

Supplementary Table 1. Diagnostic criteria for infections

Infection	Site of culture	Clinical signs	Also
Blood stream infection (BSI)	At least 2 sets of blood cultures from separate peripheral vein	Fever/tachycardia/hypotension + No further sign of localized infection	
Central line-associated blood stream infection (CLABSI)	2 Sets of blood cultures from catheters and peripheral vein	Fever/tachycardia/hypotension + Exclusion of alternate sources of infection	Catheter-related BSI was defined as a case in which bacteria were detected more than 2 hours earlier than percutaneous blood samples in catheter-related samples.
Coagulase-negative staphylococci were considered to be infectious pathogens when confirmed three or more times in culture.			
Hospital acquired pneumonia (HAP) or ventilator associated pneumonia (VAP)	Sputum culture Or Bronchoalveolar lavage/endotracheal aspirate culture And/or Pneumonia PCR ^a	At least 2 of 3 clinical features: fever, leukocytosis/leukopenia, purulent secretions + New/progressive radiographic infiltrate + Worsening oxygenation	HAP: Pneumonia presents clinically 2 or more days after hospitalization. VAP: VAP is defined as pneumonia occurring more than 48 hours after patients have been intubated and received mechanical ventilation.
Excluded organisms: "Normal respiratory flora," "normal oral flora," "mixed respiratory flora," <i>Candida</i> spp., <i>Staphylococcus</i> spp., and <i>Enterococcus</i> spp.			
Catheter associated urinary tract infection (CAUTI)	Urine culture	Fever/tachycardia/hypotension	Excluded organisms: "mixed flora," coagulase-negative staphylococci, <i>Candida</i> spp.
Any relevant culture sample and pneumonia PCR which caused antibiotic therapy initiation or changing (obtained within 72 hours before or 24 hours after antibiotic starting/modification).			

PCR, polymerase chain reaction.

^aIn hospitals where sputum culture cannot be performed, diagnosis is made based on pneumonia PCR and clinical status.