Supplementary Material S2. Flowchart of potential next steps to overcome gaps and challenges in antimicrobial stewardship programs in Asian hospitals

Complete the AMS assessment checklist (Supplementary Material S1) and note down the questions you answered ‘No’ to. Refer to the flowchart below for potential next steps and priorities to overcome the gaps in your hospital AMS program.

If you answered ‘No’ to any of the question indicated below:

**Hospital leadership support**

- Prioritize getting formal support and approval from hospital leadership for AMS activities
- Prioritize getting support for infectious disease and/or AMS training for AMS providers
- If there is no infectious disease specialist to lead the AMS team, the team leader could be another clinician or a pharmacist with an interest in infectious diseases
- Prioritize assembling the AMS team (see Figure 1) and get appropriate time commitment and remuneration for AMS providers
- Define the roles and responsibilities of each team member (see Table 4)

**AMS team and infectious disease training**

- Prioritize identifying the AMS leader and co-leader, and getting appropriate time commitment and remuneration
- Prioritize making the hospital-specific antibiotic treatment guidelines easily accessible (e.g., using the intranet, printed pocket guides and electronic summaries at workstations)

**AMS program interventions**

- Prioritize selecting the AMS interventions (see Table 5) that will help achieve the AMS program goals and can be implemented using available resources
- Prioritize developing and/or implementing hospital-based guidelines for surgical prophylaxis and empiric antibiotic therapy of common infection syndromes
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- Any of S6–S13
- S14
If you answered ‘No’ to any of the question indicated below:

AMS monitoring and reporting

Prioritize selecting a combination of process-related measures and outcome measures (see Table 3) according to local relevance, and accounting for data and resource availability

Prioritize developing a hospital-based antibiogram

- Develop a plan to provide regular feedback to prescribers in an easily interpreted format
- Develop a communication plan for reporting AMS program performance to relevant departments and hospital administration (e.g., quarterly report of antibiotic use data; annual report of total antibiotic use and antibiotic susceptibility data)

Hospital infrastructure

- Prioritize getting adequate microbiology and IT services to support AMS activities

Education

- Prioritize making treatment guidelines and hospital antibiograms easily accessible to prescribers (e.g., using the intranet, printed pocket guides)
- Inform and educate prescribers and other stakeholders about AMS activities
- Provide education on the AMS program as part of orientation for new staff, with regular updates to keep staff informed about any changes to the program

References