Supplemental Box: 1: Barriers and constraints cited by stakeholders and the collaborative resolutions noted during the ideation and implementation stages of clinic development

Constraints Cited	Collaborative Resolutions
Lack of funding source	• Initial investment from Department of Medicine's *Centre for Quality, Innovation, and Safety* (C-QuINS) • Overtime, a successful application to provincial government for ongoing funding support
Over-stretched emergency department resources	• Collaborating with stakeholders in paramedic, emergency medicine, and inpatient respirology, we designed a direct admission pathway to bypass the emergency department, and have decompensating patients admitted directly to the dedicated COVID respirology unit • Protocols adjusted over the course of the pandemic to reflect changing resources and patient population demands
Concern for risk management and patient safety	• Development of clear and explicit protocols for escalating care to LUC3 physician, Paramedics, Emergency Medicine, and Inpatient Care teams • 7 days a week call schedule staffed by specialists in Internal Medicine • Creation of a database to track quality and patient safety outcomes • Regular audits of quality and patient safety outcomes
Limited clinical staffing to provide timely service	• Ongoing staff recruitment of physicians to provide clinical care • Addition of nursing team to help support daily phone calls • Addition of increased administrative support to facilitate increased patient population in further waves
Accessing courier resources	• Courier services availability fluctuated throughout pandemic • Team members identified as Supplier Leads
Limited access to pulse oximeters	• Rapid adjustment to identify new oximeter suppliers
Integration with changing Public Health testing and provincial pandemic response	• Ongoing collaboration, including regular meetings with local public health and provincial authorities to streamline process and ensure equitable care for the community

Supplemental Box 2: COVID Waves in [redacted]

Wave	Start Date	End Date	Variant most frequently identified if mutation testing was performed
1	February 26, 2020	August 31, 2020	Mutation testing not performed
2	September 1, 2020	February 28, 2021	Wild-type
3	March 1, 2021	July 31, 2021	Alpha
4	August 1, 2021	December 14, 2021	Delta

1. Dates for waves are derived from data publicly available from [redacted]. (https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/covid-19-long-term-care-epi-summary.pdf?sc_lang=en Accessed May 31, 2022. Page 17.)
2. Data used for variants identified by waves are derived from local public health data publicly available online (https://www.healthunit.com/novel-coronavirus# "COVID-19 Cases in [redacted]" Accessed May 31, 2022.) See below for Appendix Data. https://app.powerbi.com/view?r=eyJrIjoiMzE5MzJlOTItOWE2ZS00MDNlLTlkNDEtMTcyYTg5OGFhMTFiIiwidCI6ImRjNTYxMjk1LTdjYTktNDFhOS04M2JmLTUwODM0ZDZhOWQwZiJ9