**Supplementary Material 1.** Antibiotic Heterogeneity Index Categories3

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| AHI Categories | The Percentage of AUD for Specific Class of Antibiotic |
| Recommended to use | <12.5% |
| Off supervision | 12.5% - 20.9% |
| Restriction to use | >20.9% |

Note. AHI, antibiotic heterogeneity index; AUD, antibiotic use density;

The ASP team recommend using the antibiotic regimen for “recommended to use” and “off supervision” categories and recommend against use if antibiotic was in the “restriction to use” category.Adjustment of appropriate antibiotics will consider the history of patient’s drug allergy and the occurrence of MDR-GNB.

*Calculation of antibiotic heterogeneity index AHI, prevalence and incidence of MDR-GNB*

AHI = 1 – {*n*/[2 x (*n* – 1)]} x 𝛴 |*ai* – *bi*|

where *n* = the number of antimicrobial categories; *ai* = 1/*n*, the proportion when the distribution of antibiotic use is uniform (0.2); *bi* = the proportion of the given antimicrobial in the given study period.

1,000 patient days

1,000 patient days

Note: CRE surveillance culture and community-onset ESBL-producing microorganisms were excluded from incidence and prevalence calculation in both units.

*Antibiotic classes for antibiotic heterogeneity index calculation*

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| Intensive Care Unit | General Medicine Unit |
| 1. Third- and fourth-generation cephalosporins  (eg, ceftazidime and cefepime) 2. Fluoroquinolones  (eg, ciprofloxacin and levofloxacin) 3. BLBIs  (eg,piperacillin/tazobactam, cefoperazone/sulbactam, and sulbactam) 4. Carbapenems (eg, meropenem, imipenem, and doripenem) 5. Tigecycline | 1. Third- and fourth-generation cephalosporins  (eg, ceftazidime and cefepime) 2. Fluoroquinolones  (eg, ciprofloxacin and levofloxacin) 3. BLBIs  (eg, piperacillin/tazobactam, cefoperazone/sulbactam, and sulbactam) |

Note. BLBIs, β-lactam β-lactamase inhibitors.