

CIVIL MONEY PENALTY (CMP) FUNDED PROJECT REPORT

Grantee

**Aspirus Medford Hospital & Clinics, Inc
Aspirus Care & Rehab - Medford**

Project Title

Chair Yoga Program Manual

Award Amount

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August 2014-July 2016

Additional Information and Resources



**Department of Health Services / Division of Quality Assurance
Quality Assurance and Improvement Committee**

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ASPIRUS MEDFORD HOSPITAL & CLINICS

Aspirus Care & Rehab

Chair Yoga Program Manual

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Introduction

“The future depends on what we do in the present” - Mahatma Gandhi

Aspirus Care & Rehab, a 99-bed skilled nursing facility, collaborated with the State of Wisconsin Department of Health Services and Pam Peterson, Instructor of *Mind Body Spirit Yoga and Wellness* to offer residents an opportunity to participate in a chair yoga program. Benefits to residents partaking in a yoga program include improved physical, emotional and mental strength, flexibility, coordination and an increased sense of well-being. During the program offering, Aspirus Care & Rehab studied the impact of offering a chair yoga program on resident fall rates, range of motion, sleep quality, perceived pain rates and resident happiness.

Purpose

This program manual was developed as a tool to provide other skilled nursing facilities with program recommendations for developing a chair yoga program within their own organizations. This manual is intended to provide a step-by-step guide to developing a successful chair yoga program within a skilled nursing facility setting. This manual also contains sample forms that can be reproduced and customized to meet the needs of an individual skilled nursing facility.

Program Overview

The chair yoga program developed and documented as part of this manual at Aspirus Care & Rehab, began on August 1, 2014 and concluded on July 30, 2015. Our study group of participants included 20 long-term skilled nursing facility residents. Two classes of approximately 10 residents each were held twice a week. Each class was held for approximately 30-45 minutes. The classes were led by a certified yoga instructor.

Program Development

Instructor

Pam Peterson, of *Mind, Body, Spirit Yoga and Wellness*, is a 200 hour Yoga Alliance certified and registered teacher. She has an additional 300-hour training in Yoga for the Special Child. Pam attends annual ongoing training with Yoga Alliance certified programs offered by the Midwest Yoga Association. Pam has also successfully led a senior citizen yoga class within our community for several years.

Support Staff

Our chair yoga instructor also provided a teaching assistant as part of our chair yoga program. The teaching assistant position allowed for additional monitoring of residents for safety and added another person to provide support for one-on-one assistance during the class. Our recreational therapy department provided a staff member to assist in transporting residents to and from the class and the staff member attended class and assisted with monitoring residents for safety during the class.

Class Details

Two weekly classes were held in the mornings on Tuesdays and Thursdays. Each class was composed of approximately 10 long-term residents. The decision to split the 20 residents into two classes was based on the desire to keep the group of residents small, allowing for additional one-on-one instruction and for safety monitoring of residents. The classes were held for approximately 30-45 minutes. Our instructor was flexible in offering the class time to the appropriate length of time in which the residents were able to comfortably and safely participate.

Location

The chair yoga classes were held in Aspirus Care & Rehab dining rooms. In order to have a space large enough for our residents to be appropriately spaced we used our unit dining rooms. Our recreational therapy staff assisted in setting up the room for the classes. The preparation time for each room set-up was approximately 5 minutes. Resident participants were situated in a semi-circle with the instructor at the front of the group.

Equipment

Residents participating in the class and already using wheel chairs remained in their own wheel chairs during class. Residents without wheel chairs used the facility's dining room chairs. The dining room chairs were sturdy chairs with arm rests.

During the chair yoga program, residents take their feet off wheel chair petals for some of the motions. It was determined that it is useful to have several foot raisers available for resident use, as some residents prefer not to have their feet unsupported during these exercises.

There was a CD player in the dining rooms that was used to play music prior to the start of the program. The music entertained residents while the recreational therapy staff escorted the residents into the dining room. A variety of soft yoga music and more upbeat polka music was played. Residents most frequently requested polka music.

Resident Selection Considerations

An interdisciplinary team met to discuss potential residents to ensure appropriateness of placement. Following the interdisciplinary selections, recreational therapy staff then met with individual residents to explain the chair yoga program and to obtain consents. Recreational therapy stressed the importance of the participating residents' commitment to attending classes twice a week for a year. Long-term residents were selected as participants.

It is recommended that consideration be taken to account for residents prematurely exiting the program. During the first quarter of our program, we had five residents leave the program. Of these five residents, two became deceased, one returned home, and two decided to voluntarily end their participation in the program. It was helpful that it was anticipated that there would be resident turnover during the program. A list of alternate residents was identified prior to the program beginning.

Resident (POA) Consents

Before residents began participating in the chair yoga program, recreational therapy staff approached each resident and/or legal guardian with information about the program and obtained a signed consent form. [Form 1].

Physician Authorization Consents

As part of her services, the chair yoga instructor supplied a physician authorization consent form and cover letter for the residents' medical providers explaining the chair yoga program. The resident providers were also educated about the program during a medical staff meeting. Providers were supportive of the program and all our recommended participants received authorization from the providers to participate in the program. [Form 2].

Infection Control

With the chair yoga instructor and her assistant entering the facility on a regular basis and interacting closely with our residents; an infection control nurse reviewed vaccination protocols to ensure that the instructor and her assistant had all the necessary vaccinations, including flu shots. The chair yoga instructor and her assistant were also trained on safe hand washing practices and expectations.

Building Security

The chair yoga instructor and her assistant were granted building security badges. The badges identified them by photo, name and service. It was an expectation that anytime the instructor and her assistant were in our facility, they were responsible for wearing their identification badges.

Human Resources

The human resource team provided guidance on the appropriate personnel paperwork requirements for sub-contractors. The new hire paperwork included the facility's orientation forms, background releases and confidentiality agreements.

Contract

A sample contract between our skilled nursing facility and the chair yoga instructor was developed and is included in this manual. [Form 4].

Program Implementation

Meet and Greet Event

Before the first chair yoga class, the program team which included, nursing and C.N.A. staff, the chair yoga instructor and the participating residents were part of a “meet and greet” event. The main purpose of holding the event was for our instructor to introduce herself to the residents and to answer any questions participants or staff had regarding the program. The chair yoga instructor also led the residents in a short yoga session, so they could get a basic understanding of what would be occurring during the chair yoga classes.

Staff Feedback

During the first quarter study period, the chair yoga instructor met with the nursing and C.N.A. staff to discuss the chair yoga program, and to solicit their feedback on the program. Nursing and C.N.A. staff shared that a resident has been noted to be sleeping better and an additional three residents were noted to have more relaxed behaviors and improved mood. Nursing and C.N.A. staff also commented that residents have responded positively to the social interaction of being in the program. For example, they have shown concern if a fellow resident is absent from class and they enjoyed visiting with each other before and after class. The chair yoga instructor commented that she has enjoyed getting to personally know each of the residents participating in the program.

Program Challenges

Outside Noise

The chair yoga program was offered in a dining room, with a large open space. There were some early challenges with general facility noise disturbing the class. These issues were resolved by posting a ‘quiet please’ reminder sign outside of the dining room area. [Form 3].

Resident Specific Concern

A participating resident shared a concern with staff that she felt that her legs were not being worked with as much as she would have preferred during the class. The concern was shared with the chair yoga instructor and she dedicated additional one-on-one time with the resident during the class to work specifically with the resident's legs. The chair yoga instructor also provided the resident with additional leg exercises that she could practice outside of class. The resident was satisfied with this support and continued to regularly attend class.

Fundraising

Fundraising is a key component to starting and successfully maintaining a chair yoga program. The following are recommendations on different methods of fundraising that can be used in order to secure funds for a chair yoga program.

Community Fundraising Ideas

- Partner with a local business for a portion of the day's/week's profits to benefit your program. Check with area restaurants.
- Partner with your local high school's student council. They may be interested in holding a fundraiser to benefit your program.
- Approach other community civic programs, i.e. 4H, Boy/Girl Scouts, etc.
- Invite your community into your facility for a meal, dance, or other similar fundraiser event.
- Outdoor competition as a fundraiser – 5K Run/Walk, Triathlon, Color Run
- Hold a farmers market (in-season activity)
- Book fair (using donated books)
- “Best Seat in the House” – solicit donated chair from an area business, raffle off the chair and have it placed near a sideline for a local sports event.

Grant Opportunities

- Check with local businesses and hospitals to see if they have foundations that may provide grant opportunities for community exercise programs.
- Check state-wide, organization related grant opportunities. For example, Wisconsin offers: Wisconsin.grantwatch.com, Leading Age, Office of Rural Health, etc.

Workplace Fundraising Ideas

- Food Cook-off/serve a meal (i.e. chili/soup) – employees donate food items and participants make a donation to eat and vote on their favorite food item(s).
- Jeans or other type casual dress day
- Pie in the face day – employees put money in a jar to vote for a specific manager to get a pie in the face.
- Raffle tickets - cash or other prize items
- Miscellaneous raffle items, i.e. quilt raffle, I-pad, purse
- Penny/change drive
- Silent auction
- Perennial sale
- Garage sale
- Brat fry
- Dunk tank – executive leader will be take a dip for charity
- Color hair – executive leader will color hair for charity
- Bake sale
- Local cookbook

Other

- Check to see if your facility has any restricted donation funds that may be applied to this program.
- Share your program information with resident families and solicit donations.

Program Enhancement

The chair yoga instructor added music to the class in an effort to expand the breathe retention and to build strength in the stomachs and lungs of participating residents. Chanting is commonly used as a part of many traditional yoga classes. The overall resident response to the introduction of music was overwhelmingly positive, and resulted in singing being added to every class.

One example of how the introduction of participant singing improved the class includes a resident that was often drowsy during class. Initially staff moved the resident to a class later in the morning, but the resident continued to be drowsy during class. After music was added to the class, the resident became more alert and began actively singing during the chair yoga class. The addition of music also proved beneficial in motivating residents to hold poses longer.

The songs that were sung by the group were chosen by the instructor as common songs that the majority of the group would be familiar with, songs such: as *Row, Row, Row Your Boat*, *She'll Be Coming 'Round the Mountain*, and *When the Saints Come Marching In*. The chair yoga instructor found that the residents knew verses to the songs that she didn't know and that they happily shared and taught each other the additional verses.

Program Summary

The Aspirus Care & Rehab Chair Yoga program was a successful program. After the first year of the program there were 17 of the original 20 residents participating in the program. Two residents became deceased during the program and another resident moved to another facility. At the conclusion of the first year of the program residents were surveyed regarding the program and all, but one resident were interested in continuing to participate in the program for another year. There was one resident that elected to discontinue participation due to loss of interest.

Participating Resident Feedback Regarding the Class

- “[The class] is important so that I can stay active, to go on outings”
- “Helped strengthen my leg”
- “I would like class more often”
- “Feels good afterward”
- “I’m satisfied with the class”

The Aspirus Care & Rehab chair yoga program conducted several assessments over the course of the program related to measuring resident fall rates, sleep quality, perceived pain, range of motion and happiness. Over the course of a year of resident participation, participating residents were found to have a fall reduction rate of over 50% and over 75% of our participating residents experienced an increase in their range of motion. Aspirus Care & Rehab did not determine a relationship between resident participation in a chair yoga program and improved sleep quality, reduction in perceived pain and an increase in happiness. Special Note regarding happiness – Aspirus Care & Rehab staff and the chair yoga program instructor observed residents becoming more engaged in conversation with each other pre and post class and within the group setting.

Sample Forms

Attachments Include:

- **Form 1.....Resident and POA Consent**
- **Form 2.....Physician Authorization**
- **Form 3.....'Quiet Please' sign**
- **Form 4.....Contract**

Sample Resident Consent Form (Page 1 of 2)

Dear [Insert Resident Name],

We are pleased to share with you that [Insert skilled nursing facility name] is participating in a new Chair Yoga program. [List funding source and if research based provide a statement on the areas you will be researching, such as “The research will focus on how chair yoga affects fall rate frequency, perceived pain, sleep quality, range of motion and resident happiness”].

We would like to invite you to be a part of the program and we would like to make sure that you know what it is all about.

What is the Chair Yoga Program?

Certified Yoga Instructor, [Insert instructor name and facility], will teach the chair yoga program. [Instructor name]’s gentle approach will guide a group of [Insert facility’s name] residents through the soothing activity of yoga; promoting their physical, emotional and mental strength, flexibility, coordination, balance and overall sense of well-being.

Program Commitment

The chair yoga program will be offered twice a week for a year beginning on [Insert date]. You are encouraged to commit to attending the program for a year, but if at any time you would like to withdraw from the program you may do so by contacting [Insert contact name, position title and phone number].

What about privacy?

The staff at [Insert facility’s name] involved in the project will record how residents are impacted by conducting assessments and surveys. However, no personal or sensitive information about residents will be shared with anyone.

Who can I contact at [Insert facility name] if I have questions?

[Insert contact name, position title and phone and email address]

Sample Resident Consent Form (Page 2 of 2)

Consent

If you feel comfortable with taking part in the Chair Yoga program, please sign and date below. Please note that you can choose to withdraw from the Chair Yoga program at any point by contacting the staff at, [Insert facility name and contact phone number].

Name

Date

Signature

Sample POA Healthcare Consent Form (Page 1 of 2)

Dear Responsible Family Member,

We are pleased to share with you that [Insert skilled nursing facility name] is participating in a new Chair Yoga program. [List funding source and if research based provide a statement on the areas you will be researching, such as “The research will focus on how chair yoga affects fall rate frequency, perceived pain, sleep quality, range of motion and resident happiness”].

We have invited _____[Insert Resident Name]_____to be a part of the project and would like to make sure that his/her loved ones know what it is all about.

What is the Chair Yoga Program?

Certified Yoga Instructor, [Insert instructor name and facility], will teach the chair yoga program. [Instructor name]’s gentle approach will guide a group of [Insert facility’s name] residents through the soothing activity of yoga; promoting their physical, emotional and mental strength, flexibility, coordination, balance and overall sense of well-being.

Program Commitment

The chair yoga program will be offered twice a week for a year beginning on [Insert date]. Residents are encouraged to commit to attending the program for a year, but if at any time a resident would like to withdraw from the program he/she or responsible family member may do so by contacting [Insert contact name, position title and phone number].

What about privacy?

The staff at [Insert facility’s name] involved in the project will record how residents are impacted by conducting assessments and surveys. However, no personal or sensitive information about residents will be shared with anyone.

Who can I contact at [Insert facility name] if I have questions?

[Insert contact name, position title and phone and email address]

Sample POA Healthcare Consent Form (Page 2 of 2)

Consent

If you feel comfortable with _____ [Insert Resident Name] _____ taking part in the Chair Yoga program, please sign and date below. Please note that you can choose to withdraw your loved one from the Chair Yoga program at any point by contacting the staff at [Insert facility name and contact phone number].

Name

Date

Signature

Sample Health Care Authorization Form (Page 1 of 2)

Dear **[Insert Provider's Name]**,

Your patient, **[Insert Resident's Name]**, is interested in participating in a Chair Yoga Class at **[Insert facility's name]**. **[Insert instructor's name and qualifications]**, will be teaching the program. This program will be based on a gentle chair program **[reference instructor experience]**.

The program will have deep breathing exercises and gentle yoga poses including some forward folding and balance work as students' progress. This program is gentle and adjusted for each student but, I am sending this letter to ensure that there are no health concerns that would affect your patient during the class.

Please complete and sign the enclosed Physician Authorization Form and return to **[Insert contact name]**. If you have any questions or would like to discuss your patient's participation in this program in further detail, please call or email me, **[Insert instructor contact information]**. You could also contact **[Insert facility contact information]**.

Sincerely,

[Insert instructor and contact information]

Sample Health Care Authorization Form (Page 2 of 2)

Physician Authorization Form

Patient Name:

Address:

Date of Birth:

Date of Last Exam:

Medical Conditions:

Special Considerations regarding exercise:

_____ Yes, my patient can participate.

_____ No, my patient cannot participate at this time due to his/her medical conditions and health status.

Physician's Signature:

Print Name:

Address:

[Insert facility address]

Phone Number: [Insert facility phone number] Email contact: _____

Quiet Please

Chair Yoga Class In Session

Thank You!

AGREEMENT FOR CHAIR YOGA INSTRUCTION SERVICES

THIS AGREEMENT is dated as of this [Insert date], by and between [Insert facility name] (Company) and [Insert instructor business name] (Contractor) regarding the provision of Chair Yoga Instruction for [Insert facility name].

1. PROFESSIONAL SERVICES

- 1.1 Contractor, shall during the term of this Agreement, provide services to Company as reasonable and necessary for completion of a grant program of Chair Yoga (Program). Services shall be provided to Company as agreed upon by both parties.

2. RELATIONSHIP

- 2.1 In the performance of Services called for by this Agreement, Company and Contractor are acting as independent contractors.
- 2.2 Contractor hereby acknowledges and agrees that Contractor shall not be entitled to any employment benefits from Company, expressly including, but not limited to, workers' compensation insurance and unemployment compensation insurance or pension.

3. CONFORMITY TO APPLICABLE STANDARDS

- 3.1 All Services provided by Contractor pursuant to this Agreement shall conform to:
- a. All applicable federal, state, and/or local laws, rules and regulations;
 - b. All applicable ethical and professional standards.

4. COMPENSATION

- 4.1 Compensation will be paid based upon a monthly invoice submitted by Contractor outlining the number of classes per month and cost per class held during the reported month. Classes are to be twice per week for a period of [Insert number of weeks]. The estimated cost per class is [Insert dollar amount] and the annual billed amount is not to exceed [Insert dollar amount].

5. RELEASE AND WAIVER OF LIABILITY

- 5.1 Contractor agrees to indemnify and hold Company harmless

from any loss, liability, damage or cost arising out of or related to events whether caused by the negligence of Contractor or otherwise; and

5.2 Contractor hereby assumes full responsibility for any risk of bodily injury, death or property damage arising out of Services provided for Company.

6. TERM AND TERMINATION

6.1 This Agreement shall terminate on [Insert date].

6.2 Upon termination of this Agreement for any reason set forth above, Company shall only be obligated to pay Contractor a prorated amount of compensation hereunder through the date of termination.

7. NONDISCRIMINATION

Title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act, and the Age Discrimination Act of 1975 prohibit discrimination in health care. Therefore, all Services shall be provided without regard to race, color, national origin, disability, age, religion, sex or any other basis prohibited by applicable law.

8. CONFIDENTIALITY

In the course of performing Services specified in this Agreement, Contractor may come in contact with confidential patient/resident information. Such information is confidential and protected by state and federal laws. In acknowledgement of the confidential nature of patient/resident information, Contractor agrees that Contractor shall not access, use or disclose Company's confidential patient/resident information in any manner that would constitute a violation of state or federal law, including but not limited to, privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996.

9. ILLEGALITY

If any provision of this Agreement at any time violates any provision of law, or is found to be illegal, it shall be of no force or effect and shall not be binding on the parties. All other provisions of the Agreement shall remain in full force and effect.

10. ASSIGNMENT

This Agreement shall not be assigned by Contractor without the prior written consent of Company. Company shall have the right, in its discretion, to assign the rights of Company under this Agreement to one or more affiliated or subsidiary organizations.

11. NONDISCLOSURE

Contractor will hold in strictest confidence and will not disclose, use, lecture upon or publish any of Company's proprietary information developed in conjunction with the program, unless an officer of Company expressly authorizes such in writing.

12. ENFORCEMENT

This Agreement shall be enforceable only by the parties hereto and their successors in interest by virtue of an assignment which is not prohibited under the terms of this Agreement. No other persons shall have the right to enforce any of the provisions contained herein.

13. AMENDMENTS

This Agreement may not be changed, modified or discharged orally but only by Addenda in writing and executed by the parties by whom enforcement of change, modification or discharge is sought.

14. HEADINGS

The headings used herein are used for convenience only and will not be used in the construction and/or interpretation of this Agreement.

15. GOVERNING LAW

This Agreement shall be construed in accordance with and governed by the laws of the State of Wisconsin.

16. SCOPE OF AGREEMENT

This Agreement constitutes the entire Agreement between the parties for provision of Services during the Program. All prior agreements, whether written or oral, are merged herein and shall be of no force or effect.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date and year first above written.

[Insert facility name]

By: _____

[Insert name and job title]

Date: _____

[Insert instructor business name]

By: _____

[Insert instructor name]

Date: _____