**Supplemental Material**

**Questionnaire**

Evaluating Variability in Central Line Associated Bloodstream Infection Reporting Using National Healthcare Safety Network Criteria

1. What type of facility do you work at?
	1. Academic medical center
	2. Community hospital
	3. Critical access hospital
	4. Other
		1. Please specify:
2. How many beds do you have?
	1. <100
	2. 101-200
	3. More than 200
	4. More than 400
3. How many infection preventionists does your facility employ?
	1. Free text answer
4. What is your role?
	1. Hospital epidemiologist
	2. Infection preventionist
	3. ID physician
	4. Other
		1. Please specify:
5. If you are an IP, what is your background?
	1. Registered nurse
	2. Medical laboratory scientist/medical technologist
	3. MPH
	4. Other
		1. Please specify:
6. Have you ever attended an NHSN workshop?
	1. Yes
	2. No
7. If you are having trouble determining whether or not a BSI is secondary or a CLABSI, do you:
	1. Write to NHSN outlining the case and ask for their input?
	2. Bring the case to a committee to decide as a group and report based on the group decision?
	3. Ask the hospital epidemiologist or other physician to help decide and report based on physician decision?
	4. None of the above; use the NHSN manual as it’s written and determine based on your interpretation of the definitions.

Please classify the scenarios below as either HAI CLABSI, HAI secondary BSI, or BSI present on admission (POA). When classifying, please assume that the info given is the only information available in the chart and make the determination based on this information.

1. 55 y.o. M admitted 15 days ago with c/o abdominal pain. Found to have a small bowel obstruction, taken to the OR for surgical intervention on HD 2. PICC inserted on HD 3 for TPN. On HD 12, pt developed rigors and fever to 39.5 C. CT abdomen shows a fluid collection in the superficial midline incision. No other fluid collections or abscesses found. Blood cultures drawn on HD 12 grew B. fragilis. Midline incision was opened on HD 13 and serous fluid drained from the wound, no culture taken and note by attending surgeon call the fluid collection a seroma. Would you classify this as:
2. **HAI CLABSI**
3. HAI BSI secondary to intra-abdominal infection
4. BSI Present on admission (POA)
5. 61 y.o. F admitted 12 days ago with respiratory failure. Pt has a history of GERD and peptic ulcer disease, but was otherwise healthy. PICC line was placed at the outside hospital 2 days prior to transfer. 3 days ago, the developed respiratory distress requiring re-intubation. CXR on the same day showed RLL consolidation; P/F ratio was 197. The following day, patient had a fever of 38.6 C, P/F ratio 182, CXR with RLL consolidation. Blood cultures drawn the same day grew S. aureus. Would you classify this as:
	1. HAI CLABSI
	2. **HAI BSI secondary to pneumonia**
	3. BSI Present on admission (POA)
6. 42 y.o. M admitted 20 days ago with bacteremia. Pt has a history of diabetes and renal failure on dialysis. On HD day 1, blood cultures grew MRSA, tunneled line was removed and a PICC line was inserted on HD day 5 for long term antibiotics. Blood cultures on HD 3 and 4 were negative. Three days ago (HD 17) the patient developed a fever to 38.2 and blood cultures grew MRSA. No other tests were performed. Would you classify this as:
	1. **HAI CLABSI**
	2. Secondary BSI
	3. BSI present on admission (POA)

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| **Supplemental Table 1: Comparison of facility characteristics between survey respondents and all potential respondents** |
| Facility Characteristic | Survey respondentsn=411 | All potential respondents n=922 | p-value3 |
| Number of IPs4 | 5 (4) | 4 (4) | 0.15 |
| Number of hospital epidemiologists4 | 1 (1) | 1 (1) | 0.30 |
| Number of hospital beds4 | 500 (500) | 450 (500) | 0.36 |
| Number of ICUs4 | 5 (5) | 4 (6) | 0.07 |
| IP per 100 beds4 | 0.91 (0.41) | 0.86 (0.50) | 0.48 |
| ≤1 IP per 100 beds | 24 (59%) | 57 (62%) | 0.71 |
| Academic medical center | 22 (54%) | 43 (47%) | 0.46 |
| 1Data not available for 1 facility2Data not available for 3 facilities3Pearson χ2 or Fisher’s exact for categorical variables, Wilcoxon rank sum test for continuous variables4median (interquartile range) for continuous variablesIP=infection preventionist, ICU=intensive care unit |