



Ms. Pam Fechter  
Economic Development & Planning Coordinator  
City of Avon Planning Commission  
36080 Chester Road  
Avon, Ohio 44011

Reference: Planning Dept Review RE: Ganzhorn Suites Transportation Plan/Ambulance Service

Dear Ms. Fechter:

Please see our response to the following planning dept. review comment re: provide the transportation plan for the facility as well as the plan for providing ambulance service to the residents. If this will be provided by a third party please provide the established protocols the facility will use for review.

**Response:**

The Ganzhorn Suites is dedicated to meeting the evolving needs of individuals with Alzheimer's disease and other forms of dementia. Our center is designed with 4 households that each accommodate a dining room, living room, den, sunroom and social and recreational areas. A common kitchen used for food preparation is located in the heart of the center and services all four households for three meals per day, snacks and other foods as needed and allows for all residents to eat meals in one setting. Our enrichment programming is designed with trained, specialized caregivers and personalized enrichment programs in mind, and all within the safety of our purpose-built household design. Our dementia specific activities include social, recreational, musical, sensory stimulation, physical exercise, culinary, creative arts, entertainment, religious/spiritual and much more. Access to activities such as shopping, social/cultural/recreational facilities and events outside our community can be accommodated for but with one-on-one supervision of a trained caregiver or resident family member. The Ganzhorn Suites uses contract transportation on an as-needed basis for these situations.

Transportation for our residents is typically limited to acute emergencies and scheduled medical procedures/non-emergent appointments. Our staffing model incorporates 24 hour nursing which allows us to manage and care for most clinical and medical situations. We staff 5 nurses (RN/LPN's) during normal business hours and 2-3 nurses at night and on weekends. Our physicians and nurse practitioners are continually involved in the resident care and medical needs, along with visiting frequently and being on-call for emergent issues. These factors allow us to manage most acute and non-emergency issues at the center. Local EMS is typically required only for emergency, life threatening situations. As for Avon, we are currently in discussions with LifeCare Ambulance to provide EMS and ambulatory services for acute and basic medical transport needs, although other providers exist as a resource. Transportation protocols are included with this submission.

## **POLICY: Non-Emergency Resident Transportation**

Resident transportation needs are met by the resident responsible party or other arranged transportation services. The center does not provide resident transportation due to the safety and security needs of the population.

### **Procedure**

1. Transportation
  - a. The center provides the responsible parties with a comprehensive list of transportation service providers that service the center.
  - b. Upon request, the center staff assist in arranging transportation for the resident.
  - c. Transportation arrangements are scheduled to accommodate any special needs; wheelchair transportation, gurney transportation, etc.
  - d. Responsible parties are asked to place transportation assistance, request in advance, a minimum of 36 hours, prior to the appointed time when able.
  - e. Staff assist the responsible party in finding the required mode of transportation from outside services.
2. For Resident Safety
  - a. Responsible party or designee is encouraged to accompany the resident on all outside appointments.
  - b. Private caregivers are available if resident responsible party is unable to accompany the resident.

## **POLICY: Medical Emergencies**

Residents receive emergency medical care when needed to prevent further injury or illness.

### **Procedure**

1. Caregivers immediately notify the Clinical Director or nurse when a resident exhibits signs and symptoms of a medical emergency that is potentially life threatening.
2. The Clinical Director or nurse makes a determination as to the severity of the situation.
3. The center staff summons emergency medical services by calling 911, when the resident exhibits signs and symptoms of distress and/or emergency condition. Examples include, but are not limited to:
  - a. New onset of chest pain;
  - b. Recurrent chest pain, unrelieved in 15 minutes by previously ordered nitroglycerin given as ordered;
  - c. Unconsciousness;
  - d. Fall with deformity, severe pain or head injury;
  - e. Uncontrolled bleeding;
  - f. First time seizure or recurring seizure which last for more than 5 minutes;
  - g. Sudden onset severe pain that continues after attempts to manage at the center
  - h. Shortness of breath;
  - i. Sudden lack of muscle control, ability to communicate, drooping facial expression or other signs of stroke;
  - j. Poisoning;
  - k. Psychiatric crisis.
4. A non-emergency transport is used when the resident needs urgent but non-emergency medical care, such as stitches, controlled bleeding, etc.
5. Clinical Director and/or designee educates the responsible party when there's a case that 911 is not necessary. It is the responsible party's right to contact emergency services if they feel necessary.

6. The Clinical Director or designee contacts responsible party, as quickly as possible, once the resident is safely under the care of the paramedics. Unless instructed otherwise by the responsible party, this includes anytime, 24-hours a day.
7. The Clinical Director or designee is not required to obtain permission from the responsible party before summoning emergency medical services.
8. A staff member remains with the resident until paramedics transport out of the center.
9. A copy of the current MAR is given to the paramedics, along with the Emergency Identification Form.
10. The actual medications remain in the center.
11. The staff person observing the transport out of the center notes what belongings are going with the resident, such as jewelry, dentures, prosthetic devices, etc.
12. A narrative chart entry is made in the resident's electronic medical record regarding the circumstances which led up to the call, what care was provided by the staff, including any first aid, the resident's response to the interventions and outcome of the situation.

## **POLICY: Physician and Other Medical Appointments**

Resident receives assistance in obtaining necessary medical care outside the center as needed.

### **Procedure**

1. Residents and responsible parties are informed to notify the Clinical Director or designee of pending physician or other medical appointments.
2. The scheduled physician visits are entered on the physician appointment calendar.
3. The following accompanies the resident on all physician visits:
  - a. Physician Visit form
  - b. Current physician orders/medication orders
  - c. Facesheet
  - d. Any other requested documentation
  - e. The Physician Visit form is returned to the center and all orders transcribed by the licensed nurse on duty.
4. Family/responsible party may transport the resident to appointments. The Care Coordinator instructs caregivers to have the resident appropriately dressed and ready for transport.
5. Should the resident not have transportation, the Care Coordinator arranges for necessary transportation.
6. Upon admission, the resident/responsible party is informed per the admission agreement that all transportation charges are the financial responsibility of the resident.