

### Supplementary file 1

Table S1: Survey on staff preparedness to continue using telehealth and confidence in finding online resources to support patient care.

Q1. I have had experience using telehealth (telephone and videoconference) to provide:

	None (1)	Limited (2)	Extensive (3)	Not relevant to my role (4)
Triage and screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Detailed assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provision of scripts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provision of detailed advice about treatment options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provision of a treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2. When conditions return to normal following the COVID-19 pandemic, I would like to remain delivering care via telehealth (phone or videoconferencing) instead of face to face?

- For all of my patients – I can do everything remotely (given the supports I need) and would be happy to keep it all remote
- For most of my patients, and only move a minority back to face-to-face
- For about half of my patients and return half back face-to-face
- I would prefer to move most of my patient care back to face-to-face
- I would prefer to move all care back to face-to-face
- Don't know

Q3. I can tell the difference between reliable and unreliable online health information sources:

- Always
- Most of the time
- About half the time
- Sometimes
- Never

Q4. In my role, I use the following electronic sources to find information to support patient care:

	Always (1)	Most of the time (2)	About half the time (3)	Sometimes (4)	Never (5)
Access Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Australian Government Department of Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better Health Channel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BMJ Best Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Google	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Google scholar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic Guidelines (tg.org.au)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Up to date	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Web of science databases (e.g. Medline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital intranet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Table S2** Demographic characteristics of participants ( $n=21$ ) who were excluded from the analysis due to a response of ‘I don’t know’ for the outcome measure examining preparedness to continue using telehealth beyond the COVID-19 pandemic

<b>Independent variable</b>	<b><i>n</i></b>	<b>% of participants who responded ‘I don’t know’ to survey item</b>
<b>Age (years)</b>		
20-29	3	16.7%
30-39	6	33.3%
40-49	5	27.8%
>50	4	22.2%
No response	3	
<b>Gender</b>		
Female	17	56.5%
Male	4	43.5%
<b>Highest level of education</b>		
Certificate/Diploma	3	15%
Bachelor	10	50%
Grad Certificate	4	20%
Masters	3	15%
Doctorate	0	0%
No response	1	
<b>Healthcare profession</b>		
Nurse	5	23.8%
Doctor	4	19%
Allied Health	12	57.1%
<b>Years of professional experience</b>		
≤5	5	31.3%
6-9	0	0%
10-19	7	43.8%
20-29	2	12.5%
>30	2	12.5%
No response	5	
<b>Frequency of internet use</b>		
Weekly	0	0%
Daily	16	100%
No response	5	
<b>Prior attendance at a telehealth education training session</b>		
≤ 6 months	3	18.8%
> 6 months	2	12.5%
Have not completed telehealth training	11	68.8%
No response	5	
Nb. Percentages may not add up to 100% due to rounding.		



**Table S3** Demographic characteristics of participants ( $n=23$ ) excluded from all analyses due to insufficient survey item responses

<b>Independent variable</b>	<b>n responded</b>	<b>% of participants that</b>
<b>Age (years)</b>		
20-29	0	0%
30-39	7	58.3%
40-49	3	25%
>50	2	16.7%
No response	11	
<b>Gender</b>		
Female	13	56.5%
Male	10	43.5%
<b>Highest level of education</b>		
Certificate/Diploma	2	16.7%
Bachelor	5	41.7%
Grad Certificate	0	0%
Masters	4	33.3%
Doctorate	1	8.3%
No response	11	
<b>Healthcare profession</b>		
Nurse	4	17.4%
Doctor	7	30.4%
Allied Health	12	52.2%
<b>Years of professional experience</b>		
≤5	1	8.3%
6-9	2	16.7%
10-19	6	50%
20-29	2	16.7%
>30	1	8.3%
No response	11	
<b>Frequency of internet use</b>		
Weekly	2	15.4%
Daily	11	84.6%
No response	10	
<b>Prior attendance at a telehealth education training session</b>		
≤ 6 months	5	38.5%
> 6 months	2	15.4%
Have not completed telehealth training	6	46.2%
No response	10	
Nb. Percentages may not add up to 100% due to rounding.		

<b>Table S4</b> Association of preparedness to continue using telehealth beyond the COVID-19 pandemic with demographic variables using univariate and multivariable logistic regression										
Clinical area	Independent variable	Univariate binomial logistic regression					Multivariable binomial logistic regression			
		n	OR	Lower CI	Upper CI	P value	OR	Lower CI	Upper CI	P value
Triage & screening	Profession: Medical	196	2.364	1.245	4.487	<0.009	3.042	1.176	7.87	0.022
	Nursing		2.511	0.990	6.368	0.053	8.050	1.906	33.99	0.005
	Telehealth experience	196	0.737	0.392	1.39	0.344	1.84	0.337	1.839	0.581
	Age	168	1.002	0.973	1.03	0.908	0.966	0.929	1.01	0.093
	Gender	196	1.042	0.551	1.97	0.900	0.640	0.284	1.44	0.282
Detailed assessment	Profession: Medical	225	3.248	1.803	5.849	<0.001	4.939	2.052	11.89	<0.001
	Nursing		2.721	1.077	6.875	0.034	9.839	2.315	41.82	0.002
	Telehealth experience	225	2.404	0.897	6.44	0.081	1.664	0.556	4.99	0.363
	Age	190	1.004	0.976	1.03	0.807	0.967	0.931	1.00	0.086
	Gender	225	1.133	0.643	2.00	0.665	0.725	0.337	1.56	0.411
Provision of scripts	Profession: Medical	144	2.718	1.326	5.57	<0.006	5.933	1.703	20.67	0.005
	Nursing		2.159	0.657	7.10	0.205	9.056	1.359	60.33	0.023
	Telehealth experience	144	1.823	0.939	3.54	0.076	1.043	0.400	2.72	0.931
	Age	119	0.999	0.961	1.04	0.940	0.950	0.898	1.00	0.068
	Gender	144	0.953	0.480	1.89	0.892	0.386	0.144	1.04	0.059
Detailed advice about treatment options	Profession: Medical	218	3.007	1.665	5.433	<0.001	4.079	1.711	9.73	0.002
	Nursing		2.834	1.088	7.382	0.033	7.517	1.805	31.30	0.006
	Telehealth experience	218	1.654	0.741	3.69	0.219	1.754	0.646	4.76	0.270
	Age	184	1.010	0.981	1.04	0.514	0.977	0.941	1.02	0.235
	Gender	218	1.083	0.611	1.92	0.784	0.691	0.322	1.48	0.341
Provision of a treatment plan	Profession: Medical	219	3.065	1.697	5.535	<0.001	4.317	1.790	10.41	0.001
	Nursing		2.721	1.033	7.170	0.043	8.269	1.844	37.08	0.006
	Telehealth experience	219	1.463	0.605	3.54	0.398	1.765	0.566	5.50	0.328
	Age	185	0.989	0.963	1.02	0.437	0.977	0.939	1.02	0.246
	Gender	219	1.107	0.623	1.97	0.728	0.724	0.335	1.02	0.410
Follow up	Profession: Medical	228	2.749	1.543	4.899	<0.001	4.338	1.8602	10.12	<0.001
	Nursing		2.512	0.997	6.329	0.051	6.064	1.5194	24.20	0.011
	Telehealth experience	228	1.716	0.612	4.81	0.305	1.991	0.5186	7.64	0.316
	Age	192	1.010	0.982	1.04	0.508	0.982	0.9476	1.02	0.328
	Gender	228	1.072	0.610	1.88	0.809	0.657	0.3084	1.40	0.276

**Reference group:** Low preparedness to continue using telehealth (prefer to deliver care face-to-face for most or all patients when conditions return to normal beyond the COVID-19 pandemic), allied health, no telehealth experience, female.

**Processing for analysis:** A cut point of  $\leq 3$  out of 5 was used to dichotomise preparedness to continue using telehealth beyond the COVID-19 pandemic into two levels (high preparedness/low preparedness).

<b>Table S5</b> Association of perceived ability to evaluate the reliability of online information sources with demographic variables using univariate and multivariable logistic regression										
Clinical area	Independent variable	Univariate binomial logistic regression					Multivariable binomial logistic regression			
		n	OR	Lower CI	Upper CI	P value	OR	Lower CI	Upper CI	P value
Triage & screening	Profession:	204								
	Medical		1.35	0.457	3.97	0.588	2.336	0.528	10.34	0.264
	Nursing		2.53	0.314	20.37	0.384	1.969	0.188	20.63	0.572
	Telehealth experience	204	1.20	0.407	3.54	0.742	1.5663	0.4494	5.459	0.481
	Age	172	0.998	0.953	1.05	0.939	1.0079	0.9549	1.064	0.776
	Gender	204	0.357	0.137	0.934	0.036	2.8417	0.9389	8.600	0.065
Detailed assessment	Profession:	236								
	Medical		2.08	0.731	5.91	0.170	3.307	0.822	13.30	0.092
	Nursing		2.87	0.361	22.82	0.319	2.523	0.267	23.82	0.419
	Telehealth experience	236	1.38	0.377	5.03	0.628	1.014	0.259	3.96	0.985
	Age	196	0.994	0.952	1.04	0.765	0.981	0.938	1.03	0.406
	Gender	236	0.478	0.196	1.17	0.105	0.429	0.151	1.22	0.111
Provision of scripts	Profession:	148								
	Medical		1.64	0.474	5.66	0.435	2.530	0.418	15.3	0.312
	Nursing		1.50	0.166	13.57	0.718	1.589	0.125	20.22	0.721
	Telehealth experience	148	1.19	0.366	3.89	0.769	1.004	0.218	4.63	0.996
	Age	120	0.996	0.935	1.06	0.889	0.981	0.914	1.05	0.586
	Gender	148	0.495	0.151	1.62	0.245	0.552	0.132	2.31	0.416
Detailed advice about treatment options	Profession:	227								
	Medical		1.76	0.604	5.15	0.299	2.569	0.606	10.89	0.200
	Nursing		2.32	0.288	18.74	0.429	1.841	0.181	18.71	0.606
	Telehealth experience	227	1.03	0.284	3.74	0.963	1.061	0.269	4.19	0.933
	Age	188	0.999	0.952	1.05	0.983	0.990	0.938	1.04	0.703
	Gender	227	0.461	0.179	1.19	0.110	0.433	0.142	1.32	0.140
Provision of a treatment plan	Profession:	229								
	Medical		1.83	0.632	5.28	0.266	2.472	0.584	10.46	0.219
	Nursing		2.31	0.287	18.62	0.431	1.862	0.179	19.39	0.603
	Telehealth experience	229	1.43	0.388	5.24	0.592	1.317	0.314	5.52	0.707
	Age	190	1.00	0.956	1.05	0.936	0.994	0.941	1.05	0.818
	Gender	229	0.492	0.194	1.25	0.135	0.474	0.158	1.42	0.181
Follow up	Profession:	238								
	Medical		1.80	0.679	4.77	0.237	3.394	0.862	13.36	0.080
	Nursing		3.03	0.382	23.96	0.294	2.592	0.274	24.54	0.406
	Telehealth experience	238	1.66	0.448	6.12	0.450	1.803	0.425	7.64	0.424
	Age	197	0.990	0.949	1.03	0.634	0.979	0.936	1.02	0.358
	Gender	238	0.558	0.235	1.32	0.186	0.474	0.171	1.32	0.153

**Reference group:** Low perceived ability to evaluate the reliability of online information sources (can tell the difference between reliable and unreliable online information sources about half the time or less), allied health, no telehealth experience, female.

**Processing for analysis:** A cut point of  $\leq 2$  out of 5 was used to dichotomise perceived ability to evaluate the reliable of online information sources into two levels (high perceived ability/low perceived ability).

**Table S6** Association of preparedness to continue using telehealth beyond the COVID-19 pandemic with perceived ability to evaluate the reliability of online information sources and demographic variables using univariate and multivariable logistic regression

Independent variable	Univariate binomial logistic regression					Multivariable binomial logistic regression			
	n	OR	Lower CI	Upper CI	P value	OR	Lower CI	Upper CI	P value
Perceived ability to evaluate the reliability of online information sources	250	1.558	0.688	3.53	0.287	1.676	0.641	4.38	0.292
Profession:	250	2.783	1.589	4.875	<0.001	3.365	1.562	7.42	0.003
Medical		1.837	0.810	4.164	0.145	2.347	0.815	6.76	0.114
Nursing									
Age	212	1.011	0.984	1.04	0.437	0.993	0.963	1.02	0.641
Gender	250	1.169	0.677	2.02	0.576	0.788	0.381	1.63	0.522
<p><b>Reference group:</b> Low preparedness to continue using telehealth (prefer to deliver care face-to-face for most or all patients when conditions return to normal beyond the pandemic), low perceived ability to evaluate the reliability of online information sources (can tell the difference between reliable and unreliable online information sources about half the time or less), allied health, female.</p> <p><b>Processing for analysis:</b> A cut point of <math>\leq 3</math> out of 5 was used to dichotomise preparedness to continue using telehealth beyond the COVID-19 pandemic into two levels (high preparedness/low preparedness). A cut point of <math>\leq 2</math> out of 5 was used to dichotomise perceived ability to evaluate the reliability of online information sources into two levels (high perceived ability/low perceived ability).</p>									