

Research Summary

Since its inception in 2003, The Green House Project has led the creation of 298 homes in 32 states. Research conducted between 2003 and 2012 examined numerous measures of care, satisfaction, and financial performance, as follows:

Green House elders relative to comparison group of elders at a traditional nursing home. (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 wellbeing.
- *Improved quality of care:* Green House elders maintained self-care abilities longer with fewer experiencing decline in late-loss Activities of Daily Living (ADLs). 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 traditional nursing home comparison sites. (3)
- *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-model nursing home costs. (4)

- *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.

The role of direct care workers. (5)

- *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.



**The Green House®
Project**
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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.