

Chapter Eight



Conclusion

“From the time I get up in the morning, they get in and shave me, give me a shower, put cream on my legs for dry skin and put my pressure stockings on. It’s an excellent service and everyone is cooperative and friendly.”

Keith W., age 84, client with Parkinson’s disease

“The Supports for Daily Living program is freeing up acute care beds, diverting visits to hospital emergency departments and reducing the demand for long-term care.”

Excerpt from
‘Evaluation of the Supports for Daily Living Program’ in the
Mississauga Halton LHIN by Shercon Associates Inc., November 2010

The SDL initiative was formed at a time when ideas were sought to decrease the length of stay in hospitals (ALC) and of LTC beds by aging individuals. Investment in the community to support aging individuals to remain at home was an idea whose time had come, but large change would need to occur in the community sector if these individuals were to be sustained in the community with higher level needs. The community sector (CSS and the CCAC) would need to shift their service focus from that of lower level need clients to that of higher level need clients - the supportive housing group would be the first of the CSS agencies to lead the way.

On Tuesday June 7th, 2011 in Whistler B.C., the Mississauga Halton LHIN team representing all of the SDL providers was honoured to receive the prestigious National 3M Quality Award for Non-Acute Care specific to the Supports for Daily Living (SDL) Program. The award recognizes a team that has been able to clearly demonstrate and prove the impact an initiative has had on the quality of care being delivered within a health care setting. The Supports for Daily Living initiative has strived to create an innovative program that achieves the outcomes being targeted – specifically those of reducing ED visits, contributing to a decrease in hospital length of stay and diverting clients from LTC. As a result of the program’s success, several millions of dollars in health care savings has been achieved, client and stakeholder satisfaction is high and maximum utilization of the program is being seen. Our post-implementation evaluation has shown clear convergence of data that the program is achieving the identified outcomes and that the MH LHIN’s investment in this program is justified.

The enthusiasm for hard work, creativity and problem resolution was the “glue” that brought the vision of Supports for Daily Living to life. That vision showed the opportunity for Supportive Housing and the important new role and value it could play within health system improvement. The job was not easy and the skill sets required to “get it done” were substantial. In each of their own ways, the entire SDL group brought the skill of leadership to the forefront of the initiative, kept it there and continued to move forward when doubts were raised and issues arose. The old saying of “Lead, Follow or Get Out of the Way” was never a truer statement than when applied to a few specific members of the SDL Group. These individuals in particular, brought leadership skills to stay the course of change, work their way through doubts about the vision and ultimately champion the change to others within and outside their organizations.

The investment of time, energy and funding was ultimately targeted at clients in order to truly “age in place”. This was the driver of change and all SDL group members were responsible for keeping this focus front-and-center in deliberations, planning and model development. Subsequently, the last “members” of the SDL Group were the clients and their needs – when doubts arose about the model, it was essential that group members could challenge the thinking of one another by identifying client needs that were not being met in the current system of supportive housing service delivery.

In his book, *“Managing in Turbulent Times”* (New York: Harper Collins, 1980) Peter Drucker commented *“Unless challenged, every organization tends to become slack, easy going, diffuse. It tends to allocate resources by inertia and tradition rather than results.”* This comment has never been truer today as resources in healthcare have been allocated on the basis of tradition (we’ve always done it this way) rather than on outcomes/improvement/risk. Subsequently, a tension for change never comes about- we keep on, keeping on and the approach results in an unwillingness or resistance to acknowledge that improvement is needed. We believe that we have acknowledged improvement was needed, took the necessary risk and built a better service. Healthcare is about to shift and change, along with funding. We think Supports for Daily Living is well positioned to meet the changing shift.

“[If I didn’t have Supports for Daily Living] I would have to go into a nursing home and I don’t want to. Before I had my stroke, I did everything. Now I have to have somebody to help me. They give me a shower in the morning and make my bed – they’re really nice.”

Rhoda B., age 87,
client recovering
from stroke