**Online Supplement 2: Focus Group Quotations**

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|  | **Focus Group** | | |
| **Quote** | **EVS** | **MD** | **Nrsg** |
| Q1: …if it’s not the primary complaint of the patient or the reason that they come in, it might not get asked until the next day. |  | √ |  |
| Q2: I would be lying if I didn't say that at some point, I've ordered C-Diff for people and been like, oh, really? Because then everybody has to wear gowns and wash their hands and stuff. So I'd be lying if there wasn't a little bit of, do you really think that's C-Diff? |  | √ |  |
| Q3: And between you and your patient too, you know, because sometimes they don't want to bother you by telling you, oh, I went to the bathroom ten times. …Diarrhea isn't a comfortable thing to talk about. So maybe they're embarrassed. Just can't really change the stigma of diarrhea |  |  | √ |
| Q4: Is that something that's experience or education?  It's experience, I think. Experience, yeah. For the smell. That smell and that grainy look. |  |  | √ |
| Q5: EMR, yes, it’s an easy test to [order]. |  | √ |  |
| Q6: What happens if we're talking about unit variability for float nurses?  Yeah, some breakdown in communication can happen. Or just being aware of what the policies are, and I think float nurses kind of have to do that. If they're, you know, they have to follow it by the book and kind of take away those unit-specific things.  Is there any way that that's imparted to them, to a float nurse?  It's hard. They’re kind of like, here's your assignment, go off on your own. … So they need to know the unit practice, but that's not always realistic. Yeah. Well, and it would be interesting like if a float nurse is used to ordering it and then they come to unit and they try to order it, or they, you know, but then they get put down for ordering it. Or maybe a physician says, why did you order it, and gets upset with them, you know, that might be a deterrent to them ever wanting to try and order it again. |  |  | √ |
| Q7: I don't find too many people on our unit take it lightly. It's kind of like, we really don't want that here, and, you know, even if someone does have a lot of diarrhea, sometimes they'll even just throw a gown on anyway because it's like, I don't want that on me. |  |  | √ |
| Q8: I feel like a lot of in, like learning or a lot of like being an intern is modeling behavior. And you just learn by repetition, not necessarily always asking. Because, to be honest, you feel like a lot of times it's everybody else. It must be obvious. I mean, everybody else is doing it. …I mean, I don’t want to look like an idiot. I already look like an idiot on a daily basis now, so I'm not going to ask. You know, so you don't ask about simple things like does this person need to be in precautions? What type of precautions, whether it's C-Diff or some other? So I think sometimes you just try to model behavior and hope that it's the right behavior until you figure it out. So that's not necessarily the best way. |  | √ |  |
| Q9: … to patients, maybe if it's their first-ever admission and we're all coming in in gowns and masks or whatever, just the intimidation factor.. |  |  | √ |
| Q10: …you can just chat with nursing staff. Hey, I'm concerned about this guy for C-Diff, possibly. Can we just get the stuff out here, put the sign on the door? … So you give them like a verbal order to say, I might want this patient on isolation. |  | √ |  |
| Q11: it's a good system, essentially, like even if you don't place the order, … you can just chat with nursing staff. Hey, I'm concerned about this guy for C-Diff, possibly. Can we just get the stuff out here, put the sign on the door? And so it happens quickly, and so it doesn't even have to be an order so that it's official. So that's a benefit. |  | √ |  |
| Q12: I don't actually know the evidence on isolation like preventing C-Diff spread. I've heard wash your hands is good, but the gowns, I've heard, isn't helpful... |  | √ |  |
| **Quote** | **EVS** | **MD** | **Nrsg** |
| Q13: They take the gown off, but, and then they don't wash their hands because they're like, I didn't touch anything. |  |  | √ |
| Q14: One obstacle we haven't mentioned yet, but this happens to me all the time, because I have a lot of isolation rooms, is … the doctors and nurses … on their rounds. You get all gowned up and masked up and everything and you're ready to go in and get all your stuff laid out, and then they come up. And then, [I]… have to stop what I'm doing and exit. | √ |  |  |
| Q15: I walked into a patient who was on isolation … and because … they had a red sign, a yellow sign, a green sign. And then I'm like I read the first two, and we were good… I think there's kind of like an information overload. |  | √ |  |
| Q16: I would say three-fourths of our staff is new employees now. … three-fourths of our staff are new hires, under a year. | √ |  |  |
| Q17: there's just confusion on what we save and what we keep. And it is constantly changing, so I'm sure it's impossible to keep up with what you're supposed to keep. |  |  | √ |
| Q18: I've just seen people, various people, do this where they don't put the gloves on. They'll put the gown on, but they'll just hold onto their cuffs of the gown and just, and kind of stand there like this. And then they take the gown off, but, and then they don't wash their hands because they're like, I didn't touch anything. |  |  | √ |
| Q19: if somebody forgets to put the sign up and it's not your patient so you had no idea they were in isolation, that's always great. It's not your patient and there's no sign up, and you go in to get a bed alarm, and it's like, oh, they have C-Diff. |  |  | √ |
| Q20: it makes it difficult to put on gloves right away after you've gelled your hands, because they're like wet |  | √ |  |
| Q21: I always use the sink in the patient room. However, when a group of doctors come in all at once and they're saying, it's important that we really need this to talk to the patient, sometimes we're forced out of the room earlier than we choose to. | √ |  |  |
| Q22: Are you supposed to wash your hands in the room before you walk out, or is it okay to walk out of the room and then wash your hands? |  | √ |  |
| Q23: … things in the room not being clean is those nurse servers, it can be, it's difficult to try to maintain. |  |  | √ |
| Q24: this would primarily be in a discharge, but if it's, if you're in a hurry and you're getting everything done and you're trying to get the room clean and they might be asking you when's the room going to be ready, you might do something you [wouldn’t normally do]. | √ |  |  |
| Q25: We also, in the ICU, change the curtains for isolation rooms. And you’ve got to get up on a ladder and you go to undo them and … send them downstairs. | √ |  |  |
| Q26: I did have a lot of problems down in [ICU] with them removing the signs off the doors when the patients were being discharged before housekeeping had gotten there. | √ |  |  |
| Q27: Another way that they let us know is our pager. So, when we go to a discharge, the pager will say, C-diff. | √ |  |  |
| Q28: They [EVS] get a lot of pressure to do it [clean the room] quickly, from us, indirectly, at least. So the quality suffers. |  | √ |  |