# Sample Table

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| --- | --- | --- | --- | --- | --- | --- |
| **Authors’ Names** | **Year of study** | **Study Design** | **N (number of subjects)** | **Study Findings** | **Intervention Type** | **Other** |
| Baillie et al. | 2014 | Retrospective cohort study | 222,475 | * Catheter associated urinary tract infections (CAUTIs) per 1,000 patient-days decreased as well.
* Usability of the intervention depends highly on the user interface.
* use of catheterization ratio declined over the three time periods in the study.
* Use of a homegrown version of reminder system has a higher impact than the stock reminder.
 | Computerized clinical decision support (CDS) | Reminder system is integrated into a commercial electronic health record. |
| Bruminhent, Keegan, Lakhani, Roberts, & Passalacqua, | 2010 | Prospective study with pre-post intervention | 473 | * Rate of CAUTIs at the setting where the study was conducted went down after the intervention.
* Demonstrated that noncomputerized interventions can be used effectively in hospitals without a computer-based catheterization order entry (CPOE).
 | Reminder sticker | Inexpensive and effective |
| Chen et al. | 2013 | RCT | 278 | * Utilization of indwelling catheters was reduced by 22% in the intervention group.
* Intervention reduced the incidence of CAUTIs by 48%.
* Intervention shortened the median duration of catheters insitu.
 | Criteria-based reminder | Performed in 2 respiratory intensive care units in Taiwan |
| Conway, Pogorzelska, Larson, & Stone | 2012 | Cross-sectional national survey  | 415 | * Adherence to Interventions supporting CAUTIs varies based on organizational characteristics.
* Larger hospitals have higher CAUTI rates and were significantly less likely to have at least one CAUTI prevention policy.
 | Bladder ultrasound, condom catheters, catheter-removal reminders, nurse-initiated catheter discontinuation reminders | Only one national survey prior to this study |
| Tillekeratne et al. | 2014 | Pretest-posttest study  | 125 | * Low cost multimodal intervention decreased the rate of CAUTIs to zero tests in the post-intervention phase
* catheter utilization rate decreased after intervention
 | Multifaceted intervention using lectures, reminder signs, and infection prevention routes | Conducted in Kenya. Primary reason for catheterization was decreased mobility and inability to walk to bathroom |
| Apisarnthanark et al. | 2007 | Pretest-posttest | 2,412 | * rate of CAUTIs decreased
* mean duration of urinary catheterization decreased by 9 days
* mean total length of hospitalization decreased by 11 days
* monthly hospital cost for antibiotics decreased by 63% in the treatment group
* hospitalization cost decreased by 58%
 | Face to face reminders and physical | Conducted in Thailand |
| Apisarnthanark et al. | 2012 | Post-test | 22 | * majority of reminders were made to interns
* Inappropriate indications were associated with urinary incontinence and skin breakdowns
* Physicians who were not directly involved in the care of the patients did not write discontinuation orders even after the face-to-face reminder
* 59% unnecessary catheters were removed because of the intervention
 | Systematic face-to-face reminder | No recatheterization after catheter removal |
| Nadelman, Nadelman, & Montecalvo,  | 2015 | Pretest-posttest study | NA | * statistically significant increase in percentage of catheters used for appropriate reasons
* statistically significant increase in discontinuation of unnecessary urinary catheters
 | computer based automated reminders | used computerized reminders for continuation and discontinuation of catheters |
| Mori | 2014 | Retrospective | NA | * intervention decreased indwelling catheter duration
* decreased CAUTI incidence
 | Nurse-driven protocol to discontinue unnecessary catheters | Used Donabedian’s (1998) structure-process-outcome model as the conceptual frameworkPossible increase in dwell time due to not excluding chronic indwelling catheters |
| Elpern et al. | 2009 | Quasi-experimental | 337 | * CAUTI incidence reduced from 4.7/100 days to zero
 | Patients with urinary catheters were identified daily. Face-to-face meetings between staff nurses, investigators and physicians | 11-month observational period, but only 6-month intervention period |
| Loeb et al. | 2008 | RCT | 692 | * Fewer days of inappropriate utilization of indwelling catheters
* Urinary tract infection occurred in 51/269 participants in the stop order group
* Urinary tract infection occurred in 51/252 patients in the control group
* No significant decrease in the incidence of CAUTIs between intervention and control groups
* Catheter utilization decreased in the intervention group
 | Prewritten stop orders placed in the charts of patients with indwelling catheters | Attrition rate high. No additional physician orders needed27 participants in the automatic stop order required recatheterization after removing catheters |
| Unawane et al. | 2013 | Quasi-experimental | NA | * Average duration of indwelling catheter decreased from 3.1 to 1.8 days after implementing the intervention.
* Number of CAUTIs reduced from 7.8 to 3.5 post intervention
 | Face-to-face meetings, documentation for prolonged use, shared list of patients with indwelling catheters | Reminder system implement with the new academic cycle for residents |