group Director of Nursing
Miriam McCarthy	PALs Manager
Professor Peter Gillen	Professor of Surgery, RCSI and Our Lady of Lourdes Hospital
Jackie Nix	Community Services representative
Winifred Ryan	National HR, Leadership, Education and Talent Development

Appendix 3 - Acknowledgements

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- Professor Deirdre Madden, School of Law, University College Cork, Ireland
- Dr Niamh O'Rourke, Clinical Effectiveness Unit, Department of Health
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