TABLES

eTable 1: Survey of ICU and ID Healthcare Professionals Knowledge, Attitudes and Practices for MDR-GNB Infections and Antimicrobial Susceptibility Testing

Domain	Question	Measure
Knowledge	Familiarity with treatment of MDR-GNB: • Bloodstream infection • Hospital-acquired pneumonia • Urinary tract infection	4 point scale from *Not familiar* to *extremely familiar*[a]
Knowledge	Awareness of following for MDR-GNB: • Resistance mechanisms expressed Standard commercial susceptibility testing methods used at NYP (e.g., Vitek). • Specialized susceptibility testing methods used at NYP (e.g., Etest). • Definition for *Contact Isolation* used at NYP	3 options: *Aware*, *Not aware*, and *Not sure*[b]
Knowledge	Following statements true or false: • Standard commercial antimicrobial susceptibility testing for MDR-GNB may be inaccurate. • Carbapenem agents are ineffective therapy for GNB expressing extended spectrum β-lactamases.	3 options: *True, False, Not sure*[c]

	• Tigecycline is treatment option for hospital-associated pneumonia caused by MDR-*Pseudomonas aeruginosa*. • Carbapenem-resistant *Klebsiella* spp. are usually susceptible to quinolone antibiotics. • Quinolone antibiotics exhibit concentration-dependent killing.	
Attitude (Agreement)	Agree or disagree with following: • Antimicrobial susceptibility testing is useful when caring for patient infected with MDR-GNB • MDR-GNB infections are a serious problem in ICUs in the U.S. • MDR-GNB infections are a serious problem in ICUs at NYP. • Limiting use of broad-spectrum antibiotics in ICUs decreases antimicrobial resistance. • Placing ICU patients colonized/infected with MDR-GNB on *Contact Isolation* decreases antimicrobial resistance.	4 point scale from *Strongly disagree* to *Strongly agree*[d]
Attitude (Self-efficacy)	Confident in ability to do the following • Use antimicrobial resistance patterns in the ICU to guide empiric antibiotic therapy. • Interpret results of standard commercial susceptibility tests for MDR-GNB.	4 point scale from *Not confident* to *Extremely confident*[e]

	• Interpret results of specialized susceptibility tests for MDR-GNB. • Use literature to determine optimal treatment strategies for MDR-GNB.	
Attitude (Outcome expectancy)	Importance of following in improving outcomes of MDR-GNB infection • Results of susceptibility testing. • Requiring approval for restricted antibiotics. • Infectious disease consults. • Clinical pharmacist consults.	4 point scale from *Not Important* to *Very Important*[f]
Attitude (Outcome expectancy)	Perceptions of importance to guide management: • Literature searches. • Formal lectures. • Clinical pharmacist consults. • Infectious disease consults. • Educational materials from pharmaceutical industry. • Web-based resources specific to NYP (e.g., local formulary, antibiograms). • Other web-based resources available through NYP (e.g., *Up-to-date*, Micromedex). • Outside web-based resources (e.g., Johns Hopkins guide, MD consult).	4 point scale from *Not Important* to *Very Important*[f]

Practices	Practices when treating MDR-GNB infections: • Request specialized susceptibility tests. • Modify treatment based on susceptibility tests. • Request infectious disease consults. • Treat with combination therapy.	4 point scale from *Never* to *Almost always*[g]

Abbreviations in Table: MDR, multidrug-resistant; GNB, gram-negative bacilli;, ICU, intensive care unit; ID, infectious diseases; NYP, NewYork-Presbyterian Hospital.

[a] Dichotomized: Not familiar/Somewhat familiar vs. Very/extremely familiar

[b] Dichotomized: Aware vs. Not aware/Not sure

[c] Dichotomized: True vs. False and Not sure

[d] Dichotomized: Strongly disagree and Disagree vs. Agree and Strongly agree

[e] Dichotomized: Not confident and Somewhat confident vs. Very confident and Extremely confident

[f] Dichotomized: Not Important and Minimally Important vs. Moderately Important and Very Important

[g] Dichotomized: Never and Sometimes vs. Often and Almost always