

We thank the reviewer for the excellent suggestions.

1. Please specify in the introduction the profile of the ICU department (polyvalent, surgical ICU, medical ICU) **Added**
2. Please provide additional definitions about the difference between critical care team and hospitalist (subsection-Progressive Care Unit (PCU) for Do Not Resuscitate (DNR)/ Do Not Intubate (DNI) patients requiring noninvasive ventilation (NIV)) **added**
3. Please provide a detailed explanation about the facility/infrastructure of PCU. (i.e. why hemodynamically unstable patients with DNR/DNI couldn't be treated further in PCU and needed to be moved in ICU??) Please provide the qualification of the specialists who managed patients in the PCU **added**
4. Please mention in the introduction section one paragraph about special admission criteria in PCU. What is different between ICU and PCU?**added**
5. In the subsection "Oxygen supply/demand assessment" please specify the decision-making protocol of specific Oxygen therapy applied. **Med gas status**
6. In the subsection " Collaborate team care rounds with social distancing and visitor restrictions " please specify the incidence of ICU-related neurocognitive dysfunction (or make a comment on this subject)**done**

Reviewer 2:

#1: Introduction – The authors should state the specific study period. In addition, please add further explanation about the PCU – who is the medical team, what was its capacity, which patients are usually treated in this unit, etc. **Done**

#2: PCU DNR/DNI for patients requiring NIV – This is an interesting subject. I did not understand what was the setting for patients in need of NIV before the pandemic. Was it the ICU? **Done**

A possible explanation for the higher number of patients at the end of 2020 in your PCU might just be the overall higher number of patients in need of NIV due to COVID-19. Was

there a change in the ratio of NIV patients between the ICU in PCU before and after the COVID-19 surge? **There was**

#3: STEMI and neurosurgical patients in the PCU – The authors should address if they encountered any adverse effects caused by placing the patients in the PCU – from gap in staff skills or high patient burden in the PCU. **Done**

Considering the high burden on the PCU, created by dealing with new patient populations that were usually treated in the ICU, I believe the authors should describe any changes done in this department? Were additional staff needed? Additional beds?**no additional beds**

#4: Collaborative team – citation 19 is not correctly placed.**Removed**

#5: General issue – In my opinion the authors should address any changes in the ICU capacity and disease burden throughout the study period. Was there a change with the different COVID-19 variants? **done**

In this regard I think the authors should also address the effect of vaccination on their experience in the ICU. COVID-19 vaccination was previously showed to lower rates of severe disease even among patients with multiple comorbidities. The authors are encouraged to use the following study which showed a lower rate of ICU admissions and intubations among vaccinated patients, regardless of any baseline characteristics – which obviously effects the burden on the ICU.

<https://doi.org/10.1371/journal.pone.0268050>

Did you notice a similar trend in your patient population?