The Green House Project

By Betty Streckfuss, RN, TSHL Speaker ProTem

The   Green House Project has a mission that states, " people and communities reach their highest potential at every stage of life". The focus is on low income aging persons with hopes of partnering with states, providers and communities to develop programs and innovations allowing control and resources be in the hands of their residents in a non-traditional setting with education, housing, primary care and long term care.

Green   House projects believe in the necessity of nursing homes that deliver good quality   of life and jobs. They attest to having all requirements necessary to their plan; knowledge, talent and resources. Certainly transformation is needed within current nursing home regulations and reimbursement services. To achieve those changes a new philosophy of care will be necessary, along with architectural revision and structural changes in the very organization of retirement or skilled care facilities.

They believe the "full transformation is key to sustaining change and capturing the long term care market advantage". The sense of 'identity' that comes from a real home atmosphere in a small town setting offers a sense of control to residents. By becoming well known to each other, it is felt people will engage in relationships that require small homes with constant and consistent staffing. The "Real Home" feeling is an essential component of Green Houses.

The present sites offer settings similar to single family homes in rural and suburban areas based on a low-rise, garden apartment style, even in densely populated urban areas. Staffing is critical as direct staff work in self-managed teams. Flexibility allows staff to reorganize continuously to meet resident preferences and wishes. All staff are trained in philosophy, principles, practices, coaching and self-management skills.

A survey by Rosalie Kane, et al in 2007 reported in the Journal of Geriatric Society that improvements were recognized in quality of life, quality of care, improved life style of staff quality and family interaction. It was also noted that capacity of elders to maintain activities of daily life continued longer when more time could be given each resident, a 4x more one on one time occurred between staff and elders. Although the mix of acuity was the same as in traditional homes incidence of pressure ulcers was 0 in GH homes to 4.2% in traditional units and hospitalizations were 30 to 75% fewer with Medicare/Medicaid Savings at a potential 1.4 to 2.3 thousand annually per senior.

Core labor costs were cut only slightly in Green Homes but food service and eating assistance along with other 'direct care' were increased to about 90 minutes per resident. Capital costs are structural (all private baths) to private rooms and the neighborhood concept.

Summary:
Nursing Homes will continue to be necessary in long term care as Medicare/Medicaid focuses on cost containment and shared savings. State could benefit by assisting nursing home providers transition to the new model, with states partnering with CMS in new test models. Together state regulations, focused lending programs and working demonstrations can facilitate transformation of the present Nursing Home Model.

References:

Joint Legislative Committee On Aging Interim Report, March 2012

http://www.senate.state.tx.us/75r/senate/commit/c802/c802.htm

http://www.house.state.tx.us/committees/committee/?committee=802&session=82

Journal of American Geriatrics Society 2010, Siobhan Sharkey et al, unpublished 2012

Additional reading:

http://thegreenhouseproject.org/

http://www.huffingtonpost.com/2011/11/02/green-house-project-longterm-eldercare_n_1070458.html

http://changingaging.org/the-green-house-project/

Are you interested in learning more about the needs, services and potential of "third age" generations? The TSHL Academy offers an online education program. Please click on www.tshlacademy.org and review the courses.

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