

Home Support Rapid Mobilization: Frequently Asked Questions:

1. What is the Home Support Rapid Mobilization Program?

Rapid Mobilization is a program that provides acute care patients with rapid access to community based home support services. Clients are eligible to receive services up to 5 days to resolve an exacerbation of a chronic condition, to receive short-term treatment options or to rapidly initiate longer-term service.

2. What is the objective of Rapid Mobilization?

Residents of Prince George require timely access to Home Support Services. The purpose of this initiative is to ensure patients are not waiting unnecessarily in hospital for initiation of supports at home and to prevent hospital admission from the community whenever possible.

3. How quickly will patients receive service from the RMT?

Where there is an immediate need for home supports to start, the Rapid Mobilization team (RMT) will be able to deliver care to patients within 4 - 24 hours of referral.

4. What days of the week and hours will the Rapid Mobilization Team work?

The Rapid Mobilization Program will operate 7 days a week from 0700 - 2200 hrs.

What services will the Rapid Mobilization Team provide?

The Home Support Rapid Mobilization Team is staffed by LPNs and will be providing both home support and some nursing services to clients. There is a list of services offered on the back of the Rapid Mobilization Referral/Plan of Care form. If your patient requires care that is not listed, please call RM to see if they can accommodate.

5. What happens to the patient/client after 5 days if they require ongoing home support services?

Patients who require/have been referred to longer term services will be transitioned by RM staff in co-ordination with the receiving program to ensure seamless care. Please continue to put in referrals to other Community Services programs as per usual. Clients who require care for a short period beyond 5 days may be accommodated on a case-by-case basis.

6. What happens if the patient/client needs additional services to home support? Who is responsible for submitting the referral?

If you know your patient will require service longer than 5 days please indicate this on the referral. Continue to put in referrals to IPT (LTC), Rehab and Community Nursing as

per the usual process. If a need for other services arises after admission to Rapid Mobilization, our nurses can refer to these programs in consultation with the family doctor/NP.

7. Can patients self-refer to Rapid Mobilization?

No. All referrals must be initiated and signed by a physician/NP.

8. Why does the referral need to have a physician/NP signature?

Rapid Mobilization is staffed by Licensed Practical Nurses working independently in the community. As with all health care professionals, LPN's must work within existing legislation and their Professional Association's limits and conditions. The Nurses (Licensed Practical) Regulation set out by the government of BC states: "LPNs may provide a nursing service for a client in a private home if the attending physician or nurse practitioner gives direction (orders)."

9. Who can fill out the Plan of Care/Referral form for Rapid Mobilization?

Physicians, Nurse Practitioners, RN's, LPN's, SW and OT/PT can all have a role in filling out the upper portion of the Plan of Care/Referral form, but a physician/NP must complete and sign the lower portion.

10. How do we contact the RMT after regular business hours?

Rapid Mobilization staff can be reached at 250 565-5599 from 0700-2200 Monday-Sunday, including holidays. This phone line is for staff/physician use only. Our patient phone-line number is 250 565-7454.

11. Can I have RM set up Palliative Care?

Refer directly to Community Nursing. Do not refer to the Rapid Mobilization Program.

12. Will the family physician/Nurse Practitioner be notified when one of their patient's has been referred to Rapid Mobilization by UHNBC?

Following provision of assessment and care, Rapid Mobilization LPN's will fax an SBAR to the GP/NP to provide an update on the patient's condition and care provided. If there are significant changes during Rapid Mobilization's care period, RM LPN's will call or fax an update.

13. What happens to patients who are unattached?

Unattached patients must have a physician/NP who will be available to collaborate with the Rapid Mobilization LPNs. Please refer to the Unattached Patient/Blue Pine Clinic so that Rapid Mobilization staff can provide care to these patients.
