

Staff experience with oxevision®

Eight NHS mental health trusts across England have been working in partnership with Oxehealth to evaluate the impact of Oxevision on staff experience in inpatient wards.

The following report uses data compiled from NHS-led staff surveys, focus groups and interviews across eight NHS England mental health trusts to evaluate the impact on staff experience. It incorporates the perspectives of more than 250 clinicians working in over 20 inpatient mental health wards that use Oxevision as part of their daily clinical practice.

Staff reported that Oxevision helps them to:¹



What is Oxevision?

Oxevision is a non-contact vision-based patient monitoring platform. It gives clinical teams location and activity based alerts that indicate early warning signs and risk factors to help them plan patient care and to intervene proactively. Our customers have reported that this supports them reduce risk incidents and injuries and improves quality of care and operational savings (including releasing time to care).

Oxevision uses a secure contact-free optical sensor (camera and infrared illumination) which staff can use to monitor a patient's pulse rate, breathing rate and activity/behaviour in a bedroom — providing warnings, alerts, activity reports and enables digital safety observations at the right time.

¹ Data compiled from NHS-led surveys at seven NHS mental health Trusts. Percentages refer to the proportion of respondents who agreed or strongly agreed with the statement. Sample sizes from top to bottom of list: N = 255; N = 255; N = 215; N = 138; N = 211; N = 141.

Patient safety

When Oxevision was used as part of clinical practice, clinicians reported that they were able to improve patient safety. By using the platform's location and activity based alerts, staff could identify early warning signs and potential incidents and intervene proactively.

Clinicians reported they were able to reduce the number and severity of incidents, as well as the degree of harm including self-harm, falls, assaults and physical health deterioration. Overall, staff felt confident that they had improved patient safety on the wards.

*"In my experience, **the Oxehealth system gives us more time to spend with patients while also knowing patients are safe.** For example, at night-time, we'll know that one patient is fine, so we'll have time to attend to another patient who needs something. Our patients tend to go to bed late, so once we are able to check their vitals and make sure they're okay, we've got extra time to attend to other patients who need assistance".*

Ward Manager

*"I have used Oxevision a lot when it's notified me of **patients spending too much time in the bathroom.** It's been very helpful with that type of situation. For example, we have one lady that repeatedly self-harms in the bathroom, so when she would go into the bathroom for an extended time, Oxevision would alert us".*

Ward Staff Nurse

Clinicians can provide better care in daily practice

Clinicians reported that they were able to provide better quality care and felt reassured when using Oxevision as a supportive tool in daily clinical practice.

Staff reported having more objective information to make clinical and care decisions, including continuous data on patient activity. This facilitated a better understanding of patient needs and care requirements by providing insights into sleep opportunity, night needs, isolation time, medication decisions and discharge planning.

As a result, staff reported improved clinical decision making, the ability to provide less restrictive care, better management of specific care needs, and stronger staff-patient relationships.

*"Now you can take time to have that **meaningful interaction** and say "how are you", not just being reactive to an incident".*

Ward Manager

*"We wanted to **involve the patients** throughout because ultimately, it's for them. They liked that we were open and honest with them, which **improved the staff and patient relationship**".*

Ward Sister

Clinicians can improve how they manage risk on the ward

With Oxevision's location and activity based alerts, staff had greater awareness of patient locations, movements and potential high-risk activity which enabled them to proactively manage risk on the ward and respond more quickly to patients in need.

Clinicians were able to take positive risks in managing patient safety, such as stepping down observations, and felt reassured that they had Oxevision to support them.

Clinicians were also able to more accurately communicate behaviours and decisions across shifts to better manage patient risk over time.

*"It also provides **objective data when you handover to other shifts**. Pat (the other nurse in charge on night shifts) and I work opposite shifts to each other. We don't communicate with each other very much. Subjectively, we will see things differently as we have different tolerance levels and experiences, but if you can say this patient was really restless last night between 3-4 am and look back and see that's happened for a few nights then we can see that in the report and address that. So, **the activity report is quite good when looking at patterns**".*

Staff Nurse

*"We had a couple of patients; **one had assaulted the other** and [Oxevision's multiple occupant alert] picked up when **one was going into the other patient's room**.*

*This was especially helpful at night. The staff were alerted by Oxevision and could **de-escalate the situation before someone got hurt**".*

Clinical Manager

Staff feel more reassured of their own safety

Staff felt their sense of safety had improved on wards, as they could support patients when it is therapeutically beneficial to do so, and support remotely with more information on patients' physical and physiological health in between hands-on care.

This was particularly helpful for staff when caring for patients with a high risk of physical aggression, as clinicians were able to use Oxevision as a tool to support safe de-escalation in bedroom areas.

*"As staff, Oxevision **improves our safety on the ward**. There is always so much going on in the ward and you can't always keep track. At least with the system...we're able to know what's going on or **shout for help straight away, so we can intervene quickly and safely**".*

Staff Nurse

Staff can care for patients with more privacy and dignity

Staff experienced being able to care for patients with more privacy and dignity using Oxevision. Clinicians reported that they were able to monitor patients at night remotely, only entering their bedrooms when it was clinically needed.

Staff reported that patients were more likely to have a good night's sleep due to a reduction in light, noise disturbance and physical intrusion (previously necessary for conventional checks to verify patient safety).

As a result, patients felt like their privacy and dignity had improved, and they had greater independence and sense of control in moving forward in their recovery.

*"I think it's the little things that make the big differences for our patients. Something like checking on our patients at night, we might have to **move their duvet to check they are safe which wakes them up. It impacts their relationship with us.***

Being able to do remote safety checks at night makes a big difference to their wellbeing and to our relationship with them".

Service Manager

Methodology

Data presented in this report was compiled from early insight reports from eight mental health trusts across NHS England. Data was collected from 22 wards, including the following inpatient services: female working age acute, male working age acute, mixed working age acute, older adult (including dementia), psychiatric intensive care, seclusion and health-based places of safety.

Staff surveys, focus groups and one-to-one interviews were conducted on the ward between 2019 and 2021 after 3-6 months of use in order to evaluate staff perceptions.

Patient information, including names, have all been changed or removed to protect patient data and anonymity. Two questionnaires were used to collect staff feedback. Staff were required to answer questions on a scale of 1 to 6. In both surveys 1 reflected staff strongly disagreed with the question or statement and 6 reflected staff strongly agreed. The two surveys were merged for the purpose of this report.