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**Impact of Outcome and Process Surveillance on Catheter-Associated Urinary Tract Infection Rates in 12 ICUs of 7 Cities from India: Findings of the International Nosocomial Infection Control Consortium (INICC).**

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**Objective:**

To determine the effect of outcome and process surveillance (intervention) on the rate of Catheter-associated Urinary Tract Infection (CAUTI) infection in 12 intensive care units (ICU) from 7 cities from India.

**Methods:**

An open label, prospective cohort, active CAUTI surveillance, sequential study was conducted on adult and pediatric patients admitted to tertiary-care ICUs. Rates of CAUTI were recorded through applying the definitions provided by CDC-NHSN system. The protocol, forms, and outcome and process surveillance methodology implemented were developed by the INICC. The data collection was performed in the participating ICUs. Data uploading and data analysis were conducted at the INICC headquarters on proprietary software. The hand hygiene compliance and CAUTI rates during baseline were compared to the rate during an intervention period.

**Results:**

The baseline period included the first three months of each medical center in the study; the intervention period lasted a mean of 13 months (range 3-28 months).

During the baseline period, 2,629 ICU patients were enrolled, and 9,848 during the intervention period. Patient's characteristics were similar over the two periods (Cancer, P: 0.6440; Hepatic Failure, P: 0.1266; Abdominal Surgery, P: 0.7265; Trauma, P: 0.7389; Presence of Previous Infection, P: 0.3715; Immuno compromise, P: 0.0531).

Hand-hygiene compliance improved from baseline to intervention period (77.4% vs 82.3% [RR, 1.06; 95% CI, 1.01-1.11; P: 0.01]).

The rate of CAUTI per 1,000 catheter days during the intervention period was significantly lower than during the baseline period, 4.2 (26/6,201) vs 1.3 (47/36,498) CAUTI per 1000 catheter days (RR, 0.31; 95% CI, 0.19-0.50; P< 0.01).

**Conclusion:**

Outcome and process surveillance resulted in a significant reduction of the CAUTI rate.