

Peer Recovery Support Services (PRSS) Community of Practice (CoP)

January 23, 2019

Implementing Recovery Coaching in the Emergency Department: Considerations and Perspectives from Early Adopters

Questions & Answers

Q1. Is the “Recovery and Recovery Supports in the Granite State” document available on the Recovery Hub?

A1. The document is posted on the Recovery Hub <http://nhrecoveryhub.org/images/pdf/RFT-State-of-Recovery-121418.pdf> and will be shared electronically through the PRSS CoP Google Group, and posted with the PRSS CoP resources on the Center for Excellence website nhcenterforexcellence.org.

Q2. How are you working in the ED to prevent overdose?

A2. There are certain risk factors built into the nursing assessment and streamlined questions that the nurse will check off. This will send a referral to a social worker or to the medication assisted treatment (MAT) program, and they will go in, interview the patient, and ask more questions. This happens when someone comes to the emergency department, and the provider practices can also utilize this since it is embedded in the electronic medical record (EMR).

Q3. Can LRGHealthcare share the assessment template they use in their EMR?

A3. LRGH will share their template for the assessment. Once received, the document will be posted on the PRSS CoP resources on the Center for Excellence website nhcenterforexcellence.org.

Q4. Who makes the call to dispatch the recovery coaches?

A4. ED staff call the 1-800 number, which contacts the coaches to dispatch them to the hospital. One phone number to call is the easiest for hospital staff.

Q5. Does the hospital include recovery resources in the discharge paperwork?

A5. If the patient refuses services, recovery information can be added by the nurse, but it is not automatically included in the discharge paperwork.

Q6. Can Wentworth Douglass Hospital share their professional service agreement?

A6. Each organization should consult their legal team to see which verbiage and language would be best for their agreements.

Q7. Do either of the hospitals offer an MAT component to this Recovery Coaching?

A7. LRGHealthcare has MAT induction in the emergency department. Patients are guaranteed an appointment at the Recovery Clinic the next day to meet with the physician and get started in the program – they can also walk in to the Recovery Clinic. WDH does not currently offer MAT but are looking to.

Q9. How many NH hospitals offer these types of programs?

A9. The Doorways-NH can help this to grow. BDAS has contracted with the Foundation for Healthy Communities to work through the hospital system on MAT and Emergency Room efforts. Sometimes there is a match between these programs such as at LRGHealthcare. Four of the seven of these hospitals are using recovery coaches in the ED.

Q10. How many recovery coaches does SOS have?

A10. Seven are particularly vetted for the hospitals; there are an additional four per diem that can go to the hospital as well.

Q11. What is the Integrated Delivery Network (IDN) money that SOS is able to access?

A11. The IDN developed the Law Enforcement Assisted Diversion program in order to provide 24 hour referrals. The IDN gives money to provide stipends to the coaches to be available 24/7.

Q12. How much is the stipend? How long is a shift?

A12. Shifts are from 8:00 AM – 8:00 PM, for a \$75 stipend, and then they're paid the hourly rate when they're dispatched.

Q13. Are there any suggestions for sustainability of these programs?

A13. Recovery Community Organizations are looking for additional grant dollars to cover the program rather than asking the hospital to pay for the program. Tracking measures and being able to make a case for cost benefits analysis can help, in addition to personal stories.