



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of the unannounced inspection at the Royal Victoria Eye and Ear Hospital, Dublin

Monitoring programme for unannounced inspections undertaken
against the National Standards for the Prevention and Control of
Healthcare Associated Infections

Date of on-site inspection: 9 April 2015

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive high quality and safe care for people using our health and social care services. HIQA's role is to promote sustainable improvements, safeguard people using health and social care services, support informed decisions on how services are delivered, and promote person-centred care for the benefit of the public.

The Authority's mandate to date extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, the Health Information and Quality Authority has statutory responsibility for:

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for those health and social care services in Ireland that by law are required to be regulated by the Authority.
- **Supporting Improvement** – Supporting services to implement standards by providing education in quality improvement tools and methodologies.
- **Social Services Inspectorate** – Registering and inspecting residential centres for dependent people and inspecting children detention schools, foster care services and child protection services.
- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health and personal social care services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Ensuring the best outcome for people who use our health services and best use of resources by evaluating the clinical and cost effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.
- **Health Information** – Advising on the efficient and secure collection and sharing of health information, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

Table of Contents

1. Introduction	1
2. The Royal Victoria Eye and Ear Hospital Profile	2
3. Findings	3
3.1 Key findings of the unannounced inspection on 9 April 2015.....	3
3.2 Key findings relating to hand hygiene.....	5
4. Summary	8
5. Next steps.....	8
6. References	9

1. Introduction

The Health Information and Quality Authority (the Authority) carries out unannounced inspections in public acute hospitals in Ireland to monitor compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections*.¹ The inspection approach taken by the Authority is outlined in guidance available on the Authority's website, www.hiqa.ie – *Guide: Monitoring Programme for unannounced inspections undertaken against the National Standards for the Prevention and Control of Healthcare Associated Infections*.²

The purpose of the unannounced inspection is to assess hygiene as experienced by patients at any given time. It focuses specifically on the observation of the day-to-day delivery of hygiene services, in particular environmental and hand hygiene under the following standards:

- Standard 3: Environment and facilities management
- Standard 6: Hand hygiene.

Other Standards may be observed and reported on if concerns arise during the course of an inspection. It is important to note that the Standards are not assessed in their entirety during an unannounced inspection and therefore findings reported are related to a particular criterion within a Standard which was observed during an inspection. The Authority uses hygiene observation tools to gather information about the cleanliness of the environment and equipment as well as monitoring hand hygiene practice in one to three clinical areas depending on the size of the hospital. The Authority's approach to an unannounced inspection against these Standards includes provision for re-inspection within six weeks if standards on the day of inspection are poor. This aims to drive improvement between inspections. In addition, in 2015, unannounced inspections will aim to identify progress made at each hospital since the previous unannounced inspection conducted in 2014.

An unannounced inspection was carried out at the Royal Victoria Eye and Ear Hospital (RVEEH) on 9 April 2015 by Authorised Persons from the Authority, Katrina Sugrue, Aileen O' Brien, Anna Delany and Christopher Mc Cann between 09:00hrs and 14:25hrs. The areas assessed were:

- The **West Wing Ward** (including the **Harvey Lewis Wing**) which is a 27-bedded inpatient ward consisting of nine single rooms, four multiple occupancy rooms and an eight bedded children's ward.
- The **Ear, Nose and Throat (ENT) Outpatients Department** which has four consulting rooms, two treatment rooms and a procedure area.

The Authority would like to acknowledge the cooperation of staff with this unannounced inspection.

2. The Royal Victoria Eye and Ear Hospital Profile[‡]

The Royal Victoria Eye and Ear Hospital was built in 1897, and is located on Adelaide Road, Dublin 2. Inpatient accommodation consists of 80 beds, 20 of which are day beds and a 10-bedded children's unit. Two-thirds of the beds are designated ophthalmic beds and one-third are designated Ear, Nose, Throat, Head and Neck (ENTHN). Both private and public patients are accommodated. There is a large outpatient department accommodating circa 45,000 patient visits per annum and an emergency department which provides dedicated ophthalmology emergency service 24/7 accommodating circa 40,000 patient visits per annum. ENTHN emergency services are provided 8am-4pm Monday to Friday.

The hospital provides a wide range of ophthalmology services to a significant catchment area in the Dublin Mid-Leinster region.

Primary care services are provided to all listed south Dublin areas.

Secondary care service (medical/surgical - cataracts and basic lid procedures) are provided for St. Vincent's University Hospital, St. James Hospital, Tallaght Hospital, Tullamore, Portlaoise and Mullingar hospitals. Elective retinal services are provided to Waterford Regional Hospital.

Tertiary referral centre: the Royal Victoria Eye and Ear Hospital is a national tertiary referral centre for services either not provided elsewhere or available at a limited number of sites e.g. uveitis, ocular oncology, cornea, strabismus neuroophthalmology and glaucoma. In the specialties of glaucoma, plastics and retina some of the procedures are only available at the Royal Victoria Eye and Ear Hospital.

The hospital provides adult and paediatric ENTHN services which are based on shared consultant post with St. Vincent's University Hospital, St. James Hospital and Our Lady's Hospital, Crumlin.

[‡] The hospital profile information contained in this section has been provided to the Authority by the hospital, and has not been verified by the Authority.

3. Findings

This report outlines the Authority's overall assessment in relation to the inspection, and includes key findings of relevance. A list of additional low-level findings relating to non-compliance with the standards has been provided to the hospital for completion. However, the overall nature of all of the findings are fully summarised within this report.

This report is structured as follows:

- **Section 3.1** presents the key findings of the unannounced inspection on 9 April 2015.
- **Section 3.2** describes the key findings relating to hand hygiene under the headings of the five key elements of the World Health Organization (WHO) multimodal improvement strategy³ during the unannounced inspection on 9 April 2015.

3.1 Key findings of the unannounced inspection on 9 April 2015

Overall the Authority found that the West Wing Ward (including the Harvey Lewis Wing) and the Ear, Nose and Throat (ENT) Outpatients Department were generally clean and well maintained with some exceptions.

Hospital Quality Improvement Plan (QIP)

The Authority reviewed the QIP published by the Royal Victoria Eye and Ear Hospital following the 2014 inspection.

The Authority acknowledges that the hospital has addressed some of the findings of the 2014 unannounced inspection and has made some improvements. However, outstanding maintenance and refurbishment issues in relation to painting and floor covering in the West Wing Ward remained unresolved in the intervening 12 months. The Authority was advised that a hospital wide painting schedule and sink replacement programme was ongoing with some areas fully repainted and 26 of 172 sinks replaced.

Hospital projects or structural works requiring a larger amount of funding are referred to the Hospital Management Group. Feasibility studies with regard to structural works including the creation of ensuite isolation rooms were underway at the time of inspection but there was no timeframe for the completion of this work.

Cleaning process management

The clinical areas assessed did not have dedicated rooms for the storage of cleaning equipment. Instead a communal multifunctional open plan room was used

inappropriately as an office space, an equipment/product storage area and a laundering area for reusable cleaning materials. Assurance mechanisms were not observed to be in place to ensure that the appropriate temperature required for machine washing reusable cleaning cloths and mop heads was being achieved, in line with current best practice guidelines. The room did not have dedicated hand washing facilities for staff and the sink used to empty mop buckets was not situated at low level as recommended. Shelving within two cleaning trolleys was observed to be dusty.

Reusable spray bottles containing detergent for general purpose cleaning were not effectively cleaned and dried at the end of each cleaning session.

A colour coding system for cleaning equipment and materials was partially in place. However, cleaning cloths and mopping systems used in patient isolation rooms were not colour coded in line with national HSE guidelines⁴.

Daily cleaning checklists for environmental cleaning were in use however a 'check clean' was not in place for patient toilets in line with recommended minimal cleaning frequencies to ensure cleanliness throughout the day⁴.

The failure to appropriately segregate functional areas and incomplete implementation of best practice guidelines in relation to hospital cleaning and equipment management poses a risk of cross contamination and potentially places patients at risk of infection.

Patient Equipment

In accordance with national and evidence-based guidelines, patient equipment should be decontaminated following each use and between patients. Disposable single use items should be discarded immediately after use.

Patient equipment on the West Wing Ward was generally clean however the cleanliness and integrity of some items was sub-optimal. Organic matter was visible on two otoscopes used for visual examination of the ear. Damaged vinyl covering on a clinical examination chair had been covered with adhesive tape. This particular issue was highlighted in the previous inspection by the Authority in 2014 but the remedial action taken by the hospital to address this issue was not sufficient.

In the ENT Outpatients Department, used patient equipment was observed beside clean equipment indicating that items were not correctly disposed of following patient procedures. This created a risk of contamination of clean items.

3.2 Key findings relating to hand hygiene

3.2.1 System change³: *ensuring that the necessary infrastructure is in place to allow healthcare workers to practice hand hygiene.*

- The design of some of the hand wash sinks in both areas assessed did not conform to Health Building Note 00-10 Part C: Sanitary assemblies⁵. However, the hospital has a sink replacement plan in place and is updating sinks on a phased basis.
- Alcohol gel dispensers were not always available at point of care in the West Wing Ward and many of the alcohol gel dispensers were not functioning properly at the time of the inspection.

3.3.2 Training/education³: *providing regular training on the importance of hand hygiene, based on the 'My 5 Moments for Hand Hygiene' approach, and the correct procedures for handrubbing and handwashing, to all healthcare workers.*

- The hospital delivers annual hand hygiene which is mandatory for all staff. Records of staff attendance at hand hygiene training sessions were viewed during the inspection. In 2014, 94% of staff attended hand hygiene training at the hospital. Staff members who have not completed training are advised to complete hand hygiene training using the HSE e-Learning programme⁶ (the HSE's online resource for learning and development).

3.3.3 Evaluation and feedback³: *monitoring hand hygiene practices and infrastructure, along with related perceptions and knowledge among health-care workers, while providing performance and results feedback to staff.*

National hand hygiene audits

The Royal Victoria Eye and Ear Hospital participates in the HSE national hand hygiene audits which are published twice a year⁷. Results contained in Table 1 are publically available on the Health Protection Surveillance Centre's website and demonstrate an overall improvement in staff compliance with hand hygiene from March/April 2011 to October/November 2014. The hospital exceeded the required compliance target of 90% set by the HSE⁸ for the first half of 2013 however there was a decrease in the second half of 2013 resulting in an overall average compliance of 87.1% for 2013. Since that time the hospital has not managed to reach or exceed the required target.

Table 1: National hand hygiene audit results

Hand hygiene audit period	Hand hygiene compliance result
March/April 2011	76.2%
Oct/Nov 2011	78.1%
May/June 2012	86.2%
Oct/Nov 2012	86.1%
May/June 2013	91%
Oct/Nov 2013	83.2%
May/June 2014	88.3%
Oct/Nov 2014	88.1%

Source: Health Protection Surveillance Centre – national hand hygiene audit results.⁷

Local hand hygiene audits

Local hand hygiene audits are carried out across the hospital by the Infection Prevention and Control Team. The most recent data shows that compliance rates remain below the HSE target of 90%. In March 2015, the overall result for the hospital was 84% and the result for the ENT Outpatients Department was 87%.

Observation of hand hygiene opportunities

Authorised Persons observed hand hygiene opportunities using a small sample of staff in the inspected areas. This is intended to replicate the experience at the individual patient level over a short period of time.

The underlying principles of observation during inspections are based on guidelines promoted by the WHO⁹ and the HSE¹⁰. In addition, Authorised Persons may observe other important components of hand hygiene practices which are not reported in national hand hygiene audits but may be recorded as optional data. These include the duration, technique^γ and recognised barriers to good hand hygiene practice. These components of hand hygiene are only documented when they are clearly observed (uninterrupted and unobstructed) during an inspection. Such an approach

^γ The inspectors observe if all areas of hands are washed or alcohol hand rub applied to cover all areas of hands.

aims to highlight areas where practice could be further enhanced beyond the dataset reported nationally.

The Authority observed eight hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised the following:

- four before touching a patient
- one before clean/aseptic procedure
- one after body fluid exposure risk
- one after touching a patient
- one after touching a patients surroundings

Only two of these eight hand hygiene opportunities were taken. However, it is important to note that the results of the small sample observed is not statistically significant and therefore results on hand hygiene compliance do not represent all groups of staff across the hospital as a whole. In addition results derived should not be used for the purpose of external benchmarking.

3.3.4 Reminders in the workplace³: *prompting and reminding healthcare workers about the importance of hand hygiene and about the appropriate indications and procedures for performing it.*

- Hand hygiene advisory posters where available were up-to-date, clean and appropriately displayed in the ENT Outpatients Department. However, hand hygiene advisory posters were not consistently in place near all sinks inspected in the West Wing Ward and the ENT Outpatients Department.
- Hand hygiene technique posters on the West Wing Ward were not standardised which may result in mixed messaging to staff.

3.3.5 Institutional safety climate³: *creating an environment and the perceptions that facilitate awareness-raising about patient safety issues while guaranteeing consideration of hand hygiene improvement as a high priority at all levels.*

- Evidence provided and viewed at the time of the inspection indicates that the hospital is working towards improving hand hygiene compliance at all levels. However, compliance in national audits, local internal audits and practices observed by the Authority during the inspection remain below the HSE national target of 90%. The hospital needs to continue to build on hand hygiene compliances achieved to date to ensure that good hand hygiene practice is improved and maintained in all areas.

4. Summary

The patient areas in the West Wing Ward and the ENT Outpatients Department were generally clean. The ENT Outpatients Department was well maintained but in contrast the paintwork and state of repair of environmental surfaces in the West Wing requires attention.

Records of regular environmental audits and hand hygiene audits were observed and a maintenance and renovation programme was in place. However, not all issues identified in the hospital QIP had been completed and risks in relation to the layout of cleaning functional areas and the disposal of used equipment were identified during the inspection.

The Authority recommends that the hospital reviews all of the issues identified during this inspection and put in place clear processes and plans in order to address these issues and mitigate risks within a defined timeframe.

Authorised persons note the infrastructural challenges of an older building but notwithstanding this the Royal Victoria Eye and Ear Hospital, as an acute hospital providing surgical and other services should strive to continue to improve the hospital infrastructure and environment.

5. Next steps

The provision of a clean and safe healthcare environment is a key component of effective infection prevention and control and also promotes public confidence and demonstrates the existence of an effective patient safety culture¹¹.

The Royal Victoria Eye and Ear Hospital must now revise and amend its QIP that prioritises the improvements necessary to fully comply with the Standards. This QIP must be approved by the service provider's identified individual who has overall executive accountability, responsibility and authority for the delivery of high quality, safe and reliable services. The QIP must be published by the hospital on its website within six weeks of the date of publication of this report and at that time, provide the Authority with details of the web link to the QIP.

It is the responsibility of the Royal Victoria Eye and Ear Hospital to formulate, resource and execute its QIP to completion. The Authority will continue to monitor the hospital's progress in implementing its QIP, as well as relevant outcome measurements and key performance indicators. Such an approach intends to assure the public that the hospital is implementing and meeting the Standards, and is making quality and safety improvements that safeguard patients.

6. References[‡]

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[‡] All online references were accessed at the time of preparing this report.

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