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Appendix S1. RE-AIM domains and interview questions.

RE-AIM domain and definition	Questions

Reach
The number, proportion and representativeness of eligible patients who are enrolled into SUPREME.
	- What is your view on the reach of SUPREME?
	  - Anything that you feel has been done well?
	  - Anything that you feel could be improved upon?
	- Roughly what proportion of all patients listed for surgery are eligible for SUPREME?
	- Do you feel like any specific patient populations have been overrepresented or underrepresented in the programme?
	  - E.g. Group of patients you feel like may benefit from SUPREME, but are not eligible under current criteria
	- What types of surgeries are SUPREME participants most commonly listed for?

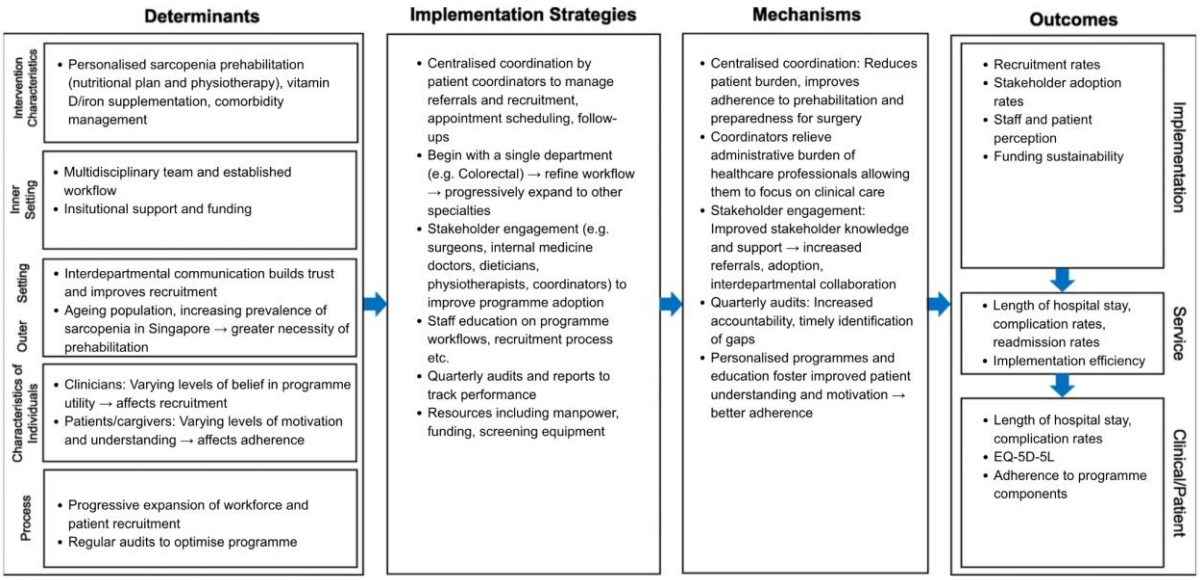
Effectiveness
The impact of SUPREME on patient outcomes, whether adequate and appropriate components are covered by SUPREME.
	- What is your view on the effectiveness of SUPREME?
	  - Anything that you feel has been done well?
	  - Anything that you feel could be improved upon?
	  - Have you noticed any tangible differences in patient outcomes for those who undergo SUPREME, and those who do not?
	  - What are the key metrics you use to assess the effectiveness of the prehabilitation programme?
	- Have any unintended consequences (positive or negative) of the programme emerged?
	  - E.g. Positive: patients become more conscious of comorbidity management, negative: surgery dates pushed back

Adoption The proportion and	- What is your view on the adoption of SUPREME? - Anything that you feel has been done well?

representativeness of surgical departments that actively enrol patients in SUPREME, as well as the acceptance and integration of SUPREME into clinical workflows.	- Anything that you feel could be improved upon? - What challenges have you faced in engaging eligible patients? - Are there any common fears/concerns/questions patients raise? - Has there been interest in SUPREME from other surgical departments?
Implementation The consistency and quality of delivery of SUPREME by providers.	- What is your view on the implementation of SUPREME? - Anything that you feel has been done well? - Anything that you feel could be improved upon? - What feedback have you received from participants regarding SUPREME? - What challenges have you faced in your role in SUPREME? (e.g. resources, staffing, surgery scheduling, coordinating with other stakeholders) - Have you received adequate resources, support, guidance from other stakeholders eg SKH, PSAs involved? - Is the workload manageable? - Do you feel like your role in SUPREME is meaningful? - In your opinion, is the cost of the programme appropriate and acceptable to patients in terms of time, effort, money spent on appointments? - Why/why not? - Do you feel that the resources spent on the programme (e.g. on training, scheduling and carrying out appointments) is worth it?
Maintenance The sustainability of SUPREME, reflected in its integration into routine organisational practices. The ability to upscale SUPREME to cover a wider range of hospitals and surgical specialties.	- Do you foresee SUPREME being a long-term service provided in Singhealth hospitals (not only SKH)? Why or why not? - What barriers currently exist in its expansion and long-term implementation? - How do you see the programme evolving over the next 1–2 years, and what are your priorities for its future development?
Others	- What are your overall thoughts on the implementation of SUPREME?

RE-AIM: Reach, Effectiveness, Adoption, Implementation, Maintenance

Supplementary Fig. S1. The SUPREME programme implementation logic model.



SUPREME: SUrgical PREhabilitation for coMprehensive Enhanced recovery