Supplementary Materials

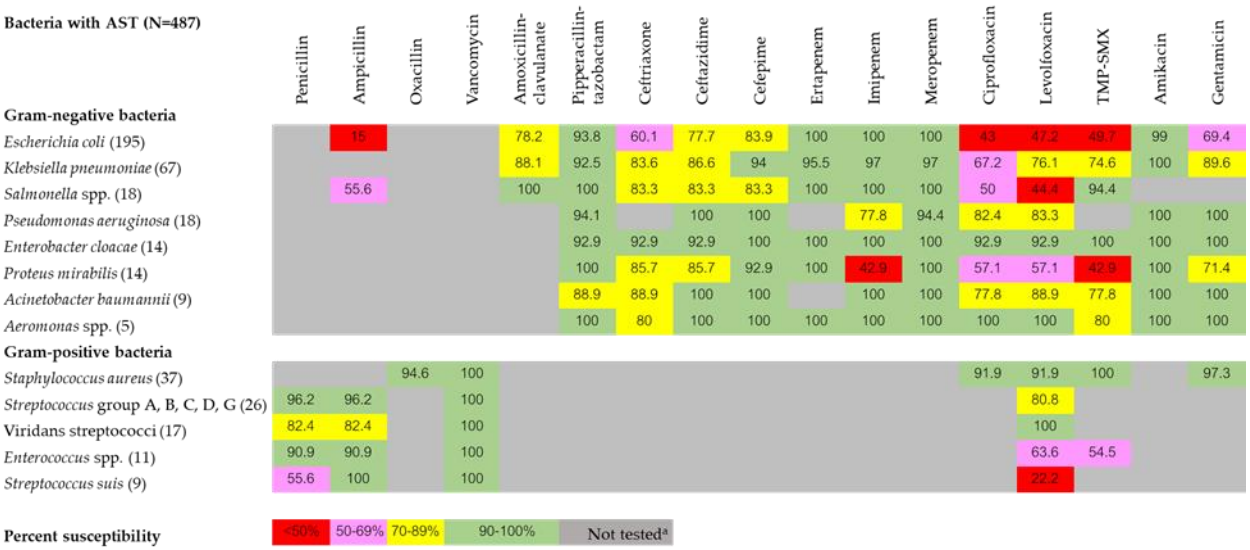

Figure S1. Antimicrobial susceptible percentage of clinical isolated bacteria with ≥5 first isolate counts. Abbreviations: AST, antimicrobial susceptibility testing; TMP-SMX, trimethoprim-sulfamethoxazole.

Table S1. Categories of appropriate and inappropriate antimicrobial use.

Term	Definition
Optimally active coverage (appropriate)	Empirical active antimicrobial treatment based on local antimicrobial guidelines
Broad spectrum active coverage	Empirical active antimicrobial treatment has broader spectrum than in the local antimicrobial guidelines
Inactive spectrum coverage	Empirical inactive antimicrobial treatment according to susceptibility test report
Narrower/simpler antimicrobial is available	Available active narrower spectrum coverage or once daily dosing antimicrobials
Multiple antimicrobials change in 48h	>1 antimicrobial change in 48h, while awaiting for susceptibility test report
Unnecessary double coverage	Combination treatment to cover anaerobes or MRSA in skin and soft tissue infection and biliary tract infection
Shorter duration is possible	Antimicrobials can be stopped in 6-10 days in hemodynamically stable and afebrile patients ≥48 h
Oral step-down treatment is possible	Available active oral antimicrobials in patients with appropriate source control measures, and appropriate clinical response by day 5 of bacteremia

Abbreviations: MRSA, methicillin-resistant *Staphylococcus aureus*.