

CERTIFIED FACILITY



www.medicalfitness.org

MFA Facility Certification The Why's and How's

Alan Loyd, FMFA
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, 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.

Scoring Example

EXAMPLE:

Maximum Score	148
N/A's Applied	- 4
Possible Score	<hr/> 144
Actual Score	138

Final Score = 138/144 or 95.8%

90% = Final Score Required to Pass

Scoring Note

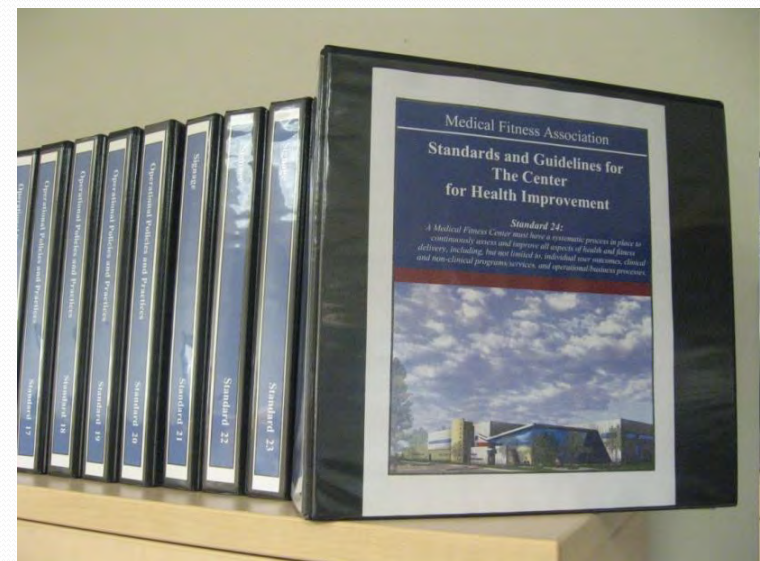
- **Examiner Scoring Forms reviewed and revised in 2018 by Certification Committee and currently in use reducing the number of standards reviewed from 209 to 148.**
- **3rd Edition of Standards and Guidelines being developed in 2020 to be effective close to mid-year 2021.**

Build Your Team and Collect Documentation

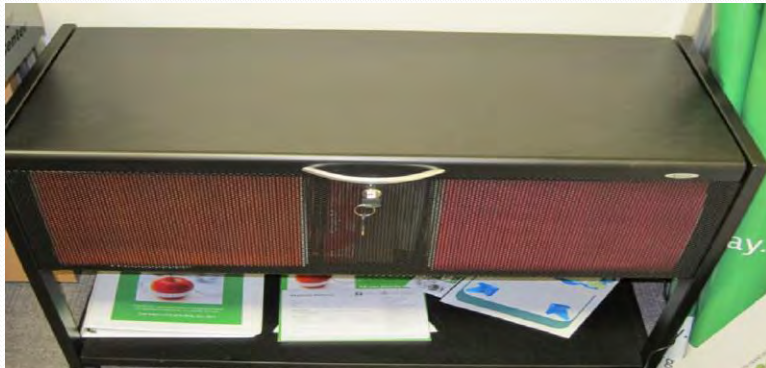
- ☐ Build documentation files around the Scoring Guidelines/Self Scoring Checklist
- ☐ Every Standard should have a tabbed binder/file
- ☐ Divide your binders/files among your team
- ☐ Empower each assigned person to demonstrate compliance with the standard(s)
- ☐ Hold weekly meetings to review and guide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



Binders Option



File Options



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



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

Physician Advisory Board | Galter LifeCenter - Windows Internet Explorer

http://galterlifecenter.org/about-us/galter-lifecenter-staff/physician-advisory-board

File Edit View Favorites Tools Help

Physician Advisory Board... Medical Fitness Association: ... The leading independent hos...

Chicago's Leading Medical Fitness Center

Fri: 5am - 9pm
Sat-Sun: 6:30am - 8pm

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Physician Advisory Board

Medical Fitness Difference
Mission and Core Values
Amenities
Green Initiatives
Parking & Directions
Galter LifeCenter Staff
Administration
Aquatics
Building Facilities
Courtesy Desk
Employees of the Quarter
Fitness
Group Fitness
Integrative Therapy
KidCenter
Membership
Nutrition

Allen M. Chernoff, MD Urology
773.728.0201 773.328.9129
Dr. Chernoff specializes in Urology and Robotic Surgery and has been practicing medicine for 10 years. He has been a member of Galter LifeCenter for 1 year and his favorite workout is the treadmill. His philosophy on exercise is that it is important for overall patient health and generally helps overall feelings of well-being. **Visit his full profile here.**

5140 N. California Ave. Suite 780 Chicago, IL 60625

Andy Sagan, MD Pediatrics
773.989.1667 773.989.1669
Dr. Sagan specializes in Pediatric care and has been practicing medicine for 16 years. He has been a member of Galter LifeCenter for 2 years and his favorite workouts include swimming and jogging on the track. If you are

NORTHSIDE REACTION
April 06, 2011
Same old back pain? It's time for a new approach
A Chicago Tribune report delves into the complexities of back pain, and the many treatment options available. [Read More >>](#)

FIND A DOCTOR
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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 Amis MD, Lone Star Orthopedics
- Scott Woods MD, Epidemiologist/Norwood Family Practice
- Matthew Merz MD, GHA-Kenwood Physiatrist
- 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
- Esly 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

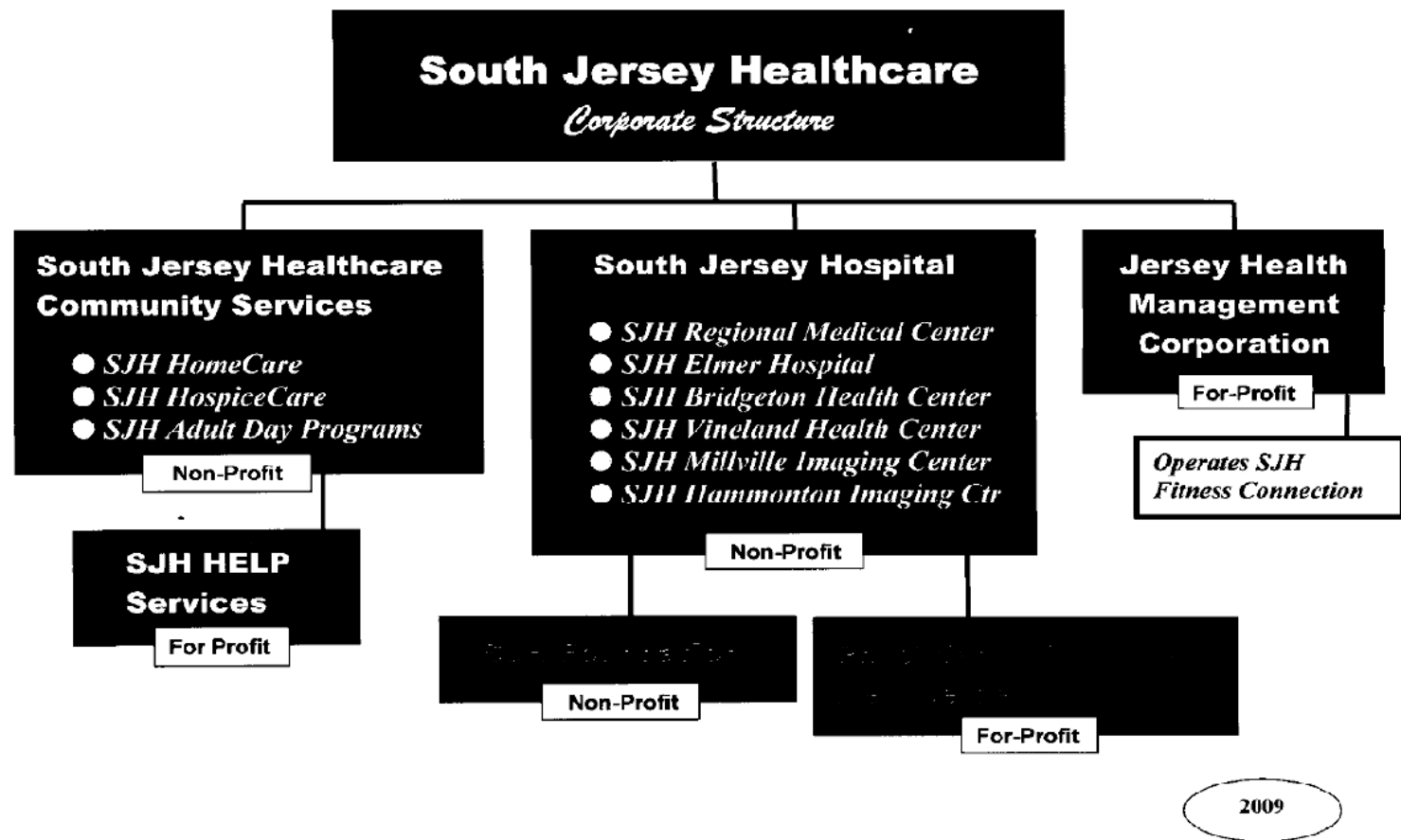
Pass/Fail Requirement



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

Organizational Chart and Structure





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.

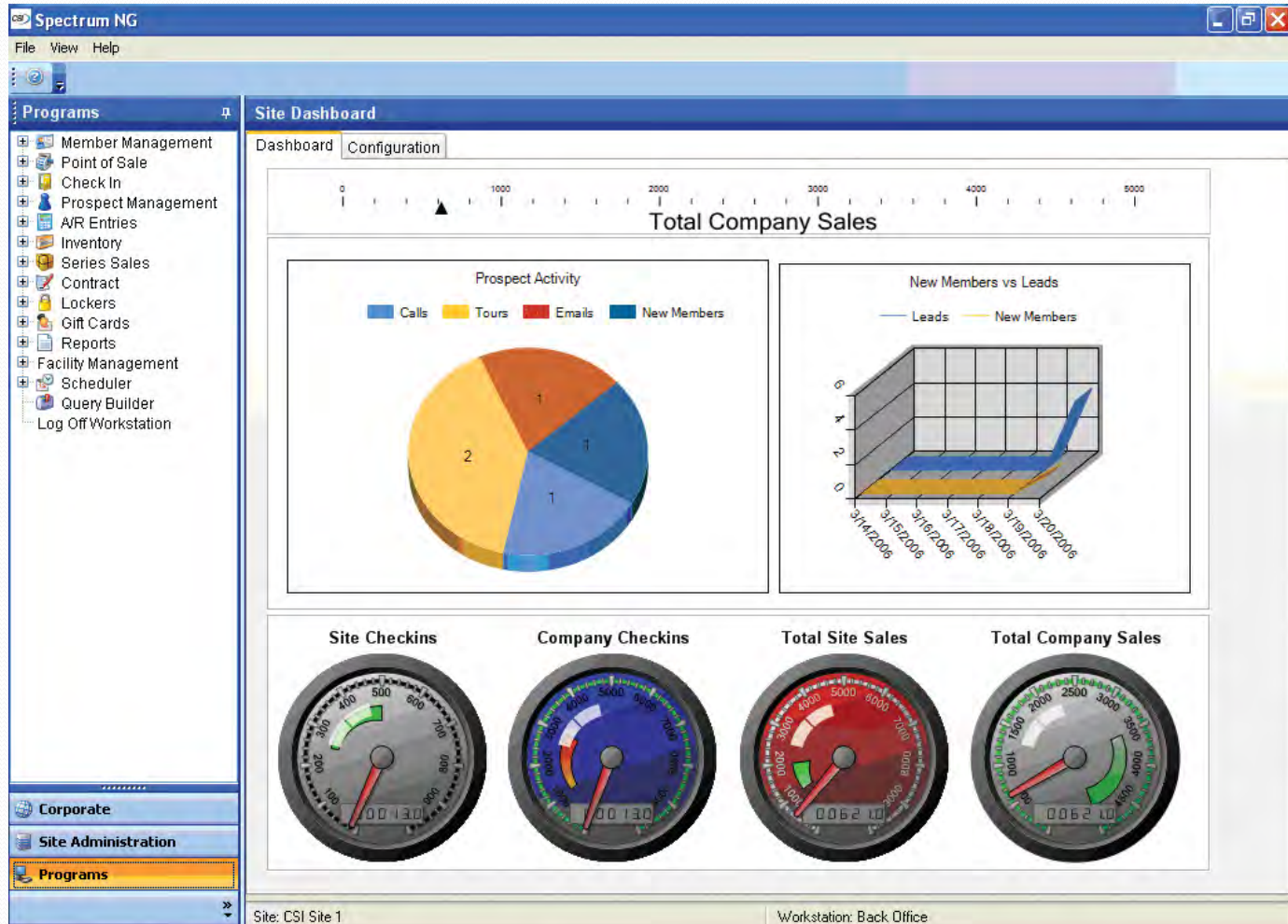
Quality Management

- 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

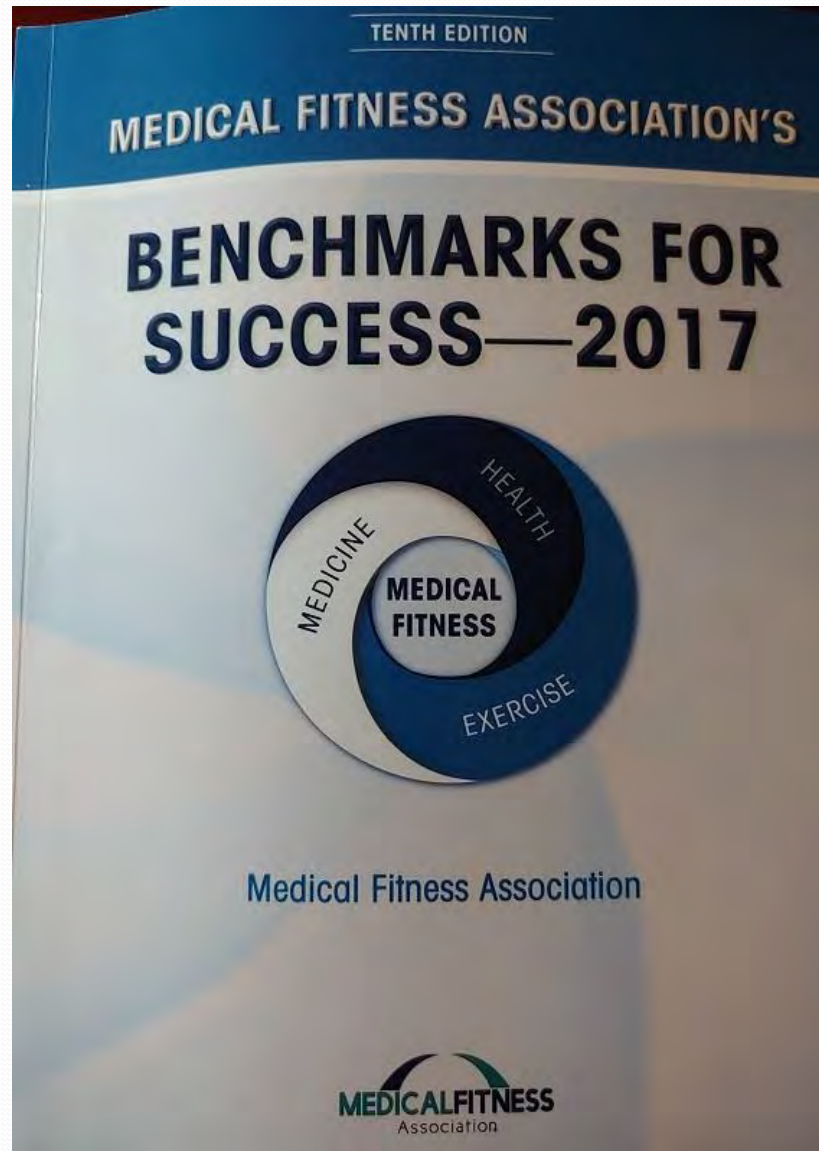


"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

“Dashboards”



Benchmark Data



Benchmark Data

Industry Benchmark Statistic for Centers of Comparable Size	60,000 + SF		Center	35,000 - 60,000 SF	
	IHRSA (1)	MFA (2)	FY 2008	IHRSA (1)	MFA (2)
Individual monthly dues rate	\$80.50	\$62.00	\$48.00	\$54.00	\$62.00
Revenue per member	\$1,044.00	\$694.10	\$514.37	\$742.65	\$513.20
Revenue per square foot	\$56.70	\$48.89	\$36.08	\$58.59	\$53.69
Square foot per member	20.1	15.6	15.0	14.5	10.3
Nondues revenue percent	32.0%	21.5%	6.5%	34.6%	20.3%
Sales & Marketing as % of revenues (3)	4.0%	4.0%	0.9%	5.1%	4.0%
Compensation as percent of revenues	42.7%	43.7%	44.0%	40.7%	44.6%
Employee benefits rate (incl. FICA) (3)	21.3%	22.2%	29.4%	14.0%	22.2%
Attrition rate (3)	25.3%	29.0%	48.0%	30.3%	29.0%

(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

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

Member Survey Action Plan

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?
Membership/Fitness Interaction, Program/Service Sheet/Orientation with Fundamentals
FRANCIE/SHANNON/LESLIE/DIANA | Goal 75% |
| 10. How satisfied are you with your phone, written or in-person inquiries being resolved satisfactorily?
Follow up with comment cards, email, voicemail within 48 hours ALL STAFF | Goal 85% |
| 27. How satisfied are you Personal Training?
Assessment, Surveys, PFS, Progression, Trainer Cont. Ed. FRANCIE/AMY | Goal 85% |
| 31. How satisfied are you with Private Swim Lessons?
Wait List follow up, Instructor Training, Set up weeks in advance WES/CORTNEY | Goal 80% |
| 33. How satisfied are you with Private Yoga or Tai Chi?
Evaluate, remove from schedule, hire more, continuing ed? FRANCIE/LAURA | Goal 70% |

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/SHANNON/LESLIE/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 Bosus, clean mats LESLIE/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

Quality Management - Outcomes

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 = .78lb. loss/week



III. Pre-Activity Screening Standards 1,2,3&4



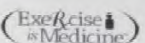
A Medical Fitness Center must offer each participant an appropriate pre-activity screening process

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

Galter LifeCenter  **Swedish Covenant Hospital**  **Member MFA Medical Fitness Association** 

Health Status Pre-participation Questionnaire

Do you currently have a physician? ☐ Yes ☐ No

If yes, physician's name _____ Phone Number _____

If no, would you like to be referred to an SCH physician? ☐ Yes ☐ No Physician Referral Number (773) 878-6888

Emergency Contact Name _____ Phone Number _____

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

History
Have you had:

- ☐ a heart attack
- ☐ heart surgery
- ☐ cardiac catheterization
- ☐ coronary angioplasty (PTCA)
- ☐ pacemaker/implantable cardiac
- ☐ defibrillator/rhythm disturbance
- ☐ heart valve disease
- ☐ heart failure
- ☐ heart transplantation
- ☐ congenital heart disease
- ☐ asthma or other lung disease
- ☐ burning or cramping sensation in your lower legs when walking short distances (claudication)
- ☐ diabetes

Are you currently pregnant? ☐ Yes ☐ No

Symptoms
Have you experienced:

- ☐ chest discomfort with exertion
- ☐ unreasonable breathlessness
- ☐ dizziness, fainting, or blackouts

If you marked any of these statements in these two sections, you are considered **high risk** and Galter LifeCenter requires that you consult your physician and obtain medical clearance prior to engaging in physical activity.

Cardiovascular Risk Factors

- ☐ Age (Men ≥ 45 / Women ≥ 55)
- ☐ Family history (first degree relative, which includes biological father and mother and full, biological brothers and sisters, who have had heart attack(s) or heart surgery)
- ☐ Current smoker
- ☐ Sedentary (< 30 minutes of physical activity at least three days per week)
- ☐ Overweight (BMI > 30 or 20 pounds overweight)
- ☐ Hypertension (blood pressure $> 140/90$ mm Hg)
- ☐ blood pressure unknown
- ☐ Hypercholesterolemia (total cholesterol > 200 mg/dL)
- ☐ cholesterol level unknown
- ☐ Pre-diabetes (fasting blood sugar > 100)

If you marked two or more of these statements you are considered **moderate risk** and Galter LifeCenter highly recommends that you participate in a PFS and/or consult with your physician or other appropriate health care provider before engaging in physical activity.

Other Health Issues

- ☐ None of the above history, symptoms or risk factors. You should be able to exercise safely without consulting your physician or other appropriate health care provider in a self-guided program. However, Galter LifeCenter strongly recommends participating in a PFS and orientation in order to provide you with the best service and care.
- ☐ Musculoskeletal problems that limit physical activity (e.g. back pain, arthritis, tendonitis, etc.)
- ☐ Cancer
- ☐ Any other medical condition
- ☐ Take prescription medication(s), please list _____




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

Signature _____ Birth Date _____

Printed Name _____ Title _____

Phone Number _____ Email _____

For office use only
Risk Stratification: PFS Scheduled:
☐ Low ☐ BodyAge
☐ Moderate ☐ Fitness Consultation
☐ High ☐ Fundamental Fitness
Date/Time of PFS _____
Staff Initials _____

Galter LifeCenter  **Swedish Covenant Hospital**  **Member MFA Medical Fitness Association** 

Medical Clearance and Referral Form

Dear Doctor _____ Physician's Fax Number _____

On _____, your patient _____ (birth date: _____), expressed interest in becoming a member of the 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: ☐ no restrictions ☐ restrictions as listed below

In addition:

- ☐ I consider the patient to be high risk and recommend he/she meets with a High Risk Specialist at the Galter LifeCenter (Debbie Drewke, (773) 878-9936, ext. 7324).
- ☐ I consider the patient to be moderate risk and recommend he/she meets with a Galter LifeCenter exercise professional for an appropriate exercise prescription (Diana Dimas, (773) 878-9936, ext. 5804).
- ☐ I DO NOT APPROVE of my patient becoming a member of the 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 | 5157 N. Francisco Ave. | Chicago, IL 60625 | 773.878.9936 | www.galterlifecenter.org

HIPAA Compliance



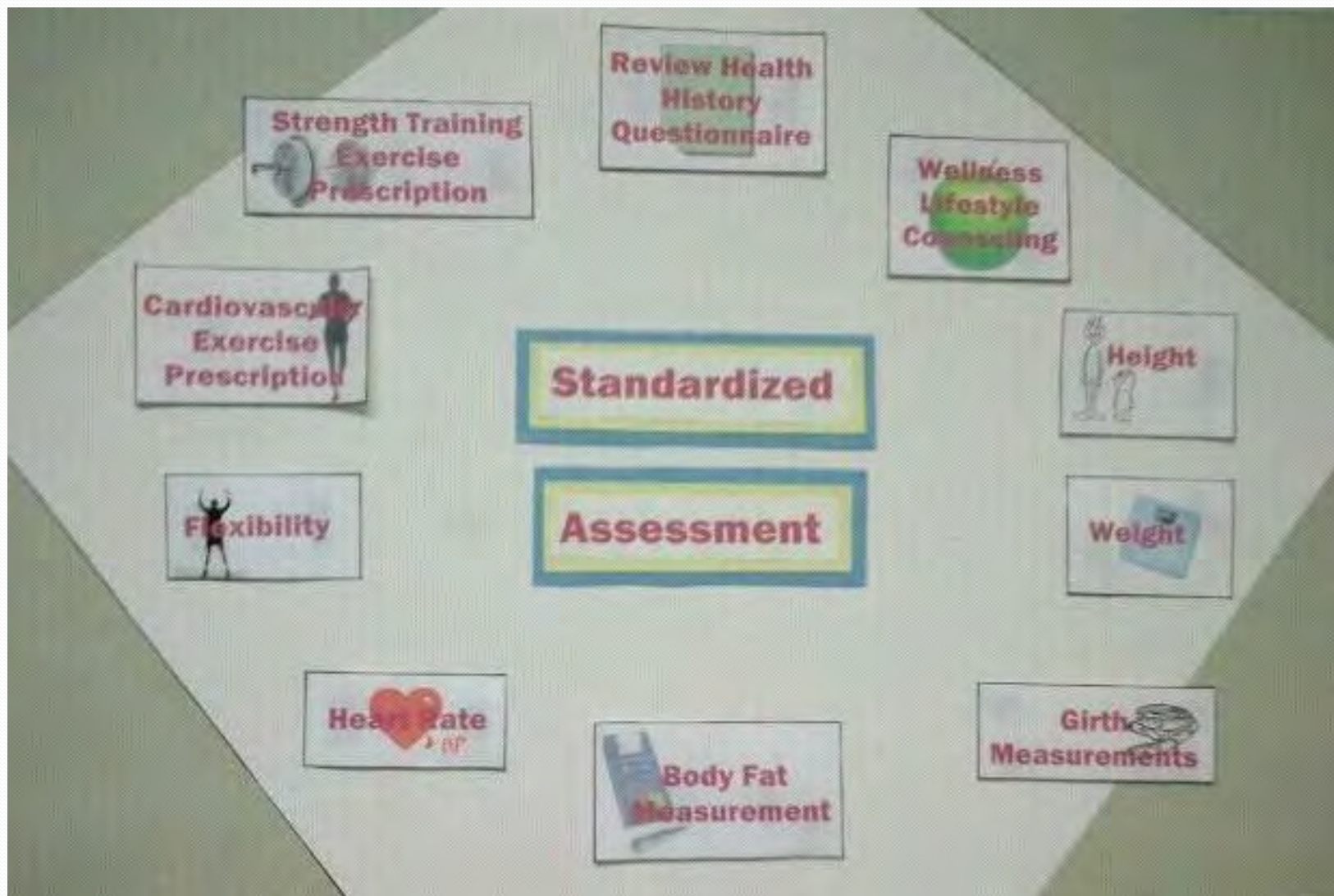
5157 N. Francisco Ave.
Chicago, IL 60625
773.878.9936
www.galterlifecenter.org

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 receive 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



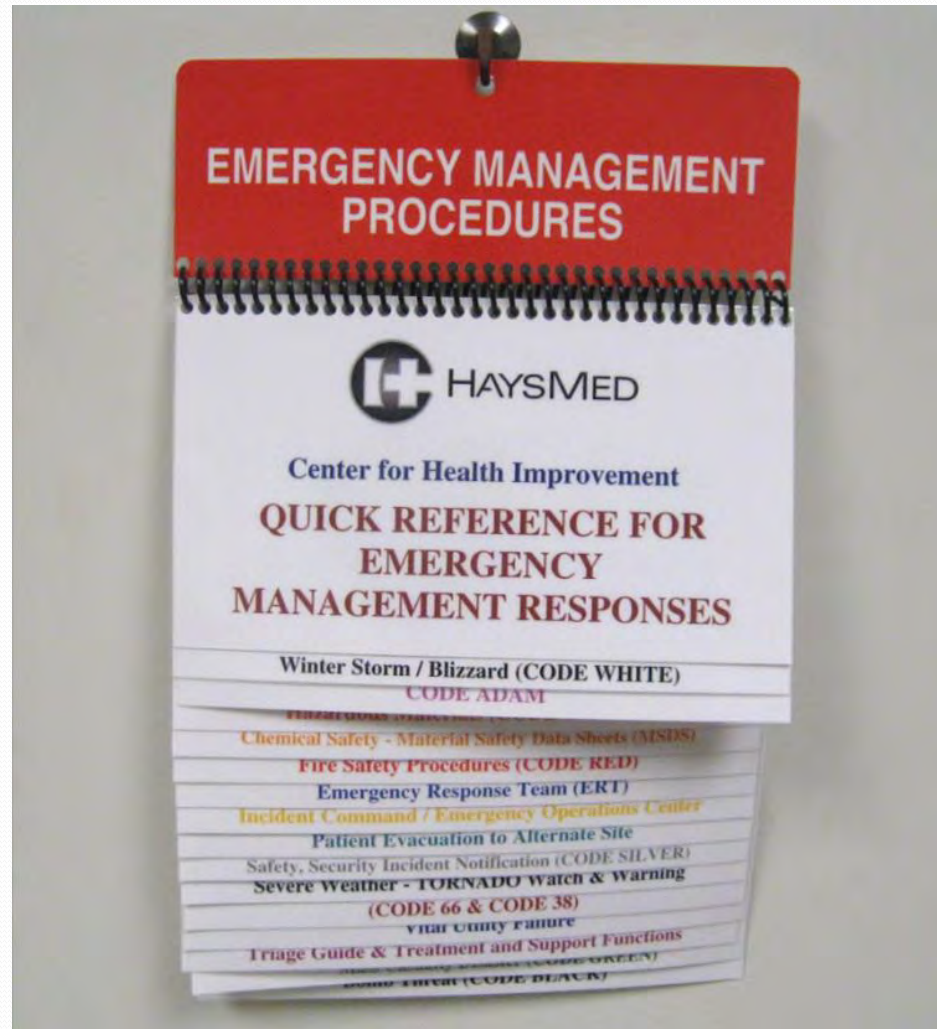
IV. Risk Management & Emergency Response Policies

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



AED and Sign Off Sheets



AED Monthly Sign Off Sheet 2011

MONTH	DATE	INITIALS
January	1-3-11	BW
February	2-3-11	AM
March	3-10-11	AM
April	4-20-11	AM
May	5-2-11	BU
June	6-4-11	BL
July	7-13-11	AM
August	8-8-11	BLR
September	9-14-11	BW
October		
November		
December		

Eye Wash Stations & Emergency Phones



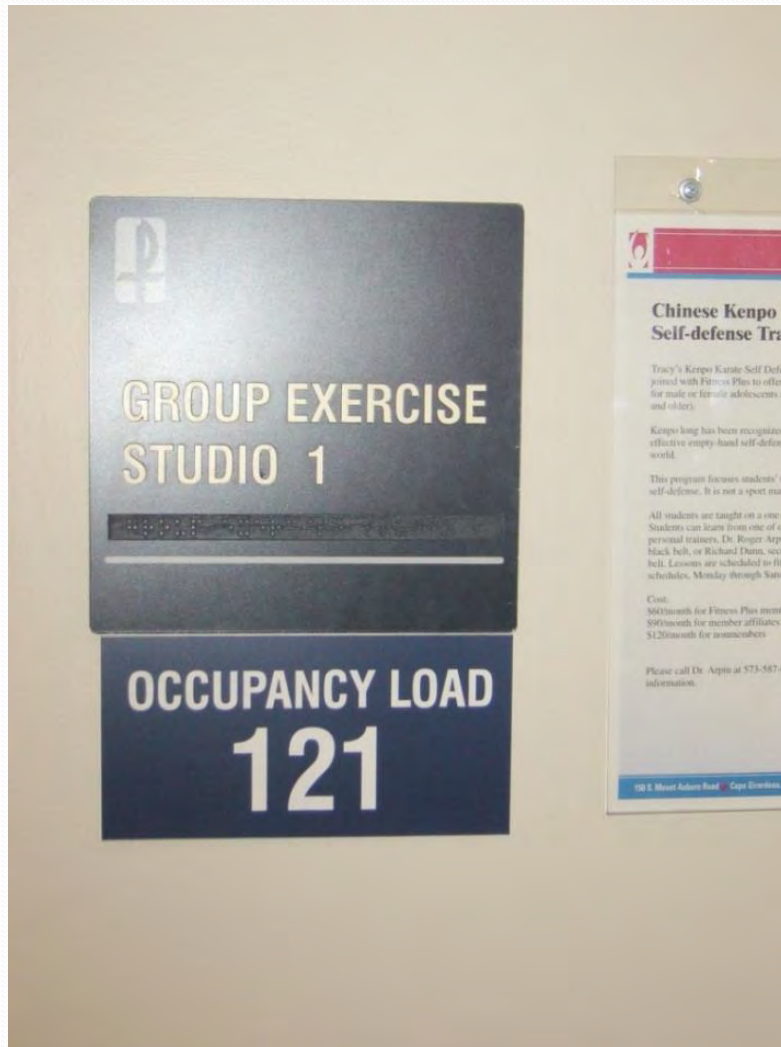
- Appropriate Signage uses ANSI approved designs and colors
 - Danger
 - Hazardous Materials
 - Perceived Exertion
 - Security / Safety
 - Physically Challenged Accessibility
 - Out of Order
 - Etc.



Disabled Accessibility



Occupancy Permits



City of Vineland
Fire Prevention Bureau
640 E. Wood Street
PO Box 1508
Vineland, New Jersey 08362-1508

MAXIMUM PERMITTED OCCUPANCY OF THIS SPACE

BASKETBALL GYM

SHALL NOT EXCEED

217

THIS SIGN SHALL BE POSTED CONSPICUOUSLY NEAR THE MAIN ENTRANCE IN ACCORDANCE WITH N.J.A.C. 5:70-3.2(a)(6)(f)-(g)(7).

A NOTICE OF VIOLATION OR PENALTIES SHALL BE ASSESSED IF THE MAXIMUM PERMITTED OCCUPANCY PER N.J.A.C. 5:70-2.12(6)(3) IS EXCEEDED.

REGISTRATION #: 0614-80020-501-01
BUS. NAME/ADDR: SOUTH JERSEY HEALTHCARE FITNESS CONNECTION
1400 WEST SHERMAN AVENUE
BOCA USE GROUP: A-1
LIFE HAZARD USE: MEDICAL

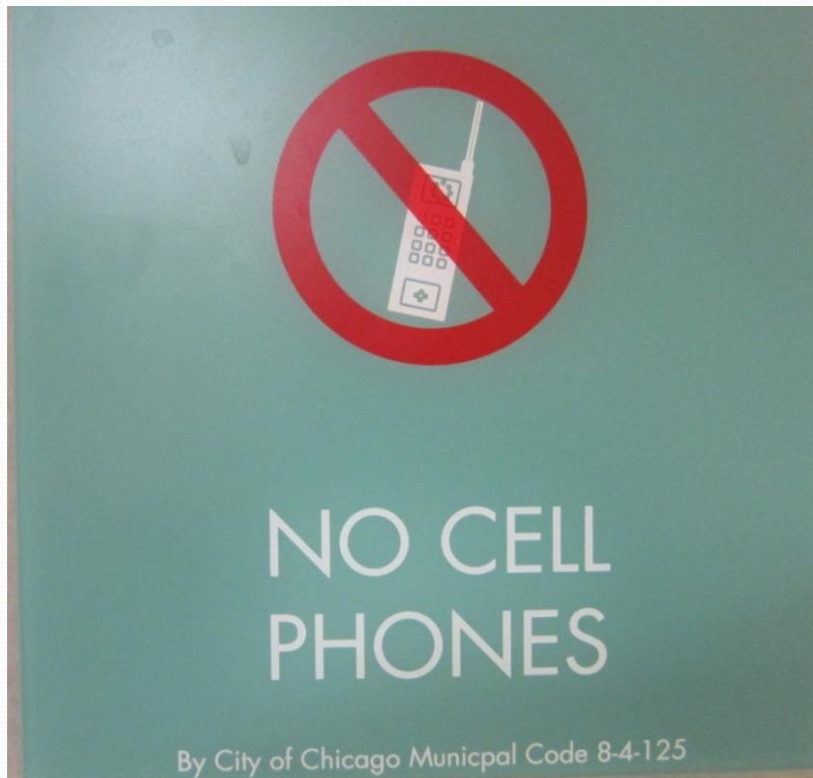
BY ORDER OF THE
FIRE MARSHAL

5/12/2012
[Signature]

Emergency Signage



Directional & Information Signage



ANSI Signage, Pictograms

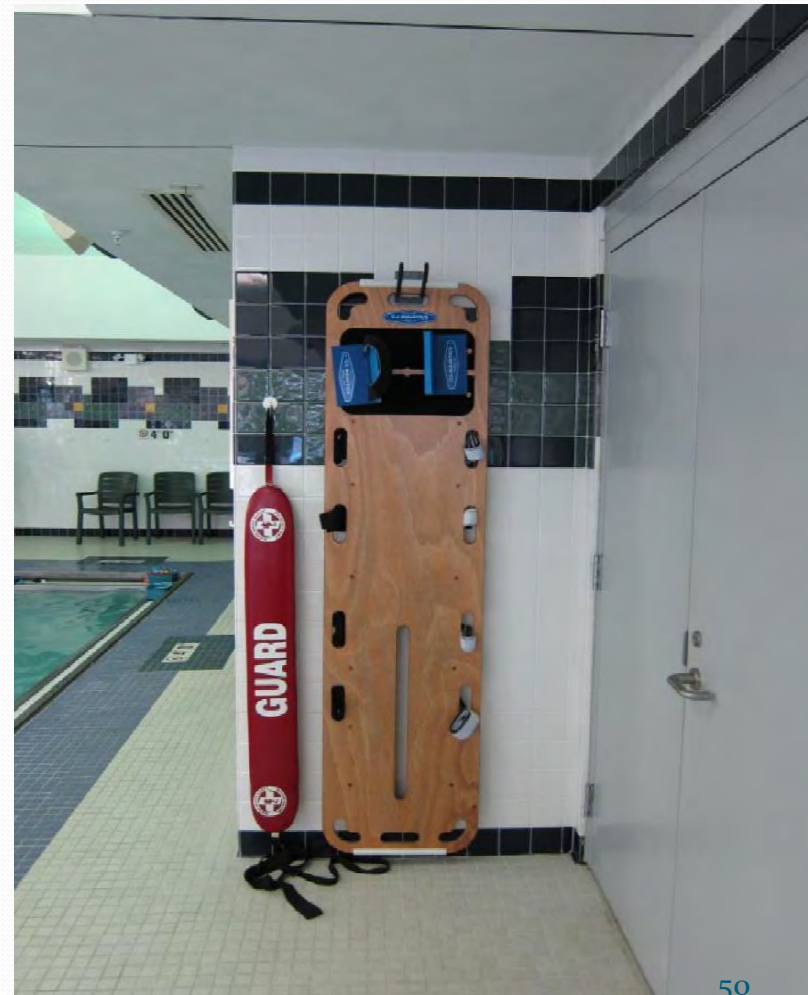


Risk Management & Emergency Response- Policies

- ☐ 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

P.R.E.P.®
X physician referred
exercise program

☐ Patient is cleared to exercise independently outside of supervised P.R.E.P. sessions.

Please list any precautions/special conditions for exercise clearance:

Patient Information
Patient name: _____
Patient phone: _____
Date of Birth: ____/____/____

Physician Information
Physician name (print): _____
Physician signature: _____
Date: ____/____/____
Practice mailing address: _____

Contact
Has your completed form
or call South Jersey Healthcare Fitness Connection's
P.R.E.P. Coordinator,
Phonix: (856) 696-3924


South Jersey Healthcare Fitness Connection
Location: 1500 W. Swanton Avenue
Vineland, NJ 08260
Phone: (856) 696-3924
Fax: (856) 696-0756

Method of Contact
(Please check any / all that apply)
☐ Mail me patient updates / progress reports
☐ Please advise me if patient does not pursue program
☐ I do not require follow-up on the particular patient at this time.

Physician Stamp: _____

P.R.E.P.®
X physician referred
exercise program

P.R.E.P. participants meet with S.J.H. Fitness Connection medical fitness professionals twice per week for 60 days, in small group settings.





Electronic Medical Record

View eShare Message

View

Today's Date: 07/21/2011
Enrollment Date:

Enrollment Summary

Member Information

Last Name: Mobilemd First Name: Test Middle Initial:
Address:
City: Yardley State: Zip: 01057
* REQUIRED Home Phone: Email:

Enrollment Information

Gender: F Date of Birth: 06/12/1965
Height: Ft Inches

P.R.E.P Exercise Program * Completed by Physician

☐ Patient is cleared to exercise independently outside of supervised P.R.E.P. sessions
Please list any precautions/special conditions for exercise clearance:

Physician Information

* REQUIRED Physician Name:
Date:
Practice name: A Results Practice
Practice mailing address:

Nutritional Counseling Advised ☐ Yes ☐ No

Diagnosis:

Biometric Information **Baseline** **Last Update**

Weight
Waist
Waist-to-Hip Ratio

Print Close

View eShare Message

View

Gender: F Date of Birth: 06/12/1965
Height: Ft Inches

P.R.E.P Exercise Program * Completed by Physician

☐ Patient is cleared to exercise independently outside of supervised P.R.E.P. sessions
Please list any precautions/special conditions for exercise clearance:

Physician Information

* REQUIRED Physician Name:
Date:
Practice name: A Results Practice
Practice mailing address:

Nutritional Counseling Advised ☐ Yes ☐ No

Diagnosis:

Biometric Information **Baseline** **Last Update**

Weight
Waist
Waist-to-Hip Ratio
Body Mass Index (BMI)
BP Systolic
BP Diastolic
Resting Heart Rate
Glucose Level
Total Blood Cholesterol
Body Fat Percentage

Exercise Summary / Notes:

v1.0

Print Close

Exercise Recommendations & Outcomes

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

The following is 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 ☐ Rowing ☐ NuStep ☐ Therapy Pool
☐ Walking Track ☐ Nordic Track ☐ EFX ☐ Lap Pool
☐ Upright Bike ☐ Stepper ☐ Cross Trainer ☐ Aerobic Class
☐ Recumbent Bike ☐ Upper Body Ergometer ☐ Arc Trainer ☐ Aquatic Class

RESISTANCE TRAINING

☐ Machines ☐ Free Weights ☐ Swiss Ball ☐ Resistance Bands ☐ Balance

FLEXIBILITY

☐ Upper Extremity ☐ Lower Extremity
☐ Specific: _____

POST REHAB ASSESSMENT RESULTS

Test	Initial Visit Date:	End Visit Date:	Outcome	Comments
Height				
Weight				
Body Mass Index				
Blood Pressure				
Body Composition				
Circumference				
Bioelectrical Impedance				
Cardiovascular				
• 12 minute walk test				
Sit and Reach Flexibility Test				
Hand Grip Test				
Chair Stand Test				
Arm Curl Test				
Single Leg Stance				
Functional Movement				
• Deep Squat				
• Overhead Reach				
• Back Scratch Test				

Comments: _____

Signature: _____

Personal Training Client Outcome Form

Trainer: _____

Client Name: _____ DOB/Age: _____ Height: _____

Initial Assessment

Date: _____

Weight: _____

Abdomen _____
 Hips _____
 Push-ups _____
 Flexibility _____
 Skinfolds _____
 TFI _____ CH _____
 SI _____ AB _____
 TH _____ TH _____
 % Body Fat _____

3 months

Date: _____

Weight: _____

Abdomen _____
 Hips _____
 Push-ups _____
 Flexibility _____
 Skinfolds _____
 TFI _____ CH _____
 SI _____ AB _____
 TH _____ TH _____
 % Body Fat _____

6 months

Date: _____

Weight: _____

Abdomen _____
 Hips _____
 Push-ups _____
 Flexibility _____
 Skinfolds _____
 TFI _____ CH _____
 SI _____ AB _____
 TH _____ TH _____
 % Body Fat _____

Year

Date: _____

Weight: _____

Abdomen _____
 Hips _____
 Push-ups _____
 Flexibility _____
 Skinfolds _____
 TFI _____ CH _____
 SI _____ AB _____
 TH _____ TH _____
 % Body Fat _____

I _____ (client name) choose not to participate in result tracking.

Sign: _____ Date: _____

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

Sign: _____ Date: _____

Physician Name: _____ Number: _____

Address: _____

HIPPA Form Complete: Yes or No

Results sent to physician on _____ (date) Staff Sig: _____

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 fine 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

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 Sky hawks**

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

KLC JR. GYM RULES

- ❑ 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



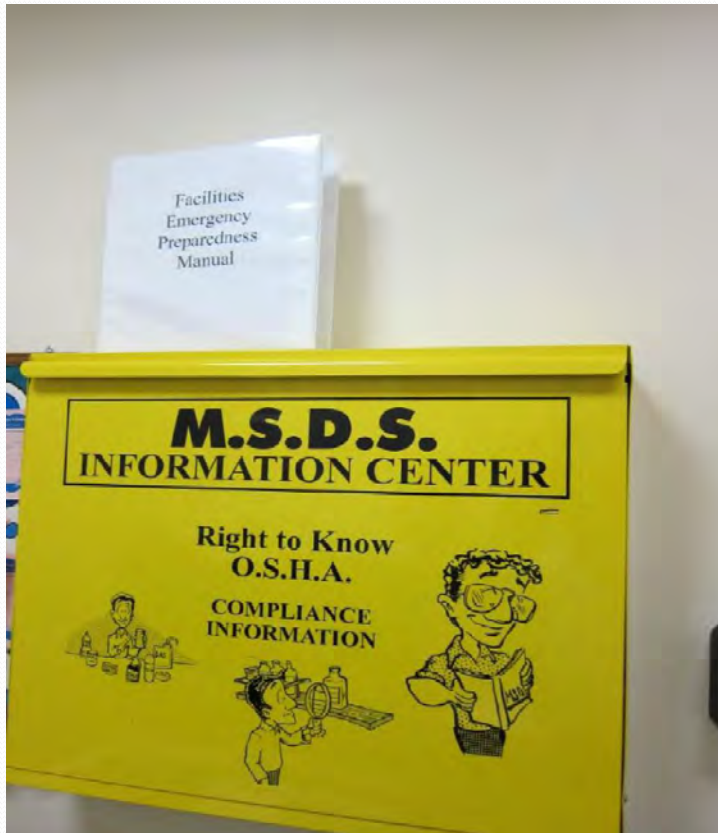
- ☐ **Written Rules, Policies and Procedures for Each Aquatic Area include:**
 - ☐ Basic Rules for Pool Usage and Program/Class Supervision
 - ☐ Responsibilities of Staff in handling Emergencies including role of First, Second and Third Responders
 - ☐ Adequate Emergency Equipment
 - ☐ Emergency Drills 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



Pools, Saunas, Whirlpools



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:

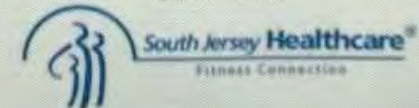
- Leave sauna immediately if uncomfortable, dizzy, or sleepy
- Staying too long in sauna can cause overheating and even death
- Especially at risk are children under 10, the elderly, and those taking alcohol, drugs, and medicine.
- Check with a doctor before using sauna if pregnant, or under medical 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. 800-237-2862 • Fa. 208-288-0290
www.saunasolutions.com
amfinn@roxi.com



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

Code	Job Title / Description	Degree	License/Expiration	Job Credentials		CPR/AED all staff Expiration Dates	Universal	Diabetes
				Certificate/Expiration			Precautions / Safety Training ADA / MSDS /HIPPA	
158	Director of Operations	✓				✓	✓	✓
	Slowinski, Art	MS 95		NSCA - CSCS	01/31/2011	May-12	2010	5/11/10
1489	Facilities Director	✓				✓	✓	✓
	Biagini, Paul	MS		Pool Operator	01/5/2011	February-12	2010	5/11/10
1498	Member Services Director	✓		Building Operator	01/01/2012			✓
	Wells-Berg, Shannon	MS, MACM, MMNA, MBA				May-11	2010	5/11/10
1476	Program Director	✓				✓	✓	✓
	Habash, Francie	MBA				February-12	2010	5/11/10
1477	Aquatics Director	✓				✓	✓	✓
	Wever, Matthew	BA 05		Pool Operator	07/2/2012	January-12	2010	5/11/10
1494	AR Billing Manager	✓				✓	✓	✓
	Pirra, Julie	MBA				July-11	2010	5/11/10
	is Manager	✓				✓	✓	✓
	Mras, Leslie	BS		ACSM HFI	12/2012	March-11	2010	5/11/10
	n Resources Manager	✓				✓	✓	✓
	Popa, Clara	BS 02		PHR Certificate	Exp. 6/30/12	September-12	2010	5/11/10
	rative Therapy Manager	✓				✓	✓	✓
	Alfrejd, Heather					January-12	2010	5/11/10
	nal Training Manager	✓				✓	✓	✓

Employee Learning Log

My Learning - Microsoft Internet Explorer provided by South Jersey Healthcare

http://www.healthstream.com/HLC/Student/MyLearning.aspx

File Edit View Favorites Tools Help

My Learning

HealthStream

HEALTHSTREAM LEARNING CENTER - STUDENT

AMANDA M MESCHI | South Jersey Healthcare | Student

Sep 21 2011 11:49 AM ET [LOG OUT](#)

[My Learning](#) [My Transcript](#) [Catalog](#) [HospitalDirect®](#) [My Profile](#)

[Site Map](#) [Help](#)

[Upcoming Classes](#) [Choose a Class](#)

Assigned Learning

Name	Due Date★	Status
<input type="checkbox"/> 2011 SJH EMTALA COBRA	12/31/2011	Assigned
<input type="checkbox"/> 2011 SJH False Claims Act	12/31/2011	Assigned
<input type="checkbox"/> 2011 SJH Harassment Prevention	12/31/2011	Assigned
<input type="checkbox"/> 2011 SJH Impaired Practitioner	12/31/2011	Assigned
<input type="checkbox"/> 2011 SJH Information Security	12/31/2011	Assigned
<input type="checkbox"/> 2011 SJH National Hospital Quality Measures	12/31/2011	Assigned
<input type="checkbox"/> 2011 SJH National Patient Safety Goals	12/31/2011	Assigned
<input type="checkbox"/> 2011 SJH Organ and Tissue Donation	12/31/2011	Assigned
<input type="checkbox"/> 2011 SJH Patient Safety Initiative	12/31/2011	Assigned
<input type="checkbox"/> 2011 SJH Safety Codes	12/31/2011	Assigned
<input type="checkbox"/> 2011 SJH Workplace Violence	12/31/2011	Assigned
<input type="checkbox"/> 2011 SJH Workplace Violence PART II	12/31/2011	Assigned
<input type="checkbox"/> Cultural Competence: Background and Benefits	12/31/2011	Assigned
<input type="checkbox"/> Diversity in the Workplace (PA)	12/31/2011	Assigned
<input type="checkbox"/> Identifying and Assessing Victims of Abuse and Neglect (PA)	12/31/2011	Assigned
<input type="checkbox"/> Rapid Regulatory Compliance: Non-clinical I: Corporate Compliance, Sexual Harassment, Patient Rights, Confidentiality, HIPAA	12/31/2011	Assigned
<input type="checkbox"/> Rapid Regulatory Compliance: Non-clinical II: General Safety, Fire Safety, Electrical Safety, Ergonomics, Back Safety, Hazard Communication, Security &	12/31/2011	Assigned

Done, but with errors on page.

Trusted sites 100%

start Microsoft Excel - P... Inbox - Microsoft ... Untitled - Message... Microsoft PowerPo... South Jersey Heal... My Learning - Micr... Search Desktop 11:49 AM

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



TriHealth
Pavilion

Guest Registration & Waiver Date _____

Last Name: _____ First Name: _____

Address: _____ City/State: _____

Email: _____ Phone: _____

Driver's License #: _____ State: _____ Zip Code: _____ DOB: _____

Guest of/Source: _____ Employer: _____

Would you like to receive membership information? Yes No

GUESTS MUST PRESENT PHOTO I.D. AT TIME OF CHECK-IN.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Has your doctor ever said you have a heart condition or recommended medically approved physical activity?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Do you often feel faint or have severe spells of dizziness or have you ever lost consciousness?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Do you ever feel pain in your chest when you do physical activity?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have you been told your blood pressure was too high?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Are you currently taking prescription medication for your blood pressure or a heart condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Is there any medical reason, not noted above, that you are aware of, that may impact your ability to participate in an activity or exercise program (such as recovering from surgery)?

If you answered yes to one or more of these questions, you should talk to your doctor before becoming a guest at the Pavilion because you may be at a higher risk for injury or adverse health consequences. If you answered yes to one or more of the above questions and you choose not to talk to your doctor before becoming a guest, you acknowledge that you are choosing not to follow the recommendation for doctor approval and consultation.

WAIVER AND RELEASE STATEMENT APPLICABLE TO ALL GUESTS OF THE PAVILION

- ☒ I accept full responsibility for any use of any and all equipment, apparatus and appliances owned and operated by Bethesda Healthcare, Inc. ("TriHealth") at the Pavilion and my participation in all programs and services offered at the Pavilion. I agree on behalf of myself and my heirs, executors, administrators and assigns to hold TriHealth, its affiliates, trustees, directors, officers, employees, representatives, and agents harmless for any and all loss, claim, injury, or liability sustained or incurred by me resulting therefrom.
- ☒ It is my sole responsibility, regardless of my health status, to determine from my doctor whether I have any medical conditions that prohibit or limit my ability to exercise or that otherwise increase my risk of injury or death from exercising, using fitness equipment, or participating in any program/service at the Pavilion. TriHealth and its affiliates do not assume any responsibility for my failure to so consult with my doctor and any adverse health consequence resulting therefrom.
- ☒ TriHealth does not assume any responsibility for retaining or safeguarding my personal property while I am at the Pavilion. I agree to accept all responsibility for any loss or theft of, or damage to, my personal property while I am a guest at the Pavilion.

I affirm that I have read, understood and agree to the terms set forth above and I wish to exercise at the Pavilion, use its equipment, and/or participate in its programs/services on the terms specified.

Guest Signature: _____ Date: _____

Approved 11/09/10

30200004.3

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**

TriHealth

Fitness & Health
Pavilion



Official Seal – Marketing Kit

CERTIFIED FACILITY



www.medicalfitness.org



Marketing with New Logo



Marketing on Webpage

The screenshot displays the Galter LifeCenter website, which is part of Swedish Covenant Hospital. The header includes navigation tabs for 'SWEDISH COVENANT HOSPITAL', 'WELL COMMUNITY', and 'GALTER LIFE CENTER'. The main logo for Galter LifeCenter is prominently displayed, along with its tagline 'Chicago's Leading Medical Fitness Center'. A sidebar on the left lists various services and links, including 'Medical Fitness Difference', 'History', 'Mission and Core Values', 'Amenities', 'Green Initiatives', 'Parking & Directions', 'Galter LifeCenter Staff', 'Career Center', 'Affiliate Organizations and Professional Memberships', 'KidCenter', and 'Holiday Hours'. The main content area features a section titled 'Medical Fitness Difference' with a yellow header bar. This section highlights that Galter LifeCenter is the first and only certified medical fitness center in Illinois, providing a detailed description of its services and its affiliation with the Medical Fitness Association. A 'SEARCH' bar is located in the top right corner. Social media icons for Facebook, Twitter, and YouTube are also present in the top right corner. The bottom right corner of the webpage features a large 'MEDICAL FITNESS Association CERTIFIED' logo.

SWEDISH COVENANT HOSPITAL | WELL COMMUNITY | GALTER LIFE CENTER

Galter LifeCenter
Chicago's Leading Medical Fitness Center

Mon-Thurs: 5am – 10:30pm
Fri: 5am – 8pm
Sat-Sun: 6:30am – 8pm

HEALTH & WELLNESS • AQUATICS • INTEGRATIVE THERAPY • EVENTS & CLASSES •

ABOUT US | MEMBERSHIP | NEWS | CONTACT A STAFF MEMBER

HOME » ABOUT US

Medical Fitness Difference

Medical Fitness Difference
History
Mission and Core Values
Amenities
Green Initiatives
Parking & Directions
Galter LifeCenter Staff
Career Center
Affiliate Organizations and Professional Memberships
KidCenter
Holiday Hours

WE ARE ILLINOIS' FIRST AND ONLY CERTIFIED MEDICAL FITNESS CENTER!
→ Read what this means for our members and the community.
→ Watch 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 fun swimming pools, four class studios, and more.

MEDICAL FITNESS Association
CERTIFIED



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



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