



KEY POINT SUMMARY

OBJECTIVES

To provide a description of the GH model of nursing home care while examining how various GH homes differ from this model and one another.

DESIGN IMPLICATIONS

Private residential rooms and bathrooms, access to protected outdoor areas, open and physically attractive interior spaces, and accessible kitchens could all greatly enhance the elderly care experience for both residents and staff. Overhead paging systems were only present in a small amount of GHs and were generally disfavored and often unused; paging systems may not be necessary in smaller residential care facilities.

The green house model of nursing home care in design and implementation

Cohen, L. W., Zimmerman, S., Reed, D., Brown, P., Bowers, B. J., Nolet, K., ... & Horn, S. 2015 | *Health Services Research* Volume 51, Issue S1, Pages 352-377

Key Concepts/Context

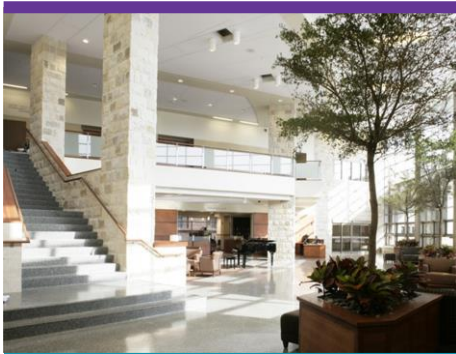
The Green House (GH) model of nursing home (NH) care is a trademarked model created in 2012 that seeks to undo the social stigmas and inefficiencies commonly associated with NHs. GH homes are marked by smaller-sized homes (10-12 residents) located in community neighborhoods, personalized care procedures that are tailored to individual patient needs, and 24-hour nurse availability. Previous research has revealed mixed findings with regard to the effectiveness of the GH model, and the authors believe that this is due to differing interpretations and implementations of the GH model.

Methods

Staff members from 12 GH organizations based in 11 different states participated in structured interviews with the authors. These interviews scored GHs based on the availability of 11 different forms of freedom available to residents, while also collecting scores based on the availability of 15 different areas in which residents are permitted to contribute to household decisions. Additional semi-structured interviews were also conducted on-site at nine GH locations using open-ended questions to gather qualitative data. All GHs involved in the study were compared to other NHs in their respective states using secondary data.

Findings

The vast majority of GH homes involved in this study proved to be nonprofits that were either affiliated with religious organizations and/or continuing care retirement communities. All participants adhered to the small-size (10-12 bed) and private room aspects of the GH model, which pleased residents. All GHs also featured open kitchens, 75% of which granted both elders and their families access. Some 75% of GH homes involved in the study had protected outdoor access for residents. Sixty-seven percent of GH homes offered significantly more choice in



The Center for Health Design:
Moving Healthcare Forward

The Center for Health Design advances best practices and empowers healthcare leaders with quality research that demonstrates the value of design to improve health outcomes, patient experience of care, and provider/staff satisfaction and performance.

Learn more at
www.healthdesign.org

waking hours, while 87% offered more choices for bedtime hours. Nearly all GH homes involved in the study held group discussions in which residents made most house decisions, while staff provided input 24% of the time. The authors believe these findings help reveal how GHs function and how their policies relate to improved patient experiences.

Limitations

Only secondary data concerning non-GH homes were used for comparative analysis, rather than equal assessments through interviews and on-site visits; this could lead to inaccurate representations of non-GH homes.

The Knowledge Repository is provided with the funding support of:



Additional key point summaries provided by:

