

Supplementary Appendix A

Other Comments

Nurses

Minnesota

- Huge privacy concerns, especially with patient satisfaction.
- I think these questions are hard to answer because a system and designated use is not specified. That being said, continuous monitoring would make me, as a patient, feel violated and unable to have privacy. I would choose a different hospital if I knew my privacy would be invaded in this way.
- If a nonrecording video could be used short-term for confused patients or very unstable patients it could be useful/for anesthesia in the ICU, but I see too many issues with regards to filming people in the hospital. I do not agree with stores filming people against their will; and that is a public setting. You are discussing filming people in their most vulnerable state. I think many patients would not like this. If it is offered, I think both patient/family/ and registered nurses (RN) should be able to refuse. I see a lawsuit trying to use video-and just because you have something on video for a split second does not show the situation/other things or intuition needed for the situation. Videos can be tampered with/leaked to news media and then you would have a potentially huge issue with confidentiality.
- Potential benefits with significant drawbacks if the technology is not accurate or functional except in perfect situations.
- I just feel that the professional aspect of my job becomes more robotic. I will feel that my actions with my patients will be less spontaneous because you will always be worried about misinterpretation on video monitoring.
- Please let me be a true nurse, not a robot.
- Can we please keep some part of work/life offline? Hands on in person is still the best for diagnosing, treating, and monitoring patients.
- It all greatly depends on how effective the technology is outside of ideal conditions. Messy rooms, weird lighting, patients with devices, bodies moving around the patient for procedures, and cares, etc. The way it is described makes it sound halfway like artificial intelligence (AI), which is cool and all, but the juggernauts of tech have yet to produce reliably self-driving trucks. You are telling me this video recording is so accurate it can correct misdiagnoses? The current monitors and invasive hemodynamic lines are still imperfect and can be positional or fall prey to artifact. I am not buying as of 2020 these cameras are within a reliable range of accuracy for real world conditions.
- If this survey is just the very first of some feelers for potential implementation as the tech becomes more real down the road, then yeah sure. By then the staff that would have a real problem with this will be mostly retired. People are already comfortable with sharing all of their personal data online for free via social media, so if you tell them this camera will possibly save their life/their loved one's life they will be all for it. Sure, you will have some privacy holdouts here and there but overall, it should be an easy rollout if it works.
- I think while it could be a good idea, nursing and other professionals will feel uncomfortable with being recorded and it will take away from the caregiving aspect.
- Could see this as being helpful in general care/PCU populations.
- It would bring a negative effect to the relationship between clinician and patient because one would be focused on performing the tasks to perfection and the emotional aspect would be taken as extra work. We already provide competent care and do not need 24-hour monitoring.
- I am very uncomfortable being videotaped in general; in fact, it would influence my decision as to whether I work in an environment that is being video recorded. While I believe it may be beneficial in milieu's that experience violence, etc., it would not be beneficial in general.
- I have a big concern of how this will impact patient privacy!
- This survey was difficult to fill out because I have no clue what applications/examples you refer to. The article only gave very brief ex of mole detection/imaging. More examples of how it would look bedside inpatient would have been helpful.
- Sounds interesting. It would be good to have Mayo at the forefront of clinical technology.
- I am concerned it will create a "big brother" effect having our day-to-day work continuously monitored and evaluated. I fear micromanagement and having someone always over our shoulders catching everything that is not done perfectly. I fear being caught and corrected for everything that may not be what someone else would do.

Florida

- Technology can be very beneficial in the hospital setting, especially ICU. To get staff members onboard it is essential that administration educate nurses and have an open discussion with staff members. Education that entails more than watching an online module.

- I do believe health care is moving in this direction with AI helping to identify diagnosis and patient trends through mediums like video recognition (VR) and recording. However, we proceed as an organization I hope we ask, "Is this the best way to meet the needs of our patients?" Data are worth more than oil now, but is trading in patient data Mayo Clinic?
- I do not believe this technology will be beneficial. I have seen with video monitoring for patient safety that it does not seem to help the patient, family does not feel comforted that a video monitor is watching their loved one and it actually creates more work for the nurse. It is because of these reasons that I am unsure of the success that this would have.
- In my opinion, VR can hamper the human factor of health care. Also, patients who are not clinically literate may not understand the effects of it and would greatly impact their recuperation and rehabilitation. However, consented VR to patients and families may contribute to increase in patients' safety and security.
- It could be beneficial but depending on the provider and how the video is used by management. I see it more of a device that will add stress and distraction from my patient care.
- I need more information. I would like to see what it is that they are trying to implement, how it will help me and how it will help the patients. It is hard to grasp an idea that I have not seen in the hospital setting before.

Physicians

Minnesota

- The "other" boxes in the survey are awkward.
- Will patients have access to these recordings? Will there ever be a time in health care when a patient will be able to have access to recordings of their surgeries.
- I work in the eICU. It is not infrequent that patients/families have some anxiety associated with a camera in their room.
- Considering that the bulk of patient safety errors are related to communication, I cannot figure out how this approach will improve patient safety.
- Florida
- I am unfamiliar with outcome data on VR, so it is hard for me to judge whether it has promise greater than negative of privacy breach and use of tool as a productivity measure for providers.
- The potential impact of AI on VR is a key area of interest (and opportunity) and one we should pursue to stay ahead of the curve.
- The devil is in the details....
- If we put the legal aspect aside it could be very helpful to understand multiple issues including falls, medication errors, contamination, processes, etc...

Respiratory Therapists

Minnesota

- I think if video monitoring is in place the provider to patient aspect would be negatively affected. The patient may become a number rather than a patient.

Advanced Practice Providers

Minnesota

- I would seriously consider job opportunities at other facilities if this was implemented.
- Implementing this would be a big mistake, this kind of technology always comes around and says how much it will help, but it never does. It will only add to the long list of useless monitors and alarms we have in place.
- I think there is definite promise here. I think the buy in is going to be a challenge between clinicians and patients. Definitely interesting idea/topic.

Florida

- While I have concerns about patient privacy, data breaches, and my daily work monitored, I believe embracing technology can and will help with patient safety. I would need to understand this technology in detail to fully support. I do fear, nonclinicians see technology as helping to streamline practice, when it has been my experience technology only adds to my daily tasks. While this should not keep us from embracing technology, we should be cautious in hopes of any new technology freeing up the hands-on staff/clinician time.

ICU Manager

Minnesota

- This is a fantastic idea. Similar to the "black boxes" being implemented in various ORs around the country, monitoring is another line of accountability and safety. The addition of AI and its potential will greatly improve the care we provide.