**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
 |  |