Appendix Table C3d-Update. Intervention characteristics for CAUTI which control for secular trend or confounding from the update search

| **Study** | **Infection** | **Intervention specifics** | **Comment** |
| --- | --- | --- | --- |
| Fakih, United States - 2012 | CAUTI | Multidisciplinary team garnered unit support from physicians and nurses to facilitate implementation of QI strategy. Strategy consisted of nurse education, evaluation of catheter placement, feedback to units [changes in catheter use, appropriateness of placed catheters], webinar education, and a ‘bladder bundle’ with educational information for the unit and healthcare workers. |  |
| Marra, Brazil - 2011 | CAUTI | A nurse group was created to remove unnecessary catheters daily. Study carried out in two phases. Phase I (2005-2007): adopt 2% chlorhexidine skin prep., insertion and maintenance according to CDC guidelines; Phase II (2008-2010): Audit of random sample of urinary catheters once per month, bladder bundle: catheter insertion cart, hand hygiene, chlorhexidine skin and meatal antisepsis, sterile field and gloves, adequate urinary catheter balloon inflation, daily review of catheter need, Nurse intervention if process was not following best practices, feedback provided monthly to ICU and SDU staff. |  |
| van den Broek, Netherlands - 2011 | CAUTI | Hospitals were randomized to group A or B. Group A implemented intervention at 4 months and discontinued at 9: group B then began their intervention at 9 months and discontinued at 14 months. A small multidisciplinary team at each hospital designed the intervention and introduced it to the participating wards. Because of this, each intervention varied by hospital, but the domains could be categorized as revision to existing protocols and materials (done in seven hospitals), education (done in ten hospitals), and change in daily practice (done in eight hospitals). | Interventions seemed to be inconsistent between hospitals with each hospital developing their own intervention implementation strategy for CAUTI prevention |
| 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 |
| Salim, Israel - 2011 | CAUTI, SSI | All medical personnel underwent a refresher course in aseptic and scrub techniques led by the infection control nurse. The OR nursing staff underwent a refresher course in hand hygiene, urinary catheter insertion, patient preparation, and aseptic principles. Observation and feedback took place in the postintervention period. Also, all women undergoing cesarean were given prophylactic antibiotics after cord clamping. In the baseline period, only women undergoing nonelective cesarean were given antibiotic prophylaxis. | Patient populations were significantly different in the proportion of ruptured membranes (with the baseline period having more, p=0.01) and mean duration of operation (with the postintervention period being longer, p=0.001). |