



Evaluating THE GREEN HOUSE® Model

As of September 2015, the National Green House Replication Initiative is active in 33 states with 179 homes open and over 150 homes in development.

Evaluations conducted between 2003 and 2012 examined numerous measures of care, satisfaction, and financial performance:

Green House elders relative to comparison group of nursing home residents^{1,2}

- **Improved quality of life:** Green House elders reported improvement in seven domains of quality of life (privacy, dignity, meaningful activity, relationship, autonomy, food enjoyment and individuality) and emotional well-being.
- **Improved quality of care:** Green House elders maintained self-care abilities longer with fewer experiencing decline in late-loss Activities of Daily Living. Fewer Green House elders experienced depression, being bedfast and having little or no activity.
- **Improved family satisfaction:** Green House families were more satisfied with general amenities, meals, housekeeping, physical environment, privacy, autonomy and health care.
- **Improved staff satisfaction:** Green House staff reported higher job satisfaction and increased likelihood of remaining in their jobs.

Green House homes relative to nursing home comparison sites³

- **Higher direct care time:** 23–31 minutes more per resident per day in staff time spent on direct care activities in Green House homes without increasing overall staff time.
- **Increased engagement with elders:** More than a four-fold increase in staff time spent engaging with elders (outside of direct care activities) in Green House settings.
- **Less stress:** Direct care staff in Green House homes reported less job-related stress.
- **Improved care outcome:** Fewer in-house acquired pressure ulcers in Green House homes.

Green House homes versus traditional and other culture change nursing home costs⁴

- **Cost neutral operations:** Green House homes operate at the same median cost as the national nursing home median cost.
- **Lower capital costs:** Green House homes provide private bedrooms and baths and enhanced common space while building the same or fewer square feet than other current culture change nursing home models. Lower square foot costs lead to lower capital costs.

Role of direct-care workers⁵

- **Comparable quality:** Removal of formal nurse supervision of direct care workers did not compromise care quality.
- **Timely intervention:** High level of direct care worker familiarity with elders led to very early identification of changes in condition, facilitating timely intervention.

1 Kane R, Cutler L, et al. "Resident Outcomes in Small-House Nursing Homes: A Longitudinal Evaluation of the Initial Green House Program," *Journal of the American Geriatric Society*, 55(6):832-839, June 2007.

2 Kane R, Cutler L, et al. "Effects of Green House® Nursing Homes on Residents' Families," *Health Care Financing Review*, 30(2):35-51, Winter 2008-2009.

3 Sharkey S, Hudak S, et al. "Frontline Caregiver Daily Practices: A Comparison Study of Traditional Nursing Homes and The Green House Project Sites," *Journal of the American Geriatrics Society*, 59(1):126-131, January 2011.

4 Jenkins R, Sult, T, et al. "Financial Implications of THE GREEN HOUSE® Model," *Senior Housing & Care Journal*, 18 (1): 3-21, September 2011.

5 Bowers B, Nolet K. "Exploring the Role of the Nurse in Implementing THE GREEN HOUSE® Model" University of Wisconsin Unpublished 2009.



THE GREEN HOUSE PROJECT
caring homes for meaningful livesSM

About THE GREEN HOUSE® Model

A GREEN HOUSE® home is a self-contained home for 10-12 people located in clusters of homes and designed to be similar to the homes or apartment building in the surrounding community. Green House home clusters are typically licensed as skilled nursing homes and meet all applicable federal and state regulatory requirements.

Each person who lives in a Green House home has a private bedroom and full bathroom opening to a central living area, open full kitchen and dining room. Elders share meals prepared in the home at a common table. Family members, friends, and staff are welcome to join the community at mealtimes and other activities.

Homes are staffed by a team of universal workers, known as Shahbazim, comprehensive clinical teams, and necessary departmental support. All staff meet certification and educational requirements as required for their roles—e.g., certified nursing assistants (CNAs), nurses—and receive extensive additional training in The Green House principles, practices, necessary role skills (e.g., culinary training for Shahbazim), and the skills required to operate in and with self-managed teams.

Nurses serve each Green House home on a 24-hour basis. One nurse typically covers two homes during the day and evening and up to three homes at night. The other clinical professionals on the team visit the houses regularly and as individual residents require.

The people who live and work in a Green House home collaborate to create a flexible daily routine that meets individual needs and preferences. If they wish, elders can help cook, help with housekeeping and laundry. There is no predetermined routine, facilitating independence and the ability to pursue individual interests and schedules. The combined Shahbaz role puts more direct care hours in the house allowing intensive relationships to form between staff and elders, particularly elders with the highest needs. Deep relationships are the basis for the model's dramatic improvements in quality of life and care.

For more information, visit
www.thegreenhouseproject.org.

