



# Flex Program Guide: Developing MBQIP Peer Mentoring Programs

One of the most pressing barriers to MBQIP success is the frequent turnover of critical access hospital quality improvement staff. MBQIP data collection and submission is a detailed process, and CAH staff turnover frequently can occur before or after regularly scheduled state MBQIP onboarding training. CAHs are at risk of missing required MBQIP reporting elements during the interim between quality staff. One way to provide timely MBQIP training and support to new quality staff is to establish a state peer mentoring program. CAH quality staff historically have been willing to share their MBQIP knowledge and expertise to help new quality staff from other CAHs in their state.

Several Flex programs across the country have implemented various forms of peer mentoring programs, from an informal connecting of seasoned CAH quality staff to rookies, to the very well established Rural Healthcare Peer Exchange and Professional Development Program for CAHs found in North Dakota. This Flex Program Guide for Developing MBQIP Peer Mentoring Programs has been compiled based on input from the North Dakota, Missouri, Texas, and Nebraska Flex Programs. The guide begins with ideas to foster an informal peer mentoring environment, followed by basic guidance to develop a more intentional and structured peer mentoring program. It should be noted that formal and informal program ideas can be used together.

## Creating a Peer Mentoring Environment

- During in-person state or regional Flex MBQIP educational events, offer open or topic-guided networking time to foster the development of relationships between CAH quality staff
- Invite CAH quality staff to present successful MBQIP domain strategies and provide contact information at MBQIP educational events to promote MBQIP domain based peer mentoring on a more informal basis
- Use round table format for MBQIP state or regional in-person educational events to promote networking
- Provide attendance list with contact information (with permission of participants) at state or regional MBQIP educational events

## Setting up a Formal Peer Mentoring Program

- Decide whether it is feasible to provide funding to peer mentors or mentees to cover costs associated with peer mentoring
- Develop an application for the peer mentoring program that includes information such as basic expectations for the mentor and mentee hospitals, the role the Flex Coordinator will play in the program, and the anticipated length of the peer mentoring relationship (sample below)
- Develop an outcome report form to obtain feedback on the peer mentoring experience (sample below)
- Choose potential mentor CAHs based on following criteria:
  - Reporting MBQIP measures correctly and consistently, based on MBQIP reports
  - Perform well across MBQIP domains
  - Geographical representation
  - Electronic Healthcare Record (potential to match users of the same system)
  - Use of CART tool vs. vendor for OP/Patient Safety Reporting
  - Willingness to share knowledge and expertise
- When peer mentoring services are requested, match new quality staff with potential experienced quality staff based on distance between CAHs, electronic health record, use of CART vs. vendor, and volume
- Notify mentor CAH quality staff of peer mentoring request and obtain permission to initiate peer mentoring
- Request outcome report from peer mentee or both mentee and mentor when peer mentoring relationship is ended

- Develop a process to track peer mentoring. This might be incorporated into present CAH information spreadsheets, a simple Word document, or a dedicated spreadsheet, depending on Flex Coordinator preference and the volume of peer mentoring usage

### **Promoting the Program**

- Peer mentoring information may be provided on a state Flex website with links to applications for services and funding if applicable, or promoted during scheduled regional or state MBQIP education events
- During new staff onboarding, provide information on peer mentoring during MBQIP orientation
- Provide frequent reminders to CAHs to provide notification of quality staff turnover, and obtain contact information for interim staff to provide Flex Coordinator introduction when new quality staff is hired

### **The following sample documents have been provided by the North Dakota Flex Program.**

- Peer to Peer Mentoring in Rural and Frontier North Dakota – Overview
- Hospital application and funding request (with instructions)
- Outcome Report Template (required for CAH reimbursement)



Center for  
Rural Health

University of North Dakota  
School of Medicine & Health Sciences

***Rural Healthcare Peer Exchange and Professional Development Program  
for CAHs***

***“Peer-to-Peer Mentoring in Rural and Frontier North Dakota”***

Sponsored by the ND Medicare Rural Hospital Flexibility Program (Flex)  
(Funded by the federal Office of Rural Health Policy)

***Rural Healthcare Peer Exchange and Professional Development Program  
Applications Available***

The ND Flex Program offers this program to provide opportunities for staff serving critical access hospitals (CAHs) of North Dakota to learn from their peers. The Rural Healthcare Exchange Program provides travel support for individuals or small groups to meet with similar entities from other areas of the state and share information, ideas, and successful approaches to improving quality and access to healthcare services.

***Who is eligible?*** The program is open to staff and board members serving ND Critical Access Hospitals, rural non-profit EMS agencies and network representatives serving rural health organizations. The program does *not* include visits with consultants, conference travel, or training events. Funding is allocated on a “first-come, first-served” basis for applicants meeting the criteria. The mentoring program ends when available funds are exhausted.

***How does it work?*** Applications may be emailed, faxed, or mailed to the ND Flex Program; applicants will receive confirmation and approval or denial of the proposed exchange within 7 business days of receipt of the application. All travel must be completed by August 15, 2017.

***What happens after receiving the approval?*** Applicants proceed with their proposed exchange based on the approved application. Following the exchange visit, the applicant submits an invoice, receipts, and a completed outcome report to the ND Flex Program for reimbursement.

***Questions?*** For additional questions or information, please contact:

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**Rural Healthcare Peer Exchange and Professional Development Program for CAHs**  
**APPLICATION**  
**“Peer-to-Peer Mentoring in Rural and Frontier North Dakota”**

Date: \_\_\_\_\_

**1) Applicant:**

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of person(s) involved in exchange: \_\_\_\_\_

**2) Location of Exchange:**

**Check one**

I/We want to visit the following community/organization \_\_\_\_\_

I/We want to bring \_\_\_\_\_ to our community/organization.

**3) Exchange Request:**

a. Describe the exchange mentoring activity for which funding is requested.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Anticipated date(s) of exchange (*no later than August 15, 2017*): \_\_\_\_\_

c. Intended outcome: \_\_\_\_\_

\_\_\_\_\_

d. Total estimated funding request \$ \_\_\_\_\_

*Details on allowable expenses can be found on the instruction page.*

Mileage:	\$ _____	(calculated at IRS standard mileage rate for business)
Lodging:	\$ _____	(maximum 3 nights/person; limited to length of exchange)
Per Diem:	\$ _____	(calculated at North Dakota standard rate)
Stipend:	\$ _____	Special Circumstances Only _____ (maximum \$200 per exchange)

Organizations receiving travel support are required to complete the attached outcome report upon exchange completion. Original zero balance receipts for lodging are required for reimbursement.

## **Application Instructions for Rural Healthcare Peer Exchange and Professional Development Program**

- 1. Eligible Applicants:** Critical Access Hospitals (staff and board members), network representatives serving rural health entities, rural non-profit EMS agencies.
  - The mentoring exchange may involve more than one person from the same organization, if they are essential to implementing the project. *Please note: funds cannot be requested to cover consultant fees, conference expenses, or training events.*
- 2. Location of Exchange:** The exchange visit may occur at the applicant's organization or the applicant may travel to the location of the peer mentor. This decision is based upon the agreed upon location of the applicant and mentor. For example, the applicant may invite a peer with expertise in quality improvement to meet with a team at their facility or an applicant may travel to another location to view and evaluate an automated medication dispensing system. Location is limited to North Dakota and bordering states where the travel expenses are comparable to costs within the state.
- 3. Exchange Reimbursement Request:** Itemize and total the funding estimate for the proposed exchange reimbursement request based on the following:
  - Round-trip ground mileage between your organization and the mentor location, calculated at the IRS standard mileage rate for business travel. Mileage receipts not necessary for reimbursement; state mileage chart used for mileage verification.
  - Lodging limited to reasonable accommodations and only those nights necessary to meet the needs of the proposed exchange. Maximum three nights per person for two-day exchange. Zero balance hotel receipt required for reimbursement.
  - A stipend is available for individuals that will not be compensated by their hospital for the time spent on the exchange activity. The stipend for the mentor is limited to \$200 per exchange and justification must be provided.

### **Approval and Reimbursement Information**

- A. Applications may be emailed, faxed, or mailed to the ND Flex Program; applicants will receive confirmation and an approval or denial of the proposed exchange within 7 business days of receipt of the application.
- B. All travel must be completed by August 15, 2017 and invoices received by August 31, 2017.
- C. The attached outcome report must be submitted with your reimbursement request. Reimbursement will be denied if the outcome report and applicable receipts (lodging) are not included.
- D. A sample invoice can be provided to assist with your reimbursement request.
- E. Funding is allocated on "first-come, first-serve" basis for applicants meeting the criteria. The mentoring program ends when available funds are exhausted.

**Rural Healthcare Peer Exchange and Professional Development Program -  
OUTCOME REPORT**

***“Peer-to-Peer Mentoring in Rural and Frontier North Dakota”  
Due upon exchange completion and required for reimbursement***

Date: \_\_\_\_\_

**1) Applicant:**

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of person(s) involved in exchange \_\_\_\_\_

**2) Location of Exchange:** \_\_\_\_\_

**3) Exchange Reimbursement Request:**

a. Description of completed exchange project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. What key issues or information did you learn from this visit? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. How will that information be used? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. Please add your comments or suggestions to improve the peer-to-peer mentoring

program or application process: \_\_\_\_\_

\_\_\_\_\_

*Please submit your invoice and original receipts with this report.*