**S-2 Table. Three specific infection control initiatives with a summary of potential impacts of each on the HCW, the patient and the community**

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|  | **Hand Hygiene** | **Antibiotic stewardship** | **Isolation for MDROs** |
| **Health Care Worker** | * Simple | * Average complexity | * Complex |
|  | * High frequency | * Low frequency | * Low frequency |
|  | * Timing can be protocolized | * Timing critical | * Timing critical |
|  | * Low nuisance value | * High nuisance value | * Extreme nuisance value |
|  | * Personal adherence difficult to measure | * Personal adherence difficult to measure without electronic prescribing records | * Personal adherence difficult to measure without direct observation and feedback system |
|  |  | * Prescribing appropriateness difficult to measure unless matched to patient severity index |  |
| **Patient** | * Large individual impact | * Potential negative impacts in using narrow-spectrum agents in some conditions | * No benefit to individual MDRO-infected patient |
|  | * May be difficult to identify in specific patients | * Potential beneficial impact in terms of reduced adverse events (e.g. *C.* difficile) | * Risk of reduced care due to HCW nuisance value |
| **Community** | * Major cumulative benefits | * Cumulative benefits, but difficult to measure with many potential confounders | * Large immediate benefits |
|  | * Measurement generally based on multiple cross-sectional audits rather than individual reporting | * Difficult to match adherence with beneficial impact |  |