oxehealth®

Evidence on the use of Oxevision in psychiatric inpatient care

Reduction in self-harm and ligatures

12-month pre-post study (with control group) in general psychiatric care

44%
Relative reduction in **bedroom self-harm**
($p < 0.002$)

48%
Relative reduction in **bedroom ligatures**
($p < 0.001$)

68%
Relative reduction in **bathroom ligatures**
($p < 0.001$)

Ndebele, F., et al. (2023). Non-contact health monitoring to support acute care in mental health. *Journal of Mental Health.* Accepted for publication.

Reduction in assaults and rapid tranquillisation

12-month pre-post study in psychiatric intensive care

37%
Reduction in **assaults**
($p = 0.004$)

40%
Reduction in **rapid tranquillisation** related to assaults
($p = 0.002$)

Ndebele, F., et al. (2022). Non-contact health monitoring to support care in a psychiatric intensive care unit. *Journal of Psychiatric Intensive Care, 18*(2), 95-100.

Reductions in falls, transfers to A&E and 1:1 observations

22-month pre-post study in elderly psychiatric care

48%
Reduction in **bedroom falls** at night
($p < 0.01$)

68%
Reduction in **transfers to A&E**
($p < 0.02$)

71%
Reduction in **1:1 observations**

Wright, K., & Singh, S. (2022). Reducing falls in dementia inpatients using vision-based technology. *Journal of Patient Safety, 18*(3), 177-181.

Increase in the rate of obtaining physical health observations during seclusion sessions

6-month pre-post study in mental health seclusion

12.3x
Increase in the rate of obtaining clinically accurate **vital signs**

Clark, H., et al. (2021). Non-contact physical health monitoring in mental health seclusion. *Journal of Psychiatric Intensive Care, 18*(1), 31-37.

Economic savings associated with reductions in 1:1 observations and incidents, and with more efficient night-time observation rounds

Cash-releasing savings: annual cost savings on a typical ward

	General	Elderly	Intensive
Reduction in agency staff spend related to 1:1 observations	27%	34%	15%
Associated cost savings	£54,324	£63,980	£79,135

Non cash-releasing savings: annual time savings (hours) on a typical ward

Time savings due to	General	Elderly	Intensive
More efficient night-time observation rounds	321	502	536
Reductions in incidents (incident type)	202 (bedroom self-harm)	232 (bedroom falls at night)	132 (assaults) 400 (rapid tranquillisation related to assaults)
Reductions in 1:1 observations	801	4,156	481
Total hours saved	**Approximately 3 hours per 12-hour shift**		

Malcolm, R., et al. (2022a). Economic evaluation of a vision-based patient monitoring and management system in an acute adult and an older adult mental health hospital in England. *Journal of Medical Economics, 25*(1), 1207-1217.

Malcolm, R., et al. (2022b). Economic evaluation of a vision-based patient monitoring and management system for working-age people in psychiatric intensive care units in England. *Journal of Medical Economics, 25*(1), 1101-1109.

To view the footnotes, visit **www.oxehealth.com/se/evidence**

About Oxehealth and Oxevision

Oxehealth is a leader in intelligent patient monitoring for inpatient psychiatry. For over a decade, the company has been dedicated to helping clinical teams deliver safer, higher-quality and more efficient care. Oxehealth partners with half of NHS England's mental health providers and is beginning to transform inpatient care in Europe and the United States.

Oxehealth's core offering, Oxevision, enables contact-free monitoring of vital signs, sleep and movement patterns – enabling staff to make data-driven clinical decisions. To date, the tool has supported 50 million hours of patient care.

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