

Intervention	What it is
Persuasive (education)	<ul style="list-style-type: none"> - Educational meetings (e.g., basics on antibiotic use, case-based discussions, morbidity and mortality, significant event analysis, lectures on specified topics). - Distribution of and training on educational material (e.g., clinical practice guidelines). - Using local key opinion leaders (champions) to advocate for key messages. - Reminders provided verbally, on paper or electronically. - AMS e-learning resources made available to all health care personnel. - AMS education as part of continuing medical education.
Persuasive (feedback)	<ul style="list-style-type: none"> - Audit with feedback to prescribers on their prescribing practice. - AMS as a component of ward rounds (real-time feedback with educational component). - Patient handover meetings between two shifts with real-time feedback by consultants. - Local consensus processes for changes in antibiotic treatment or surgical prophylaxis.
Restrictive	<ul style="list-style-type: none"> - Formulary restrictions. - Restricted prescribing of identified antibiotics (expert approval prior to prescription) (see Annex V). - Compulsory order forms for targeted antibiotics. - Automatic stop orders (e.g., after a single dose of surgical prophylaxis). - Selective susceptibility reporting from the lab.
Structural	<ul style="list-style-type: none"> - Rapid laboratory testing made available - Therapeutic drug monitoring