

Making the Invisible Visible in Senior Care

How Sage's real-time data helped a care team identify the true cause of a resident's falls, and drive a critical change in treatment.





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The Challenge

A resident at a Navion community, had experienced 12 falls in six months, largely due to trying to get up without assistance. The pattern had become so concerning that they were placed on hospice—not because of a terminal diagnosis, but because of an ongoing fall risk.

The care team was doing everything they could, but without clear visibility into what was driving the behavior, they were left reacting to incidents rather than preventing them.

When Sage was implemented, something shifted.

The resident began using the pendant consistently, calling for help instead of attempting to get up on their own. For the first time in months, falls stopped completely.

The resident really began to trust the system when they realized that when the button was pushed, someone always responded promptly. And not all requests were related to care needs. This resident started using the pendant like clockwork at 10 p.m. most evenings ... to request a bowl of cereal. (The care team was happy to accommodate.)

The resident was also relocated to a room in a higher-traffic area, allowing for more frequent observation and quicker response times.

But the improvement didn't last.

The Insight

At first, all seemed to be going well. The resident was in hospice, and was no longer falling; using the call button whenever help getting up was needed.

But when the care team in hospice became aware of the resident's difficulty sleeping, they prescribed both Seroquel and Ativan in an attempt to address those concerns.

Within a single weekend, the resident experienced three falls, the last resulting in a head injury that required staples.

The team suspected the medications were contributing—but they needed more than instinct. They needed proof.

Using Sage Insight, they analyzed the resident's call activity and uncovered a clear pattern:

- A 41% drop in call-light usage beginning the same day the medication was introduced
- A direct correlation between reduced call activity and increased fall risk

The data told a clear story: **The resident's falls weren't a result of a worsening condition—it was their ability to ask for help that had declined.**

The Action

Armed with this insight, the nurse brought a data visualization from Sage into a care plan meeting with the resident's family member and hospice team.

Instead of relying on subjective observation, the team could show exactly what had changed—and when.

When the resident's child saw the data, the response was simple:
"That's all I need to know."

The decision was made to discontinue the medication.

Within a week and a half, the resident showed clear signs of returning to baseline—including calling their child for the first time since the medication was introduced.



It's not about what we think. It's factual.

Caroline Hawley, Clinical Director

The Results

- Identification of a 41% drop in call activity tied to medication timing
- Successful deprescribing decision supported by objective data
- Falls returning to zero after medication discontinuation
- Restored resident independence in asking for help
- Improved quality of life for the resident, including quality connections with family
- Increased family trust through transparent, data-backed decision-making

The impact was immediate. Not just for safety, but for quality of life.

The resident’s child now regularly asks the question: “Is [the resident] still using the call light like they should?” And the care team has the data at their fingertips to answer that question.

Why It Matters

Deprescribing—especially in hospice care—is complex. These decisions are rarely driven by anecdote alone, and clinical teams often face resistance without clear evidence.

In this case, **Sage made the invisible visible.**

By connecting operational behavior (call activity) with clinical decisions (medication changes), the team was able to:

- Challenge an outdated assumption with objective data
- Align the care team, family, and hospice provider
- Restore a safer, more appropriate care pattern

This story reflects a broader truth in senior care: **The difference between reactive care and proactive care is visibility.**

Sage gives teams the ability to see what’s actually happening—and act on it before the next incident occurs.



Without Sage, the resident would have continued falling—and they might have added more medication.

Caroline Hawley, Clinical Director

