MFA Facility Certification The Why’s and How’s

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Deb Riggs, FMFA
Today’s Presentation

- Why Should Your Center Become MFA Certified?
- How to prepare
- Overview of Standards and Guidelines
- Learn From Experienced Examiners and Directors of Certified Facilities
Why Become MFA Certified?

- Tool in population health management, prevention measures, disease management initiatives, etc.
- Capture clinically relevant data and outcomes
- Increases staff unity, collaboration and pride
- Better positioned as the provider of choice
- Differentiate your center from other local options
- Identify & formally document/measure facility processes and procedures
- Increased membership sales by conducting special membership campaigns emphasizing MFA Certification
- “Good Housekeeping Seal of Approval” making you a credible and trusted resource for physicians and health systems
Getting Started - the Essentials!

- Obtain a Copy and Read the Standards and Guidelines for Medical Fitness Center Facilities - 2nd Edition
- Request a facility certification application from MFA @ [www.medicalfitness.org](http://www.medicalfitness.org), or apply online
- Complete the Facility Self-Study Checklist
- Collect Documentation (most standards require 1 year)
- Send your application and application fee to MFA
The Application Process

- **Step 1 - Fees, Application and Guidelines**
  - Initial Facility Certification- $7,500 – broken into 3 payments
  - Additional Facility $5,000; 3rd or more facility $3,500

- **Step 2 - Application Review and Certification Materials**
  - Application and Other Required Documentation
  - Phase I Initial Payment - $1,875

- **Step 3 - Certification Preparation and Second Installment**
  - Self Scoring Checklist and Proposed Agenda
  - Phase II Payment - $1,875

- **Step 4 - Examiner Site Visit and Final Payment**
  - Final Review of Application and Confirmation of Site Visit Date
  - Phase III final payment - $3,750

- **Step 5 – On-Site Evaluation by 2 Examiners**

- **Step 6 - Certification Cmte and BOD Review and Approval**
Facility Pre-Requisites and Requirements

- Must be a facility member of MFA and operational for at least one (1) full year

- Must meet all PASS/FAIL Requirements:
  - Medical oversight
  - Quality Management
  - Pre-activity Screening
  - Risk Management
  - Programs and Services
  - Professional Staffing
  - Aquatics
  - Children’s Programming
  - Facility Management
Facility Pre-Requisites and Requirements

- Highlights of PASS/FAIL Requirements include:
  - Active Medical Advisory Committee or Medical Director and relationship with local continuum of care
  - Has systematic quality management processes to assess performance and outcomes of center (financial, clinical and program including pre-screening and follow-up)
  - Emergency Response Plan in place and tested regularly including number and placement of AEDs and training
  - Provides at least three (3) clinical/fitness programs with inclusion/exclusion criteria, intake and follow-up
  - Properly educated and certified staff related to major program areas.
Re-certification Policies

- Every Three (3) Years
- Re-evaluation by one or two examiners (size dependent)
- Show remediation and/or improvement from previous evaluation
- Provide documentation of continuous quality improvement and compliance with standards
- Must meet current pass/fail standards and guidelines
Sample Agenda

**Day One**

7:50  
Examiners arrive at facility and meet Facility Director

8:00 – 9:00  
“Kick-off” meeting

9:00 – 11:00  
Tour facility, check safety, systems, equipment, operational policies

11:00 – 12:00  
Binder and Records Review

12:00 – 1:00  
Lunch with staff (and others invited by facility director)

1:00 – 1:30  
Meet with clinical coordinators and dietician, if applicable

1:30 – 2:30  
Binder and Records Review

2:00 – 2:30  
Meet with Fitness Staff and Personal Trainers

2:30 – 3:00  
Meet with Group Exercise and Aquatics Staff

3:00 – 5:00  
Binder and Records Review

5:00  
Examiners depart facility

**Day Two**

7:50  
Examiners arrive at facility

8:00 - 8:30  
Examination Findings Meeting

8:30 – 9:30  
Final Review of Binders, resolve remaining issues from Day One

9:30 - 10:30  
Summation Conference
Scoring

• Each guideline receives a score of “1”, “0” or N/A
• N/A used only when center is unable to comply due to facility design (no pool, racquetball, etc.)
• Non-US facilities must comply with the intent of the guidelines (most standards now worded for international use – if not local privacy rules apply)
• Possible score is maximum possible score minus N/As.
• Center Raw Score is total number of “1’s”
• Final % score is total number of “1’s” divided by possible score.
**EXAMPLE:**

Maximum Score   148  
N/A’s Applied     -  4  
Possible Score   144  
Actual Score     138  

Final Score = 138/144 or 95.8%

90% = Final Score Required to Pass
Scoring Note

- Examiner Scoring Forms reviewed and revised in 2018 by Certification Committee and currently in use reducing the number of standards reviewed from 209 to 148.

- 3rd Edition of Standards and Guidelines being developed in 2020 to be effective close to mid-year 2021.
Build Your Team and Collect Documentation

- Build documentation files around the Scoring Guidelines/Self Scoring Checklist
- Every Standard should have a tabbed binder/file
- Divide your binders/files among your team
- Empower each assigned person to demonstrate compliance with the standard(s)
- Hold weekly meetings to review and guide team progress
Team Effort

- MFA Examiners are looking for consistency among staff practices and written policies. Make sure all staff know policies and procedures and are consistent in their messaging.

- Staff communication is key
  - Hold Meetings
  - Send Emails
  - Make MFA Certification a Part of your Daily Conversations
  - Hold Staff Accountable for Assigned Tasks
Staff Training – Cheat Sheet

Mission: Galter LifeCenter is a medical fitness facility committed to empowering its community members to develop mind, body and spirit through exercise, good nutrition and a healthy lifestyle.

2010 Initiatives

- Quality: MFA Certification
- Customer Service: Uniforms, Website, CSI
- Integration: Fundamental Fitness, CBI
- Growth: Aquatics, PFT, Integrative Health, Boot Camp, Pilates
- Financial: CSI-OLS, Updated Website, Lifeworks

AED: Courtesy Desk/Fitness Desk
MSDS: Time clocks, pools, KidCenter
FIRE: Pull/Extinguisher/Exit route – near all exits and key high traffic area
ADA: Accessibility and Equipment for the disabled (pool lift, Nustep, door openers)
HIPAA: Confidentiality (lock doors, talk in privacy, health history and lab results)

EMERGENCY EXTENSION 5666
Non Life threatening: “All Assistance Needed”
Life Threatening: “Code Blue”
911: EMS Activation from front desk
I. Medical Oversight

Standard 1

Pass/Fail Requirement

A Medical Fitness Center must have medical oversight

☐ A facility needs to have a medical director, physician advisory committee, or physician advisor in place that meets at least 4 times per year (Documentation of 1 year’s minutes required)

☐ Minutes include:
  ☐ Emergency Response Code/Drill/Outcomes Reviews
  ☐ Staff Training
  ☐ Clinical Program and Member Testing Outcomes
  ☐ Safety Audits
Medical Oversight
Medical Advisory Agenda

TriHealth Fitness & Health Pavilion
Medical Advisory Committee

March 15 Meeting 7:00-8:00 a.m. or
March 16 Meeting 7:30-8:30 a.m.

Committee Members:
- Cheryl Angel RN, TriHealth Diabetes Education
- Peter Sheng MD, IHM Medical Director
- James Annis MD, Lone Star Orthopedics
- Scott Woods MD, Epidemiologist/Norwood Family Practice
- Matthew Merz MD, GHA-Kenwood Psychiatrist
- Doug Linz MD, Medical Director-TriHealth Corporate Health Services
- Sue Weber, Director TriHealth Oncology/Renal Services
- Pamela Lockwood MD, Medical Director-CONCERN Services
- Jay Hayner MD, GHA-Mason Internist
- Thomas Saul MD, Mayfield Clinic-Neurological Surgery
- Nancy Dallas-Administrator TriHealth Cardiovascular Services
- Edly Caldwell, TriHealth IHM-Acupuncturist
- Brian Ellis MD, Queen City Surgical Consultants
- James Konerman, Pavilion Medical Associates-Internist
- Gary Corn, Pavilion Member Advisor
- Deb Riggs, General Manager, TriHealth Fitness & Health Pavilion
- Tom Arnold, Assistant Manager, TriHealth Fitness & Health Pavilion

Agenda
1. Exercise is Medicine Referral Program
2. Doc Talk Series initiated
3. Health & Fitness Day for Autism Saturday April 9
4. 8 week Cancer Wellness Program Update
5. Weight Management Programs for the community
6. Pre-Natal Program
7. New Balance and Stability Program
8. Women's Health Week May 8-14 (Community Event)
9. Men's Health Week June 13-18 (Community Event)
10. Dinner Lecture Events (Arthritis-Diabetes-Osteoporosis)
11. Other Business/Discussion
Medical Oversight

Standard 2

The clinical programs/services offered within a Medical Fitness Center must comply with current national, regional, state and local laws and regulations.

- Are the national, regional, state and local requirements reviewed periodically and applied to all clinical programs and services (physical therapy, cardiac rehab, etc.) by facility management and the medical advisory committee/director?

- Regardless whether the program is owned and operated, or renting space, center must provide proof of compliance, such as Joint Commission Certificate, or demonstrate ability to bill Medicare/Medicaid.
Medical Oversight

Standard 3

Pass/Fail Requirement

A Medical Fitness Center must demonstrate a direct and valid relationship with its community healthcare system/local continuum of healthcare.

- Facility must demonstrate an active referral relationship within the local continuum of care with licensed healthcare provider organization (health system, hospital, physician group(s))

- Documentation exists for quarterly Community & Professional education/Screenings and follow-up
Mission Statement Example

The TriHealth Fitness and Health Pavilion is dedicated to optimizing the health status of the community through prevention, exercise, rehabilitation and wellness education. As a medically-certified fitness center, we provide integrated, holistic opportunities for physical, mental and emotional well-being, delivered by caring professionals in a clean, safe, service-driven environment.
BP AND CHOLESTEROL SCREENINGS

(Example of community programs and screenings)
II. Quality Management Standard 1

A Medical Fitness Center must have a systematic process in place to continuously assess and improve all aspects of health and fitness delivery, including, but not limited to, individual user outcomes, clinical and non-clinical programs/services, and operational/business processes.

Pass/Fail Requirement

- Center has policies and procedures that ensure all programs and services provided by the Center are effectively contributing to the Center's mission, stated goals, and objectives.
- Collaborative Process for Creating and Implementing New Programs and Services, utilize benchmarks to compare and improve performance, and use key findings to improve member experience.
- Demonstrate general health and fitness goal compliance for individuals, aggregate performance measures (e.g., strength, flexibility) and program participant/user outcomes (e.g., personal training, weight loss)
Quality Management

- Outcomes data measured, evaluated, acted upon, and documented accordingly, related to the following:
  - Safety/emergency response/sentinel events
  - Individual member/user outcomes including Member Retention
  - Business performance of the Center (budgets, financial ratios, benchmarks, center goals and objectives, human resource related factors such as FTE’s, Employee turnover, Employee Satisfaction, Average Length of Service, etc.
- Some centers utilize PDCA, Process Improvement, or LEAN, etc.
Quality Management

- Must have a system in place to ensure every user achieves the most effective benefits of their exercise program or activity.
  - Orientation to center as lifelong Preventive Health Program
  - Orientation to equipment and program options
  - Exercise testing
  - Exercise recommendations
    - Monitoring and feedback of fitness program
  - Periodic Retesting
“Dashboards”
Benchmark Data
# Benchmark Data

<table>
<thead>
<tr>
<th>Industry Benchmark Statistic for Centers of Comparable Size</th>
<th>60,000 + SF</th>
<th>Center</th>
<th>35,000 - 60,000 SF</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>IHRSA (1)</td>
<td>MFA (2)</td>
<td>FY 2008</td>
</tr>
<tr>
<td>Individual monthly dues rate</td>
<td>$80.50</td>
<td>$62.00</td>
<td>$48.00</td>
</tr>
<tr>
<td>Revenue per member</td>
<td>$1,044.00</td>
<td>$694.10</td>
<td>$514.37</td>
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<tr>
<td>Revenue per square foot</td>
<td>$56.70</td>
<td>$48.89</td>
<td>$36.08</td>
</tr>
<tr>
<td>Square foot per member</td>
<td>20.1</td>
<td>15.6</td>
<td>15.0</td>
</tr>
<tr>
<td>Nondues revenue percent</td>
<td>32.0%</td>
<td>21.5%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Sales &amp; Marketing as % of revenues (3)</td>
<td>4.0%</td>
<td>4.0%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Compensation as percent of revenues</td>
<td>42.7%</td>
<td>43.7%</td>
<td>44.0%</td>
</tr>
<tr>
<td>Employee benefits rate (incl. FICA) (3)</td>
<td>21.3%</td>
<td>22.2%</td>
<td>29.4%</td>
</tr>
<tr>
<td>Attrition rate (3)</td>
<td>25.3%</td>
<td>29.0%</td>
<td>48.0%</td>
</tr>
</tbody>
</table>

(1) Source: IHRSA Profiles of Success 2007
(2) Source: MFA Benchmarks for Success 2008
(3) MFA Benchmark for centers of all sizes
# Member Survey Results

<table>
<thead>
<tr>
<th>Attribute Tested in Member Survey</th>
<th>Overall Ranking</th>
<th>Percent Very Satisfied</th>
<th>Number of Responds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training and professionalism of front desk staff</td>
<td>4.6</td>
<td>68%</td>
<td>531</td>
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<tr>
<td>Location and ease of access to the center</td>
<td>4.5</td>
<td>63%</td>
<td>551</td>
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<tr>
<td>Training and professionalism of administrative staff</td>
<td>4.5</td>
<td>60%</td>
<td>523</td>
</tr>
<tr>
<td>Variety and quantity of exercise equipment</td>
<td>4.5</td>
<td>59%</td>
<td>535</td>
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<tr>
<td>Training and professionalism of group exercise instructors</td>
<td>4.4</td>
<td>58%</td>
<td>507</td>
</tr>
<tr>
<td>Training and professionalism of fitness staff</td>
<td>4.4</td>
<td>57%</td>
<td>535</td>
</tr>
<tr>
<td>Training and professionalism of Kid’s Corner staff</td>
<td>4.4</td>
<td>57%</td>
<td>419</td>
</tr>
<tr>
<td>Facility amenities (pools, gymnasium, workout areas, etc.)</td>
<td>4.4</td>
<td>56%</td>
<td>546</td>
</tr>
<tr>
<td>Overall facility appearance and cleanliness</td>
<td>4.4</td>
<td>54%</td>
<td>547</td>
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<tr>
<td>Initial health screening and assessment</td>
<td>4.3</td>
<td>51%</td>
<td>508</td>
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<tr>
<td>Member communications (newsletters, email, etc.)</td>
<td>4.3</td>
<td>50%</td>
<td>528</td>
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<tr>
<td>Appearance and cleanliness of exercise pool</td>
<td>4.3</td>
<td>49%</td>
<td>516</td>
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<tr>
<td>Hours of operation</td>
<td>4.2</td>
<td>52%</td>
<td>545</td>
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<tr>
<td>Individualized personal training</td>
<td>4.2</td>
<td>47%</td>
<td>448</td>
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<tr>
<td>Variety and quantity of wellness programs (nutrition programs,</td>
<td>4.2</td>
<td>46%</td>
<td>512</td>
</tr>
<tr>
<td>lifestyle management classes, lectures, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locker rooms and amenities</td>
<td>4.2</td>
<td>46%</td>
<td>534</td>
</tr>
<tr>
<td>Advice provided by staff related to personal fitness program</td>
<td>4.2</td>
<td>46%</td>
<td>495</td>
</tr>
<tr>
<td>Variety and quantity of group exercise classes</td>
<td>4.2</td>
<td>44%</td>
<td>504</td>
</tr>
<tr>
<td>Locker room cleanliness</td>
<td>4.1</td>
<td>44%</td>
<td>533</td>
</tr>
<tr>
<td>Parking</td>
<td>4.0</td>
<td>40%</td>
<td>547</td>
</tr>
</tbody>
</table>
2011 First Quarter Survey Results Action Plan

TOP Priorities from Survey
Recognize staff from survey – Employee Satisfaction Team (SHANNON, AMY, HEATHER)

**BEST IN CLASS – TOP 5**

12. How satisfied are you with the education/background/experience of the staff in making you feel safe (and well cared for) at the Center? 95.8%
13. How would you rate your overall experience? 93.7%
15. Would you recommend the LifeCenter to others? 96.8%
18. How satisfied are you with the knowledge of our staff? 93.9%
22. How satisfied are you with the variety of equipment? 96.2%

**RED – NEEDS IMPROVEMENT – TOP 5**

5. How satisfied are you with your most recent fitness assessment/orientation? 72.1%
10. How satisfied are you with your phone, written or in-person inquiries being resolved satisfactorily? 80.8%
27. How satisfied are you Personal Training? 83.8%
31. How satisfied are you with Private Swim Lessons? 76.4%
33. How satisfied are you with Private Yoga or Tai Chi? 63.7%

Goal for second quarter 2011 scores

5. How satisfied are you with your most recent fitness assessment/orientation? 75%
10. How satisfied are you with your phone, written or in-person inquiries being resolved satisfactorily? 85%

- Membership/Fitness Interaction, Program Service Sheet/Orientation with Fundamentals FRANCIE/SHELEON/LESILIA/DIANA
- Follow up with comment cards, email, voice mail within 48 hours ALL STAFF

**TOP 10 THINGS TO IMPROVE BASED ON COMMENTS**

- Class times for working individuals (23 comments) FRANCIE/MEGAN
- Cleanliness, especially locker rooms, sauna and whirlpools (17 comments) PAUL/WES/SHEILA
- PFS Value and Fitness staff help (14 comments) FRANCIE/SHELEON/LESILIA/DIANA
- More Free or Less Expensive Programs (11 comments) PROGRAM STAFF
- Longer Weekend Hours (9 comments) DIRECTORS
- Return correspondence (8 comments) ALL
- TV Reception (7 comments) PAUL/ART
- MORE TVS (7 comments) ART/FRANCIE
- CELL PHONES IN LOCKER ROOMS (7 comments) PAUL/SHEILA

**TOP 10 BEST SUGGESTIONS – Most of these are one time tactics**

- Website navigation for smart phones KRISTEN
- Website Navigation with fewer clicks KRISTEN
- Member forum on website KRISTEN
- Korean Speaking staff ALL
- Air In Boxus, clean mats LESILIA/DIANA
- Label Each Shower Stall PAUL
- Studio 1 Storage Ease ART/PAUL/MEGAN
- Nametags on shirts ART/CLARA
- More Kleenex in locker rooms ART/PAUL/SHEILA
- More adult/Lap swim times WES

TASK: EACH MANAGER TO CREATE 5-10 DEPARTMENT SPECIFIC TACTICS TO FOLLOW UP FROM ABOVE OR ANY OTHER INDIVIDUAL MEMBER COMMENTS (THESE WILL ROLL INTO THE 90 DAY ACTION PLANS)

TO REVIEW AT MANAGEMENT MEETING ON APRIL 19TH

2011 Survey Tool Action Plan

- Add KidCenter to Survey? DIRECTORS
- Add N/A for unused areas? DIRECTORS
VI. QUALITY INDICATORS & OUTCOMES

LifeSteps Weight Management

- First 12-week session held January through April
- 22 participants began program; 20 completed
- LifeSteps Benchmark = 69.1% completion; Pavilion = 90.1%
- 12 members, 10 nonmembers (6 TriHealth employees);
  17 women, 5 men
- 5 converted to membership
- Individual weight loss range: 0.2 lbs to 30.4 lbs.
- LifeSteps Benchmark = .75 lb. loss/week;
  Pavilion results = .78 lb. loss/week
III. Pre-Activity Screening Standards 1,2,3&4

A Medical Fitness Center must offer each participant an appropriate pre-activity screening process

**Pass/Fail Requirement**
- Systematic Pre-activity Screening Process
- All Participants Offered Pre-Activity Screening
- Waivers Provided if Not Participating in Screening is an Option
- Appropriate Risk Stratification and Physician Referral of those identified as High Risk
- Exercise Testing for Fitness Assessments as well as ExRx
- Testing conducted and interpreted by qualified staff
- All members offered orientation to center, equip and emergency/safety guidelines
Pre-Activity Screening
PARQ and Medical Clearance

Health Status Pre-participation Questionnaire

Do you currently have a physician? [ ] Yes  [ ] No
If yes, physician’s name ____________________________
If no, would you like to be referred to an SCH physician? [ ] Yes  [ ] No
Emergency Contact Name ____________________________
Number __________________

Mark all statements that apply to your current health condition to assess your health status.

History
Have you had:
• a heart attack
to say or during any activity
• a heart surgery
• heart valve disease
• heart failure
• heart transplantation
• congenital heart disease
• diabetes

Are you currently pregnant? [ ] Yes  [ ] No
Symptoms
You have experienced:
• chest discomfort with exertion
• uncontrolled blood pressure
• headache or dizziness
• difficulty breathing
• chest pain or discomfort during exercise

If you have any of these symptoms, do not participate in any physical activity.

Cardiovascular Risk Factors
• Age (Men > 45; Women > 55)
• Family history of heart disease or stroke, which includes: 
• heavy smoking
• adequate weight control
• lack of physical activity or no regular exercise
• high cholesterol
• low blood pressure
• high blood pressure
• high cholesterol levels
• high blood sugar
• high blood pressure

Diabetes
If you have any of these conditions, do not participate in any physical activity.

I have answered the above questions to the best of my knowledge.

Signature ____________________________
Printed Name ____________________________
Phone Number ____________________________

Medical Clearance and Referral Form

Dear Doctor ____________________________,

Medical Clearance and Referral Form

On ____________________________, your patient ____________________________ expressed interest in becoming a member of Galter LifeCenter. Based on your patient’s provided health history, the American College of Sports Medicine considers them to be:

High Risk: those with signs and symptoms suggestive of or known Cardiovascular, Pulmonary, or Metabolic Disease

I approve for my physician to make the following recommendations to Galter LifeCenter concerning my health.

Prospective member’s signature ____________________________ Date ____________________________

PHYSICIAN’S RX:
• I APPROVE of my patient participating in a moderate intensity exercise program at the Galter LifeCenter with ____________________________ restrictions ____________________________ restrictions as listed below.
• In addition: ____________________________
• I DO NOT APPROVE of my patient becoming a member at Galter LifeCenter until further examination has been completed.

Please note any restrictions, other recommendations, or comments that you may have in the space below.

Physician’s Signature ____________________________ Date ____________________________

Thank you for your assistance. Please fax this form to Galter LifeCenter membership at (773) 907-7486.

Galter LifeCenter | 5151 N. Francisco Ave. | Chicago, IL 60645 | (773) 907-9936 | www.galterlifecenter.org
HIPAA Compliance

Authorization for Release of Protected Health Information

I, ___________________________ hereby authorize Galter LifeCenter to release the health information indicated on my Health Status Pre-participation Questionnaire to a doctor or other medical/clinical professional who needs the information to diagnose or help assess my health status and eligibility for membership status (if high risk) at Galter LifeCenter. This authorization is in effect as long as my membership is in active status. I understand that by signing this authorization:

- I authorize the use or disclosure of my individually identifiable health information as described above for the purpose listed. I understand that authorization is voluntary unless I am considered high risk, in which case a physician’s notice is needed to complete the membership intake process.

- I understand that if the organization/person I have authorized to received the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

- I understand that I have the right to receive a copy of this authorization.

- I understand that I am signing this authorization voluntarily and that treatment, payment, or eligibility for membership will not be affected if I do not sign this authorization (unless I am considered high risk in which case authorization is required to complete the membership intake process).
Assessment

- Strength Training Exercise Prescription
- Review Health History Questionnaire
- Wellness Lifestyle Counseling
- Cardiovascular Exercise Prescription
- Standardized Assessment
- Flexibility
- Height
- Weight
- Heart Rate (BP)
- Body Fat Measurement
- Girth Measurements
IV. Risk Management & Emergency Response Policies
Standards 1,2,3,4&5
Pass / Fail Requirement

- Plan specifies most likely emergency situations that could occur and appropriate response including the responsibilities of the first, second, and third responders
- Plan well documented and easily accessible by staff on all shifts
- Emergency drills conducted at least quarterly at a variety of days/times/shifts and documentation that demonstrates competencies of staff to respond to likely scenarios (some to include AED response)
- Number and Placement of AEDs appropriate
- All staff have current CPR/AED certification
- AED maintained in accordance with Manufacturer regs
Emergency Response Procedures

Center for Health Improvement
QUICK REFERENCE FOR EMERGENCY MANAGEMENT RESPONSES

- Winter Storm / Blizzard (CODE WHITE)
- Chemical Safety - Material Safety Data Sheets (MSDS)
- Fire Safety Procedures (CODE RED)
- Emergency Response Team (ERT)
- Incident Command / Emergency Operations Center
- Patient Evacuation to Alternate Site
- Safety, Security Incident Notification (CODE SILVER)
- Severe Weather - TORNADO Watch & Warning (CODE 66 & CODE 38)
- Yearly Exercise
- Triage Guide & Treatment and Support Functions
- Radio Threat (CODE BLACK)
AED and Sign Off Sheets
Eye Wash Stations & Emergency Phones
- Appropriate Signage uses ANSI approved designs and colors
  - Danger
  - Hazardous Materials
  - Perceived Exertion
  - Security / Safety
  - Physically Challenged Accessibility
  - Out of Order
  - Etc.
Disabled Accessibility
Occupancy Permits

[Image of signs indicating group exercise studio 1 occupancy load 121 and a sign from the City of Vineland Fire Prevention Bureau on maximum permitted occupancy of this space.]

[Image of a sign with Registration number, Bus name/address, and a notice by order of the fire marshal.]
Emergency Signage

- Emergency Shelter
- For Hazardous Weather Conditions
- Code Blue Supplies
- Supply Room
- Crash Cart Inside
Directional & Information Signage

- No Cell Phones
- Directional signs for family changing, elevator to 2nd floor, aquatics-exercise pool, lap pool, therapy pool, whirlpool.
ANSI Signage, Pictograms
Risk Management & Emergency Response - Policies

- Required Signage:
  - Danger
  - Warnings
  - Supervision
  - No Diving
  - Underwater Breath Holding
Mechanical & Pool Emergency Response and Safety
V. Programs and Services - Standard 1 & 2

A Medical Fitness Center must have programs and services that address the needs and interests of its users

Pass / Fail Requirement

- A Medical Fitness Center has a minimum of three (3) clinical/fitness programs for persons with chronic medical conditions.
  - Based on and adhere to nationally accepted guidelines
  - Appropriate inclusion / exclusion criteria
  - Initial Assessment and follow up testing/physician reports
- Nutritional counseling
- Mental health counseling
- Educational workshops and screenings
- Open lines of communication with Referral Source
- Personal Health Information Protection Policies
Programs and Services

- Quarterly community/member programs/workshops – lifestyle/behavior modification, DPP, coaching, etc.

Show examples of:
- Attendance
- Evaluations
- Letters
- Outcomes
- Needs assessments
- Program planning sheets
- Pre-post knowledge quizzes, etc.
Exercise is Medicine™
Physician Referred Programs
Electronic Medical Record
Exercise Recommendations & Outcomes

### Exercise Recommendations & Outcomes

**Patient Name:** 
**DOB:** 
**Date:** 
**Physician's Name:** 

The following is the current status of this individual's fitness performance and assessment results. Total visits to the TriHealth Pavilion during the 3-month post-rehab program: ___

#### Cardiovascular Activity
- Treadmill
- Stationary Bike
- Elliptical
- Exercise Cycle
- Rowing Machine
- Nonsport Therapy Pool
- Lap Pool

#### Resistance Training
- Machine
- Free Weights
- Slide Rice Box
- Resistance Bands
- Balance Ball

#### Flexibility
- Upper Extremity
- Lower Extremity

**Post Rehab Assessment Results**

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<th>Test</th>
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<th>End Visit Date</th>
<th>Outcome</th>
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<tr>
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<td>Sit and Reach Flexibility Test</td>
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<td>Upper Body Strength Test</td>
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<td>Overhead Reach</td>
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<td>Back Stretch Test</td>
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**Personal Training Client Outcome Form**

**Client Name:** 
**DOB:** 
**Height:** 

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<th>Initial Assessment</th>
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<th>Weight</th>
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<th>Skinfolds</th>
<th>TFI</th>
<th>Q-1</th>
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<th>TFI</th>
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**6 months**

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**Year**

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<th>TFI</th>
<th>Q-1</th>
<th>SI</th>
<th>TFI</th>
<th>SI</th>
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I, [client name], choose to participate in result tracking. 

Sign: ____________________ Date: __________

My results may be sent to my physician. See HIPAA Form on Back.

Sign: ____________________ Date: __________

Physician Name: ____________________ Number: ____________________ Address: ____________________

HIPAA Form Complete: Yes or No.

Results sent to physician on ____________________ (date) Signature: ____________________
Physician Follow-Up

Feb. 3, 2012

DR. «FirstName» «LastName»
«Address1»
«Address2»
«City», «State» «PostalCode»

DR. «LastName»,

On behalf of the staff at the TriHealth Fitness and Health Pavilion, we would like to thank you for referring your patient(s) to us. We provide your patients with superior service and quality care as we initiate and develop their fitness programs. All post rehab referrals meet with a certified athletic trainer and enjoy complete access and amenities of our medical fitness center.

We have enclosed two guest passes which you are welcome to give to your patients who you would like to try out our facility. You can also visit our website at www.trihealthpavilion.com. If you have any questions about the TriHealth Fitness and Health Pavilion, services, programs, or memberships options we offer, please contact Michelle Brooker. Enclosed is your patient’s outcomes report from their participation in the post rehab program. Should you require additional information, please feel free to contact us.

Once again thank you for your referral and we look forward to serving you and your patients in the future.

Sincerely,

Karen Sims, MS, ATC
Certified Athletic Trainer
karenrehab_sims@trihealth.com
(513) 985-6722

Michelle Brooker
Member Services Assistant Supervisor
michelle_brooker@trihealth.com
(513) 985-6711
HIPAA FORM

TriHealth Fitness & Health Pavilion

AUTHORIZATION TO DISCLOSE
FITNESS & EXERCISE INFORMATION

I, __________________________ (print member participant name) hereby authorize the TriHealth Fitness & Health Pavilion (referred to as the “Pavilion”) to use and/or disclose my individually identifiable health and exercise measures and recommendations, fitness assessment results and exercise program information, test results such as blood lipid profiles and/or BodyGem Metabolism Assessment, progress notes from fitness specialist, athletic trainer, personal trainers, dietician, and/or clinical exercise specialist, or any additional health and exercise information maintained at 6200 Pfeiffer Road, Cincinnati, OH 45242.

I authorize the following person(s) or organization to receive the information:

Physician Practice

Street Address

City, State and Zip Code

I authorize to disclose the above information

I do not authorize the above information to be disclosed to the above physician.

Signature of Participant

Date

Please Print Name

Signature of Witness

Date

MEDICAL
FITNESS
Association

CERTIFIED

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VI. Children and Youth - Standard 1

Changed from previous edition

- Written program policies reviewed by MAC or Med Dir.
- Pre-Registration Information
  - Includes: parental contact info, other emergency contact, list of permitted pick up, special needs/allergies, sign in/out procedures to ensure safety and security
- Written Procedures that include
  - Operational parameters of programs
  - Emergency Procedures specific to children’s programming
Sports Camps

Pre-Summer Peewee Basketball Clinic Ages 3-5
Our most popular summer camp for your little one. Learn basic basketball skills that include dribbling, passing, and shooting.

**Last Session will be Tuesday, May 28, 2013 due to the Memorial Day Holiday
Mondays, May 6-28,
6:00 p.m. - 6:45 p.m.
Cost: Pavilion member $35, Non-member $45

Sports of All Sorts Jr. Camp by Jump Start Sports**
June 3-7, Monday - Friday
Ages 4-8
9 a.m. – noon
Cost: Half day $95, Extended Day $125 (Noon-4:00 p.m.)
You may register online www.jumpstartsports.com or over the phone at 513-985-6747

Mini- Hawk Multi-Sport Camp by Skyhawks**
Ages 4-8
Baseball, basketball and soccer skills.
July 8-12, Monday through Friday 9 a.m. – Noon
THREE WAYS TO REGISTER (Pay by cash, check or credit.)
Stop by TriHealth Fitness & Health Pavilion, 6200 Pfeiffer Road
Call 513 985 6747 or 513 985 6715
Register online where indicated
Cost: $99, Extended Day $125 (Noon-4:00 p.m.) You may register online www.skyhawks.com or over the phone at 513-985-6747

Laffalot Summer Camp **
Boys and Girls entering grades 1-6
Kids will love this high energy activities with a simple focus on having FUN!
July 15-19, Monday through Friday, 9 a.m. - 2 p.m.
Cost: Pavilion member $115, Non-member $120, Extended day $135 (2:00 p.m. - 4:00 p.m.)
Get $10 off your camp if you register online at www.laffalotcamps.com or call 513-985-6747
For the Safety of your child we recommend that they wear close-toed athletic shoes to the Kids’ Life Center. All shoes must have non-marking soles.

Food, drinks, chewing gum, and candy are prohibited.

Profanity, spitting, or fighting will not be tolerated and will be reported to parents. If there are 2 or more repeated incidents, usage of the Kids’ Life Center may be suspended.

Injuries or accidents should be reported to the KLC staff immediately.

Children are not allowed to play in the hallways or closets.

Equipment and balls will be provided by the Kids’ Life Center.

Gym equipment and balls should remain in the gymnasium.

Children may bring their own roller blades from home. Helmets must be worn while using roller blades in the KLC.

Roller blades are not allowed on the mats.

The mats must remain on the ground or on top of other mats. They may not be placed on top of the scooters.

There is to be no standing on the scooters or crashing the scooters in to other children on scooters, the walls, or toys.

Jump ropes are made for jumping and are not to be tied to anything. Jump ropes and hula hoops may not be used to pull or push children on scooters.
KLC SAFETY & SECURITY PROCEDURE

- **SECURITY**
  - There is a magnetic lock on the activity room door. The door between the reception area and the activity room is the **ENTER** door. The **EXIT** door is the ½ door by the restrooms at the front desk area. There is a doorbell at the front desk to ring for assistance in case there is not a staff member there.

- **CHECK IN PROCESS:**
  - To check in your child(ren) simply fill out a sticker for each child. One child will have the information sticker and the additional children will have name stickers. Access will then be permitted into the activity room.
    - If you do not have your membership card with you, you will need to wear a sticker with a temporary # that will be assigned that day by the KLC staff. The KLC staff can do a manual check-in (by looking up the child’s name in the computer). The parent will be reminded to bring in the membership card on the next visit.
  - The KLC staff will keep a running attendance sheet as you are checking your child(ren) in/out of the KLC. They will record your pager or cell phone number at the time of check in.
  - Guests or infrequent users will need to wear a sticker with a guest number that will begin with “G”.

- **CHECK OUT PROCESS:**
  - To check your child(ren) out of the KLC, return your pager and show the KLC staff your family ID#. Upon confirmation of your ID# they will buzz you in to the activity room. Once you gather your child(ren) and your belongings, please exit through the gym and proceed to the ½ door by the restrooms in the reception area. When you are ready to leave, simply hand the KLC desk staff the stickers of each of your child(ren). They will match this to your family ID# and will buzz you out of the KLC.
TriHealth Fitness and Health Pavilion
Kids’ Life Center Fire Emergency Evacuation Procedure

1. Gather all children and exit through the front entrance of the KLC. If there is an obstacle or fire preventing the KLC attendants and children from exiting the front entrance, then exit out the rear entrance.

2. KLC attendant (#1) will take the registration clip board upon their exit.

3. Once everyone has made it to the far south parking lot area, conduct a roll call immediately.

4. KLC attendant (#2) will make sure there are no children left behind and will mark doors with an “X” (with chalk or washable markers) reflecting the rooms were checked. If possible, turn out lights, turn off computers and close all doors upon exiting safely and rapidly.

5. Do not re-enter the facility until approved by Manager on Duty and Fire Marshall.
VII. Aquatics

Standard 1, 2&3

Pass/Fail Guidelines

□ Written Rules, Policies and Procedures for Each Aquatic Area include:

□ Basic Rules for Pool Usage and Program/Class Supervision

□ Responsibilities of Staff in handling Emergencies including role of First, Second and Third Responders

□ Adequate Emergency Equipment

□ Emergency Drills and Adequate Training

□ Appropriate Entanglement/Entrapment prevention
Aquatics

- MSDS (suggest hard copy in each vulnerable area), eye wash, chemical logs
- Accidents: fecal matter process
- Entanglement/Entrapment protection (Virginia Graeme Baker compliant)
- One CPO on Staff
Material Safety Data Sheets
WARNING:

Dry baths (saunas) expose the user to elevated temperatures. If used improperly or by inappropriate persons, exposure to heat can be harmful to health, causing overheating, hyperthermia and even death. The following guidelines must be followed:

• Leave sauna immediately if uncomfortable, dizzy, or sleepy
• Staying too long in sauna can cause overheating and even death
• Especially at risk are children under 10, the elderly, and those taking alcohol, drugs, and medicine.
• Check with a doctor before using sauna if pregnant, or under medical care

AM-FINN SAUNA COMPANY
SAUNA USE & HELPFUL TIPS

Relax. Don’t be in a hurry. Allow plenty of time for the sauna experience.

Shower before entering the sauna.

Use cover-ups or towels.

Temperatures of 160°-190° are usually sufficient.

Do not wear jewelry nor enter immediately after eating.

Spend 2-3 minutes at the lower level, allowing your body to adjust to the heat. Then move to the upper level for maximum sauna pleasure.

Splash water on the rocks to increase humidity and promote perspiration.

Use the sauna for 10-15 minutes then cool down. Take a cool shower.

When body temperature has cooled down re-enter sauna and repeat the sequence up to three complete cycles.

Exit sauna, shower and allow body temperature to return to normal levels.

Replenish your system with water or other appropriate fluids.

WARNING: Do Not Exceed 30 Minutes In Sauna. Excessive Exposure Can Be Harmful To Your Health. Persons With Poor Health Should Consult Their Physician Before Using Sauna.

Courtesy: AM-FINN SAUNA COMPANY, INC.
Ph. 888-237-1660 • Fx. 201-203-0250
www.saunasolutions.com • amfin@moxi.com

South Jersey Healthcare®
Fitness Connection®
VIII. Professional Staffing
Standard 1,2,3&4
Pass/Fail Requirement

Staff Qualifications, Training & Continuing Education
Professional Staffing

1. **All staff representing each key program area must have appropriate qualifications** (includes: Fitness Director, Personal Training, Clinical Services, Floor Staff, Aquatics staff and manager, child care area)
   - education (BA/BS/MS) (pass/fail for fitness director and clinical staff) +
   - certifications (NCCA or ISO 17024 accredited), or
   - licensure (RN, RD, etc., as appropriate)

2. **All staff must maintain a current certification in AED/CPR**
   - documentation process and procedure used
   - requirements for on-going training/practice/competency

3. **Training and Continuing Education**
   Examples: literature resources; web training; seminars; conferences; site visits; facility workshops
### Staff Credentials, Certifications and Training

<table>
<thead>
<tr>
<th>Code</th>
<th>Job Title / Description</th>
<th>Degree</th>
<th>License/Expiration</th>
<th>Certificate/Expiration</th>
<th>CPR/AED all staff Expiration Dates</th>
<th>Universal Precautions / Safety Training ADA / MSDS/HIPPA</th>
<th>Diabetes Training</th>
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<td>158</td>
<td>Director of Operations</td>
<td>MS 95</td>
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<td>1489</td>
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**Medical Fitness Association Certified**
IX. Facility Operations Standards 1,2,3&4
Facility Operations

Check-Ins & Waivers

- A Medical Fitness Center must have a system in place that accurately monitors who has entered and remains in the facility at any given time.
Facility Operations
Guest Registration Waiver
Facility Operations

• Compliance with Laws, Regulations and Codes
  • Equipment Spacing
  • Floor and wall surfaces
  • Preventive Maintenance Program
  • Facility Safety and Security
  • MSDS Sheets
  • Training on Hazardous Materials specific to the workplace
  • Universal Precautions/Blood and Body Substance Isolation
Facility Operations

Is the facility accessible to disabled and special populations?

- Annual Accessibility Survey
- Inclusive Equipment Selection – Full body workout available to special populations
- Training appropriate to likely special populations encountered
What Can I Do With Certification Logo?

• Put Certification Decal on Your Entry Doors
• Embroider onto Uniforms / Make Buttons
• Put It On Your Stationary
• Have It Everywhere On Your Web Site
• Do PSA’s In The Community
• Get Some Press!
• Make A Banner
• Use as a Marketing Tool
• Get More and Keep More Members!!!
Be the first!

Best of the Best!

You are entering the nation’s FIRST Certified Fitness Center
Official Seal – Marketing Kit

CERTIFIED FACILITY

MEDICAL FITNESS Association

www.medicalfitness.org
Marketing with New Logo
Marketing on Webpage

Galter LifeCenter
Chicago's Leading Medical Fitness Center

Medical Fitness Difference

WE ARE ILLINOIS' FIRST AND ONLY CERTIFIED MEDICAL FITNESS CENTER!
- Read what this means for our members and the community.
- Witness our celebration that took place January 15-23, 2011.

We are Chicago's premier medical fitness center and a proud member of the Medical Fitness Association. Our services go far beyond those of a traditional fitness center by focusing on medical fitness and partnering with medical professionals at Swedish Covenant Hospital. Our professional staff, clean and safe environment, health risk screening procedures and clinical integration set us apart.

OUR FACILITY
Galter LifeCenter features bikes, swimmin pools, four class studios and more...
Celebration Banners
Staff Celebration & Recognition
Staff Celebration & Recognition
The Reward!

- The entire team rallied behind the MFA Open House.
- The results were amazing!
- Celebration Week
- Communication Strategy: staff fliers, invitation cards to staff/members/hospital/physician partners
- Mailers to former members/prospects
- Goal: 100 new members in the 9 days
- Results: 139 new members in the 9 days
Credits

Illinois
   Galter LifeCenter
Kansas
   Hays Medical
Missouri
   Fitness Plus
New Jersey
   Inspira Fitness Connection
North Carolina
   The Fitness Center at High Point Regional
Ohio
   TriHealth Fitness and Health Pavilion
Special Thanks

- David Evans, Chair, Certification Committee
- Amanda Meschi
- Dan Lynch
- Deb Riggs
- Bob Boone
- Brad Roy
- Certification Committee
- Facility Examiners
- Certified Facilities
Questions and Answers
Contact Info

Alan Loyd, FMFA
JLoyd@beaconhealthsystem.org

Deb Riggs, FMFA
deb.riggs5754@gmail.com