

Supplementary Material D: Portable Video Monitoring Overnight Staff Satisfaction Survey

Dear Nurse

Thank you for supporting the QA Project Preventing Patient Falls Overnight using Live and Portable Video Monitoring QA project Number: QA2021.25. We have collected data for 500 episodes of PVM across the three project areas. We now need YOUR opinions on using PVM overnight. Was it a help or a hindrance? Please complete the survey below. Your responses are important to the evaluation and potential ongoing use of PVM at Western Health.

- 1) Ward ☐ 1. 2H Sunshine Hosp
☐ 2. 3B Footscray Hosp
☐ 3. 2A Sunshine Hosp
- 2) Permanent N/S staff ☐ Yes – always work nightshift
☐ No – regularly work both days and night
- 3) Do you like using PVM overnight ☐ Yes
☐ No
- 4) Have you been alerted to a patient as a result of the PVM ☐ Yes
☐ No
- 5) Do you believe PVM have prevented patient falls overnight ☐ Yes
☐ No
- 6) What do you like about using PVM overnight _____
- 7) What do not you like about using PVM overnight _____
- 8) Do you have any suggestions to improve PVM overnight _____