



Program Management Guide

This guide lays out the planning and implementation steps—including management tasks, resources, and program considerations—needed to successfully implement the Peer Mentorship program at your facility. Although it does take some staff time to get the Peer Mentorship program started, once it is launched and trainings are completed, the program will require less time as the program is established. This program is designed so that as more patients participate in the program, they can begin to take on some of the program leadership responsibilities, making the program less time-intensive for staff and more peer-focused.

While peer interaction is at the core of the program, you still need to plan and coordinate it to make sure that peer mentors are trained and supported throughout the program period so that they can be of greatest benefit to their mentees.

Please see the box below for a summary of program-management needs. Read the rest of this guide and toolkit for additional details, tips, and tools.

The Peer Mentorship Program Tasks at a Glance

- Assign a facility lead to plan the program, adapt materials, and coordinate with staff and participants (see “Staff Roles and Responsibilities” on page 2).
- Promote Peer Mentorship at the facility to encourage patients to sign up and staff to nominate patients.
- Collect and review patient applications to help match mentors and mentees
- Train mentors (schedule and support patients in taking web-based training modules using IPRO Network E-University training modules)
- Match mentees with mentors.
- Host a kick-off mixer(s) for mentors and mentees to meet and to describe program expectations to all participants.
- Provide support to mentors as they meet with their mentees.
- Recognize program participants and celebrate accomplishments at predesignated intervals. For example, the number of patients that have completed the transplant evaluation process, the percent of decrease missed clinic treatments, the increase in exploring home modalities, and a decrease in infections.

Assigning Staff Roles and Responsibilities

In our experience, the road to program success lies in identifying a single facility point of contact to coordinate the program’s efforts. This person will ensure the following:

- All parts of the program are being carried out as intended.
- Facility administration and leadership is informed and kept up to date.
- Involvement of a range of staff to ensure maximum benefit is achieved.
- Both patients and staff know whom to turn to with questions and concerns.

The following table provides a look at the staff roles and responsibilities.

ROLE	RESPONSIBILITIES
<p>Program Lead</p>  <div style="border: 1px solid blue; padding: 5px; margin-top: 10px;"> <p>Think outside the box! A peer-to-peer program does not have to be managed by a social worker. Is there someone in your facility, like a receptionist or administrative assistant, who could lead the program?</p> </div>	<ul style="list-style-type: none"> ✓ Ensure approval of leaders and managers and update them on program progress. ✓ Brief the entire staff on the program. ✓ Manage contributions from participating staff. ✓ Conduct or assign additional tasks, such as adapting materials, copying, and printing. ✓ Check in regularly with mentees and mentors. ✓ Review the Peer Mentor Training Modules and assist patient mentors with completing web-based trainings. ✓ Monitor and evaluate program progress and success outcomes to assess how the program is changing knowledge, self-efficacy, and self-care behaviors.
<p>Facility Staff (Facility Administrator, Clinic Manager, Charge Nurse, Social Worker, Dietitian Patient Care Technicians, and other staff.</p>	<ul style="list-style-type: none"> ✓ Promote the program to patients. ✓ Answer basic questions about benefits of participation. ✓ Help peers if counseling is needed ✓ Nominate patients. ✓ Provide feedback to program manager about pairings. ✓ Check in with participants to see how things are going with their mentee/mentor and alert the program manager of any issues.

Deciding on joining the Peer Mentorship Program

The Peer Mentorship program offers your facility a proven way to engage patients in care and increase knowledge, confidence, and social support for living with dialysis—all of which improve their chances of better outcomes. But these aren't the only benefits of Peer Mentorship. Whoever the source of interest in Peer Mentorship—be it a staff member who wishes to help patients become more engaged or someone in leadership interested in decreasing the number of missed treatments—it is important that your *entire* staff become familiar with the Peer Mentorship program and how they can get involved. Most importantly, your facility's leadership team—including the medical director, administrator, and charge nurses—must be invested in the success of the program to ensure that facility resources will be available.

Logistical Needs

The following might also be needed:

- A consultation room, sheltered desk area, or private space where peers can meet without fear of being overheard by other patients.
- Patient access to a computer to support online training.
- Printing and copying of brochures, handouts, and educational materials provided by the IPRO ESRD Network.

Planning and Tailoring the Program to Your Facility

Once you have buy-in from your leadership team and key staff, use this toolkit to plan your program.

One key first step is to adapt the Peer Mentorship program to the specific needs of your facility. Consider the following program elements and related questions as you make your plan:

- **Timeframe.** The Peer Mentorship program is designed to be a year round program where peer mentors and mentees are able to create flexible meeting schedules based on their needs. Once implemented, the program is continuous based on the number of new patient interests.
- **Number of Participants.** Ultimately, the number of patients you choose to recruit as mentors and mentees will depend on a number of factors including the size of your facility (i.e., your pool of participants), how many new patients may require additional support, and how many peer pairs your staff can feasibly support. Once the program has been active for a while, you might consider requiring that any patient that wants to serve

as a mentor must have first participated as a mentee. This will create program sustainability and invested patients over time.

- **Policies and Procedures.** Review the entire program with an eye to your facility's existing policies and procedures; consider creating a basic policy that addresses the following:
 - The effects of patients meeting outside of treatment time on patient flow and waiting areas
 - Who must be informed in case of emergency or if a program participant has a medical need
 - How to inform program participants about schedule changes, weather delays, or the death of a peer
 - Whether peers can complete Contact Logs and feedback forms under your privacy policies.

- **Additional Peer Mentorship Activities.** Consider engaging patients to participate in the IPRO ESRD Network's Patient Advisory Committee (PAC). PAC Participants

Kicking Off and Promoting *Peer Mentorship*

The Peer Mentorship program can only work if patients at your facility know about it and want to participate. Once your program plan is in place, you can draw on a number of promotional materials in this toolkit to “advertise” your program to potential participants as well as staff. To get the word out, hang the promotional poster in a prominent area for patients, distribute flyers, brochures, and applications to patients. Consider posting announcements about the program on bulletin boards, lobby monitors, through electronic media, and patient newsletters.

One way to launch the program is to host a lobby day(s). For the lobby day, make sure to schedule several minutes for staff managing the program to present program expectations; describe how the program will be carried out; and remind participants about confidentiality, completing Contact Logs, and the use of available educational materials, as appropriate.

Be sure that your management team and staff are on board and ready to answer questions before announcing the program to patients and during the kick-off and other event.

Pairing Mentors and Mentees

The patient application form is designed to gather the information needed to match mentors with mentees. First, review the applications to ensure that the patients who requested the role of mentor are appropriate.

Should you have applicants who are not appropriate, meet with them one-on-one to gently explain the reason why they are not a good fit for the program. For instance, someone may not have had enough time at the facility or have not been on dialysis long enough to be a mentor. If possible, encourage this individual to participate as a mentee. Others may be medically fragile. You may wish to recruit a few more mentors than your program needs, in case they do not complete the training or may not be appropriate or qualified following the training.

Similarly, check the mentee applications to ensure that they are patients who will benefit the most from Peer Mentorship at your facility. Among those who could benefit most are new patients, patients struggling with self-care, or those with few social supports. Please remember that Peer Mentorship is not designed to address depression or provide other mental-health support but was created help identify challenges and generate referrals for assistance by mental health professionals.

Use the application forms to match mentors and mentees based on their answers to questions. Some important matching criteria to be aware of when matching participants include: treatment schedule, transportation challenges, and age. Once initial matches are made using these criteria, other variables such as hobbies and household composition (e.g., family members and pets) can be considered. You can use a simple spreadsheet or handwritten chart to keep track of your matched pairs and their characteristics. Once everyone is matched, you may wish to share the list with a few floor staff and a social worker who know the patients well so that they can offer further insight. As you check in with peer pairs, stay aware of potential communication or relationship-building challenges. There may be times when pairs need to be dissolved and participants re-assigned.

For all participants, be sure to spend some time explaining privacy and confidentiality. You may wish to ask each participant to sign a confidentiality agreement (see sample provided by the Network). Mentors and mentees must not discuss with others—even family or friends—the information shared during their interactions.

Sustaining the Program

This toolkit contains a section on how to evaluate the success of your program using participant feedback and how to capture psychosocial health outcomes, such as self-efficacy and knowledge.

Resource content adapted from Quality insights Renal Network 5 under CMS Contract #HHSM-500-2013-NW005C. Developed by IPRO ESRD Network for New York and the South Atlantic while under contract with Centers for Medicare & Medicaid Services. Contract HHSM-500-2016-00006C

When you evaluate your program, be sure to analyze the data you collect and share your successes with your facility's leadership team so that they recognize the value of the Peer Mentorship program. In addition, it is mandatory to report your measures and successes to your ESRD Network upon request. Always be sure to share the results with the patients that participated in the program as well. You may also invite and encourage patient mentors to participate in your facilities Quality Assurance Performance Improvement (QAPI) Meetings to relay any challenges and success facing the patients in the unit.

There is no limit to the number of times you can run the Peer Mentorship program to reach and help new patients. How often you do so will depend on the size of your facility and your available resources; however, you may wish to consider implementing it once a year for greater continuity.