Welcome

June 28, 2017

California Association of Health Facilities
Orange County Chapter

THE GREEN HOUSE PROJECT

SM

THE GREEN HOUSE® Project:

A Proven Prescription for Success



The Landscape – Forces of Change











The Future of Health Care



The Green House® Video



The Green House® Model





The Green House® Model – Core Values



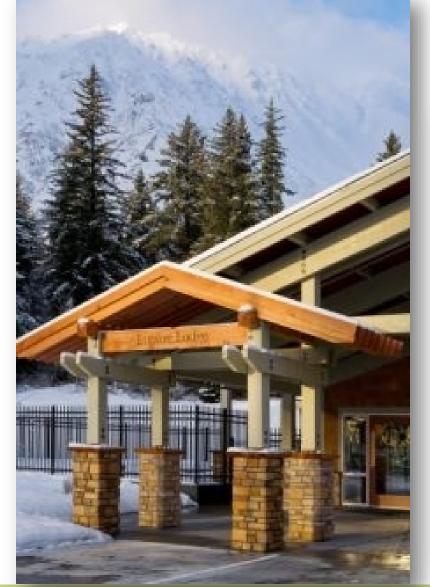
All areas of the organization are changed to fully embody Meaningful Life, Real Home and Empowered Staff. Each key aspect: physical environment, philosophy of care and organizational practices work in concert with one another to create the maximum benefit for the Elders and staff.



Real Home







Similar to the surrounding community







Real Home:

Mt. San Antonio Gardens

Claremont, CA





Kev Elements: Hearth



Open plan Living, Dining, & Kitchen



Living Room



Open Kitchen



Kitchen -- MSAG





Dining Room



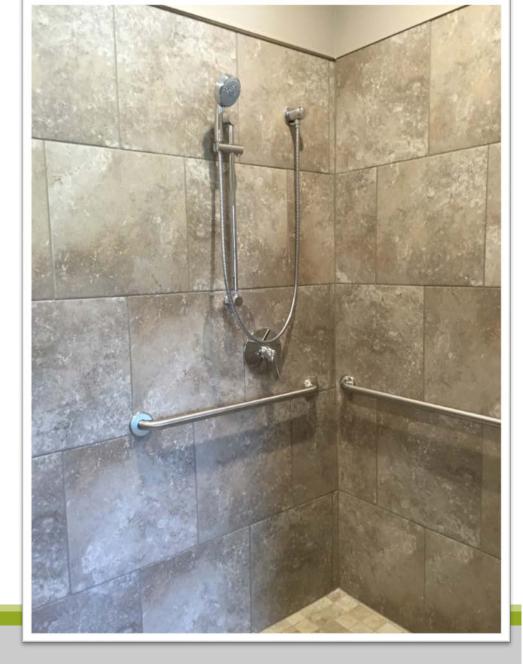


Private Bedrooms

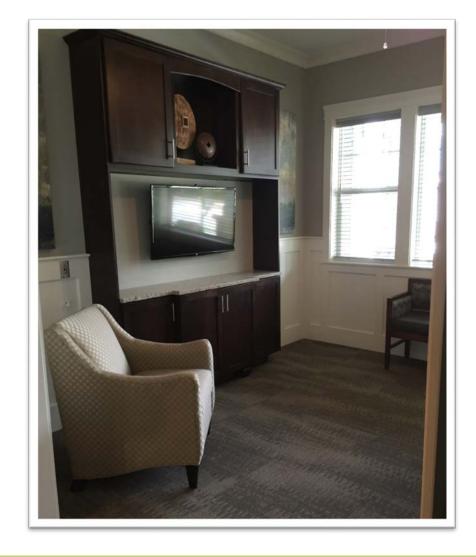


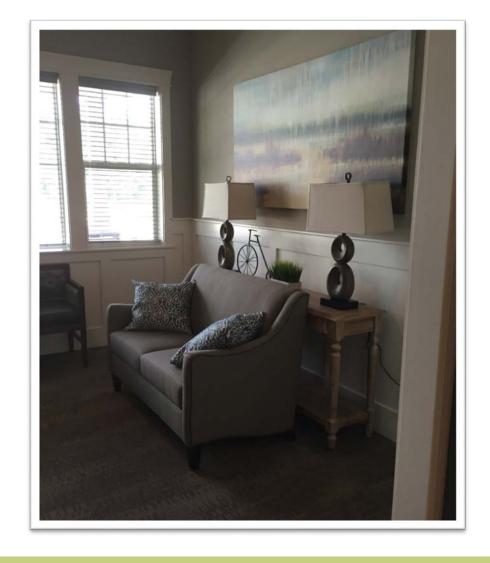
Private Bathrooms





Den







Easy Access to Outdoors







Meaningful Life



What is Person Directed Care?

Provider Directed

- Management makes most of the decisions
- Residents
 accommodate
 staff
 preference
 and expected
 to follow
 routines

Staff Centered

- Staff consult residents while making decisions
- Residents
 accommodate
 staff much of
 the time, but
 have some
 choice within
 existing
 routines and
 options

Person Centered

- Resident preferences form the basis of decision making about some routines
- Staff begin to organize in order to accommodate resident preferences.

Person Directed

- Residents make decisions everyday about their individual routines.
- Staff organize their hours, patterns, and assignments to meet resident preferences

Continuum of Person Directedness

Relationship-rich Elder Directed Living





Empowered Staff



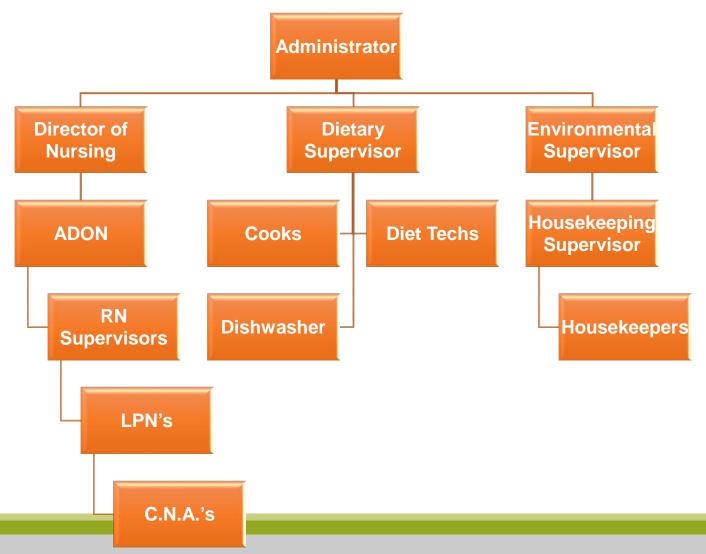


Empowered Staff – *The Human Architecture*

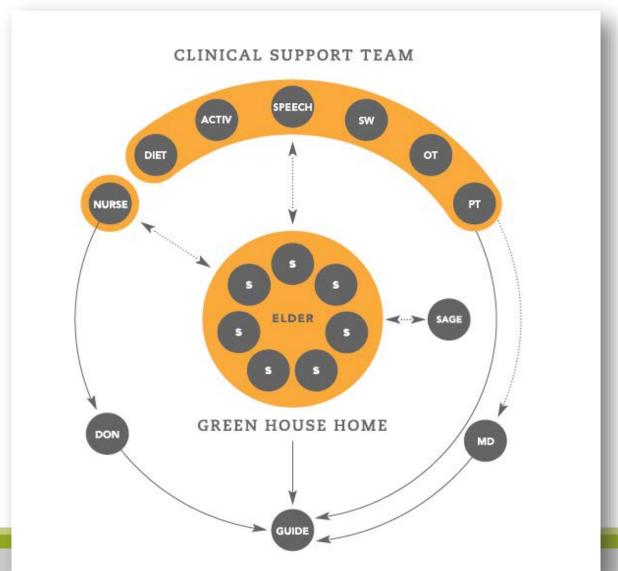
- Places the elder at the heart of the organizational chart
- Redefines roles and responsibilities of all core staff
- Radical change in leadership style



The Paradigm of Power



Organizational Redesign



It's All About Leadership



Self-Managed Work Team



- Group of Shahbazim
 who are empowered,
 responsible and trusted
 to manage the Green
 House home
- Work collaboratively with leaders and members of the clinical support team

Empowerment through Education

- CNA required as a foundation
- 128 Hours additional training:
 - Safe food handling
 - CPR / First Aid
 - Culinary skills
 - Home maintenance/ management skills
 - 48 hours Green House Training:
 - Dementia care
 - Critical Thinking for Clinical Excellence
 - Communication
 - Teamwork skills
 - Policies & Procedures





Nurses in The Green House Homes

Think Home Care!

- Care Role Model
- GerontologicalExpert
- Care Partner
- Mentor and Teacher





Direct Care Staffing

Total hours per elder per day = 5 - 5.2
 (10-elder home)

Nurses:

- One Nurse per two houses days
- One Nurse per two three houses evenings and nights
- Total: 1 1.2 hrs per elder per day

• Shahbazim:

- Two Shahbazim days & evenings
- One Shahbaz overnight
- Total: 40 hrs total per day, **4 hrs** per elder per day



Achieving Success ... living the values



- Meaningful Life -- It's all about relationships Relationship based care that brings life to elders
- Empowered Staff -- It's all about leadership -- Establishing a coaching culture
 - Fully empowered SMWT → HIGH PERFORMING TEAMS
 - Disseminating information
 - Coordinator roles and role ownership
 - Balancing support and accountability
- Real Home The power of normal









Short-Term Rehab in GH Homes

A real home is the best place to recover and get back home:

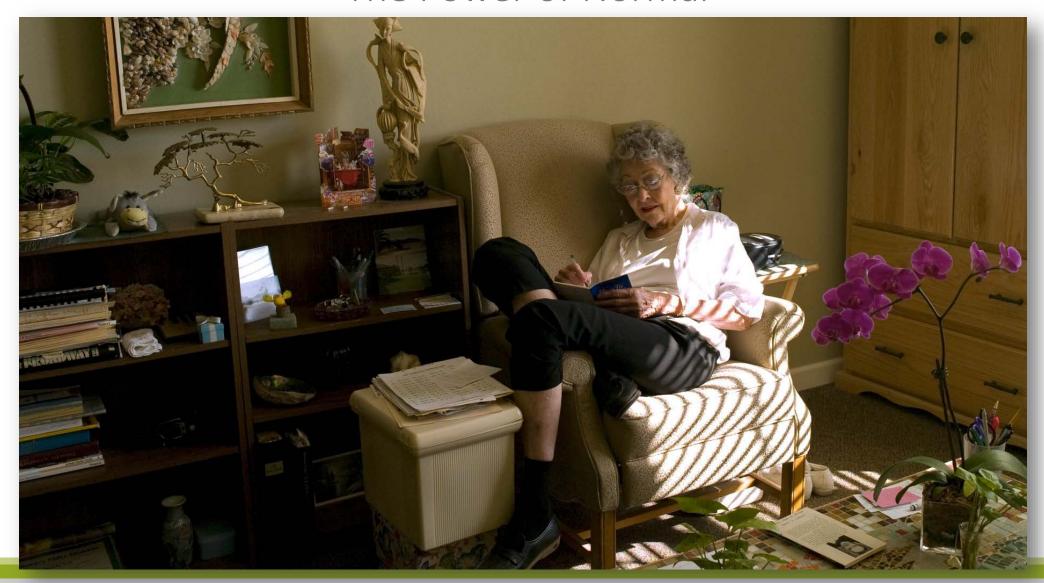
- Home layout Real Home
- Private rooms with private bathrooms
- Home cooked meals when you want them
- Access to fresh air and sunlight
- Rehab in a real home
- Consistent assignment -> deep knowing relationships



Alzheimer's and Dementia Care in GH Homes



The Power of Normal







Advocacy

Evaluating the Green House Model

- Residents and Family Satisfaction
 - Improved quality of resident life
 - Improved quality of care
 - Improved family satisfaction
- Engagement & Quality of Care
 - Higher direct care time
 - Increased engagement with elders
 - Improved care outcomes

CLINICAL INVESTIGATIONS

Resident Outcomes in Small-House Nursing Homes: A Longitudinal Evaluation of the Initial Green House Program

Rosalie A. Kane, PhD, * Terry Y. Lum, PhD, * Lois J. Cutler, PhD, * Howard B. Degenholtz, PhD, * and Tzy-Chyi Yu, MHA*

OBJECTIVES: To determine the effects of a small-house nursing home model, THE GREEN HOUSE® (GH), on residents' reported outcomes and quality of care. comparing GH residents with residents at resites using data collected at hav-

CONCLUSION: The GH is a promising model to improve quality of life for nursing home residents, with implications

Key words: nursing home; culture change; quality of life; longitudinal outcomes; quality indicators

BRIEF REPORTS

Frontline Caregiver Daily Practices: A Comparison Study of Traditional Nursing Homes and The Green House Project Sites Siobban S. Sharkey, MBA, * Sandra Hudak, RN, MS, * Susan D. Horn, PhD, † Bobbie James, MStat, † and

er daily practice in two types of skilled nursing facility (SNF) settings, Green House (GH) homes and traditional SNF units, related to overall staffing (nursing and nonnurs resident day, and staff time interacting with residents. DESIGN: Observational, interview, and survey study com-paring frontline caregiver daily practice in GH homes and

SETTING: Twenty-seven sites (GH homes and traditional

PARTICIPANTS: Two hundred forty staff from partici-

MEASUREMENTS: Site and resident characteristics, MEASUREMEN 15: 5ite and resident characteristics and monuraing department staff hours per resident day (HPRDs), certified dursing assistant (CNA) direct and indirect care HPRDs, and CNA HPRDs engaged with problems.

nursing activities such as laundry and housekeeping, spent

nte such as a GH home. Although the GH model has higher ratio of CNA staff to residents than traditional SNF enumaning rate of the property as suggrapt asset in our names, and cut model allows for expanded responsibilities of CNAs in indirect care activities and more time in direct care activities. and engaging directly with resident. J Am Geriatr Soc 2010.

Key words: Green House model; skilled nursing facility Ney words: Green riouse mouels statied unusing tactiny frontline caregiver daily practices; culture change in long-term care; Shahbaz and CNA comparison

hange in delivery of care to older adults in skilled nursing facilities (SNFs). Many efforts have aimed to redesign anustrat same ventes to person-centeres care, and res-signing, saff roles to increase areas of responsibility and empowerment.^{1,2} One approach, the Green House (GH) model, provided a new concept for SNF care designed to speciate, a small interviously community for a strain of older

GH homes aim to deinstitutionalize long-term care and create a supportive environment for elders. Important com-

tained residence" for nine to 12 older adults, each with a private room and bathroom. Physical space is designed as a home (large great room with fireplace, communal dining table, and walk-in kitchen open to dining room and

Redesigned role of certified nursing assistants (CNAs): called Shahbazam (CNAs who take on extra duties and are

Self-managed team approach: Shahbazim work as a self-managed team with coaching and supervision from a guide.

Clinical support team: nurses, social workers, activities, therapists, nutritionists, pharmacist, and medical director

ouseproject.org

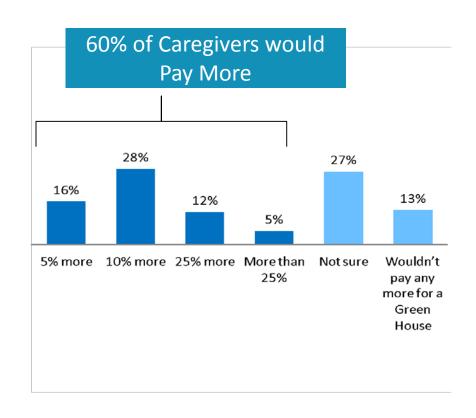


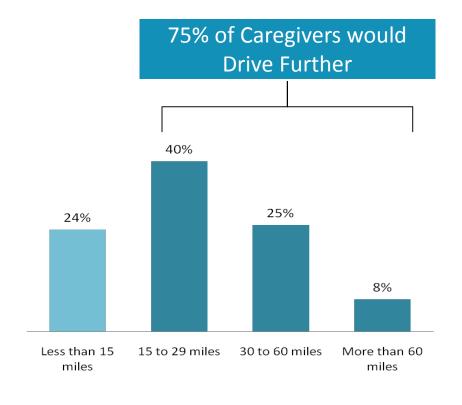


Consumer Research -- Caregivers



Consumer Demand







The THRIVE Collaborative

- Four interrelated research projects to learn about and compare Green House and other nursing homes
- Researchers from Harvard, University of North Carolina, University of Wisconsin, Health Management Strategies, Institute for Clinical Outcomes Research, and the Pioneer Network
- Data collection 2011-2014 and analysis of national data
- Funded by the Robert Wood Johnson Foundation

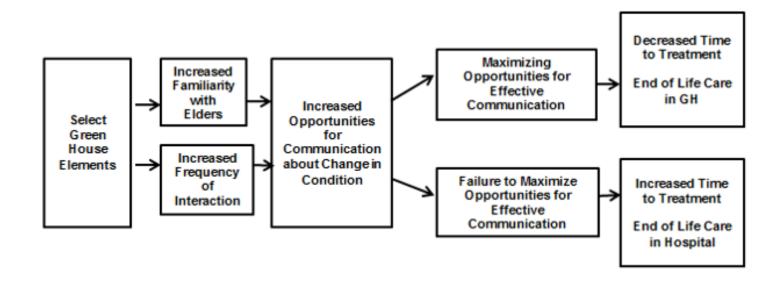
System Costs – Costs to Payers

- Lower hospital readmissions: Adoption of the GH model lowered hospital readmissions and several standardized measures of poor quality including bedfast residents, catheter use, and pressure ulcers for residents in Green House homes.
- Medicare Part A Spending: Adoption of the GH model reduced overall spending by \$7,746/resident



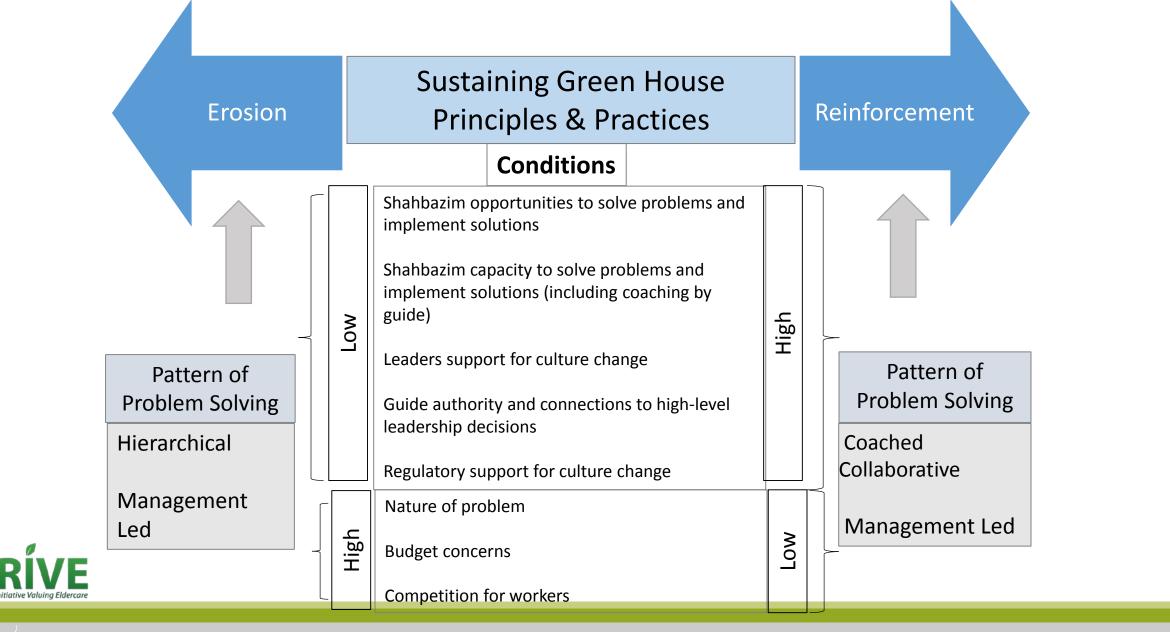


The Green House Model Creates Opportunities





Consistent Green House Elements¹ Divergent Care Processes Consequences





Protecting the investment in the brand – MERIT



Our collective voice becomes louder and our impact stronger when we come together to create unified change.

Monitoring and managing towards success

Meaningful Life

- Elder Well-being and Autonomy
- Physical & Organizational Support for Meaningful Life

Real Home

- Residential Life
- Convivial Meals

MERIT

Empowered Staff

- Organizational Design
- Shahbazim Role
- Collaborative Culture

Model Support

- Leadership Support
- Educational Support

Operating

- 233 homes
- On 49 campuses
- In 32 states (AK, AL, AR, AZ, CA, CO, FL, GA, IL, IN, KS, KY, MA, MD, MI, MN, MO, MS, MT, NE, NJ, NY, OH, OR, PA, RI, TN, TX, VA, WA, WI, WY)

In Development

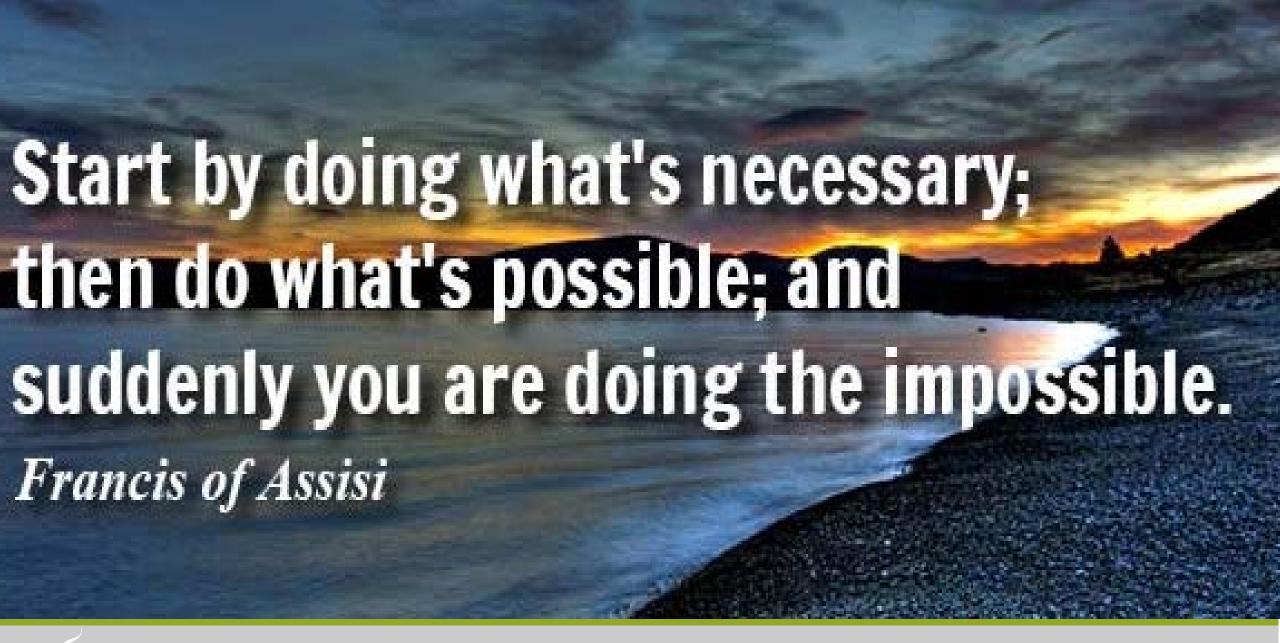
- 150+ homes
- On 24 campuses
- In 3 additional states (NC, NH, NV)



300 Green House homes open in 33 states by 2018!

- 1st 100 GHH:
 - 2003—2011
- 2nd 100 GHH:
 - 2012-2016
- 3rd 100 GHH:
 - 2016-18





Questions?

