**Supplemental Table 1. Method(s) used by clinical microbiology laboratories to communicate the results of rapid molecular diagnostic tests (RMDT) for blood cultures and availability of institutional guidelines to assist clinicians in interpretation of test results.**

|  |  |  |
| --- | --- | --- |
|  | **SRN (n=57)** | **CMN (n=90)** |
| **Result communication from clinical microbiology laboratory** | **(n\* = 40)** | **(n\* = 57)** |
| Physician, nurse practitioner, or physician assistant | 28 (70%) | 41 (72%) |
| Antimicrobial stewardship team | 19 (48%) | 31 (54%) |
| Nurse | 13 (33%) | 22 (39%) |
| Other | 3 (8%) | 4 (7%) |
| **Institutional guidelines available** | **(n\*\* = 27)** | **(n\*\* = 31)** |
| Available on the hospital website | 11 (41%) | 12 (39%) |
| Available in the electronic medical record within the result section | 10 (37%) | 12 (39%) |
| Available in a handbook | 8 (30%) | 3 (10%) |
| Available in the electronic medical record in a location other than the result section | 2 (7%) | 8 (26%) |
| Available other than mentioned above | 3 (11%) | 2 (6%) |

\*n represents the number of hospitals in which the clinical microbiology laboratory provided direct notification of RMDT results for positive blood cultures.   
\*\*n represents the number of hospitals with at least one RMDT that provided institutional guidelines for RMDT result interpretation

Abbreviations: CMN, ClinMicroNet Listserv of the American Society for Microbiology; SRN, The Society for Healthcare Epidemiology of America Research Network

**Supplemental Table 2. Frequency of Antimicrobial Stewardship Program (ASP) review of rapid molecular diagnostic tests (RMDT) for blood cultures and the methods by which the ASP becomes aware of RMDT results.**

|  |  |  |
| --- | --- | --- |
|  | **SRN**  **(n\* = 37)** | **CMN**  **(n\* = 52)** |
| **Frequency of RMDT result review by ASP** |  |  |
| Real-time 24 hours/7 days/week | 4 (11%) | 11 (21%) |
| Real-time during business hours/7 days/week | 8 (22%) | 10 (19%) |
| Real-time during business hours/Monday-Friday | 13 (35%) | 14 (27%) |
| At least once a day/Monday-Friday | 6 (16%) | 10 (19%) |
| At least once per week | 2 (5%) | 2 (4%) |
| Other | 2 (5%) | 2 (4%) |
| Unsure | 2 (5%) | 3 (6%) |
| **Method by which ASP becomes aware of RMDT results** |  |  |
| Direct notification from the microbiology laboratory | 23 (62%) | 27 (52%) |
| Commercial antimicrobial stewardship software | 18 (49%) | 18 (35%) |
| Electronic medical record review | 13 (35%) | 19 (37%) |
| In-person manual review at on-site microbiology laboratory | 3 (8%) | 5 (10%) |
| Other | 4 (11%) | 7 (13%) |

\*n represents the number of hospitals with an ASP which routinely reviews the results of RMDT for positive blood culture.   
Abbreviations: ASP, antimicrobial stewardship; CMN, ClinMicroNet of American Society for Microbiology Listserv; RMDT, rapid molecular diagnostic tests; SRN, The Society for Healthcare Epidemiology of America Research Network

**Supplemental Table 3.** **The proportion of institutions with institutional guidelines to assist clinicians in interpreting rapid molecular diagnostic test results for non-bloodstream infections and the proportion of institutions that have restricted the use of these tests.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rapid Molecular Diagnostic Test** | **Institutional Guidelines** | | **Presence of Restriction** | |
| **SRN** | **CMN** | **SRN** | **CMN** |
| Multiplex PCR – Respiratory pathogen panel | 9/47 (19%) | 23/73 (32%) | 8/47 (17%) | 31/73 (42%) |
| Multiplex PCR – Gastrointestinal panel | 15/33 (45%) | 24/53 (45%) | 12/33 (36%) | 29/53 (55%) |
| Multiplex PCR – Meningitis/encephalitis panel | 9/35 (26%) | 20/40 (49%) | 10/35 (29%) | 16/40 (39%) |
| Multiplex PCR – Lower respiratory tract panel | 3/12 (25%) | 5/11 (45%) | 6/12 (50%) | 6/11 (55%) |

\*Denominators represent the number of hospitals with each multiplex PCR test.

Abbreviations: CMN, ClinMicroNet of American Society for Microbiology Listserv, PCR, polymerase chain reaction

**Supplemental Table 4. Diagnostic stewardship: types of restrictions to order rapid molecular diagnostic tests for non-bloodstream infections**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Restriction** | **Respiratory Pathogen Panel** | | **Gastrointestinal Panel** | | **Meningitis/Encephalitis Panel** | | **Lower Respiratory Tract Panel** | |
| **SRN**  **(*n* = 8)** | **CMN  (*n* = 31)** | **SRN  (*n* = 12)** | **CMN  (*n* = 29)** | **SRN**  **(*n* = 10)** | **CMN (*n*= 16)** | **SRN (*n* = 6)** | **CMN**  **(*n* = 6)** |
| Nosocomial vs community infection | 13% | 29% | 50% | 55% | 10% | 13% | 17% | 0% |
| Medical condition | 63% | 61% | 25% | 35% | 30% | 25% | 50% | 67% |
| Recent testing | 50% | 52% | 58% | 66% | 30% | 38% | 33% | 17% |
| Requires approval | 25% | 13% | 8% | 14% | 60% | 50% | 50% | 17% |
| Other | 0% | 23% | 8% | 7% | 20% | 25% | 17% | 0% |

\**n* represents the number of hospitals with restrictions on the ability to order each rapid molecular diagnostic test

Abbreviations: ASP, antimicrobial stewardship; CMN, ClinMicroNet of American Society for Microbiology Listserv

**Supplemental Material:**

**Survey Title: *Assessment of Utilization of Rapid Molecular Diagnostic Tests in Hospitals***

The purpose of this survey is to characterize the utilization of rapid molecular diagnostic tests in hospitals and antimicrobial stewardship program involvement in result communication and interpretation. This survey takes less than 10 minutes to answer. If you work at multiple institutions, please provide answers for your primary institution.

(This sentence only appeared on the survey sent to CMN): For analytical purposes, please ensure only one member from each institution responds.

Thank you for your time answering this survey.

The survey has been determined to be exempt from IRB review by the Institutional Review Board of Weill Cornell Medicine

Click the link below to take the survey

<https://weillcornell.az1.qualtrics.com/jfe/form/SV_0wAkw3cDy9fEgZL>

**Section A: Basic information**

1. At what type of hospital do you work?  
   (different hospital categories are defined at:

<https://www.aha.org/statistics/fast-facts-us-hospitals>)

* 1. Academic, non-profit, non-government hospital
  2. Community hospital, non-academic, non-for-profit, non-government
  3. For-profit, community hospital
  4. State and/or local government hospital
  5. Federal government hospital
  6. Other hospitals (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. How many inpatient beds does your hospital have?
   1. <100 beds
   2. 101-500 beds
   3. 501-900 beds
   4. >900 beds

1. In which region is your hospital located?
   1. Pacific (AK, WA, OR, CA, HI)
   2. Mountain (MT, ID, WY, NV, UT, CO, AZ, NM)
   3. West North Central (ND, SD, NE, KS, MN, IA, MO)
   4. West South Central (OK, TX, AR, LA)
   5. East North Central (WI, MI, IL, IN, OH)
   6. East South Central (KY, TN, MS, AL)
   7. South Atlantic (WV, MD, DC, DE, VA, NC, SC, GA, FL)
   8. Middle Atlantic (NY, PA, NJ)
   9. New England (ME, VT, NH, MA, CT, RI)
   10. Outside of the United States (please specify )
2. What is the population of the area where your hospital is located?
   1. 1 million or more people
   2. At least 250,000 and less than 1 million people
   3. At least 50,000 and less than 250,000 people
   4. At least 10,000 and less than 50,000 people
   5. Less than 10,000 people
3. Which best describes your hospital?
   1. Independent, single institution
   2. Part of a multiple hospital system (health system)
4. Where is your primary clinical microbiology laboratory located?
   1. On-site **(Go to Question 7)**
   2. Off-site, centralized/core laboratory at your health system **(Skip to Question 8)**
   3. Off-site, commercial/reference laboratory **(Skip to Question 8)**
5. What is the highest training background of the microbiology director (or the person responsible for the clinical microbiology laboratory) at your institution? Select all that apply.
   1. MD/DO with specialist training in pathology
   2. MD/DO with specialist training in infectious diseases
   3. DrPH (Doctor of Public Health)
   4. PhD
   5. Master’s Degree
   6. Bachelor’s Degree

**Section B: Molecular Rapid Diagnostic Test in Bloodstream Infection**

1. Does your hospital use any \*rapid molecular diagnostic test(s), either on-site or off-site, for diagnosing bloodstream infections?

\*Rapid molecular diagnostic tests are defined as tests that can identify the organism, determine antibiotic susceptibility, and/or detect resistance mechanisms faster than conventional microbiology methods.

* 1. Yes **(Go to Question 9)**
  2. No **(Skip to Question 16)**

1. What type of rapid molecular diagnostic test(s) does your hospital currently use for the identification of organisms directly from a positive blood culture broth, directly from whole blood (e.g. T2Direct Diagnostics™ platform), or when the bloodstream isolate is recovered in culture on solid media (*e.g.*, matrix-assisted laser desorption/ionization time-of-flight mass spectrometry [MALDI-TOF MS])? Please specify if the test(s) is performed on-site or off-site. If you do not use that test, then chose “Don’t use”.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | On-site | Off-site | Don’t use | Unsure |
| **a**. Multiplex PCR (*e.g.*, BioFire Diagnostics, LLC, FilmArray system; Cepheid, Inc., Xpert system) |  |  |  |  |
| **b**. Microarray-based test (*e.g.*, Luminex Corporation, Verigene system) |  |  |  |  |
| **c**. Peptide nucleic acid-Fluorescent *in situ* hybridization (PNA-FISH) |  |  |  |  |
| **d**. MALDI-TOF MS directly from positive blood culture broth |  |  |  |  |
| **e.** MALDI-TOF MS of organisms recovered on solid media after subculture from blood culture broth |  |  |  |  |
| **f**. Magnetic resonance (*e.g.*, T2 Biosystems, Inc., T2Direct Diagnostics system) |  |  |  |  |
| **g**. Rapid FISH/phenotypic-based antimicrobial susceptibility testing (AST) (*e.g.*, Accelerate Diagnostics, Inc., PhenoTest BC Kit) |  |  |  |  |
| **h**. Other (please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |  |  |  |  |

1. What was/were the most important factor(s) in your institution’s decision to adopt rapid molecular diagnostic test(s) for diagnosing bloodstream infections? Select up to 3 choices.
   1. Technological innovation
   2. Improvement of laboratory efficiency
   3. Improvement in clinical outcome (*e.g.*, length of stay, mortality)
   4. Laboratory cost savings
   5. Overall healthcare system cost savings
   6. Improvement in antimicrobial usage
   7. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )
2. When a positive blood culture is detected, are there guidelines providing recommendations for optimization or de-escalation of antimicrobials based upon the rapid molecular diagnostic test results? Select all that apply.
   1. Yes, it is available in the electronic medical record within the test result section
   2. Yes, it is available in the electronic medical record in a location other than the result section
   3. Yes, it is available on the hospital website
   4. Yes, it is available in a handbook
   5. Yes. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )
   6. No
3. In addition to the result being posted in the medical record, does the clinical microbiology directly notify (*e.g.*, by phone call) a healthcare worker of the results (either some or all) of rapid molecular diagnostic tests for positive blood culture (*e.g.*, identification of the organism)?
   1. Yes (**Go to Question 13)**
   2. No **(Skip to Question 14)**
4. To whom does the clinical microbiology laboratory give the rapid molecular diagnostic test result for positive blood cultures? Select all that apply.
   1. Physician, nurse practitioner, or physician assistant
   2. Nurse
   3. Antimicrobial stewardship team
   4. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )
5. After implementing rapid molecular diagnostic tests for diagnosing bloodstream infections, has your institution performed any evaluation of their impact?
   1. Yes **(Go to Question 15)**
   2. No, but we are currently performing an evaluation or have a plan to perform an evaluation in the next 6 months **(Skip to Question 17)**
   3. No, and we have no plan to perform an evaluation in the next 6 months **(Skip to Question 17)**
6. What impact, if any, has your institution observed after implementation of rapid molecular diagnostic test(s) for diagnosing bloodstream infections? Select all that apply.
   1. No impact observed
   2. Shortening the time to de-escalation of antibiotics
   3. Reduction of length of stay
   4. Reduction of mortality
   5. Laboratory-based cost reduction
   6. Overall hospital/health system cost reduction
   7. Improved lab efficiency
   8. Laboratory-based cost increase
   9. Overall healthcare system cost increase
   10. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

* **If you answered “No” to Question 8, please go to Question 16**
* **If you answered Questions 8-15, skip to Question 17**

1. If your hospital does not use any rapid molecular diagnostic tests for diagnosing bloodstream infections, which of the following factors contributed to that decision? Select up to 3 choices.
   1. High cost of new technology
   2. Lack of sufficient insurance reimbursement
   3. Lack of sufficient laboratory technologists
   4. Lack of space for instrument installation
   5. Lack of evidence of clinical outcome benefits
   6. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
2. Does your hospital plan to implement any of the following rapid molecular diagnostic tests for diagnosing bloodstream infections in the next 6 months? Select all that apply.
   1. Multiplex PCR (*e.g.*, BioFire Diagnotics, LLC, FilmArray system, Cepheid, Inc., Xpert system)
   2. Microarray based test (*e.g.*, Luminex Corporation, Verigene system)
   3. Peptide nucleic acid-Fluorescent *in situ* hybridization (PNA-FISH)
   4. MALDI-TOF MS
   5. Magnetic resonance (*e.g.*, T2 Biosystems, Inc., T2Direct Diagnostics system)
   6. Rapid FISH/phenotypic-based antimicrobial susceptibility testing (AST) (*e.g.*, Accelerate Diagnostics, Inc., PhenoTes BC Kit)
   7. No plan to implement any rapid molecular diagnostic test
   8. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Section C: Rapid molecular diagnostic tests used for non-bloodstream infection**

1. Which of the following rapid molecular diagnostic tests does your hospital currently use for the identification of organisms associated with non-bloodstream infections? Please specify if the tests are performed on-site or off-site. If you do not use that test, then chose “Don’t use”.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | On-site | Off-site | Don’t use | Unsure |
| **a**. Multiplex PCR - Respiratory pathogen panel |  |  |  |  |
| **b**. Multiplex PCR - Gastrointestinal panel |  |  |  |  |
| **c**. Multiplex PCR - Meningitis/encephalitis panel |  |  |  |  |
| **d.** Multiplex PCR – *Mycobacterium tuberculosis*/rifampin resistance (*e.g.*, Xpert MTB/RIF, Cepheid, Inc.) |  |  |  |  |
| **e.** Multiplex PCR - Lower respiratory infection multiplex PCR panel (*e.g.*, BioFire Diagnostics, LLC, FilmArray Pneumonia Panel) |  |  |  |  |
| **f**. MALDI-TOF MS of organisms recovered on solid media |  |  |  |  |
| **g.** *Clostridioides* (formerly *Clostridium*) *difficile* stool PCR/Nucleic acid amplification test (NAAT) (as either stand-alone test or as part of multi-step testing algorithm) |  |  |  |  |
| **h**. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_) |  |  |  |  |

**Next question Q19 shows up only if Q18 answer indicated to have GI panel**

1. Does your clinical microbiology laboratory report the *C. difficile* result from the Multiplex PCR - Gastrointestinal panel?
   1. Yes
   2. No

**Q20-21 show up only for respondents who utilize respiratory, gastrointestinal, meningitis/encephalitis or lower respiratory infection panels based on the response from Q18.**

1. Does your hospital provide written guidance to assist clinicians in interpreting test results of respiratory, gastrointestinal, meningitis/encephalitis or lower respiratory infection panel? Choose “Don’t use” if your institution doesn’t use the test.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Don’t use | Unsure |
| **a**. Multiplex PCR - Respiratory pathogen panel |  |  |  |  |
| **b**. Multiplex PCR - Gastrointestinal panel |  |  |  |  |
| **c**. Multiplex PCR - Meningitis/encephalitis panel |  |  |  |  |
| d. Multiplex PCR - Lower respiratory infection multiplex PCR panel (*e.g.*, BioFire Diagnostics, LLC, FilmArray Pneumonia Panel) |  |  |  |  |

1. Are there any restrictions to order respiratory, gastrointestinal, meningitis/encephalitis or lower respiratory infection panels (*e.g.,* requires approval from infectious diseases physician to place an order, or order can be placed only for immunocompromised hosts)? Choose “Don’t use” if your institution doesn’t use the test.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Don’t use | Unsure |
| **a**. Multiplex PCR - Respiratory pathogen panel |  |  |  |  |
| **b**. Multiplex PCR - Gastrointestinal panel |  |  |  |  |
| **c**. Multiplex PCR - Meningitis/encephalitis panel |  |  |  |  |
| **d.** Multiplex PCR - Lower respiratory infection multiplex PCR panel (*e.g.*, BioFire Diagnostics, LLC, FilmArray Pneumonia Panel) |  |  |  |  |

**Q22-25 show up only for respondents who answered yes to Q21 (a-Yes then go to Q22, b-Yes then go to Q23, then c-Yes then go to Q24, d-Yes then go to Q25).**

1. Based on what condition(s) is the order of Multiplex PCR - Respiratory pathogen panel restricted? Select all that apply.
   1. Nosocomial vs community infection (e.g. restricted to patients with length of stay < x days)
   2. Medical condition (e.g. immunocompromised)
   3. Recent testing (e.g. repeat testing not performed if already tested within 1 week)
   4. Requires approval (e.g. from ID physician)
   5. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
2. Based on what condition(s) is the order of Multiplex PCR - Gastrointestinal panel restricted? Select all that apply.
   1. Nosocomial vs community infection (e.g. restricted to patients with length of stay < x days)
   2. Medical condition (e.g. immunocompromised)
   3. Recent testing (e.g. repeat testing not performed if already tested within 1 week)
   4. Requires approval (e.g. from ID physician)
   5. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
3. Based on what condition(s) is the order of Multiplex PCR – Meningitis/encephalitis panel is restricted? Select all that apply.
   1. Nosocomial vs community infection (e.g. . restricted to patients with length of stay < x days)
   2. Medical condition (e.g. immunocompromised)
   3. Recent testing (e.g. repeat testing not performed if already tested within 1 week)
   4. Requires approval (e.g. from ID physician)
   5. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
4. Based on what condition(s) is the order of Multiplex PCR – Lower respiratory infection panel (*e.g.*, BioFire Diagnostics, LLC, FilmArray Pneumonia Panel) restricted? Select all that apply.
   1. Nosocomial vs community infection (*e.g.*, restricted to patients with length of stay < x days)
   2. Medical condition (*e.g.*, immunocompromised)
   3. Recent testing (*e.g.*, repeat testing not performed if already tested within 1 week)
   4. Requires approval (*e.g.*, from infectious diseases physician)
   5. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
5. Does your hospital emergency department use a point-of-care molecular influenza A & B test (*i.e.*, detection of viral RNA, not viral antigen)?
   1. Yes
   2. No
   3. Unsure
6. Does your hospital plan to implement any of the following rapid molecular diagnostic tests for diagnosing non-bloodstream infections in the next 6 months? Select all that apply.
   1. Multiplex PCR – Respiratory pathogen panel
   2. Multiplex PCR – Gastrointestinal pathogen panel
   3. Multiplex PCR – Meningitis/encephalitis panel
   4. Multiplex PCR - Xpert MTB/RIF
   5. Multiplex PCR - Lower respiratory infection multiplex PCR panel (*e.g.*, BioFire Diagnostics, LLC, FilmArray Pneumonia Panel)
   6. MALDI-TOF MS of organisms recovered on solid media
   7. *Clostridioides* (formerly *Clostridium*) *difficile* stool PCR/Nucleic acid amplification test (NAAT) (as either stand-alone test or as part of multi-step testing algorithm)
   8. No plan to implement any rapid molecular diagnostic test
   9. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Section D: Antimicrobial stewardship**

1. Does your hospital have an \*antimicrobial stewardship program?

\*Antimicrobial stewardship is defined as coordinated interventions designed to promote optimal use of antimicrobial agents, by advocating selection of appropriate antimicrobial regimens.

* 1. Yes, we have an on-site antimicrobial stewardship program **(Go to Question 29)**
  2. Yes, we have an off-site antimicrobial stewardship program **(Go to Question 29)**
  3. No, but there is a plan to implement one in the next 6 months **(Skip to Question 34)**
  4. No, and there is no plan to implement one in the next 6 months **(Skip to Question 34)**

1. Who is part of the antimicrobial stewardship program? Select all that apply.
   1. Infectious diseases specialist physician
   2. Physician not trained in infectious diseases (*e.g.,* hospitalist)
   3. Hospital epidemiologist
   4. Pharmacist trained in infectious diseases
   5. Pharmacist not trained in infectious diseases
   6. Infection preventionist
   7. Clinical microbiologist
   8. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
   9. Unsure

* **Q30-33 shows up only if Q9 is Yes (has rapid molecular diagnostic test)**
* **Otherwise, skip to Q34**

1. Does the antimicrobial stewardship program use clinical decision support software (*e.g.*, Vigilanz, Sentri7, TheraDoc, etc.) to identify intervention opportunities for positive blood cultures based on rapid molecular diagnostic test results?

a. Yes

b. No

c. Unsure

1. Does the antimicrobial stewardship team routinely review positive blood culture results obtained by rapid molecular diagnostic tests?
   1. Yes **(Go to Question 32)**
   2. No **(Skip to Question 34)**
   3. Unsure **(Skip to Question 34)**
2. How often does the antimicrobial stewardship team review the results of rapid molecular diagnostic tests for positive blood culture?

\*Real-time is defined as immediately upon result availability

* 1. Real-time 24 hours/7 days/week
  2. Real-time during business hours/7 days/week
  3. Real-time during business hours/Monday-Friday
  4. At least once a day/Monday-Friday
  5. At least weekly, less than daily
  6. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )
  7. Unsure

1. How does the antimicrobial stewardship program team become aware of the results of rapid molecular diagnostic tests for positive blood cultures? Select all that apply.
   1. In-person manual review at on-site microbiology laboratory
   2. Electronic medical record review
   3. Antimicrobial stewardship software (*e.g.*, Vigilanz, Sentri7, TheraDoc)
   4. Direct notification from the microbiology laboratory
   5. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )
   6. Unsure
2. Please leave any comments to this survey (optional)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This is the end of this survey. Thank you so much for your time and attention.**