Appendix Table C1d. Study characteristics for CAUTI which control for secular trend or confounding

| **Study** | **Study Design** | **Infection** | **Healthcare Setting** | **Clinical Setting** | **Intervention Years** | **Follow-up (months)** | **Comment** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Apisarnthanarak, Thailand - 2007 | Interrupted time series | CAUTI |  | Medical Inpatient Ward, Surgical Inpatient Ward, ICU | 2005 - 2006 | 12 | Baseline: July 1, 2004 - June 30, 2005; f/u: July 1, 2005 - June 30, 2006; NNIS definition used for UTI. |
| Crouzet, France - 2007 | Simple Before-after | CAUTI | Tertiary care or university hospital | neurosurgery, cardiovascular surgery, orthopedic surgery, neurology, and geriatric departments | 2005 - 2005 | 3 | Study consisted of 3-month prospective observational phase followed by a 3-month prospective intervention phase (1 Jan 2005 - 30 June 2005). CDC’s definition of CAUTI was used. There is no overall CAUTI rate, just early and late CAUTI. |
| Loeb, Canada - 2008 | RCT – Patient | CAUTI | More than one hospital of different types | General Inpatient Ward (non-ICU) | 2004 - 2006 | 30 | CDC definition was used to define symptomatic UTI.; Trial conducted among patients admitted to one of seven general medical units in 3 hospitals. Cultures were taken 7 days after UC removal. |
| Seguin, France - 2010 | Simple before-after | CAUTI;CLABSI | Tertiary care or university hospital | Surgical Intensive Care Unit | 2006 - 2007 | 9 | International definitions were used. Baseline period was from August 2005 through May 2006. Patients were only followed while in the ICU. |

\*Articles by Greco et al. (1991),and Saint et al. (2005) were from the 2007 Report (Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies: Volume 6—Prevention of Healthcare-Associated Infections) and were included only in the tables within the comparative effectiveness review. For further information on these studies please refer to the 2007 report.