

Supplementary Material B: Portable Video Monitoring Staff Survey REDCAP Database Register

- 1) Date _____
- 2) Ward ☐ 1. 2H Sunshine Hosp
☐ 2. 3B Footscray Hosp
☐ 3. 2A Sunshine Hosp
- 3) UR _____
- 4) Falls Risk Category ☐ High Falls Risk
☐ Moderate Falls Risk
☐ Low Falls Risk
- 5) PVM Criteria ☐ HFR
☐ Confused
☐ Impulsive
☐ NESB
- 6) Reason nurse attended patient due to PVM ☐ Toileting
☐ Pain
☐ Hunger / Thirst
☐ Other
- 7) If selected Other, please document reason: _____
- 8) Number of times nurse responded to patient after alerted by PVM _____
- 9) Was PVM taken by nursing staff on patient rounds ☐ Yes
☐ No
- 10) Did patient fall overnight ☐ Yes
☐ No
- 11) If patient fall, Riskman number _____
- 12) Additional notes _____