Appendix Table C3d. Intervention characteristics for CAUTI which control for secular trend or confounding

| **Study** | **Infection** | **Intervention Specifics** | **Positive or Negative Incentives** | **Feedback or consequences given to interveners/intervenees** |
| --- | --- | --- | --- | --- |
| Apisarnthanarak, Thailand - 2007 | CAUTI | The intervention team reviewed the literature and collected baseline data. During the time between study periods the intervention team provided feedback from the baseline data to the nurses and physicians. An action plan was developed. Nurse-generated daily reminders were given to physicians to remove unnecessary urinary catheters. Nursing staff identified patients with indwelling catheters >= 3 days and notified investigators. If catheterization was determined to be inappropriate by an ID physician, a physician from the intervention team held a bedside discussion with the treating physician regarding reasons for catheterization and the possibility of discontinuing it, upon which the treating physician made a decision. This intervention was promoted at monthly staff meetings. The intervention team held monthly meetings to discuss problems and to identify modifiable risk factors for each patient who developed CAUTI in the previous month. |  | Feedback on the baseline data were given to nursing staff and physician by the intervention team prior to the initiation of the intervention. No feedback mechanism existed during the intervention period. |
| Crouzet, France - 2007 | CAUTI | Nursing staff reminded physicians to remove any unnecessary urinary catheter after four days of the catheter being in situ and on a daily basis thereafter. |  |  |
| Loeb, Canada - 2008 | CAUTI | Prior to beginning the trial, information sessions were conducted for nursing staff on participating units to introduce them to the study and explain the stop orders. Attending physicians received a letter notifying them of the stop orders. Prewritten orders were placed in the chart of participants randomized to the stop-order group. Stop orders listed the following six criteria as acceptable for a urinary catheter: urinary obstruction, neurogenic bladder and urinary retention, urological surgery, fluid challenge for acute renal failure, open sacral wound care for incontinent patients, and comfort care for urinary incontinence in terminal illness. Nurses were required to review participants’ medical history and the results of any tests ordered by the attending physician to determine if the required criteria were met and remove catheters in their absence. The research nurse did regular follow-up with nursing staff to ensure that the automatic stop orders were followed. |  |  |
| Seguin, France - 2010 | CAUTI;CLABSI | During Period 2, a red square was added to the patient’s daily care sheet. The box asked the physician if the CVC or urinary catheter was useful or needed. If the physician marked no then the nurse was instructed to remove the catheter. |  |  |