MENTORS FOR QUALITY: AN INFORMAL APPROACH

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June 11, 2019
1 owned by a system in Utah
2 owned by a system in Minnesota
4 owned by an Idaho system
Surveyed Idaho Quality Improvement (QI) Directors to ask who would be willing to mentor.

Challenge:
- Low number of individuals
- People afraid they will be referenced too often due to chronic turnover

Success:
- Case-by-case basis
  - Only reference experienced QI Directors after an individual has been oriented to all the existing Rural Quality Improvement Technical Assistance (RQITA) tools
  - Use in-person events as an opportunity to promote connections
In-person networking opportunities

Build in opportunities for connections with participants who wouldn’t normally have the opportunity to connect
  ▪ Divide up by average in-patient daily census
  ▪ Divide up by Electronic Health Record (EHR)

Create scenarios/questions for them to address or work on to guide the conversations
ELECTRONIC HEALTH RECORD (EHR) WORKGROUPS

- Brought groups together at an in-person annual conference
  - Discussed challenges, tools, and strategies to present to the group
- Shared individual emails after the event
- Facilitated phone calls with interested EHR workgroups
RURAL HEALTHCARE EXCHANGE PROGRAM

- Collaborative effort with the State Office of Rural Health grant
- 1-pg. application – keep it simple
- Travel reimbursement (no per diem/no personnel time)
- Evaluation – share what will be done with the information obtained