

- Susan Frazier, RN, MA
 Senior Director, The GREEN HOUSE Project
- Cheryl VanBemden, RN
 Green House Guide, Porter Hills, Grand Rapids, MI
- Marla DeVries
 Resource Development Director, The GREEN HOUSE Project

THE GREEN HOUSE PROJECT caring homes for meaningful lives."



Session Goals

Two emerging themes on Culture Change based on recent research:

- Transformation that radically and comprehensively addresses the physical, philosophical and organizational design components creates opportunities for greater impact on quality and costs.
- The manner in which decisions are made, and problems are solved, proves to be pivotal in influencing sustainability of culture change.



Green House Transformation

- Builds on the Eden Alternative
- Greenhouse: nurtures plants
- Green House: nurtures people
- Radical paradigm shift about how we think about care, within current regulatory and reimbursement structures
- Simultaneous transformation
 - Architecture
 - Philosophy
 - Organizational structure





The Green House Model Core Value: Meaningful Life

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The Green House Model Core Value: Empowered Staff
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The Research Initiative Valuing Eldercare

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

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Care Process Variations
Within the Green House Model

Findings from the THRIVE Collaborative

THRIVE: The Research Initiative Valuing Eldercare

Funded by the Robert Wood Johnson Foundation

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Hospital Transfers and Care Processes

How might the Green House model influence resident clinical outcomes, specifically contributing to hospital transfer rates?

Why are there variations in resident outcomes across the 'same' culture change model?

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Methods

Interviews (N=84)

25 shahbazim

18 nurses

26 department heads

15 Admins, DoNs, MDs, NPs

THRÍVE

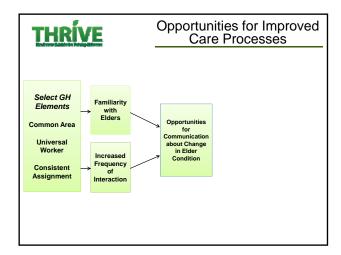
Green House Creates Opportunities

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Physical Structure

- Structure
 - Single entry
 - Resident and visitor common area
 - Use of table/central space
- Impact
 - Unable to hide
 - Bumping into each other

THRÍVE _	Influential Elements	
Elements Implemented Consistently/ Universally	Elements Implemented with Moderate/High Variability	
Shahbazim consistent assignment	Shahbazim empowerment	
Shahbazim universal worker role	Nurse consistent assignment	
Small number of elders	Central front door as only entry	
Small house	Use of doorbell	
Common kitchen and hearth area as central hub		





Use of Opportunities

THRÍVE

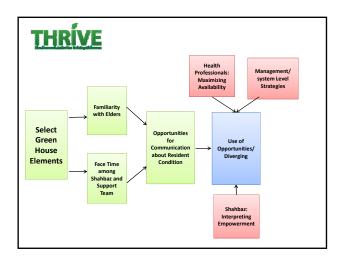
Therapists, Nurses, Administrators

- Deliberate scheduling
 - Mostly therapists
- Limiting number of providers
 - Minimal on call PCPs
 - Minimal admitting PCPs
- Negotiating with PCP practice over accessibility (NP)
- Nurse skill mix

THRÍVE

Shahbazim Empowerment

- Empowerment as 'I get to decide'
- Empowerment as 'I am a responsible team member. I work most effectively with others, recognizing and accepting the skills others have.'



THRÍVE

Hospital Transfer

- Early communication about condition change
- Collaboration across disciplines on solution
- Trust between PCP and staff
- · Family trust in staff
- · Staff commitment to elder
- Empowerment as team player

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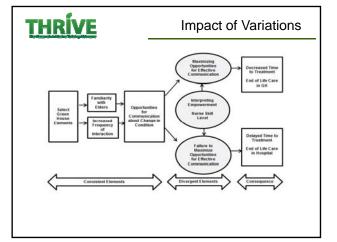
Delays and Transfers

- Shahbazim delay in communicating with nurse
- Physician not confident in nurse ability
- Physician not familiar with staff
- Staff uncomfortable approaching PCP
- Multiple providers involved

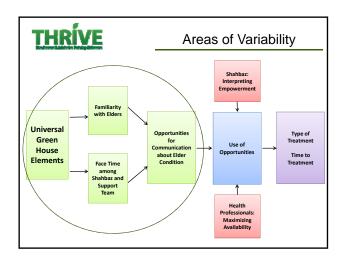
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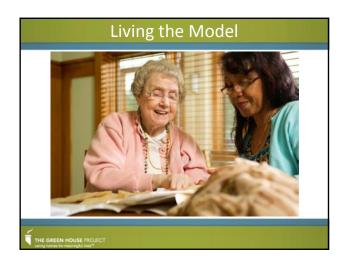
End-of-Life Care

- Knowing what the elder and family prefer
- · Commitment to relationship
- Ease talking to families (physician)
- · Family comfort with staff
- Knowing what the staff can do (either way)

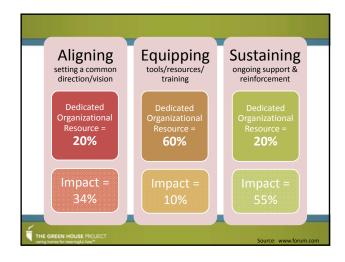


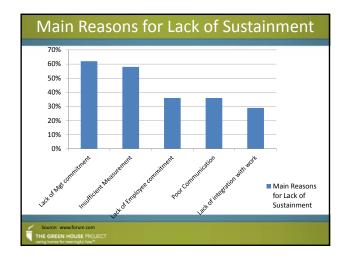
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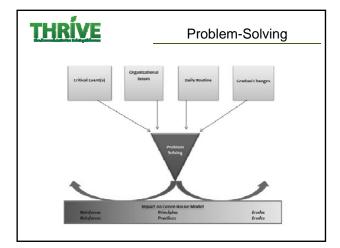
Sustaining the Green House Model Methods Observations and on-site interviews with 166 staff in 11 Green House homes



Data and Questions

Staff Interview

- What is important about the Green House model?
- When is it difficult to adhere to the model?
- In what ways does your home differ from the model?
- Why did that variation occur?



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Types of Problems

Critical Event: requires immediate response

e.g., survey citation

<u>Organizational Issue</u>: higher level pressures from the organization

e.g., staying on budget

<u>Daily Routine</u>: challenges organizing workload

• e.g., time for adequate cleaning

 $\underline{\text{Gradual Changes}} :$ challenges of low consequence in short-term that build over time

• e.g., rising resident acuity

THRÍVE

Conclusions

- Critical events, organizational issues, daily routines, and gradual changes present a nexus for decisionmaking that can erode or reinforce the Green House model
- Problem solving that is consistent with the principles of the Green House model can reinforce the model
- Some decisions may have a mixed effect, and need to be carefully monitored

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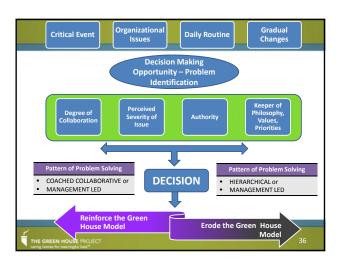
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Factors to Sustaining or Eroding...

- Degree of Collaboration
- Perceived Severity of Threat
- Authority in Decision Making
- Keeper of Philosophy, Values, and Practices



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Living the Model



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The Green House Response

- Model Integrity Assessment Tool living out the values and practices of the model
- Coaching Approach to Sustaining Change



