

Impacts of the early COVID-19 response on allied health staff within an Australian tertiary health service: a qualitative study

Supplementary file 1: Semi-structured interview guide

Interview guide: Clinician participants (first round interviews)

Domain	Example questions
<p>1) Impact of COVID on staffs' work (workload, work location, role) and patient care (care provision/service delivery)</p>	<p>Did you experience any changes in how you do your job? Eg; different role, work from home, workload amount etc. Prompts:</p> <ul style="list-style-type: none"> • What was your experience of these work changes? • What impact did this have on you personally? • What changes impacted you most and why? • Do changes meet patient needs? • Any concerns about changes? Or unexpected benefits? • Impacts on colleagues, department or work area? • Have work processes in your clinical area returned back to pre-COVID? If not, are they expected to?
<p>2) Innovations and work arrangements that benefited patients, staff or departments/GCHHS more broadly.</p>	<p>What new systems, processes or other innovations were introduced that you found useful / that may be beneficial for 'usual' care/ work? (e.g. telehealth, virtual wards, remote meetings etc.) Prompts:</p> <ul style="list-style-type: none"> • How are they used/delivered? • What supports, materials or tools were available to help you implement/use the innovation? • Did you need to make any alterations or changes to the innovation for it to work more effectively <p>Is this service change or innovation better than the previous way of working? Why/ why not? Can this service change/innovation continue to be delivered in this format consistently moving forward? Why/why not?</p> <ul style="list-style-type: none"> • Does it fit within our systems/processes? • Is it feasible to continue? • Will it become 'business as usual'? If so, how will you ensure it continues to be effective? <p>Are there any lessons from the pandemic response that we should take heed of (e.g. for standard practice or for future situations)?</p>
<p>3) Service delivery change processes and change management</p>	<p>You mentioned changes to your work. I have some questions about:</p> <p><u>Communication of workplace changes</u></p> <ul style="list-style-type: none"> • How were the changes communicated to you? • Did you feel informed about changes to your workplace? • Were the reasons for the change clearly articulated? • Were you given opportunity to comment on/provide input into the decisions made? <p><u>Implementation of workplace changes</u></p> <ul style="list-style-type: none"> • Who led the change? • How were changes implemented?

	<ul style="list-style-type: none"> Do you have any suggestions to improve how the changes were implemented/managed? <p><u>Response to workplace changes</u></p> <ul style="list-style-type: none"> How did you and your team respond to the changes that occurred in your workplace? How did patients/consumers respond? (if applicable) Are staff willing to adopt this service change? Are patients willing to adopt this service change? <p><u>Impact of workplace changes</u></p> <ul style="list-style-type: none"> Who (eg which patient or staff group) was intended to benefit from the service change? Did they benefit? What changes worked well and why? What didn't work well and why? Do you think the changes are sustainable?
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Interview guide: Manager participants (second round interviews)

Domain	Example questions
Introductory questions	What changes occurred in service delivery or staff mode of work in your area? <i>(After overview elicited, follow up on each as below)</i>
1) Innovations and work arrangements that benefited patients, staff or departments/GCHHS more broadly.	For the specific change (eg telehealth, work from home, etc), <ul style="list-style-type: none"> What did that service change involve? (if not already evident)
2) Impact of COVID on staffs' work (workload, work location, role) and patient care (care provision/service delivery)	What benefits were achieved with this change? How do you know these are benefits? Were there any unexpected consequences? <ul style="list-style-type: none"> What were the impacts on <u>patient</u> care? Do you have any concerns about these changes? Or are there benefits to these changes you didn't expect? What were the impacts on <u>staff working in that area</u>? Do you have any concerns about these changes? Or are there benefits to these changes you didn't expect? (workload, other) What impact did it have on <u>other</u> colleagues, department or work area? Can this service change/innovation continue to be delivered in this format consistently moving forward? Why/why not? <ul style="list-style-type: none"> Have work processes in your clinical area returned back to 'normal'/ pre-COVID? If not, are they expected to? Does it fit within our systems/processes? Is it feasible to continue? Are there any lessons from the pandemic response that we should take heed of (eg for standard practice or for future situations)?
3) Service delivery change processes	<p><u>Communication of workplace changes</u></p> <ul style="list-style-type: none"> How was the need for changes communicated to you?

<p>and change management</p>	<ul style="list-style-type: none"> • How were changes communicated to your staff? • Did clinical staff have involvement in the decision making? • Do you have any observations or concerns about this process? <p><u>Implementation of workplace changes</u></p> <ul style="list-style-type: none"> • Who led implementation of (specific change)? At whose direction? • What supports, materials or tools were available to help implement/use the innovation? • Do you have any suggestions to improve how the changes were implemented/managed? <p><u>Response to workplace changes</u></p> <ul style="list-style-type: none"> • Were staff willing to adopt this service change? How did your team respond? • Were patients willing to adopt this service change? How did patients/consumers respond? <p><u>Change process</u></p> <p>With benefit of hindsight, if you had to do this all again, is there anything you would do differently?</p> <ul style="list-style-type: none"> • If positive: why do you think it went smoothly? • If negative: what might have helped a smoother transition?
<p>Conclusion</p>	<p>In the event of our organisation needing to make rapid changes to service delivery in the future, what are some key aspects that should be considered?</p> <p>Is there anything else you would like to say about your experiences in change management as part of the pandemic response?</p>

Supplementary file 2: Exemplar quotes for thematic analysis of the impacts of the early COVID-19 response on allied health staff within an Australian tertiary health service.

Themes	Exemplar supporting quotes
<p>THEME 1 SERVICE LEVEL: Impacts on service provision</p>	
<p>Workload changes</p>	<p>Because a lot of the [medical specialist] consultants were doing phone reviews as well, they had changed their practice, which meant the patients were actually answering the phone a lot more, which meant we weren't discharging a lot of FTAs [fails to attend] and things like that. It was quite busy. Participant 1</p> <p>We're a busy clinic and sometimes when we do get a fail to attend, we go, 'oh yes, I can actually do my notes', or catch up on a whole lot of stuff, and liaise with all of the other people that we need to keep in the loop. Whereas, if everybody is always coming to their appointments, we were getting busy, sometimes we were leaving work late, we'd come in with unsigned notes from the following day... I was busier than what I ever had been. Participant 11</p> <p>The sessions that we're running are much more intense. So I would do a session of a clinic - say, for example, I would do a morning of telehealth appointments and it would - the amount of sort of managing the documentation, getting - downloading the files that people have sent through. You know, often they would send it through at midnight, the day before their appointment. So you'd have to read that before. Participant 6</p> <p>Just having families with a different - well, they're quite upset. Then having families who are emotionally upset, it's very hard to engage and build rapport and have - discharge planning process is more difficult because they are upset. Participant 19</p> <p>Exhausting though and needing to be very flexible and really prioritise and reprioritise workload. Participant 15</p> <p>So I started my job and sat down with my line manager and said alright, so 0.8 [FTE], I'm here four days a week, cool. I've been handed over a full time caseload though, so like what? What? Participant 9</p> <p>I found it wasn't like super, super busy as such because - like in terms of the patient load because a lot of people are choosing not to come into hospital because of the restrictions around visitation. Participant 17</p> <p>We tried to upskill people in the areas of ICU, oxygen therapy, acute... so that we were prepared. We also skilled - practiced donning and doffing of PPE, so that people understood that process. It kept changing but we practiced that. Participant 25, Manager</p>

<p>Standard of care and perceived impacts on patients</p>	<p>I had patients who had just started a therapy block or were halfway through that couldn't finish due to the closure in March.... it was hard for some patients because they attend other support groups in the community and of course these all stopped too. Participant 10</p> <p>It meant that our bedside assessment wasn't as robust as it could be. Participant 10</p> <p>For patients that have communication difficulties, so hearing, lipreading, verbal, just that communication that you get in person, which you can get to some degree over telehealth, but if they're not able to do videoconferencing or have those resources or support to do that, you'll end up on the phone. There is some degree definitely of language that doesn't get across in a videoconference. Participant 14</p> <p>Because that patient had COVID, and his family couldn't come in at all to give him any – couldn't give him his glasses or hearing aids or clothes or anything that would really help him engage on the ward. Then no-one could visit him, so there's the social isolation. Just – yeah. It was really awful. Participant 19</p> <p>It was really tough for parents, particularly once the visitors had been restricted. If they had a really premature baby born just after that, there was quite a long period of time that no family got to meet this baby. Participant 4</p> <p>We've got a few options for other patients which I think it's a really good thing.... I'm in favour of offering patients choices. Participant 23, Manager</p> <p>I think the telehealth stuff is probably useful for some, the cohort of patients that find it difficult to come into hospital. Not all, but certainly as an option. Participant 25, Manager</p>
<p>THEME 2</p> <p>PERSONAL LEVEL: Impacts on individual staff</p>	
<p>Opportunity Changes</p>	<p>I was just pretty concerned, just because there was a lot of uncertainty and I don't think that I was alone in feeling that by any stretch. But it was just more the staffing issue, I think, that worried me... because the staffing was fluctuating so much -I think from memory we went from being overstaffed to understaffed. It was just a really funny period of time with a lot of change and uncertainty and more so nearing the end of a contract not knowing if it would be extended. Participant 10</p> <p>The other thing that has changed or that has been impacted on for my role is that I have involvement in quite a few research projects and all of them were put on hold for COVID. Participant 16</p> <p>I'm on a contract, so from this year, I did feel that I couldn't really probably stand up for myself as much as I would have normally in a normal circumstance, if I was in a permanent position. Yeah, it was a pretty stressful time, to be honest. Participant 8</p> <p>I wasn't a super spreader, I was a super communicator (laughs) and could share the learnings and the flexibility, the strategies other services were using to manage the situation too. Participant 15</p>

	<p>We presented the telehealth model as a concept that I'd just sort of come up with in - with my supervisor and we were at the very early days of that. We hadn't really thought it through properly, if I'm honest. Yeah, it just seemed to... yeah, there were definitely opportunities. Participant 6</p> <p>It's certainly provided an opportunity to collect information that I didn't plan to collect until much later into my PhD. So it's kind of allowed me to collect that information to answer the questions of my thesis much earlier. Participant 6</p> <p>I didn't get a lot of job satisfaction, but I was mentally prepared for December, worst-case scenario, but it was so lovely in September when we got –we were told we could come back to work. It's an absolute honour and privilege to be back again with people. You know what I mean? You don't know what – you don't – I missed it so much that I was like, I'm never going to complain about my job ever again. It's such an honour. It's different, connecting with people. Participant 18</p> <p>We didn't have as much staff turnover last year. Now that it's settled down, we've had a bit of staff turnover now. But last year, people just stayed in their jobs. I think we realised how lucky we were to have a job. Participant 25, Manager</p> <p>Some feedback from some of these staff members is that they really felt that isolation even more acutely over the period and they were welcoming when the border restrictions were eased and they were able to come into work because of the socialisation provided in the workplace. Participant 26, Manager</p>
<p>Emotional Response, vulnerability and support</p>	<p>When all these changes were happening and the pandemic was increasing and we were making those big changes, my colleague and I, we were part of the vulnerable persons category. We were both pregnant, so, it... an added stress for us was seeing these patients, especially patients that, you know, had infections and things like that, so we felt extra safe that they were making these changes and that we were converting to phones and we didn't have to have that contact with patients. Participant 2</p> <p>Nervous. Definitely nervous. Because I do cognitive assessments that require me to share my pen, for example [passes pen across table to interviewer]. It was like... I don't know if that had been addressed in terms of [infection control]. Participant 19</p> <p>It was just tricky because school was still running, but we didn't have before or after school care, and sorry... (participant is upset). We have in laws that help us out a lot, but also had some chronic health conditions, it was just unknown and just didn't want to put them at risk. Participant 3</p> <p>I was seen to be at high risk. So they just made it OK, well I will stay in the outpatient department as long as possible, and if there's no crazy need for me to do it, I won't be going up on the ward. Participant 5</p> <p>I was immunocompromised... I'd walked into the hospital one day and I'd passed a guy coming in - He was walking in, no mask, no nothing. He said I think I've got COVID, my GP just told me to rock up to the hospital. I basically said that's not a safe place for someone that's immunocompromised to work. I'd been self-isolating at home, my husband had been doing all the groceries, doing everything. I'd been at home going for walks once a day. To think that I, then have to come into an environment where there were COVID cases - I didn't feel safe. I wasn't supported at all. Participant 7</p>

	<p>I'm immunosuppressed, I fell into the vulnerable category, so recommendation from my doctor was to actually work from home if possible. Unfortunately, that wasn't supported... A lot of the documents that came out from the HR level were support working from home where possible. I don't think this was supported, obviously, in my circumstance. I think it was also a bit disappointing that the precedence was set where other members of my particular team were able to work from home, so I don't think that was fair to allow a certain staff member to do so and not myself necessarily. Participant 8</p> <p>My supervisor was providing a lot of support through that. I feel like – I don't think the [discipline] department could have done any more to support [me]. Participant 19</p> <p>Some of the vulnerability now, I'm not 100 per cent sure if it's a vulnerability or not, but you can only manage it based on what medical certificate you get... However, if we're in the grip of crisis like they've been elsewhere, I wonder if they would have been classed as vulnerable. Does that make sense? That's the bit that I'm a bit uncertain about. Participant 24, Manager</p> <p>...then the question comes up around equity for that [working remotely] and all of those ethical bits to the leadership. That's the bit that there was no guidance around... you had to then try and sort of navigate and just apply ethical principles each time... I was just mindful if I was a staff member on the ground and someone was not having to do something that I had, how would that make me feel? Participant 24, Manager</p> <p>I guess because the COVID was the whole new thing, decisions were made in a rush, not really well thought, some people were allowed to work from home, their forms approved or whatnot immediately, but then as there were lots of questions being asked and processes were modified, then it became more difficult when it got to us and the team here. Participant 23, Manager</p>
<p>THEME 3</p> <p>SYSTEMS LEVEL: Process of change management</p>	
<p>Support for work activity</p>	<p>I think within our department, it was relatively smooth because we had extra support from a therapy assistant who was doing lots of our admin-y sort of stuff., which allowed us to still keep our KPIs... if there was any issues, she would be on the phone to IT sorting them out, so we could actually do our job of being a clinician. Participant 11</p> <p>I was phoning them [patients] based on the clinic lists and advising them that their appointments were going to be changed to phone consultations.... I certainly think that having additional administration support to change patients from in-person to phone, so having someone contact the patients [would have been helpful]...when telehealth and the videoconferencing rolled out, having someone more readily available at every clinic to get the telehealth set up, set the patient up for telehealth... at the time of the patient's appointment, contact the patient, make sure they've clicked on a link for the telehealth and get the patient basically in the videoconference ready for the doctors to dial in. Whereas in the clinic that I have been doing, I would have to do that all myself. So I would have to call the patient, send the text message, make sure that they've followed the link. Participant 14</p>

[We] need quite a lot of admin support to be able to set these patients up with this telehealth. It actually needs somebody to phone them and say, this is how to do it. let's have a test run - so that they're ready to go at the point - time of the appointment. When that doesn't happen, that's when it falls down and you don't get the video link and... Participant 6

In my clinic room I have been unfortunate that I didn't have a camera and a microphone, so I tried to use our departmental one. I had ongoing issues with it, and I've ended up just calling the patient and obviously wasted a lot of time from that perspective. It's been quite complicated for me. Participant 2

The current system that I use for telehealth, it's one link and one waiting room, so there's potentially – there is a risk there that multiple patients will dial in to the same videoconference and risk the patient confidentiality. So there is an issue there and it needs to be sorted out... No one has come to me to tell me what that fix is. Participant 14

Technological issues, 'cause sometimes there were and sometimes that impacted our hour long session. So that might mean that we'd only have 50 minutes. Participant 3

I was told that I could ring them [patients] on their inpatient phones that would work at the bedside... Apparently they don't work. That was a challenge. Then I was calling them on their physical mobiles [personal phones] but as you can imagine, some patients take theirs to hospital, some people don't. That was a challenge in itself, just trying to contact a patient. Participant 7

We've always been trying to do it but haven't really done much telehealth at all. The good thing that was helpful was in [area] they got computers with the cameras and microphones, which was always a barrier to doing telehealth. We caught up with the telehealth people and got training on how to set up our links and make sure it would all work. Participant 1

Facilitator: Were you able to get assistance from IT specialist services? Participant: Yeah. I did... We had a priority line. Yes. They were very helpful. They were – and their job was basically to talk to people like me that weren't able to go to work for whatever reason. They were very supportive. Participant 18

Within two hours of trialling work from home, I was able to set up. I had a filed all my papers that you need to do to get it approved. That was very quick response by my team leader saying 'this is an option why don't we try and set it up right?' And it was easy. I was really surprised at how easy it was. Participant 3

I met with the digital engagement people. We had a bit of a briefing about what I wanted to achieve and they went away and had a look at all of the different systems, and came back with that as an example of a system that we could use. Initially, there was a little - they were a great team and they were really enthusiastic about the project. They prioritised it, which was really good. Thanks to them, we got it through really quickly because I don't think I would've been able to do that on my own. Participant 6

There were issues, particularly, I think, when you're then being asked to socially distance and that sort of thing. They're like, well, we're between a rock and a hard place. We've literally got nowhere where we can spread out to. We want to be safe, why - I guess there's a little bit of that, well, do we not matter enough that we need to - that we're all put on top of each other over here but maybe not elsewhere. Participant 20, Manager

	<p>We had several meetings with [Director of Service] and also with the Service Manager in [clinical area] who helped to get things up and running and also kicked in some extra AO [administration officer] resources to help set some of those - that telehealth model up and we've got an extra point two [funding], for example, for that service. A lot of the other staff, we just had to suck up ourselves, and I guess a lot of the clinicians have had to do a lot of that. A lot of the paperwork for setting up the clinics and with the AOs and stuff is very time-consuming, and a lot of our clinicians are doing it themselves. So it's probably not the most efficient way of doing business. Participant 22, Manager</p> <p>We actually also supported people to be offline [from clinical duties] to actually develop the processes and resources and those sorts of things as well. Participant 24, Manager</p>
<p>Communication of information</p>	<p>Sometimes we actually had to sit in the unknown and actually say to the families: we actually don't know at this point in time what that looks like because we haven't – we don't know because it's forever changing. Then trying to tell that to families, it was very difficult not knowing. Participant 18</p> <p>It's just that there wasn't that consistency... I just found that really challenging to understand why if it was [describes patient case], you can have [visitor numbers] but with our unit...I know that we couldn't have 20 people but I just felt that – I don't know, it was just that there just was no consistency. Participant 17</p> <p>I'm just not sure that it's supported by the people that need to support it, and I think I found it really conflicting when we were getting messages from our Prime Minister and our Premier to work from home if we were able to work from home. I'm really confident that the work that I delivered was of a usual high standard, if not higher, at the detriment of my family. Participant 3</p> <p>I knew I was highly at risk...You shouldn't be made to feel - like you're difficult or being challenging when you're just really trying to do the right thing by yourself and your family. I don't think that should be questioned, when it was quite clear from the government that even - people that are immunocompromised should be working from home. Participant 7</p> <p>I think the staff forums were amazing. That was really useful to have our senior exec, I think that was an amazing tool to allay the fears and concerns of the workforce... I think the regularity of emails and the updates were a great resource and the health service managed that really well. Participant 15</p> <p>There is a lot of residual stress in [department]. I know our [discipline] assistant - she still gets a bit panicky around the eyes when we talk about that... and then the patients didn't know what was going on and there were patients that were really distressed... The communication was all very last minute. No one knew anything, it wasn't well organised. Participant 16</p> <p>I think our director communicated that - that everything [research projects] had to be put on hold... it's still so uncertain and it also seems to be a bit unclear or maybe a bit piecemeal the approach to getting things up and running again.... There doesn't seem to be a coordinated, yes, let's get things running again... But I don't know who makes the decisions. If it's my director or if it's further above that or if it's an HHS wide - if it's even possible to say, okay, we're happy for researchers to start looking into whether it's appropriate to start again or not. I don't know, but...I wouldn't know who's the best person to ask about that. Participant 16</p>

	<p>We were caught out a lot. Yeah. Day-to-day. There was a period there - and I don't even remember when amongst this COVID time it was –but there was period there, as I said, where things were changing daily... We really would just come to work and we'd be like, what's [laughter] – I don't know, let's just – we would just have to wing it. Participant 17</p> <p>But it was hard because it was forever changing, and you just – it was hard in the period, it just kept changing... I don't think there was anything else that they [the Health Service] could do because it was changing so much that it was really difficult for them to even know or predict, I suppose. Participant 18</p> <p>I was happy. I could always go to my assistant director to get direction. We got those e-mails daily, as well. Talking to all the staff about it, as well, helps. Participant 18</p> <p>I just appreciate that it'd be really hard because it all happened really quickly and then decisions had to be made really quickly and the ability to disperse that information to everyone... its really hard, particularly in a workplace where people work shift work. I think part of it is the onus on individuals to stay up to date with that information. Participant 4</p> <p>I think it was pretty good. I mean, it was all such an uncertain time. I don't think there was, you know. You know, I think if we have another pandemic then we'll all be, I think it'll be a little better prepared and stuff, but I think at the time I think I didn't feel like I was uninformed or rushed or that. And I didn't feel there was anything wrong with that process. I think they told us and kept us is formed as best as they could as time went, went on. Participant 5</p> <p>The executive team did a good job of providing that online forum for staff. Participant 10</p> <p>I think staff did feel very much in the loop because of those sort of Teams meetings that we had. But other than that, it was just trying to communicate to people via an ad hoc Teams meeting or via email, if there were changes and that sort of thing, as much as possible. Participant 20, Manager</p> <p>But having those consistent conversations with our workforce on our month to month meeting just to make sure that these options are available to everyone and if you believe that your circumstances warrants discussion around flexible work arrangements please see your Assistant Director and have those individual discussions with them. Then that's much more fruitful in terms of providing tailor-made information for individuals according to their set of individual needs as well. Participant 26, Manager</p>
<p>Involvement in decision making</p>	<p>I was just told that I was moving... Facilitator: Were you given any options for different opportunities within the area, or given specific projects? Interviewee: No, I was just told that I was going to be redeployed to this area. Participant 10</p> <p>The person I was reporting to was great and she had said multiple times if you're not enjoying this work, or if there's something else that you would rather be doing, please tell me and I'd be happy to advocate for you to move somewhere else or do something else. So that was good, I was given options in that way. Participant 10</p> <p>I was involved in discussions with the directors of both [units]. Yeah, I think they were pretty good involving me in that as well and we spoke through the various different options as to whether I would join [which unit/team]... Yeah. No complaints. Participant 12</p>

	<p>I felt because I was well informed and had been told the reason why we were making some of those changes that I was quite happy with it. Participant 13</p> <p>It's about timing too. Having time to bring everyone together to collate feedback and things like that which we didn't really have the time at that point so I don't know how that could have been facilitated better. Participant 17</p> <p>There were no other work roles given to us; we were just told do telehealth. Participant 11</p> <p>I wasn't involved at all. No. No. No. I don't know many [discipline staff] that were involved, actually. Participant 18</p> <p>I kind of worked out who would be the best people based on their caseloads. Took away anyone who might have been a vulnerable person, and then just asked each of those people if they would be happy to do that. So we certainly did ask permission. We didn't sort of just allocate without that discussion. Participant 20, Manager</p> <p>The clinical staff came up with the idea of [action]... So, it was all done through consultation process with them to come up with what was the best plan of action... I then went back with the change and worked with a key person and then we presented it to the team to see what their thoughts were about what was the best way forward. Participant 24, Manager</p>
<p>THEME 4</p> <p>Acceptance due to pandemic circumstance</p>	
<p>Staff acceptance</p>	<p>It was I feel as well one of those things where it was so strict. We had to do everything we could as best we could, so we didn't need or feel the need to question it because we were putting our safety, patient safety first. It wasn't something that we would openly say it was too hard or we need more training. It was just it is what it is, and we absolutely understand and we're going to go with the flow. Participant 1</p> <p>Facilitator: How were the feelings around that for the staff involved? Interviewee: Well obviously quite disappointed. But, again, it's COVID, you know, what are you going to do? Participant 16</p> <p>I feel like it is what it is. I really appreciated that it was really such a new thing that we haven't dealt with before and we don't have some things in place because I've never needed them before. And you know I'm OK accepting that there's only so much I can do, and I did the best that I could. Participant 4</p> <p>I think you just need to be adaptable and just go OK. It is what it is. We've lucky to still have a job, we're lucky that we're well and if this is what we need to do for a time to keep everybody safe and healthy, well, that's what we'll do. Participant 5</p> <p>I think most people thought, look, we're in the middle of a pandemic. We will just - people had a really ... good attitude about the fact that they had to come over. Things weren't ideal. We just had to make do. Participant 20, Manager</p> <p>I think we were pretty responsive. We're pretty compliant. So we just did what we were told. I think the staff did very well and were - I think as a result of COVID, probably much more flexible and much more responsive to change than what they</p>

	<p>were beforehand, and a lot - people didn't freak out as much as what I thought they might have. So there probably was a positive outcome from that because we were pretty - you know, just getting on with it. Participant 21, Manager</p> <p>Change is constant. It's like every day is a new day, we're expecting changes all the time. I had, as a team leader, I had embraced - I had embedded change within the team. So, when the whole thing came, we just went through the motion and we just embraced this is what it is. We can get really stressed over it, or we can get on and work with other managers, directors, and exec directors who are really working hard at their level to make sure that change is happening smoothly which, with a situation like COVID, it wasn't easy. So, it's about embracing change, to me. Participant 23, Manager</p> <p>The team were really motivated to try and come up with ideas...I've just been really impressed by how everyone's just had that more can do attitude. Participant 24, Manager</p> <p>But with the way that we had set up the team here, we talk to each other all the time, every day, any time that's needed. So, I guess they were part of the change management. We were going through the process, all of us together dealing with unknown. Participant 23, Manager</p> <p>It was just really nice to see everyone pull together. So, you know, they just accepted that, if this is going to happen, we would do our best and see what happens... It's just really nice to see how people stepped up and wanted to learn new things and just play their part. Participant 25, Manager</p> <p>I think on the whole, given the whole experience in terms of all those changes and how surprising it was in terms of how the whole Covid-19 pandemic evolved, I think generally we did a really, really good job and it comes down to really smaller groups of teams that are working together and communicating together and trying to work these things out together as a team. Participant 26, Manager</p>
Patient acceptance	<p>I think changing to phone was a big relief for a lot of patients, not having to be exposed to the pandemic. P1, Dietitian</p> <p>Everyone was very scared to come in and not going to their appointments and their treatments. They felt reassured that we were changing our practice [to telehealth] to accommodate for that as well. Participant 2</p> <p>[The patients] weren't that impressed by it, to put it mildly, I guess. But again, we were able to move past it and do the therapy because the patients were motivated and understood why they had to wear them [masks]. Participant 10</p> <p>The [hospital in]patients were generally very understanding as to the reason why we were contacting them via phone. Participant 12</p> <p>People were scared to come into the hospital in case they were going to catch COVID.... The majority of patients were very happy to change to a phone, it suited their preferences, particularly in the context of COVID anyway. Participant 14</p> <p>It was distressing for some patients, but other patients were understanding and understood why these things were coming into effect for the greater good or whatever you'd like to call it. Participant 18</p>

All the patients were pretty accepting and understanding. I think they'd been prepared and known that lots have things have gone on phones or Telehealth. Participant 18

It felt like we were all working together and so however the service was delivered it felt like families were appreciative of the connection and the services they had. Participant 3

I always tried to talk, every interaction I had with parents, so try to talk about how they were feeling with the restrictions. Given that it is hard and they all were able to identify that. But they, I think almost all of them, said that they completely understood and were grateful that they were in place. Participant 4

So on the whole, most people were very open to the idea. They were relieved to be - to have appointments and to be seen. I've probably had about - so out of the sort of - we've seen about 80 patients in that model, since July when we started it. I've had probably three people who have been vehemently against it and saying, I want a face to face appointment. I don't see why I have to have telehealth. Participant 6

Had a couple of patients that were a bit agitated by not being able to see the dietitian face to face, but the majority were pretty good. Participant 7