

## Fall management

### Snapshot

**Pricing based on number of people to protect:**

Varies by product, vendor and service terms.

**Average price per resident per year:**

Depending on system, could range from less than \$75 to about \$650

### Pricing Trends

2012-2013: +2%

2013-2014: +1% to +2%

2014-2015: +2%

**Typical delivery time:** From overnight up to about 2 weeks

**Typical delivery charges:** Basic shipping

**Average life span of product:** 1 to 10 years

**Power source:** Battery or electricity

**Installation:** Staff members can do most themselves

**Average maintenance cost per year:**

Ask each supplier: lifespans for these products, and their components, vary greatly. Batteries should be changed often.

*(Figures cited are averages of all respondents' answers. Actual pricing will vary due to volume, bundling and other factors of a purchase.)*

Sources: Crest Healthcare Supply, Philips Lifeline, RF Technologies, SafetyCare Technologies, Stanley Healthcare Solutions



Photo: Stanley Healthcare Solutions

### FROM THE FRONT LINES:

“Over the last year, we had more dementia residents who were getting up from their wheelchairs, even when under direct observation from staff, and not locking the wheelchairs. We purchased a system that automatically locks the wheels of the wheelchair when the resident stands up, and since then we have recognized a decrease in fall incidents for this specific group of dementia residents. The anti-rollback system is a little costly but well worth the added safety it provides.”

Tony Madl, Administrator, Friendship Village of Schaumburg, IL

### Buyer Notes

- Providers want reliability, but should realize false alarms will happen with any system. Look for the lowest ratio. Certain falls are not detectable, veteran market observers also point out.
- Mixing of systems happens at numerous facilities, if only by default, or because of differing coverage abilities. Experts stress to have spare parts on site and also to keep the number of different types of monitors at a minimum, to avert confusion for the staff.
- Confirm how fall-detection devices can be integrated into other, existing systems in the buildings, or in potential acquisitions.

**For a list of vendors go to the:  
RESIDENT CARE section, pages 156-158  
SAFETY & SECURITY section, pages 182-184**