Form 1. Checklist for the evaluation of USEFULNESS of IPSE

I USEFULNESS		Disease(s)/special health issue: **Surgical site infections, nosocomial infections in intensive care units (WP4)**	Month / year of evaluation: **May / 2007**
Indicator	**Evaluation**		**Results**
1. Actions and outputs useful	**1.1 Does the network provide a more detailed analysis or information about disease(s) in the countries than is regularly produced at the national level?** *(SE Q S2_1 + NEP Q E1_1+ NLP Q L1_1)* *Please, comment the results* **State epidemiologists** - Work package 4 - nosocomial infections, - Percentile distribution, incidence density, - Not yet any good data from Ireland, - The hospitals which provide information to HELICS cover about 25% of Spain and this information is more complete with respect to incidence of nosocomial infection than that of the others networks operating here, - It promotes the benchmark; standardizes information	No. (%) of SE replies as **Yes** 6 (60 %) **No** 3 (30 %) **Not relevant** 0 (0 %) **Unknown** 1 (10 %) No. (%) of NEP replies as **Yes** 22 (52 %) **No** 16 (38 %) **Not relevant** 4 (10 %) **Unknown** 0 (0 %) No. (%) of NLP replies as **Yes** __ (___ %) **No** __ (___ %) **Not relevant** __ (___ %) **Unknown** __ (___ %)
	1.2 Have the SEs used in their country any protocols, guidelines or procedures produced by the network? *(SE Q S2_2)* *Please, comment the results* **State epidemiologists** - ANISS - Austrian Nosocomial surveillance system - direct result, - SSI ICV, UPsCARE-ICV underway, - I am pretty sure the answer is no but not 100% sure, - We intend to, - The protocol for surveillance of nosocomial infecction in ICUs. The system is called ENVIN-UCI, - Helics protocols	No. (%) of SE replies as **Yes** 8 (80 %) **No** 1 (10 %) **Not relevant** 0 (0 %) **Unknown** 1 (10 %)

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	1.3 Are the protocols, guidelines, and procedures produced by the network available to the network members in the web site? *(NEP Q E1_2 + NLP Q L1_2)* *Please, comment the results*		No. (%) of NEP replies as **Yes** 41 (98 %) **No** 0 (0 %) **Not relevant** 0 (0 %) **Unknown** 1 (2 %) No. (%) of NLP replies as **Yes** __ (___ %) **No** __ (___ %) **Not relevant** __ (___ %) **Unknown** __ (___ %)
	1.4 Have the network members used any protocols, guidelines or procedures produced by the network? *(NEP Q E1_3 + NLP Q L1_3)* *Please, comment the results*		No. (%) of NEP replies as **Yes** 37 (88 %) **No** 5 (12 %) **Not relevant** 0 (0 %) **Unknown** 0 (0 %) No. (%) of NLP replies as **Yes** __ (___ %) **No** __ (___ %) **Not relevant** __ (___ %) **Unknown** __ (___ %)
	1.5 Have the SEs and the network members used the information produced by the network in any way in their country? *(SE Q S2_3 + NEP Q E1_4 + NLP Q L1_4)* *Please, comment the results*		No. (%) of SE replies as **Yes** 6 (60 %) **No** 3 (30 %) **Unknown** 1 (10 %)

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	State epidemiologists - Articles, reports, - SSI report, training on surveillance, - Do not remember to have done so, - OK, - None as yet, - Professional training and national reports		No. (%) of NEP replies as **Yes** 33 (79 %) **No** 8 (19 %) **Unknown** 1 (2 %) **Not relevant** ☐ No. (%) of NLP replies as **Yes** __ (___ %) **No** __ (___ %) **Unknown** __ (___ %) **Not relevant** ☐
	1.6 Has the network organized any laboratory training? *(Hub interview + NLP Q L1_5)* *If yes, what? Please, comment the results* **Evaluation team** No laboratory training has been organized. (It has not been an objective of the network.)		No. (%) of NLP replies as **Yes** __ (___ %) **No** __ (___ %) **Not relevant** __ (___ %) **Unknown** __ (___ %)
	1.7 Have the laboratories participated in training organized by the network? *(NLP Q L1_6)* *Please, comment the results*		No. (%) of NLP replies as **Yes** __ (___ %) **No** __ (___ %) **Not relevant** __ (___ %) **Unknown** __ (___ %)

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Indicator	**Evaluation**		**Results**
	1.8 Has the laboratory training been useful for the laboratories? *(NLP Q L1_7)* *Please, comment the results*		No. (%) of NLP replies as (note that Yes-replies in previous point 1.7 form the denominator here) **Yes** __ (___ %) **No** __ (___ %) **No opinion** __ (___ %) **Not relevant** __ (___ %) **Unknown** __ (___ %)
	1.9 Has the network case definition(s) been useful? *(NEP Q E1_5)* *Please, comment the results*		No. (%) of NEP replies as **Yes** 31 (74 %) **No** 6 (14 %) **No opinion** 3 (7 %) **Not relevant** 0 (0 %) **Unknown** 2 (5 %)

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Indicator	**Evaluation**		**Results**
	1.10 What was expected from the network but not delivered? *(NEP Q E1_6, NLP Q L1_8, SE Q S2_4)* *Please, comment the main issues* **State epidemiologists** - All expectations covered, - Cannot say very much what was expected, - Surveillance system development was much less than expected; too many diverse activities, - Deficiency more on our end than network **National epidemiological contact points** - Insufficient centres in Wales participating in ICU surveillance, - Improving surveillance quality on the European level, - High quality results. You can't compare data between different countries., - The network has been excellent but more time is needed to progress all of the work packages, - Timeliness in production of surveillance reports, analysis of data to assess proposed methodologies, and scientific publications, - More infection control related issues facing EU member states, - Results of ICU surveillance of all the countries. We are still waiting 2005, - Discussion of results, eventually leading to extra analyses of findings of particular interest. Publication of results (overall results and specific issues of interest)., - Support for establishing effective and modern infection control system in hospitals (creating structures, organisation etc, creating surveillance based, risk oriented, cost effective and useful for practice local IC system), overcoming old, rigid and r - Everyone to be using same definitions of infection and surveillance methodology, - European standards for assesment of validity and representativeness of data - more strict schedule for data collection, analysis and feed-back (too long delay for the reports), - The value of the network is the exchange of experience with other colleagues working in the field, - Conc. IPSE_HELICS SSI/ICU and nursing homes - more profound comparative analysis between countries, hospitals and wards; Conc. infection control - Clear guidelines or recommendations	

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Indicator	**Evaluation**		**Results**
2. Access to the database	**2.1 Have the network members direct access to the network database(s)?** *(NEP Q E2_1 + NLP Q L2_1)* *Please, comment the results*		No. (%) of NEP replies as **Yes** 12 (29 %) **No** 25 (60 %) **Not relevant** 1 (2 %) **Unknown** 4 (9 %) No. (%) of NLP replies as **Yes** __ (___ %) **No** __ (___ %) **Not relevant** __ (___ %) **Unknown** __ (___ %)
	2.2 Have the network members used the data in the network database(s)? *(NEP Q E2_2 + NLP Q L2_2)* *Please, comment the results*		No. (%) of NEP replies as **Yes** 12 (29 %) **No** 27 (64 %) **Not relevant** 1 (2 %) **Unknown** 2 (5 %) No. (%) of NLP replies as **Yes** __ (___ %) **No** __ (___ %) **Not relevant** __ (___ %) **Unknown** __ (___ %)
3. Website useful	**3.1 Does the website of the network provide useful information for the SEs and the network members?** *(SE Q S3_1 + NEP Q E3_1 + NLP Q L3_1)* *Please, comment the results* **State epidemiologists** - Comprehensive and actual information,		No. (%) of SE replies as **Yes** 7 (70 %) **No** 2 (20 %) **No opinion** 0 (0 %) **Unknown** 1 (10 %)

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Indicator	**Evaluation**		**Results**
	- Protocols, results, reports		No. (%) of NEP replies as **Yes** 32 (76 %) **No** 3 (7 %) **No opinion** 7 (17 %) **Unknown** 0 (0 %) No. (%) of NLP replies as **Yes** __ (___ %) **No** __ (___ %) **No opinion** __ (___ %) **Unknown** __ (___ %)
4. Improvements at national level	**4.1 Have the countries improved the timeliness of reporting data to the hub in the current project period?** *(Hub interview)* *Please, specify* The project period proves to be short to reach improvement in the timeliness of reporting.		**Yes** ☐ **No** ☒ **Not relevant** ☐
	4.2 Have the countries improved the completeness of data reporting in the current project period? *(Hub interview)* *Please, specify* Many countries adapted their national protocols to the HELICS'. This resulted in a more complete and comparable data at European level. An IT tool for data quality check is included in the reporting system.		**Yes** ☒ **No** ☐ **Not relevant** ☐
	4.3 Have the countries improved the data reporting procedure in the current project period? *(Hub interview)* *Please, specify* The introduction of automatic data analysis contributed to a better reporting.		**Yes** ☒ **No** ☐ **Not relevant** ☐

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Indicator	**Evaluation**		**Results**
	4.4 Has the operation of the network contributed to any improvements in the surveillance on disease(s) in the countries? *(SE Q S4_1 + NEP Q E4_1)* *Please, comment the results* **State epidemiologists** - Higher awareness, improvement of data quality, - Posibility for european comparison increased hospital participation, - But it has allowed to define a common data base for participant countries for several nosocomial surveillance such for surgical site infection and infection in intensive care unit. Those surveillance pre-existed in France to IPSE, - Will help, - Improves epidemiological surveillance of nosocomial infections at the national level		No. (%) of SE replies as **Yes** 6 (60 %) **No** 3 (30 %) **Not relevant** 0 (0 %) **Unknown** 1 (10 %) No. (%) of NEP replies as **Yes** 26 (62 %) **No** 8 (19 %) **Not relevant** 5 (12 %) **Unknown** 3 (7 %)
	4.5 Has the operation of the network contributed to any short or long term improvements in public health prevention and control policies/activities for the disease(s) in the countries? *(SE Q S4_2 + NEP Q E4_2)* *Please, comment the results* **State epidemiologists** - Education of doctors and nurses, amendment to hospital act for mandatory surveillance of nosocomial infections, - We hope it will		No. (%) of SE replies as **Yes** 4 (40 %) **No** 3 (30 %) **Not relevant** 0 (0 %) **Unknown** 3 (30 %) No. (%) of NEP replies as **Yes** 15 (36 %) **No** 14 (33 %) **Not relevant** 5 (12 %) **Unknown** 8 (19 %)

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Indicator	**Evaluation**		**Results**
	4.6 Has the operation of the network contributed to any improvements in protocol(s) or procedures for taking specimens to investigate for the disease(s) in the countries? *(SE Q S4_3 + NEP Q E4_3)* *Please, comment the results* **State epidemiologists** - Not covered by the work package, - This is not objective of the HELICS project, - Improves antimicrobial resistance surveillance		No. (%) of SE replies as **Yes** 4 (40 %) **No** 3 (30 %) **Not relevant** 0 (0 %) **Unknown** 3 (30 %) No. (%) of NEP replies as **Yes** 20 (48 %) **No** 17 (40 %) **Not relevant** 2 (5 %) **Unknown** 3 (7 %)
	4.7 Has the operation of the network increased the national coverage of strains/samples of microbe(s) submitted to the reference laboratories? *(NLPs Q L4_1)* *Please, comment the results*		No. (%) of NLP replies as **Yes** __ (___ %) **No** __ (___ %) **Not relevant** __ (___ %) **Unknown** __ (___ %)
	4.8 Has the operation of the network led to any improvements in the competence of public health laboratories and national reference laboratories? *(NLP Q L4_2)* *Please, comment the results*		No. (%) of NLP replies as **Yes** __ (___ %) **No** __ (___ %) **Not relevant** __ (___ %) **Unknown** __ (___ %)
	4.9 Has the operation of the network contributed to any improvements in the use of the method(s) for the detection and/or identification/characterization of microbe(s)? *(NLP Q L4_3)* *Please, comment the results*		No. (%) of NLP replies as **Yes** __ (___ %) **No** __ (___ %) **Not relevant** __ (___ %) **Unknown** __ (___ %)

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Indicator	**Evaluation**		**Results**
5. Actions taken at national and international level	**5.1 Has the operation of the network led to any public health interventions in the countries?** *(SE Q S5_1 + NEP Q E5_1)* *Please, comment the results* **State epidemiologists** - Education of infection control doctors and nurses - Improves the good practices in infection control and prevention		No. (%) of SE replies as **Yes** 5 (50 %) **No** 3 (30 %) **Not relevant** 0 (0 %) **Unknown** 2 (20 %) No. (%) of NEP replies as **Yes** 10 (24 %) **No** 27 (64 %) **Not relevant** 2 (5 %) **Unknown** 3 (7 %)
	5.2 Has the hub detected and reacted to any outbreaks/clusters, which otherwise might have been unnoticed? *(Hub interview)* *Please, give examples of outbreaks/clusters which have been detected by the hub and what actions has been taken* This point is not relevant to IPSE WP4 (surveillance of surgical site infections and nosocomial infections in ICUs). An IT tool was developed in WP3 for rapid exchange and detection of warning events & outbreaks of nosocomial infections (NEWS in EARSS-ibis). However, this tool has not been used by network's members. In WP6, nineteen intensive care units from 5 European countries have provided data and referred strains for genotyping. Five outbreaks of imipenem-resistant P. aeruginosa could be identified in 4 ICUs in 3 countries. The infection control practitioners were informed of these findings.		**Yes (in WP6)** ☒ **No** ☐ **Not relevant** ☐

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Indicator	**Evaluation**		**Results**
	5.3 Have any actions been taken at the international level based on initiative from the hub? *(Hub interview)* *Please, specify*		**Yes** ☐ **No** ☒ **Not relevant** ☐
6. Information dissemination	**6.1 Has the hub informed further about new findings in disease(s) from the data (e.g. detected outbreaks/clusters, new trends, new characteristics etc.)?** *(Hub interview)* *Please, describe what and to whom has been informed and how* Not really, although HELICS established reference data sets on surgical site infections and ICU-acquired infections in Europe and the results have been published in the IPSE annual report 2006. The NEWS component of the EARSS-ibis tool (WP3) has not allowed to detect outbreaks because not used in link with national authorities. Preliminary WP6 data do no support the hypothesis that nursing homes play important role in the import/ export of resistant pathogens to/from ICUs, however, the number of participating ICUs is currently very low in the project.		**Yes** ☐ **No** ☒ **Not relevant** ☐
	6.2 Have the countries become informed about new trends or new characteristics in disease(s)? *(SE Q S6_1 + NEP Q E6_1)* *Please, comment the results* **State epidemiologists** - On international level, - Following trends, - About epidemiological relevant microorganisms		No. (%) of SE replies as **Yes** 6 (60 %) **No** 2 (20 %) **Not relevant** 0 (0 %) **Unknown** 2 (20 %) No. (%) of NEP replies as **Yes** 21 (50 %) **No** 17 (40 %) **Not relevant** 2 (5 %) **Unknown** 2 (5 %)

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Indicator	**Evaluation**		**Results**
	6.3 Have the countries become informed about outbreaks/clusters of disease(s) cases which otherwise might have been unnoticed? *(SE Q S6_2 + NEP Q E6_2)* *Please, comment the results* **State epidemiologists** - On international level, - This is not an objective of the HELICS project, - Focus our attention on outbreaks which promotes an immediate control of the situation, as well as the implementation of preventive measures		No. (%) of SE replies as **Yes** 2 (20 %) **No** 6 (60 %) **Not relevant** 0 (0 %) **Unknown** 2 (20 %) No. (%) of NEP replies as **Yes** 4 (10 %) **No** 30 (71 %) **Not relevant** 5 (12 %) **Unknown** 3 (7 %)
7. Address international surveillance objective	**7.1 Does the network address any of the international objectives defined by Ruutu et al (2001)?** *Please, see the table 1 below and refer with the corresponding letter (a….g) to the objectives* *Please, justify the teams assessment* a) The IPSE WP4 (HELICS) produces main indicators as incidence rates of surgical site infections and ICU-aqcuired pneumonia-bloodstream infections in Europe (per 100 patients, per 1000 patient-days, origin of infection/ major sites, micro-organisms). d) The follow up of trends of SSI & ICU-acquired infection will contribute the evaluation of prevention and control programmes. e) The network has an important contribution to estimates of the morbidity of surgical site infections and ICU-acquired infections in Europe. However, outcome data are only collected in the ICU surveillance. f) WP4 has the potential to monitor effects of different interventions on the incidence of nosocomial infections, however more comparable and detailed data are needed. g) WP4 data show differences in incidence rates of nosocomial infections in Europe, which may serve as basis for developing evidence-based international recommendations and for targeting national interventions to reduce the risk of nosocomial infections. ***See also the Assessment report for IPSE***		**Yes** ☒ **No** ☐ **Objectives:** A, D, E, F, G **Not relevant** ☐

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Additional comments/ Areas for improvement:			

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Table 1. General international surveillance objectives by Ruutu et al (2001)[1]

a) Record trends of international importance in the occurrence of disease or in the characteristics of cases
b) Ascertain in a timely way cases of public importance, particularly those who are an immediate danger to contacts, in order to permit diagnosis, treatment, and management of contacts, especially when these may be in other countries
c) Detect international epidemics or outbreaks, and report national epidemics or outbreaks of international potential
d) Support the evaluation of primary and secondary preventive measures that have potential international implications (e.g. population screening or recall of a contaminated foodstuff) WP4: The follow up of trends of SSI & ICU acquired infection will contribute to evaluate prevention and control programmes
e) Contribute to estimates of the relative magnitude of morbidity and mortality due to an infection (disease burden) between different countries
f) Monitor the effects of international differences in clinical practice (tertiary prevention), including the use of diagnostic tests and treatment regimes
g) Facilitate research in support of prevention or control

[1] A framework and recommendations for evaluating surveillance systems within the community network for communicable diseases, Basic Network for Surveillance of Infectious Diseases in European Union, report for European Commission: Directorate General Health & Consumer protection by Ruutu P, Breuer T, Desenclos J-C, Fisher I, Giesecke J, Gill N, Infuso A, Salmaso S & Tegnell A. 21.02.2001.