



Evaluation of the surveillance networks

Form 2. Checklist for the evaluation of TECHNICAL PERFORMANCE of IPSE

II a TECHNICAL PERFORMANCE/SOPs		Disease(s)/special health issue: Surgical site infections, nosocomial infections in intensive care units (WP4)	Month / year of evaluation: <u>May / 2007</u>
SOP attribute	Evaluation <i>Please, check the availability of each of the below mentioned part of the SOP. If not documented by the network, please, describe here.</i>	Documented <i>Please, attach all additional documents to this checklist</i>	
1. Coordination structure and decision-making process	Description of the coordinating structure (names and function)	In SOPs <input checked="" type="checkbox"/> In another document <input type="checkbox"/> Could not be documented <input type="checkbox"/> See also TECHNICAL II b, points 7.1 and 7.2	
	Description of coordination (between members of the coordination structure, i.e. daily, weekly etc; between coordination structure and network members, i.e. telephone conferences, annual meetings, newsletter, annual (or more frequent) report etc.)	In SOPs <input checked="" type="checkbox"/> In another document <input checked="" type="checkbox"/> Could not be documented <input type="checkbox"/>	
	Description of the decision-making process (e.g. consensus in steering group, hub decides)	In SOPs <input checked="" type="checkbox"/> In another document <input type="checkbox"/> Could not be documented <input type="checkbox"/>	
2. Project management, administration and	Mission statement of network <i>Please, insert also to the report template on the summary description page</i>	In SOPs <input checked="" type="checkbox"/> In another document <input type="checkbox"/> Could not be documented <input type="checkbox"/>	

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supervision	<p>Steering group or similar structure <i>Please, describe if available, selection process and mandate</i></p> <p>HELICS Project Management Group Those who have signed contracts with the European commission and have taken a defined responsibility in the programme management, and professionals recruited on the project's budget. Mandate (in grant agreement): to coordinate the activities of the project from an administrative and process standpoint, act as a scientific and ethical committee and assist the Programme Coordinator in decisions concerning achievements of the project.</p> <p>Expert Advisory Board National representatives designated by the competent health authorities, and representatives from European organisations and projects concerned in infection control. Mandate (in SOPs): to oversee the advancement of the programme, propose improvements in organisation, prepare future development of IPSE WP4 (HELICS network). To agree the way data are to be circulated to organisations in the participating countries, advise the PMG on how to involve national bodies in the co-operation. To facilitate link with other European projects and relevant societies.</p>	<p>In SOPs <input checked="" type="checkbox"/></p> <p>In another document <input checked="" type="checkbox"/></p> <p>Could not be documented <input type="checkbox"/></p>	
3. Case definitions, nature and type of data to be collected	Case definitions used by the network (if applicable definition for possible, probable and confirmed cases)	<p>In SOPs <input type="checkbox"/></p> <p>In another document <input checked="" type="checkbox"/></p> <p>Could not be documented <input type="checkbox"/></p>	
	Specification of the variables collected	<p>In SOPs <input type="checkbox"/></p> <p>In another document <input checked="" type="checkbox"/></p> <p>Could not be documented <input type="checkbox"/></p>	
	Specification of the fields used in the database (alphanumeric, numeric, date etc.) and the codes for each field	<p>In SOPs <input checked="" type="checkbox"/></p> <p>In another document <input checked="" type="checkbox"/></p> <p>Could not be documented <input type="checkbox"/></p>	

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4. Data management and protection, including data access and confidentiality	Protocol of data transfer	In SOPs <input checked="" type="checkbox"/> In another document <input checked="" type="checkbox"/> Could not be documented <input type="checkbox"/>	
	Database protection (passwords, number of persons with access)	In SOPs <input checked="" type="checkbox"/> In another document <input type="checkbox"/> Could not be documented <input type="checkbox"/>	
	Access to the data for network members, for public	In SOPs <input checked="" type="checkbox"/> In another document <input type="checkbox"/> Could not be documented <input type="checkbox"/> See also USEFULNESS, point 2.1	
	Data protection issues (data with personal identifiers?)	In SOPs <input checked="" type="checkbox"/> In another document <input checked="" type="checkbox"/> Could not be documented <input type="checkbox"/>	
	Data ownership (agreement?)	In SOPs <input checked="" type="checkbox"/> In another document <input checked="" type="checkbox"/> Could not be documented <input type="checkbox"/>	
5. Ways in which data are made comparable and compatible	Description of the data sources in each country	In SOPs <input checked="" type="checkbox"/> In another document <input type="checkbox"/>	
	Information flow chart with time lines and frequencies of data transfer from network members, processing of data in network hub and data dissemination	In SOPs <input checked="" type="checkbox"/> In another document <input checked="" type="checkbox"/> Could not be documented <input type="checkbox"/>	



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	Procedure of data validation (e.g. check for compatibility with case definition, completeness, plausibility)	In SOPs <input checked="" type="checkbox"/> In another document <input checked="" type="checkbox"/> Could not be documented <input type="checkbox"/> See also TECHNICAL II b, points 3.1-3.2, 4.1-4.2	
	Quality assurance of laboratory methods (ring trials etc.) Not applicable to IPSE WP4 (HELICS).	In SOPs <input type="checkbox"/> In another document <input type="checkbox"/> Could not be documented <input type="checkbox"/> See also TECHNICAL II b, point 5.	
	Quality assurance of epidemiological methods (indicators used, e.g. sensitivity, specificity, representativeness)	In SOPs <input type="checkbox"/> In another document <input checked="" type="checkbox"/> Could not be documented <input type="checkbox"/>	
6. Data dissemination and reporting	Description of the various media used (public/protected website; regular report, newsletter or alerts, guidelines, scientific publications etc.)	In SOPs <input checked="" type="checkbox"/> In another document <input type="checkbox"/> Could not be documented <input type="checkbox"/>	
	Description for which audience media/information is envisioned	In SOPs <input checked="" type="checkbox"/> In another document <input type="checkbox"/> Could not be documented <input type="checkbox"/>	

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	For each of the media: description of the data going into the reporting, description of the standard tables to be used (not for guidelines and scientific publications), description of the validation and clearance procedure before the release	In SOPs <input checked="" type="checkbox"/> In another document <input type="checkbox"/> Could not be documented <input type="checkbox"/>	
7. Proposed public health action, infection control procedures, and laboratory procedures	Procedure for initiating and performing investigations within the network (including the information of Commission and the “Community Network”) No available information on such operating procedure of IPSE WP4 (HELICS).	In SOPs <input type="checkbox"/> In another document <input type="checkbox"/> Could not be documented <input checked="" type="checkbox"/> See also USEFULNESS, points 5.2 -5.3	
	Process of developing recommendations No available information on such operating procedure of IPSE WP4 (HELICS). It is the objective of WP1 to define a core curriculum for the training of infection control staff in Europe.	In SOPs <input type="checkbox"/> In another document <input type="checkbox"/>	
	Process of agreeing on laboratory procedures used in the network Not applicable to IPSE WP4 (HELICS). WP6 has developed a standardised protocol for genotyping the strains sent from the participating ICUs to the lead partner in the project.	In SOPs <input type="checkbox"/> In another document <input type="checkbox"/>	
	Indicators to initiate and monitor public health action	In SOPs <input checked="" type="checkbox"/> In another document <input type="checkbox"/>	



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8. Network participants	Process of selection of network participants	In SOPs <input checked="" type="checkbox"/> In another document <input type="checkbox"/>	
	List of all collaboration centres/institutions of the network with their contact details	In SOPs <input checked="" type="checkbox"/> In another document <input checked="" type="checkbox"/>	



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Attribute	Evaluation	Results	
1. Representativeness	<p>1.1 Do the Member States (MSs) and EEA/EFTA¹ countries participate in NETWORK? (<i>Hub interview + SE Q S1_1, SE Q S1_2</i>) <i>Please, specify the participating countries for each disease separately (see the table 2 in Annex 1)</i></p> <p>Surgical site infections Ongoing surveillance: Austria, Belgium, Finland, France, Germany, Hungary, Lithuania, The Netherlands, Norway, Spain, UK Pilot planned: Czech Republic, Estonia, Italy, Luxembourg, Malta, Portugal Surveillance temporarily suspended: Denmark, Greece, Poland</p> <p>Nosocomial infections in intensive care units Ongoing surveillance: Austria, Belgium, France, Germany, Lithuania, Slovakia, Spain Pilot data received: Italy, Norway Pilot ongoing, no data received: Estonia, Hungary, UK (Scotland, Wales) Pilot planned: Czech Republic, Republic of Ireland, Malta, Poland, Slovenia, UK (England, Northern Ireland) Surveillance temporarily suspended: The Netherlands, Portugal</p>	No. (%) of SE replies as Yes <u>10</u> (<u>100</u> %) No <u> </u> (<u> </u> %) Don't know <u> </u> (<u> </u> %)	
	<p>1.2 What are the reasons for not participating in NETWORK? (<i>SE Q S1_3</i>) <i>Please, describe any other reasons given by the persons responsible for national surveillance on disease(s)</i></p>	No. (%) of SE replies as No capacity <u> </u> (<u> </u> %) No surveillance <u> </u> (<u> </u> %) Don't want to <u> </u> (<u> </u> %) Other reasons <u> </u> (<u> </u> %)	

¹ Iceland, Liechtenstein, Norway, and Switzerland

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Attribute	Evaluation	Results	
	<p>1.3 Do all EEA/EFTA countries report data to the hub? (<i>Hub interview</i>) <i>If not, please, list the countries that do not report and possibly the reason(s) if known</i> Iceland, Liechtenstein, Switzerland are not participating.</p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	<p>1.4 Do all Accession/Candidate (A/C)² countries report data to the hub? (<i>Hub interview</i>) <i>If not, please, list the countries that do not report and possibly the reason(s) if known</i> Former Yugoslav Republic of Macedonia is not participating.</p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Timeliness	<p>2.1 What is the defined time interval for reporting data from the national level to the hub? (<i>Hub interview + SOPs</i>) <i>Comments:</i> End of June is the deadline for sending data of the previous year. The network sends "reminders" to the participants which did not send data in due time. There is no time limit on accepting data.</p>	<u>6 months after the end of each semester</u>	
	<p>2.2 Is the defined time line for reporting data from the national level to the hub appropriate regarding disease(s) and the network objectives? (<i>Hub interview</i>) <i>Please, justify:</i> The time line of reporting is rather long regarding diseases and objectives, however it had to be set up with regard to differences between countries in the timing and length of surveillance period (minimum period for data collection is 3 months/year).</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Difficult to answer the question by Yes or No (see comment)	

² Bulgaria, Croatia, Romania, Former Yugoslav Republic of Macedonia and Turkey (as of 27.4.2006)



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Attribute	Evaluation	Results	
	<p>2.3 Do all participating MSs, EEA/EFTA, and A/C countries report the data to the hub in the defined time frame? (Hub interview) <i>If not, what are the major obstacles for delayed reporting and what is the approximate proportion of countries with delayed reporting?</i> The majority reports in due time. Some countries have 1-year post-discharge surveillance of SSI after hip replacement and send data only after complete follow-up. Some countries want to publish the national results prior to sending data to the network.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
	<p>2.4 What is the defined time interval for reporting analysed data to the data users? (Hub interview + SOPs) <i>Comments:</i> The defined delivery date for the IPSE annual report of a given year is 1 March of the following year.</p>	<p><u>Results for any year will be made available at the end of the following year and presented in the IPSE annual report. Intermediate data (mid-year results) will be made available on the HELICS website.</u></p> <p>Not defined <input type="checkbox"/> Not relevant <input type="checkbox"/></p>	
	<p>2.5 Is the defined time line for reporting analysed data from the hub to the data users appropriate regarding disease(s) and the network objectives? (Hub interview) <i>Please, justify:</i> The network could not build up enough capacity to give feedback in due time. No intermediate results have been disseminated on the website and the issuing of the annual reports has been delayed.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	

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Attribute	Evaluation	Results	
3. Completeness of reporting	<p>3.1 Do the countries report the complete agreed data set(s) (that is/are in use in the network)? <i>(Hub interview)</i> <i>If not, what are the main obstacles for complete reporting? Please, describe what is/are the minimum data set(s) that the Member States and the EEA/EFTA countries report at present.</i> The completeness of data has improved since many countries have adjusted the existing national protocols to the HELICS protocols. However, there are still differences which unable some countries to send complete agreed data set(s). (NB: the SSI surveillance and the ICU surveillance are run as independent projects within HELICS.)</p> <p><u>Minimum data sets:</u> Surgical site infections Mandatory to report: country code, network code, surveillance component code, hospital code, surgical unit code, year, operative procedure ID, date of operation, primary operation code, NNIS category, wound contamination class, duration of operation, ASA physical status classification, surgical site infection, date of infection ICU-acquired infections Unit-based surveillance data is the minimal data. Mandatory to report: country code, network code, surveillance component code, year, hospital code, bloodstream infection A alone or A+B, all pneumonia or only intubator-associated pneumonia, level 1 (unit-based) or level 2 (patient-based surv.)</p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	<p>3.2 Are the countries able to report the complete agreed data set(s) to the hub? <i>(NEP Q E7_1 + NLP Q L5_1)</i> <i>If not, please, comment the reasons why not (NEP Q E7_2 + NLP Q L5_2)</i></p>	No. (%) of NEP replies as Yes <u>18</u> (<u>43</u> %) No <u>19</u> (<u>45</u> %) Unknown <u> </u> (<u> </u> %)	



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	<p>National epidemiological contact points</p> <ul style="list-style-type: none"> - Insufficient centres in Wales participating in ICU surveillance, - Had problems in collecting data due to the beurocracy in our country, - E.g. we don't use ICD-9 codes in our national network., - I don't know what you mean by complete agreed data set and by hub. , - Some variables are missing in our national database, - Because of national internal problems one year was missing, - In Ireland, we are finally commencing with the planning/resourcing of HCAI surveillance. Up to the start of 2007, there was no national strategy and infection control staffing was under-resourced. Our HSE have advertised for new staff (ICN/surveillance), - We are currently designing a national surveillance system in intensive care units and surgery, compatible to the HELICS protocol and we will be able to provide data to the European network next year., - All the different IT variations and packages were too complex to manage and understand, - Protocol for SSI will be in use from autumn 2007 in the CZ at 6 pilot hospitals only,we expect wider use from 2007, intensivists in CZ are not interested in use ICU protocols. Care ICU is used in 1 hospital, we would like to spread this IT tool to anoth, - ICU data set level 1; Unit based data, - No relevant reporting in the MS, - Missing software for analysis (too expensive) , - We are collecting unit-based data not patient-based data, - Partially - IPSE-HELICS SSI - yes IPSE-HELICS ICU - was started as a pilot phase, - Only SSI, - The Austrian Federal Ministry of Health has established a National Reference Center of Nosocomial Infections and Antibiotic Resistance (Walter Koller and Helmut Mittermayer), who can provide the complete agreed data., - Lack of funds by Greek authorities was the main obstacle in my efforts. 	<p>No. (%) of NLP replies as</p> <p style="text-align: right;">Yes ___ (___ %)</p> <p style="text-align: right;">No ___ (___ %)</p> <p style="text-align: right;">Unknown ___ (___ %)</p>	

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	<p>3.3 Do the countries submit data in an agreed data format(s)? (<i>Hub interview</i>) <i>If not, what are the main obstacles for not reporting in an agreed data format?</i></p> <p>Only a few countries do not report in the agreed data format, then the hub has to convert it. Some national IT tools differ from the HELICS ones, and the HELICS IT tools can be technically challenging to some countries to report. In particular if the software package Stata is not available at the country level, it is a problem .</p>	<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p>	
	<p>3.4 Are the countries able to submit data in an agreed data format(s) (according to the SOP)? (<i>NEP Q E7_3 + NLP Q L5_3</i>) <i>If not, please, comment the reasons why not (NEP Q E7_4 + NLP Q L5_4)</i></p> <p><u>National epidemiological contact points</u></p> <ul style="list-style-type: none"> - Have not sent data, but the data collection format and systems used are too complicated and change format for each workpackage, - Winhelics is not used yet in your country, - Software problems again, - We send the data of our own national program, - The same reason as in question 17. We started with CareICU this year, SSI protocol will be in use in the end of 2007, ICU protocol is not in use (workload and benefit parameters seem to be suboptimal for CZ intensivists...., - Partially /missing analysis, - Partially - IPSE-HELICS SSI - yes IPSE-HELICS ICU - was started as a pilot phase, - Only SSI, - We do not have STATA program, 	<p>No. (%) of NEP replies as Yes 25 (60 %) No 13 (31 %) Unknown 4 (9 %)</p> <p>No. (%) of NLP replies as Yes __ (__ %) No __ (__ %) Unknown __ (__ %)</p>	
4. Validity of data	<p>4.1 Is the data validation procedure in the hub appropriate? (<i>Hub interview</i>) <i>Please, comment what could be improved?</i></p> <p>There is a data quality check to control the completeness of data. European validation studies are warranted and preparations has been done (NosoVal project) to evaluate in a standard way the validity (sensitivity and specificity) of the reported data.</p>	<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p>	

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	<p>4.2 Do the network members check the quality of data before reporting to the hub? (NEP Q E8_1 + NLP Q L6_1) <i>Please, comment the results</i></p>	<p>No. (%) of NEP replies as Yes, always <u>24</u> (<u>57</u> %) Yes, sometimes <u>2</u> (<u>5</u> %) No <u>4</u> (<u>9</u> %) Unknown <u>12</u> (<u>29</u> %)</p> <p>No. (%) of NLP replies as Yes, always __ (__ %) Yes, sometimes __ (__ %) No __ (__ %) Unknown __ (__ %)</p>	
5. Quality assurance	<p>5.1 Has NETWORK offered external quality assessment (EQA) schemes for the diagnostics of disease(s)? (NLP Q L7_1) <i>Please, describe what EQA schemes have been offered (Hub interview). Comment the results</i></p>	<p>No. (%) of NLP replies as Yes __ (__ %) No __ (__ %) Don't know __ (__ %) Not relevant __ (__ %)</p>	
	<p>5.2 Have NETWORK laboratories participated in EQA schemes for microbe(s)? (NLP Q L7_2) <i>Please, comment the results</i></p>	<p>No. (%) of NLP replies as Yes __ (__ %) No __ (__ %) Not relevant __ (__ %) Unknown __ (__ %)</p>	



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	5.3 Why didn't the network laboratories participate in these EQA schemes? (NLP Q L7_3) <i>Please, comment the results</i>	No. (%) of NLP replies as National EQA __ (__ %) No time __ (__ %) No capacity __ (__ %) Other reasons __ (__ %)	
6. Workload	6.1 What is the balance between the workload and the benefits at the national level? (NEP Q E9_1 + NLP Q L8_1) <i>Please, comment the results</i>	No. (%) of NEP replies as Positive <u>15</u> (<u>36</u> %) Negative <u>6</u> (<u>14</u> %) Balanced <u>10</u> (<u>24</u> %) No opinion <u>3</u> (<u>7</u> %) Unknown <u>8</u> (<u>19</u> %) No. (%) of NLP replies as Positive __ (__ %) Negative __ (__ %) Balanced __ (__ %) No opinion __ (__ %) Unknown __ (__ %)	
	6.2 How much time is approximately needed for data cleaning in the hub? Estimate it as total number of full working days / year (Hub interview) <i>Please, comment</i> Should be a full time job of a data manager. The task is currently shared between the assistant coordinator and the project manager of IPSE WP4.	Days/year <u>220</u>	



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7. Use of resources	7.1 How have the human resources, as specified in the grant agreement, been used in the coordination hub? (Hub interview) <i>Please, list the specified personnel functions and identify the corresponding persons. Please, specify their tasks</i> See in document attached (IPSE HR usage.xml)		
	7.2 How have the human resources from the hosting institute been used for the project? (Hub interview) <i>Please, list the persons and specify their contributions</i> See in document attached (IPSE HR usage.xml)		
Additional comments/Areas for improvement: Points in IIa - Other documents: Grant agreement, HELICS protocols for surveillance of surgical site infections and nosocomial infections in intensive care units, IPSE annual reports.			