Royal Victoria Eye and Ear Hospital

Royal Victoria Eye and Ear Hospital Mission Statement

In partnership with the Department of Health and Children, and the Health Service Executive, and in cooperation with other statutory and non-statutory bodies, the Royal Victoria Eye and Ear Hospital mission is:

'To maintain the hospital as a national centre of excellence for the treatment of adult and paediatric patients with ophthalmic or otolaryngological diseases, through providing a first-class, caring, efficient and cost-effective service, while fostering and recognising the contribution of staff, and developing and promoting the hospital's reputation in research and as a teaching hospital.'

1. Report from the President of Council

It is important to remember that the Royal Victoria Eye and Ear Hospital (RVEEH) was built and funded by donations from the public. Traditionally, the hospital's operations were funded by donations from the people of Dublin; today, however, some 80% of the hospital's funding is provided by taxpayers.

Private donations continue to be important, and we are deeply grateful for significant donations received in 2015, particularly for research. The 'Eye and Ear' remains deeply rooted in, and the Council believes is much loved by, the community it serves.

2015 was a very active year for the hospital, which managed a total of 90,654 patient visits – a number which exceeded the target set by the HSE.

When mentioning such a large number of patient visits, it is easy to lose sight of the fact that each represents an individual with an eye or an ear, nose and throat (ENT) problem, in need of help and attention – attention which was provided by teams of RVEEH nurses and doctors in a professional and caring manner.

The Council is deeply appreciative of the outstanding patient care provided by the hospital's doctors, nurses, and support staff, often working in challenging circumstances.

Hospital finances

I am happy to report that the hospital is in a relatively strong financial position, having no debt and having had no recourse to bank borrowings for working capital during 2015. Council own the RVEEH's assets, including the RVEEH real estate, which is unencumbered.

As a charitable organisation, the RVEEH does not seek to generate profits; rather, the goals are to provide the best possible patient care within the available funding and ensure that the hospital has sufficient funds to sustain its long-term viability. I am happy to report that the hospital operated within its HSE budget allocation in 2015, as it did in 2014.

Visit of the Minister for Health Leo Varadkar TD

In November 2015, on the occasion of the launch of the RVEEH *Strategic Plan for Ophthalmology 2015–2025*, the Minister for Health, Mr Leo Varadkar TD, visited the hospital and spent several hours touring the building and meeting with staff. We greatly valued this opportunity to showcase our work.

Strategic plan

The publication of the *Strategic Plan for Ophthalmology 2015–2025* was unquestionably the standout event of 2015. There are many challenges in the development of such a plan, and proposals are worth nothing if they are imposed from the top. It follows that in order for the plan to

have legitimacy, it must have the support of those who will implement it. In order to achieve this, there must be both compromise and consensus. The RVEEH medical staff worked diligently over many months to produce a plan which is sensible, achievable and specific in its goals, and which will result in a much-improved service to our patients. In particular, the plan will have a significant impact on waiting lists, and will reduce the risk of avoidable blindness in patients.

A similar strategic planning process for ENT services is in development and will be concluded by September 2016.

The key elements of the strategic plan are:

- The Royal Victoria Eye and Ear Hospital (RVEEH) remains as a standalone entity and will not be relocated to a general hospital campus. This is the model used by the major international teaching eye and ear hospitals.

- A much closer relationship will be developed between the RVEEH and community clinics. This will allow much of the pre-operative and post-operative work to be carried out in a location other than the RVEEH, and closer to the patient. This is the so-called hub-and-spoke model.

- The hospital's IT systems will be upgraded in order to facilitate the development of the hub-and-spoke model. This will include the development of an Electronic Patient Record (EPR) system.

- Contruction of a new standalone cataract theatre will commence in 2016. The requisite capital funding will be provided by the Royal Victoria Eye and Ear Hospital Teaching and Development Foundation, and annual running costs will be sought from the HSE.

Waiting lists

Waiting lists are a significant concern for the services provided by the RVEEH, both locally and nationally. Research indicates that, nationally, it would take more than one year to eliminate existing cataract waiting lists, assuming that no new patients were added to the lists for a full year. The resources required to maintain waiting lists at acceptable levels for both ophthalmology and Ear,Nose,Throat, Head and Neck are grossly under capacity, and no reduction in waiting lists can or will occur until this is rectified.

In 2015, the RVEEH met the HSE target of having no patient waiting more than 15 months for an initial appointment. While the hospital fully recognises the importance of providing timely outpatient appointments, this is of limited benefit for patients if the outcome of that appointment is simply that the patient then moves to what becomes a much longer waiting list for an operation.

Long delays in accessing treatment may result in patients going blind unnecessarily. As well as being devastating at a personal level, this results in large costs to the State for subsequent care and support for those who have lost their independence.

It is for this reason that the RVEEH has taken the initiative to build a new cataract theatre, which will carry out an additional 3,000 cataract operations each year, thereby more than doubling the current cataract operations capacity of the hospital (which stands at 2,500 such operations per year). The new theatre will be open to cataract patients nationally.

Governance

During 2015, five new members, from different backgrounds and with different skill sets, were appointed to the Council. All now serve on various Council subcommittees. Mr Hugh Kelly has taken over as chair of the Audit and Risk Committee and Ms Elaine Hanly has become chair of the Ethics and Medical Research Committee. All members serve in an entirely voluntary capacity. In addition to these appointments, Mr Stephen Hone took on the role of Chair of the Medical Board, and Ms Elspeth Finlay was appointed Director of Nursing.

Among the members who retired from the Council in 2015 was my predecessor, Mr. Jim Ruane. Jim served as President for 15 years. The fact that the hospital is in such good financial health is due in no small part to Jim's stewardship over many years.

Mr Patrick Dowling
President of Council

2. Council members and their role

Under the Dublin Eye and Ear Hospital Act, 1897, the Council[1] has overall responsibility for corporate and clinical governance as well as the strategic development of the hospital. Day-to-day operation of the hospital is the responsibility of the Hospital Management Group (HMG).

The composition of the Council is set out in the Dublin Eye and Ear Hospital Act, 1897. The Act specifies that the Council shall have a maximum of 20 members, constituted as follows:

Three ex-officio members: The Lord Mayor of Dublin; one member of the Corporation of the City of Dublin; and the President of the hospital as elected by the members

Three medical members: appointed from the medical staff of the hospital

14 additional members of Council, drawn from life members and ordinary members

The Council met on nine occasions during 2015. Details of attendance at these meetings is set out in Appendix 3. Figure 1 illustrates the hospital's high level reporting structure:

RVEEH High Level Organisation Chart

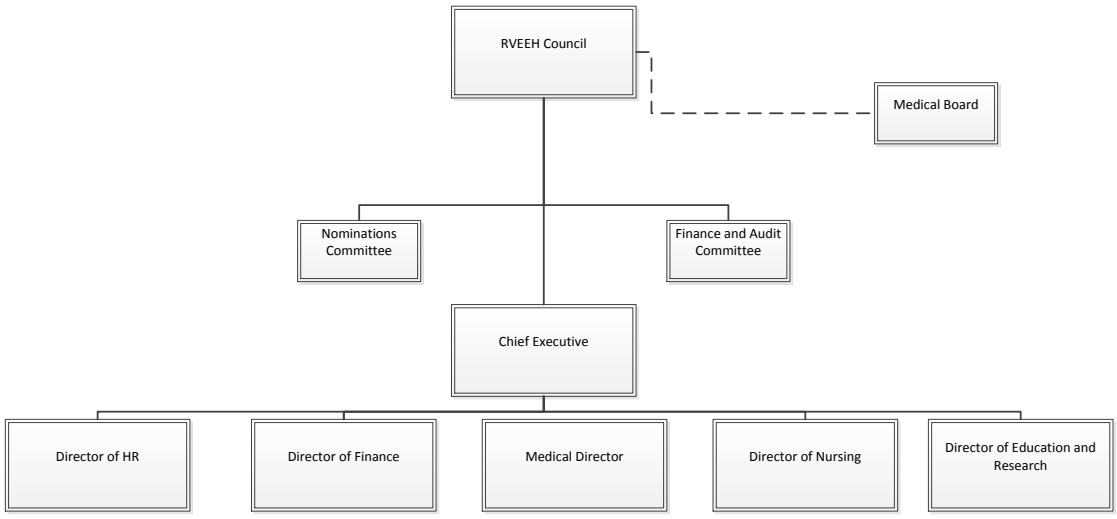

Figure 1 – RVEEH Reporting Structure.

In addition to considering service, quality and safety, and fulfilling its fiduciary duties, the Council also reviewed and approved a number of outputs and work streams during 2015. These include:

[1] Appendix 1: Council Membership

- The Ophthalmology Services Review 2015–2025
- The 2013 Annual Compliance Statement with the HSE
- The 2014 Service Level Arrangements with the HSE
- The HIQA report on an unannounced inspection to assess compliance with the National Standards for Prevention and Control of Healthcare-associated Infections.

3. Report from the Chairman of the Medical Board

On behalf of the Medical Board, I would like to acknowledge my predecessor, Mr Mark Cahill, for his contribution as Chair of the Medical Board during 2015. I would also like to acknowledge the hard work of our hospital management group, especially our Chief Executive, Mr Danny Dunne. It is difficult to align the goals of the organisation with the resources that are available, and Mr Dunne and his team continue to do an excellent job to improve the hospital for patients and staff alike.

We are told that the economic outlook is improving nationally. However, those of us involved in providing healthcare are acutely aware of the difficulties that we continue to face in delivering exceptional care to our patients in a health system where resources are stretched. In 2015, approximately 35,000 patients received treatment in the RVEEH Emergency Department (ED), and more than 40,000 patients attended the general and specialist clinics in the Outpatients Department. The RVEEH surpassed many targets set by the HSE for 2015, and it intends to do the same in 2016. The primary focus of the RVEEH has always been, and will continue to be, patient care, and all staff must be commended for their continued excellent level of service to the hospital and its patients.

The members of the Medical Board acknowledge that it is an important part of a consultant's role to participate in and to contribute to various committees and groups within the hospital that enhance service development and ensure high standards. Every year, members of the Medical Board give freely of their time and expertise to participate in committee roles. In this way, the hospital has access to significant clinical expertise which, it can be argued, is vital to the continued growth of the organisation.

I would like to take this opportunity to acknowledge the hard work of my colleagues who undertake these roles. Professor Conor Murphy continues in his role as Medical Director, which is a very busy and demanding position. Currently, he is involved in a number of initiatives, including overseeing the reconfiguration of the ophthalmic emergency service, which will take place in the second quarter of 2016. The proposed changes will benefit not only the patients of the hospital by streamlining access to the service, but will also positively impact on non-consultant hospital doctor (NCHD) training in the department. Achieving these changes is a challenging task, and Professor Murphy and the entire team involved in this initiative should be commended for their tireless efforts in this regard.

Mr Patrick Talty is the current Head of Ophthalmology, and I am continuing in my role as Head of Otolaryngology. Dr Mark Halligan was recently appointed Head of Anaesthesia, while Professor Susan Kennedy and Dr Ronan Killeen continue in their roles as Head of the National Ophthalmic Pathology Laboratory and Head of the Radiology Department, respectively.

It is often demanding to balance the responsibilities of overseeing a department with clinical commitments, and each Head of Department should be commended for their continued dedication to their role.

With regard to recent appointments, Ms Camilla Carroll joined the ENT Department in 2015 and is currently overseeing the ENT emergency service, providing essential guidance and governance which has contributed to an improved experience for patients. Ms We Fong Siah recently joined the Ophthalmology Department on a temporary basis as a Consultant Ophthalmic Surgeon.

Education is vital in a teaching hospital, and in 2015, each department was heavily involved in supporting the hospital's trainees and colleagues by sharing knowledge, information and expertise. Aside from dedicated weekly journal clubs and subspecialty teaching sessions, consultants in this hospital arranged a number of conferences and meetings which were of enormous benefit to trainees and colleagues alike.

Professor Aongus Curran hosted the Annual Head and Neck Conference, which was very well received by all those who attended. The Anaesthetic Department arranged the Local Anaesthesia for Ophthalmic Surgery course which is hugely popular among trainees and was, as always, fully subscribed. The Research Foundation hosted the annual New Frontiers in Ophthalmology Meeting in June 2015, which was followed by the Eithne Walls Research Meeting.

Research is the cornerstone upon which the medical profession develops, and since it was founded by Mr Alan Mooney in 1974, the Royal Victoria Eye and Ear Research Foundation has provided funding and clinical service support to a wide range of research into diseases of the eye, ear, nose and throat. Dr Maedbh Rhatigan was the recipient of the 2015 Eithne Walls Memorial Medal for her research study entitled 'Negative Regulators of Inflammation and Age-Related Macular Degeneration in an Irish Population'. Dr Micheal O'Rourke was awarded the Research Foundation Clinical Prize for his presentation entitled 'Dendritic cells in non-infectious anterior uveitis'.

On behalf of the Medical Board, I would like to applaud all those who participated in educational events during the year, and extend my congratulations to those who were awarded prizes for their research.

I would like to thank the President of the Council, Mr Patrick Dowling, and all the members of the Hospital Council for the support shown to the Medical Board throughout the year, and for their ongoing commitment to the hospital as we strive to achieve our common goals.

Mr Stephen Hone
Medical Board Chair

4. Report from the Chief Executive

The 2016 funding allocation has been set at €22.4 million. The HSE has confirmed that this figure excludes funding due in respect of the diabetic screening programme. Once this is included, the 2016 allocation will be broadly in line with the 2015 figure.

2016 will see continuing changes within the heath service. The process of building a Hospital Group executive structure continued during 2015, and interaction with the Ireland East Hospital Group (IEHG) increased during 2015 and early 2016.

The activity-based funding model continues to evolve. The 2016 allocation was created with reference to activity-based funding, although an adjustment was subsequently made to bring the funding back to a more traditional level. It will be some years before any Irish hospital will be purely funded on an activity basis.

As anticipated, 2015 saw a national focus on reducing waiting lists. While the hospital did achieve its waiting lists targets in 2015, it will be extremely difficult to maintain this performance, and there has already been slippage since the end of 2015. In achieving the 2015 Outpatient Department (OPD) targets, the hospital increased its inpatient and day case waiting list by 30%; this was as a direct result of the additional OPD clinics carried out in 2015. It will not be possible to achieve the 2015 OPD targets in 2016; neither will it be possible to address the current inpatient and day case waiting lists without an expansion in capacity, a problem that is being addressed by the construction of the cataract-only unit.

The continued success of the RVEEH could not be sustained without the commitment and professionalism of the staff working in the hospital. I would like to publicly acknowledge this, and thank them for their efforts. I would like to welcome Ms Karen Devereaux, who has taken on the role of Director of Finance and Organisational Services, and I would also like to congratulate Ms Elspeth Finlay on her appointment to the role of Director of Nursing in a permanent capacity.

Finally, I would like to thank the Hospital Management Group (HMG) for their support over the last year. As CEO, and on behalf on the HMG, I would like to record our appreciation for the invaluable contributions made by the RVEEH Council members throughout the year. I would also like to acknowledge the support of new Council members who took up their appointments in March 2015.

Mr Danny Dunne
Chief Executive

5. Strategic plan – overview

Ophthalmology services review 2015–2025

The RVEEH *Ophthalmology Strategy 2015–2025* is the hospital's plan for dealing with the challenges facing ophthalmology services in Ireland, in particular the need to respond to the significant increase in the number of people aged over 65 years living in this country, which is generating increases in patient numbers presenting to RVEEH .

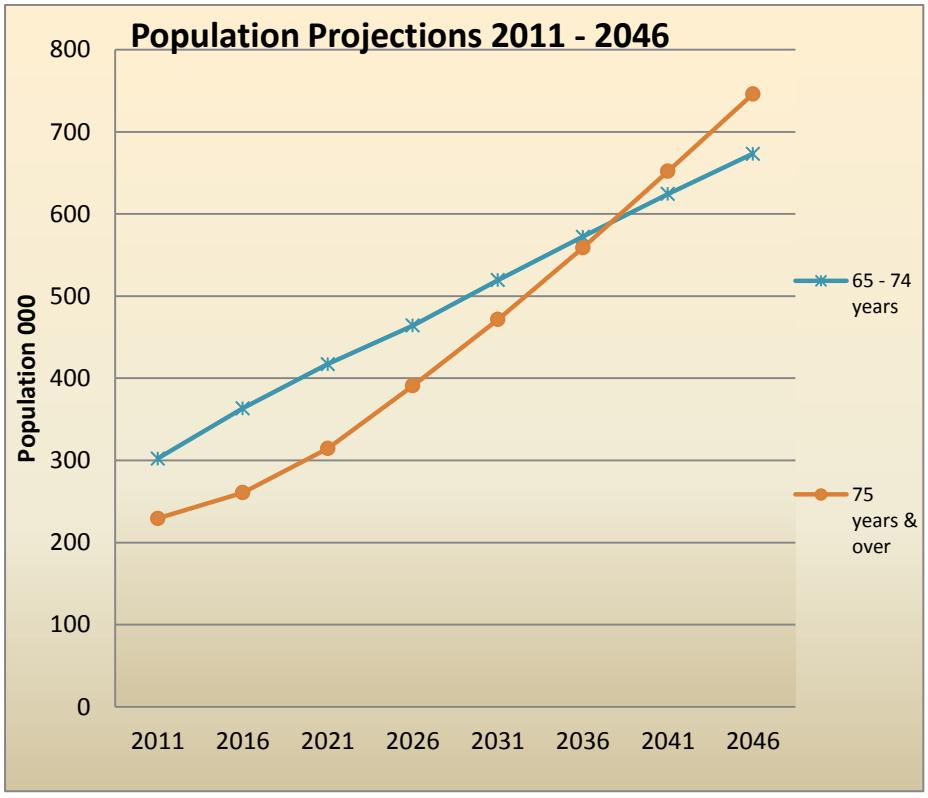

Figure 2: Population Projections 2011-2046 (Source: *Prof. B Whelan/TILDA Project)*

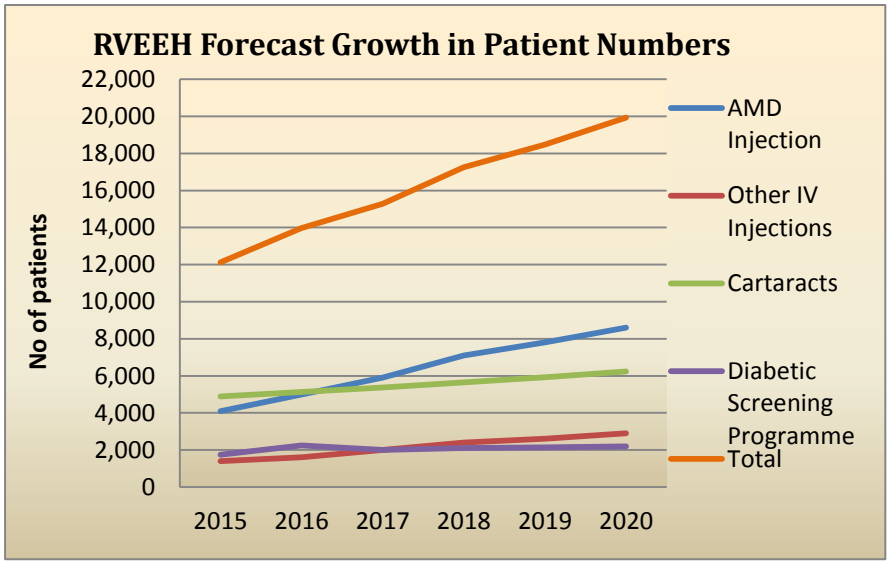

Figure 3: Forecast Growth in Patient Numbers (Source: *Prof. B Whelan/TILDA Project)*

The strategy has four main reference points:

1. The *National Eye Care Plan 2014*, which recommends the realignment of services away from the acute setting towards community-based care.
2. The community services review currently being undertaken by Mr Brian Murphy, Head of Planning, Primary Care Division, HSE.
3. The development of Hospital Groups in general, and Ireland East Hospital Group in particular
4. The international best practice models of service delivery and, in particular, the established hub-and-spoke care model operational in Moorfields Eye Hospital in London.

The capital costs of implementing the strategy are relatively modest, but the outputs will result in:

- Elimination of waiting lists
- Cost-effective management of anticipated growth in patient numbers
- Patient assessment and treatment in their community when possible
- Considerable economic benefit to society by reducing risk of blindness in older people
- Upskilling of nurses.

Today, the hospital deals with 100,000 patient visits per year. Ophthalmology patients account for some 75,000 of these visits (see Figure 4). Patients are treated on a day care basis in the majority of cases, with overnight stays averaging a maximum of 30 patients per night.

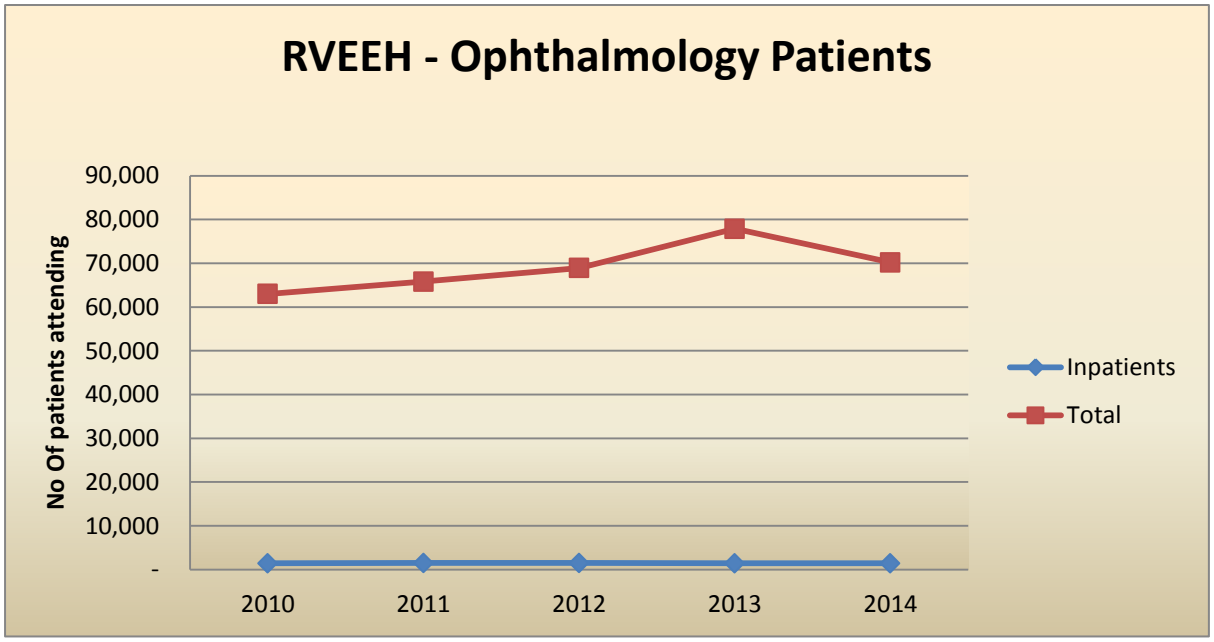

Figure 4: Ophthalmology Patients Attending RVEEH.

In recent years, the RVEEH has shown a significant reduction in the cost per unit of Case Mix Unit delivered.

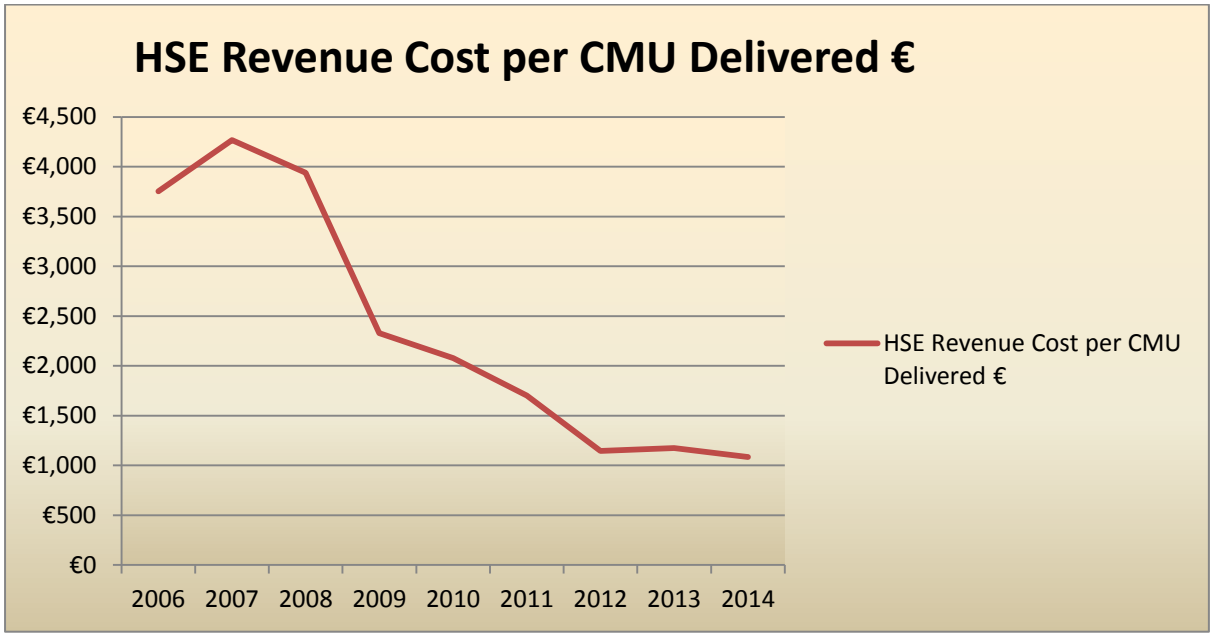

Figure 5: Cost per Casemix Unit delivered at RVEEH. (Source: *HSE Allocation/RVEEH HIPE statistics)*

Standalone hospital

The top-ranked eye hospitals in the UK, USA and Australia are all standalone hospitals, distinct from general hospital complexes.

Since most procedures are elective and patients are treated on a day care basis, the potential for high-volume and efficient throughput in theatres exists because surgeons know that theatres will be available, and they can plan accordingly. This situation applies equally to both eye patients and ENT patients.

The independently assessed top-ranked eye hospitals in the US, UK and Australia in 2013: *US News and World Report*.

Top-ranked eye hospitals in the US:	1. Bascom Palmer, Florida
	2. Wills Eye Hospital, Philadelphia
	3. Massachusetts Eye and Ear Infirmary, Boston
Top-ranked UK eye hospital:	Moorfields Eye Hospital, London
Top-ranked Australian eye hospital:	Royal Victorian Eye and Ear Hospital, Melbourne

Figure 6: Ranking of Top Eye Hospitals.

The RVEEH *Ophthalmology Strategy 2015–2025* is based on the hospital continuing to operate on a standalone basis. The hospital will remain the main tertiary provider for treating complex subspecialty eye disorders. At the same time, it will develop community-based units at regional hospitals; a hub-and-spoke care delivery model with RVEEH at the hub.

Hub-and-spoke care delivery model

The hub-and-spoke care delivery model enables outpatient diagnostic interventional work to be carried out at a satellite spoke unit. Adopting this approach obviates the need for patients to make multiple trips to the RVEEH for routine eye care, and would absorb some of the increased demand for eye care among the increasing numbers of people aged years and over living in Ireland.

The preferred option is that the satellite spoke units would be under the management and clinical supervision of the RVEEH, in order to ensure a high standard of clinical care for patients.

All units would require integrated IT links to the RVEEH, and an assessment of the most appropriate IT system is currently being carried out.

The physical size requirement of the satellite unit is small (approximately 235 square meters). The cost of equipping a fully operational unit would be approximately €300,000. Annual staff costs would total €310,000. Additional investment in information technology (IT) would be necessary, but this cost would be shared across multiple satellite units.

The RVEEH has a longstanding working relationship with Loughlinstown Hospital in Dublin as well as the Midland Regional Hospital Portlaoise, and these hospitals could become pilot sites for the proposed hub-and-spoke care delivery model.

Potential locations for other satellite units are Wexford and Kilkenny. Collaboration with University Hospital Waterford, with which the RVEEH has had a long relationship, could also be explored.

Meetings have taken place with the HSE Primary Care Services division, who have expressed interest in developing ophthalmology spoke clinics in suitable primary care settings.

Dedicated cataract unit at the RVEEH

The RVEEH's capacity to handle the growing demand for cataract surgery cannot be met using existing on-site theatre capacity. The establishment of a cataract-only theatre would generate significant benefits in terms of efficient processing of an additional 3,000 cataract cases per year and a consequent reduction in waiting lists.

It is planned to convert an existing administrative space in the hospital into a dedicated cataract theatre. The costs of building, equipping and running this unit are estimated as follows:

Building refurbishment:	€900,000
Equipment:	€200,000
Annual Operational costs:	€2,560,000

The operational costs include consultant costs (one whole time equivalent (WTE) surgeon and one WTE anaesthetist), and three WTE nurses and surgical consumable costs.

Planners from Dublin City Council have visited the RVEEH site, and although the hospital building is a protected structure, the planners do not envisage difficulties in the process of approving the conversion of the existing administrative space into a cataract theatre. The establishment of a cataract-only theatre would free up space in the existing theatre for other ophthalmic work.

The new cataract theatre will be operational in late 2016.

Outpatient area

Both the Joint Commission International accreditation process and HIQA have noted the problem of inadequate patient confidentiality in the outpatient area of the hospital. It is intended to address this issue by reconfiguring the space so that multiple patients will not be examined in the same room at the same time. The RVEEH will also take the opportunity presented as a result of reconfiguring the space to improve patient experience by upgrading this area. It is estimated that the overall cost of this reconfiguration/upgrading work is estimated will be €750,000.

Clinical nurse specialists

The RVEEH Strategy 2015–2025 anticipates the increased involvement of clinical nurse specialists in patient care. This will enable faster access to care, shorter waiting times, and a more cost-effective service. For example, clinics for stable glaucoma patients can be run by nurse practitioners and technicians both within the RVEEH and in satellite units; the same model of service delivery would also apply for other routine eye treatments.

Children's eye services

The RVEEH has a dedicated paediatric ward. In 2013, the hospital recorded 5,300 outpatient attendances for children aged under 16 years. In addition, it completed 260 surgeries on children aged under 16 years (the comparable figure for Our Lady's Children's Hospital, Crumlin was 316). There is little strategic coordination between the ophthalmology services provided at the Children's

University Hospital Temple Street, Our Lady's Children's Hospital Crumlin and the RVEEH. This situation should be reviewed with the various stakeholders.

ENTHN Service strategy

The strategy for ENTHN services in the RVEEH is based on developing the key competencies within the existing service. These are:

- The RVEEH is best placed to meet increased demand for day surgery and short-stay ENT services.
- The RVEEH is already the largest centre for elective ENT surgery.
- The RVEEH provides patients with quick access to emergency care.
  The hospital has potential to expand services, in particular otology with BAHA and rhinology with advanced FESS.

The ENTHN service faces major challenges in relation to outpatient clinical services, in particular long waiting lists for appointments and ever-increasing referral levels. The strategy proposes a number of potential solutions to resolve these issues:

- The development of nurse-led micro ear clinics
- The appointment of an additional consultant
- Obtaining formal recognition for the ENTHN work carried out, particularly in relation to minors
- Increased numbers of day cases treated in theatre
- Improved theatre utilisation
- The introduction of a BAHA programme
- Further collaboration with the National Paediatric Hospital.

5. Quality and patient safety

Risk and quality

The RVEEH strives to provide a high-quality patient-centred service to its patients in a safe environment. The Risk, Quality and Safety Department, under the direction of the CEO, plays a central role in driving a strong quality and safety agenda. This is achieved through regular review and assessment of systems and processes hospital-wide, in line with national and international standards.

In 2014, the hospital achieved accreditation by Joint Commission International (JCI), and in 2015, the Risk, Quality and Safety Department continued to ensure compliance with these standards through regular audits and reviews, and communication with key stakeholders. A gap analysis against the National Standards for Safer Better Healthcare (HIQA 2012) was conducted in January 2015, and this resulted in the development of a number of quality improvement plans to ensure compliance with the standards.

In late 2014, the hospital implemented a Quality Management Information System utilising Q-Pulse for the electronic control of policies and procedures, audits, quality improvement plans, incidents and complaints. Throughout 2015, the Risk, Quality and Safety Department continued to support the implementation process, which has enabled significant improvements to be made in quality and safety management.

The Risk, Quality and Safety Department continues to coordinate risk management processes in the RVEEH, including risk assessments, the maintenance of the Hospital Risk Register, the administration of the Integrated Risk, Quality and Safety Committee and the development of risk management and health and safety policies and procedures. The Department oversees the management of complaints in the RVEEH and monitors patient feedback via the hospital website and the RVEEH Patient Satisfaction Survey.

The Risk, Quality and Safety Department coordinated a number of education and training activities in 2015, including the following:

- Participation in staff education sessions, such as the nursing in-service education programme and the NCHD induction day
- Roll-out of the Medical Gases e-learning programme to nursing and portering staff
- Administration and support of the Fire Safety e-learning programme
- Coordination of training for staff in fire safety procedures and evacuation drills
- Coordination of dangerous goods training sessions in chemical safety awareness, transport of patient specimens, and segregation and packaging of healthcare risk waste.

National nursing conferences

In 2015, 110 nurses attended the Ophthalmic Conference, and 76 nurses attended the ENT/Head and Neck Conference. Three RVEEH nursing staff made presentations, showcasing activities of nursing staff employed in the RVEEH.

The School of Nursing collaborated with staff in the eye OPD, inpatient areas, day care unit and the minor procedures unit to develop Medication Standing Orders to assist in achieving a more efficient throughput of patients to the next stage of their examination or treatment.

Education sessions 2015

During 2015, staff attended the following training:

- AED refresher
- Early warning score and sepsis
- IT and data protection
- Syringe driver set-up
- Heparin infusion
- ECG recording
- Basic eye A&P and visual acuity
- Better safer care standards: HIQA
- Making a KPI
- Chemical awareness
- Infection control
- Haemovigilance
- Patient identification, communication and disability awareness
- I-Stat machine and lactate bloods
- IV pump infusion
- IOL-Master
- Glucometer training
- Vacutainer bloods.

Infection control

Surveillance by the Infection Prevention and Control team indicates continued low rates of infection in the RVEEH. Surveillance within the RVEEH includes monitoring of:

- RVEEH hospital-acquired infections
- Antimicrobial resistance
- Surgical site infection
- Patient device-related infections
- Notifiable infectious diseases.

The key performance indicators (KPIs) for healthcare-associated infections are set by the HSE. The RVEEH achieved all of the KPIs set. These results were attributed to:

- Good working relationships across clinical services and departments
- Constant monitoring of services in consultation with patients, visitors and staff
- Service modification based on feedback, internal and external audits, regulations, standards, scientific studies and guidelines.

There are still three areas of infrastructure deficiency which affect our ability to be fully compliant:

- Lack of isolation rooms
- Non-compliant sinks throughout the hospital. Sinks are replaced on an ongoing basis)
- Lack of air-changing facilities in the RVEEH's main theatres. However, the construction work for the dedicated cataract unit theatre will support the future extension of air handling capability into the existing theatre complex as part of a separate project.

The following refurbishment work was carried out in 2015:

- A new day ward kitchen was installed.
- A significant re-painting programme was undertaken.
- Industrial Water Management took on the oversight of water management within the hospital. This included a work programme to remove unused sinks as well as plumbing 'dead legs', in addition to a much speedier reporting cycle on water testing.

A full copy of the hospital's infection control annual report can be found at http://www.rveeh.ie/content/infection-control

Hand hygiene

Observational hand hygiene audits were carried out during 2015. The Infection Control Team continues to audit and provide training support to all staff.

The RVEEH fully accepts its role in improving hand hygiene compliance within the hospital. However, this is a systemic problem, and it needs to be addressed as such. Ultimately, it requires individuals to take responsibility for their actions.

Customer feedback

The RVEEH provides opportunities for patients to comment on their interaction with the hospital through satisfaction surveys. These comments are collated on a regular basis, and the summary results for 2015 are set out in Table 7.

Table 1: Summary of Patient Feedback 2015.

	Strongly disagree %	Disagree %	Neutral %	Agree %	Strongly agree %	Overall % for agree and strongly agree
1. Your check-in process was efficient	10	8	7	27	49	**76**
2. Staff were friendly to you	6	4	10	21	58	**80**
3. The doctor/nurse listened to what you had to say	4	3	8	32	52	**84**
4. All of your questions/concerns were answered by your doctor/nurse	5	5	9	27	55	**82**
5. You feel that you have received adequate information about your procedure/treatment	8	4	9	26	53	**79**
6. The waiting time was reasonable for the services you received	39	3	5	12	40	**52**
7. The standard of staff hand hygiene was satisfactory	5	3	12	28	52	**80**
8. You are happy with the levels of cleanliness you observed in the hospital	5	4	12	29	50	**78**
9. You are satisfied with the standard of comfort provided at the hospital	12	11	13	20	43	**63**
10. There were adequate arrangements for privacy during your treatment	6	7	14	25	47	**72**
11. Overall, you were satisfied with your experience at the hospital today	29	7	7	9	48	**57**

Note: Percentage calculated on basis of completed survey questions, i.e. surveys with no response for that question were discounted.

Table 2 Complaints Activity and Analysis

	2014	2015
Unresolved at 1 January	6	5
Complaints received	52	72
Complaints resolved	53	64
Unresolved at 31 December	5	13

Table 3 Analysis of Complaints

HSE Pillar of Care	**2014**	**2015**
Access	21	37
Dignity and respect	18	15
Safe and effective care	10	20
Communication and information	3	0
Participation	0	0
Privacy	0	0
Improve health	0	0
Accountability	0	0
Total	52	72

Table 4 Comments and compliments

	2014	**2015**
Comments/suggestions	7	7
Positive feedback	32	23

HIQA audits

HIQA paid an unannounced visit to the RVEEH in April 2015, and its subsequent report raised no significant concerns about the quality of the hospital's operations. The RVEEH also worked hard to maintain JCI International Accreditation. It is one of only two public hospitals in Ireland to have achieved this international accreditation.

6. Access

2015 Developments

The following significant changes took place in 2015:

- A series of planning meetings commenced in early 2015 with a view to refurbishing the Ophthalmology OPD. Ultimately, the cost of delivering this proposal prevented further progress. However, in the third quarter of 2015, the Council agreed a budget to be applied to a phased refurbishment project. A revised layout is being finalised by architects with a view to work commencing in the third quarter of 2016.
- The transfer of Blood Sciences work to St Vincent's University Hospital was completed late in 2015.
- Emergency department services restructuring plans were developed during 2015 and are due to be implemented in 2016. This will involve the closure of the Ophthalmology ED at night time to self-referrals and the introduction of a triage system for OPD attendees. While this represents a significant change to how ED patients are currently treated, the new system will a more streamlined and appropriate service to our patients. A further key driver for this change is the effect of the introduction of compensatory rest days for NCHDs. Compliance with this aspect of the European Working Time Directive was affecting the hospital's ability to meet the Irish College of Ophthalmology training requirements for NCHDs.
- In November 2015, the RVEEH became part of the national Radiological Imaging System (NIMIS).
- The RVEEH participated in the waiting list initiatives which took place in both June and December 2015. A significant number of additional OPD clinics were held in order to meet the targets for waiting time for first-time appointments imposed by the Government. As a result of holding these OPD clinics, the hospital's inpatient or day case waiting list increased by 30% on 31 December 2015 compared with the same period in 2014.
- Pressure on OPD clinics gave rise to a number of concerns regarding patient care. With the HSE targets focusing on new patient visits, the delays facing return patients awaiting scheduled routine appointments continued to increase. This is a source of concern, as it delays the treatment of chronic diseases and increases clinical risk.
- In a further effort to streamline delivery of patient care, it was agreed that patients requiring access to YAG lasers would be treated by the clinic teams rather than being referred on to the Retinal Fellow Clinic.

Nurse-led services

The Glaucoma Clinical Nurse Specialist reviewed and treated 633 patients in 2015, and has been actively involved in the preparation to extend the service in line with the hospital's hub-and-spoke care delivery developments.

A Medical Retina Advanced Nurse Practitioner post was approved as a service development, and one nurse attended a training course at Moorfields Eye Hospital, London in November 2015. This enabled commencement of training on a range of associated clinical examinations and treatments,

which will include intravitreal injections. The overall purpose of the post is to improve the healthcare experience and journey of age-related macular degeneration (AMD) patients at the RVEEH. The nurse will be able to assess, treat and review patients, thus providing continuity of care under the overall governance of the hospital's Retinal services.

One nurse completed theoretical and observational training in performing anterior segment ophthalmic procedures; this nurse is expected to be able to practise independently by the end of the second quarter of 2016. As outlined above, the Medical Retina Advanced Nurse Practitioner post will contribute to the improvement of the patient journey.

One nurse also successfully completed the Nurse Prescribing Programme, thereby bringing the total number of nursing staff now qualified in this area to four. The programme enables qualified nurses to complete all aspects of patient care for their caseload in the ED and OPD, thus reducing patient waiting times for prescriptions that would otherwise be written by medical staff. Practice is regularly audited and reviewed by the hospital's Drugs, Therapeutics and Antimicrobial Committee.

Information and communications technology

The ICT Department has implemented a number of significant improvements in the past 12 months, particularly in the area of clinical software services and interagency communications.

NIMIS

In 2015, the RVEEH became the 39th hospital in Ireland to go live with NIMIS – the National Integrated Medical Imaging System. As a result of implementing this system, radiology images can now be housed electronically in the National Health Network, thus linking the RVEEH to the expanding network of NIMIS hospitals. The RVEEH's ability to locate and view a patient's radiology reports has improved rapidly, and continues to improve as more hospitals join the NIMIS. This results in creating secure and instant access to radiology images across all connected hospitals, thus significantly improving patient care.

Future booking

During 2015, the 'future booking' system was implemented in almost all RVEEH Ophthalmology clinics, following its implementation in all ENT clinics the previous year. The system allows for a queuing mechanism for outpatient appointments; consequently, the patient receives his or her appointment by post, and an SMS text reminder closer to the actual date. The implementation of the system has resulted in an ongoing reduction of non-attenders (DNA) and appointment cancellations.

Forum

During 2015, the RVEEH upgraded most of its imaging (OCT) and visual fields analyser equipment. New software was installed to enable the relevant staff members to view and analyse data generated by this equipment – data which are now stored on a fully secure central server called Forum. Forum is now connected to the hospital IT system, which guarantees that the image is always archived with the correct patient information. All Ophthalmology clinics have been provided with new workstations to view the images.

Pre-admission Clinic

In 2015 a new workflow system for post-operative assessments was designed and implemented across the hospital system. The system helps nurses and clerical staff in the correct administration and categorising of patients who need a face-to-face assessment or telephone assessment.

Communications – Healthlink

With regard to other activities in communications-related areas, and the Healthlink service in particular, 2015 saw the RVEEH formally join this service, which provides the secure transmission of clinical patient information between hospitals, healthcare agencies and GPs. As a result of joining the service, the RVEEH is now well placed to increase the level of electronic communications with health agencies, organisations and practices that the hospital already interacts with.

Healthlink provides a wide variety of messaging and information-sharing services covering areas such as pathology results, e-referrals, admissions, and discharge reports. The RVEEH is one of just two hospitals in Ireland that have a fully integrated referral pathway within their hospital system (a so-called Phase 2 Implementation). In addition, the REVEEH has initiated a process – and has received approval – to implement a referral form specifically for Ophthalmology that could be used by healthcare providers nationwide. Speedier referral results in delivering faster, more detailed assessments of severity.

The RVEEH has increased the level of connectivity with the National Health Network (NHN), the broadband infrastructure that links hospitals and health agencies throughout Ireland. In addition to serving NIMIS, Claimsure and HIPE, the NHN enables any network connection to take place between two or more hospitals (subject to the enactment of a securitisation project and service level agreement).

In 2015, the RVEEH installed NHN2 – a separate, secure, redundant channel that will enable the hospital to maintain an almost constant connection to the NHN. This is a very positive development in terms of future service delivery and connectivity with other health organisations.

IT Infrastructure

With regard to infrastructure developments, the RVEEH has virtually eliminated the use of the now unsupported Windows XP in the building, and has moved most PCs, laptops and servers to Windows 7 (or higher). Almost 100 new PCs and servers were installed or upgraded during 2015, thus ensuring that the RVEEH computer fleet is now as efficient and as effective as possible in terms of meeting the hospital's likely future needs.

The RVEEH has successfully installed Uninterruptable Power Supply systems in all server rooms and network distribution zones. This will ensure the safety of server and infrastructure equipment in the case of a power failure.

In the third quarter of 2015, a review of IT infrastructure began; the purpose was to identify areas of the system requiring upgrading. The review was completed in the second quarter of 2016 and will result in a work plan to address elements of the infrastructure that require upgrading.

Additional manpower was allocated to the IT Department to help address a number of areas requiring improvement.

During 2015, work also began on the process of identifying an electronic patient record system for the hospital. A business case is currently being developed; this will make recommendations to the RVEEH Council on the best options available. The RVEEH management team would like to thank Ms. Aoife Doyle, Mr. Jeremy O'Connor and Ms. Ciara Liston for their engagement with the initial scoping and process mapping for this project.

National Endoscope Track and Trace System

The RVEEH participated in this national project which enables computer tracking of scopes used on patients. Such tracking will improve patient care safety through matching patients with the instrumentation used on them.

7. Finance

Total income for 2015 was €27.7 million (2014, €28.3 million). This comprised the HSE allocation of €22.8 million (2014, €23.1 million); inpatient income of €2.5 million (2014, €2.6 million); outpatient income of €430,000 (2014, €455,000); and other income including retention of superannuation deductions of €1.9 million (2014, €2.0 million).

Non-pay expenditure for the year was €6.7 million compared with €8.4 million in 2014.
Pay expenditure for the year was €19.8 million compared with €19.9 million in 2014. The operating outturn for the year was a surplus of €25,000 (2014, €10,000 surplus).

Activity levels recorded in 2015 show that the RVEEH is continuing to serve its patients as a predominantly public, day case hospital. Specifically:

- Day case activity in 2015 accounted for 88.4% of total activity (2014, 88.5%).
- Inpatient activity in 2015 accounted for 11.6% of total activity (2013, 11.5 %).

In 2014, public patients accounted for 78.4% of total activity (2014, 79.4%).

Private patients accounted for 21.6% of total activity (2014, 20.5%).

Non-clinical information technology developments

In 2015, the RVEEH significantly improved its computer virus, malware and spam-related security systems. With a combined investment in anti-malware, anti-virus and secure data backup technology, as well as key configurations with the hospital's internet service provider (the Government Network), the RVEEH has increased the level of protection and prevention measures to deal with computer-related attacks. Any successful attempt to attack the RVEEH network in this way can result in loss of clinical and business-related services, loss of patient data and loss of staff productivity. All of these issues have a clear and direct effect on patient care.

In early 2016, many Irish public sector bodies (including at least one Dublin hospital) were attacked by so-called "ransomware" viruses, resulting in significant disruption (and costs) to those organisations. Due to the specific measures taken by the RVEEH in 2015, all attempts to attack the RVEEH computer network were successfully thwarted.

Support

The RVEEH ICT Support Team successfully completed 4,811 IT support requests submitted to the Spiceworks Helpdesk. The Spiceworks system accounts for 87% of first-, second- and third-level support requests.

In addition, the ICT Support Team provided ongoing assistance beyond the scope of Helpdesk personnel. This support included changing formats/content of patient letters, setting up new clinics, IT procurement and extracting clinical selection data from RVEEH patient administration systems.

8. Human resources

Nursing Directorate

The Nursing Directorate worked hard to recruit staff in order to maintain activity in an environment where, nationally, there is limited availability of appropriately trained and experienced personnel. Despite this challenge, RVEEH service requirements were met and activity levels were maintained; this was largely due to the flexibility of nursing staff, coupled with the support and training provided to new staff by Clinical Nurse Managers and the School of Nursing.

A three-day Induction Programme was provided for nurses recently recruited by the hospital.

Three nurses completed Post Graduate Diplomas in Ophthalmic Nursing in 2015 and an additional three nurses embarked on this course, in order to develop their knowledge and skills for future expanded roles. The programme, run in conjunction with the Faculty of Nursing and Midwifery at the Royal College of Surgeons in Ireland (RCSI), was developed further to include nurses from Sligo and Limerick, thus enabling students from hospitals other than the RVEEH to gain the requisite ophthalmic nursing skills and qualifications. It is anticipated that this model can be expanded following the audit and evaluation of standardised processes. Three staff members undertook a short ophthalmic in house course; and three nurses from other hospitals also undertook this course, thereby further demonstrating the RVEEH's wider engagement with nurse education.

The hospital also provided ear irrigation training for 19 nurses working in other healthcare organisations; this training enables nurses to carry out ear irrigation procedures in the community, rather than in the RVEEH ED or OPD. The ear care irrigation service complements the ear care service provided by the ENT Clinical Nurse Specialist working in the ED who treated 780 patients independently in 2015. ED activity in the Ophthalmic Department saw 459 patients with lid cysts treated by an Advanced Nurse Practitioner (ANP) or Clinical Nurse Specialist (CNS), and a total of 2,555 patients were seen and treated by the ED ANP. Nurse-led and nurse-provided services offer treatment by a nurse trained in specific areas; this in turn leads to reduced waiting times in the ED for such patients and frees up medical staff to treat more complicated cases.

A total of 26 students were facilitated with work experience at the RVEEH during 2015.

Also during 2015, 92 healthcare professionals were trained in basic life support techniques by the hospital's three trainers, and 56 hospital staff were trained in moving and handling/patient handling, thus ensuring that staff achieve mandatory competencies.

Finally, during 2015 a total of 14 front-line staff attended a training course in coping with violence and aggression in the workplace, and a further 14 nurses attended a training course in effective conflict management techniques. While such training is not mandatory, it demonstrates the RVEEH's commitment to helping staff deal with challenging situations in the workplace.

Appendices

Appendix 1 – Financial statements

INCOME AND EXPENDITURE ACCOUNT

Financial Year Ended 31 December 2015

	2015 €	2014 €
Income for the year	27,741,096	28,274,762
Pay expenditure	(19,842,513)	(19,982,709)
Non-pay expenditure	(6,737,871)	(8,276,521)
Operating surplus	1,160,712	15,532
Interest payable and similar charges	(3,741)	(5,136)
Interest receivable and similar charges	1,266	10,396
Surplus for the year	1,158,237	(1,960,977)
Accumulated deficit at beginning of 2015	(1,950,580)	(1,950,581)
Accumulated deficit at end of 2015	(792,344)	(1,950,581)

BALANCE SHEET

As at 31December 2015

	2015 **€**	**2014** **€**
Fixed assets		
Tangible assets	575,519	187,380
Current assets		
Stock	398,522	308,648
Debtors	1,891,296	3,873,808
Cash	979,118	–
	3,268,936	4,182,456
Creditors (due < one year)	(3,733,351)	(5,652,866)
Net current liabilities	(464,415)	(1,470,410)
Total assets less current liabilities	111,404	(1,283,030)
Creditors (due > one year)	(306,108)	(69,911)
Net liabilities	(194,704)	(1,352,911)
Represented by:		
Capital funds		
Building fund	527,070	527,070
Bequest fund	70,570	70,570
	597,640	597,640
Accumulated deficit	(792,344)	(1,950,581)
	(194,704	(1,352,941)

Appendix 2 – Activity profile 2011–2015

	2011	2012	2013	2014	2015
Ophthalmology inpatient	1,490	1,500	1,437	1,429	1,317
ENTHN inpatient	941	874	890	781	781
Ophthalmology day case	6,251	7,897	8,665	9,081	8,990
ENTHN day case	1,010	1,033	1,067	1,090	957
Ophthalmology OPD	31,969	33,608	41,574	33,536	35,817
ENTHN OPD	7,648	7,324	9,589	7,841	8,583
Ophthalmology ED	24,094	23,912	24,209	24,146	23,762
ENTHN ED	11,429	11,737	11,513	11,904	10,427
Analysis of clinics/Support activities					
Photography/Fluorescein	9,888	13,683	15,709	17,102	17,280
Refraction	4,097	4,481	5,342	5,384	5,516
Orthoptic	4,354	4,196	4,017	4,417	3,808
Humphrey Field analysis	3,162	3,075	3,258	3,301	3,055
Glaucoma Clinic	1,511	1,544	1,719	2,422	2,811
Audiology	2,977	2,941	2,656	2,820	2,733
A-Scans (day care)	1,930	1,844	1,987	1,867	1,718
ECG	812	1,013	1,214	1,369	1,550
Corneal Clinic	1,147	1,245	1,243	1,338	1,276
Radiology	1,799	1,674	1,538	1,471	1,211
Vitro-retinal Clinic	681	659	838	1,087	1,101
Orbital/Occuplastics	1,048	946	1,129	1,119	912
Laser	645	794	795	698	772
Physiotherapy	740	664	715	548	695
Speech therapy clinic	612	599	657	629	615
Botox Clinic	454	462	477	476	479
Retinal Clinic	535	406	496	472	476
Medical Social Worker	1,597	1,662	1,760	902	444
Contact Lens Clinic	290	224	258	350	427

Appendix 3 – Attendance at 2015 Council Meetings

Council Member	Feb 4	Mar 4	May 6	June 3	July 22	Sept 2	Oct 7	Nov 4	Dec 12	Total
Mr. Jim Ruane [1]	√	√	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2/2
Mr. Patrick Brazel [1]	A	X	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0/2
Ms. Maresa Durcan [1]	X	A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0/2
Mr. Billy Power [1]	√	√	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2/2
Mr. JP Donnelly [1]	√	√	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2/2
Mr. Patrick Dowling	√	√	√	√	√	√	√	√	√	9/9
Mr. Danny Dunne	√	√	√	√	√	√	√	√	√	9/9
Mr. John Casey	A	√	√	√	√	A	√	√	A	6/9
Ms. Doreen Delahunty	√	√	√	√	√	A	√	√	√	8/9
Ms. Elaine Hanly	A	√	A	√	√	√	√	√	√	7/9
Dr. Dermot Kelly	√	√	A	√	√	√	√	√	√	8/9
Mr. Hugh Kelly	A	√	√	√	A	√	√	√	√	7/9
Mr. Dara Kilmartin	√	√	√	√	√	√	√	√	√	9/9
Mr. Mark Cahill [3]	N/A	N/A	√	A	√	√	√	√	A	5/7
Mr. Willie O'Reilly	√	√	A	A	A	√	√	√	√	6/9
Mr. Peter Byers [2]	N/A	N/A	√	√	√	√	√	√	√	7/7
Mr. Declan O'Donoghue [2]	N/A	N/A	A	√	√	A	√	√	√	5/7
Ms. Ros O'Shea [2]	N/A	N/A	√	√	A	√	√	√	√	6/7
Ms. Susan Gilvarry [2]	N/A	N/A	√	√	√	√	√	√	√	7/7
Dr. Niall O'Clerigh [2]	N/A	N/A	√	√	√	√	√	√	√	7/7
Mr. Stephen Hone [3]	N/A	N/A	√	√	√	A	√	A	√	5/7
Lord Mayor of Dublin	A	A	A	A	A	A	A	A	A	0/9
Councillor Ciaran Moore	√	√	A	A	A	A	A	A	A	2/9

(1) – Term of office completed in March 2015

(2) – Term of office commenced in March 2015

(3) – Chair of Medical Board 2015