The Green House Difference

By the Numbers

Since 2003, elders and their families have experienced the Green House difference for themselves – with private rooms, empowered staff, and welcoming communal spaces, Green House eldercare communities look nothing like the traditional nursing facility and provide a true home for their residents.

But the difference isn’t just subjective. The Green House Project regularly collects data from our partner organizations to track their performance over time, with a particular focus on three key metrics: occupancy, staff turnover, and cost per resident day.

Occupancy

During the pandemic, occupancy at nursing homes – which had already been at cycle lows prior to COVID-19 – fell precipitously as elders, their families, and their physicians increasingly opted for the relative safety of home health. In contrast, Green House skilled nursing homes actually increased their already higher census figures between 2020 and 2021.\(^1\)

\(^1\) Internal Green House data vs. national Centers for Medicare & Medicaid Services (CMS) census figures.
Staff Turnover

Between 2017 and 2018, the overall nursing home workforce had a mean turnover rate of 94%, with 140.7% mean turnover for registered nurses (RNs), 129.1% for certified nursing assistants (CNAs), and 114.1% for licensed practical nurses (LPNs).²

Even during the pandemic, Green House homes reported substantially lower turnover rates: 33.5% for Shahbazim (the model’s term for CNAs), 41.6% for LPNs, and 63.2% for RNs. Those results build on existing research indicating that the Green House’s unique staffing structure results in greater workplace satisfaction and lower levels of stress for frontline caregivers.

COVID Resiliency

By the number of infections and deaths alone, Green House homes produced far superior outcomes during the first two years of the pandemic, as shown below:

These striking results are a combination of design – private rooms and bathrooms provide superior environmental protection compared to industry-standard multiple occupancy rooms – and workforce structure, with lower turnover and the universal caregiver model combining to reduce the opportunities for staff to unwittingly introduce COVID into a community. (For a more complete discussion of the Green House advantage during the ongoing pandemic, please see our full COVID white paper.)

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3 Internal Green House data vs. national data from the Centers for Medicare & Medicaid Services (CMS)
Why These Statistics Matter

- **Occupancy**: For all types of eldercare settings, from nursing homes to assisted living facilities to memory care communities, occupancy means revenue – and empty beds or rooms mean elevated costs.
- **Staff Turnover**: A problem long before COVID-19, retaining frontline caregivers has become even more difficult in the wake of the pandemic. Higher turnover means elevated training expenses, a lack of continuity for residents and their families, and an increased risk of mistakes or substandard care.
- **COVID Rates**: In addition to the clear health and safety advantages for both elders and staff, substantially lower COVID rates help operators to maintain public trust and admission flows.

Conclusion

For nearly two decades, The Green House Project has received praise and positive media coverage for bringing the humanity back to eldercare. But while the model itself is a major departure from the status quo, the math behind it is quite straightforward: Operators that adopt Green House principles find themselves with fuller communities, a more engaged and satisfied workforce, substantially lower risk of COVID outbreaks, and costs that are either in line with or lower than traditional facilities, which typically operate with much greater overhead.

Simply put, GHP works for elders, families, and the people who care for them, providing a sustainable model for housing our neighbors who need extra day-to-day supports.