

Remote Patient Video Monitoring to Enhance Safety

Diana Coleman, Nursing & Jennifer Garcia, Nursing

Problem:

- Every year over one million falls in hospitals are reported nationwide. Within these reports, 33% were found to be preventable, including the costly injuries associated with the falls (Kowalski et al., 2018)
- Restraints can cause acute decrease in patient function, incontinence, dehydration, skin breakdown, pressure ulcers, and psychological distress (Hartford Institute for Geriatric Nursing, 2021).



<https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.zeenit3.com%2Farticle%2Ftech%2Fexperts-say-telehealth-and-virtual-medicine-are-the-future-of-healthcare%2F69-22e9a3cf-2485-42f5-bd3-c26e5e7ed6e9sig=AOeVnu04ZUPLmrGE7qYKg4UUVzT3&ust=165047811428000&source=images&cd=of&ved=0CAuQJRxgFwTCKBn8suiPcFQAAAAAdAAAAABAD>

Detroit Medical Center Rehabilitation Institute of Michigan (RIM) **reports 67% decrease in falls and 70% reduction in sitter costs** with AvaSys (AvaSure, 2014, p. 16).

Mission Hospital in Asheville, NC reported a **44% reduction in unassisted falls and 40% reduction in fall-related injuries** after implementation on three inpatient units (Westle et al., 2019).

What is AvaSure?

- AvaSure utilizes the AvaSys devices to provide 24/7 live patient monitoring and two-way audio communication through a remote monitoring station staffed by trained video monitoring technicians
- Reduces the need for a one-to-one sitter in patients who are candidates, improving staffing on the units

To learn more...



A study from the Pacific Northwest calculated an estimated three-year cost of direct observation with AvaSure to be \$316,564 compared with \$1,266,258 using one to one sitters (Kowalski et al., 2018).

Unassisted Fall and Injury Rates Before and After "Virtual Sitter" Implementation

Data for falls and injuries are for the entire neurosciences unit, including the roughly 15% of patients who received the "virtual sitter" intervention. The graph intends to show the powerful effect of the intervention in a subset of patients on the unit's overall annual falls and injuries rates. For both falls and injuries in the entire unit, the P value for change from the first 12 months (baseline) to the second 12 months (pilot) was <0.001.

