The Movement and Breathing Program

Customer Service Leadership Project

Introduction

The Movement and Breathing Program is a new activity program for community life staff and home health aides to use for dementia residents. The purpose of the Movement and Breathing Program is to improve the quality of life for the memory care residents. The Movement and Breathing Program was implemented in March 2014. The program creator was Jessica Rosenberg. Due to lack of baseline data, continuous documented data and aggregate results, the program was revised with set goals and outcome measures. The revised program focuses on breathing and movement, rather than set yoga postures. The revision also focuses on new measures outlined below.

Knowledge

"Chair Yoga" was initially implemented in March of 2014. The original study group of residents had less cognitive impairment than the current study group. The change in demographic largely affected the methodology of the program and the success of the program. Initially, the movement and breathing taped sequences were to be played for the entire fifteen minutes in a group setting. After the initial trial period, the program was revised and offered to residents either through one on one sessions or group sessions taking small breaks throughout the fifteen minutes. The data collection period spanned four months.

Objectives

The objective of the revision was to ultimately get aggregate results from the program. For this study, I chose to focus on the following measures: falls, hours of sleep, times awake during the night, cognition and resident engagement/participation. I hypothesized the program would reduce falls, increase hours of sleep, decrease times awake during the night, maintain baseline cognition and increase resident activity engagement/participation. Based on measures on research done by the Alzheimer’s Association claiming physical movement can improve sleep, cognition, strength, mood, self-esteem and reduce falls.

Methodology

**Phase 1**
- Review previous “Chair Yoga” program
- Implement a project team
- Analyze the research behind the new movement and breathing program
- Meet with the team and select the best data measures

**Phase 2**
- Interview and retrieve baseline data
- Purchase equipment and find videographer
- Film the video sequences and create the guided resources
- Initial training of all interested staff
- Survey results from staff
- Creation of tracking binder and how it will fully function on the floor

**Phase 3**
- Review and order DVDs of the training and sequences
- Final training of nursing and community life staff
- Initial implementation trial period
- Follow-up meeting with Housing Director, Director of Health Services
- Final Staff training and manager audit documents
- Full implementation using DVDs and guided resources
- Analyze Results

**Summary of Success**

Staff Evaluation of the Training: In the 2-hour trainings we had 27 participants on Oct 23, and 17 participants on Oct 30, total of 44 staff attended.

- 95% rated the training as "good" or "excellent"
- 80% said they feel prepared to lead movement and breathing exercises
- 92% said they have a better understanding of breathing for the residents
- 92% said they have a better understanding of movement for the residents
- 95% stated they feel inspired to use some of the movement and breathing sequence for their own health and wellbeing

**Key Learning and Recommendations**

- The Movement and Breathing Activity Program were well received by the residents. The majority of residents attended at least 50% of the times it was offered.
- Cognition remained stable for all residents during data collection spanning four months. Research indicates 66% of dementia cases have moderately to severely decline during the first onset of diagnoses.
- This project might have had greater success with more direct involvement from the community life and nursing staff, and to involve them early in the process.
- Holding Home Health Aides accountable for daily documentation and charting proved to be difficult. Sleep was not able to be accurately tracked because of this.
- It was more difficult than expected to get people on board with adding an activity program with mandatory charting from nursing and community life staff in an Assisted Living setting.
- **Cost Effective:** The movement and breathing program is wellness on a dollar. Facilities only need to hold training for staff on the movements in order to have a successful program. DVDs are not necessary.
- **Sustainable:** The program involved the nursing and community life staff and the integrative therapy department. The program has unlimited life if staff carries on the program. The program was not created or carried out by a single individual.
- **Future:** Extend the program into the health care center. Repeat study with a larger sample size and analyze new findings

Acknowledgments

Allan Barr, Rachel Trellstad-Porter, Amy Quarberg, Michelle Hebert, Casteele Miller, Sarah Marreiro, Lisa Schouweiler, Sherri Lage and the entire Woodbury Estates team. Special acknowledgments to: Jessica Rosenberg creator of the Yoga Sequences, Ryan Corcoran from Modern Image Film & Video Productions and UW-Eau Claire Printing Services.

**Figure 1.** Depicted above is the residents’ cognitive scores before and after implementation of the movement & breathing program. The scores were assessed using the Brief Cognitive Rating Scale. The higher the score the more severe the cognitive impairment. The scores support the original hypothesis of maintaining cognitive baseline for memory care residents.

**Figure 2.** The graph depicts each residents’ attendance percentage when movement and breathing was offered. During data collection, movement and breathing was offered twenty-two times. Movement and Breathing was mixed in with the other wellness programs already offered at the facility. Overall, six of the eight residents enjoyed movement and breathing and attended on a regular basis. All of the residents attended at least twice during the two month time frame.

**Figure 3.** The figure above shows the number of falls for each of the memory care residents before and after implementation of the program. The data collected covers two months prior to implementation and two months after implementation. Out of the eight residents, two residents saw a decrease in falls after implementation. Five residents saw no improvements and one resident saw an increase in falls after implementation. The small sample has determined to be inconclusive whether or not movement and breathing has played a part in reducing falls for memory care residents.