

3 New Datapoints Revealing How Contact-Free RPM Boosts Occupancy



What a skilled nursing facility doesn't know will hurt them.

When working to keep SNF patients out of the hospital, visibility is the name of the game. Seniors experience falls when they are unsupervised, and while operators do excellent work at keeping seniors safe, there is one major blind spot that continues to pose a unique challenge: night time.

Fall risk increases at night, when patients might be groggy or confused, particularly when going to the bathroom. The bathroom holds additional risks, with its slick and often wet surfaces near sharp corners.

Remote patient monitoring (RPM) technologies go toward solving the problem of night falls, but they remain limited, often providing only a single alert or measurement. This makes them merely reactive systems of care.

Now, a technology platform that delivers contact-free remote-patient monitoring (RPM) is showing key improvements in three areas that predict and boost SNF occupancy.

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71% reduction in enhanced observations

68% reduction in ER visits

48% reduction of falls at night

Oxevision from United Kingdom-based Oxehealth alerts clinicians to early warning signs and reports on risk factors, enables contact-free vital signs measurement and enables secure, privacy-controlled visual checks by nurses without disturbing patients.

Oxehealth, which is contracted to over 40% of NHS inpatient behavioral health and dementia providers in England, has created an entirely new category of technology – what it calls vision-based patient-monitoring and management. The results are significant. Three new datapoints are revealing the extent of the Oxevision benefit:

- 71% reduction in enhanced observations
- 68% reduction in ER visits
- 48% reduction of falls at night

Here is a look at the three ways that Oxevision delivers these results.

Digital vital sign observations that don't disrupt sleep

A senior's fall risk rises at night, especially when their sleep is disrupted outside of their normal Circadian rhythms, such as by a nurse making his or her rounds and even slightly pushing open a door.

Instead, the Oxevision platform uses secure optical sensors in a patient's room, continuously taking contact-free readings – including on breathing rate (taken from chest wall movements) and pulse – no matter where the patient is in the room. The optical sensor connects to a server that relays information to clinicians where and when they need it. Viewing screens are installed at nursing stations, with dedicated tablets provided for staff as they move around the SNF.

As a result of this contact-free work, 8 of 10 patients feel less disturbance at night, 7 of 10 experience improved sleep – and 94% of staff feel this process provides better patient safety.

“Over the 23 years I've been in nursing, this is the best nursing innovation I've seen,” says Anil Jose, deputy ward manager of Sherbourne PICU ward in the UK. “You don't have to go and wake up somebody or disturb their very important sleep to know that they are safe. You are reassured they are not in danger.”



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Ongoing activity alerts

While the digital nursing rounds provide nursing staff with general patient information, Oxevision also brings alerts on patient activity that can indicate an increased risk of harm. These include tracking when a resident is:

- Entering the room or having guests over
- Getting in or out of bed
- Entering the bathroom, and time spent in the bathroom
- Leaving the room, which is crucial for patients who are wander-risks

“Alerting clinicians to sensitive early warning signs before a harm occurs enables them to choose to intervene, which leads to a reduction in falls and other harms and therefore a reduction in ER visits,” says Oxehhealth CEO Hugh Lloyd-Jukes. “Oxevision helps clinicians to head harm off by intervening proactively, to get to people who have got into difficulties quickly. It also enables them to establish if someone who has fallen has, in fact, hit their head and does actually need to go to the ER or can be gently helped back into bed.”

Patient trend reports

All of this information feeds into trend reports that give nursing staff real-time insight into patient needs, giving them another tool to deliver proactive, patient-centred care.

“We had a consultant psychiatrist tell us that she can now come on to the ward in the morning and see how long a patient has spent out of their room, or in their bed, or in the bathroom, while also, for the first time, seeing exactly how their vital signs moved overnight,” Lloyd-Jukes says. “These reports correlate well with what clinicians observe about a patient and provide objective data to see how people responded to treatment.”



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In the end, those three elements — the vital signs, the alerts and the trend reports — come together to help SNFs minimize unnecessary, disruptive contact with patients at night while maximizing the information they have about their patients and the amount of time they have available for hands-on caregiving where and when it is needed most.

“You’re not waking people up unnecessarily, you’re giving them a great experience and you’re keeping them safer because you’re getting their pulse rate, breathing rate — measured through chest wall data — and activity data,” he says. “Those three things together are what enable the clinical teams to deliver fewer falls, a reduction in ER admission and a reduction in hospitalization.”

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