



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Monitoring Programme for the National Standards for the
Prevention and Control of Healthcare Associated Infections

Date of on-site monitoring assessment: 20 August 2013

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive continuous improvement in Ireland's health and personal social care services, monitor the safety and quality of these services 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.
- **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

The Health Information and Quality Authority (the Authority or HIQA) commenced Phase 1 of the monitoring programme for the *National Standards for the Prevention and Control of Healthcare Associated Infections* (the National Standards) in the last quarter of 2012. This initially focused on announced and unannounced assessment of acute hospitals' compliance with the National Standards.

Phase 2 commenced in January 2013, and will continue throughout 2013 and into 2014 to include announced assessments at all acute hospitals in Ireland, and the National Ambulance Service.

This report sets out the findings of the unannounced monitoring assessment by the Authority of the Royal Victoria Eye and Ear Hospital's compliance with the *National Standards for the Prevention and Control of Healthcare Associated Infections* (NSPCHCAI).

The purpose of the unannounced monitoring assessment is to assess the hygiene as experienced by patients at any given time. The unannounced assessment focuses specifically on the observation of the day-to-day delivery of hygiene services and in particular environment and equipment cleanliness and compliance with hand hygiene practice.

An unannounced on-site monitoring assessment focuses on gathering information about compliance with two of the NSPCHCAI Standards. These are:

- Standard 3: Environment and Facilities Management, Criterion 3.6
- Standard 6: Hand Hygiene, Criterion 6.1.

The Authority used hygiene observation tools to gather information about the cleanliness of the environment and equipment as well as hand hygiene compliance. Documents and data such as hand hygiene training records are reviewed during an unannounced monitoring assessment.

The emergency department (ED) is usually the entry point for patients who require emergency and acute hospital care, with the outpatient department (OPD) the first point of contact for patients who require scheduled care. In Irish hospitals in 2011, there were over 1 million attendances at EDs and over 3 million outpatient attendances.

Accordingly, the monitoring assessment will generally commence in the ED, or in the OPD and follow a patient's journey to an inpatient ward. This provides the Authority with an opportunity to observe and assess the hygiene as experienced by the majority of patients. The Authority uses hygiene observation tools to gather information about the cleanliness of at least two clinical areas. 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 journey through the hospital.

The monitoring approach taken is outlined in Appendix 1.

The unannounced assessment was carried out at the Royal Victoria Eye and Ear Hospital by Authorised Persons from the Authority, Catherine Connolly Gargan and Breeda Desmond, on 20 August 2013 between 11:00hrs and 14:00hrs. The Authorised Persons from HIQA commenced the monitoring assessment in the Emergency Department.

The areas subsequently assessed were:

- Emergency Department (ED)
- West Wing (Ground floor)

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

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

The Royal Victoria Eye and Ear Hospital (RVEEH) was built in 1897 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 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 (ED) 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, AMNCH, Tullamore, Portlaoise and Mullingar hospitals. Elective retinal services are provided to Waterford Regional Hospital.

Tertiary Referral Centre: RVEEH 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 & Glaucoma. In the specialties of glaucoma, plastics and retina some of the procedures are only available at RVEEH.

RVEEH provides adult and paediatric ENTHN services 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

The findings of the unannounced monitoring assessment at the Royal Victoria Eye and Ear Hospital on 20 August 2013 are described below.

3.1 Standard 3. 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 (HCAI).

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 HCAs.

Overall, the Authority found that improvements were required in the cleanliness of the environment in both areas assessed, with some exceptions.

Emergency Department

Environment and equipment

There was evidence of some good practice which included the following:

- Access to areas containing hazardous waste and chemicals was adequately controlled to prevent access by unauthorised persons. The door to the 'dirty' utility¹ utility room was locked as standard
- work station equipment, including telephones and keyboards was observed to be clean and free of dust, dirt and debris
- all equipment in the clinical area was found to be appropriate.

¹ A 'dirty' utility room is a temporary holding area for soiled/contaminated equipment, materials or waste prior to their disposal, cleaning or treatment.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections*:

- Reprocessing of examination fibroscopes was not in line with best practice; there was evidence of a failure to maintain high level disinfection throughout the decontamination procedure. The equipment used in the reprocessing procedure was stored on a series of stainless steel trolleys which were not decontaminated following reprocessing of each contaminated fibroscope. Non-sterile gloves were used by staff handling the fibroscopes during the reprocessing procedure. Solution baths used were not consistently covered to prevent contamination. This finding was notified to the hospital's Chief Executive Officer during the monitoring assessment and a quality improvement plan was requested by the Authority to mitigate risks to the safety and welfare of patients
- dust and cobwebs were observed on the under surface of two chairs used by patients in the triage area
- there was a sticky residue from adhesive tape on the walls, hindering effective cleaning
- the surface of radiators was worn and unclean
- dust and grit was present on low surfaces in patient toilets assessed
- paint was chipped and missing on the surface of pipe work underneath the sinks
- some areas of the surface of an item of clinical equipment located in ENT (Ear Nose and Throat) room eight and reported by the hospital to the Authority as used in ear irrigation was found to be worn, hindering effective cleaning taking place
- there was no designated clean utility area
- the floor surface in the 'dirty' utility room was unclean and heavily stained underneath the sink and waste disposal bins
- paint on walls was chipped and missing in the 'dirty' utility room. In addition, paint on water pipe surfaces was heavily chipped and missing throughout, hindering effective cleaning
- hand hygiene advisory signage was displayed over the patient equipment cleaning sink in the 'dirty' utility room.

West Wing (Ground floor)

Environment and equipment

There was evidence of some good practice which included the following:

- Bed rails, pillows and mattresses in both patient areas assessed were found to be clean, intact and free of dust, rust and grit
- IV pumps, resuscitation trolley and emergency equipment, blood pressure cuffs, oxygen equipment, temperature probes and hoists were clean in both areas assessed
- all equipment in the clinical area was found to be appropriate.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections*:

- There was a light to moderate level of dust found on the undercarriage of beds assessed. In addition, splash residue was found on the surface of the mattress base on one bed ready for patient use
- a heavy level of dust was found on the back shelf at the base of most bed lockers assessed
- dust was found in light to heavy amounts on the surfaces of overhead bed lights and on the surfaces of boxes of non-sterile gloves placed by each bedside. Two overhead bed lights were in disrepair and were stabilised with adhesive surgical dressing tape, thus hindering effective cleaning
- paint was missing in moderate amounts from the surface of some doors to clinical areas. Some wooden door frames assessed were heavily damaged, with paint and wood missing in some parts
- there were areas of missing paint found on some radiator surfaces
- there was light dust found on curtain rails in clinical areas
- a number of sash-style wooden windows were open in clinical areas during the monitoring assessment, exposing areas of the frame which were unclean due to heavy amounts of surface dust, grit and grime. Some painted surfaces of the window frames were peeling, hindering effective cleaning
- the varnished surface of protective wooden ledges around the edges of patient bed tables and bedside chair frames was worn hindering effective cleaning. The under-surface of a stacking chair was unclean due to a moderate level of surface dust. Small areas of paint were missing from the surface of the bed table bases assessed
- many walls in the clinical areas assessed were damaged, stained and also had areas of missing paint. The paint on the surface of the ceiling in a four-bedded room, and on walls in a room passed through by patients using the showers and toilets was heavily damaged with some peeling and extensive cracking

- there were stained areas on the floors in clinical areas. Wooden borders located at the base of walls along the corridors, patient rooms, the 'dirty' utility and patient toilets were unclean with evidence of staining, missing paint and cracking of the surfaces. These findings hindered effective cleaning
- there was an adhesive residue and dust on some patient call bell cables
- a mould-like substance was found in the area between the base of the shower and the wall, and the exterior surfaces of the shower tray were unclean
- dust and grit was present in a space between the floor covering and the walls in the toilet/shower room. A large area of floor covering was missing in one shower
- equipment was inappropriately stored in one shower including three intravenous stands and a red canvas bag on the floor, containing clean canvas linen collection bags
- paint was missing on some parts of the surface of intravenous stands fitted to patient beds
- there was a light layer of dust on the surfaces of three dressing trolleys stored in an open cupboard under the main access stairs to the first floor level
- the step surfaces of the main access stairs to the first floor were heavily soiled. Decorative ridged tiling fixed along the lip of each stair step was also unclean with extensive grit and dust located in tile ridges.

Waste segregation

There was evidence of good practice in both areas assessed which included the following:

- Clinical and non clinical waste was tagged with unique identification numbers at the point of generation facilitating tracking to source if required
- waste was not stored awaiting collection in the areas assessed; scheduled removal of waste from clinical and non-clinical waste disposal bins was in place. There was a plentiful supply of clinical and non-clinical waste disposal bins that were intelligently placed throughout
- all hazardous sharps disposal bins were correctly assembled, tracking details and the temporary protective closure mechanism was engaged on all sharps disposal bins assessed.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections*:

- A waste management policy was available, approved for staff reference in May 2011 and due for review since May 2013. A draft copy of the reviewed policy awaiting approval and circulation was viewed by the Authority.

Cleaning equipment

There was evidence of good practice in both areas assessed which included the following:

- No hazardous cleaning solutions or chemicals were stored in the areas assessed; the Authority was informed that they were stored in a secure centralised cleaners' room on the lower ground floor
- all cleaning equipment used by the cleaning staff during the monitoring assessment in both areas assessed by the Authority was clean. A colour-coded cleaning system was in operation and was demonstrated.

Isolation rooms

- There were no patients with potentially communicable infections accommodated in the areas assessed. The Authority was informed that Harvey Lewis ward adjacent to the West Wing (Ground Floor), consisting of nine single occupancy rooms, was used for isolation purposes when required.

Water outlet flushing

- The Authority found that a weekly water flushing schedule was in place for all infrequently used water outlets to reduce the risk of waterborne infection. Records of flushing were maintained and demonstrated to the Authority.

Conclusion

In conclusion, the Authority found that there was evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* in both areas assessed in the Royal Victoria Eye and Ear Hospital. The environment in both areas was generally unclean, with some exceptions. Patient equipment was generally clean with some exceptions including reprocessing procedures for ENT fibroscopes. Therefore the environmental cleaning in both areas was not effectively managed and maintained to protect patients and reduce the spread of Healthcare Associated Infections (HCAIs).

3.2 Standard 6. 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 HCAs.

Hand hygiene

There was evidence of good practice which included the following:

- Hand hygiene soap, alcohol gel and hand towels were located within easy access of the sinks designated for hand hygiene.

However, there was also evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections* including:

- Water was not thermostatically regulated at a safe temperature in some hot water outlets assessed, placing patients at risk of scald injury. This finding was brought to the attention of the hospital's Chief Executive Officer during the monitoring assessment by the Authority
- not all clinical hand-wash sinks were compliant with the HSE's Health Protection Surveillance Centre's *Guidelines for Hand Hygiene* (2005) and some did not have hand hygiene procedure advisory information displayed. No advisory information was displayed advising appropriate use of available surgical scrub solution versus soap. Hand washing advisory signage was found inappropriately displayed by an alcohol hand hygiene gel dispenser in the Emergency Department. While water taps fitted were hands free, water poured directly into metal grids located in the water outlet of hand hygiene sinks assessed. Some clinical sink basins were found to have overflow ports located in them, which is not in keeping with best practice
- a mould-like substance was found around the edges of metal grids located in the water outlet ports of some sinks assessed in patient areas in the Emergency Department and the West Wing (Ground floor).

Observation of hand hygiene opportunities

- The Authority observed 17 hand hygiene opportunities in total during the monitoring assessment. Hand hygiene opportunities observed comprised:
 - seven before touching a patient
 - six after touching a patient
 - one after body fluid exposure risk
 - three after touching a patient's surroundings.

- The Authority observed that between the two areas assessed eleven of the total 17 hand hygiene opportunities were taken, 10 of which were observed to comply with best practice hand hygiene technique. However, of the nine hand hygiene opportunities observed in the Emergency Department, only four were taken by staff, three of which complied with best practice. This finding in the Emergency Department places patients at risk of contracting HCAs. Non-compliance with hand hygiene best practice included failure to take opportunities to perform hand hygiene, wearing of sleeves to the wrist and wearing a wrist watch. Many medical staff were observed to wear protective operating theatre clothing including disposable caps and gowns in areas outside the operating theatre department, which is not in keeping with best practice.

Conclusion

The Authority found that there was evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated Infections*. Sixty six percent of hand hygiene opportunities observed by the Authority in the Emergency Department were not compliant with best practice hand hygiene procedure. This level of staff non-compliance placed patients at risk of contracting Healthcare Associated Infections (HCAs). Hand-wash sinks in some clinical areas in both areas assessed were also not compliant with the HSE's Health Protection Surveillance Centre's *Guidelines for Hand Hygiene* (2005) and some designated hand-wash sinks were unclean. Non-compliant hand-washing facilities observed by the Authority also posed a risk of spread of HCAs to patients. The Authority's hand hygiene observations suggest that a culture of hand hygiene practice is not embedded at all levels, especially among staff practices observed by the Authority in the Emergency Department.

4. Overall Conclusion

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 Authority found that there was evidence of practice that was not compliant with the *National Standards for the Prevention and Control of Healthcare Associated*

Infections in both areas assessed in the Royal Victoria Eye and Ear Hospital. The environment in both areas was generally unclean, with some exceptions. Patient equipment was generally clean with some exceptions including reprocessing procedures for ENT fibroscopes. Therefore the environmental cleaning in both areas was not effectively managed and maintained to protect patients and reduce the spread of Healthcare Associated Infections (HCAIs).

Hand hygiene is recognised internationally as the single most important preventative measure in the transmission of HCAIs in healthcare services. It is essential that a culture of hand hygiene practice is embedded in every service at all levels. The Authority found that hand hygiene practices in the Royal Victoria Eye and Ear Hospital were not in compliance with the National Standards especially among staff in the Emergency Department and this poses a clear risk to patients of contracting a HCAI.

The Royal Victoria Eye and Ear Hospital must now develop a quality improvement plan (QIP) that prioritises the improvements necessary to fully comply with the *National Standards for the Prevention and Control of Healthcare Associated Infections*. 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.

The Authority will continue to monitor the Hospital's QIP as well as relevant outcome measurements and key performance indicators, in order to provide assurances to the public that the Hospital is implementing and meeting the NSPCHCAI and is making quality and safety improvements that safeguard patients.

The unannounced monitoring assessment at the Royal Victoria Eye and Ear Hospital on 20 August 2013 was a snapshot of the hygiene levels in two areas of the Hospital at a point in time. Based on the findings of this assessment the Authority will undertake a follow-up assessment against the *National Standards for the Prevention and Control of Healthcare Associated Infections* within the next six months.

Appendix 1. NSPCHCAI Monitoring Assessment

Focus of monitoring assessment

The aim of the NSPCHCAI, together with the Health Information and Quality Authority's monitoring programme, is to contribute to the reduction and prevention of Healthcare Associated Infections (HCAIs) in order to improve the quality and safety of health services. The NSPCHCAI are available at <http://www.hiqa.ie/standards/health/healthcare-associated-infections>.

Unannounced monitoring process

An unannounced on-site monitoring assessment focuses on gathering information about compliance with two of the NSPCHCAI Standards. These are:

Standard 3: Environment and Facilities Management, Criterion: 3.6

Standard 6: Hand Hygiene, Criterion 6.1.

The Authorised Persons use hygiene observation tools to gather information about the cleanliness of the environment and equipment as well as hand hygiene compliance. Documents and data such as hand hygiene training records are reviewed during an unannounced monitoring assessment.

The Authority reports its findings publicly in order to provide assurances to the public that service providers have implemented and are meeting the NSPCHCAI and are making the quality and safety improvements that prevent and control HAIs and safeguard service users.

Please refer to the Guide document for full details of the NSPCHCAI Monitoring Programme available at <http://www.hiqa.ie/publications/guide-monitoring-programme-national-standards-prevention-and-control-healthcare-associa>.

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For further information please contact:

Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7

Phone: +353 (0) 1 814 7400

Email: qualityandsafety@hiqa.ie

URL: www.hiqa.ie

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