Transforming Care through Video Monitoring to Decrease Patient Falls

Jacqueline D. Fenicle RN, MSN
Lehigh Valley Health Network, Jacqueline.Fenicle@lvhn.org

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Goals

1. Implement a video monitoring program as an additional measure to prevent falls.
2. Create a flexible observation process which places the technology where the patient is located, eliminating delays and patient movement.

Pilot Program

- 8 cameras, 4 fixed in a four-bed observation room
- 4 portable cameras in semi-private rooms
  - To increase flexibility, a specifically designed portable camera was developed for placement at any wired bedside.
  - To increase reliability, all cameras were hardwired directly to the server to ensure continuous patient safety without interruption.

Other Programs:

- One Monitor Technician

LVHN Program:

- New Role: Two Observation Monitoring Technicians:
  - 1 Watcher / 1 Runner
Communication between ‘watcher’ and ‘runner’ is carried out via handheld phones to facilitate a rapid response. Roles are rotated every three hours to prevent monitor fatigue.

Responsibilities:

- Register patient
- Place camera in patient room
- Perform required continuous monitoring and rounding activities

‘Watcher’ – observes monitoring screen, communicates with patient, and alerts the runner to respond.

‘Runner’ – responds to notification to prevent injury and eliminate patient falls

Video Monitoring Criteria

- High risk for fall
- History of falls
- History of wandering or elopement
  - Patient must respond to verbal cues.
  - Patient is not a suicide risk
- Impulsive or restless behaviors
- Pulling at lines or tubes
- Dementia
- High risk for fall
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Decision Tree for Video Monitoring / 1:1 Assistant

Outcomes

1. Controlled 1:1 Volumes - 2 staff for up to 8 patients

Future Implications

- Installation of additional monitors (up to 15)
- Implementation on other units

References:


Future Implications

Program Expansion:

- Installation of additional monitors (up to 15)
- Implementation on other units

References: