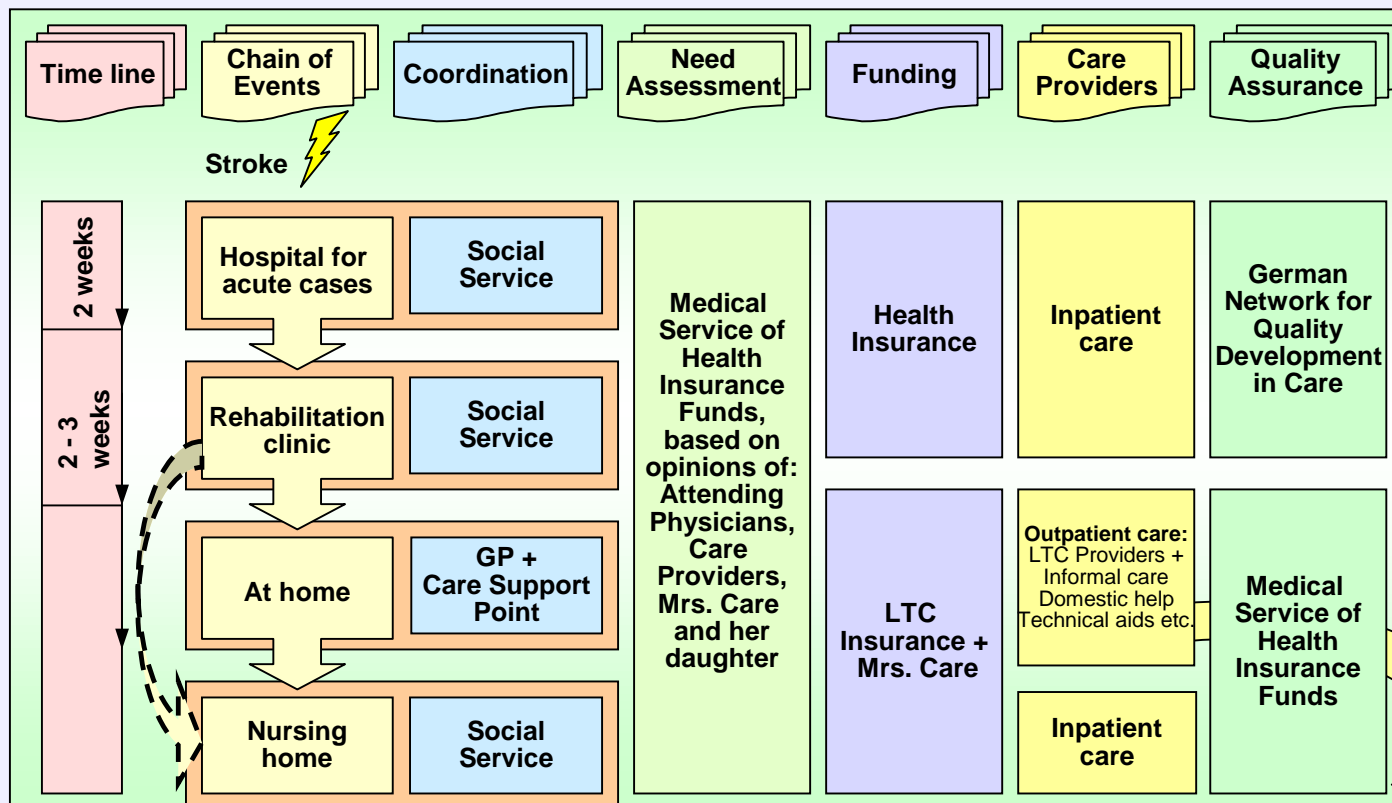


# Mrs. L.T. Care's pathway through the Health and Care System in Frankfurt, Germany



- 83 years of age
- Acute stroke, partial hemiplegia, incontinence
- Discharged from hospital
- Living alone
- Pension receiver
- Working daughter, living 20 km away

## Possible problems

- The hospital discharge management can fail. The social service may not be informed in due time and cannot prepare Mrs. Care's return to her home adequately.
- Pathways may not function:
  - Doctors may fail to adequately assess her rehabilitation potential.
  - Doctors may assess the chances for rehabilitation correctly, but the health insurance fund may reject the measures because they are not included in their service catalogue.
  - Doctors may propose the right measures and they are approved by the health insurance fund, but the rehabilitation clinic rejects her admission because they fear that Mrs. Care is infected by hospital germs.
- The GP is not willing to accept the measures proposed by the social service, because he or she is not adequately trained in gerontological issues, because his or her disposable budget is limited or because there is a conflict on competences between the GP and the social service.
- Mrs. Care refuses the services which would be important for her convalescence.

## Informal Care Support System

- The care allowance paid to Mrs. L.T. Care (e.g. forwarded to her daughter)
- Courses for nursing relatives (functioning at the same time as panels for the exchange of experiences and self-help initiatives)
- Psychological support for nursing relatives
- Two options of (unpaid) short-term leave from the workplace: a) short-term absence (up to 10 days) or b) nursing leave (up to 6 months)
- Respite care measures in terms of treatment in a health resort (paid by few health insurance funds)
- Respite services by voluntary associations on an hourly basis
- Short-term care
- Day care / night care
- Information provided by Care Support Points