

# No medical model for Green House homes

More flexible schedules may make residents healthier, happier

By MIKE COSTANZA

**N**ew residences designed to give senior citizens alternatives to traditional nursing homes are being built in Rochester.

Meant to be the antithesis of nursing homes, Green House long-term care facilities accommodate no more than a dozen residents in home-like surroundings designed around kitchen and living areas.

"It would be very much like you're living in your own house," said Rebecca Priest, administrator of skilled services for St. John's Home, a Rochester senior services provider.

St. John's Home opened two Green House residences in Penfield in early 2011. The presence of the 10-bed homes could reflect a significant shift in the way the Rochester area's seniors receive skilled nursing care, especially in the future. **Jewish Senior Life, for example, plans to break ground on another 14 Green House residences in 2015.**

Skilled nursing facilities provide medical treatment, meals and other residential care to those who are unable to live independently.

"They need 24-hour nursing support and help with activities of daily living," explained Priest, whose non-profit provides a total of 475 skilled nursing beds in the Rochester area.

Daily activities include bathing, eating and other basic tasks that most of us perform regularly without assistance. Traditional residential facilities, which make up the vast majority of those that serve seniors in the United States, generally follow the medical model of care.

**"The medical model is kind of like a hospital,"** said Daniel Katz, CEO of Jewish Senior Life.

Local facilities generally reflect that model. As in many hospitals, rooms often lie along corridors that lead to nursing stations. Staff members, who are segregated by function, treat, cook for, feed and arrange social functions for residents or care for them in other ways. The seniors who live in these facilities often share rooms with others and eat, socialize and engage in scheduled activities.

Green House residences are constructed more like homes, and residents have a great deal of control over their day-to-day lives. Ithaca gerontologist William Thomas M.D. developed the model. He founded the Green House Project, which is headquartered in Virginia, and the Eden Alternative, a Brighton-based non-profit. Both organizations reflect his view that older adults who are given a greater measure of autonomy are happier and healthier.

"Our goal is to eliminate loneliness, helplessness and boredom from the lives of elders," said Christopher Perna, CEO of the Eden Alternative.

Green Houses strive to meet that goal in several ways. Each residence—Green House advocates refuse to call them "facilities"—houses no more than 12 seniors, and they have their own rooms. The rooms are arranged on the perimeter of the building around common kitchen, social and

dining areas. Residents can join together to prepare meals, socialize or engage in other activities when they want to.

"People rise when they want to, go to bed when they want to, eat when they want to," Perna explained. "Elders can actually participate in activities that are personally meaningful to them, that create real purpose in their lives."

A Green House home provides the same services to its residents as a traditional skilled nursing facility, including medical

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Rendering courtesy of Jewish Senior Life

Plans at Jewish Senior Life to build Green House homes like the one above have been in the works for a decade.

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### STAFFING

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spect," said Angie Kettell, vice president of human resources for Episcopal Senior Life Communities. "That is the No. 1 attribute that we look for when hiring for any position."

Episcopal Senior Life offers skilled nursing care and other services to seniors at five Monroe County campuses.

New hires take part in orientation sessions to become accustomed to their new workplace. But some non-profits and businesses go a little further to cement the new relationship. The Friendly Home, which offers residential care and other services to seniors, has a mentor accompany a new nurse or CNA during his or her early days on the job.

"If they bond with that mentor, they're going to bond with the facility," said Maureen Garbach, the Friendly Home's director of health services.

Agencies also regularly reward direct-care staff members for exemplary work and encourage them in other ways to feel good about coming to work. Managers at the Friendly Home, for example, serve bagels, coffee and juice to employees at seasonal parties dubbed "Bagels on the Boss."

"It's just a nice way to start the change of season," Garbach said. "We also have dress-down day every Friday."

Many agencies offer more tangible incentives to their employees, including medical and dental insurance, mileage reimbursements and 410(k) plans. Tender Loving Family Care even has an employee profit-sharing plan. Tuition assistance for those seeking additional job-related train-

ing might come with the job as well.

"Home health aides ... could go back to school via our tuition reimbursement and become a nurse," Burgen said.

Tuition benefits vary among agencies. St. Ann's Community offers up to \$5,000 a year, Bourgen says. VNS also offers a free in-house HHA certification program nine times a year.

"Through it, VNS employees have trained many home health aides who went on to build careers at VNS and work for us for decades," Burgen explained.

While tuition assistance and in-house training can help advance an employee's career, they do little to decrease the stresses that lead to burnout. Recognizing that, D'Andrea's firm meets with its direct care staff to discuss the problems they are encountering.

"We ... try to work through the issues that they may become faced with," D'Andrea said. "We have programs that could offer them support, if they're getting to the point where they're feeling burned out."

These kinds of steps appear to be working for local non-profits and businesses. Home health aide turnover at VNS, for example, is 27 percent, Burgen said. By contrast, a 2007 study by the non-profit Community Health Care Services Foundation showed HHA turnover rates in the United States of up to 49 percent.

Agencies that care for seniors recognize that more must be done to ensure enough direct-care staff to do the job—today and in the future.

"As a community, we need to do a better job of promoting these types of careers and to show that there are career ladders for these types of workers," Kettell said.

Mike Costanza is a Rochester-area freelance writer.

### GREEN HOUSE

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care, but does so without adhering to the medical model.

"In a traditional nursing home, medical care is the end—you come there to get medical care," Priest explained. "In a Green House home, medical care is a means to a meaningful life."

In this context, everyone involved in direct care has multiple roles. A nursing assistant might dispense medications, clean the house, take residents out for walks and help them prepare dinner. The non-medical physical and organizational structure can allow staff and residents to bond more easily than they might in traditional facilities.

"People get to know each other and share more like a family in social activities," Perna said.

Plans to build Green House homes have been in the works at Jewish Senior Life for about 10 years.

"The Green House is really what I would refer to as the ultimate in a person-centered care environment," Katz said. "It's an approach to care that respects and values the uniqueness of the individual."

To make those plans a reality, Katz's organization intends to shift 168 beds from the Jewish Home of Rochester, its 362-bed skilled nursing facility, to the new residences. The project will cost approximately \$100 million and includes the renovation of the entire Jewish Home.

While Katz speaks enthusiastically of the idea of building the Green House residences, he says some seniors might feel more comfortable in the more private environment of a traditional facility.

"Not everybody may choose to live in the Green House environment, so we want to give them that option," he said.

For that reason, the renovated Jewish

Home will include 50 long-term skilled nursing beds in a more traditional setting. Though those staying in that part of the facility will have their own rooms, they will dine together and meet some of the other strictures found in such facilities. Part of the new section will be set aside for suites.

"Each suite would have a bedroom connected to a kind of living room with a sofa and chairs," Katz explained.

The suites will also feature kitchenettes, allowing residents to have their own snacks or offer refreshments to visitors, Katz says. Jewish Senior Life hopes to complete the entire project in 2017.

St. John's had hoped to build additional Green House residences but was stymied by the Centers for Medicare & Medicaid Services. The federal agency recently ruled that the non-profit would need a separate license and a full complement of administrators for each new home it built. It had already secured town and state approvals to build a 20-bed skilled nursing residence in Henrietta and was completing site work on the six-acre parcel.

"The amount of legal and administrative costs that are required ... makes it impossible for this organization to pursue more community-based Green Houses," Priest said.

The roadblock could prove costly to the senior services provider in the long run.

"This is a less costly labor model than traditional homes," Priest said of St. John's Green House homes. "Even those 20 beds in Penfield are operating at about a 2 percent less margin in variable costs than our traditional homes."

While the CMS ruling sets back the Green House plans, it will not kill long-held plans to completely convert St. John's Home skilled nursing operations to an Eden Alternative and Green House model.

Mike Costanza is a Rochester-area freelance writer. Includes reporting by Will Astor.

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