

Appendix

Model

The number of cases, Y , for each observation, i , for every hospital, h , follows a Poisson distribution with mean $\lambda[i, h]$.

$$Y[i, h] \sim \text{Poisson}(\lambda[i, h])$$

The log of the mean Poisson rate, with patient-days as the offset, is modelled as the sum of a random year effect, random period effect, and a hospital effect. The hierarchical modelling of the year and hospital effects allow for the year effect to vary by hospital with a variance denoted by σ_{year} .

$$\log(\lambda[i, h]) = \log(\text{patient} - \text{days}[i, h]) + \text{mean}[i, h]$$

$$\text{mean}[i, h] = \text{year.hospital}[s, h] + \text{period.effect}[p]$$

$$\text{year.hospital}[s, h] \sim \text{Normal}(\text{year.effect}[s] + \text{hospital.effect}[h], \sigma_{\text{year}})$$

The mean of the hospital effect is modelled as a function of an overall intercept, the type of hospital (A; non-teaching without ICU, B; non-teaching with ICU, and C; teaching with ICU) and the number of beds in the hospital, as well as a random effect relating the calendar year the hospital entered BACTOT, where g is a pointer to hospital h 's first year in the BACTOT.

$$\text{hospital.effect}[h] = \text{intercept} + \text{beta.typeB} * \text{typeB}[h] + \text{beta.typeC} * \text{typeC}[h] + \text{beta.beds} * \text{beds}[h] + \text{entry}[g[h]]$$

Below are the prior distributions for the random effects.

$$\text{entry}[g] \sim \text{Normal}(0, \sigma_{\text{entry}})$$

$$\text{period.effect}[p] \sim \text{Normal}(0, \sigma_{\text{period}})$$

$$\text{year.effect}[s] \sim \text{Normal}(0, \sigma_{\text{year}}^2)$$

R code

Below is the R code used to fit the model using JAGS. *nhospital* refers to the total number of hospitals. *group.hosp* refers to the year in which a hospital entered BACTOT. *n[h]* refers to the total number of observations available for each hospital. *nyear* refers to the total number of surveillance years for which a hospital has participated in BACTOT. *Togroup* refers to the number of possible years in which new hospitals entered BACTOT. *toperiod* refers to the maximum number of surveillance periods, and *toyear* refers to the maximum number of surveillance years.

```
model{

## Likelihood function
  for(h in 1:nhospital){
    level[h] <- beta.c + b.beds*beds[h] + phi[group.hosp[h]] + b.typeB*typeB[h] + b.typeC*typeC[h]
    risk.hosp[h] <- exp(level[h])
    for(i in 1:n[h]){
      y[i,h] ~ dpois(lambda[i,h])
      log(lambda[i,h]) <- offset[i,h] + mean[i,h]
      mean[i,h] <- gamma[year[i,h],h] + delta.c[period[i,h]]
      y.fitted[i,h] ~ dpois(lambda[i,h])
    }
  }

## Prior specification
  for(h in 1:nhospital){
    for(ii in 1:nyear[h]){
      gamma[ii,h] ~ dnorm(level[h] + gamma.c[ii] , prec.gamma)
      risk.year.hosp[ii,h] <- exp(gamma[ii,h])
    }
  }
  for(i in 1:togroup){
    phi[i] ~ dnorm(0,prec.group)
    risk.group[i] <- exp(phi[i])
  }
  for(p in 1:toperiod){
    delta.c[p] ~ dnorm(0,prec.delta.c)
    risk.period[p] <- exp(delta.c[p])
  }
  for(p in 2:toperiod){
    rr.period[p] <- exp(delta.c[p])/exp(delta.c[1])
  }
  for(i in 1:toyear){
    gamma.c[i] ~ dnorm(0,prec.gamma.c)
    risk.year[i] <- exp(gamma.c[i])
  }
  for(i in 2:toyear){
    rr.year[i] <- exp(gamma.c[i])/exp(gamma.c[1])
  }
  for(i in 2:togroup){
    rr.group[i] <- exp(phi[i])/exp(phi[1])
  }

beta.c~dnorm(0,0.1)
prec.gamma.c ~ dgamma(2,0.01)
```

```
sigma.gamma.c <- 1/prec.gamma.c  
prec.gamma ~ dgamma(2,0.01)  
sigma.gamma <- 1/prec.gamma  
prec.delta.c ~ dgamma(2,0.01)  
sigma.delta.c <- 1/prec.delta.c  
prec.group ~ dgamma(2,0.01)  
sigma.group <- 1/prec.group
```

```
b.beds ~ dnorm(0,0.1)  
b.typeB ~ dnorm(0,0.1)  
b.typeC ~ dnorm(0,0.1)
```

```
rr.beds <- exp(b.beds)  
rr.typeB <- exp(b.typeB)  
rr.typeC <- exp(b.typeC)
```

Table S1. Healthcare-associated Bloodstream Infection Cases, Patient-days and Pooled Incidence Rates for Each BACTOT Surveillance Year, Including Hospitals With no Cases.

<u>Surveillance year</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>Overall</u>
<u>Hospitals</u>	<u>79</u>	<u>79</u>	<u>79</u>	<u>67</u>	<u>56</u>	<u>53</u>	<u>51</u>	<u>51</u>	<u>46</u>	<u>40</u>	<u>79</u>
<u>Cases</u>	<u>2169</u>	<u>2248</u>	<u>2038</u>	<u>1942</u>	<u>1788</u>	<u>1563</u>	<u>1479</u>	<u>1356</u>	<u>1323</u>	<u>1275</u>	<u>17181</u>
<u>Patient-days</u>	<u>4210728</u>	<u>4242444</u>	<u>4197734</u>	<u>3618735</u>	<u>3258880</u>	<u>2986131</u>	<u>2762369</u>	<u>2738324</u>	<u>2506465</u>	<u>2278894</u>	<u>32800704</u>
<u>Pooled Incidence Rate (95% CI)</u>	<u>5.15 (4.94-5.37)</u>	<u>5.30 (5.08-5.52)</u>	<u>4.86 (4.65-5.07)</u>	<u>5.37 (5.13-5.61)</u>	<u>5.49 (5.24-5.75)</u>	<u>5.23 (4.98-5.5)</u>	<u>5.35 (5.09-5.63)</u>	<u>4.95 (4.7-5.22)</u>	<u>5.28 (5.00-5.57)</u>	<u>5.59 (5.30-5.91)</u>	<u>5.24 (5.16-5.32)</u>

95% CI; 95% confidence interval

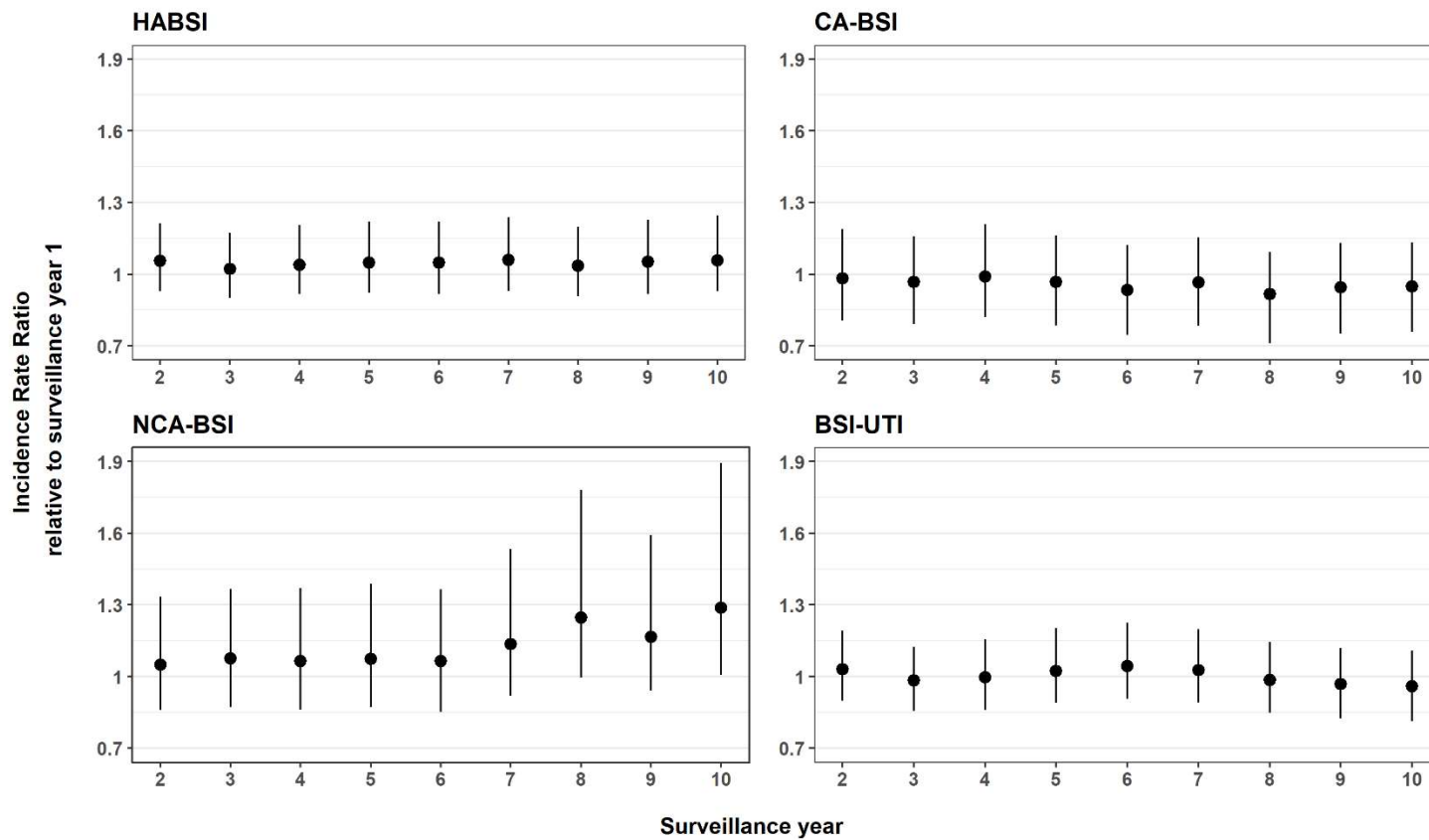


Figure S1. Posterior summaries of the incidence rate ratios of healthcare-associated bloodstream infections and its most frequent subtypes in surveillance years 2-10 relative to surveillance year 1, from all included hospitals. Dots represent the mean and the lines represent the 95% credible interval. HABSIs; Healthcare-associated bloodstream infection, CA-BSI; catheter-associated bloodstream

infection, NCA-BSI; non-catheter associated primary bloodstream infection, BSI-UTI; bloodstream infection secondary to a urinary tract infection.

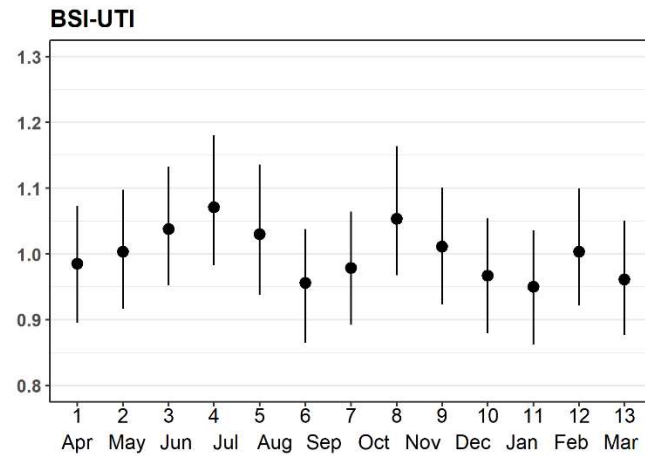
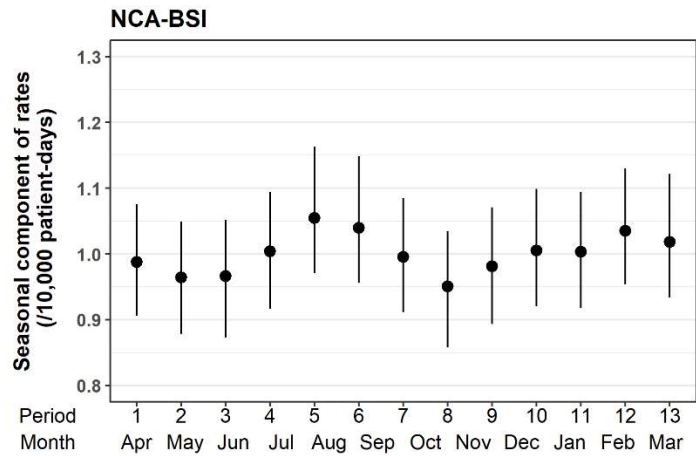
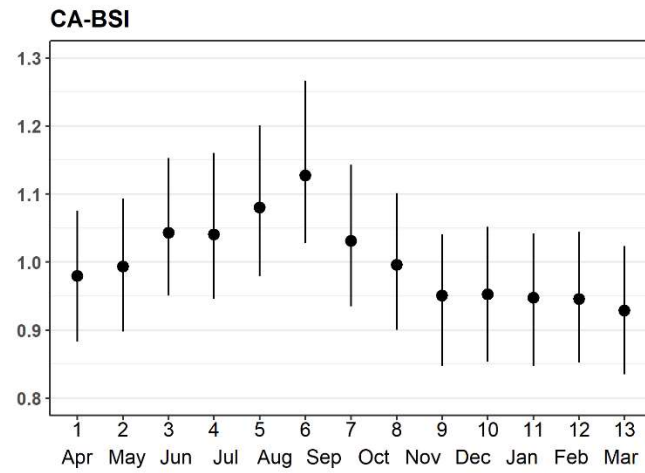
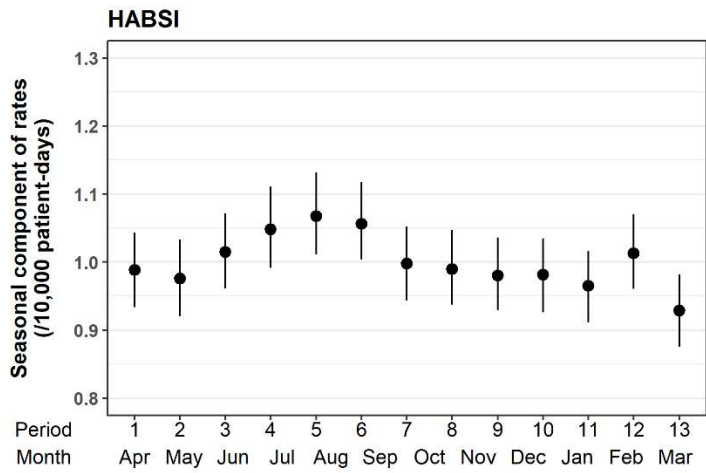


Figure S2. Posterior summaries of the period component of healthcare-associated bloodstream infections and its most frequent subtypes incidence rates from all included hospitals. Dots represent the mean and the lines represent the 95% credible interval.
HABSI; Healthcare-associated bloodstream infection, CA-BSI; catheter-associated bloodstream infection, NCA-BSI; non-catheter associated primary bloodstream infection, BSI-UTI; bloodstream infection secondary to a urinary tract infection.