## S3 File Healthcare Provider (HCP) Direct Observation Guide

A. Administrative information
HCP ID number:
Date HCP informed consent form (ICF) signed:  D D  -  M M  -  Y Y Y
HCP ICF signed prior to any observation?
If no, please do not make any observations until the ICF has been completed.
Name of observer:
Neonate ID number:
Date of observation:  D D  -  M M  -  Y Y Y
Location of observation:
Aga Khan University Hospital – Nairobi
Pumwani Maternity Hospital
Observation start time:  H H :  M M  military time
(Time HCP began device preparation)
There are three different phases that can be observed and reported in the fields below:  1. Device preparation and initial application: observing HCP prepare and place device on neonate.
<ol> <li>Device preparation and initial application: observing HCP prepare and place device on neonate.</li> <li>Ongoing device monitoring and troubleshooting: observing HCP perform regular checks of device</li> </ol>
placement on neonate (and repositioning if necessary) and data quality, including troubleshooting.
3. Device disconnection, removal, and cleaning: observing HCP remove device from neonate, clean and store.
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Instructions for qualitative research staff: Use this document as a guide to conduct observations of one HCP during one or more of the phases described
above. Indicate in checklist below which phase(s) were included in this observation session.
Use a new form for each HCP. Two different HCP should not be included on the same form. Use a new
form for each neonate and for each observation session day. Two different neonates should not be
included on the same form. Two different observation session days should not be included on the same
form. Multiple observations of the same neonate by the same HCP on the same day can be included on the same form.
Record observations. All observations must be kept confidential. Do not discuss or share observations with
anyone outside of the ETNA study team.

B. Phase(s) observed during this session on the same r	eonate on the	e same day (check all that apply)	
☐ Device preparation and initial application			
☐ Ongoing device monitoring and troubleshooting			
☐ Device disconnection, removal and cleaning			
C. Which devices did the HCP use during today's observation?			
EarlySense InSight investigational device	□ Yes	□ No	
Sibel ANNE investigational device		□ No	
Masimo Rad-97 reference device □ Yes		□ No	
D. PHASE 1: Device initial application  EarlySense InSight investigational device (if device not used, skip to next section)			
Application start time:  H H :  M M  military time Application end time:  H H :  M M  military time			
□ Did not complete device preparation and initial applicat	ion		
Please check those steps that you observed. Comments and	d observations	can be made below.	
Preparation			
☐ Remove neonate from bed/bassinet			
☐ Place pad under neonate's mattress			
☐ Gently place neonate back on bed/bassinet with cl	nest above mic	ldle of pad	
☐ Attach pad cord to InSight device			
☐ Confirm InSight device is seen on EarlySense lap	top/CDS		
Admission			

Correct name of admitting nurse selected in EarlySense laptop/CDS

Also, if HCP was not able to complete steps correctly, what did they do instead?

Enter PTID into EarlySense laptop/CDS admit patient screen in MRN (ID) box

Please provide comments if HCP <u>did not complete</u> device preparation and initial application.

Did you observe HCP have any challenges or difficulties preparing and/or applying device? What were the problems and how were they resolved?
Did HCP require any assistance when preparing and/or applying device?  □ Yes □ No  If yes, who assisted HCP?  If yes, what kind of assistance was required?
Did you observe any risky situations where mistakes could potentially happen, such as times when HCP almost made a mistake? If yes, please explain.  Did HCP make any other comments to you or their colleagues related to preparing and/or applying device? If
yes, record comments verbatim and provide context as necessary.  Sibel ANNE investigational device (if device not used, skip to next section)
Application start time:  H H :  M M  military time Application end time:  H H :  M M  military time  □ Did not complete device preparation and initial application
Please check those steps that you observed. Comments and observations can be made below.
Preparation for data collection
<ul> <li>□ ANNE Connect application opened immediately after Sibel iPad unlocked</li> <li>□ Participant ID entered to start data collection session</li> <li>□ Correct chest and limb sensors selected from within ANNE Connect app</li> <li>Application of ANNE chest sensor</li> </ul>
<ul> <li>Open new hydrogel package and apply hydrogel adhesive to chest sensor or neonate's chest, with gentle but firm pressure</li> <li>Place chest sensor on the torso of the neonate and apply gentle but firm pressure to secure sensor to hydrogel adhesive</li> </ul>
Application of ANNE limb sensor
<ul> <li>Insert limb sensor into Velcro strap holes Apply LED to bottom of neonate's foot</li> <li>Apply limb sensor on neonate's foot with LED to bottom of neonate's foot Check that photodiode is aligned with LED</li> <li>Confirm proper limb sensor placement by checking ANNE Connect application to verify that an error message is not displayed</li> </ul>
Confirmation of data collection
<ul> <li>Correctly close ANNE Connect application (without disconnecting within Connect app)</li> <li>Open ANNE Stream application to check quality of vital signs signals</li> </ul>
Please provide comments if HCP <u>did not complete</u> device preparation and initial application. Also, if HCP was not able to complete steps correctly and <b>in order</b> , what did they do instead?
Did you observe HCP have any challenges or difficulties preparing and/or applying device? What were the problems and how were they resolved?
Did HCP require any assistance when preparing and/or applying device?  □ Yes □ No  If yes, who assisted HCP?  If yes, what kind of assistance was required?
Did you observe any risky situations where mistakes could potentially happen, such as times when HCP almost made a mistake? If yes, please explain.

Masimo Rad-97 reference device (if device not used, skip to next section)
Transmo Rad 77 Teterence device (ij device noi used, skip to next section)
Application start time: $ H H $ : $ M M $ military time Application end time: $ H H $ : $ M M $ military time
□ Did not complete device preparation and initial application
Please check those steps that you observed. Comments and observations can be made below.
<ul> <li>□ Power on Rad-97 device</li> <li>□ Plug in a RD Rainbow SET Series Patient Cable to Patient Cable Port on front of Rad-97 device</li> <li>□ Plug in new, unused NomoLine Infant Cannula to round NomoLine Capnography Input Connector on front of Rad-97 device</li> <li>□ Attach RD SET Series SpO2 Disposable Sensor to Patient Cable</li> <li>□ Apply skin sensor to hand or foot</li> <li>□ Ensure sensor wrapped securely but not too tightly and ensure correct alignment of light and detector</li> <li>□ Cover sensor to avoid interference from external light sources (as needed)</li> <li>□ Insert capnography tubing into nostrils, ensuring that the cannula is not obstructed from collecting CO<sub>2</sub></li> <li>□ Secure cannula in place using neonate-safe adhesive as needed</li> <li>□ Ensure good quality (square) capnography waveform and high signal quality (perfusion index or PI) on Rad-97 monitor</li> </ul>
Please provide comments if HCP <u>did not complete</u> device preparation and initial application. Also, if HCP was not able to complete steps correctly, what did they do instead?
Did you observe HCP have any challenges or difficulties preparing and/or applying device? What were the problems and how were they resolved?
Did HCP require any assistance when preparing and/or applying device?  □ Yes □ No  If yes, who assisted HCP?  If yes, what kind of assistance was required?
Did you observe any risky situations where mistakes could potentially happen, such as times when HCP
almost made a mistake? If yes, please explain.  Did HCP make any other comments to you or their colleagues related to preparing and/or applying device? If
yes, record comments verbatim and provide context as necessary.  E. PHASE 2: Ongoing device monitoring and troubleshooting
EarlySense InSight investigational device (if device not used, skip to next section)
Did you observe HCP have any challenges or difficulties with device monitoring and/or troubleshooting? What were the problems and how were they resolved?  Did HCP do any troubleshooting during ongoing monitoring? If so, please describe what the issues were, how the HCP addressed them and an estimate for how long it took.
Issue Solution Start Time End Time

Did HCP require any assist  ☐ Yes ☐ No	ance when monitoring the EarlySo	ense InSIght investigational	device?	
If yes, who assisted HCP?				
If yes, what kind of assistar				
Did you observe any risky situations where mistakes could potentially happen, such as times when HCP almost made a mistake? If yes, please explain.				
	omments to you or their colleague	es related to device monitorin	ng and/or	
troubleshooting? If yes, rec	ord comments verbatim and provi	de context as necessary.		
_	al device (if device not used, skip			
	owing steps correctly? Please chec	ck those steps that you obser	ved. Comments and	
observations can be made b				
	m application to check quality of	vital signs waveforms (lines)	and perfusion index	
(PI).  ☐ Take corrective me	accurac to address signal quality is	succe (if needed)?		
	asures to address signal quality is			
	led to be addressed, what corrective		may black acting?	
What were the problems an	any challenges or difficulties with how were they resolved?	n device monitoring and/or t	roubleshooting?	
	ooting during ongoing monitoring	? If so, please describe what	the issues were,	
	em and an estimate for how long it		,	
Issue	Solution	Start Time	End Time	
Did HCD require any assist	ance when monitoring the Sibel A	NNE investigational device	2	
□ Yes □ No	ance when monitoring the Siber A	inne investigational device		
If yes, who assisted HCP?				
If yes, what kind of assistar	nce was required?			
Did you observe any risky	situations where mistakes could pe	otentially happen, such as tir	nes when HCP	
almost made a mistake? If	yes, please explain.			
	omments to you or their colleague		ng and/or	
troubleshooting? If yes, rec	ord comments verbatim and provi	de context as necessary.		
Masimo Rad-97 reference	e device (if device not used, skip to	next section)		
Did HCP complete the follo	owing steps correctly? Please chec	ck those steps that you obser	ved. Comments and	
observations can be made b		1 ,		
☐ Confirm adequate s	signal quality (PI) for skin sensor			
	signal quality (waveform) for cap	nography tube		
	led to be addressed, what corrective			
☐ Confirm placement of skin sensor				
☐ Confirm placement of cannula				
<ul> <li>Confirm connection of Patient Cable to Patient Cable port</li> <li>Confirm connection of Capnography Input Connector</li> </ul>				
☐ Confirm connection☐ Other	n of Capnography Input Connecto	r		

Did you observe HCP have What were the problems and	any challenges or difficulties how were they resolved?	with device monit	oring and/o	r troubleshooting?	
	oting during ongoing monito m and an estimate for how lo		describe wh	nat the issues were,	
Issue	Solution	Sta	rt Time	End Time	
1550.0	Solution	511			
☐ Yes ☐ No If yes, who assisted HCP? If yes, what kind of assistan					
	ituations where mistakes cou	ld potentially happ	en, such as	times when HCP	
almost made a mistake? If y					
	mments to you or their coller ord comments verbatim and p			ring and/or	
	onnection, removal, and cle				
EarlySense InSight investi	gational device (if device no	t used, skip to next	section)		
	from EarlySense laptop/CDS	•			
	any challenges or difficulties oblems and how were they re		nnection, re	moval, and/or	
Did the HCP require any ass \( \to \text{ Yes} \) \( \to \text{ No} \)  If yes, who assisted the HCl	sistance with device disconne	ection, removal, and	l/or cleanin	g?	
If yes, what kind of assistan					
Did you observe any risky situations where mistakes could potentially happen, such as times when HCP almost made a mistake? If yes, please explain.					
Did HCP make any other co and/or cleaning? If yes, reco	mments to you or their collected comments verbatim and p	rovide context as n	ecessary.	nection, removal,	
Sibel ANNE investigationa	<b>Il device</b> (if device not used,	skip to next section	)		
Please check those steps that	t you observed. Comments a	nd observations car	be made b	pelow.	
☐ Close ANNE Stream			am applicat	ion	
☐ Re-open ANNE Co		аррисацоп			
☐ Disconnect limb ser					
☐ Disconnect chest se					
☐ End session by selecting "End Session" button from ANNE Connect application					
	rding to study site infection of				
	5 5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1				
	residual adhesive using a sal				
☐ Unfasten Velcro bu	tton from strap and remove li	mb sensor			

☐ Dispose of used Velcro strap
☐ Clean chest and limb sensors, wipe both sides
☐ Dispose used cleaning wipe
If HCP was not able to complete steps correctly and <u>in order</u> , what did they do instead?
Did you observe HCP have any challenges or difficulties with device disconnection, removal, and/or
cleaning? What were the problems and how were they resolved?
Did the HCP require any assistance with device disconnection, removal, and/or cleaning?
If yes, who assisted the HCP?
If yes, what kind of assistance was required?
Did you observe any risky situations where mistakes could potentially happen, such as times when HCP
almost made a mistake? If yes, please explain.
Did HCP make any other comments to you or their colleagues related to device disconnection, removal,
and/or cleaning? If yes, record comments verbatim and provide context as necessary.
Masimo Rad-97 reference device (if device not used, skip to next section)
Did HCP complete the following steps correctly? Please check those steps that you observed. Comments and
observations can be made below.
☐ Remove adhesive (if present) and capnography tube gently from neonate
☐ Carefully remove skin sensor from neonate
☐ Dispose of single use capnography tube and disposable skin sensor
☐ Unplug capnography tube and patient cable from Rad-97
☐ Unplug skin sensor from patient cable
☐ Turn off Rad-97
If HCP was not able to complete steps correctly, what did they do instead?
Did you observe HCP have any challenges or difficulties with device disconnection, removal, and/or
cleaning? What were the problems and how were they resolved?
Did the HCP require any assistance with device disconnection, removal, and/or cleaning?
If yes, who assisted the HCP?
If yes, what kind of assistance was required?
Did you observe any risky situations where mistakes could potentially happen, such as times when HCP
almost made a mistake? If yes, please explain.
Did HCP make any other comments to you or their colleagues related to device disconnection, removal,
and/or cleaning? If yes, record comments verbatim and provide context as necessary.

Please note below any further comments that may have not already been covered in above sections. In particular, if you have any observations comparing the HCP's use of the different devices, if applicable.