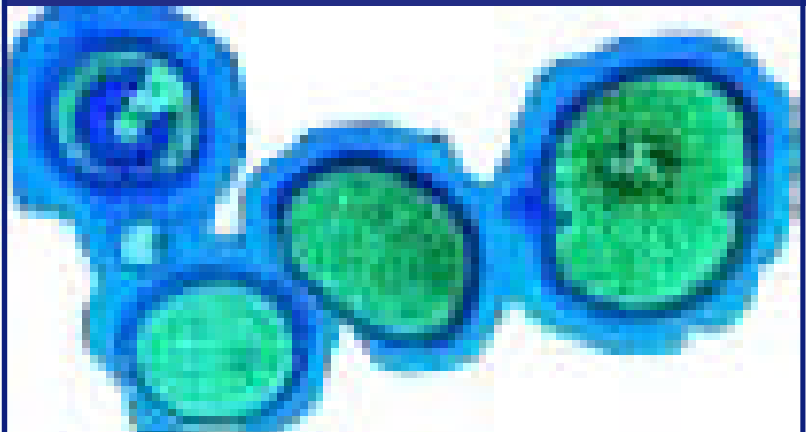


***Making a  
difference to  
MRSA and  
other HAIs  
by getting  
evidence into  
practice***

How to evaluate the effectiveness  
of interventions that reduce  
incidence and improve prescribing

**Summary  
Report**



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## Background to Regional Workshops

Over the past five years the BSAC (British Society for Antimicrobial Chemotherapy), HIS (Hospital Infection Society) and AMM (Association of Medical Microbiologists) have run a successful annual series of regional workshops. The format has been a half day workshop. The organizers from each region worked together on the content, which was delivered by different people in each region.

### “Making a Difference to MRSA and HAI by Getting Evidence into Practice”

In 2004 BSAC invited ICNA (Infection Control Nurses Association) and UKCPA (UK Clinical Pharmacists Association) to join with them, HIS and AMM to develop full day regional workshops for 2005. The workshops were also supported by the Department of Health via SACAR (Specialist Advisory Committee on Antimicrobial Resistance of the Department of Health) and funded by an unrestricted educational grant from Pfizer.

## Report on 2005 Regional Workshops

### Background

One or more of the following is likely to be happening in hospitals throughout the UK

- 1) The Chief Executive has new targets for HAI and infection control processes. “Leading Change, Saving Lives” recommends care bundles that the HAI team have been asked to implement.
- 2) The HAI team want to implement recommendations in the new BSAC/ICNA/HIS guidelines on MRSA.
- 3) The HAI team have concerns about some of the changes that could be implemented
  - a) Do they work at all?
  - b) Will they work here?
  - c) Are they worth the effort?

### Aim

To promote good practice in evaluating the effectiveness of infection control or prescribing interventions that aims to reduce the incidence of MRSA or other HAI.

### Objectives

- 1) Understand the key elements that should be included in a report of an intervention to change practice.
- 2) Be aware of common threats to the validity of an evaluation and how they can be minimised.
- 3) Understand the importance of graphical presentation of data for interpreting and communicating the effects of an intervention.
- 4) Understand the quality criteria for reporting time series data about the effects of interventions.
- 5) Apply these principles to critical appraisal of study results (your own or other peoples’).

## Program of 2005 Workshops

### Morning

- 1) Data collection and representation: The basis of bias.
- 2) Infection control: MRSA – a case in point.
- 3) Calculating antimicrobial consumption.
- 4) How to design a decent study

### Afternoon: two parallel workshops

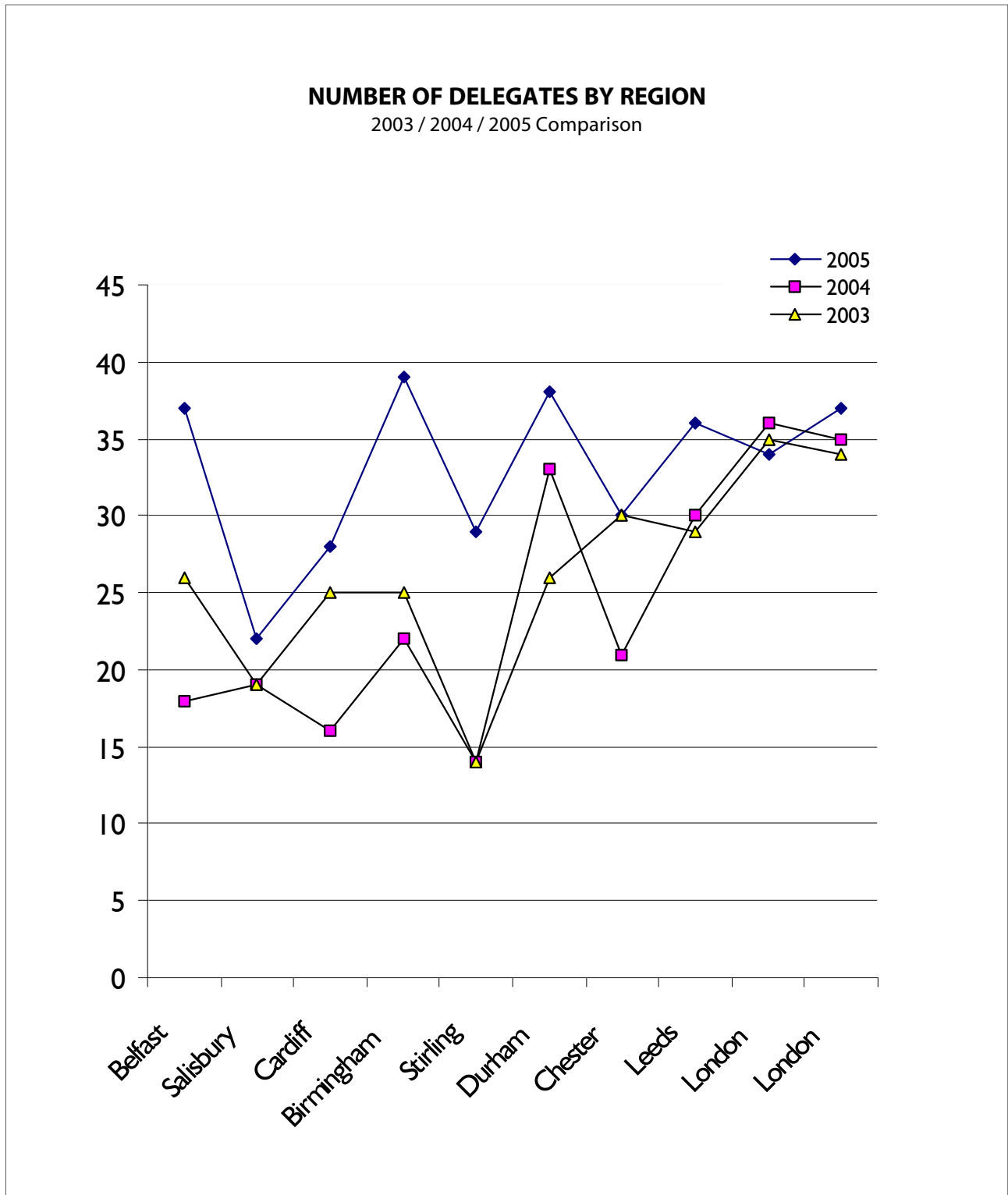
- 5) Case scenario 1: MRSA
- 6) Case scenario 2: *Clostridium difficile*

The program was developed at two planning meetings, in December 2004 and March 2005. It emerged that there was insufficient regional support in study design to identify speakers who could deliver Sessions 1 and 4 so Peter Davey gave these presentations at each workshop. Sessions 2 and 5 were developed by ICNs (Jacqui Prieto and Jennie Wilson). Sessions 3 and 6 were developed by pharmacists (Kieran Hand, Wendy Lawson, Conor Jamieson, and Hayley Wickens). Sessions 2, 3, 5 & 6 were delivered by different ICNs, pharmacists and microbiologists in each region.

### Attendance

A total of 330 people attended, the number of delegates by region was generally higher than the 2003 and 2004 workshops (Figure 1). The number of registrations was limited to 40 for each venue and several were oversubscribed, particularly Birmingham.

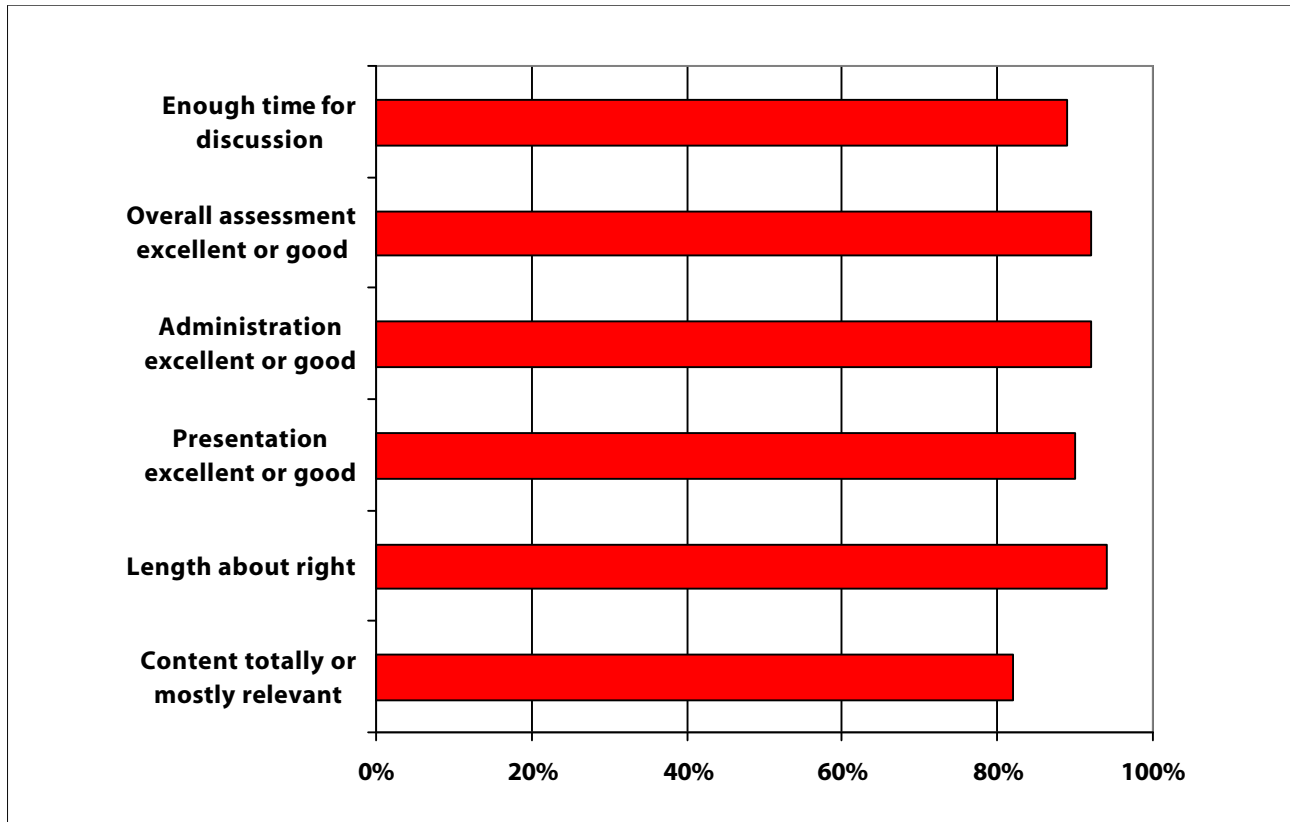
**Figure 1:** Attendance at 2003, 2004 and 2005 regional workshops



## Feedback

249 questionnaires were returned, a 75% response rate. The responses were generally positive and 78% of respondents would be interested in a follow up session (Figure 2). Respondents said that the workshop could have been improved by more informal discussions (26%), a longer advanced reading list (20%), more formal lectures (9%) or more hand outs (5%). Detailed results from the evaluation questionnaires with results from each venue are presented in the Appendix.

**Figure 2:** Summary of evaluation questionnaires



The respondents were asked to identify three things that they had learned, which resulted in a list of 468 learning points. The top five were study design, critical appraisal, multidisciplinary working, measuring antibiotic consumption, dissemination and implementation (Table 1).

Heading	Count
Study design	276
Critical appraisal	74
Multidisciplinary working	36
Measuring antibiotic consumption	23
Dissemination & implementation	22
Data, availability and quality	17
Infection control	10
Consolidated existing knowledge	5
Influence of media	2
When to seek ethics approval	1
Hand washing nearly always will have an impact.	1
Several	1
<b>TOTAL</b>	<b>468</b>

Constructive comments were provided by 99 of the respondents, of whom 39 were generally positive about all aspects of the day. For example:

*"A very informative day which was well delivered and presented by the speakers."*

*"All speakers were excellent. Nice informal approach to workshops."*

*"Been to other workshops, Skin, resp etc, this one was better, it is better to do less in more detail."*

*Only two of the respondents said that they had found the day totally unhelpful:*

*"I felt this was totally unhelpful for someone with laboratory interests – very much outnumbered by infection control nurses."*

*"The study day bore no resemblance to what I expected. There was no choice of workshop and the one I was placed in is a particular problem in my work area. Speakers should perhaps know what they are due to speak on and make up their own presentation. Afternoon session, difficult to hear people."*

The remaining comments focused on specific aspects, of which the top five were the case scenarios, multi-professional interaction, support materials, venue and content:

**Table 2:** Constructive Comments

<b>Heading</b>	<b>Count</b>
All positive	39
Case scenario workshops	15
Multi-professional	11
Support materials	7
Venue	7
Content	6
Expectations	4
Programming	4
Ongoing support	3
All unhelpful	2
Participant information	1
<b>TOTAL</b>	<b>99</b>

Respondents identified 73 areas of interest (Table 3) and 28 other areas of interest that they would like to cover in future workshops (Table 4)

**Table 3:** Other Areas of Interest

<b>Heading</b>	<b>Count</b>
Infection control	22
Antimicrobial therapy	17
Clinical microbiology & ID	17
Study design	11
Laboratory methods	2
Guidelines	1
MRCPath	1
Systematic review & guidelines	1
Vaccination	1
<b>TOTAL</b>	<b>73</b>

**Table 4:** Other Areas Not Covered

<b>Heading</b>	<b>Count</b>
Guideline discussion	8
Antibiotic prescribing	3
Literature review	3
Good study examples	2
Infection control interventions	2
Local initiatives	2
Other HAIs	2
Cost evaluation	1
Laboratory methods	1
Management issues	1
None	1
Paediatrics issues	1
Statistical methods	1
<b>TOTAL</b>	<b>28</b>

## Reports from the Case Scenario Workshops

### Case Scenario 1: MRSA

#### The scenario

- ◆ Your orthopaedic surgeons have demanded an isolation ward/unit to reduce cross-infection with MRSA
- ◆ It has been agreed to convert a ward into a temporary isolation unit
- ◆ The decision as to whether to continue funding the isolation unit will be made on the basis of a study that must be undertaken to evaluate its impact
- ◆ How would you design a study to evaluate the impact of the new isolation unit on the acquisition of MRSA colonisation?
  - design
  - outcome measures
  - potential threats to validity and how they can be minimised:

#### Key threats to validity:

<b>BIAS</b>	<b>CONFOUNDING</b>
<ul style="list-style-type: none"> <li>• Lab methods</li> <li>• Screening</li> <li>• Eradication methods</li> <li>• Case mix</li> <li>• Reporting of events and case definitions</li> <li>• Sequence of events</li> <li>• Pre-existing trends</li> <li>• Incomplete information</li> </ul>	<ul style="list-style-type: none"> <li>• Others interventions</li> <li>• Length of stay</li> <li>• Bed occupancy</li> <li>• MRSA strain</li> <li>• colonised</li> <li>• Staffing levels</li> <li>• Workload</li> <li>• Seasonal effects</li> </ul>

#### Study design

At five of the workshops there was a consensus that the isolation unit should be used for patients who were NOT colonised or infected with MRSA whereas at the other five workshops the consensus was that the isolation unit was for MRSA positive cases (Table 5).

**Table 5:** Regional split about use of the isolation ward

<b><i>Isolation of MRSA –ve cases</i></b>	<b><i>Isolation of MRSA +ve cases</i></b>
Birmingham	Belfast
Cardiff	Salisbury
Leeds	Stirling
Chester	London 18 <sup>th</sup> July
Durham.	London 19 <sup>th</sup> July

There was some discussion about whether the definition of MRSA colonization should be based on current status or on past history as well. The consensus was that status should be established by current screening.

There was general agreement that a different strategy would be required for elective and emergency cases. Elective cases should be screened pre-admission and the expected prevalence of colonization is low. In contrast emergency cases could only be screened after admission and the expected prevalence of MRSA colonization is high, especially in some patient groups. Emergency cases therefore have to be nursed for several days before their MRSA status is known and some are at high risk of being colonized.

The design for a strategy based on isolation of MRSA -ve cases was to provide a clean ward for definite -ves with isolation in clean ward for MRSA unknown plus a separate MRSA +ve ward.

The design for a strategy based on isolation of MRSA +ve cases was to provide an isolation ward for known positive cases. High risk cases (most emergencies) should be nursed in side rooms until screened, then transferred to isolation if +ve. Known negative cases should be nursed in a general ward.

### **Outcome measures**

Whatever the isolation strategy, the aim should be to provide more appropriate management of both MRSA +ve and -ve cases, starting with accurate ascertainment of acquisition (colonization or infection) then targeting of prophylaxis or suppression to MRSA +ves in addition to isolation of -ves.

Transmissions per colonized patient would be the best measure of the effectiveness of infection control (nearer to  $R_0$  in epidemiology).

Two outcome measures are required:

- 1) Acquisition of MRSA colonization or infection by MRSA -ve cases.
- 2) Acquisition of MRSA infection by MRSA +ve cases.

### **Minimising threats to validity**

The most important issue was agreed to be establishing a clear case definition based on screening.

Two suggested case definitions:

- 1) An orthopaedic patient, not colonized on admission, who acquired colonization or infection with MRSA after >48h in hospital.
- 2) An orthopaedic patient, colonized on admission who acquired infection with MRSA after >48h in hospital.

A potential screening strategy: screening (nose, wound and groin) on admission, weekly and on discharge (to capture late acquisition).

The role of rapid screening tests is not clear.

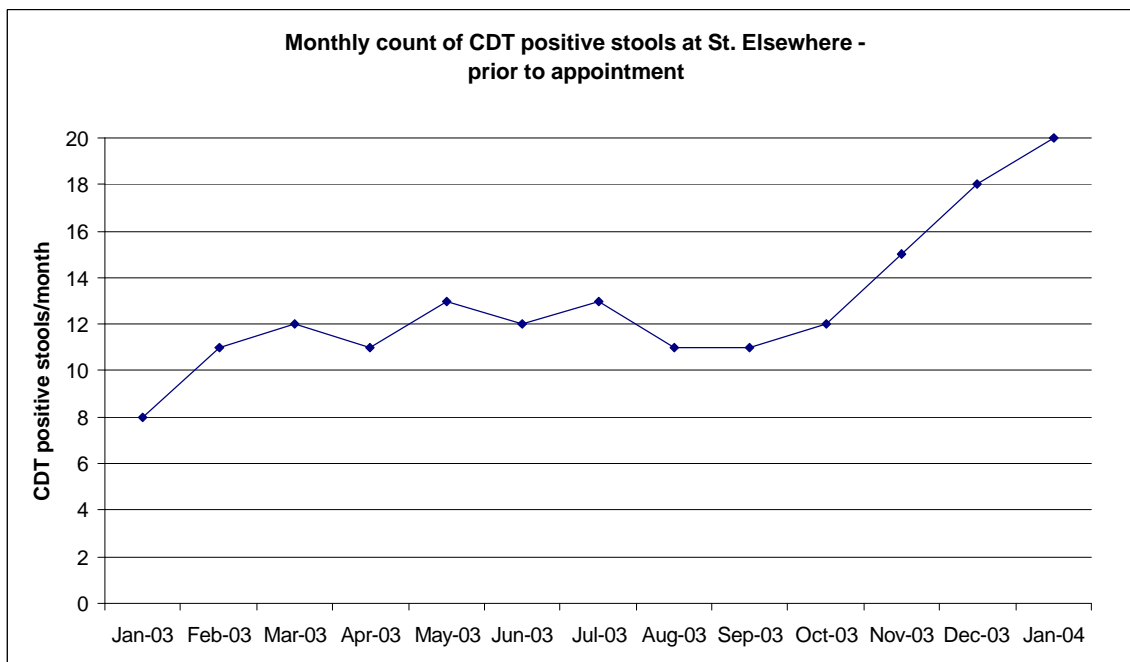
Antibiotic media (with gentamicin and clindamycin) were used to culture MRSA in the Ribner paper that was discussed in Session 2. <sup>1</sup> These media are likely to select specific strains of MRSA (i.e. not grow clindamycin sensitive strains).

A crossover design would help to minimize threats to validity but may not be practical.

## Case scenario 2: *Clostridium difficile*

### The Scenario

You have just started working in a 500-bed DGH and have noticed there seem to be a large and increasing number of patients suffering from *C. difficile*-associated diarrhoea:



Some wards seem to be worse affected than others.  
How would you investigate?

### Is there a problem?

Has there been a change in testing method or in sampling?

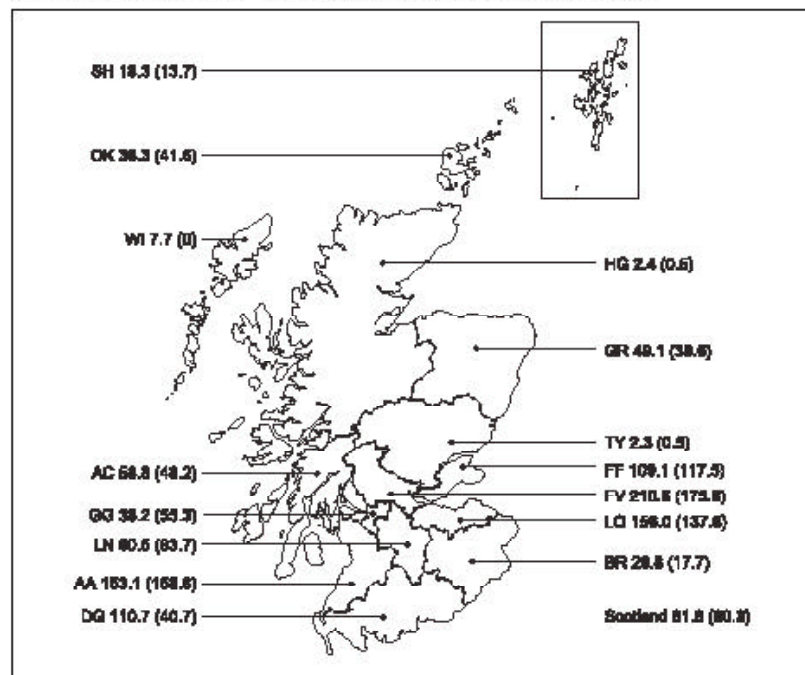
- What is the number of samples? If known the number of +ve tests can be expressed as a % of total tests. Most of the participants believed that the number of samples and +ves increased during norovirus outbreaks, especially when these affected wards with a high proportion of patients >65 because testing for *C. difficile* is now mandatory in patients aged >65 who have diarrhea.
- Has there been a change in sampling or testing? Does the increase after October 2003 coincide with the introduction of mandatory testing for >65 year olds? Apparently there has been a 40% increase in samples since testing of >65 year olds became mandatory. A lot of this increase is from GPs.
- Is this just a seasonal increase in winter 2003? *C. difficile* and CDAD are seasonal and it would be more helpful to have two years data in order to adjust for seasonal effects.
- What is the case definition and has it changed over the period of observation? Most participants are using the HPA case definition:
  - ➔ **Case** - diarrhoea not attributable to another cause, occurring at the same time as a positive toxin assay and/or endoscopic evidence of pseudo membranous colitis.
  - ➔ **Outbreak** - occurrence of two or more related cases over a defined period agreed locally taking account of the background rate.
  - ➔ There has been debate about recurrent cases, particularly the distinction between relapse and re infection. This distinction is beyond the scope of a practical surveillance system, but the Group has decided that for surveillance purposes data analysis should be restricted to cases affecting patients who have not fulfilled the case definition within the previous four weeks. This time span is necessarily arbitrary, but should provide consistency and practicality.
  - ➔ Diarrhoeal stools are defined as those that take the shape of their container. Non-diarrhoeal stools should not be tested.
- The method for identifying samples for testing varied between labs. For example:
  - ➔ All potential samples are assessed by a Medical Microbiologist.
  - OR
  - ➔ Samples are assessed by MLSOs who decide which ones to test.
  - OR
  - ➔ All potential cases are notified to an Infection Control nurse who visits the ward to confirm that the patient has significant diarrhea before the sample is tested.
- It was suggested that measurement of oral vancomycin and oral metronidazole use could be additional indicators of *C. difficile* or suspected AAC.
- Is there any information about the severity of CDAD? Are people dying with or of CDAD?

**What is a new case?**

- There was much discussion about the criteria for repeat testing of samples from the same patient. Some labs had a policy of never retesting a sample from the same patient within 28 days, others would retest if the patient had a new episode of diarrhea within the 28 day period. One definition of "new case" was that the patient had never previously had a toxin positive stool sample going back to 1998.
- Some labs distinguish community *versus* hospital samples whereas others just report all positives.

**How should the prevalence be adjusted for clinical activity?**

- Should bed days or number of admissions be used as the denominator? A recent paper on antibiotic surveillance suggests that number of admissions is a better denominator.<sup>2</sup>
- In England there is currently no denominator whereas in Scotland the denominator is per 100,000 inhabitants but there is still nearly 100-fold variation in the reported prevalence by Health Board, which is unlikely to be real.

MAP 1: *C. difficile* rates per 100,000 for 2004 with 2003 rates in brackets**Why is there a problem?**

- Commode/ bed pan washer inspection data should be available in any hospital from regular infection control structural audits. However, the interval varies from quarterly to annual. Investigating *C. difficile* is a good opportunity to find out what is happening in different hospitals and to bring the need for regular audits to the attention of the Chief Executive and senior management.
- Some hospitals have activity charts completed by cleaning teams.
- Alcohol hand gel does not work for *C. difficile*
- Investigation of *C. difficile* needs to be a team effort. Planning of any intervention should also be a team effort, regardless of whether it is a prescribing or an infection control intervention. Some hospitals already have a *C. difficile* incident team with ICN, pharmacy, microbiology and clinical input. The team investigates the causes of single cases or outbreaks.

**The Intervention**

- There was general consensus that the intervention should address whichever of the three components of care are not up to a pre-specified minimum standard (antibiotic prescribing, environmental cleanliness and infection control). If two or more components are sub-standard then the intervention should address all of them. The aim is to generate data for improvement, not data for research.
- There is evidence from the USA that implementation of chlorine based cleaning solutions may be effective but these are currently not widely used in the UK.

**Outcomes**

- New cases of CDAD, defined with a nationally agreed case definition supported by collection of a minimum data set.
- Antibiotic use
- Cost
- Clinical (if the intervention includes a reduction in antibiotic use). Outcomes should include measures that will reassure that there are no unintended adverse clinical effects of reducing antibiotic use.

## Future Events and Activities

Regional multidisciplinary HCAI networks do not exist. More support for multidisciplinary work would be welcomed.

FIS, the Federation of Infection Societies is a potential for annual multi-disciplinary meetings. The next FIS is being hosted by BSAC in Cardiff on 7-9 November. The current Federation does not formally involve ICNA and UKCPA but future events could be made more multidisciplinary. For the 2005 event day delegate registration has been introduced with themed days (Monday 7<sup>th</sup> infection control, Wednesday 9<sup>th</sup> antibiotic stewardship).

Self help groups for study design, interpretation and discussion would be a good idea but the detail needs to be worked out. A web site and discussion forum is one possibility. This is already provided by UKCPA in the form of an email discussion group for technical questions about medicines management, including monitoring of antimicrobial prescribing. UKCPA has an Infection Management Pharmacists group but access is restricted to UKCPA members (see [www.ukcpa.org](http://www.ukcpa.org) for more information).

Guidance on case definitions and minimum data would be welcomed. The regional workshop format lends itself to a process where proposed minimum data sets can be piloted and discussed to clarify what really is achievable nationally and to assess consensus on whether or not the information is useful. There is a well established model for involving local practitioners in guideline development in oncology in Canada.<sup>3;4</sup>

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## VENUE, DATE & COORDINATORS

<b>Date</b>	<b>Venue</b>	<b>Coordinators</b>
Monday 6 June	Belfast	Peter Davey Hugh Webb Isobel King Rhona Fair
Tuesday 7 June	Salisbury	Peter Davey Ann Pallett Jacqui Prieto Jan Westbury Antony Zorzi
Wednesday 8 June	Cardiff	Peter Davey Marina Morgan Philip Mannion Dafydd Williams Steve Bowden
Thursday 9 June	Birmingham	Peter Davey Michael Cooper Savita Gossain Conor Jamieson
Monday 13 June	Stirling	Peter Davey Ian Laurenson Paddy Gibb Sybil Solomon Ysobel Gourlay
Wednesday 15 June	Durham	Peter Davey Glenda Horne Rosamund Stansfield Sonia Caudle Barbara Dean
Friday 17 June	Chester	Peter Davey John Cheesbrough Paul Chadwick Carmel Edwards Rachel Fallon
Monday 20 June	Leeds	Peter Davey Miles Denton David Birkenhead Sandra Martin
Monday 18 July	London	Peter Davey Nicholas Brown Jennie Wilson Hayley Wickens
Tuesday 19 July	London	Peter Davey Albert Mifsud Barry Cookson Jennie Wilson Kieran Hand

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# SUMMARY OF EVALUATION QUESTIONNAIRES

<b>Title of workshop</b>	Making a difference to MRSA and other HAIs by getting evidence into practice
<b>Number of questionnaires</b>	249 (%)
<b>Places of workshop</b>	Belfast, Salisbury, Cardiff, Birmingham, Stirling, Durham, Chester, Leeds, London x 2
<b>Organising secretariat</b>	British Society for Antimicrobial Chemotherapy, 11 The Wharf, 16 Bridge Street, Birmingham B1 2JS

## Expectations

How close did the workshop come to meeting your expectations?

Totally	Mostly	Partly	Not at all
58 (23.3)	154 (61.8)	32 (12.9)	5 (2)

## Practical value and relevance of subject matter

How much of the workshop content will be of practical value and relevance?

Totally	Mostly	Partly	Not at all
78 (31.3)	127 (51)	42 (16.9)	

## Workshop length

Was the workshop:

Too long	About right	Too short
9 (3.6)	235(94.4)	3 (1.2)

## Method of instruction

How did you rate the presentation of the workshop?

Excellent	Good	Satisfactory	Unsatisfactory
90 (36.1)	135 (54.2)	23 (9.2)	0 (0)

Could the workshop have been improved by:

Formal lectures	More informal discussions	More hand outs	Advanced reading list
22 (8.8)	64 (25.7)	13 (5.2)	50 (20.1)

## Workshop administration

Pre course information, reception and organisation etc:

Excellent	Good	Satisfactory	Unsatisfactory
129 (51.8)	99 (39.8)	20 (8)	1 (0.4)

## Overall assessment

Excellent	Good	Satisfactory	Unsatisfactory
93 (37.3)	136 (54.6)	17 (6.8)	2 (0.8)

Was there enough time for questions and discussion?

Yes	No
221 (88.8)	11 (4.4)

Would you be interested in a follow-up session?

Yes	No
195(78.3)	44 (17.7)

Educational Workshops 2005  
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# BELFAST

## SUMMARY OF EVALUATION QUESTIONNAIRES

<b>Title of workshop</b>	Making a difference to MRSA and other HAIs by getting evidence into practice
<b>Number of questionnaires</b>	18
<b>Place of workshop</b>	Postgraduate Centre, Belfast City Hospital
<b>Organising secretariat</b>	British Society for Antimicrobial Chemotherapy, 11 The Wharf, 16 Bridge Street, Birmingham B1 2JS

**Expectations**

How close did the workshop come to meeting your expectations?

Totally	Mostly	Partly	Not at all
7	11		

**Practical value and relevance of subject matter**

How much of the workshop content will be of practical value and relevance?

Totally	Mostly	Partly	Not at all
8	9	1	

**Workshop length**

Was the workshop:

Too long	About right	Too short
	18	

**Method of instruction**

How did you rate the presentation of the workshop?

Excellent	Good	Satisfactory	Unsatisfactory
7	11		

Could the workshop have been improved by:

Formal lectures	More informal discussions	More hand outs	Advanced reading list
3	8		5

**Workshop administration**

Pre course information, reception and organisation etc:

Excellent	Good	Satisfactory	Unsatisfactory
6	12		

**Overall assessment**

Excellent	Good	Satisfactory	Unsatisfactory
6	12		

Was there enough time for questions and discussion?

Yes	No
10	

Would you be interested in a follow-up session?

Yes	No
11	7

Educational Workshops 2005  
**MAKING A DIFFERENCE TO MRSA AND OTHER HAIS**  
 by getting evidence into practice

# BIRMINGHAM

## SUMMARY OF EVALUATION QUESTIONNAIRES

<b>Title of workshop</b>	Making a difference to MRSA and other HAIs by getting evidence into practice
<b>Number of questionnaires</b>	34
<b>Place of workshop</b>	Postgraduate Centre, Queen Elizabeth Hospital, Edgbaston
<b>Organising secretariat</b>	British Society for Antimicrobial Chemotherapy, 11 The Wharf, 16 Bridge Street, Birmingham B1 2JS

**Expectations**

How close did the workshop come to meeting your expectations?

Totally	Mostly	Partly	Not at all
9	15	7	3

**Practical value and relevance of subject matter**

How much of the workshop content will be of practical value and relevance?

Totally	Mostly	Partly	Not at all
8	18	8	

**Workshop length**

Was the workshop:

Too long	About right	Too short
2	31	1

**Method of instruction**

How did you rate the presentation of the workshop?

Excellent	Good	Satisfactory	Unsatisfactory
14	17	3	

Could the workshop have been improved by:

Formal lectures	More informal discussions	More hand outs	Advanced reading list
5	6	2	10

**Workshop administration**

Pre course information, reception and organisation etc:

Excellent	Good	Satisfactory	Unsatisfactory
19	10	5	

**Overall assessment**

Excellent	Good	Satisfactory	Unsatisfactory
12	17	3	1

Was there enough time for questions and discussion?

Yes	No
30	1

Would you be interested in a follow-up session?

Yes	No
28	3

Educational Workshops 2005  
**MAKING A DIFFERENCE TO MRSA AND OTHER HAIS**  
 by getting evidence into practice

# CARDIFF

## SUMMARY OF EVALUATION QUESTIONNAIRES

<b>Title of workshop</b>	Making a difference to MRSA and other HAIs by getting evidence into practice
<b>Number of questionnaires</b>	25
<b>Place of workshop</b>	City Hall, Cardiff
<b>Organising secretariat</b>	British Society for Antimicrobial Chemotherapy, 11 The Wharf, 16 Bridge Street, Birmingham B1 2JS

**Expectations**

How close did the workshop come to meeting your expectations?

Totally	Mostly	Partly	Not at all
6	16	2	1

**Practical value and relevance of subject matter**

How much of the workshop content will be of practical value and relevance?

Totally	Mostly	Partly	Not at all
12	12	1	

**Workshop length**

Was the workshop:

Too long	About right	Too short
	25	

**Method of instruction**

How did you rate the presentation of the workshop?

Excellent	Good	Satisfactory	Unsatisfactory
7	16	2	

Could the workshop have been improved by:

Formal lectures	More informal discussions	More hand outs	Advanced reading list
	2	3	5

**Workshop administration**

Pre course information, reception and organisation etc:

Excellent	Good	Satisfactory	Unsatisfactory
13	11	1	

**Overall assessment**

Excellent	Good	Satisfactory	Unsatisfactory
10	13	2	

Was there enough time for questions and discussion?

Yes	No
23	1

Would you be interested in a follow-up session?

Yes	No
16	7

Educational Workshops 2005  
**MAKING A DIFFERENCE TO MRSA AND OTHER HAIS**  
 by getting evidence into practice

# CHESTER

## SUMMARY OF EVALUATION QUESTIONNAIRES

<b>Title of workshop</b>	Making a difference to MRSA and other HAIs by getting evidence into practice
<b>Number of questionnaires</b>	20
<b>Place of workshop</b>	Postgraduate Centre, Countess of Chester Hospital
<b>Organising secretariat</b>	British Society for Antimicrobial Chemotherapy, 11 The Wharf, 16 Bridge Street, Birmingham B1 2JS

**Expectations**

How close did the workshop come to meeting your expectations?

Totally	Mostly	Partly	Not at all
5	12	3	

**Practical value and relevance of subject matter**

How much of the workshop content will be of practical value and relevance?

Totally	Mostly	Partly	Not at all
5	13	2	

**Workshop length**

Was the workshop:

Too long	About right	Too short
	20	

**Method of instruction**

How did you rate the presentation of the workshop?

Excellent	Good	Satisfactory	Unsatisfactory
7	11	2	

Could the workshop have been improved by:

Formal lectures	More informal discussions	More hand outs	Advanced reading list
1	6	1	2

**Workshop administration**

Pre course information, reception and organisation etc:

Excellent	Good	Satisfactory	Unsatisfactory
12	7	1	

**Overall assessment**

Excellent	Good	Satisfactory	Unsatisfactory
8	11	1	

Was there enough time for questions and discussion?

Yes	No
19	1

Would you be interested in a follow-up session?

Yes	No
18	2

Educational Workshops 2005  
**MAKING A DIFFERENCE TO MRSA AND OTHER HAIS**  
 by getting evidence into practice

# DURHAM

## SUMMARY OF EVALUATION QUESTIONNAIRES

<b>Title of workshop</b>	Making a difference to MRSA and other HAIs by getting evidence into practice
<b>Number of questionnaires</b>	30
<b>Place of workshop</b>	Lumley Castle, Durham
<b>Organising secretariat</b>	British Society for Antimicrobial Chemotherapy, 11 The Wharf, 16 Bridge Street, Birmingham B1 2JS

**Expectations**

How close did the workshop come to meeting your expectations?

Totally	Mostly	Partly	Not at all
3	21	5	1

**Practical value and relevance of subject matter**

How much of the workshop content will be of practical value and relevance?

Totally	Mostly	Partly	Not at all
4	18	8	

**Workshop length**

Was the workshop:

Too long	About right	Too short
1	27	1

**Method of instruction**

How did you rate the presentation of the workshop?

Excellent	Good	Satisfactory	Unsatisfactory
9	16	5	

Could the workshop have been improved by:

Formal lectures	More informal discussions	More hand outs	Advanced reading list
2	9	1	5

**Workshop administration**

Pre course information, reception and organisation etc:

Excellent	Good	Satisfactory	Unsatisfactory
13	14	2	1

**Overall assessment**

Excellent	Good	Satisfactory	Unsatisfactory
6	21	2	1

Was there enough time for questions and discussion?

Yes	No
30	

Would you be interested in a follow-up session?

Yes	No
15	13

Educational Workshops 2005  
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# LEEDS

## SUMMARY OF EVALUATION QUESTIONNAIRES

<b>Title of workshop</b>	Making a difference to MRSA and other HAIs by getting evidence into practice
<b>Number of questionnaires</b>	30
<b>Place of workshop</b>	Thackray Medical Museum, Leeds
<b>Organising secretariat</b>	British Society for Antimicrobial Chemotherapy, 11 The Wharf, 16 Bridge Street, Birmingham B1 2JS

**Expectations**

How close did the workshop come to meeting your expectations?

Totally	Mostly	Partly	Not at all
5	19	5	

**Practical value and relevance of subject matter**

How much of the workshop content will be of practical value and relevance?

Totally	Mostly	Partly	Not at all
5	17	7	

**Workshop length**

Was the workshop:

Too long	About right	Too short
2	28	

**Method of instruction**

How did you rate the presentation of the workshop?

Excellent	Good	Satisfactory	Unsatisfactory
12	13	4	

Could the workshop have been improved by:

Formal lectures	More informal discussions	More hand outs	Advanced reading list
3	7		6

**Workshop administration**

Pre course information, reception and organisation etc:

Excellent	Good	Satisfactory	Unsatisfactory
16	11	3	

**Overall assessment**

Excellent	Good	Satisfactory	Unsatisfactory
11	14	5	

Was there enough time for questions and discussion?

Yes	No
28	2

Would you be interested in a follow-up session?

Yes	No
25	5

Educational Workshops 2005  
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# LONDON 18/7

## SUMMARY OF EVALUATION QUESTIONNAIRES

<b>Title of workshop</b>	Making a difference to MRSA and other HAIs by getting evidence into practice
<b>Number of questionnaires</b>	18
<b>Place of workshop</b>	Jerwood Education Centre, Royal College of Physicians, London
<b>Organising secretariat</b>	British Society for Antimicrobial Chemotherapy, 11 The Wharf, 16 Bridge Street, Birmingham B1 2JS

**Expectations**

How close did the workshop come to meeting your expectations?

Totally	Mostly	Partly	Not at all
5	12	1	

**Practical value and relevance of subject matter**

How much of the workshop content will be of practical value and relevance?

Totally	Mostly	Partly	Not at all
9	5	4	

**Workshop length**

Was the workshop:

Too long	About right	Too short
	18	

**Method of instruction**

How did you rate the presentation of the workshop?

Excellent	Good	Satisfactory	Unsatisfactory
7	11		

Could the workshop have been improved by:

Formal lectures	More informal discussions	More hand outs	Advanced reading list
3	3	2	1

**Workshop administration**

Pre course information, reception and organisation etc:

Excellent	Good	Satisfactory	Unsatisfactory
14	4		

**Overall assessment**

Excellent	Good	Satisfactory	Unsatisfactory
9	9		

Was there enough time for questions and discussion?

Yes	No
16	

Would you be interested in a follow-up session?

Yes	No
14	2

Educational Workshops 2005  
**MAKING A DIFFERENCE TO MRSA AND OTHER HAIS**  
 by getting evidence into practice

# LONDON 19/7

## SUMMARY OF EVALUATION QUESTIONNAIRES

<b>Title of workshop</b>	Making a difference to MRSA and other HAIs by getting evidence into practice
<b>Number of questionnaires</b>	29
<b>Place of workshop</b>	Jerwood Education Centre, Royal College of Physicians, London
<b>Organising secretariat</b>	British Society for Antimicrobial Chemotherapy, 11 The Wharf, 16 Bridge Street, Birmingham B1 2JS

**Expectations**

How close did the workshop come to meeting your expectations?

Totally	Mostly	Partly	Not at all
11	13	5	

**Practical value and relevance of subject matter**

How much of the workshop content will be of practical value and relevance?

Totally	Mostly	Partly	Not at all
10	14	4	

**Workshop length**

Was the workshop:

Too long	About right	Too short
1	26	

**Method of instruction**

How did you rate the presentation of the workshop?

Excellent	Good	Satisfactory	Unsatisfactory
12	14	3	

Could the workshop have been improved by:

Formal lectures	More informal discussions	More hand outs	Advanced reading list
4	5	1	7

**Workshop administration**

Pre course information, reception and organisation etc:

Excellent	Good	Satisfactory	Unsatisfactory
17	10	2	

**Overall assessment**

Excellent	Good	Satisfactory	Unsatisfactory
16	11	2	

Was there enough time for questions and discussion?

Yes	No
24	3

Would you be interested in a follow-up session?

Yes	No
27	2

Educational Workshops 2005  
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# SALISBURY

## SUMMARY OF EVALUATION QUESTIONNAIRES

<b>Title of workshop</b>	Making a difference to MRSA and other HAIs by getting evidence into practice
<b>Number of questionnaires</b>	20
<b>Place of workshop</b>	Education Centre, Salisbury District Hospital
<b>Organising secretariat</b>	British Society for Antimicrobial Chemotherapy, 11 The Wharf, 16 Bridge Street, Birmingham B1 2JS

**Expectations**

How close did the workshop come to meeting your expectations?

Totally	Mostly	Partly	Not at all
4	13	3	

**Practical value and relevance of subject matter**

How much of the workshop content will be of practical value and relevance?

Totally	Mostly	Partly	Not at all
7	8	5	

**Workshop length**

Was the workshop:

Too long	About right	Too short
1	19	

**Method of instruction**

How did you rate the presentation of the workshop?

Excellent	Good	Satisfactory	Unsatisfactory
7	12	1	

Could the workshop have been improved by:

Formal lectures	More informal discussions	More hand outs	Advanced reading list
	6	2	6

**Workshop administration**

Pre course information, reception and organisation etc:

Excellent	Good	Satisfactory	Unsatisfactory
10	6	4	

**Overall assessment**

Excellent	Good	Satisfactory	Unsatisfactory
9	10	1	

Was there enough time for questions and discussion?

Yes	No
18	1

Would you be interested in a follow-up session?

Yes	No
18	1

Educational Workshops 2005  
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# STIRLING

## SUMMARY OF EVALUATION QUESTIONNAIRES

<b>Title of workshop</b>	Making a difference to MRSA and other HAIs by getting evidence into practice
<b>Number of questionnaires</b>	25
<b>Place of workshop</b>	Education & Conference Centre, Stirling Royal Infirmary
<b>Organising secretariat</b>	British Society for Antimicrobial Chemotherapy, 11 The Wharf, 16 Bridge Street, Birmingham B1 2JS

**Expectations**

How close did the workshop come to meeting your expectations?

Totally	Mostly	Partly	Not at all
3	21	1	

**Practical value and relevance of subject matter**

How much of the workshop content will be of practical value and relevance?

Totally	Mostly	Partly	Not at all
10	13	2	

**Workshop length**

Was the workshop:

Too long	About right	Too short
1	23	1

**Method of instruction**

How did you rate the presentation of the workshop?

Excellent	Good	Satisfactory	Unsatisfactory
8	14	3	

Could the workshop have been improved by:

Formal lectures	More informal discussions	More hand outs	Advanced reading list
1	6	1	3

**Workshop administration**

Pre course information, reception and organisation etc:

Excellent	Good	Satisfactory	Unsatisfactory
9	14	2	

**Overall assessment**

Excellent	Good	Satisfactory	Unsatisfactory
6	18	1	

Was there enough time for questions and discussion?

Yes	No
23	2

Would you be interested in a follow-up session?

Yes	No
23	2