



Pioneer Network's Small House Webinar Series

Webinar #2:

Creating Home: Lessons Learned from Small House Models

Questions & Answers

1. Question: My organization currently trains providers of Adult Family Care Homes and small ALF's. By size, they fit the model; but what do you see as the biggest hurdle to working with these homes to implement Small House, i.e. culture change principles & practices?

Answers:

Megan Hannan: The challenge I experience is “just because we are in a small house of course daily life will be directed by the elders.” It is the challenge of assumptions. Do not assume, discuss your vision of daily life with elders, families and staff. Leaders need to facilitate this, create the opportunities to make it happen, and follow up to see that it is happening.

Personal transformation of all involved in imagine, and then create the opportunities for elders to be in charge of their day, make even the simplest of choices. This is hard for staff sometimes because even in a small house they know they are doing their job if the resident is up and if they are eating – however if I have to wait – then how do I know I am doing my job?

Organizational reframing – leaders/owners have to expect certain behaviors – asking elders, waiting for them to awaken before going into their rooms and turning the lights on – teach and support these behaviors, and facilitate a team environment where everyone learns skills in problem solving together. Then the team grows to expect these behaviors of each other, question, support, give feedback.

Ruta Kadonoff: Adult Family Care Homes and small ALFs can certainly work to adopt the core philosophy and principles of THE GREEN HOUSE® model – there are no structural hurdles that come to mind that would prevent adoption of a developmental philosophy of aging or an organizational design that fosters the empowerment of elders and staff in decision-making. The only impediments to creating homes that would be licensed to use The Green House service mark are financial and regulatory in nature. A core principle of The Green House model is a commitment to aging in place and serving elders who move into The Green House home for the duration of their lives. Given the variation in state regulations regarding licensure of Adult Family Care and Assisted Living homes, aging in place is not possible under some state regulatory requirements. Additionally, even when state regulations are flexible enough to permit aging in place, the lack of consistently available sources of payment other than the elders' personal funds (e.g., Medicaid) can limit

an organization's ability to commit to allowing elders to remain in the homes through the end of life if their personal funds are depleted.

2. Question: How large a staff is typical during waking and sleeping hours??

Answers:

Megan Hannan: It all depends on the size of the household. In this model more staff work closer to the elders, so for instance you have a homemaker who's role is a blend between dining aid/cook and housekeeping – most households have 8-12 hours of this role in day/evening, that person would be part of the household team in addition to hands on caregivers, life enhancement staff, Household and clinical leaders as well as nursing staff

Ruta Kadonoff: Staffing expectations in The Green House model are 4 hours of Shahbazim time per elder per day, plus 1 – 1.2 hours of licensed nurse time per elder per day. This generally equates, in a home serving 10 elders to 2 Shahbazim during waking hours (day and evening “shifts” – though there is flexibility to alter the structure of typical shifts with regard to timing based on elder needs) and 1 Shahbaz overnight. A licensed nurse typically serves 2 Green House® homes during day and evening hours and 2-3 homes overnight.

3. Question: If an elder is self-paying to live in a Green House or Household Model home, how does the cost compare to other LTC alternatives? What about the cost to other payers e.g., government?

Answers:

Megan Hannan: This varies by organization and is no different than other private pay models in the country. Different states have different laws regarding what you can and cannot charge for private pay vs. Medicaid

Ruta Kadonoff: The costs of care to elders and other payers in The Green House homes is determined by the operating organization and so, varies widely and is difficult to generalize. As with most nursing home care, in states where Medicaid rates are particularly low, providers often rely on cross-subsidies from private payers and Medicare to break even for providing care that is underfunded by the Medicaid system. Across The Green House project's provider sites, there are a range of approaches to private pay rates, dictated by the overall financial picture for each organization. In some cases, care in The Green House home is provided at the same payment rate as care in the traditional nursing home operated by the same organization, while in others the rates are slightly higher for care in The Green House home. Costs to government payers remain the same for The Green House homes as they are for traditional nursing home care, since The Green House homes are generally licensed as skilled nursing facilities and thus fall within the same payment rate structure as other nursing homes in the same geographic area.

4. Question: Is there a business case that can be made for the Medicaid provider for this model or is this model only for those who can pay the price?

Answers:

Megan Hannan: Many households serve those who pay privately as well as those who utilize Medicaid to cover their expenses. Please refer to the resource: The workbook: [The Household Model Business Case](#) by Steve Shields and David Slack is available at www.CultureChangeNow.com.

Ruta Kadonoff: The Green House Project offers one-on-one technical assistance to determine financial feasibility using a detailed and powerful financial model. The model uses inputs from local costs and expected revenues so that the answer is relevant to the specific location, organization, and payer mix. There are existing sites within The Green House project which operate with a high percentage of elders relying on Medicaid for payment of their care. We will develop a more generic business case based on current financial data collection initiatives. These initiatives, in field pilot stage now, will eventually collect, compare, and benchmark operating results from all open Green House homes. A business case or similar document should be available in late 2009 or early 2010. For more information regarding the Green House financial model and technical assistance or joining the Green House Project, please contact Marilyn Ellis at mellis@ncbcapitalimpact.org.

5. Question: What are IDM and TMA?

Answer:

Megan Hannan: I don't see IDM anywhere in the slides – it may be LPN on the organizational chart that I projected. TMA is an acronym for medical assistant which is an additional training post CNA to pass medications. Several states utilize TMAs or sometimes called CMA's who are certified through a state approved class to pass medications when supervised by a licensed nurse. Many households across the country take advantage of this as an opportunity to cross train; share the work of medication passes.

6. Question: What do you do in regards to the cross training of the versatile workers when you are a government organization with unionized employees that have set job descriptions and a contract that you have to abide by as a manager or director of nursing?

Answers:

Megan Hannan: The process for making any deep change is high involvement. Engaging all stakeholders to inspire a shared vision and then detail the step-by-step actions to enable that vision include the unions. When the vision of those roles being different is clear, the union's needs are clear, the parties involved can go to the table to discuss how to make it work. Many households have a variety of unions involved in those organizations. Organizations without unions have to do similar things in terms of figuring out new job descriptions, competencies, and wage structures.

Ruta Kadonoff: The process of transitioning to operations under The Green House model involves many changes to organizational structures and systems, including the way work and jobs are defined. In an organization operating in a unionized environment, a critical part of that transformation includes working closely with the union(s) in place to educate them about the change the organization is seeking to create and achieve buy-in for the effort. There are current sites within The Green House project that have successfully partnered with their unions to revise job descriptions and classifications as well as union contracts to accommodate the transition to a universal worker approach.

7. Question: What is the average number of hours per resident day provided in Green House and Household?

Answers:

Ruta Kadonoff: Staffing expectations in The Green House model are 4 hours of Shahbazim time per elder per day, plus 1 – 1.2 hours of licensed nurse time per elder per day.

8. Question: How does a new elder select which household they want to live in?

Answers:

Megan Hannan: This all depends on where in the process an organization might be. Generally in household organizations the process of envisioning, learning, designing, and being ready to move in takes place over a stretch of time. Elders, families, and staff are all involved in that process. How elders will decide where to move to all depends on what is happening with when houses are ready and who may need to move simply due to structural issues. Many household organizations are remodeling and need to move folks in order to do the remodel – these factors may affect who moves where. In other situations, organizations have used a process whereby staff and elders make some choices (1st, 2nd, 3rd) about who they want to live with or work with, and then do their best to get everyone a first or second choice. Once households are established, move in is similar to in a regular nursing home – there has to be an opening in a household. Elders do not move from house to house in order to make “room” for the right person. Roommate issues are often very different because the percentage of private rooms in most houses is close to 100%.

Ruta Kadonoff: When an organization undertakes a transition from traditional operations to implementation of The Green House model, a component of the planning process includes creating a structure by which to determine which elders and which staff will live and work in which home. Each organization approaches this process differently based on their unique needs and circumstances. The Green House project team works with each project site to share lessons learned and to help craft a process that will be workable for all involved.

Following an initial transition, when an elder is considering moving to a Green House® home that is already operational, the process is not dissimilar from similar decisions in more traditional environments. The elder and/or family generally visit the home and assess fit based on their own set of criteria. The Green House homes generally operate at full occupancy, so that at the point when an opening occurs in a given home, an elder may or may not be considering available openings in more than one home at a time.

9. Question: There is a model/set of principles guiding these models. What did you think would happen using this model/principle and what did not work how you thought it would?

Answers:

Megan Hannan: I can only speak for those household organizations that we have worked with directly and so far the outcomes and how we thought it would work have been “better than we ever dreamed.” As I mentioned in the webinar, my observations are that organizations that build the bricks and mortar but do not invest in facilitating the new vision and culture, teaching and practicing shared leadership, and growing skill sets around team behaviors and processes have missed the boat. We are often willing to spend millions of dollars on buildings and very few dollars respectively on the people in the buildings. When

this is true – the model is not the model it is a building that looks like a household but acts like a regular institutional nursing home.

Ruta Kadonoff: By and large, the implementation of The Green House model/core principles has been consistent with our expectations – that small environments returning control and power to elders and those working most closely with them would lead improved quality of life and quality of care for elders, as well as higher satisfaction for staff and families. The study conducted by Dr. Rosalie Kane from the University of Minnesota, available at www.thegreenhouseproject.org, documents these results.

Two areas that perhaps did not receive sufficient attention in the early phases of developing the model and working with early adopters to support their transition to The Green House model of care were the role of nurses in this new structure and the impact of death and dying in The Green House home, on staff as well as on other elders.

With regard to the role of nurses, early work on development of the model was based on the assumption that the nurses' role did not change drastically and that he or she would easily and seamlessly transition to providing clinical services in this new context. In fact, we now know that the radical transformation of every aspect of organizational structure in The Green House model does affect all staff and that it calls on them to fundamentally change their thinking and their practice. This shift in thinking and being for nurses is perhaps no less profound in many ways than it is for the Shahbazim. Our current educational program and package of technical assistance services to The Green House project sites recognizes the enormity of this change and seeks to provide organizational leaders as well as nurses with greater clarity, and with resources to help nurses make this transition more effectively with greater support for success in their new roles.

Second, the impact of death and dying in this setting has been far more dramatic and difficult than we were able to foresee. Naturally, a consequence of fostering an environment of close, profoundly “knowing” community among elders who live within a home and staff who work there ultimately results in a much more profound feeling of loss upon an elder's death than what is common in many more traditional institutional settings. Each member of the community is precious to all of the other members and his or her passing has a significant and lasting impact on those who remain. We are currently working with our Green House® project peer network to determine what we might collectively do to help provide additional support for staff and elders around this challenge.

10. Question: What does the household model say about private rooms and baths?

Answer:

Megan Hannan: We, at Action Pact, encourage all organizations to include private rooms and baths whenever possible. When an organization is remodeling an old building the opportunities for this may not be available. It is also important that privacy be a key principle in all design and in all practices – so I have seen for instance places where there is a private bath but staff are still pushing someone covered in a bath sheet in the shower chair down the hallway to the tub room. So our approaches to how we serve the elders in the most private ways are just as much an opportunity to change and grow as are providing private rooms.

11. Question: Where can the Rosalie Kane and other studies be found e.g. full text?

Answers:

Megan Hannan and Ruta Kadonoff: The Kane study can be accessed through the Pioneer Network, www.pioneernetwork.net, Green House Project, www.thegreenhouseproject.org, and Action Pact, www.CultureChangeNow.com, web sites.

Megan Hannan: Other studies include the following:

- “Household Model’s Impact on Quality of Care Impresses” by Marilyn Oelfke, Culture Change Now, Special Household Edition, 2008 (\$15, www.culturechangenow.com)
- “Better Than We Ever Dreamed” by Linda Bump Culture Change Now, Vol. 1, 2001 (Reprint \$12, www.culturechangenow.com).
- Resident Outcomes in Small-House Nursing Homes: A Longitudinal Evaluation of the Initial Green House Program, Kane, R.A., Lum. T. Y., Cutler, L. J., Degenholz, H.B., & Yu, Tzy-Chyi (2007). Journal of the American Geriatrics Society, 55 (6): 832–839, (PDF available without charge at www.thegreenhouseproject.org)

12. Question: How does the cost compare with group homes for children with special needs?

Answer:

Megan Hannan: Our reimbursement systems are very different and I couldn’t begin to compare those two entities.

13. Question: I can see how you can do this with assisted living residents; how does it work with residents who need skilled nursing care?

Answers:

Megan Hannan: Although we do work with assisted living, 99% of the households listed in our directory, including Green Houses®, are specifically designed for the frailest elders and are licensed as skilled nursing homes. It works wonderfully as you heard. The stories that both Ruta and I shared were all from skilled nursing households. In fact I think we have really marginalized elders in skilled care – their inabilities to engage with life I believe, are a direct result of institutional living.

Ruta Kadonoff: The Green House model is specifically targeted at the transformation of skilled nursing care and designed to serve elders who need nursing facility services. There are several examples of The Green House homes operating under assisted living and adult family home licensure, but they are the exception rather than the rule. The model is designed to meet all regulatory requirements for skilled nursing care – in fact, the Centers for Medicare & Medicaid Services (CMS) have expressed the opinion that there are no barriers to the certification of The Green House homes as skilled nursing facilities (for a copy of this letter, see The Green House project website at www.thegreenhouseproject.org). Staffing ratios of both Shahbazim and direct care licensed nursing staff are higher in The Green House homes than in average nursing facilities (according to national data sets). Operationally, this means that elders living in The Green House setting have access to the same or better level of support and skilled nursing care as other nursing facility residents across the nation and, we believe, can be better served in an environment that looks and feels and feels more like home than hospital.

14. Question: What is the average size living area recommended for each elder resident in terms of square footage?

Answers:

Megan Hannan: Square footage depends on the organization doing the households; in retrofitted or remodeled households there is already a limitation of the existing footprint.

Ruta Kadonoff: The Green House homes range in size depending on a variety of design decisions made by organizations planning their homes, site specifications, and cost factors. We operate under the principle in all things, however, that “smaller is better” and encourage design that keeps common areas compact and cozy, decreasing distances in the home to the greatest extent possible. A typical Green House® home for 10 elders ranges from about 6300 – 7000 square feet.

15. Question: We are an 8 resident stand alone retro fitted home in a neighborhood open for a little more than a year (not part of a CCRC, or group of homes); are there any others in the same boat?

Answers:

Megan Hannan: I am familiar with several homes in this model all across the country. Many of them are designed to serve people who live with dementia. Others are small board and care homes like Nora Gibson mentioned in her opening.

Ruta Kadonoff: All Green House® homes to date have been purpose-built new construction – we do not have any current project sites utilizing retrofitted homes. The smallest Green House® project site includes just 2 homes, and is licensed as Adult Family Care in the state of Washington. Most Green House® project sites, however, do involve a number of homes co-located on one site (anywhere from 2 to 10 homes at present), often co-located with other care settings including traditional nursing care, assisted living, and/or independent living.

16. Question: What is the average pay for a shahbaz?

Answer:

Ruta Kadonoff: The Green House project does not stipulate compensation rates for Shahbazim – they are set by each operating organization and are consistent with their local and organizational compensation structure. We have not collected this information at a site-specific level in order to be able to provide an average rate. The only requirement The Green House project stipulates for adopters licensed to use The Green House trademark in connection with their services is that Shahbazim are to receive an increase in pay relative to the pay rate for certified nursing assistants working in the organization, in recognition of the enhanced training (generally 120 hours of education beyond the CNA requirements), additional responsibility and expanded role of the Shahbaz.

17. Question: Do staff "live in"?

Answer:

Megan Hannan and Ruta Kadonoff: Staff do not “live-in” either the households or The Green House homes.