



# NEST360 Technical Event Log

Hospital Name: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

Respondent's Name: \_\_\_\_\_ Assessor's Name \_\_\_\_\_

Respondent's Position: \_\_\_\_\_ Entered in REDCap? **YES** or **NO**

## Human Resources

No.	Item	Response	Skip to
1.01	Were there maintenance staff changes since the last call?	<input type="radio"/> Yes <input type="radio"/> No	If "No", skip to 1.04
1.02	What was the reason for the staff change?	Describe the reason for the staff change:	—
1.03	What was the total number of staff remaining after the change?	Number:	—

## Device Management

No.	Item	Response	Skip To
Pulse oximeter			
1.04	Did you conduct any preventive maintenance?	<input type="radio"/> Yes <input type="radio"/> No	—
1.05	If yes, how many devices received PPM?	Number:	
1.06	Were there any device breakdowns since the last call? (Select all that apply.)	<input type="checkbox"/> Yes, reported by clinical staff <input type="checkbox"/> Yes, noticed by biomed during ward inspection <input type="checkbox"/> No	If "No", skip to 1.11
1.07	If yes, how many devices broke down?	Number:	
1.08	If yes, how many device(s) were you able to fix?	Number:	If "All", skip to 1.10
1.09	If less than all, why were some not repaired? (Select all that apply.)	<input type="checkbox"/> Spares not available <input type="checkbox"/> Tools for repair not available <input type="checkbox"/> Knowledge & skills gap <input type="checkbox"/> None of the above	—
1.10	How many device(s) did you return back to the ward?	Number:	—
Suction pump			
1.11	Did you conduct any preventive maintenance?	<input type="radio"/> Yes <input type="radio"/> No	—
1.12	If yes, how many devices received PPM?	Number:	
1.13	Were there any device breakdowns since the last call? (Select all that apply.)	<input type="checkbox"/> Yes, reported by clinical staff <input type="checkbox"/> Yes, noticed by biomed during ward inspection <input type="checkbox"/> No	If "No", skip to 1.18

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No.	Item	Response	Skip To
1.14	If yes, how many devices broke down?	Number:	
1.15	If yes, how many device(s) were you able to fix?	Number:	If "All", skip to 1.17
1.16	If less than all, why were some not repaired? (Select all that apply.)	<input type="checkbox"/> Spares not available <input type="checkbox"/> Tools for repair not available <input type="checkbox"/> Knowledge & skills gap <input type="checkbox"/> None of the above	—
1.17	How many device(s) did you return back to the ward?	Number:	—
Oxygen concentrator			
1.18	Did you conduct any preventive maintenance?	<input type="radio"/> Yes <input type="radio"/> No	—
1.19	If yes, how many devices received PPM?	Number:	
1.20	Were there any device breakdowns since the last call? (Select all that apply.)	<input type="checkbox"/> Yes, reported by clinical staff <input type="checkbox"/> Yes, noticed by biomed during ward inspection <input type="checkbox"/> No	If "No", skip to 1.25
1.21	If yes, how many devices broke down?	Number:	
1.22	If yes, how many device(s) were you able to fix?	Number:	If "All", skip to 1.24
1.23	If less than all, why were some not repaired? (Select all that apply.)	<input type="checkbox"/> Spares not available <input type="checkbox"/> Tools for repair not available <input type="checkbox"/> Knowledge & skills gap <input type="checkbox"/> None of the above	—
1.24	How many device(s) did you return back to the ward?	Number:	—
Oxygen cylinder			
1.25	Did you conduct any preventive maintenance?	<input type="radio"/> Yes <input type="radio"/> No	—
1.26	If yes, how many devices received PPM?	Number:	
1.27	Were there any device breakdowns since the last call? (Select all that apply.)	<input type="checkbox"/> Yes, reported by clinical staff <input type="checkbox"/> Yes, noticed by biomed during ward inspection <input type="checkbox"/> No	If "No", skip to 1.32
1.28	If yes, how many devices broke down?	Number:	
1.29	If yes, how many device(s) were you able to fix?	Number:	If "All", skip 1.31
1.30	If less than all, why were some not repaired? (Select all that apply.)	<input type="checkbox"/> Spares not available <input type="checkbox"/> Tools for repair not available <input type="checkbox"/> Knowledge & skills gap <input type="checkbox"/> None of the above	—

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No.	Item	Response	Skip To
1.31	How many device(s) did you return back to the ward?	Number:	—
Flow splitter			
1.32	Did you conduct any preventive maintenance?	<input type="radio"/> Yes <input type="radio"/> No	—
1.33	If yes, how many devices received PPM?	Number:	
1.34	Were there any device breakdowns since the last call? (Select all that apply.)	<input type="checkbox"/> Yes, reported by clinical staff <input type="checkbox"/> Yes, noticed by biomed during ward inspection <input type="checkbox"/> No	If "No", skip to 1.39
1.35	If yes, how many devices broke down?	Number:	
1.36	If yes, how many device(s) were you able to fix?	Number:	If "All", skip to 1.38
1.37	If less than all, why were some not repaired? (Select all that apply.)	<input type="checkbox"/> Spares not available <input type="checkbox"/> Tools for repair not available <input type="checkbox"/> Knowledge & skills gap <input type="checkbox"/> None of the above	—
1.38	How many device(s) did you return back to the ward?	Number:	—
Bubble CPAP			
1.39	Did you conduct any preventive maintenance?	<input type="radio"/> Yes <input type="radio"/> No	—
1.40	If yes, how many devices received PPM?	Number:	
1.41	Were there any device breakdowns since the last call? (Select all that apply.)	<input type="checkbox"/> Yes, reported by clinical staff <input type="checkbox"/> Yes, noticed by biomed during ward inspection <input type="checkbox"/> No	If "No", skip to 1.46
1.42	If yes, how many devices broke down?	Number:	
1.43	If yes, how many device(s) were you able to fix?	Number:	If "All", skip to 1.45
1.44	If less than all, why were some not repaired? (Select all that apply.)	<input type="checkbox"/> Spares not available <input type="checkbox"/> Tools for repair not available <input type="checkbox"/> Knowledge & skills gap <input type="checkbox"/> None of the above	—
1.45	How many device(s) did you return back to the ward?	Number:	—
Glucometer			
1.46	Did you conduct any preventive maintenance?	<input type="radio"/> Yes <input type="radio"/> No	—
1.47	If yes, how many devices received PPM?	Number:	

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No.	Item	Response	Skip To
1.48	Were there any device breakdowns since the last call? (Select all that apply.)	<input type="checkbox"/> Yes, reported by clinical staff <input type="checkbox"/> Yes, noticed by biomed during ward inspection <input type="checkbox"/> No	If "No", skip to 1.53
1.49	If yes, how many devices broke down?	Number:	
1.50	If yes, how many device(s) were you able to fix?	Number:	If "All", skip to 1.52
1.51	If less than all, why were some not repaired? (Select all that apply.)	<input type="checkbox"/> Spares not available <input type="checkbox"/> Tools for repair not available <input type="checkbox"/> Knowledge & skills gap <input type="checkbox"/> None of the above	—
1.52	How many device(s) did you return back to the ward?	Number:	—
<b>Radiant warmer</b>			
1.53	Did you conduct any preventive maintenance?	<input type="radio"/> Yes <input type="radio"/> No	—
1.54	If yes, how many devices received PPM?	Number:	
1.55	Were there any device breakdowns since the last call? (Select all that apply.)	<input type="checkbox"/> Yes, reported by clinical staff <input type="checkbox"/> Yes, noticed by biomed during ward inspection <input type="checkbox"/> No	If "No", skip to 1.60
1.56	If yes, how many devices broke down?	Number:	
1.57	If yes, how many device(s) were you able to fix?	Number:	If "All", skip to 1.59
1.58	If less than all, why were some not repaired? (Select all that apply.)	<input type="checkbox"/> Spares not available <input type="checkbox"/> Tools for repair not available <input type="checkbox"/> Knowledge & skills gap <input type="checkbox"/> None of the above	—
1.59	How many device(s) did you return back to the ward?	Number:	—
<b>Incubator</b>			
1.60	Did you conduct any preventive maintenance?	<input type="radio"/> Yes <input type="radio"/> No	—
1.61	If yes, how many devices received PPM?	Number:	
1.62	Were there any device breakdowns since the last call? (Select all that apply.)	<input type="checkbox"/> Yes, reported by clinical staff <input type="checkbox"/> Yes, noticed by biomed during ward inspection <input type="checkbox"/> No	If "No", skip to 1.67
1.63	If yes, how many devices broke down?	Number:	
1.64	If yes, how many device(s) were you able to fix?	Number:	If "All", skip to 1.66

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No.	Item	Response	Skip To
1.65	If less than all, why were some not repaired? (Select all that apply.)	<input type="checkbox"/> Spares not available <input type="checkbox"/> Tools for repair not available <input type="checkbox"/> Knowledge & skills gap <input type="checkbox"/> None of the above	—
1.66	How many device(s) did you return back to the ward?	Number:	—
Phototherapy light			
1.67	Did you conduct any preventive maintenance?	<input type="radio"/> Yes <input type="radio"/> No	—
1.68	If yes, how many devices received PPM?	Number:	
1.69	Were there any device breakdowns since the last call? (Select all that apply.)	<input type="checkbox"/> Yes, reported by clinical staff <input type="checkbox"/> Yes, noticed by biomed during ward inspection <input type="checkbox"/> No	If "No", skip to 1.74
1.70	If yes, how many devices broke down?	Number:	
1.71	If yes, how many device(s) were you able to fix?	Number:	If "All", skip to 1.73
1.72	If less than all, why were some not repaired? (Select all that apply.)	<input type="checkbox"/> Spares not available <input type="checkbox"/> Tools for repair not available <input type="checkbox"/> Knowledge & skills gap <input type="checkbox"/> None of the above	—
1.73	How many device(s) did you return back to the ward?	Number:	—
Other			
1.74	Was there any other event since the last call that you think we should know about?	<input type="radio"/> Yes <input type="radio"/> No  If "Yes", please describe:	—

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Comments