

Small-House Nursing Homes and Green House ®

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The Model—in a Nutshell

- NH-home level of care provided in small homes
 - (7 to 12 residents per house)
 - Green House ® is trade-marked version
 - 1 or more are licensed as a NH or part of a licensed NH
- Each house is self-contained with dedicated front-line staff (CNA-level) who do not report to RN
- All professionals required for NHs are part of clinical support team visiting small houses
- Emphasis on quality of life and individualization
 - All private rooms and full private bathrooms
 - Meals cooked in residential kitchen with resident access



Photo by: The Green House Project
Waterville, NY







Outcomes for 4 GHs in Tupelo

- 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 the Model

- Tupelo experience
 - original 4 GHs built in 2003, house 40 residents
 - by 2006, 6 more 12-person GHs built & 24 beds in original NH
 - joint venture with NGO to replace a community NH with 6 GHs
- GH Rapid Replication Project
 - RWJF funding/Capital Impact managing
 - 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 assisted living has been developed
- Avalon by Otterbein (small-house NHs away from LTC campuses; 16 operating in 4 projects, and more planned)
- Scope & nature of NH small-house adoption unknown

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

Implications for Front-line Staff

- Elder assistant job—i.e. CNA—upgraded
 - more empowerment & responsibility
 - “universal worker” role
 - more initial & ongoing training
 - culinary skills, communication skills, observational skills, distinctions between care & treatment
 - self-directed work teams of CNAs in each house
 - self-scheduling, rotating leadership roles
 - Competency definitions & testing ??

Professional Roles Transformed

- administrator (s)
 - needed new leadership style,
 - CNAs report to administrator
- nursing
 - DON role needs work; DON turnover
 - licensed nurses do modeling & teaching
 - central MDS coordinators: are they needed?
- other roles need reinvention
 - social work, activities, therapy, dietary, pharmacy
 - medical director (possibilities & challenges)
- training in how to delegate needed



For more information:

- email Rosalie Kane
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- Minnesota website for references & publications
<http://www.hpm.umn.edu/lrcresourcecenter/>
- 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://juderabig.com/index.html>