

Table 4. Recommendations in the Future Implementation of the RMoC

Issue for Early Adopters		Recommendations to Leadership, Consultants, and Future Teams in Spreading the RMoC
Navigating Emotions		
Feelings	<p>Prepare teams for likely <u>initial</u> feelings of confusion, frustration and being overwhelmed. This was not unusual for previous teams, and they do pass. Perhaps with subsequent implementations, an Early Adopter team could come and speak to providers about what to expect.</p> <p>Break down the RMoC and its implementation into step-by-step parts with an accompanying timeline. Provide it to teams early in the process.</p> <p>Regularly reinforce that patience is often needed for large-scale change and that evidence of impact may not be readily or immediately visible. There should be an emphasis on the import of measurement in large change showing small and early gains.</p>	
Shared Language	<p>Inform teams that a recognized value of the RMoC and related training (e.g. HealthChange®) is a shared language amongst teams and patients.</p> <p>Multidisciplinary teams must be steadfast in their planning, approach and criteria to garner the shared language needed to become transdisciplinary.</p> <p>Management and provincial consultants could directly empower teams to deal with resistance to change (from within and outside the team) using group discussions and shared resources on conflict negotiation and on the RMoC's vision and aims.</p>	
Approach to Failures	<p>Facilitate transparent, constructive discussions on approaches to failure, and the benefit of viewing failure with a candid and opportunistic mind-set.</p> <p>Incorporate the mantra "Failing fast, and failing forward" into RMoC implementation discussions so that failure is not viewed as a flaw to hide.</p> <p>Clarify where there is flexibility in RMoC adoption, so teams can customize to their site-specific workflows and populations.</p>	
Operating Amongst		
The Resources	<p>Teams may benefit from both one-on-one, in-person time with consultants, facilitators as well as the full team membership for decision-making on action plans and scorecards. This could occur in advance or follow province-wide in-person sessions.</p> <p>Learning sessions may be modified for more virtual participation (with facilitators and consultants going to teams) to ensure efficient time management and value.</p> <p>Management and team support is consistently required to ensure team members (especially in smaller or rural teams) understand sufficient time is available for RMoC-related activities separate from clinical responsibilities.</p> <p>Ensure external, expert facilitators at Learning Sessions or related events have experience directly linked to the team's practice or population.</p>	
The Patient	<p>Teams must be coached to sustain learnings related to a shared patient-first language (often built from RMoC learnings and HealthChange®). Tactics include keeping such language learnings on team meeting agendas for discussion and possibly small incentive-based activities.</p>	
The Team	<p>Management and leadership must consistently demonstrate collaborative support for RMoC implementation (i.e. not just at start, not sporadically).</p> <p>Avoid top-down decision-making with teams, especially around the logistics of RMoC implementation to ensure local customization of provincial standards where relevant and meaningful. Collaborate with teams on major decisions and timelines; empower teams to complete detail-related decisions.</p> <p>Tailor team education and communication to that team's experience with quality improvement, research and systemic change. Novice teams will need more in-depth education and long-term support, especially on evaluation and data collection.</p> <p>Teach team members how to keep track of and communicate priorities in progress to navigate staff changes at management and team level.</p> <p>Teach teams and provide standardized tools to support communication regarding implementation rationale and activities to colleagues (on team and at facility) who are not part of implementation process but are (or will be) impacted by RMoC implementation process or outcomes.</p>	
Integrating the RMoC		

The Metrics	<p>Clarify the pros and cons of iPad use for data collection (e.g. for some seniors and homecare patients, iPads lead to lost privacy and fewer open-text responses in the WatLX™).</p> <p>Permit flexibility in data collection (e.g. iPad or paper copies with team data entry).</p> <p>Give earlier, more-frequent team access to mandatory metrics' data (at aggregate level) to facilitate practice changes, improvement of implementation flaws, and team engagement. Training and messaging must clarify this access.</p> <p>Support teams in better customization of approaching the non-mandatory metrics (especially safety metric) by either re-considering their value and necessity; clarifying their necessity to teams more often; or making them optional (e.g. if no relevant safety metric, do two efficiency metrics).</p> <p>Allow teams to implement the RMoC through a staged-gate approach to avoid teams implementing everything "falsely" and "going through the motions".</p>
Available Information	<p>Support and create opportunities for team leads to share RMoC-related information with other team members in a memorable, valuable and efficient way (e.g. a regular, brief overview of summary statistics at team meetings).</p> <p>Ensure that in-person learning (when providers must travel and lose clinical time) are directly applicable, memorable, useful and efficient (e.g. HealthChange®).</p> <p>Provide operational details to save team time and frustration (e.g. early-adopter examples of logistical planning, clerical staff involvement).</p> <p>Facilitate mentorship between early-adopter teams and new teams, ideally when there is commonality between patient populations, geography and service options.</p>
RMoC vs. Program	<p>Clarify amongst leadership what takeaways from the RMoC are essential and what are nice to have. Confirm team messaging prioritizes essential RMoC takeaways and how the RMoC is distinguishable from service options.</p> <p>Highlight that uniqueness and commonality are not mutually exclusive. Clarify and initiate connections (and regular follow-up meetings) between teams across service types, Zones and geographies to foster inter-team support and learning.</p> <p>Support teams with efficient, appropriate advertising examples and strategies to enhance their referrals for novel programming.</p>

