



Big Resident Problems Solved by Tiny Devices: 5 True Stories

By Susan Saldibar

You know those scenes in old movies where the detective sits asleep all night outside some bad guy's door, waiting to catch him in the act of sneaking out to do some "dirty deeds"? Inevitably comes that moment when the bad guy quietly opens the door and sneaks on tip toe past the snoring agent.

Now if that agent had a Vigil Health Solutions monitoring system, it would have vibrated the second the door sensor detected the breach, waking him up fast enough to tackle the escapee and march him back to his room.

This is not rocket science. It's the use of sensors and common sense.

Sensors to the rescue! Five real life short stories:

Jacquie Brennan, VP of Operations for [Vigil Health Systems](#), a Senior Housing Forum partner, shared with me five great true life short stories about how sensors can help caregivers identify and curtail behavior that poses a danger to residents and/or to their fellow community members.

As you read these, think of the time saved by caregivers by not having to hover over residents, by allowing sensors to do the detective work for them. And think of the privacy restored to the residents by allowing them to move around more freely without interruptions.

Lily

Lily was 90 years old; a tiny lady who had a passion for anything pink. She would awaken in the middle of the night and go on the prowl for pink items in other residents' rooms. And, she was quick in her movements; so much so that, even activating a "room exit rule", couldn't catch her before she was well on her way and turning down the hall.

Turning on the "room entered" alert rule, the caregiving team was able to:

- identify whose rooms she was entering.
- locate her quickly.
- quietly guide her back to her own room.

No one was disturbed, items were returned, and Lily was able to retain a degree of independence without being needlessly restricted.

Wilma

Wilma was an able-bodied memory care resident with moderate dementia. She was able to use the bathroom at night on her own. However, occasionally the staff would find that Wilma had left a towel in her sink, forgetting to turn off the faucet. The result was an overflow of the sink and a very wet bathroom.

Turning on the “in bathroom” alert rule, the caregiving team was able to

- know when Wilma got up to use the bathroom.
- make sure the water was turned off.

Wilma was able to retain her freedom and sense of independence in an environment made safer by sensor technology. The staff was able to attend to more residents, knowing that they would be alerted if and when Wilma used the bathroom.

Ann

Ann was a resident in a brand new special care unit, so there were still several empty rooms surrounding hers. Caregivers noticed that Ann was eating well, but losing weight. The staff physician could find no medical cause of the weight loss.

The team grew concerned that Ann might be “purging” her meals.

Turning on the “in bathroom” alert rule, the caregiving team was able to

- ensure a staff member was with her if she went into her bathroom.

However, responding to the alerts, the staff found no evidence that Ann was purging in her bathroom. They still suspected, however, that she was. But where?

Turning on the “room entered” alert rule for the empty rooms near Ann’s, the caregivers were able to:

- identify the room Ann was using to purge her meals.
- work to intervene and help Ann modify her behavior.

They were now able to create a dietary plan and care plan for Ann, and to work with her and her therapists to overcome her eating disorder.

Ann gained weight and was able to restore her health.

Mr. Russell

Mr. Russell was a memory care resident with Parkinson’s disease. He was lucid for long periods of time, but extremely guarded about his privacy. He would become agitated when people entered his room, even if for cleaning purposes when he was not present.

Since Mr. Russell was otherwise lucid and healthy, the staff was reluctant to use severe measures to restrict him.

Turning on the “room entered” alert rule, the caregiving team was able to:

- identify when anyone entered his room.
- deal with the situation quickly in a non-disruptive way.

Mr. Russell’s freedom was not impacted and issues with non-invited guests were identified quickly and resolved.

Laura

Laura was a resident who was scheduled for surgery. She was classified as NPO (nothing by mouth) for 24 hours prior to her appointment. Staff was concerned that Laura might get thirsty during the night and go into her bathroom for a glass of water. It wasn't practical to stand watch over Laura all night.

Turning on the "out of bed" alert rule during the night, the caregivers were able to:

- know if Laura got up and left her bed.
- intercept her before she got to the bathroom faucet.

Turning on the "in bathroom" alert rule during the day, the caregivers were able to:

- know if Laura went into her bathroom for water.
- intercept her before she got to the bathroom faucet.

Laura was able to sleep uninterrupted by staff needing to check in on her during the night. She was also able to move throughout the building with less restrictions during the day. She was able to have a successful surgery.

The staff was able to allow Laura her privacy at night and attend to other residents instead of checking in on her every half hour.

Are you using sensor technology to respond to residents' issues, while maintaining their freedom of movement? There is nothing complicated about these stories. They demonstrate that sensor technology, along with some planning, can make a big difference in how we care for residents.



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