

ORION SUBMISSION AND REVIEWER'S ABSTRACT CHECKLIST FOR INTERVENTION STUDIES* AND OUTBREAK REPORTS

* carried out either to reduce infection or to improve compliance with infection control measures such as hand hygiene, antibiotic prescription or care bundle implementation

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| <p>1. Title- Clear statement that this is an intervention study or outbreak report.</p> |
| <p>2. Background- Rationale for study with clear hypothesis for intervention studies or objective for outbreak reports</p> |
| <p>3. Methods- Clear statement of intervention study design¹ or case definition for outbreak report.</p> |
| <p>4. Brief description of participants, setting and of intervention or outbreak control measures (with start & stop dates)</p> |
| <p>5. Clearly defined outcomes & denominators at regular time intervals², not as totals for each phase (can be put in results instead)</p> |
| <p>6. Statistical analysis accounts for any dependencies in the data (can be in results instead) (statistical analysis may not be appropriate for outbreak reports).</p> |
| <p>7. Which potential confounders or biases were considered, recorded or adjusted for³ (can be in results instead)</p> |
| <p>8. Where relevant: details of culture, typing, environmental sampling, and risk factors for acquisition, root cause analysis or organisational risk assessment.</p> |
| <p>9. Results- For the main outcomes: estimated effect size & its precision (usually using 95% C.I.) (A graphical summary is often appropriate for dependent data -such as most time series).</p> |
| <p>10. Conclusions- For intervention studies: consider in relation to original hypothesis, accounting for potential confounders & biases. For outbreak reports: consider clinical significance of observations & hypothesis to explain them.</p> |

¹ e.g. Interrupted Time Series, Cluster or other Randomised Controlled Trial, Cross over, Controlled Before and After intervention, Uncontrolled Before and After Intervention (see explanatory document and www.ccg.cochrane.org/en/newPage1.html for standard terminology.

² at least 3 time points per phase and for many two phase studies 12 or more monthly data points.

³ e.g. changes in length of stay, case mix, bed occupancy, staffing levels, hand-hygiene compliance, antibiotic use, strain type, processing of isolates, seasonality, other interventions, incomplete blinding, fidelity to intervention, non standardised outcome assessment.

For further information, if needed, see www.idrn.org/orion.php