

Peer Up! Pilot Program Implementation

Peer Up!, an innovative peer mentoring program developed by the Mid-Atlantic Renal Coalition (MARC), carried out its pilot phase from March through June 2015 at University of Virginia (UVA) Lynchburg Dialysis. This document provides an overview of the pilot program, its results, and lessons learned so that future implementers like you can successfully use *Peer Up!* in their dialysis facilities.

I. <u>Overview</u>

The 4-month *Peer Up!* pilot program was launched at UVA Lynchburg Dialysis with 23 mentors and 23 mentees. It included a variety of activities that allowed mentors and mentees to create and cultivate positive, peer-learning relationships and improve end-stage renal disease (ESRD) self-care.

UVA Lynchburg Dialysis helped MARC recruit participants through staff nominations. However, patients were also able to volunteer if they were interested.

The program included:

- Mentor training
- Pairing of mentees and mentors
- Kick-off social mixers to explain the program and introduce mentees and mentors
- Ongoing meetings between mentees and mentors
- Mentor training booster
- A final celebration mixer

II. <u>Results</u>

MARC conducted a study that evaluated the *Peer Up!* pilot program and assessed process and outcome measures. Overall, the pilot showed positive results for mentors and mentees. The study revealed the following key benefits for patient participants:

Mentees

- Improved self-efficacy
- Increased knowledge of ESRD
- Increased perceived social support
- Improved dialysis social support
- Fewer missed appointments

Mentors

- Increased knowledge of ESRD ٠
- Improved dialysis social support
- Better dialysis self-management

III. Lessons Learned

Your facility would greatly benefit from the lessons learned during the Peer Up! pilot, including the following:

Peer mentoring among dialysis patients is beneficial to both mentees and mentors.



The pilot program results reveal the multiple reasons why peer mentoring can benefit both parties, potentially leading to improved outcomes.

- Peer support is a core strength of the program. The peer pairs learned valuable lessons from one another by sharing their experiences. In addition, the majority reported an overall positive experience with *Peer Up!* and expressed an interest in continuing the program.
- Mentor training is an unanticipated pleasure to mentors. Mentors expressed some apprehension about participating in the initial training; however, once they had completed it, they emphasized how much they learned and enjoyed interacting with fellow patients in a "nondialysis" setting.
- Patient preferences are the key to program efficacy. If the program does not meet patients' needs, it will affect participant recruitment, program success, and longevity.
- Longer program duration could lead to decreased hospitalization rates not observed in the short-term pilot. The 4-month duration of the *Peer Up*! pilot at UVA Lynchburg Dialysis generated improvement in patient psychosocial and physiological factors; however, the overall impact on hospitalization rates was not observable during such a short timeframe. That said, the results above point to the potential for improved outcomes and care that would lead to fewer hospitalizations.

For more information on the observational study process and findings, please contact Jennifer Russell at jrussell@nw5.esrd.net.