

Green House ® and Small-House Nursing Homes: Definitions, Trends, Lessons, Questions

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Plan

- What--definitions
- Why—expected outcomes
- Where, how many, variation
- Do they work
- Challenges

Small-House Model

- Small-scale & self-contained
- Normal living
- Environments foster QOL& community
- Breaking hierarchy
- Expanded roles for front-line personnel
 - Universal workers
- Changed roles for professionals
- New concept of management

Why?

- Arguable something dramatic is needed to move beyond small fixes to promote:
 - True individualized services
 - Good quality of life for residents
 - Meaningful work
 - True community

Quality of Life Domains for NHs

- | | |
|------------------------|--|
| ■ Comfort | <u>Other domains</u> |
| ■ Security | Sexual & romantic functioning |
| ■ Relationships | Economic well-being |
| ■ Enjoyment | ■ All construed as outcomes |
| ■ Meaningful activity | ■ All measured by resident self-report |
| ■ Functional capacity* | ■ Able to measure reliably for average of 60% of residents |
| ■ Autonomy | ■ Able to measure reliably for residents with dementia |
| ■ Dignity | *is as independent as he/she wants to be |
| ■ Privacy | Source: RA Kane et al, JG Medical Science 2003 |
| ■ Individuality | |
| ■ Spiritual well-being | |

Another way of looking at it . . .

- Needs for individuality
 - privacy, autonomy, reflection, solo occupation, creativity, self-expression
- Needs for social connection
 - Relationships, friendship, love, community, group occupation
- Both important
- Individuals vary in emphasis
- Residential care settings need to foster both

Analogue to small-house

- Some assisted living
- Some adult foster care (family care homes)
- Culture change movement
- Neighborhoods

Spa at Evergreen Health Center, Oshkosh, WI



Fireplace at Big Fork Valley Communities, Big Fork MN



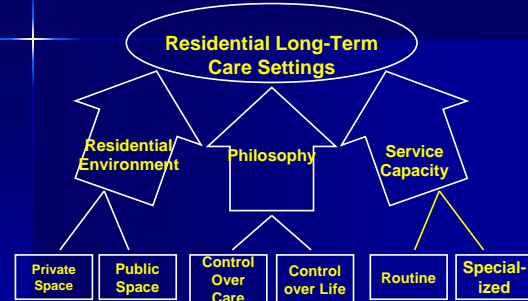
Picture by Lois Cutler, Ph.D.

Nursing Station at Perham Memorial Hospital & Home, Perham, MN



Picture by Lois Cutler, Ph.D.

Three-Legged Stool



Enter Green House ®

- Idea developed by William Thomas
 - Built on principles of his Eden Alternative
 - But a radical reorganization and culture change for Nursing Homes
- First implemented in Tupelo, MS in 4 houses on LTC residential campus
- Evaluated in quasi-experiment 2003-2006
- RWJ Rapid Replication Project for GH
- Other small-house NH programs

Green House Summarized

- Main elements
 - 10 elders live in self-contained houses with private rooms & baths
 - meals cooked in GH kitchen in presence of elders
 - care from CNA-level resident assistants (Shahbazim) who cook, do housekeeping, personal care, laundry, & facilitate elder development
 - Shahbazim do not report to nursing
 - All professionals (RNs, MD, SW, RT, PT, OT, etc) comprise clinical support teams that visit GHs

For more info on Green Houses:

<http://thegreenhouseproject.com/>

Green House description, cont'd

- A group of GHs are licensed as a NF
 - share administrative support & clinical support teams
- GH receives same reimbursement as any Medicaid NH
- GH meets all standards of licensure & certification
- Emphasis on quality of life for elders (quality of care is a given, but health & safety goals do not dominate model)

Tupelo Green Houses

- Sponsor: Cedars Health Care Center, a 140-bed traditional NH on campus of Traceway Retirement Community, owned by Methodist Senior Services of Mississippi
- Line staff trained intensively in GH model
- Elders moved from Cedars to 4 10-person GHs built in residential area of campus in May 2003
- 2 of the GHs were populated by the former residents of the locked dementia care unit
- Admission from Cedars to fill GH vacancies

Experimental design

- Quasi-experiment with 2 comparison groups
 - sample of residents remaining at Cedars NH
 - sample from Trinity Health Care, a NH of same owner in nearby city
- 4 waves of data collection
 - May-June 2003 (pre-move data)
 - 3 more times at 6 month intervals
- Respondents
 - Residents
 - Primary family caregiver
 - All Shahbazim and CNAs

Hypotheses

- Residents: ↓
 - ↑ QOL, ↑ satisfaction, ↑ social engagement
 - health no worse than in conventional "medical model"
- Family caregivers
 - ↑ engaged with residents, ↑ satisfied, ↓ burden
- Front-line staff
 - ↑ knowledgeable about residents, ↑ confident about affecting QOL, ↑ intrinsic and extrinsic job satisfaction, ↑ likelihood of staying in job
- MDS-derived QIs expected to be as good or better than conventional "medical model"



Outcomes for 4 Tupelo GHs

- Compared to 2 controls over 2 years
 - GH residents more satisfied & scored higher on QOL domains
 - GH family members:
 - more engaged with residents
 - more satisfied with resident care
 - more satisfied with experience as family members
 - MDS data showed no diminution in QIs for GH & improvement in extent of functional decline

Tupelo study results, cont'd

- Front-line staff were:
 - more knowledgeable about residents
 - more likely to believe they could alter outcomes
 - more intrinsic & extrinsic job satisfaction
 - more likely to remain on job
- Qualitative findings
 - difficult to fully implement & sustain
 - need to guard against institution-creep
 - Turnover among DONs & charge nurses

Evolution of Green House

- Tupelo experience
 - original 4 GHs built in 2003, house 40 residents
 - by 2006, 6 12-person GHs
 - 24 beds left in original NH
 - joint venture with NGO to replace a community NH with 6 GHs in Yazoo, MS
- GH Rapid Replication Project
 - RWJF funding/Capital Impact
 - 10 + GH NH projects operating now operating
 - scale from 6 houses to 1 house—some plan expansion
 - at least 10 more NH GH projects in development
 - some GH AL

Where are GH ® Nursing Homes

- Mississippi, Alabama
- Michigan, Nebraska
- Kansas, Pennsylvania
- Wyoming, Texas
- Alaska (under development)

Presbyterian Villages of Michigan—the Village of Reford (1 of 2 Green Houses ®)



Picture by Lois Cutler, Ph.D.

Other models

- Variety of urban & rural small-house NH operating or under development
- Avalon Neighborhoods by Otterbein
 - 4 50-person, 5-house small house programs now operating in residential areas in Ohio; 1 more planned
 - Integrated into neighborhoods rather than on LTC campus



Small-house Nursing Home in the Avalon by Otterbein Perrysburg neighborhood, Perrysburg, OH

Picture by Judith Rabig, Ph.D.

What Have We Learned

- It is possible to radically change NHs
- It is difficult to radically change NHs
- It is a work in progress
- Small-house ideas can be transported to other NHs
- Firms investing in small-house have system level challenges

Other Considerations

- Small house models for post-acute care
- Neighborhood models of NH
 - preceded small-house & continue to evolve
 - varying degrees of “normalcy” & unit self-sufficiency (usually meals made elsewhere)
- Broader context
 - many non-licensed persons in HCBS as well as nursing homes have new roles
 - Less hierarchy in delivery system
 - Expected to respond to consumer preference
- Large firms need to strike balance as they invest in small-house NHs

Challenges at house level

- Sustaining workforce skills & enthusiasm
- Leadership
- Communication with clinical support team
- Training
- Avoiding institution creep

More challenges

- Impulse to fiddle with case-mix
 - Should we ever?
- Implementing slogan: “if you would not have it in own home, don’t have it in small-house”
- Role of universal worker
 - What’s in, and what’s not
- Activities, therapies

Making Home in NH

- Nursing home residents are virtually homeless (see Maloney)
- Minimalist fixes insufficient
- Can we have a home care model for a home in a NH
 - Need to combine real living environments (e.g. apartments with function enhancing features) with heavy-duty individualized services as needed & preferred

Ending double occupancy

- An obvious goal
 - Evidence for preference & efficacy is in
 - Cost not a problem in new construction
 - Most QOL domains (not just perceived privacy) improve with single occupancy

Tools moving forward

- QOL assessment
 - Preference assessment
 - Environmental appraisal
 - With open mind & fresh eyes
 - Function enhancing features, life enriching features, environmental control, clutter, storage
 - Measuring individualization

Individual level measures

- If outcomes are measured individually also measure inputs individually
 - Environment for individual not average
 - Care routines for individual not average



For more information:

- email Rosalie Kane
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- Minnesota website for references & publications
<http://www.hpm.umn.edu/ltrsourcecenter/>
- National Green House Project website
<http://www.ncbcapitalimpact.org/default.aspx?id=146>
- Avalon by Otterbein
http://www.otterbein.org/corp_newn_2.htm
- Rabig Consulting
<http://juderabiq.com/index.html>