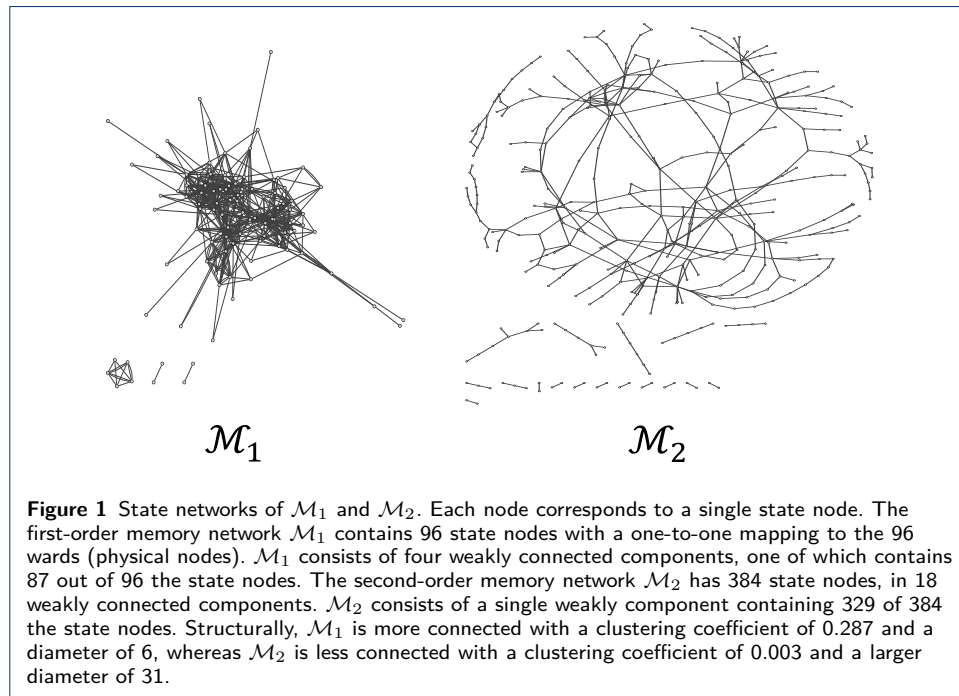
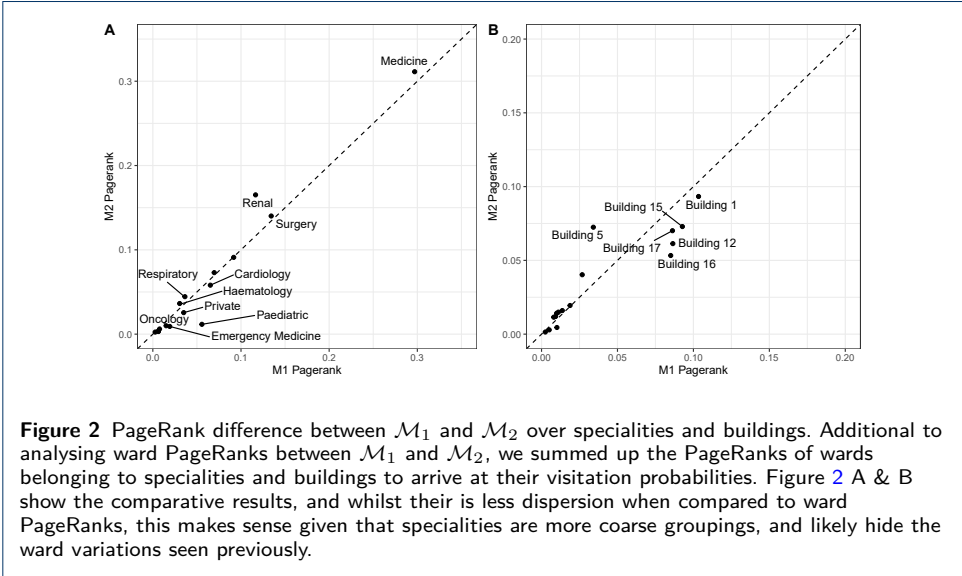


Additional file 1 — State networks of \mathcal{M}_1 and \mathcal{M}_2 .

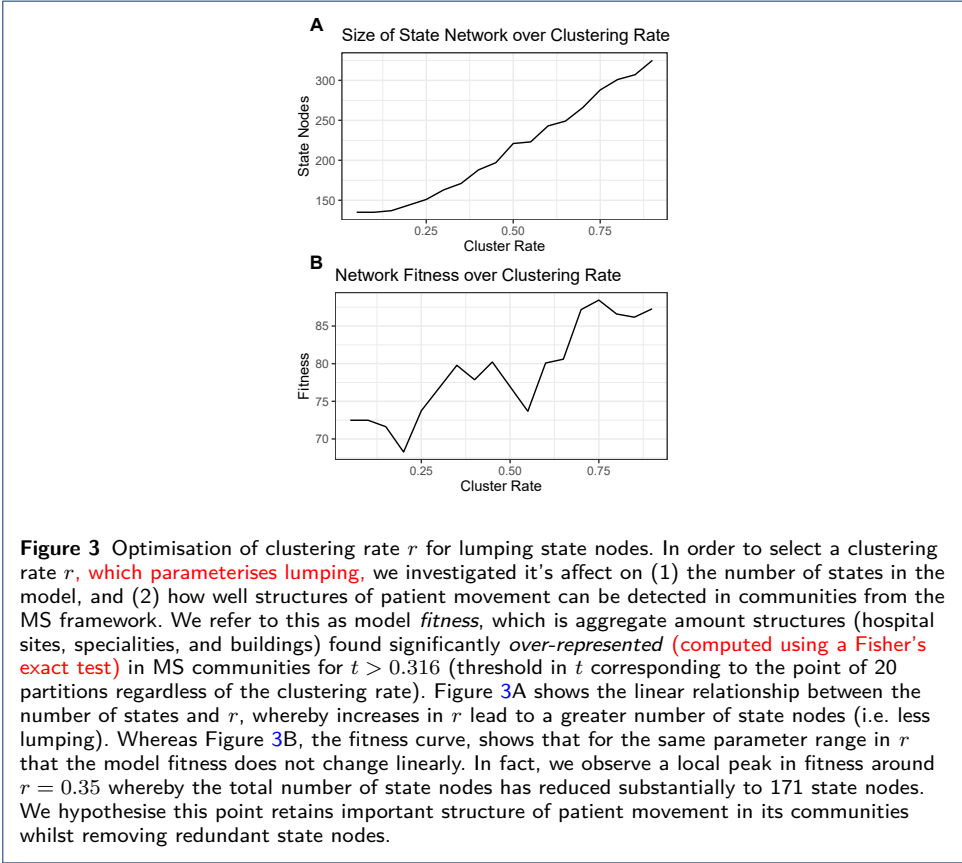
Additional file 2 — Cross validation ranking significance**Table 1** Cross validation fold ranked correlation p-values (computed using Kendall's tau measurement) for the models of order $k=1,2,3,4$.

Data Fold	k=1	k=2	k=3	k=4
1	8.22E-08	1.09E-15	4.90E-15	4.15E-15
2	2.03E-07	1.25E-12	1.12E-13	1.12E-13
3	1.72E-08	7.40E-13	1.27E-15	2.90E-15
4	1.06E-05	6.18E-12	3.95E-14	2.81E-14
5	4.27E-09	1.64E-13	2.30E-14	1.69E-14

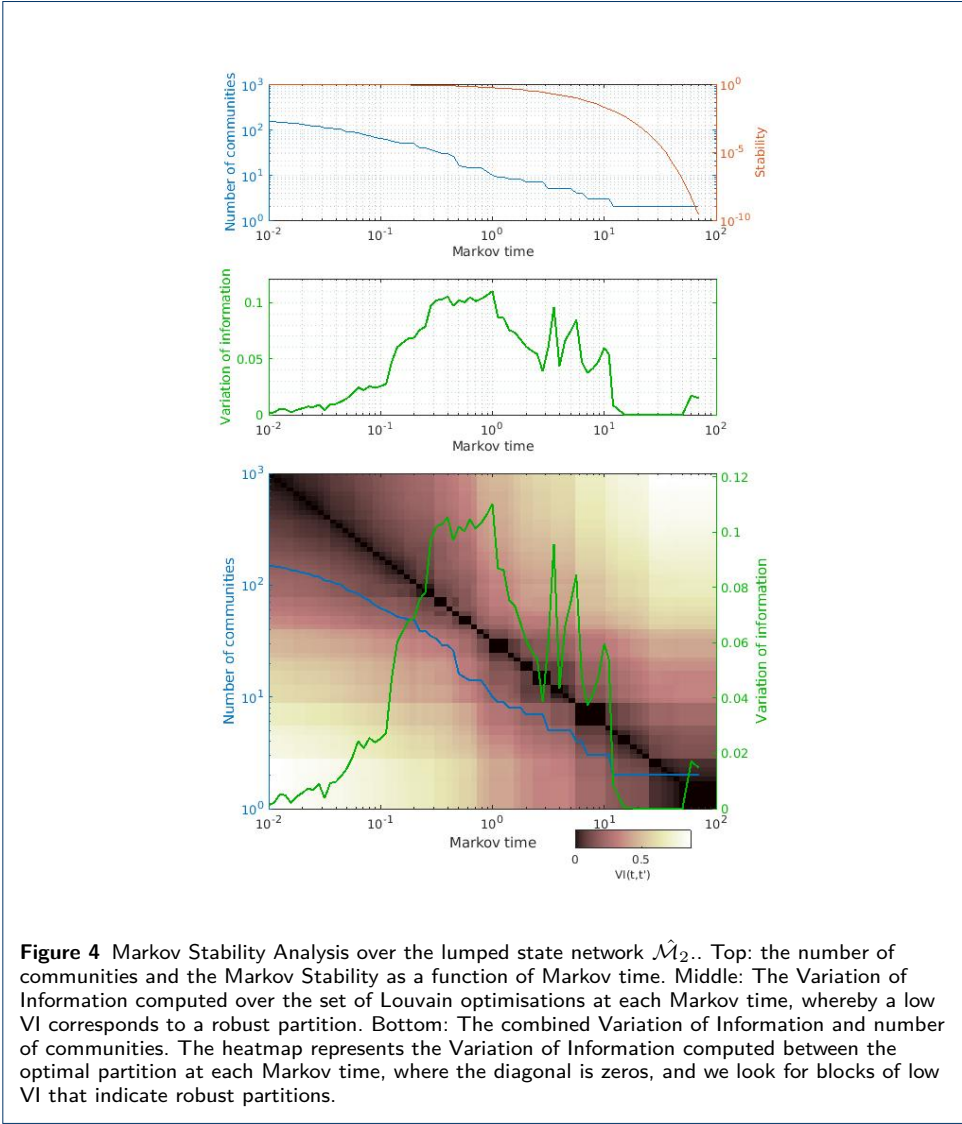
Additional file 3 — PageRank difference between \mathcal{M}_1 and \mathcal{M}_2 over specialities and buildings.



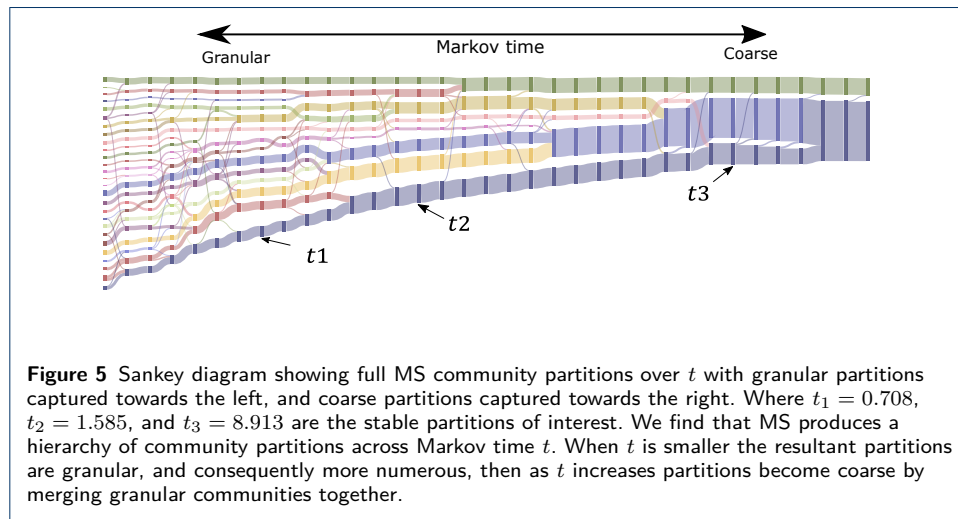
Additional file 4 — Optimisation of clustering rate for state lumping



Additional file 5 — Markov stability run statistics.



Additional file 6 — Markov stability community partitions.



Additional file 7 — Variation of Information between hospital structures in community partitions.

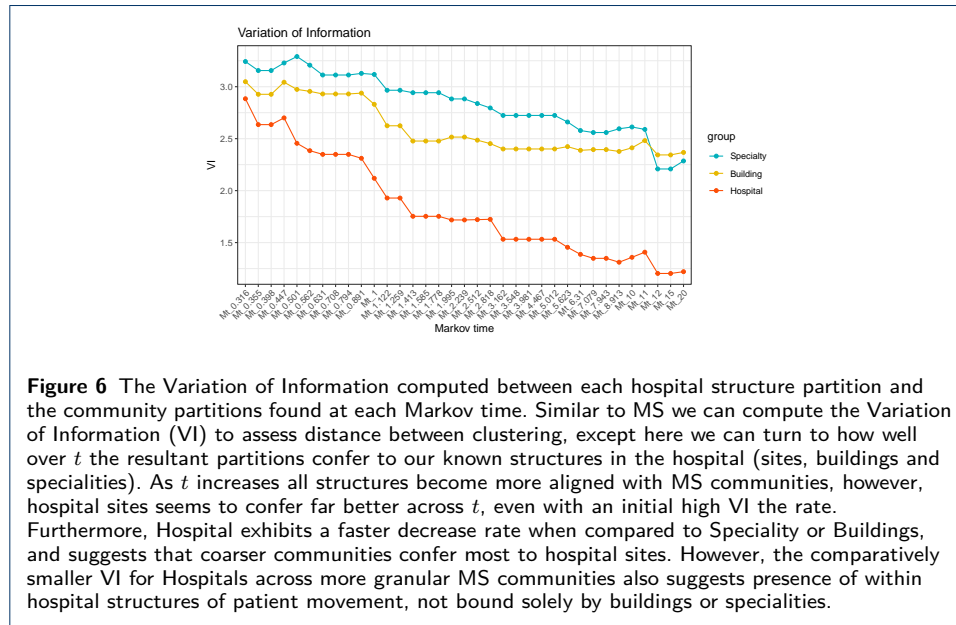
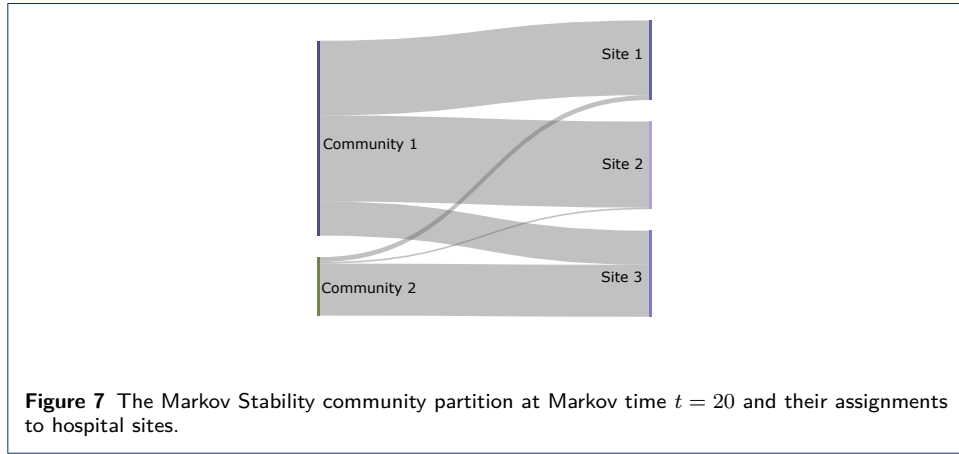


Figure 6 The Variation of Information computed between each hospital structure partition and the community partitions found at each Markov time. Similar to MS we can compute the Variation of Information (VI) to assess distance between clustering, except here we can turn to how well over t the resultant partitions confer to our known structures in the hospital (sites, buildings and specialities). As t increases all structures become more aligned with MS communities, however, hospital sites seems to confer far better across t , even with an initial high VI the rate. Furthermore, Hospital exhibits a faster decrease rate when compared to Speciality or Buildings, and suggests that coarser communities confer most to hospital sites. However, the comparatively smaller VI for Hospitals across more granular MS communities also suggests presence of within hospital structures of patient movement, not bound solely by buildings or specialities.

Additional file 8 — 2-way community partition to hospital site.



Additional file 9 — Hospital wards overlapping communities across Markov stability partitions.

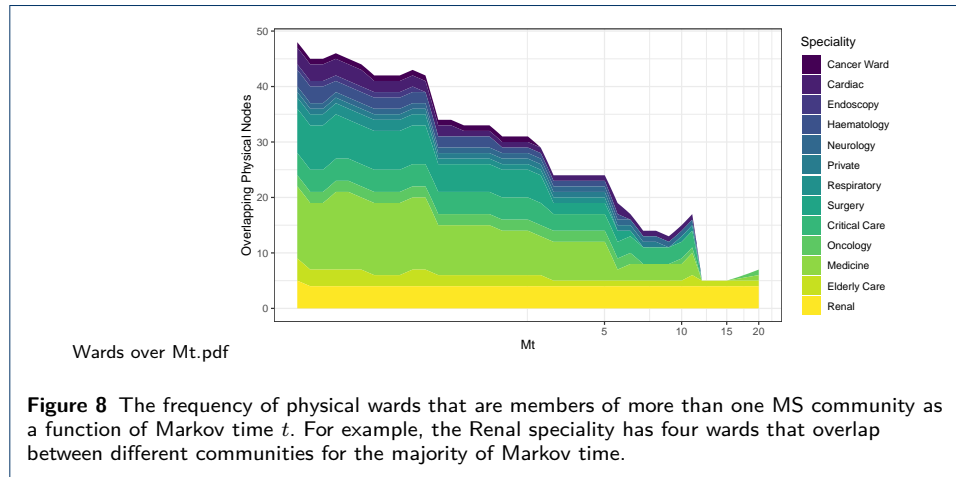


Table 4 Significance of overlaps between the state node in the MS communities at t_1 , t_2 , and t_3 , and the hospital buidlings. Overlaps with a non-significant p-value > 0.05 (determined using a Fisher's exact test) are denoted "ns".

Time-Community	Building 1	Building 2	Building 3	Building 4	Building 5	Building 5	Building 7	Building 8	Building 9	Building 10	Building 11	Building 12	Building 13	Building 14	Building 15	Building 16	Building 17	Building 18
t_1-C_1	ns	2.27E-04	ns	ns	2.62E-03	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
t_1-C_2	2.43E-02	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	2.01E-02	ns	ns	ns	ns	ns	ns
t_1-C_3	ns	ns	1.49E-02	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
t_1-C_4	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	8.50E-04	ns	ns	ns	ns	ns	ns
t_1-C_5	ns	ns	ns	ns	ns	ns	ns	ns	8.50E-03	ns	ns	ns	ns	ns	ns	ns	ns	ns
t_1-C_6	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
t_1-C_7	9.61E-03	7.45E-03	ns	4.31E-02	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
t_1-C_8	ns	ns	2.78E-04	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
t_1-C_9	ns	ns	ns	ns	ns	7.53E-03	ns	5.25E-03	ns	ns	ns	ns	ns	ns	ns	2.14E-02	ns	ns
t_1-C_{10}	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
t_1-C_{11}	ns	ns	ns	ns	ns	ns	ns	ns	2.58E-03	ns	ns	ns	ns	ns	ns	ns	ns	ns
t_1-C_{12}	ns	ns	ns	ns	ns	ns	ns	ns	5.28E-03	ns	ns	ns	ns	ns	ns	ns	ns	ns
t_1-C_{13}	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
t_1-C_{14}	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
t_2-C_1	1.46E-02	3.68E-08	ns	2.23E-02	4.94E-04	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
t_2-C_2	ns	ns	ns	ns	ns	ns	ns	ns	2.52E-05	2.29E-02	2.05E-02	ns	ns	5.89E-03	ns	ns	ns	ns
t_2-C_3	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	1.99E-05	ns	ns	ns	ns	ns	ns
t_2-C_4	ns	ns	8.77E-07	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
t_2-C_5	2.43E-02	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	2.01E-02	ns	ns	ns	ns	ns	ns
t_2-C_6	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
t_2-C_7	ns	ns	ns	ns	ns	7.53E-03	ns	5.25E-03	ns	ns	ns	ns	ns	ns	2.14E-02	ns	ns	ns
t_2-C_8	ns	ns	ns	ns	ns	ns	ns	ns	3.96E-04	ns	ns	ns	ns	ns	ns	ns	ns	ns
t_3-C_1	ns	ns	ns	ns	ns	ns	ns	ns	7.71E-08	1.16E-02	ns	ns	ns	ns	ns	ns	ns	ns
t_3-C_2	1.18E-04	3.27E-06	ns	2.92E-02	5.66E-03	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns	ns
t_3-C_3	ns	ns	6.69E-07	ns	ns	4.37E-02	ns	3.29E-04	ns	ns	ns	ns	ns	ns	8.79E-03	ns	ns	ns

Additional file 11 — Multiscale Centrality model comparison.

For further examination of the importance of higher-order modelling, we compared the MSC ranking of wards in the lumped network $\hat{\mathcal{M}}_2$ to the original state node networks of \mathcal{M}_1 and \mathcal{M}_2 . We found that whilst correlated, there were a number of distinct differences between the models (Figure 10).

For instance, we found several wards, including a critical care ward that were central at all time-scales in \mathcal{M}_2 and $\hat{\mathcal{M}}_2$ only appeared as important at short time-scales in \mathcal{M}_1 . We found that the MSC node ranking for $\hat{\mathcal{M}}_2$ was marginally more correlated with \mathcal{M}_1 (Ranked Cor: 0.86 (pval < 0.01)) than \mathcal{M}_2 (Ranked Cor: 0.84 (pval < 0.01)), which makes sense given that the state space of the lumped state network $\hat{\mathcal{M}}_2$ is closer in size to \mathcal{M}_1 than \mathcal{M}_2 .

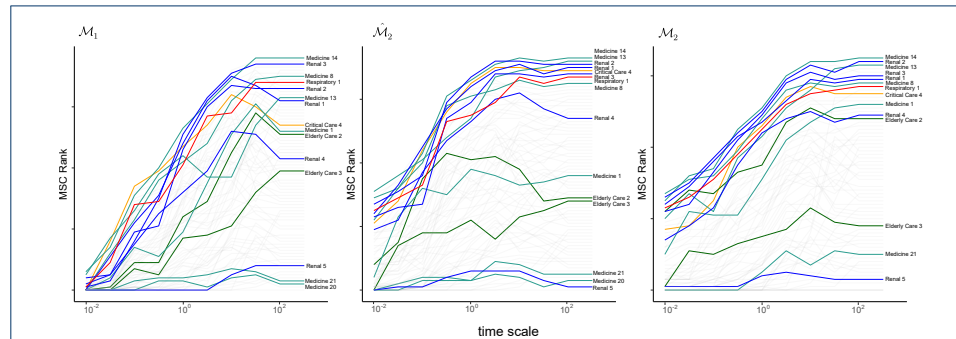


Figure 9 Multiscale centrality ranks over time for \mathcal{M}_1 , $\hat{\mathcal{M}}_2$, and \mathcal{M}_2 from left to right.

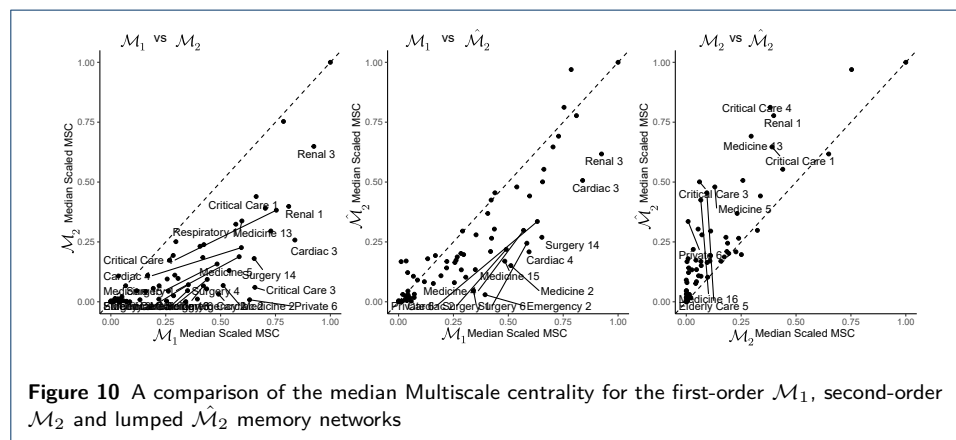


Figure 10 A comparison of the median Multiscale centrality for the first-order \mathcal{M}_1 , second-order \mathcal{M}_2 and lumped $\hat{\mathcal{M}}_2$ memory networks

Additional file 12 — Distribution of node statistics.

