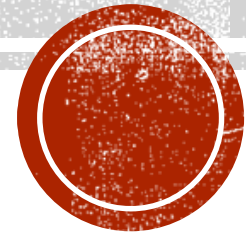


MENTORS FOR QUALITY: AN INFORMAL APPROACH

Stephanie Sayegh

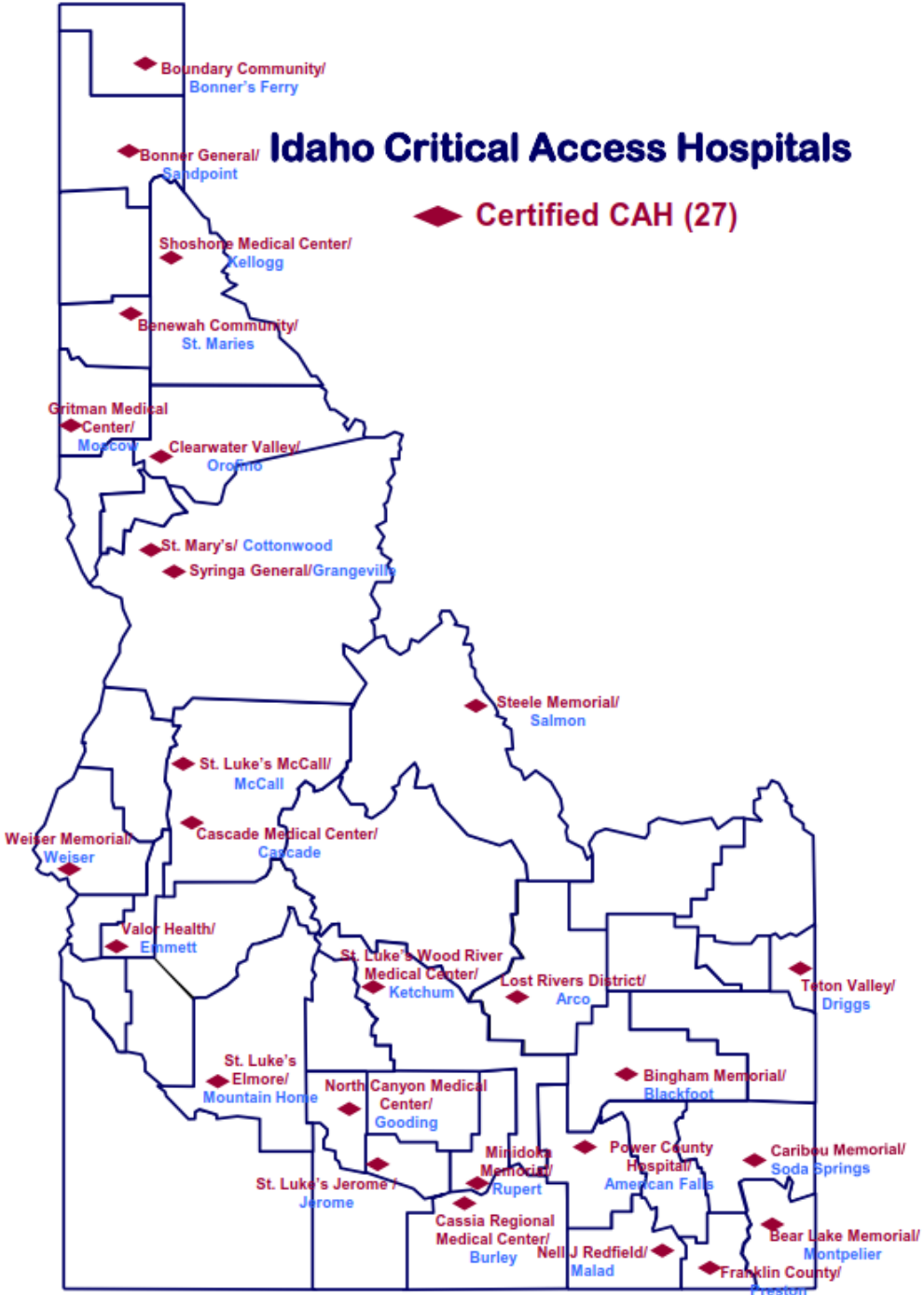
Idaho SHIP and Flex Coordinator

June 11, 2019



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

27 IDAHO CRITICAL ACCESS HOSPITALS



1 owned by a system in Utah
2 owned by a system in Minnesota
4 owned by an Idaho system



UNIQUE NEEDS



MAKING CONNECTIONS

- 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



ROUNDTABLE DISCUSSIONS

- 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

