



Case Study: Clinical Diagnosis

Overview

Ruth is an 81 year old mobility challenged senior living alone in her own home. A part-time aide provides assistance during the day, leaving Ruth unattended in the evenings and overnight hours. envoyatHome notified Ruth's family caregivers about unusual overnight bathroom frequency, leading her daughter to insist she go to urgent care. Ruth admitted to the hospital with a life-threatening urinary tract infection.

Approach

Living 1500 miles away poses a caregiving challenge for Ruth's children. As the primary family caregiving team, both Ruth's son and daughter receive Digital Caregiving alerts and envoyatHome Insights reports to ensure their mother begins her day as expected, remembers to close the garage door, leaves and returns home as expected, and retires safely at the end of each day. Toileting duration and frequency is also monitored.

Results

Behavioral patterns established over time demonstrated that Ruth typically used the primary bathroom 2 – 3 times during the overnight hours. envoyatHome Insights showed that for 3 consecutive nights, Ruth used the bathroom 5 to 6 times – **200% of the established pattern**. Armed with this information, Ruth's children encouraged her to visit the doctor. Ruth was reluctant as she self-reported no symptoms and by morning, had no recollection of increased toileting. Ruth reluctantly visited urgent care, was diagnosed with a serious UTI with suspected sepsis, and transported by ambulance to the hospital.

Conclusions

Studies show that seniors aging in place are often reluctant to be entirely transparent about health and safety issues in their homes, concerned that family caregivers will insist on a change of living arrangements. In Ruth's case, envoyatHome uncovered *behavioral symptoms of a medical issue* that would have likely resulted in catastrophic consequences had Ruth's family caregivers not been alerted to her unusual bathroom frequency.