



HELICS Network Meeting - 12th and 13th December, 2003.
Scientific Institute of Public Health, Brussels, Belgium.

Minutes of Meeting

Those present:

Austria	Alexander Blacky, Michael Hiesmayr, Walter Koller, Maria Woschitz Merkac.
Belgium	Hedwig Carsauw, Ingrid Morales, Carl Suetens, Karl Mertens.
Bulgaria	Violeta Voynova.
Czech Republic	Jindrak Vlastimil.
Denmark	Elsebeth Tvenstrup.
Finland	Outti Lyytikainen.
France	Pascal Astagneau, Bruno Coignard, Alain Lepape, Anne Savey.
Germany	Christian Brandt, Michael Behnke, Petra Gastmeier.
Greece	Ioannis Baraboutis, Olga Paniara-Liaropoulou.
Hungary	Karolina Borocz, Emese Szilagyi.
Latvia	Elina Pujate.
Luxembourg	Jean-Claude Schmit.
The Netherlands	Annette de Boer.
Norway	Bjorn Iversen, Nina Sorknes.
Poland	Piotr Heczko, Wojkowska Jagoda.
Slovakia	Maria Stefkovicova.
Slovenia	Irena Klavs.
Spain	Josu Insausti, Angel Asensio, Mercedes Palomar.
Sweden	Riesenfeld-Orn.
United Kingdom	Jenny Wilson, Barry Cookson, Edward Smyth, Anthony Howard, Jacqui Reilly.
For HELICS	Jacques Fabry, Ian Russell.

1.0 HELICS Database Management System Project

Michael Behnke presented the proposal for the HELICS Database Management System :

- Project Background & Status
- System Overview (Hospital/Country/EU Levels)
- Workflow
- Data Flow
- Data Security
- XML
- IT Tasks & Tools
- Project Schedule

Endorsement of the proposed development was sought from the meeting.

The following clarifications were raised;

Will the data be held securely and be protected from potential 'attacks'?

- The proposal contains measures to ensure the security of data. In particular, the database server will not be directly connected to the internet.

Consideration should be given to the activities of other programmes and the development of the system should not be carried out in isolation. In particular, 'dynamic' access to the web site should be considered.

- The priority is to implement a working system as fast as possible. The possibility to include dynamic access has been taken into account and the system could be developed in this way in the future.

Commercial companies have expressed an interest in the proposed system and wish information about it.

- The HELICS documents contain data specifications which will define the interface of the HELICS system to any other.

Can the hospital programme be tailored to suit local needs?

- The system has been developed in MS Access and can be modified and adapted.

Some problems have been encountered using an MS Access developed in one language version of Access and then transferred for use in another language.

- The system will be piloted in different language versions to ensure there are no problems.

What support will be available to countries to assist with the implementation of the system?

- Support will be given by way of a dedicated section on the HELICS website containing news, FAQ's, downloads, tutorials and general support. Support will also be available by phone in English language.

Are there any issues regarding the sharing of software for the project?

- The tools the countries need are mostly open source. SQL Server is only needed in the Data Management centre in Lyon.

Subsequent to the above clarifications, endorsement of the proposed development was given by the meeting.

The IT Development Project Kick-off meeting was held separately during the network meeting and the meeting notes are attached.

2.0 Complementary Study:

Association between Infection Rates and Patient Care Quality Parameters

Petra Gastmeier presented the proposal for the Complementary Study;

- Two questionnaires - ICU & SSI components.
- Obligatory and Optional sections on each questionnaire.
- To be completed once a year.

The following clarifications were raised;

For the information gathered to be truly reliable, would the question asked require to be addressed for every intervention? In some circumstances, sampling has been used to develop more reliable information to establish practice variation.

Such questions may require to be part of a programme of continuous quality improvement.

A process to complement surveillance where interventions are evaluated can help prioritise and coordinate interventions.

- The purpose of the study, as proposed, is to establish policy differences which lead to variations in infection rates.

Would the implementation of such a questionnaire require a large effort in the networks?

- The amount of effort in relation to the overall surveillance effort is considered to be relatively small.

To address the issues mentioned above, a sub-group was formed to review the proposal.

The sub-group reported back to the meeting with a revised proposal containing 14 and 11 required questions and 17 and 18 optional questions for Intensive Care Units and Surgical Units, respectively.

The questionnaire will be used as a basis for the preparation of a protocol in the same general format as the other HELICS protocols. This will be prepared and issued to network coordinators for comment in January, 2004. A person has been recruited for this job (Sonja Hansen email@address).

The participation of the professional association in this field should be sought as a partner in this protocol (e.g. European Society of Orthopaedic Surgeons).

National networks will transfer completed questionnaires to Berlin and Lyon will transfer to Berlin encrypted data from the participating hospitals. Berlin will present an analysis at the Network Meeting in Lyon on November 25th & 26th, 2004.

For those countries not sending regular surveillance data, they will be included in the data collection for the complimentary study.

3.0 Data Analysis and Reporting

Using analysis of retrospective data collection 2000+

Following the request for ICU & SSI pilot data, 8 countries have provided ICU data (AT, BE, DE, ES, FR, LU, NL, PO) and 7 countries have provided SSI data (BE, DE, EN, ES, FI, PL, NL).

The objective of the session was to identify remaining inconsistencies in the data and produce a draft report for submission to the EU.

Surgical Site Infection

In SSI, data from FR is expected, pending formal approval, before the end of December and data from SC, WA & NI is expected in March, 2003. The data collected to date represents some 73,000 records, with a further 35,000 records still to arrive.

The following analyses were carried out;

- by country
- by operation category
- by operation category and by country
- by hospital
- by ASA score
- by ASA score by country
- by wound class
- by duration of operation
- by NNIS risk index
- by NNIS risk index and by operation category
- by NNIS risk index and by country and by operation category

Significant differences by country in the NNIS risk index were observed. Whether these differences were real or due different interpretations of the definitions was discussed.

- overall infection rate
- infection rate by risk index
- infection rate by risk index by operation category
- infection rate by procedure by country
- infection rates detected in hospital
- infection rates detected after discharge
- length of stay by country
- length of stay by country without infection
- length of stay by country with infection
- average age of patient by country for hip procedures
- death rate with infection
- death rate with infection for hip procedures
- duration of operation (75th percentile) by operation category
- infection rate by country for CSection
- infection rate by country for Laminectomy
- infection rate by country for Cholecystectomy

- by SSI type
- by antibiotic prophylaxis
- by antibiotic prophylaxis by operation category

Some observations were made regarding data quality, such as;

- Date of last follow-up missing in 92 per cent of cases.
 - Discharge date available in 62 per cent of cases.
 - Admission date to hospital recorded in 36 per cent of cases.
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Intensive Care Units

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Issues relating to the way data will be reported were debated. Opinions expressed were as follows;

The presentation should ensure the data are not subject, as far as possible, to misinterpretation. HELICS members should be prepared for any questions arising when the data analyses are published.

The aim of HELICS is to provide data on trends and comparable data. If the data at the moment is not accurate or definitive, then it does not need to be published at this stage. The important thing is to provide some elements of analysis of value to demonstrate the benefit of the surveillance activity.

If comparisons between countries are made, this could have an adverse reaction and lead to some countries not wanting to participate if their data reflects badly. Consideration should be given to anonymising the data.

The standard of report being sought at the moment may be a full and rigorous analysis comparing countries. Anything less may compromise our chances of gaining prolongation of the budget.

The process to continue analysis and prepare a report was agreed as follows;

- After analysing the preliminary data, the preliminary report will be actively prepared for the end of January.

- Tables and figures will be sent to all networks which provide data by the end of the year. Return of comments & suggestions ASAP before Jan. 10.
- Preliminary report will send to the same (+ other members for information) by Jan.15. Remarks and approvals back end of January.

The format of the report will be;

- I. Organisation of data collection.
- II. Participation: networks, hospitals, patients.
- III. Global overview on the HELICS indicators
 - I. For SSI: per procedures and NNIS.
 - II. For infections in ICU patients adjusted by...
- IV. Examples of comparative analysis
 - I. Analysis of SSI in procedure A.
 - II. Analysis of procedure B.
 - III. Analysis of pneumonia in ICU.
 - IV. Analysis of BSI in ICU.
- V. Conclusions (methods, risks, etc.)

4.0 HELICS Training Course Outcomes (10th & 11th December, Brussels)

9 lecturers from 5 countries participated in giving the training. 48 participants from 21 countries attended the course.

The outcomes were as follows;

- Reflection on surveillance methods.
- Consideration of existing training materials/tools.

The training group agreed to reflect on what training mechanisms might be appropriate for the project in the future. For example, case studies and training aides already available in the surveillance networks could be made available via the HELICS web site. In the meantime, the presentations from the training course will be made available on the HELICS web site.

5.0 HELICS Communication Strategy

The main targets of the communication strategy and the means to be used for communication are as follows;

A. European Public Health Authorities.

Bulletin (January, Sept), Internet site, Intermediate & Final reports.

B. National Public Health Authorities and Technical Agencies.

C. European & National Scientific, Professional and Academic organisations: societies, associations, universities, hospital networks ...

Bulletin & Leaflet, Papers on organisation and methods, Final report, Internet site.

D. Scientific Infection Control Community.

Papers on outcomes in scientific journals, Presentation to Conferences (SHEA, HIS, ESCMID, ESICM, etc.), Reports, HELICS Conference, Internet site, HELICS Rapid Communication System.

E. Hospitals (through the national networks).

Leaflet & Bulletin, Specific national reports, Internet site.

The elements of the HELICS Communication Strategy were agreed as follows:

HELICS Rapid Communication System

The need for a web based mechanism to disseminate information about HELICS was recognised. Two different types of information were identified;

- Level 1 - Information relating to the threat of the international spread of nosocomial infection epidemics.
- Level 2 - Information of a general interest to HELICS (special events, new activities, methodological problems & solutions).

In the case of Level 1, the role of nosocomial infection in the EU Early Warning System requires to be established. The fact that surveillance information relates to a period now elapsed may lessen the need for this.

In the case of Level 2, the use of the HELICS web site to deliver a more effective exchange of information than at present could serve as an effective means of disseminating information. For example, the use of discussion lists may be considered. The HELICS Coordination Team will be responsible for

maintaining the communication with HELICS partners (surveillance networks, projects, participants, societies, and HELICS partner internet sites).

Reports

- Intermediate report using retrospective data collection round (Dec. 03 > End of Jan. 04)
- 1st HELICS Intermediate 2004 report using 6 months (Jan-Jun) prospective data collection (Dec. 04)
- Final 2003-2004 report (March 2005)
- 1st HELICS Annual 2004 report using 12 months (Jan-Dec) prospective data collection (Jun 05).

Bulletin

- 4 pages: news, summary of activities, summary of reports, etc...
- #1 in January, #2 in July.
- Coordinated by the HELICS Management Group (IR).
- Contributors: all.
- Diffusion: EU, National, Societies, Organisations, Networks and network affiliated hospitals, Press...

Leaflet

- Publicity.
- Summary and illustrated presentation of the HELICS cooperation.
- Valorization of the participating surveillance programmes and of cooperating bodies.
- Dissemination of contact points, support activities...

Papers

Papers on Outcome

Subjects	Main author	Contributors
Preliminary results on SSI ? General / Procedures	Not yet known	OdB, CB, JW, PA, BG, EC, MA, IB
Preliminary results on ICU ? General / Sites	CS	As above
Use of the NNIS index		
SSI rates or incidence density rates ?		

Subjects	Main author	Contributors
Surveillance of nosocomial infection in Europe: comparison of methods (before HELICS and forward)	AC/BC	
Surveillance of nosocomial infections in Europe: current status (before HELICS and forward)	JF	National network coordinators
Presentation of the HELICS methodology for surveillance of SSI	Not yet known	OdB, CB, JW, PA, BG, EC.
Presentation of the HELICS methodology for surveillance of infections in ICU	CS	A. Lepape AS MP MH PG

Conferences

- (SHEA Philadelphia April 2004)
- (ESCMID Prague May 2004)
- HELICS Conference Lyon Sat Nov 27, 2004 (after the Network Meeting, November 25-26)
- ESICM Berlin 10-13 Oct 2004
- ICAAC Washington Oct 2004
- SIS annual meeting
- HIS 2006

Post Meeting Note

The Project Management Group met at the end of the Network Meeting.

The following points were discussed:

1. A sample of the first 'cut' of the data should be sent to the representatives in the Applicant countries. This will help to ensure their integration in the process.
2. **Prevalence Study**

It was noted that a high level of interest was shown by the Applicant countries in carrying out Prevalence studies, as a means to starting surveillance activity. It was felt that in this respect an opportunity had been missed because José Rossello had been unable to attend the meeting. The following actions were discussed;

- Contact José Rossello to ascertain what actions will be put in place to restart HELICS activity in the area of Prevalence Studies, particularly with respect to the Applicant Countries.
- The Prevalence Study protocol will be updated to make it consistent with the other HELICS protocols.
- Publish the Prevalence Study protocol on the HELICS web site.
- Ascertain the availability of the HELICS personnel allocated to work on HELICS in Barcelona and if they can work on other HELICS activities if they are not being fully utilised.

3. Complementary Study

It was noted that Sonja Hansen was currently employed on a full time basis for the complementary study. If she is not currently being fully utilised for this activity, then the possibility of her helping with other HELICS activities exists.

4. Expected Country Status in 2004

Spain ICU Level 2 + antibiotics option.
SSI not known.

Portugal Surveillance activity may be stopping.
HELICS to write to authorities to request support.

France ICU level 2 + SSI.

UK:

England Orthopaedic procedures compulsory from April, 2004.
ICU being explored.

Wales Hip procedures being sent in March, 2004 via
Northern Ireland the 'celtic' collaboration.
Scotland

Scotland	CSections to be sent. ICU surveillance being set up.
Republic of Ireland	Awaiting funds, no activity meantime.
Norway	Piloting ICU & SSI.
Sweden	Initiatives being put in place.
Finland	SSI. ICU Level 1 is a possibility.
Denmark	Project to renew SSI is starting.
Latvia	Not known.
Lithuania	Not known.
Estonia	Not known.
Poland	SSI.
Germany	SSI (some data items outstanding).
Luxembourg	SSI & ICU.
Belgium	SSI & ICU.
The Netherlands	SSI.
Austria	ICU. SSI may start.
Italy	No activity.
Greece	SSI data being sent. ICU discussions starting.
Malta	SSI.
Hungary, Slovakia, Slovenia, Czech Republic, Bulgaria - strong interest.	
Cyprus, Romania	Not known.