



TITLE

SUPERVISED EXERCISE PROGRAM

SCOPE

Provincial: Alberta Healthy Living Program

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To standardize the delivery of the Alberta Healthy Living Program Supervised Exercise Program.
- Clinical judgment may be exercised when a situation is determined to be outside the parameters provided in this standard. If a deviation from this standard is determined to be appropriate or necessary, documentation of the rationale shall be included on the patient's health record.

PRINCIPLES

Supervised Exercise Programs are a component of the Alberta Health Services chronic disease management- Alberta Healthy Living Program (AHLP).

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary) working in the AHLP.

ELEMENTS

1. Participant Intake

- 1.1 Individuals seeking enrollment in the Supervised Exercise Program shall meet the following criteria:
 - a) have at least one chronic disease;

(i) programs may enroll patients with risk factors as per program discretion;

b) be 18 years of age or older; and

c) participate in a Canadian, Provincial Health Care Insurance Plan and have a Personal Health Care Card and Personal Health Number.

Note: A support person may accompany the participant.

1.2 Based on specific program criteria, the following may exclude an individual from Supervised Exercise Program enrollment:

a) uncontrolled or unstable chronic disease state;

b) recent surgery;

c) acute musculo-skeletal injury or significant mobility challenges;

d) developmental disabilities, memory deficiencies, cognitive deficiencies or mental health issues that may put the person at risk for injury or that prevent self-management;

e) previous attendance in the program without significant medical changes in the chronic disease state or development of new chronic disease(s); or

f) inability to attend a majority of sessions and/or complete the program.

1.3 Referrals to the Supervised Exercise Program may be a result of:

a) interest expressed in or recommendation for participation by the individual, a Physician or other **health care providers**;

b) individual, Physician or other health care provider referral;

c) telephone, fax or electronic means; or

d) other means of participant information acceptable to the program.

Note: Referral by a health care provider does not replace the need for patient assessment and consent prior to starting a supervised exercise program. Where pre-program approval is required, a referral from a Physician or Nurse Practitioner satisfies this requirement.

1.4 The following information shall be collected upon registration or at initial assessment and entered into the program system as part of the participant database:

a) name;

b) mailing address with postal code and email address, if available;

- c) birth date;
- d) personal health number;
- e) gender;
- f) self-reported chronic condition(s); and
- g) date of first in-person appointment.

1.5 All participants enrolled in the Supervised Exercise Program shall either sign a written consent (preferred) or provide verbal consent. Consent is to be obtained in accordance with the Alberta Health Services *Consent to Treatment/Procedure* Policy and shall be documented on the patient record.

2. Pre-Participation Assessment

- 2.1 The appropriate health care provider(s) shall be consulted to provide the following assessments prior to the participant's initiating exercise:
- a) health status – assessment of health and physical functioning to guide participant-specific programming including relevant medical history, diagnosis, medications, and previous and current physical activity level; and
 - b) vital signs, including heart rate, blood pressure, oxygen saturation, and relevant measurements such as blood glucose, height, weight, waist circumference, body mass index, and range of motion.
- 2.2 Based on results from patient assessment, screening shall be conducted to determine the likelihood of an adverse event or exacerbation of symptoms during exercise.
- a) Patients shall be screened for signs and symptoms consistent with ischemia such as chest pain, severe shortness of breath upon exertion, and/or syncope.
 - (i) Patients who are symptomatic shall be referred for electrocardiogram (ECG) stress testing or further cardiac evaluation.
 - b) In the absence of symptoms, adults 18 years of age or older with the following risk factors may be considered for pre-exercise stress testing:
 - (i) previous cardiovascular event;
 - (ii) previous known arrhythmia;
 - (iii) peripheral vascular disease;

- (iv) diabetes-related microvascular complications such as retinopathy, nephropathy, neuropathy; and
 - (v) congestive heart failure and/ or severe chronic obstructive pulmonary disorders.
 - c) Asymptomatic patients without the conditions listed above shall not be recommended for a stress test.
- 2.3 Baseline measures shall be collected to determine the function and ability of the participant such as endurance, strength and balance; and regarding quality of life, personal health goals and self-efficacy.
- 2.4 Data collection tools should be consistent with provincial AHLP evaluation and measurement work.
- 3. Program Delivery**
 - 3.1 Program focus.
 - a) Group-focussed programming is:
 - (i) facility, centre, community, or aquatic-based;
 - (ii) integrated across diseases; and
 - (iii) available with one-on-one guidance.
 - b) Individual-focussed programming is:
 - (iv) facility, centre, community, aquatic, home, and/or electronic-based; and
 - (v) independent-focussed.
 - 3.2 Program duration, frequency, and length.
 - a) Program length may vary across programs and may range in:
 - (i) duration (8 - 12 weeks);
 - (ii) frequency (2 - 3 sessions per week for group-focus and may vary in length for individual-focus, depending on the participant) ; or
 - (iii) length (60 - 120 minutes per session).
- 4. Providers**
 - 4.1 All AHLP Supervised Exercise Programs shall include an exercise professional. The health care providers that may fill this role are:
 - a) Exercise Specialists;

- b) Kinesiologists;
- c) Occupational Therapists;
- d) Physiotherapists;
- e) Recreation Therapists;
- f) Registered Nurses, and
- g) Respiratory Therapists.

4.2 The AHLP Supervised Exercise Program may also include the following positions:

- a) Team Leads, who are responsible for the following:
 - (i) program planning, development, leadership, administration, evaluation and quality improvement;
 - (ii) staff recruitment, selection, employment, orientation, supervision and evaluation; and
 - (iii) community and primary care integration, partnerships, and collaboration;
- b) Exercise Assistants / Therapist Assistants who practice under the supervision of the exercise professional to assist and support program delivery and to supervise the exercise sessions; and
- c) Fitness Leaders, who are not Alberta Health Services employees, but are staffed by community organizations.
 - (i) These individuals may assist in the Supervised Exercise Program under the supervision of and to support the exercise professional in locations where a partnership exists with the community facility.
 - (ii) Fitness Leaders may have an opportunity to complete Fitness Leader training which is developed specifically for the AHLP.

4.3 The AHLP Supervised Exercise Program shall complete a service agreement with any non-Alberta Health Services employee assisting in the provision of direct participant care.

5. Exercise Intensity Level, Level of Supervision and Monitoring of Symptoms

5.1 The appropriate health care provider shall be consulted to determine the following participant-specific program elements:

- a) exercise intensity level;
- b) level of supervision; and

- c) monitoring of symptoms.

6. Participant Education and Self-Management Supports

6.1 Participants shall be provided with information regarding:

- a) the effects of exercise on their chronic condition;
- b) symptom monitoring;
- c) exercise intensity monitoring and adaptations;
- d) when to seek health care provider support; and
- e) self-management tools and information.

7. Outcome Measures – Follow-up

7.1 The appropriate health care provider shall be consulted to provide relevant measures of the participant's physical function at Supervised Exercise Program completion.

7.2 Information may be collected to evaluate participants' quality of life, self-efficacy and experience with the program. Data collection tools should be consistent with provincial AHLP evaluation and measurement work.

8. Program Completion

8.1 The Supervised Exercise Program completion date is the date the participant is no longer actively participating in the program.

8.2 Participants may still access other AHLP services and may still be booked for follow up appointment(s) after completion.

8.3 Supervised Exercise Program completion is based on a time frame (i.e. program is 8 weeks in length) or when participant has achieved his/her goals.

- a) specific criteria is at the discretion of the program, the health care provider and the participant.

9. Communication of Participant Information

9.1 Communication with the referral source should align with Alberta Health Services *Path to Care* Policy.

10. Participant Safety

10.1 All staff providing direct patient care shall be trained in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED).

10.2 All staff shall have access to first aid equipment and supplies: Type P first aid kit. See Alberta Health Services *First Aid Code of Practice* and Appendix A. Other equipment can be provided as per zone practice.

11. Conflict of Interest

11.1 The actions of staff and Volunteers shall be guided by the Alberta Health Services *Code of Conduct* and *Conflict of Interest Bylaw*.

11.2 Alberta Health Services representatives are expected to fulfill their responsibilities in a manner that avoids involvement in any potential, perceived, or real conflict of interest situations, and to promptly disclose and address any conflicts should they arise.

12. Collection, Use, and Protection of Health Information

12.1 AHLP staff shall post a copy of the poster developed by the Information and Privacy Department, which outlines details about the collection, use, and protection of health information.

13. Non-Alberta Health Services Facility License Agreement Information

13.1 Any arrangement that deals with property or property matters (physical space) requires the involvement of the Real Estate Department (*AHS Corporate Contracting Policy*). In order to adhere to Alberta Health Services procedures and to mitigate the potential risk associated with Alberta Health Services staff offering, and patients receiving, Alberta Health Services sponsored services in non-Alberta Health Services facilities, license agreements shall be approved by Alberta Health Services Real Estate.

DEFINITIONS

Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

REFERENCES

- Appendix A: Type P First Aid Kit
- Alberta Health Services Governance Documents:
 - *Code of Conduct*
 - *Conflict of Interest Bylaw*
 - *Corporate Contracting Policy* (#1152)
 - *Path to Care: Wait time Measurement, Management, and Reporting for all Scheduled Health Services Policy* (#1151)

- *First Aid Code of Practice* Code of Practice (WHS-COP-03)
- Alberta Health Services Forms:
 - *Consent to Treatment Plan or Procedure* (#09741)
 - *Alberta Healthy Living Program Waiver* (#18964)
- Alberta Health Services Resources:
 - Emergency/Disaster Management Department
 - Planning & Design Services
 - The Alberta Healthy Living Program Supervised Exercise Program Guide
- Non-Alberta Health Services Documents:
 - *Health Information Act* (Alberta)
 - *Pre-exercise Stress Testing in People with Diabetes: Executive Summary and Recommendations* (Marni Armstrong, PhD & Ronald Sigal, MD, MPH)

VERSION HISTORY

Date	Action Taken
June 25, 2014	Revised
November 7, 2016	Revised

APPENDIX A**Type P First Aid Kit**

Supervised Exercise Program Type P First Aid Kit description:

- (a) 10 sterile adhesive dressings, assorted sizes, individually packaged
- (b) 5 10 centimeters x 10 centimeters sterile gauze pads individually packaged
- (c) 2 10 centimeters x 10 centimeters sterile compressed dressings, with ties
- (d) 5 antiseptic towelettes
- (e) 1 cotton triangular bandages
- (f) 1 waterproof waste bag
- (g) 1 pair disposable surgical gloves