## Supplementary Material for

## Implementation of a virtual ward as a response to the COVID-19 pandemic

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Table S1. Patient survey questions and response options

Table S2. Staff survey questions and response options

Table S3. Staff semi-structured interview guide

Table S4. Patient experience survey themes

Table S5. Staff interview and staff survey themes

Qu	estion	Response options				
1.	I used the following device for my virtual	Mobile phone, home phone, not				
	appointment.	answered				
2.	I am the	Patient, Carer, Not Answered				
3.	My age is	Under 18, 18-24, 25-39, 40-54, 55-69,				
		70-84, 85+, Prefer not to say, Not				
		answered				
4.	I describe my gender identity as	Male, Female, Other, Prefer not to say,				
		Not Answered				
5.	I am of Aboriginal and Torres Strait Islander	Yes, No, Prefer not to stay, Not				
	origin	Answered				
6.	The language I speak mainly at home is	English, A Language other than				
		English, Prefer not to say, Not				
		Answered				
7.	I understood how and why I was being	Yes, No, Not Answered				
	contacted and monitored by the Virtual Ward					
8.	My appointment occurred at the approximate	Yes, No, Not applicable, Not Answered				
	scheduled time					
9.	During my appointment I communicated with	Administration officer, Doctor, Nurse,				
		Pharmacist, Social Worker, Not Sure,				
		Not Answered				
10.	I felt comfortable sharing sensitive and	Strongly agree, Agree, Neither				
	personal information even though I wasn't	disagree nor agree, Disagree, Not				
	there 'in-person'.	Applicable, Not Answered				
11.	My virtual experience was	Very Good, Good, Poor, Very Poor,				
		Not Answered				
12.	How could we have made your virtual	Free text response				
	experience better					
13.	What are the advantages of a virtual	Free text response				
	appointment over attending ""in-person"					
14.	What are the disadvantages of a virtual	Free text response				
	appointment over attending "in-person"					
15.	Do you have any other feedback or	Free text response				
	comments					

Table S1. Patient survey questions and response options

Qı	lestion	Response options				
1.	Which discipline do you belong to	Medicine, Nursing, Allied Health,				
		Administration, I would prefer not to answer				
2.	How was your time as Virtual Ward	Positive, Neutral, Negative, Not Answered				
	team member					
3.	Did you believe you provided a	Yes, No, Undecided, Not Answered				
	quality service					
4.	Within the Virtual Ward, were the	Yes, No, Undecided, Not Answered				
	lines of escalation clear					
5.	Did you feel supported during your	Yes, No, Undecided, Not Answered				
	time in the Virtual Ward					
6.	Would you return to work at the	Yes, No, Undecided, Not Answered				
	Virtual Ward?					
7.	Would you recommend others to	Yes, No, Undecided, Not Answered				
	work on the Virtual Ward?					
8.	What do you think was done well?	Free text responses				
9.	What could have been done better?	Free text responses				
10	. Any other feedback or comments?	Free text responses				

Table S2. Staff survey questions and response options

RE-AIM DOMAIN	CFIR DOMAIN	QUESTION			
Implementation	Intervention	Can you describe for me the change that was introduced?			
	Characteristics	Prompt: what were the key features?			
		Can you tell me why this change was introduced?			
		Who do you think was intended to benefit from this change?			
		What had to happen to make this change possible?			
		Prompt: cost, staffing, service duplication, patient cohort etc			
Implementation	Process	How was this change introduced?			
		Did the change go as planned?			
		Prompt: If not, what was different? Why?			
		What barriers to change did you encounter?			
		How were these barriers overcome?			
Adoption	Inner Setting	How did internal stakeholder and staff respond to the change?			
	Outer setting	How did the stakeholders external to your team/service line/organisation respond??			
Maintenance	Intervention Characteristics	Can this service change continue to be delivered in this format consistently moving forward?			
		Why/why not?			
		What changes are required to maintain this model of care?			

## Table S4. Patient experience survey themes

Theme	Improvements	Advantages	Disadvantages	Free text feedback
1	Contact- modality	Home based care	Feeling of disconnect	Improvement - discharge process
2	Contact- frequency	Convenient	Nil face to face contact	Improvement - timing of contact
3	Contact- timing	Daily support available	Contact timing inconsistent	Improvement - communication
4	Discharge criteria	Reduced transmission	Information inconsistent	Improvement – information provided
5	Staff knowledge	Appropriate care	Lack of personal care	Positive – general care
6	Follow up post discharge		Lack of physical assessment	Positive - information
7	Information provided			Positive - support
8	Retesting procedures			Positive - communication
9	Staff consistency			
10	Staff identification			
11	Equipment			
12	Care not required			

## Table S5. Staff interview and staff survey themes

Theme	Change introduced	Drivers of change	Benefit of change	Process to design the change	Process to introduce change	Implemented as intended	Barriers	Approach to overcome barriers	Team acceptance	Stakeholder acceptance	Ongoing maintenance	Future changes
1	Centralised virtual ward	Capacity management	Patient - care at home	Brainstorm	Command and control	As intended	Speed of implementati on	Trust	Positively received	Positively received	Acceptable model of care	Appropriate element of remote monitoring for at-risk groups
2	Redeployed workforce	Highly infectious patients	Psychosocial support	Identification of workforce, space and infrastructure	Existing relationships	Fewer patients than anticipated	Communicati on with external stakeholders	Command and control	Increased trust	Concern with the pace of change	Adapt to different patient cohorts	Dual notification of positive results
3	Available infrastructure	Increasing demand	Health system capacity	Model of care design	Agile cycles of change	Finished earlier than anticipated	Rapidly changing information/ guidelines	Expert advice and networks			Proximity to acute care	Rapid scalability
4	Results management approach	Procedures and processes	Reduced resource (PPE) use	Key stakeholder consultation	Trust	No - IT platform for central medical records not delivered	IT platform	Paper based				Option for face to face assessment at home
5	Risk stratification model	Clinical governance	Increased workforce capacity				Inability for dual notification process (PHU+VW)	Clinician to clinician referral				
6	Virtual assessment	Hospital capacity	Reduced cost									
7	Escalation pathways	Isolation compliance	Reduced community transmission/ risk of infection									

Staff sur	Staff surveys						
Theme	Done well	Improvements	Free text feedback				
1	Culture	Consistency of information	Positive - teamwork				
2	Management support	General orientation	Improvement- streamline follow up				
3	Patient journey	Staff expertise	Positive - culture				
4	Staff roles	Management support	Improvement - processes				
5	Teamwork	Processes					
6	Communication	Resources					