Appendix Table C3a-Update. Intervention characteristics for VAP which control for secular trend or confounding from the update search

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| **Study** | **Infection** | **Intervention specifics** | **Comment** |
| Cheema, United States - 2011 | VAP | A unit based team was formed in 2007. They adapted and implemented a pediatric-specific VAP bundle. The team led provider education/reeducation, equipment procurement/modification, and conducted small cycles of change. Performance and compliance data was provided throughout the study period to both leadership and frontline staff. The checklist was used in the first study phase and was completed by the nurses and respiratory therapists everyday for each ventilated patient. A washout period occurred after the first phase because staff found the checklist to be too burdensome. A flowsheet was developed and implemented in the last phase of the study. It provided cues for key VAP prevention bundle practices. |   |
| Morris, Scotland - 2011 | VAP | Plan, Do, Study, Act cycles to implement the VAP bundle, included: nurse and medical champions, education, checklist bedside reminders, and compliance feedback thru e-mails and posters. | 1) during baseline, tried head of bed elevation and nurse-led weaning protocol with variable results; no process measurements or feedback2) median APACHE II score higher in post population compared to baseline (p=0.004) |
| Barrera, Colombia - 2011 | CAUTI, CLABSI, VAP | alcohol-based hand rub (ABHR) dispensers placed by every ICU bed; education on hand hygiene; each unit given feedback on HAI rates | indirect measure of adherence - no observation of hand hygiene, only measurement of amt of ABHR used |
| Lilly, United States - 2011 | CLABSI, VAP | Promoting adherence to critical care best practices by implementing tele-ICU tools to provide real time auditing and feedback to health care workers. | post population older and with higher mean APACHE II score |
| Harris, United States - 2011 | CLABSI, VAP | Hand hygiene, VAP bundle, and catheter care standardization were developed by multidisciplinary team. Education fairs were held, followed up by daily goal form reminders. Dashboards visible to staff, pts, and families, tracked hand hygiene, oral care, bed elevation, # days since last VAP, and # days since last CLABSI. | Pts were similar in gender and race distribution, but age distribution, insurance coverage, and treating provider were statistically different. |
| Speroff, United States - 2011 | CLABSI, VAP | Toolkit Group: hospitals who were in this arm received fact sheets and QI implementation guidelines as well as intranet training seminars and clinician QI tools. These ICUs were on their own to implement the QI strategies given in the toolkit; Virtual Collaborative: web site support and training, online meetings with facility leaders and project managers with individual coaching and activities designed to increase interaction among participating teams. ;CLABSI Bundle: Hand hygiene, use of chlorhexidine antisepsis, maximal barrier precautions, site selection and care, voidance of routine placement of catheters; VAP Bundle: elevation of head of bed, oral care, daily sedation vacation, daily assessment of readiness to wean, secretion cleaning, peptic ulcer disease prophylaxis, and DVT prophylaxis. Bundles were available to both groups. | Hospitals were similar |