

PATIENT CASE STUDIES | ACUTE BEHAVIORAL HEALTH

Lina: Sleeping easy

As told by Andrew Wood, Nurse

Lina¹ is an adult in her 30s with a diagnosis of depression and a secondary diagnosis of anxiety.

She was admitted to a female acute unit following exacerbation of symptoms of depression and an extended period of low mood in the community.

“

“Lina had recently made a **serious attempt to take her own life** just before being admitted into the unit. Lina was on 1:1 observations, but was disturbed by the **constant presence of, in her words, a stranger**. Even the act of intermittently checking Lina by opening the door was causing her to sleep poorly.

We took Lina off one-to-one observations and were able to give her uninterrupted sleep while remotely checking her pulse and respiratory rates every 15 minutes to manage her safety risk.

Lina felt a **greater sense of privacy** and that she was **better able to sleep at night**. We saw a positive change in Lina too; her **mood began to improve**, and we saw **increased interactions** during the day.”

Andrew and his team use a modified protocol at night to conduct their rounding observations. They can use Oxevision to make sure Lina is safe at night without disturbing her while she sleeps.

¹A pseudonym has been used to maintain patient anonymity

PATIENT CASE STUDIES | ACUTE BEHAVIORAL HEALTH

Cheryl: Intervening in time

As told by Susie Bruton, Nurse

Tasmin¹ is in her 30s and was admitted to a female acute unit. She was diagnosed with depression and a personality disorder. She was at risk of self-harm and prone to sudden episodes of aggressive behavior.

“

“I saw Cheryl go to her room and **I had an instinct that something wasn’t right**. I knew Cheryl was at risk of self-harming, but **she finds us constantly checking up on her intrusive**. Previously, when I’ve checked on her, **she has quickly become violent and aggressive**.

I wanted to check on Cheryl **using Oxevision without being intrusive** and entering her room. When I took her vital sign measurements, **I could see Cheryl lying still on her room floor**. I immediately went to her room. **She had tied a ligature around her neck which I quickly released her from** and gave her the care she needed.

Looking back, **I’m relieved I checked on her using the system**. If I had waited until her next observation **Cheryl may not be here today.**”

Susie cared for Cheryl in a room equipped with Oxevision. Susie used the system to take contact-free pulse and breathing measurements for Cheryl - making sure she was safe, without needing to enter her room.

¹A pseudonym has been used to maintain patient anonymity

PATIENT CASE STUDIES | ACUTE BEHAVIORAL HEALTH

Kim: Stepping down observations

As told by Rachel Webb, Unit Manager

Kim¹ was admitted to an acute unit with a diagnosis of depression and a personality disorder. Kim was on continuous visual observations, which she had been finding difficult to cope under.

“

“Kim had **tried to self-harm several times** after outbursts of aggression and violence. The constant presence of a member of staff was exacerbating her challenging behavior. **We decided to step down Kim’s observations.**

The system **allowed us to step down** Kim’s observations. It was important for her to **move forward in her care** and for her to **learn to cope on her own**. By spending just 15 minutes on her own, **she felt like she had achieved something.**

Using the system to have **visual monitored reassurance** that Kim was safe without her feeling watched allowed Kim to take **ownership of her treatment**, and for us(staff) we knew we could respond as soon as she needed assistance”

Rachel and her team used Oxevision to support stepping down observations for Kim. Rachel used the system in between the regular checks to take pulse and breathing rate measurements and assess Kim’s behavior in her room, without disturbing her.

¹ A pseudonym has been used to maintain patient anonymity

PATIENT CASE STUDIES | ACUTE BEHAVIORAL HEALTH

Patricia: Saving valuable time

As told by Jane Biner, Charge Nurse

Patricia¹ was admitted to a female acute unit due to several self-harm attempts and low mood.

Patricia would regularly engage in self-harm and relied on staff to intervene before she was seriously hurt.

“

“I used Oxevision to take an observation of Patricia in her room, and I saw that **she had a plastic bag tied around her head**. I immediately went to her room and removed the plastic bag and she appeared to **start having a seizure**. When she came around, **she said she couldn't see or hear anything**.

Previously, Patricia has **exaggerated symptoms/behaviors she had been experiencing**. We decided to continue observing her in her room, using Oxevision. We took pulse and breathing rate measurements which were in the normal range, and **her presentation wasn't consistent with having had a seizure**.

Being able to observe Patricia and collect objective data using Oxevision meant that we could be **confident that she was ok**. This allowed us to **save valuable time for the doctor and the ER staff**.”

When a patient has a seizure, the doctor is called to review the patient, often followed by a transfer to the ER for further assessment. Jane and her team use the vital signs functionality of Oxevision to take remote medical-grade pulse and breathing rate measurements to ensure the patient is safe while waiting for the doctor.

¹ A pseudonym has been used to maintain patient anonymity

PATIENT CASE STUDIES | ACUTE BEHAVIORAL HEALTH

Sierra: Breaking the cycle of behavior

As told by Ann Teemal, Unit Manager

Sierra¹ is a young adult in her 20s and was admitted to an acute unit following a period of self-harm incidents and paranoia.

“

“Sierra **self-harms as a form of communication**. She knows that when she self-harms, we will intervene before she comes to harm. We often care for Sierra on 1:1 observations following a self-harm incident, but **this can sometimes reinforce her behavior**. It can be **disempowering** for her because she relies on us instead of developing her own coping skills.

We use Oxevision to help reduce Sierra's level of observations, so although we're not present in her room, **we are able to frequently check she's safe**. We only **intervene when she needs us**. It has given us the opportunity to **empower her**. She engages with herself and is practicing the coping skills she needs to **move forward in her treatment**. Using Oxevision has helped to **break the cycle of behavior** that can lead to Sierra self-harming.”

Ann and her team use Oxevision to help care for Sierra. It informs the team when Sierra is in her room and therefore may require additional checks and enables them to take spot-check vital sign measurements remotely, without disturbing her.

¹ A pseudonym has been used to maintain patient anonymity

PATIENT CASE STUDIES | ACUTE BEHAVIORAL HEALTH

Steve: A new method for night-time checks

As told by Helen McWilliams, Senior Healthcare Assistant

Steve¹ has advancing chronic obstructive pulmonary disease (COPD) and was transferred from an acute hospital to a male acute unit after recovering from an overdose.

Helen and her team use Oxevision to do their regular checks on Steve at night to ensure he is safe without disturbing him.

“

“Steve had been with us for 2-3 days and despite recovering from an overdose and having COPD, there was **no reason to be concerned for his physical health** and no issues had been highlighted from the day shift.

I was doing my observation round and took Steve’s **vital signs with Oxevision**. I could see from the system that **his breathing rate was 33 bpm** so we immediately went to check on him in person. **Steve’s sats were very low** so I gave him oxygen and contacted the on-call doctor. His oxygen saturation rose to normal levels, but we continued to monitor him more closely. When **his sats dropped again**, we called for an ambulance and **escorted him to the ER** to ensure he could get appropriate care.

I feel relieved to have caught it early, because without the system, we wouldn’t have disturbed his sleep to get vital sign measurements throughout the night.”

Helen contacted the unit doctor to review Steve as per protocol and continued to provide hands-on care until the doctor’s assessment/recommendations.

¹ A pseudonym has been used to maintain patient anonymity

PATIENT CASE STUDIES | ACUTE BEHAVIORAL HEALTH

Gareth: Valuable space and time

As told by Claire Burrell, Nurse

Gareth¹ is in his mid-30s and was admitted to an acute unit. He was diagnosed with schizoaffective disorder and he regularly became agitated with physical observations.

“

“Gareth was in the TV room when his behavior escalated. He **smashed a couple of the chairs** and was a **danger to himself and others**.

We tried to engage him and calm him down, however his behavior continued to escalate. Gareth eventually **accepted oral emergency treatment order** medication and we brought him to his room. He then **became agitated with physical observations taken**, so we **used Oxevision for observations and to monitor his pulse and breathing rate remotely**. We offered engagement, but **he wanted space to calm down** on his own.

We were still **able to ensure Gareth was safe using Oxevision** while providing him with the space he needed. It gave him time to **reflect on the situation and calm down**. After a while, Gareth came out of his room and **apologized for his behavior**.”

Following an emergency treatment order, staff follow strict protocols for monitoring a patient’s physical health. Claire used Oxevision to take medical grade pulse and breathing rate measurements remotely to ensure Gareth was safe his room.

¹ A pseudonym has been used to maintain patient anonymity

PATIENT CASE STUDIES | ACUTE BEHAVIORAL HEALTH

Fiona: Building trust to prevent self-harm

As told by Helen McWilliams, Senior Healthcare Assistant

Fiona¹ is a young woman with a diagnosis of depression and a personality disorder. She was admitted to an acute unit and had difficulty trusting staff.

Fiona has been known to act spontaneously on her thoughts, often leading to self-harm which isn't always discovered until her next observation.

“

“A member of staff had just completed Fiona's observations but their conversation **gave me a feeling that we should check on her**. It is important that we don't check on her in person more than we need to, as **in the past she has become aggressive**.

Fiona had just walked into her room and I wanted to **check she was safe without disturbing her**. I tried to take a vital sign measurement using Oxevision to confirm Fiona was safe, but I saw **something shine in the camera**, so I went straight to her room. I found that **Fiona had secreted a blade**, I then de-escalated the situation through a long conversation with her.

Oxevision helped us to **prevent her from self-harming** and to provide **immediate emotional support**. We were able to build trust and, from then on, she would speak to us when she was having harmful thoughts. To my knowledge, **she didn't have another incident on the unit.**”

Helen and her team use Oxevision to take spot-check vital sign observations without entering the room and disturbing Fiona.

¹ A pseudonym has been used to maintain patient anonymity

PATIENT CASE STUDIES | ACUTE BEHAVIORAL HEALTH

Maggie: Preventing incidents in time

As told by Mark Weetman, Unit Manager

Maggie¹ is a woman in her mid-30s and was admitted to a female acute unit at Essex Partnership University NHS Foundation Trust (EPUT) following multiple ligature attempts.

Due to Maggie's risk of self-harm, Mark and his team perform in-person checks on her every 15 minutes to confirm she is safe and well.

“

“Maggie has a known history of self-harm so **we check on her 4-6 times per hour**. She had withdrawn to her room so we were **concerned about her safety**. We decided to conduct extra checks remotely using Oxevision to confirm she was okay without disturbing her. We attempted to take Maggie's **pulse and breathing rate measurements** using the system and saw her sitting in the corner of her room holding her neck. She had **tied a ligature around her neck**. Normally, someone would have had to open the patient's room door, see her, pull the emergency alarm and run back to the office to get assistance. Instead, **we went straight to the room** and asked for staff assistance along the way.

The system was lifesaving because we may have not realized in time and we wouldn't necessarily conduct the extra checks during the day if they were in their room. It saved 60-90 seconds which, when someone's airway is blocked, could be **lifesaving.**”

Mark went straight to the room and asked for staff assistance along the way.

¹ A pseudonym has been used to maintain patient anonymity

PATIENT CASE STUDIES | ACUTE BEHAVIORAL HEALTH

Tara: Building better coping strategies

As told by Mark Weetman, Unit Manager

Tara¹ is a woman in her mid-30s and was admitted to an acute unit at Essex Partnership University NHS Foundation Trust (EPUT) following multiple self-harm attempts.

She was at risk of ligaturing and found it difficult to communicate with staff about feelings of harming herself.

“

“Previously, we discovered **Tara had tied a ligature** in her room. We pressed the nurse call button and **7 or 8 people responded to the alarm**. Tara was unharmed but had ligated to get the attention of staff. Attending to Tara after an attempted ligature was **reinforcing a negative behavior**.

We have been using Oxevision to do extra checks on Tara in between her regular observations. It's enabled us to pick up on her self-harm behavior earlier and therefore to **intervene more quickly with fewer staff**. It's been beneficial for Tara because we now provide **more measured engagement** which has reduced her dependency on our attention. She's **attempting to self-harm much less now**.”

Mark cared for Tara in a room equipped with Oxevision. This enabled Mark and his team to perform extra safety checks on her - taking pulse and breathing rate measurements without entering her room and invading her space.

¹ A pseudonym has been used to maintain patient anonymity

PATIENT CASE STUDIES | ACUTE BEHAVIORAL HEALTH

Andrea: Sleeping better

As told by Joseph Deally, Healthcare Assistant



Andrea¹ is in her early 30s. She is at risk of self-harm and regularly attends emotional management groups as part of her care plan. Joseph regularly checks on Andrea at night to make sure she is safe.

“We suspected that our night-time checks were **disturbing Andrea’s sleep**, and this was **affecting her mood** the next day and her ability to manage her emotions.

When we started using Oxevision to check on Andrea at night, she reported sleeping better and was visibly less agitated during the day. There were other interventions in place as well, such as attending emotional management groups, but **having a healthy sleep regime does do a lot of people wonders**.

I’ve **come to realize how important sleep is**, especially in patients whose sleep has been a precursor for their deterioration in their mental state.”

After Andrea’s room was equipped with Oxevision, Joseph and his team began using the system to monitor her pulse and breathing rate remotely. This way, they were able to check she was safe and well without entering her room and disrupting her sleep.

¹ A pseudonym has been used to maintain patient anonymity

PATIENT CASE STUDIES | ACUTE BEHAVIORAL HEALTH

Leila: Responding to activity alerts

As told by Violet Ferguson, Nurse



Leila¹ is in her mid-40s and was admitted to an acute unit. She was diagnosed with depression and a personality disorder and has a history of repeated self-harm in the bathroom.

“It’s a challenge for us to make sure our patients are safe when [they are] using the bathroom while also **maintaining their privacy and dignity.**”

The system alerted that Leila **was in her bathroom for a prolonged period** so I went straight to her room to check on her.

I got there **just in time**, as she had only managed to make **superficial scratches on her arm.** The system is **very helpful when alerting us...** We can act more **effectively** because of it, and get there **quicker** than we would be able to otherwise.”

The system is able to alert staff to when patients have spent a prolonged period of time in their ensuite bathroom - which is a risk factor for self-harm in some patients.

¹ A pseudonym has been used to maintain patient anonymity

PATIENT CASE STUDIES | ACUTE BEHAVIORAL HEALTH

Matt: Greater safety and privacy

Patient's point of view



Matt¹ had been admitted to an acute unit after an episode of emotional distress and was at risk of self-harm.

After treatment, Matt spoke about how he felt about staff using Oxevision to support his care.

“I don’t mind telling you I tried to commit suicide. After some reflection, I feel **more reassured** that staff are using Oxevision.

It **makes me feel safe**, it helps staff monitor me, and I appreciate the fact that I have some additional privacy because **staff don’t have to open my door every time to check on me.**”

Staff used Oxevision to take additional spot check vital sign measurements to ensure Matt was safe. Oxevision also alerted staff to high-risk activity, such as when Matt spent a prolonged period of time in his bathroom. This meant they could intervene quickly in situations when Matt may have needed help.

¹ A pseudonym has been used to maintain patient anonymity