Inside the Black Box of Green House Homes – the Impact of Decision Making in Reinforcing or Eroding Culture Change Sustainability

• 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

“What if we don’t change at all ... and something magical just happens?”
Session Goals

Two emerging themes on Culture Change based on recent research:

1. Transformation that radically and comprehensively addresses the physical, philosophical and organizational design components creates opportunities for greater impact on quality and costs.
2. 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
The Green House Model Core Value: Empowered Staff

The Green House Model Core Value: Real Home

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
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

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?

Methods

Interviews (N=84)
25 shahbazim
18 nurses
26 department heads
15 Admins, DoNs, MDs, NPs
Green House Creates Opportunities

Physical Structure

• Structure
  • Single entry
  • Resident and visitor common area
  • Use of table/central space

• Impact
  • Unable to hide
  • Bumping into each other

Influential Elements

<table>
<thead>
<tr>
<th>Elements Implemented Consistently/Universally</th>
<th>Elements Implemented with Moderate/High Variability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shahbazim consistent assignment</td>
<td>Shahbazim empowerment</td>
</tr>
<tr>
<td>Shahbazim universal worker role</td>
<td>Nurse consistent assignment</td>
</tr>
<tr>
<td>Small number of elders</td>
<td>Central front door as only entry</td>
</tr>
<tr>
<td>Small house</td>
<td>Use of doorbell</td>
</tr>
<tr>
<td>Common kitchen and hearth area as central hub</td>
<td></td>
</tr>
</tbody>
</table>
Opportunities for Improved Care Processes

- Select GH Elements
- Familiarity with Elders
- Increased Frequency of Interaction
- Opportunities for Communication about Change in Elder Condition

Use of Opportunities

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
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.'

Select Green House Elements

Familiarity with Elders

Face Time among Shahbaz and Support Team

Opportunities for Communication about Resident Condition

Use of Opportunities/ Diverging

Shahbaz: Interpreting Empowerment

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
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

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)

Impact of Variations
Universal Green House Elements

Areas of Variability

- Familiarity with Elders
- Opportunities for Communication about Elder Condition
- Use of Opportunities
- Type of Treatment
- Time to Treatment
- Health Professionals: Measuring Availability
- Shahbaz: Interpreting Empowerment

Living the Model

Sustaining Change

What is Sustainability?

Sustaining behavior change...

- ...takes investment in time and resources
- ...requires a disciplined approach to measurement
- ...takes buy-in from management

Sustain: to keep up or keep going, as an action or process
http://dictionary.reference.com/browse/sustain
Aligning
setting a common direction/vision

Equipping
tools/resources/training

Sustaining
ongoing support & reinforcement

Dedicated Organizational Resource = 20%

Impact = 34%

Dedicated Organizational Resource = 60%

Impact = 10%

Dedicated Organizational Resource = 20%

Impact = 55%

Main Reasons for Lack of Sustainment

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?

**Problem-Solving**

**Types of Problems**

- **Critical Event**: requires immediate response
  - e.g., survey citation

- **Organizational Issue**: higher level pressures from the organization
  - e.g., staying on budget

- **Daily Routine**: challenges organizing workload
  - e.g., time for adequate cleaning

- **Gradual Changes**: challenges of low consequence in short-term that build over time
  - e.g., rising resident acuity
Conclusions

• Critical events, organizational issues, daily routines, and gradual changes present a nexus for decision-making 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.

Acknowledgements

The work of the THRIVE collaborative is supported by the Robert Wood Johnson Foundation.
The authors acknowledge the contribution of the THRIVE Collaborative, composed of Barbara Bowers, Patrick Brown, Lauren Cohen, David Grabowski, Susan Horn, Sandy Hudak, Kimberly Nolet, David Reed, and Sheryl Zimmerman.
Thanks also are extended to Siobhan Sharkey for her influence on the direction of this work, and Amy Elliot for her earlier contributions.
In addition, the authors thank the participating individuals for their effort to promote better care and quality of life for people receiving support in these and related settings.
Factors to Sustaining or Eroding...

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

Living the Model

The Green House Response

- Model Integrity Assessment Tool – living out the values and practices of the model
- Coaching Approach to Sustaining Change
Factors Influencing Substantive and Sustainable Change

Conditions for Empowerment
- necessary for an empowered workforce

Decision-making
- erodes or reinforces change – one decision at a time

Comprehensive Change
- creates opportunities

Intention and Systems
- to monitor and manage success

Decision-making...erodes or reinforces change – one decision at a time

SUBSTANTIVE AND SUSTAINABLE CHANGE

THE GREEN HOUSE PROJECT
www.greenhouseproject.org