

S2 Table. Hospital questionnaire on structural and process indicators for assessing ASP capacity in CCTH [52].

	Question	Answer
Code	Infrastructure	2019
I1	Does your facility have a functional Drugs and Therapeutics Committee in the hospital?	yes
I2	Does your facility have a functioning Infection Prevention & Control Committee in the hospital?	yes
I3	Does your facility have a functioning Committee on pharmacovigilance in the hospital?	yes
I4	Does your facility have a microbiological laboratory/division within the facility?	yes
I5	Does your facility have access to microbiological services outside the hospital?	yes
I6	Does your facility have a formal antimicrobial stewardship programme accountable for ensuring appropriate antibiotic use?	yes
I7	Does your facility have a formal organisational structure responsible for antimicrobial stewardship? (eg, a multidisciplinary committee focused on appropriate antibiotic use, pharmacy committee, patient safety committee, or other relevant structure)	yes
I8	Is an antimicrobial stewardship team available at your facility? (eg, greater than one staff member supporting clinical decisions and implementing a comprehensive programme [=set of interventions] to ensure appropriate antibiotic use)	yes

I9	How many full-time equivalent staff (physician, pharmacist, nurse) are part of the antimicrobial stewardship team and running these stewardship activities on a daily basis in your hospital as part of a dedicated antimicrobial stewardship programme?	2 (yes)
I10	Is there a physician identified as a leader for antimicrobial stewardship activities at your facility?	yes
I11	Is there a pharmacist responsible for ensuring appropriate antibiotic use at your facility?	yes
I12	Does your facility provide any salary support for dedicated time for antimicrobial stewardship activities? (eg, percentage of full-time equivalent staff for ensuring appropriate antibiotic use)	no
I13	Does your facility have the information technology (IT) capability to support the needs of the antimicrobial stewardship activities?	yes
I14	Does your facility have an outpatient parenteral antibiotic therapy (OPAT) unit?	no
Policy and Practice		
P1	Does your facility have an antibiotic formulary (including unrestricted and restricted antibiotics) updated continuously?	no
P2	Is your antibiotic formulary based on Essential Drug List?	no
P3	Does your facility have an antibiotic guideline?	yes
P4	Does your facility have a local antibiotic guideline?	no
P5	Are your local antibiotic guidelines based on local antibiotic susceptibility to assist with antibiotic selection for common clinical conditions?	no

P6	Does your facility have a written policy that requires prescribers to document an indication in the medical record or during order entry for all antibiotic prescriptions?	no
P7	Is it routine practice for specified antibiotic agents to be approved by a physician or pharmacist in your facility? (eg, pre-authorization)	no
P8	Is there a formal procedure for a physician, pharmacist, or other staff member to review the appropriateness of an antibiotic at or after 48 hours from the initial order (post-prescription review)?	no
Monitoring and Feedback		
M1	Does your facility monitor whether the indication is captured in the medical record for all antibiotic prescriptions?	no
M2	Does your facility audit or review surgical antibiotic prophylaxis choice and duration?	no
M3	Are results of antibiotic audits or reviews communicated directly with prescribers?	no
M4	Does your facility monitor antibiotic use?	yes
M5	Does your facility monitor antibiotic use defined by grams (Defined Daily Dose [DDD] or counts (Days of Therapy [DOT]) of antibiotic(s) by patient per day?	no
M6	Is monitored antibiotic use reported by hospital activity denominator (by number of admissions/discharges or by number bed-days/patient days)?	no
M7	Has an annual report focused on antimicrobial stewardship (summary antibiotic use and/or practices improvement initiatives) been produced for your facility in the past year?	no

M8	Has your facility produced a cumulative antibiotic susceptibility report in the past year?	no
M9	Is your facility participating in a national antibiotic resistance surveillance programme?	no
M10	Is your facility participating in a national antibiotic use surveillance programme?	no
M11	How many blood cultures have been made in the past year?	NA
M12	List antibiotics out of stock during the survey period	NA
