



Village on the Green™

June 15, 2006

Barbara Dombrowski
Agency for Health Care Administration
2727 Mahan Drive
MS #51
Tallahassee, FL 32308

Re: AHCA Funding Agreement No. AFA08

Dear Barbara:

Again, our many thanks to AHCA for providing Village on the Green the opportunity to implement a biking program in our health center. On behalf of our residents and their family members allow me to extend their appreciation for the additional enjoyment and smiles that the biking program has provided.

Enclosed is the final report on our biking program which includes a brief overview of the program along with a detailed description of the benefits and satisfaction our residents are enjoying since the implementation of the program. The biking program continues to be a highlight in our activities program and we feel it has indeed enhanced our residents' quality of life. We are also including with the report another copy of our current policy and procedure and training checklist along with a few recent pictures. Lastly, a final invoice in the amount of \$410 is included.

Please do not hesitate to contact me if you are in need of additional information.

Sincerely,

Dennis Walton
Administrator

Enclosures: Final Report
Policy and Procedure
Training Checklist
Invoice

RECEIVED

JUN 16 2006

**BUREAU OF
LONG TERM CARE SERVICES**

The Duet

Program Evaluation:

In July of 2005, we purchased the Duet, a wheelchair with a motorized bike attached to the back. The money was granted to Village on the Green, through AHCA, with the intent of enhancing the residents' quality of life.

The Duet was met with great anticipation and enthusiasm by the Health Center at Village on the Green. The bike was immediately and affectionately named "Daisy" (the bicycle built for two) by our Director of Nursing. After assembling the bike, it was displayed in our Health Center Living Room for a few days to let the residents and staff get a close up inspection. We even had several visitors from independent living journey over to see our new addition. We decided that the care and maintenance of the bicycle would be provided by our plant department. They routinely check the tires and brakes as well as making sure the battery is always charged.

We began actively recruiting volunteers from our independent living residents and our staff. Our initial goal was to encourage the residents to again experience the enjoyment of bike riding. Emphasis was placed on those residents who are restricted in their outside activities. When identifying residents for our bike riding program, we concentrated first on residents who suffered from strokes, arthritis, heart problems and other physically debilitating conditions. In this category, 14 residents were identified as candidates for these bike rides. Up until now, several of these residents chose not to leave their rooms, nor participate in group activities. However, they now look forward to coming out and experiencing the exhilaration of bike riding. Conversations following the bike rides often involve reminiscing about riding their bikes as children. We have a few residents with a diagnosis of depression who have had little enjoyment in life. They now say that the rides are invigorating and give them something to look forward to.

Bike riding is also enjoyed by about 20 residents with cognitive impairments, some of whom are normally passive and uninvolved. They have been observed displaying animation and verbalizing pleasure in the ride. Overall, we have observed an increase in appetite, improved sleep patterns, less agitation and a generalized sense of contentment in residents participating in the bike rides.

When we embarked on this endeavor, little did we know the immense impact this would have on the quality of life for our residents. The residents invite their family over to take pictures with their grandchildren standing next to the bike. Some families have taken videos of the bike ride to send to other family members who live out of state. The generosity of AHCA has significantly contributed to the lives of our residents.

Training:

In order to train the staff and volunteer drivers, we developed a check-list which included all areas to be covered. We started with four staff members and as the program evolved, residents from the community volunteered for training as drivers. Their enthusiasm and support helped the program grow quickly.

Program Recommendations:

The only recommendation would be that every facility should have one. The Duet has been a tremendous benefit to the residents. We would love to have more time in the day to take residents for rides.

# of Residents initially using the Duet	14
# of Residents who continued to use the Duet	18 By October 2005 One resident expired and 5 more were added
# of Residents who later began to use the Duet	28 As of June 14, 2006 8 Residents have either expired, or returned to their independent living environment.

<u>Resident #</u>	<u>Benefits</u>
1.	This gentleman was physically & cognitively impaired he is now able to enjoy the outdoors and offers opportunities to reminisce about his childhood days of bike riding.
2.	This woman is very arthritic and has difficulty with mobility. She enjoys the feeling of mobility and the 1:1 interaction.
3.	This lady is very social and enjoys the exhilaration of the bike and the opportunity to socialize 1:1.
4.	This gentleman was very "outdoorsy" and was able to get out once again. He was physically active, and in his 80's still water skied until his stroke. He also experienced and increase in appetite after the ride.
5.	This woman enjoys seeing the gardens. She is clinically depressed and this diverts her for awhile, lightening her mood.
6.	This gentleman was very involved in a college campus life. He relates this campus to those days and enjoys reminiscing during the ride.
7.	This woman is the wife of the aforementioned gentleman; she likes to have the same experiences as her husband, but is also very cognitively impaired and benefits from the stimulation.
8.	This resident believes she is still in nursing school; the campus reminds her of the hospital/nursing school campus. She enjoys reminiscing during the ride.
9.	This woman was one of the founders of Village on the Green. She was very involved with its development and enjoys touring the grounds. Her appetite is also better after a ride.
10.	This gentleman has a poor appetite; he is always ready for lunch after a ride. He also enjoys the outdoors.
11.	This resident was previously in another SNF where she was diagnosed with depression. She is very social and has come out of her depression now that she has activities and outings to look forward to.
12.	This resident enjoys looking at the cars and talking about the different cars she sees.
13.	This gentleman is very adventurous and looks upon this as a great adventure. He has sent pictures and videos to his family in NY.
14.	This woman has been staying in her room. She doesn't like to socialize with others, but enjoys getting outdoors with 1:1 conversation.

15. This is another founder, who enjoys reminiscing about the development of Village on the Green. She also suffers from cognitive loss.
16. This resident came to us from another SNF; she is noncommunicative and had a very poor appetite. She now eats very well and enjoys the tactile stimulation.
17. This gentleman was a golfer and enjoys riding along the golf course.
18. This resident was previously very independent and often felt "shut in". The rides "brightened his day".
19. This is another resident who was very involved in the community and still has friends in the Independent Living section. She enjoys having them wave to her as she passes by.
20. This lady is clinically depressed, she has bouts of crying. While riding in the Duet, she is smiling and laughing. Her good mood usually lasts all day.
21. This resident spends much of his day in his room, his social skills have diminished and he does not venture out for socialization as much as he had in the past. The Duet affords him the opportunity for 1:1 socialization and stimulation.
22. This gentleman has severe cognitive impairment. He is minimally verbal, but during and after the ride he expresses his enjoyment verbally and with animated gestures and expressions.
23. This is a new resident to our community; she had been at home with a large and attentive family. They were in the landscaping and nursery business. She appreciates being able to get outside and view the gardens on the property.
24. This woman has had a stroke; she is depressed as a result of her limitations. She takes pleasure in the 1:1 activity and the ability to enjoy the diversion of another form of activity.
25. This is another resident, new to the community. She is higher functioning than many of our residents and enjoys spending time outside. These two needs are met with the 1:1 during the ride and the pleasure of being outside.
26. This resident had been very independent and had difficulty adjusting to placement in the Health Center. The Duet helped her to adjust by giving her a fun diversion from her dwelling on a loss of independence.

27. This is another resident who experienced the helplessness of being physically dependent. She also enjoyed the diversion and the reminiscing about her childhood days.
28. This resident has had a loss of appetite; we found that a ride prior to lunch increased her appetite. She also enjoys looking at the cars and requests specifically to ride near the parking lots.
29. This resident has visitors only 1-2 times per year. She also has been losing her ability to socialize due to the dynamics of her dementia. The duet allows her to enjoy herself with companionship, but does not require the stress of trying to socialize as she had.
30. This resident loves the outdoors; her daughter used to live in the area and take her for frequent drives and walks outside, but has moved and is no longer able to visit as often. This has served as a pleasurable alternative.
31. This woman has significant anxiety in the afternoon. The afternoon rides have greatly diminished her anxiety.
32. This resident moved into the HC from Independent Living, recently, where she had been very active. She enjoys the ability to do something outdoors 1:1 with companionship.
33. This resident was a home economics teacher, who took interest in the outdoors. She enjoys acting as a teacher, educating the driver about the plants and trees as they enjoy the ride.
34. This gentleman is 100, he moved into the HC about 1 month ago, he had been living independently, but felt he needed more assistance. He had a habit of walking the property daily until just prior to coming into the HC. The Duet has restored his ability to tour the property and has helped with his adjustment to placement.

What makes the Duet such a big success is that it is a one on one activity. The residents seem to appreciate and enjoy something just for them, and the Duet is just that. When the resident sits on the Duet he or she is in front and not behind, leading and not being lead. The resident has the opportunity to point out what they want to see and where they want to go in other words, they are the pilot. The residents enjoy doing something different for pleasure and the pure fun of it.

The Duet Biking Program

I. Policy

The Duet Biking program is a program that can be used with most frail older adults, even those with physical and/or cognitive disabilities. It is a very appropriate activity for confused and disoriented residents as well as residents with impaired mobility because of its familiarity. Borrowing the words of John F. Kennedy, "Nothing compares with the simple pleasure of a bike ride."

II. Procedure

- A. General direction for the activity will be the responsibility of the Health Center Activities Coordinator.
- B. All residents who have good sitting balance are encouraged to participate in this activity; however, our main focus will be on residents who are unable to participate in other activities i.e. trips off campus.
- C. The residents who will **not** participate will be those who are acutely ill and whose balance prohibits them from sitting upright.
- D. It is appropriate to include this activity as an approach for residents who suffer from depression, sleep disturbance, have decreased socialization, and/or agitation.
- E. Input will be solicited from the interdisciplinary care team as well as the therapy department regarding which resident would benefit most from this activity.
- F. Inclusion in this activity will be discussed at the residents care plan meeting with involvement from the resident's family.

III. Training and Education

- A. Staff training will be performed by the restorative nurse's aides and the fitness coordinator under the direction of the licensed physical therapist.
- B. Only employees who have an interest will be trained.
- C. VOTG will adhere to the training checklist developed by the Dementia Research Grant by New York State Department of Health in 2000.
- D. Having successfully completed the training, riders will demonstrate competence in riding the bike by using another staff member as its wheelchair passenger.
- E. Responsibility for signing off on completed training will be assigned to the fitness coordinator.
- F. Volunteers will be required to sign a waiver in order to comply with corporate policy.

Wheelchair Bike Staff and Volunteer Training

Name: _____ Date Completed: _____

_____ **Gear Stuff** (check off as rider completes each skill).

_____ Gear shifter – 7 speed – keep pedaling without effort as you change gears.

_____ Gear will not engage immediately, stop pedaling for a moment.

_____ Change gears before you get to a hill.

_____ Brake (check off as rider completes each skill).

_____ “Riding the brake” too much can cause a loss of lubricant and damage to
the brake.

_____ Parking brake application and release.

_____ Seat is adjustable for the biker.

_____ **Boarding/Removing the passenger:**

_____ Push the parking brake to “on” position.

_____ Tilt seat forward by opening shackle.

_____ Remove one side of the footrest.

_____ Transfer the resident – use a transfer belt if you need to.

_____ Put the footrest back in place and replace pin.

_____ Ask the passenger to put on the safety harness and adjust headrest and footrest (assist if needed).

_____ Raise seat (inform rider) and re-shackle.

_____ **Safety check the overall bike before your ride.**

_____ seat and tires – especially inflation levels

_____ pedals

_____ straps/harness

_____ footrest

_____ shackle

_____ bell or horn

Before riding any resident you must ride a recreation therapy staff member to prove your knowledge and skills on The DUET.

Date of Staff ride: _____ Signed off by: _____

Riding tips:

1. This is a 3-wheel bike and handles differently than a 2-wheeled bike.
2. You cannot lean to help you corner, it requires a wide turning radius so plan ahead.
3. Never ride the bike without a passenger – it is balanced for loaded operation only.
4. Always practice with a staff member first and go slowly for your first few rides.

