It's About Time: Rapid Implementation of a Hub-and-Spoke Care Delivery Model for Tertiary-Integrated Complex Care Services in a Northern Ontario Community

Nathalie Major, Marie Rouleau, Chantal Krantz, Karen Morris, François Séguin, Megan Allard, Jia Lu Lilian Lin, Mary Ellen Salenieks, Roxana Sultan and W. Gary Smith

Appendix C: Project Participant Statements

Critical Elements of Success

1. Enthusiasm about the common goals

   "…my first reaction was, what a terrific opportunity for families and how can our centre be part of making it happen…"

   "…I was thrilled about partnering with Timmins… What really moved me when we debriefed was hearing families share the tremendous cost savings and stress relief… I was ecstatic to hear that everyone was changing how they did things to support families… grateful to be part of this team..."

   "My proudest moment on the project happened when I listened to the family story…"

2. A team with a shared leadership dynamic

   "The group of individuals were working all together for a common goal; it wasn't that one did lead the entire group; contributions came from everyone..."

   "I expected the CHEO team to be very directive and impose their vision on the community since they were the tertiary academic centre, but instead I found them to be very open and collaborative in their approach to teamwork and decision making. I believe that this approach allowed the local community providers in Timmins to have a greater role in shaping the clinic to suit the needs of their community. This also increased the engagement of the Timmins folks since the project gave all members an equal voice."

3. A pre-existing culture of collaboration and caring for their own

   "The community in Timmins already had an integrated approach in the care delivery between the Timmins hospital and the community/CHC/nursing and other local organization."

   "I was no stranger to the Timmins team's approach. This community knows how to make things happen and does not function in silos, at least this is what I had remembered from working with them in the past as a discharge planner, transitioning families back to their home community."

4. Relationships formed over shared goals

   "I could see our team's relationship/partnership strengthen. We were like old friends, it all seemed very familiar."

"Building processes and tools together to support communication and program delivery are all very important."

"People are willing to make things happen when they know each other and there is trust."

5. The connector: A project manager devoted to the work was essential

"…none of us could prioritize this project and requested to fund and employ a project lead."

"Having a dedicated and skilled project manager who ensured good communication and kept us on track was really important."

Outcomes

1. Care closer to home

The greatest impact of establishing the Timmins community complex care clinic was that it enabled families of CMC to receive timely, appropriate and high-quality care closer to home.

"The most impactful part of the clinic is that it allows us to raise our daughter here, where we grew up and have the support of our friends, our family, and our community. It also allows us to remain in our home and not have to relocate because there simply isn't enough resources to keep up with a child with complex medical needs here in the north. Having that liaison between our community team and a tertiary level children's hospital like CHEO is essential in helping kids like our child thrive in their home environment."

2. Win-win: Benefits to the Timmins community, CHEO and PCMCH/CCKO were significant

Benefits of the Timmins clinic were not isolated to CMC and their families, but were equally prominent for all organizations involved in the project (e.g., CHEO, PCMCH/CCKO).

"It was like watching the Timmins 'just make it happen approach' be so contagious for CHEO specialists when approached by the NP to be involved in the satellite visits. I was so impressed to see CHEO specialist change their schedule to be on teleconference with the NP while she was in Timmins."

"This was an important opportunity. CCKO had no formal footprint in the 'north', the vast region served by LHINs 13 and 14, and the new Chief had the medical and provincial leadership and northern credibility to bring the new service to the Timmins community."