Appendix 1. Description of virtual urgent care services offered by 14 emergency department led programs in Ontario.

Funding allocation, site selection and approval were overseen by an Ontario Health Virtual Care Secretariat, which set program funding criteria and evaluated proposals endorsed by five Ontario Health Regions (Toronto, Central, East, West, and North). Hospital organizations interested in establishing a VUC service submitted a funding application to Ontario Health with their proposed pilot program design to address local community needs. Each proposal was reviewed by the local Ontario Health region and the provincial Virtual Care Secretariat in an iterative manner. Feedback was shared with the pilot program leads regarding proposed pilot program design and implementation considerations related to triage, staffing model, technology use, program leadership, and hours of service. Each application underwent two or three rounds of consideration by Ontario Health prior to funding approval. Programs were expected to launch their services within one to two months of funding approval to help alleviate healthcare access pressures secondary to the global pandemic.

Sites were responsible for designing and implementing their VUC programs in accordance with the overall funding program objectives. There were no specific directives given by Ontario Health or the Ministry of Health in terms of VUC program design specifications. As a result, the clinical and operational governance, technology, staffing, patient engagement, and VUC services offered varied based on the specific use case of each local institution. As part of the conditions to receive provincial program funding, sites were required to contribute to a provincial evaluation including monthly secure data transfer of standardized reporting metrics related to patient presentations and reasons for use, volumes, and patient-reported outcomes and attend monthly provincial evaluation meetings.

The design and implementation of the 14 different ED-led virtual sites has been described elsewhere <9,10>, but sites had various start dates, operating hours, screening, and staffing models. Each site posted a list of presenting complaints which would be suitable for virtual urgent care, and those that would not be appropriate for virtual care and should be assessed in-person. Most sites allowed patients to self-screen using these lists. Six sites had a triage nurse or nurse practitioner review the presenting complaint and if it was believed the patient required an in-person assessment, they were re-directed to the closest ED. All virtual urgent care patients were assessed by a physician.

Site Name	UHN	HSN	LHSC	SHSC	SickKids	CHEO	Unity Health	SJHH	HRH	LTC-CARES	Lakeridge	WOHS	TBRHSC	LACGH
Geographic location	Toronto	Sudbury	London	Toronto	Toronto	Ottawa	Toronto	Hamilton	North York	Hamilton	Oshawa	Brampton	Thunder Bay	Napanee
Total VUC visits	1445	1681	3301	1567	744	4030	642	2271	1488	79	3024	974	851	181
How do patients access VUC	Online and Phone	Online	Online and Phone	Online and Phone	Online	Online and Phone	Online and Phone	Online	Online	Phone	Online	Online	Online	Online
Name of EMR used	Quadramed	Meditech	Cerner	SunnyCare	Epic	Epic	Cerner (Soarian)	Epic	Meditech	Meditech	Epic	Meditech	Meditech	Aetonix
Triage process	NP	Triage Nurse	Patient self screen using a symptom checker	Triage Nurse	Triage Nurse	NP	Triage Nurse	Patient self screen using a symptom checker	Patient self screen using a symptom checker	Patient self screen using a symptom checker				
Scheduling platform	Inhouse platform	Inhouse platform	Verto	Inhouse platform	Andor Health	Epic (in house)	Verto	Epic (in house)	Meditech ADT	N/A	N/A	Savience	Caredove	Inhouse platform
VUC visit modality	Video and Phone	Video	Video, Phone backup	Video, Phone backup	Video, Phone backup	Video	Video and phone	Video, Phone backup	Video	Primarily phone	Video and phone	Video	Video, Phone backup	Video
Video platform	MS Teams	OTN	WebEx	Zoom®	WebRTC, MS Teams	Zoom®	Zoom	Zoom	MS Teams	Zoom	MS Teams	Zoom	WebEx	Aetonix
VUC provider	ED physician	ED physician	ED physician	ED physician	ED physician	ED physician	ED physician	ED physician	ED physician	ED physician	ED physician	ED physician	ED physician	ED physician
Hours of virtual care availability	2pm-9pm Mon-Fri	10ат-6рт Mon-Fri	3pm-7pm 7 days/week	2pm-9pm Mon-Fri	9am-1am 7 days/week	1pm-9pm 7 days/week	2pm-9pm Mon-Fri	12pm-6pm Mon-Fri	5pm-9pm 7 days/week	9am-9pm 7 days/week	9am-5pm Mon-Fri 10am-2pm weekends & holidays	9am-5pm Mon-Fri 10am-4pm weekends	12pm-6pm Mon-Fri	8am-4pm 7 days/week
Access to community imaging or lab orders?	No	Yes	No	Yes	No	No	No	No	No	Yes	Yes	No	Yes	No
Access to elective hospital imaging?	No	Yes	No	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Access to previous medical record?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
VUC service offered remotely or in-hospital?	Both	In-hospital	offsite	Offsite	offsite	Both	Both	Offsite	Both	Offsite	Both	Offsite	Offsite	Both

Where: UHN=University Health Network; HSN=Health Sciences North; LHSC=London Health Sciences Centre; SHSC=Sunnybrook Health Sciences Centre; SJHH=St. Joseph's Healthcare Hamilton; HRH=Humber River Hospital; LTC-CARES=Long-Term Care Consults and Recommendations for Emergency & Support Services; Lakeridge=Lakeridge Health; WOHS=William Osler Health System; TBRHSC=Thunder Bay Regional Health Sciences Centre; LACGH=Lennox and Addington County General Hospital; VUC=Virtual Urgent Care; EMR=Electronic Medical Record; NP=Nurse Practitioner; ED=Emergency Department.

Appendix 1, as supplied by the authors. Appendix to: McLeod SL, Tarride J.-E., Mondoux S, et al. Health care utilization and outcomes of patients seen by virtual urgent care versus in-person emergency department care. *CMAJ* 2023. doi: 10.1503/cmaj.230492. Copyright © 2023 The Author(s) or their employer(s). To receive this resource in an accessible format, please contact us at cmajgroup@cmaj.ca.