



CHRISTIANA CARE
HEALTH SYSTEM

PROJECT ENGAGE

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History

- 2008: Program started at Wilmington Hospital with 1 Peer
- 2011: 3 Full-Time Inpatient Peer Specialists
- 2013: Project Engage introduced in Wilmington and Newark ED's
- 2018: 24/7 ED coverage between 3 different ED's

Peer Specialists in the Emergency Department

Roles & Functions

- Assisting ED staff
- Engaging Patients
- Knowledge of Community Based Resources
- Knowledge of Clinical Documentation Needed for Referrals
- Completion of Referrals and Arranging Transportation
- Being the Bridge Between the Patient, Providers and ED Staff

Skills & Behaviors

- Professionalism is Key
- Appearance/Presentation of Self
- Understanding Boundaries and Ethics
- Assisting with Discharge Planning
- Communication
- Continually making Rounds of the ED

Advocacy & Education

- Working with ED staff to reshape the idea of addiction/addicts
- Being a model to show that change is possible
- Gaining respect of ED staff
- Education about resources available
- Continually learning

Working with Community Providers

- Identifying all resources available in the community
- Visiting facilities and building relationships with providers
- Good relationships make referral processes smooth
- Being a referral source

Lessons Learned

- “If it’s wet, don’t touch it”
- While we may have a first-hand understanding of addiction, we are not medical professionals
- Learn which roles each member of the ED Staff
- Becoming viewed as a vital part of ED Staff
- Timing

Peer specialist- a
Supervisory and
Administrative perspective

3 Needs of the ED settings

- The 3 needs for the Specialist to serve in the Emergency Department:
- The medical staff
- The client
- The providers/referring organizations

The environment of the Emergency Department is fast paced, tasked to deadlines, and experiencing constant crisis.

A Peer Specialist navigate this environment by understanding the structured workload, integration with the staff, and grows as a learner.

Overall goal of specialist

- To assist the medical staff with challenging clients- thus improves outcomes, shortens ED lengths, and provides meaningful interactions with challenging patients.
- To educate medical staff on SUD issues and promote meaning interactions with this population.
- To be an example of recovery lifestyle and benefits of treatment by lived experience, which improves the medical staff morale.

Tools of contact and communication

- Accessibly to medical staff requires consistent visibility, stable scheduling, and multiple ways to connect with Peer Specialist
- Peers are encouraged to walk the halls of ED and know staff by name. HIGH VISIBILITY. “Out of sight is out of mind”
- Stable scheduling will ensure that staff of consistent presence- as well as changes are noted immediately to front line medical staff.
- Communication- protocol development for easy connections may include
 - hospital paging system
 - work cell phone
 - email
 - word of mouth

What makes for a effective peer specialist in the ED- Lessons learned

- Knowledge of resources and programs in community.
- Passion to help others obtain a level of recovery
- Customer service skills – “how can I help you "attitude
- Balanced work/ home life style
- Social intelligence or people skills in order to understand the complex culture in institutions.
- Mover or likes to stay busy.

What makes for a effective peer specialist in the ED- Lessons learned

Peer pitfalls-

- Over identifying with the patient
- Challenges with medical staff stereotypes
- limitations -wanting to save the world
- Inability to integrate into hospital culture (behavior, attitude, and appearance)

Hiring of Peer specialist

Candidates that are best suited

- have a recovery history that is over 3 years.
- Work experience in structured outpatient departments.
- Age or emotional maturity
- Possibly referred by another specialist
- group interviews

Supervision

- Emotional and practical needs – Support for them as professionals in recovery, reinforcing the hierarchy, clear concrete directions in reference to the role and limitations, but being open for creative solutions and development of Peer team values.
- The need for a Champion and Liaison in the hospital
- Supervision should include a variety of forms – shadow, individual sessions, group supervision, and indirect team instructions.
- Trainings- Web based curriculum that reinforce hospital values, practices, in person training on brief interventions, education on community based care, counseling skills, and ethics.