



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Hospital Patient Safety Indicator Report

ROYAL VICTORIA EYE AND EAR HOSPITAL

Reporting Month: Nov-20

## Purpose & Context

The aim of the Hospital Patient Safety Indicator Report (HPSIR) is to assure the public that the indicators selected and published for this report are monitored by senior management of both the hospital and hospital group as a key component of clinical governance.

There are a number of considerations which should be noted for context:

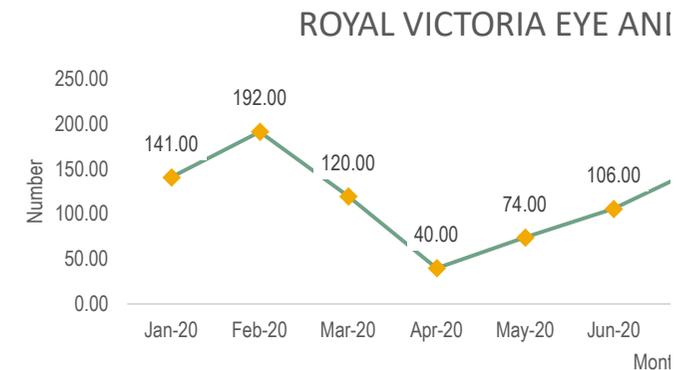
- The HPSIR collates indicators from a range of data repositories
- While all data in the HPSIR is collated and verified in good faith, data from the original source may be updated and not reflected in the HPSIR due to time lags

## 1. Number of inpatient c

### What does this mean for me?

This data refers to the number of in-patients, excluding day case acute hospital. This indicator is used to assess quality of care, c planning purposes.

**Expected Activity:** National (2018): 633,786



### Data Caveats:

Nil

## 2. Number of beds subject to dela

### What does this mean for me?

Delayed Transfer of Care: A patient who remains in hospital after documented in the healthcare record that the patient care can be quality of care, costs and efficiency, and is also used for health p

**Target:** There is no hospital-level target associated with this ind

source may be updated and not reflected in the HPSIR due to time lags.

- Therefore, the data repositories, and not the HPSIR, should be considered the accurate source of data.

- The HPSIR cannot, and should not, be used to compare performance of hospitals or hospitals groups. Different hospitals specialise in treating patients with different and sometimes much more complex care needs, making comparisons between hospitals ineffective.

- Like all indicators, the data should be interpreted with caution as there is natural variation between months which is influenced by case complexity

- While all hospitals collect a large range of data on an ongoing basis, these metrics have been selected on the basis that they are robust, relevant and underpinned by standardised definitions.

- The HSPiR should not be considered, nor is aimed to be, a comprehensive overview of patient safety in a hospital or hospital group

The completion and publication of the HPSIR is, in itself, a performance indicator for each hospital.



Data Caveats:

Nil

Discharges

3. Number of new ED attendances

es, who were discharged from a publicly funded  
osts and efficiency, and is also used for health

**What does this mean for me?**

Total number of new patients who present themselves to hospital Emergency Department (ED). It is an important measure for clinical audit/governance and planning of services and to measure the unplanned attendances to each hospital to measure demand on the entire service.

**What does t**

This data inc  
outpatient cl  
previously, c  
is also used

**Expected Activity:** National (2018): 1,178,977

**Expected A**

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Data Caveats:

Nil

Data Caveat

Nil

aged transfers of care

4. Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within nine hours of registration

er a senior doctor (consultant or registrar) has  
e transferred. This indicator is used to assess  
planning purposes.

**What does this mean for me?**

Prolonged durations of stay in EDs are associated with poorer patient outcomes. The risk of patient mortality (death) increases after 9 hours total time spent in the ED. Patients waiting more than 9 hours should be cared for in a more appropriate care setting than an ED.

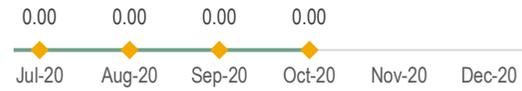
**What does t**

The % of pe  
quality of car

**Target:** 100%

**Target:** 80%

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Data Caveats:

Nil

Data Caveat

Nil

### 5. Number of new and return outpatient attendances

#### What does this mean for me?

Includes both new and return attendances. New attendance: first new attendance at a consultant led clinic. Return Attendance: attendance by a patient who has been treated as an outpatient at least once or as an inpatient or day case. This indicator is used to assess quality of care, costs and efficiency, and for health planning purposes.

Activity: National (2018): 3,337,967

### 7. Rate of new cases of hospital-acquired Staphylococcus aureus

#### What does this mean for me?

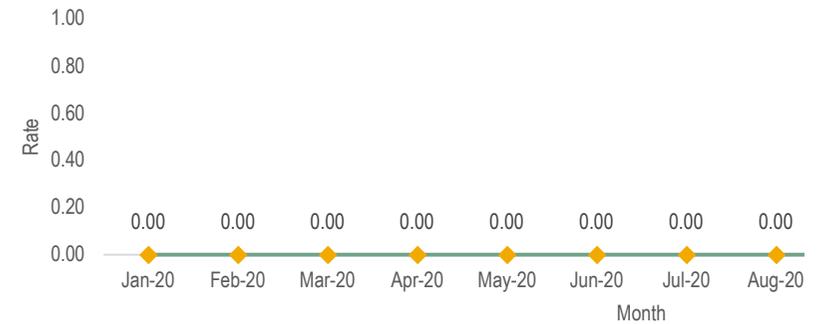
Staphylococcus aureus is a common cause of hospital-acquired bloodstream infection. This indicator is to ensure that rates are within acceptable levels. It is not always possible to prevent Staphylococcus aureus bloodstream infections.

Target: <1/10,000 bed days

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Data Caveats:

Nil

### 6. Percentage of people waiting <52 weeks for first access to OPD services

#### What does this mean for me?

Percentage of people waiting less than 12 months to be seen in outpatient services. This indicator is used to assess quality of care, costs and efficiency, and is also used for health planning purposes.

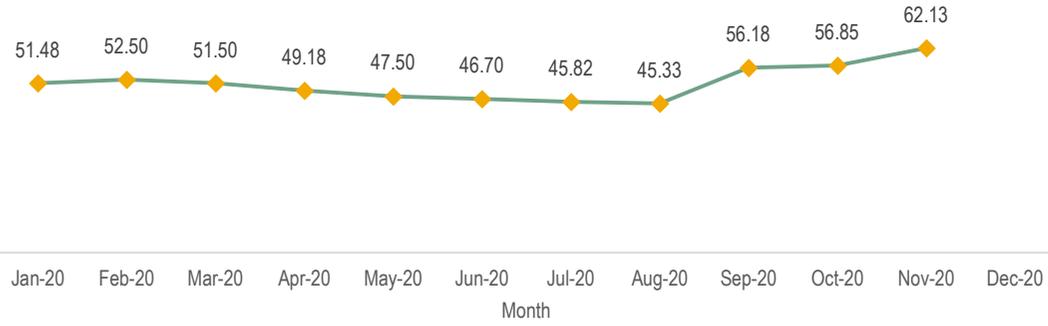
### 8. Rate of new cases of hospital-associated Clostridium difficile

#### What does this mean for me?

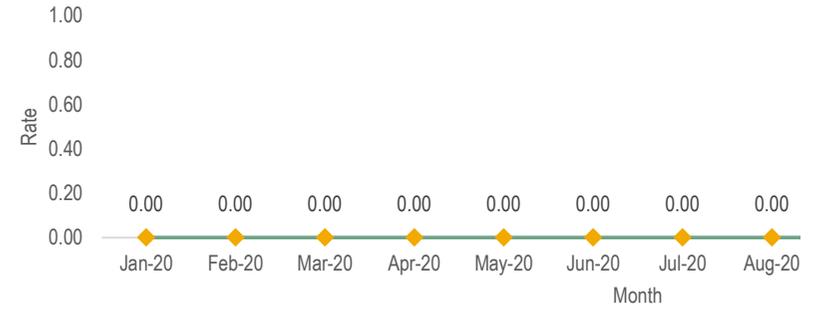
Clostridium difficile is a common cause of hospital-associated infection. This indicator is to ensure that rates are within acceptable levels. The aim of monitoring this indicator is to ensure that rates are within acceptable levels. The aim of monitoring this indicator is to ensure that rates are within acceptable levels. We have no hospital-associated clostridium difficile infections.

Target: <2/10,000 bed days

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Data Caveats:

Nil

bloodstream infection

9. Number of new cases of CPE

11. If a patient is ident

infection. The aim of monitoring this is possible to have no hospital-acquired

**What does this mean for me?**

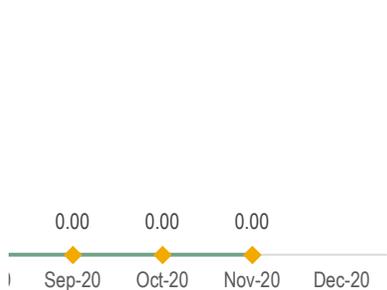
CPE (Carbapenemase Producing Enterobacterales) reported in swabs/faeces or other samples by acute hospitals, is a relatively new bacteria that is mainly spread through acute hospitals. For most people, CPE live harmlessly in the bowel but can cause very serious infection in some patients. Tracking of the number of new cases of CPE is key to accurate assessment of the situation in Ireland.

**Target:** There is no target associated with this indicator

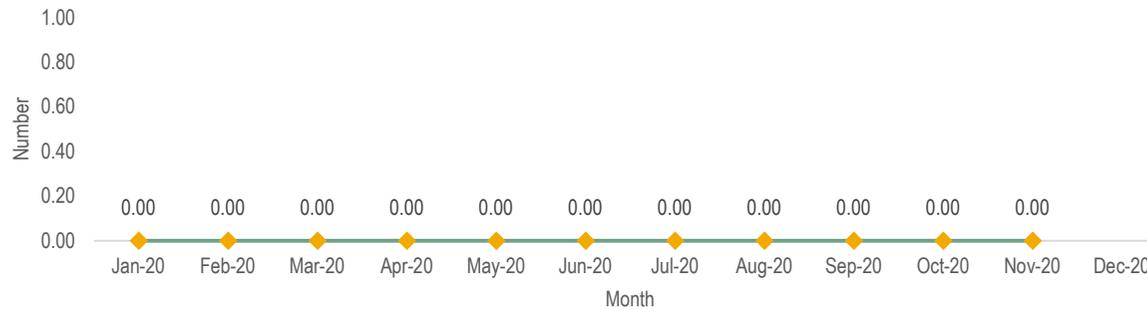
**What does this mean for**  
If you are admitted to hos the risk, if present, the nu nursing records.

**Target:** 90%

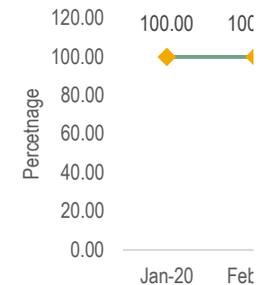
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Data Caveats:

Nil

Data Caveats:

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ium difficile

10. If the patient is identified as at risk of falling, nursing interventions are in place to minimise the risk of falling

12. Rate of

indicator measures the new cases of associated diarrhoea in acute hospitals. people levels. It is not always possible to

**What does this mean for me?**

If you are admitted to hospital a nurse will check if you are at risk of a fall. In order to reduce an identified risk, the nurse will offer support in a way that suits you. This will be documented in your nursing plan of care.

**Target:** 90%

**What does this mean for**  
Hospital associated veno 70% may be preventable prevention for them early  
**Target:** There is no target

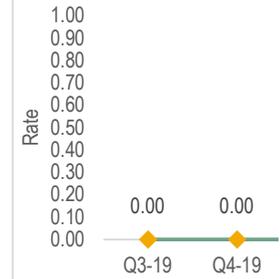
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Data Caveats:

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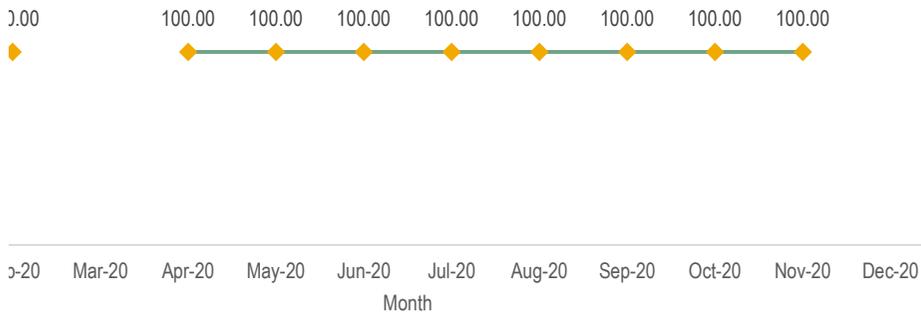
Data Caveats:

Data reporting period cha

**Identified as at risk (of pressure ulcer), daily skin inspections have been recorded, as per the National Wound Management Guidelines?**

**What does this mean for me?**  
 If you are identified as at risk of developing a pressure ulcer, a hospital nurse will check if you are at risk of developing a pressure ulcer. In order to reduce the risk, a nurse will assess your skin at least once daily and document, date/time and sign in your notes.

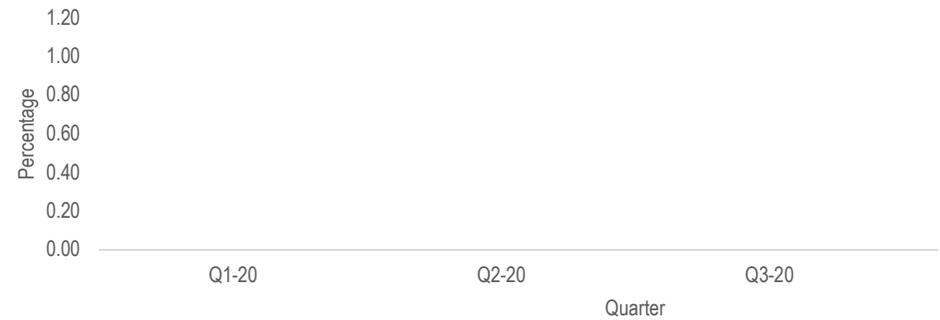
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**13. Percentage of hip fracture surgery carried out within 48 hours of initial assessment?**

**What does this mean for me?**  
 It is recognised that minimising the time between admission to hospital and performance of surgery with a hip fracture results in better outcomes for patients. Though not all patients who expect to be suitable for immediate surgery (for example, because of other medical conditions which need to be stabilised prior to surgery).  
**Target: 85%**

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Data Caveats:  
 Nil

**Identified as at risk of venous thromboembolism (VTE, blood clots) associated with hospitalisation?**

**What does this mean for me?**  
 Venous thromboembolism (VTE, blood clots) is a common cause of harm to patients, and up to 10% of patients who are admitted to hospital. Assessing patients' risk of VTE and bleeding and choosing the appropriate VTE prophylaxis during their hospital admission reduces their risk of developing a blood clot. This indicator measures the percentage of patients at risk of VTE who are not associated with this indicator.

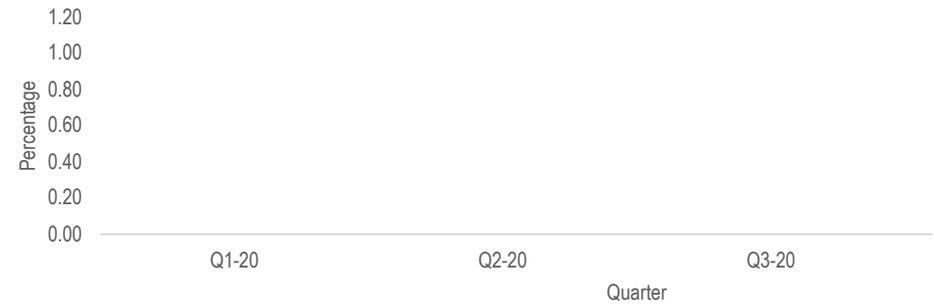
**14. Number of colonoscopies where the terminal ileum / caecum / anastomosis has been reached as a percentage of total colonoscopies?**

**What does this mean for me?**  
 Intubation of the caecum indicates the completeness of a colonoscopy. As the caecum is the first part of the large intestine, reaching (or intubating) it shows that the scope has passed through the entire colon and given a good view of the mucosal lining of the large intestine.  
**Target: 90%**

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changed from quarterly to monthly at year end

Data Caveats:

Caecal intubation rates are affected by a number of factors including age, sex, low BMI, bowel obstruction, sedation, diverticular disease and general health status

Assessment

**15. Percentage of intradepartmental consultations completed (Histology P01-P04)**

17. H

**What does this mean for me?**

of surgery for patients  
experience a hip fracture will  
n may need to be

Intradepartmental Consultation (IDC) occurs when a consultant pathologist seeks a second opinion from another consultant pathologist within their department or within their regional hospital network on a particular case prior to authorisation of the final report.

**Target: 3%**

**What does this mean for me?**

This indicator assures patients that mortality  
A high standardised mortality ratio (SMR) is a ratio of the actual number of patients who died from mortality are taken into consideration. A Change in the difference between the actual and expected mortality mean that there are more patients dying than

**Expected Activity:** Continual monitoring of

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**Royal Victoria Eye and Ear Hospital**



**Date Periods**

Oct 2018 to Sep 2019	AND
Jan 2019 to Dec 2019	AND
Apr 2019 to Mar 2020	AND
Jul 2019 to Jun 2020	AND

Data Caveats:

The frequency of intradepartmental consultations may be affected by subspecialisation. A pathologist who is subspecialised and predominantly reports cases within their particular specialist area may be less likely to require consultation with a colleague

If there is both a high SMR (red) and breached control limits is a statistical outlier and thus 'Yes' is recorded

Reached expressed as a %

**16. Rate of clinical incidents as reported to NIMS per 1000 Bed Days**

**What does this mean for me?**

the final part of the colon, An incident is an event or circumstance which could have, or did lead to unintended and/or unnecessary harm to the end. (IMF 2018). Higher reporting rates reflect a positive safety culture.

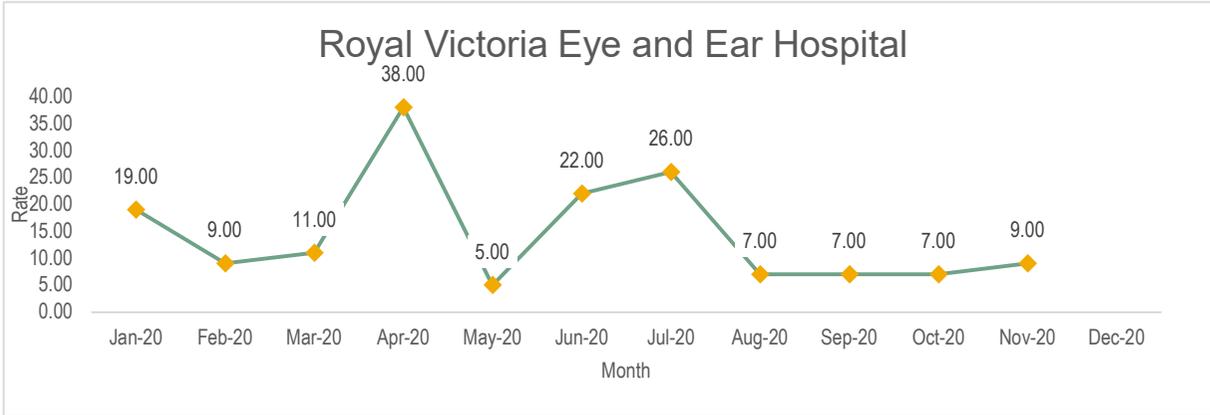
**Expected Activity:** The rate of clinical incidents reported to NIMS per 1000 bed days from July 2016 to June 2018 was 14.80 per 1000 bed days (Range: 5.80 to 48.0 per 1000 bed days)

Data Caveats:

- Interpreting mortality data is very complex and aims to assure patients and members of the public of unusual signals which are outside of the expected range
- A statistical outlier in NAHM is defined as a point where control limits are breached (CuSum) for a period of time with hospitals that have statistical outliers
- Continued monitoring of NAHM mortality data

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acted upon and learnt from.  
 - An unexpectedly high or low SMR or  
 but may indicate to a hospital that there

Data Caveats:  
 bowel cleansing, Nil

Has there been a mortality statistical outlier?

**Clinical Governance**

...ty data is being monitored in hospitals.  
...and breached CuSum control limit alerts the hospital to review its data. An SMR is a  
...die in hospital versus the number expected to die, when factors known to impact  
...CuSum is a control chart which is a statistical tool for detecting small sequential  
...ual deaths and the expected deaths in hospital over time. It does not necessarily  
...an there should be.

of mortality by hospitals.

The objective in publishing the HPSIR is to provide public assurance, by communicating its patients, staff and wider public in an open and transparent manner, that important safety indicators are being monitored by hospital management on a continual basis. HPSIR is not intended to be used for comparative purposes as the clinical activity, profile and complexity of each hospital can differ significantly

Has there been a mortality statistical outlier?	
Jan 2019 to Dec 2019	No
Apr 2019 to Mar 2020	0
Jul 2019 to Jun 2020	0
Oct 2019 to Sep 2020	0

The Hospital Patient Safety Indicator Report for Royal Victoria Eye and Ear Hospital month of AUGUST 2020 has been discussed at a hospital management meeting by management of the hospital and the hospital group, as a core element of clinical governance between the hospital and the hospital group

...ched CuSUM limit (red) in two consecutive data periods, for the same diagnosis, this  
...rded for this indicator.

...plex. This indicator does not aim to inform viewers of mortality figures. It  
...of the public that hospitals are monitoring and responding to usual and  
...ne national expected range of mortality for a particular condition.  
...d where a combination of the standardised mortality ratio (SMR) is high and  
...or the same condition in two consecutive reporting periods. NOCA engages  
...ers in line with its monitoring and escalation policy [http://s3-eu-west-1.amazonaws.com/hse-public/NOCA-GEN-POL014\\_-\\_NOCA\\_-\\_Monitoring\\_Escalation\\_Policy\\_v2.1.pdf](http://s3-eu-west-1.amazonaws.com/hse-public/NOCA-GEN-POL014_-_NOCA_-_Monitoring_Escalation_Policy_v2.1.pdf)  
...ality data is necessary to ensure that high or above average signals are

	Name	Date	Signature
Hospital CEO/GM	Donal Brosnahan	02.02.2021	
Hospital Group CEO	Declan Lyons	02.02.2021	

CuSum signal may not always be related to the quality of care in a hospital, there is a need to review their data quality or the processing of the data.



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