Supplemental material

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Table 1

Hospital experiences and suggestions for improvement regarding the development and implementation of COVID-19 treatment policies and the national advisory document

Groups of determinants	Hospital experiences	Suggestions for improvement
The guideline	- Hospital policies were mainly based on the national advisory document, because it summarize all relevant scientific literature (n=6) - The national advisory document is merely comprised of treatment suggestions. Translation to the local clinical setting was therefore necessary (n=5) - The national advisory document was directly used as hospital policy (n=1) - Hospital assessed scientific literature besides the national advisory document due to rapidly evolving scientific insights (n=6)	- Expand the national advisory document with information regarding specific patient groups, e.g. renal impairment and dialysis (n=1) - Consider medicinal shortages and costs in treatment advices of the national advisory document as well (n=1) - Evaluate the medicinal safety of off-label treatments in collaboration with the Dutch pharmacovigilance centre (Lareb) (n=1)
The organization	- The development and implementation of policies were performed by an already existing multidisciplinary antimicrobiological team (n=3) or a newly formed team (n=3) - Participants of the multidisciplinary team were: infection disease specialists (n=6), pulmonologists (n=6), hospital pharmacists (n=6), microbiologists (n=5), intensivists (n=4), internists (n=3), first aid doctors (n=1) and geriatricians (n=1) - Frequent (ad hoc) meetings were held to formulate policies rapidly (n=6) - Decisions were made rapidly and easily because all healthcare was solely focussed on COVID-19 (n=5)	- COVID-19 affects almost all wards. Prevent tension and incomprehension between wards by harmonising tasks and expectations (n=2) - Harmonise regional COVID-19 approach, because patients are transferred between hospitals (n=1)
The users of	- Electronic health record order sets were developed to ease the prescription of COVID-19 medication (n=6) - Changes in hospital policies were actively communicated to the users by means of internal website (n=5), email/newsletter (n=4), quality system (n=3), lectures (n=1) and multidisciplinary consultation (n=1) - Hospital policies were widely supported by prescribers due to the COVID-19 focus of all healthcare providers (n=6)	- Communicate adjustments in hospital policies to all users, including non-prescribers, for example users who are responsible for updating order sets parallel to policy adjustments (n=1)