Supplementary Table 2: Research definitions.

Condition	Extent of audit	Research criteria:
Acute lower gastrointestinal bleeding	Review of clinical notes and endoscopy results	Documented clinical diagnosis of lower gastrointestinal bleed within four weeks of symptoms of active infection (ie, diarrhoea). All bleeds in setting of confirmed acute infection, irrespective of potential underlying chronic pathology such as haemorrhoids or diverticulosis were included.
Severe lower gastrointestinal bleeding	Review of clinical notes and endoscopy results	A subset of those with a documented clinical diagnosis of lower gastrointestinal bleeding, which also had a haemoglobin drop of >30gm/L (either from baseline level or between admission haemoglobin and lowest haemoglobin during admission).
Colitis	Review of imaging and/or endoscopy result and/or histology	Documented clinical diagnosis of colitis or Endoscopy report documenting presence of mucosal inflammation with or without compatible histology or abdominal imaging consistent with colonic inflammation.
Toxic mega colon	Review of imaging and clinical notes	Documented clinical diagnosis of toxic mega colon or non-obstructive colonic dilation greater than 6cm reported on AXR or CT imaging with signs of systemic toxicity.
Dehydration	Review of clinical notes	A clinical diagnosis of dehydration at admission or discharge or documentation that intravenous fluid bolus was given on admission.
Electrolyte disorders on admission	Review of laboratory results	Hypokalaemia <3.5mmol/L Hyponatremia <135mmol/L Hypernatremia >145mmol/L

Supplementary Table 2: Research definitions (continued).

Condition	Extent of audit	Research criteria:
Acute kidney injury	Review of laboratory results	Acute kidney injury definition: KDIGO's serum creatinine criteria for acute kidney injury: Stage 1: Increase in SCr of ≥0.3mg/dL (26.52umol/L) within 48 hours or increase in SCr 1.5 to 1.9 times baseline which is known or presumed to have occurred in the prior seven days Stage 2: Increase in SCr to 1.0 to 2.9 times baseline Stage 3: Increase in SCr to 3.0 times baseline or increase in serum creatinine to ≥4.0mg/dl (≥353.6umol/l) or Initiation of renal replacement therapy *Operational definition of baseline creatinine:* The baseline Cr is an *outpatient* reading within 365 days of the current admission date; if multiple pre-hospitalization values are available, the one closest to the date of hospital admission will be used. If an outpatient pre-hospitalization value is not available during the 365 days prior to admission date, the lowest Cr value obtained during the current hospitalization should be taken as the baseline.
Bacteraemia	Review of laboratory results	*Campylobacter* species isolated from blood culture