HandOff Remote Care Plan

Dean: Seamless Caregiver Communication

80 yo man with dementia discharged from hospital to hospice at home with wife and 24/7 non-medical home caregivers. Multiple risk factors for hospitalization include falls, dehydration, and complications of CHF.



The Situation

Upon arrival at home, Dean experienced infrequent urinations, and difficulty sitting and walking. His goal was to enjoy his family over the coming holidays and travel with his wife to Florida thereafter. His wife worked and wanted to know how he was doing during the day and be sure of smooth daily handoffs between her Griswold caregiver and Hospice.

The Intervention

Griswold added HandOff to Dean's care plan. HandOff access was authorized for caregivers, care manager, wife and clinician.

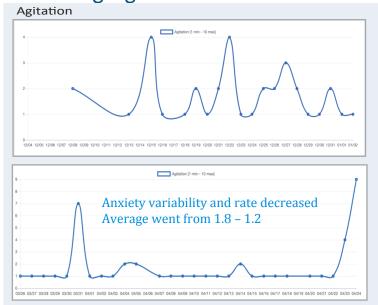
The care plan combined monitoring comfort dimensions of pain and anxiety, and bowel regularity with preventive measures of transfer assistance and hydration/urination.

The plan was monitored remotely and the care team maintained robust communication even as Dean, his wife, and a caregiver travelled from Delaware to Florida for his annual 6 week vacation.

The Outcome

Dean's agitation levels declined over the 5 months he was in hospice even as his confusion levels increased due to progressinve dementia. He remained hydrated with slightly more daily urinations on average in his final month of care than when he started. He also avoided any falls and did not require hospitalization for any reason.

Tracking Agitation and Confusion





Dean accomplished his goal of enjoying the holidays with his family and of travelling to Florida with his wife for 6 weeks. He passed at home with his wife present.

Seamless Team Collaboration across 2 states reduced stress

Dean's wife and caregivers reported HandOff let them see the impact of what they were doing, streamlined communication among the team, and reduced their own stress while caring for Dean.



The Power of HandOff

