



**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: 19 March 2014

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.

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1. Introduction

Preventing and controlling infection in healthcare facilities is a core component of high quality, safe and effective care for patients. In order to provide quality assurance and drive quality improvement in public hospitals in this critically important element of care, the Health Information and Quality Authority (the Authority or HIQA) monitors the implementation of the *National Standards for the Prevention and Control of Healthcare Associated Infections*.¹

These Standards will be referred to in this report as the Infection Prevention and Control Standards. Monitoring against these Standards began in the last quarter of 2012. This initially focused on announced and unannounced inspections of acute hospitals' compliance with the Infection Prevention and Control Standards.

The Authority's monitoring programme will continue in 2014, focusing on unannounced inspections. This approach, 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 – will include scope for re-inspection within six weeks where necessary. The aim of re-inspection is to drive rapid improvement between inspections.

The purpose of unannounced inspections is to assess hygiene as experienced by patients at any given time. The unannounced inspection focuses specifically on observation of the day-to-day delivery of hygiene services and in particular environment and equipment cleanliness and adherence with hand hygiene practice. Monitoring against the Infection Prevention and Control Standards¹ is assessed, with a particular focus, but not limited to, environmental and hand hygiene under the following standards:

- Standard 3: Environment and Facilities Management
- Standard 6: Hand Hygiene.

Other Infection Prevention and Control Standards may be observed and reported on if concerns arise during the course of an inspection. It is important to note that the Standards may not be assessed in their entirety during an unannounced inspection and therefore findings reported are related to a criterion within a particular 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. Although specific clinical areas are assessed in detail using the hygiene observation tools, Authorised Persons from the Authority also observe general levels of cleanliness as they follow the patient's journey through the

hospital. The inspection approach taken is outlined in guidance available on the Authority's website.²

This report sets out the findings of the unannounced inspection by the Authority of Royal Victoria Eye and Ear Hospital's compliance with the Infection Prevention and Control Standards. It was undertaken by Authorised Persons from the Authority, Alice Doherty and Katrina Sugure, on 19 March 2014 between 11:35hrs and 14:35hrs.

The areas assessed were:

- Day Care Unit
- West Wing Ward (including the Harvey Lewis Wing).

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, neuro-ophthalmology 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

On inspection at the Royal Victoria Eye and Ear Hospital on 19 March 2014, there was evidence of both compliance and non-compliance with the criteria selected in the Infection Prevention and Control Standards. In the findings outlined below, observed non-compliances are grouped and described alongside the relevant corresponding Standard/criterion.

3.1 Environment and Facilities Management

Standard 3. Environment and Facilities Management

The physical environment, facilities and resources are developed and managed to minimise the risk of service users, staff and visitors acquiring a Healthcare Associated Infection.

Criterion 3.6. The cleanliness of the physical environment is effectively managed and maintained according to relevant national guidelines and legislation; to protect service-user dignity and privacy and to reduce the risk of the spread of Healthcare Associated Infections. This includes but is not limited to:

- all equipment, medical and non-medical, including cleaning devices, are effectively managed, decontaminated and maintained
- the linen supply and soft furnishings used are in line with evidence-based best practice and are managed, decontaminated, maintained and stored.

Day Care Unit

The Day Care Unit is an 18-bedded ward. It comprises Unit A (eights beds), Unit B (10 beds), an eye treatment room, two minor procedure rooms and a pre-operation assessment room.

Overall, the Day Care Unit was clean and well maintained with some exceptions.

Environment and equipment

- There was sticky tape residue on the plastic casing behind a bed in Unit A, hindering effective cleaning.
- The cover on the numerical display of a weighing scale was not fully attached and there was a considerable amount of sticky tape residue around the edge of the cover, hindering effective cleaning.
- There was a chipped floor tile in one of the patient toilets, hindering effective cleaning.
- The paintwork in one of the sitting rooms was chipped, hindering effective cleaning.
- There was sticky tape residue on the walls in the 'dirty' utility room and on the shelving in the store room adjacent to the 'dirty' utility room, hindering effective cleaning.
- Some wall tiles were missing behind the bed pan washer in the 'dirty' utility room and some border floor tiles were loose/not attached, hindering effective cleaning.
- Some parts of the wheel areas on a commode were unclean.
- A cardboard box and a bag were stored on the floor in the store room beside the 'dirty' utility room, hindering effective cleaning. Some of the shelving in this store room was chipped, also hindering effective cleaning.

Linen

- The linen cupboard was observed to be full and additional supplies of linen were stored in an open, uncovered trolley outside the linen cupboard. The storage of extra linen outside of the designated storage area is not in line with best practice, as it may increase the risk of airborne contamination of clean linen prior to use. The wheel areas and the uprights of the trolley were unclean.
- There was a notice posted outside the clean linen room stating that linen bags should be no more than three quarters full, which is not in line with best practice which states that bags should be no more than two-thirds full.

West Wing Ward (including the Harvey Lewis Wing)

The West Wing Ward (including the Harvey Lewis Wing) is a 26-bedded ward consisting of multi-bedded wards and nine single rooms on the Harvey Lewis Wing. Isolated patients are accommodated in the Harvey Lewis Wing when required. One patient was isolated at the time of the inspection.

Overall, the West Wing Ward was clean and well maintained with some exceptions.

Environment and equipment

- Paintwork was chipped on windows and walls in the clean utility room, on a door in a patient bathroom and on a door frame, radiator and wall in the patient area inspected, hindering effective cleaning.
- Whilst the floor covering in the patient bathroom was visibly clean, the floor covering was not fully aligned to the skirting board leaving gaps which can hinder effective cleaning.
- Rust-coloured staining was observed on the wheel areas on some intravenous drip stands in the patient area and on a commode in the 'dirty' utility room.
- The wheel areas on a storage trolley in the 'dirty' utility room were unclean.
- Two commodes which were inspected had 'This is Clean' stickers in place to indicate that the commodes had been cleaned. However brown staining was visible under the seat on one of these commodes.
- Sticky residue was observed on the wall tiles in the 'dirty' utility room and on the wall over the sink in the clean utility room, hindering effective cleaning.
- The grouting between the sluice hopper and the sink was not intact, hindering effective cleaning.
- The vinyl covering on a chair used for examining patients was visibly torn at the head and arm support areas, hindering effective cleaning. Debris and dust was also observed on the foot rest area of the chair.
- There were two sinks observed in the clean utility room, however, an empty intravenous fluid bag was observed in the designated hand hygiene sink which is not in line with best practice.
- Light dust was observed on shelving in the clean utility room.

Endoscope Decontamination Unit

During an inspection of the hospital undertaken by the Authority on 20 August 2013, it was found that the reprocessing of examination fibroscopes was not in line with best practice. At the time of the 2013 inspection the hospital had installed an Automatic Endoscope Reprocessor unit. The unit was not operational at the time of the inspection and was subsequently fully commissioned and validated. The unit was viewed by the Authority during the current inspection.

Summary

The Authority was informed that monthly environmental audits are carried out by multidisciplinary teams. In accordance with the hospital's Annual Hygiene Service Plan (approval date January 2014), the Authority was informed that the hospital has 10 audit teams consisting of two staff members in each team. Five areas are audited each month and the audit schedule was viewed by the Authority. In the most recent

audit carried out in January/February 2014, a compliance rate of 87% was achieved in the Day Care Unit and 85% was achieved in the West Wing Ward.

The Authority found that the Day Care Unit and the West Wing Ward (including the Harvey Lewis Wing) were clean and well maintained with some exceptions. It should be noted that the West Wing Ward was also inspected by the Authority during the inspection undertaken on 20 August 2013 and improvements in environmental and equipment hygiene were evident at this inspection.

The evidence that was viewed by the Authority during the inspection and the assurances given to the Authority demonstrated a commitment by the hospital to managing and maintaining the environment and equipment on the wards inspected and throughout the hospital.

3.2 Hand Hygiene

Assessment of performance in the promotion of hand hygiene best practice occurred using the Infection, Prevention and Control Standards¹ and the World Health Organization (WHO) multimodal improvement strategy.³ Findings are therefore presented under each multimodal strategy component, with the relevant Standard and criterion also listed.

WHO Multimodal Hand Hygiene Improvement Strategy

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

Standard 6. Hand Hygiene

Hand hygiene practices that prevent, control and reduce the risk of the spread of Healthcare Associated Infections are in place.

Criterion 6.1. There are evidence-based best practice policies, procedures and systems for hand hygiene practices to reduce the risk of the spread of Healthcare Associated Infections. These include but are not limited to the following:

- the implementation of the *Guidelines for Hand Hygiene in Irish Health Care Settings, Health Protection Surveillance Centre, 2005*
 - the number and location of hand-washing sinks
 - hand hygiene frequency and technique
 - the use of effective hand hygiene products for the level of decontamination needed
 - readily accessible hand-washing products in all areas with clear information circulated around the service
 - service users, their relatives, carers, and visitors are informed of the importance of practising hand hygiene.
-
- The design of some clinical hand wash sinks on both the Day Care Unit and the West Wing did not conform to Health Building Note 00-10 Part C: Sanitary assemblies.⁴ However, the Authority notes that the hospital has a sink replacement programme in place to address these issues.⁵
 - The Authority was informed that toggles which enable small bottles of alcohol hand rub to be attached to the uniform of healthcare workers are available on the ward. These toggles facilitate hand hygiene practice at the point of care.

However, at the time of the inspection, the use of toggles was not observed on the West Wing Ward.

- There were no dedicated hand hygiene sinks in the 'dirty' utility rooms in the Day Care Unit or the West Wing Ward.

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.*

Standard 4. Human Resource Management

Human resources are effectively and efficiently managed in order to prevent and control the spread of Healthcare Associated Infections.

Criterion 4.5. All staff receive mandatory theoretical and practical training in the prevention and control of Healthcare Associated Infections. This training is delivered during orientation/induction, with regular updates, is job/role specific and attendance is audited. There is a system in place to flag non-attendees.

- Hand hygiene training records viewed by the Authority on the Day Care Unit demonstrated that all nurses and health care assistants were up-to-date with training. The Authority was informed that hand hygiene training is carried out by the infection control team and staff are encouraged to complete the HSELand e-learning training programme⁶ (the Health Service Executive's (HSE's) online resource for learning and development) on hand hygiene training.
- The Authority observed hand hygiene training records from January to March 2014 for the West Wing Ward on the day of the inspection, which demonstrated that 79% of staff on the ward had attended hand hygiene training since January 2014. However, the Authority was informed that these records needed to be updated to include additional staff who had recently received training.

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.*

Criterion 6.3. Hand hygiene practices and policies are regularly monitored and audited. The results of any audit are fed back to the relevant front-line staff and are used to improve the service provided.

The following sections outline audit results for hand hygiene.

National hand hygiene audit results

The Royal Victoria Eye and Ear Hospital participates in the national hand hygiene audits which are published twice a year.⁷ The results below taken from publically available data from the Health Protection Surveillance Centre's website demonstrate an overall improvement from June 2011 to May/June 2013. While the level of compliance for the first half of 2013 was above the HSE's national target of 90%⁸, there was a decrease in the second half of 2013 resulting in an overall average compliance of 87.1% for 2013.

Period	Results
June 2011	76.2%
October 2011	78.1%
June/July 2012	86.2%
October 2012	91.0%
May/June 2013	91.0%
October 2013	83.2%

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

Local area hand hygiene audit results

The Authority was informed on the Day Care Unit that monthly hand hygiene audits are carried out across the hospital by the Infection Control Team with four areas being audited one month and three areas being audited the next month. In March 2014, the overall result for the hospital was 85% and the results for the Day Care Unit were 90%.

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. 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.

The underlying principles of observation during inspections are based on guidelines promoted by the WHO⁹ and the HSE.¹⁰ 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 aims to highlight areas where practice could be further enhanced beyond the dataset reported nationally.

The Authority observed 13 hand hygiene opportunities in total during the inspection. Hand hygiene opportunities observed comprised of the following:

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

Five of the 13 hand hygiene opportunities were taken. The eight opportunities which were not taken comprised of the following:

- three before touching a patient
- one before clean/aseptic procedure
- one after body fluid exposure risk
- two after touching a patient
- one after touching patient surroundings.

Of the five opportunities which were taken, the hand hygiene technique was observed (uninterrupted and unobstructed) by the Authorised Persons for two opportunities. Of these, the correct technique was observed in the two hand hygiene actions.

In addition the Authorised Persons observed:

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

- three hand hygiene actions that lasted greater than or equal to (\geq) 15 seconds as recommended
- five hand hygiene actions where there were barriers to the correct technique, such as wearing more than one plain ring and a wrist watch.

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 were available, up-to-date, clean and appropriately displayed throughout the Royal Victoria Eye and Ear Hospital.

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.*

The Royal Victoria Eye and Ear Hospital achieved an overall compliance of 87.1% in 2013 in the national hand hygiene audits which is below the HSE's national target of 90%. However, it is noted that the hospital exceeded the HSE's national targets of 75% in 2011 and 85% in 2012 and was above the target of 90% for the first half of 2013. The hospital needs to build on the compliances achieved to date, to ensure that good hand hygiene practice is improved and sustained.

4. Summary

The risk of the spread of Healthcare Associated Infections is reduced when the physical environment and equipment can be readily cleaned and decontaminated. It is therefore important that the physical environment and equipment is planned, provided and maintained to maximise patient safety.

The Day Care Unit and the West Wing Ward were clean and well maintained with some exceptions. The Automatic Endoscope Reprocessor unit, which was installed but not operational at the time of the 2013 inspection, was fully commissioned and validated. Environmental and equipment hygiene on the West Wing Ward was also improved compared to the previous inspection.

Hand hygiene is recognised internationally as the single most important preventative measure in the transmission of Healthcare Associated Infections in healthcare services. It is essential that a culture of hand hygiene practice is embedded in every service at all levels.

In general terms, the Royal Victoria Eye and Ear hospital has demonstrated a steady improvement in hand hygiene performance in national audits, but a fall in performance levels was observed in the October 2013 audit. The hospital has worked hard to ensure that all elements of the WHO multimodal strategy to promote hand hygiene practices are in place. The hospital needs to build on compliances achieved to date regarding hand hygiene, to ensure that good hand hygiene practice is improved and maintained, and national targets are sustained.

The Royal Victoria Eye and Ear Hospital must now revise and amend its quality improvement plan (QIP) that prioritises the improvements necessary to fully comply with the Infection, Prevention and Control 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 Infection Prevention and Control Standards and is making quality and safety improvements that safeguard patients.

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* All online references were accessed at the time of preparing this report.

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