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| **Supplementary Material: Final Codebook and Definitions** | | |
| Dimensions | Code | Definition |
| Significance | Healthcare worker | The significance and impact of an infant being colonized with MRSA on the healthcare worker |
|  | Family and Patient | The significance and impact of an infant being colonized with MRSA on the patient and family |
|  | MSSA versus MRSA | Compare and contrast between the significance of an infant being colonized with MRSA versus MSSA |
|  | Others in Unit | The impact that an infant being colonized has on other patients and families in the unit |
| Sources | Environment | The role which environment plays in MRSA transmission |
|  | Families | Role and influence of parents on *S. aureus* transmission |
|  | Healthcare worker | Role and influence of healthcare workers on *S. aureus* transmission |
| Current Infection Prevention | Environment | Opinions and attitudes about infection prevention strategies currently used by their unit to address environment as a source of transmission |
|  | Family | Opinions and attitudes about infection prevention strategies currently used by their unit to address parents as a source of transmission |
|  | Healthcare worker | Opinions and attitudes about infection prevention strategies currently used by their unit to address HCW as a source of transmission |
| Future Infection Prevention (Opportunities) | Environment | Infection prevention strategies not currently used by their unit to address environment as a source of transmission |
|  | Family | Infection prevention strategies not currently used by their unit to address parents as a source of transmission |
|  | Healthcare worker | Infection prevention strategies not currently used by their unit to address HCW as a source of transmission |
| Contact Precautions | Drifting | Scenarios where they observed others or themselves not following contact precautions and standard infection prevention protocol |
|  | Barriers | Challenges and barriers experienced when attempting to adhere to contact precautions |
|  | Purpose | How HCW explain and conceptualize why they do contact precautions  \*Includes their views on whether it is effective at preventing transmission |
| Decolonization/  Intervention | Impact | HCW beliefs about the effectiveness of decolonization and other infection prevention interventions |
|  | Workflow | How intervention and decolonization procedures impacted normal workflow |
| Universal  Screening | Interest | Do HCW have an interest in knowing their colonization status |
|  | Confidentiality and Stigma | Concerns about breaches of confidentiality and subsequent stigma associated with a positive result |
|  | Missed work | Concerns about being required to miss work due to a positive result |
| Universal Decolonization | Positive | opinions and attitudes in favor of universal healthcare worker decolonization |
|  | Negative | Concerns with and attitudes against universal healthcare worker decolonization |

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| **Supplementary Table. Additional exemplar quotes within each coding theme to illustrate findings.** | | |
| **Theme Exemplified by Quote** | **Provider Type** | **Quotes** |
| **Disease Severity** | Bedside Nurse | “I've seen a baby have MRSA sepsis and get extremely sick, so it's not something that you can just ignore or say that it’s just in the community […] I have an appreciation that it can really make an infant very sick, so to me it's concerning.” |
|  | Bedside Nurse | "I think if it’s a healthy room air baby, I don't think it's [MRSA colonization] necessarily that significant. However, it is significant to the other infants in the NICU. I think it's more detrimental to that infant themselves if they're sicker and have central lines, etc. […] What's super significant is, you know, keeping the spread down from one to another.” |
|  | Physician | “The risk of MSSA is lower and MRSA carries more long-term risk […] It’s unclear to me how much benefit we are getting from all the testing.” |
|  | Physician | “I don't feel the same way about MSSA […] I feel that it [screening infants for MSSA] causes a lot of stress for families without necessarily a strong correlation to having subsequent true infection.” |
|  | Bedside Nurse | “It's [personal infection risk] not really a concern of mine […] I do the best that I can to protect myself and make sure that I adhere to the guidelines I am supposed to here so that I feel that I can go home safely to my family.” |
|  | Physician | “Most of us are healthy adults without compromised immune systems - obviously not everyone - so we don't think so much about this causing a big problem for us in the future, whereas I do think it's more important to not spread to another child in the NICU that is at higher risk. So that's why I think of them, before protecting myself.” |
| **Burden of Interventions** | Bedside Nurse | “I do think it's really unfortunate when we have to put a child, especially an older child, on isolation. Because people will stop by and visit a baby that needs the interaction when they're not on isolation and actually go in and talk to the baby […] when they are on isolation, people don't do that as often.” |
|  | Therapist | “I think from a developmental perspective, those that need to be put on precautions, […], the ability to engage interact bond with your infant slash with your parent or caregiver is hindered by having a mask or the gowns are not optimal to work with or slippery if you have a baby on your lap. So, from a developmental intervention perspective, I feel like that hinders their stay. So, it's a difference not medically, it's developmentally.” |
|  | Nurse Leadership | “I think sometimes in our verbiage we can label the patient as ‘dirty’ and that could impact their experience here if the family hears that and doesn't understand what we're meaning or if the patient grows up to be older and doesn't understand what the term is. So, I know that is something quite often that is unfortunately used in in verbiage.” |
|  | Bedside Nurse | “you don't want to be in that room any longer than you have to because you got to take a shower when you come out because you're the ones sweating.” |
|  | Bedside Nurse | “it’s time consuming, I don't have a lot of time when you walk in and your baby's crashing and burning and then it’s (putting on a gown) the last thing on your mind.” |
|  | Bedside Nurse | “I've popped in for three seconds, turned off the pump and then walked out of the room, I can’t rationally in my mind figure out how the MRSA is gonna get onto me if I'm using a gloved hand and I'm not touching anything else in the room.” |
|  | Nurse Leadership | “For wiping down the surfaces, you're supposed to do that at the beginning of your shift and in order for the cleaning product to work and kill the bacteria it has to dry. We're at the beginning of your shift you're super busy you're running for wiping everything down and putting things back before it dries […] I feel like cleaning doesn't get done, it gets missed or forgotten or it's not done to the standard that it should be getting done.” |
|  | Bedside Nurse | “You have so many things to clean, and we do the cleaning in the morning, the busiest time of the day, the beginning of your shift, and surfaces get missed, so your phone or your Vocera or your badges or whatever, those things consistently don't get cleaned.” |
|  | Bedside Nurse | “Probably the most increased workload is the fourth day change out of everything so, but I look at it for doing it to help decrease rates across the board. It's worth the effort […] you're in the wrong profession if you're thinking that the extra work is too much so.” |
|  | Bedside Nurse | “For the day four change-out, I think one of the biggest barriers and challenges, is the lack of available extra bins and extra beds. Those two things, particularly with our census so high, (makes us) not able to time the change and do it all together.” |
| **Sources of Transmission** | Physician | “I will also say that I feel like personally, anecdotally that it likely came from their families, and that families have a sense of distrust of the medical staff when they find out their baby has a resistant bacteria, when in reality we're not screening the families, and they are oftentimes, perhaps just as guilty as us.” |
|  | Bedside Nurse | “I think that the major source is family members because we don't know what their status is, you know, we don't know if they're positive or not […] I feel like we're wearing gloves and we're doing, you know, using universal precautions, but the families aren’t.” |
|  | Bedside Nurse | “Whenever you ask them (families) to wash their hands, they're like ‘well I'm not touching the baby.’ They don't understand that as much as the baby, the concern is with everything in the room or with everything they touched prior to coming into the room.” |
|  | Physician | “I also think that our hand hygiene practices as providers are much better than families. We encourage families to wash their hands when they are coming out of rooms but there's no sink or any kind of mandatory hand washing station in the NICU.” |
|  | Physician | “We send the swabs on Tuesday. We don't get results until Thursday or Friday. So that means for at least three or four days there's multiple people going in and out of their rooms […] we haven’t seen a cluster pop up in a long time, so that would kind of argue against us being the source of transmission.” |
|  | Therapist | “I guarantee you most therapists are not changing their gloves after they listen to a patient. And then they touch the ventilator and then possibly even touch the computer.” |
| **Future Opportunities for Infection Prevention** | Therapist | “We could empower our parents to, if you get here in the morning and you want to wipe your room down before your nurse comes in, please be our guests. We see that they enjoy being able to help with diaper changes and getting the temperatures or feeding so it's just giving them something else to do while they're here.” |
|  | Physician | “I've been an advocate for starting MRSA prevention on the labor delivery service for high-risk women […] I've also advocated strongly for decontamination, home decontamination as part of our initial NICU admission packet for all parents interested especially given the prevalence of Staph in our community.” |
|  | Bedside Nurse | “What about the topic of you know, screening a parent of a patient that's MRSA positive -- you know, maybe you could offer it as a choice to the parent. You know […] your son or daughter tested positive for MRSA. Would you like to be screened and maybe offer them the possibility to be decolonized? […] I wonder if that would help reduce the spread.” |
|  | Bedside Nurse | “That's (healthcare worker screening) a little bit of an invasion of privacy of our coworkers […] I would have to have some really strong research that says that that's an effective way to decrease MRSA rates.” |
|  | Bedside Nurse | “It would be interesting to see those centers that decolonize employees, what the aftereffects of that? Was that beneficial? Then yeah, maybe I'd be more interested in it.” |
|  | Nurse Leadership | “If I got tested, I came back positive I would be worried that the family that I was taking care of their patient knew that I had it and they would say, I don't want that nurse to take care of my baby.” |
| Nurse Leadership | “It’s protecting their personal information as well. I think that (decolonization without screening) would be a better ask of the staff (than screening). You get the same outcome really, probably a better one.” |
|  | Nurse Leadership | “I think my bottom line would just be I wouldn't be willing to do it unless I know I think that needed to be treated. I'm not going to take an antibiotic if it's for nothing.” |
|  | Nurse Leadership | “I know it's already resistant, but I don't know if the use of decolonization methods become so prevalent that then the bacteria become even more resistant. That I guess that would be maybe my concern.” |