

# The Business of Caregiving

PHI Quality Care  
THROUGH  
Quality Jobs



## The Cottages, St. Martin's in the Pines

### *Building Relationships at Alabama's First Green House Homes*

In 2003, St. Martin's in the Pines, a long-term care not-for-profit organization in Birmingham, Alabama, found itself at a crossroads. As CEO Terry Rogers and St. Martin's Board of Directors began a five- to ten-year strategic planning process, they faced

sidebar on page 3, "The Green House Model of Care"), with its innovative focus on building relationships that foster the personal development and self-actualization of elders and frontline staff alike. Through its journey toward this new vision, St. Martin's has succeeded in

enhancing the work environment and quality of jobs for its staff, with some remarkable results, including a substantially lower turnover rate and higher resident and family satisfaction rates compared to those at the traditional nursing home.

---

*St. Martin's has succeeded in enhancing the work environment and quality of jobs for its staff, with some remarkable results.*

---

a choice: should they continue with initial plans to renovate their 60-year old traditional nursing home or instead seek a new direction? The impetus to continue with tradition was there: St. Martin's had long enjoyed an excellent reputation in the community as a good quality nursing home. However, the planning team sensed a need to change the way they provided services if they were to remain competitive in the upcoming Baby Boomer market. Rather than simply replace the aging facility, they turned to the model of care promoted by THE GREEN HOUSE® Project (see the



Elders and staff from The Cottages enjoy some time gardening.

---

*The Business of Caregiving* is a series of case studies that showcases exemplary employers in the eldercare/disability services industry. The organizations featured in this series have been selected to illustrate a "quality care through quality jobs" approach to sustaining and growing a long-term care business. All case studies, along with slide shows and podcasts, are available online at: [www.PHInational.org/casestudies](http://www.PHInational.org/casestudies). The development of these case studies, along with web-based best practice descriptions, have been funded by the Hitachi Foundation ([www.HitachiFoundation.org](http://www.HitachiFoundation.org)).

## A tradition of quality eldercare

Founded by Reverend David Cady Wright, St. Martin's in the Pines has provided good quality long-term care to elders in Birmingham, Alabama, for nearly 60 years. Wright, an Episcopal priest, sought to create a place where aging, frail parishioners who were living in unsafe homes or without the benefit of relatives to assist them could receive dignified care.<sup>1</sup> The nursing home opened in 1955, equipped with 80 beds. Over time, St. Martin's grew into a retirement community, encompassing services such as independent and assisted living and specialized dementia and Alzheimer's care. Today, it offers a full range of eldercare services (including home care), continuing to provide dignified care to people of all faiths. The nursing home is licensed to provide care to 138 elders.

St. Martin's has also enjoyed a positive reputation as an employer of choice. Staff at its campus number 405 across all of St. Martin's services. Located on 23 acres within an urban setting, St. Martin's draws potential staff members from its surrounding residential areas. Overall the longevity of its staff members averages six years and many staff members have served at St. Martin's for 20 years or more.

---

*As a work environment, St. Martin's is known as a caring place, with open communication channels and supportive managers.*

---

As a work environment, St. Martin's is known as a caring place, with open communication channels and supportive managers. Tijuana Yancey, a certified nursing assistant (CNA) who has been with St.

Martin's for six years, is among many employees who joined the staff at the recommendation of friends. Yancey said her friend spoke positively of the leadership, telling her, "They are good listeners... and they're really family oriented."

---

*St. Martin's is known as a caring place, with open communication channels and supportive managers.*

---

## The Cottages: relationship-centered homes

It was the feel of a true home that made The Green House model appealing to Terry Rogers. Before becoming CEO of St. Martin's in the Pines, Rogers had worked in home health care. Once at St. Martin's, he was impressed by the quality of care and the motivation of staff to provide good care. Nevertheless, he felt the nursing home was "too hospital-like." As he and the board researched models



Terry Rogers, CEO, St. Martin's in the Pines

in eldercare, they learned about The Green House model and decided to see it firsthand. Staff and board members attended workshops on the model and travelled to Tupelo, Mississippi, where the first Green House homes were built in 2003. They returned to St. Martin's assured that The Green House model was the right path for their organization to follow, envisioning a transition to a time when all their nursing home residents would live in Green House homes. As Rogers describes it, "I guess my motivation came from my home health background that said, 'Hey, we can provide quality care in a residential setting,' and then when we figured out

## THE GREEN HOUSE® Model of Care\*

The Green House model of care is the vision of Dr. William Thomas, a geriatrician who has sought to deinstitutionalize the residential care traditionally provided to elders. The model involves changing the *physical structure of the home*, the *way services are organized (including staffing)*, and the *philosophy* behind eldercare to create small communities built on relationships among staff, elders, and their families.

**Physical changes** involve creating houses with a more intimate feel to replace the more impersonal, hospital-like buildings characteristic of nursing homes. Most of The Green House homes are small, typically one story high, although new Green House homes (including those at St. Martin's) have been built as multi-story buildings, in which each floor is occupied by a single household. Each household has a limit of 10 elders and each elder has a private bedroom and bathroom. All bedrooms are organized around a kitchen, living area, and a hearth that serves as the social center for the home. Elders also have access to a screened porch off their living room to enjoy access to the outdoors.

**Staffing structures** in a Green House home also differ greatly from those in a traditional nursing home.

- Highly trained CNAs, known as *Shahbazim*, provide personal care as they did at the nursing home, but also do laundry and prepare home-cooked meals for the elders. All the Shahbazim working at a house (across all shifts) comprise a self-managed work team (SMWT). The SMWT is responsible for scheduling, handling household responsibilities (such as inventory and activity planning), and problem solving.
- A *Clinical Support Team*, consisting of nurses, social workers, therapists, dieticians, the activity director and other clinical professionals, visits each house to tend to the elders' medical needs.
- Rather than being supervised by the Director of Nursing, the Shahbazim are supervised and mentored by the *Guide*. The Guide, like a traditional Administrator, is responsible for the quality of services and operations, including many of the regulatory aspects.
- A *Sage* is a volunteer elder from the local community who serves as advisor and mentor to the SMWTs.
- Nurses and all clinical professionals continue to assess, plan, provide, and evaluate skilled care for the elders living in the homes.

Lastly, **The Green House philosophy** moves away from the fixed schedules for bathing, eating, and sleeping prevalent in nursing homes. Staff instead learn to respond to the individual rhythms of the elders, allowing them to decide on the timing and content of their daily lives. With Shahbazim at the helm and elders able to exercise personal choices, The Green House model allows elders and staff "to focus on living full and vibrant lives."

\*Information on The Green House model of care compiled from [www.thegreenhouseproject.org](http://www.thegreenhouseproject.org)

through learning about The Green House model that nursing homes could be done in a residential setting, wow, it was a home run for me."

The field visit to Tupelo was especially important in winning over leadership and staff. Initially, not

everyone believed The Green House model could be implemented at St. Martin's. "When Terry [Rogers] told us what we were doing, we said, 'You want to do what?'" recalls Mamie Mahone, vice president of human resources and quality management. Once in

Tupelo, though, the visitors from St. Martin's were able to see the model at work. Katrina Scott, a CNA who is now a Shahbaz (see sidebar, page 3) at one of St. Martin's Green House homes, said she "fell in love from day one with what she saw." To keep staff motivated and The Green House



Linda Robertson,  
Corporate Director for  
Culture Transformation  
and Guide at St. Martin's

model in place, Rogers chose the administrator of St. Martin's nursing facility, Linda Robertson, to serve as corporate director for culture transformation at St. Martin's overall and project director for The Cottages at St. Martin's (as St. Martin's Green House community would come to be known).

### Changing the Physical Structure to Create a Home

In addition to being the first Green House homes in Alabama, The Cottages at St. Martin's (The Cottages) are also the first multi-story Green House homes in the country.<sup>2</sup> Most Green House homes are single-story houses located in lower density areas. In the case of The Cottages, the proposed constrained site necessitated a creative approach to building. In addition, the design had to satisfy Green House principles. To ensure these criteria were met, St. Martin's, KPS Group (a local architectural firm) and NCB Capital Impact, the not-for-profit community development organization that works on replicating Green House homes (see "Replicating The Green House Model" on page 11), together created a new design that would serve as a model for future urban Green House homes.

The Cottages is currently made up of a pair of three-story homes, with each floor representing a house. It opened in November 2008, with 60 residents,

---

*In addition to being the first Green House homes in Alabama, The Cottages at St. Martin's are also the first multi-story Green House homes in the country.*

---

10 residents per house. All other components of the original Green House model – the hearth, central kitchen, outdoor space, private bathrooms with private bath – remain part of The Cottages. To ensure that The Cottages did not stand out as a nursing home, architects designed the homes to blend in with the style of many of the buildings found in Birmingham.

### Reorganizing How Care Is Provided to Build Relationships

Shahbazim—highly trained CNAs—provide most of the hands on care to elders at The Cottages. Two Shahbazim per shift (one during the night shift) work together as a team to provide care at each of the six homes. They provide personal care as they did at the nursing home, but also do laundry and prepare home-cooked meals for the elders. They handle much of the planning at the house – organizing activities and handling food inventory.

---

*Shahbazim provide most of the hands on care to elders at The Cottages.*

---

Within the Green House model, the elder to Shahbazim ratio is lower than the elder to CNA ratio at the nursing home. During the day and evening shifts, it is 5 to 1 compared to 7 to 1 (day) and 9 to 1 (evening) for the nursing home; at night, both ratios increase, but The Green House ratio is still lower (10 to 1 compared to 13 to 1 for the nursing home).

Shahbazim for The Cottages were selected in April 2008. Rather than making the shift to The Cottages mandatory, St. Martin's in the Pines' human resources department provided an open invitation to CNAs and housekeeping, laundry, and dietary staff to apply. By opening the application to non-CNA staff, leadership aimed to allay any fears that housekeeping, laundry, and dietary staff at the nursing facility would be laid off after residents moved to The Cottages.<sup>3</sup> St. Martin's paid for staff who were not yet CNAs to get the necessary training to receive their certification. Those on the selection committee chose staff based on the interview process as well as attendance records and the last two years of performance reviews. In addition, Project Director Linda Robertson notes, "You're always looking for a heart. You want someone to have a real desire to want to continue to care for elders."

It was the desire to experience something different that spurred applicants. "I wanted to be part of

---

*St. Martin's paid for staff who were not yet CNAs to get the necessary training to receive their certification.*

---

something new," explains Katrina Scott, who became a Shahbaz at The Cottages. "I wanted to be there for the elders in a different capacity. I love the idea of a home setting to get them away from the traditional nursing home." In the end, human resources experienced little difficulty in recruiting applicants, and interest in working at The Cottages remains high among staff in St. Martin's.

Once chosen, the Shahbazim attended the intensive 120-hour training program aimed at preparing staff to work at The Cottages. The training program lays out The Green House philosophy, roles, and responsibilities. It covers hands on skills such as extensive culinary training, ServSafe® food safety certification (a



The hearth area in one of The Cottages' homes

national food training and certification program), and first aid, and also trains students in dementia care, communication skills (the PHI Coaching Approach<sup>SM</sup>), and skills in working independently as well as on a team.<sup>4</sup>

Skills in communication and teamwork are especially important given that Shahbazim manage themselves in a group, instead of having a direct supervisor such as a charge nurse or director of nursing. All the Shahbazim who work at a particular house across all shifts (usually eight to nine including weekend staff<sup>5</sup>) comprise the self-managed work team (SMWT).

Within the teams, each person plays a coordinator role in areas such as food, scheduling, The Green House environment, personal care, and activities, which rotates on a quarterly basis. Any changes in schedules, absences or vacations or any problems are worked out by those on the SMWTs. The Guide, who is the equivalent of the Administrator, mentors and coaches the team, ensures compliance with requirements, and steps in to help if a particular problem cannot be

---

*Skills in teamwork are especially important given that Shahbazim manage themselves in a group.*

---

## Evidence-Based Outcomes for The Green House Model

Studies have shown positive outcomes for The Green House model when compared to the traditional nursing homes. In one recent longitudinal evaluation, residents at The Green House homes reported better quality of life in areas such as privacy, dignity, autonomy, and food enjoyment when compared to elders at two other nursing homes.<sup>6</sup> They also reported higher satisfaction with their facility as a place to live. Scores for elders at The Green House homes were also better than those of elders living at one or both of the long-term care facilities for measures such as prevalence of bed rest, number of elders failing to participate in meaningful activity, depression, and incidence of decline of such daily activities as eating functions.

Another comparative study involving thirteen organizations (13 nursing units in traditional skilled nursing facilities<sup>7</sup> and 14 Green House homes) showed an increase of 23 to 31 minutes in the amount of time staff spent per elder on direct-care activities and a four-fold increase in the amount of time staff spent interacting with elders outside of direct-care activities.<sup>8</sup> The study also reported a 5 percent rate of facility-acquired pressure ulcers at traditional nursing units compared to none at the Green House homes.

The Green House model has also been lauded for its success in improving working conditions for direct-care workers, especially in terms of worker empowerment.<sup>9</sup> A qualitative study found that quality of care was maintained or improved even though direct-care workers were not formally supervised by nurses.<sup>10</sup> Less stress has been reported by direct-care staff who work at Green House homes compared to those working at traditional nursing facilities.<sup>11</sup>

resolved among the SMWT's members. Sages, who are elders from St. Martin's independent living and the surrounding community, serve as volunteer mentors and advocates to the SMWT. Ultimately, though, Shahbazim are accountable to each other. Shahbaz Katrina Scott notes, "We, as CNAs, were so accustomed to running directly to or rather being run by the charge nurses. Now we self-manage our houses."

The Clinical Support Team (CST), a visiting team of registered nurses, licensed practical nurses, therapists, and other ancillary staff, provides elders at The Cottages with medicines and other clinical care. The CST also includes the Director of Nursing, who serves as the leader of nursing functions. Many CST members previously worked as supervisors at the nursing home, in some cases treating the same elders they are treating now and even working with the same group of CNAs (now Shahbazim). Nurses on the CST attend to two

households (20 elders) on the day and evening shifts, and three households on the night shift. The nurse to elder ratio is the same for The Green House homes as for the nursing home; however, nurses now have more time to care for and treat elders because they no longer supervise CNAs.

---

*Nurses now have more time to care for and treat elders because they no longer supervise CNAs.*

---

To strengthen coordination among the communities of staff, the SMWTs have regular monthly meetings during which Shahbazim who work in a particular house can discuss issues concerning the house, share ideas or experiences, or brainstorm around a particular problem. The process has been so successful that Project Director Linda Robertson has now

established monthly meetings for the CST. In addition to the monthly meetings, The Cottages hold annual staff retreats with each of the SMWTs. During these meetings, the Shahbazim address problem areas, plan for the upcoming year, and also carry out fun, motivational activities.

---

*Staff at The Cottages report that they have more opportunities for personal interactions.*

---

### From Task-Oriented to Relationship-Centered Care

In addition to changing the physical infrastructure of the nursing home and reorganizing the staffing, The Green House model proposes a philosophy of care that is radically different from that practiced in traditional nursing homes. Founder Bill Thomas' vision puts relationships between staff and elders at the forefront, a departure from the conventional nursing home approach that focuses on completing tasks within a set schedule. Shahbaz Tijuana Yancey explains the difference: "It's very different because you don't have that person on that time clock. It's what the elders need and it's how the elders want it done."

With smaller elder to staff ratios and the time management skills they learn in their training, staff – Shahbazim and CST members alike – not only carry out their individual responsibilities such as cooking, doing laundry, assisting with personal care, or passing medicines, but are also able to chat or enjoy coffee or popcorn with the elders. A study comparing workflow at traditional nursing homes to that at Green House homes found that the time Shahbazim spent interacting with elders (excluding direct-care activities) increased four times over (see page 6, "Evidence-Based Outcomes"). Staff at The Cottages have had similar experiences, reporting that they have more

opportunities for personal interactions. For example, LPN Gail Grimmet explains: "I come in in the morning, coffee's usually on and I have two ladies who are usually up. I bring them their paper – they like to read the paper in the morning. I sit and drink a cup of coffee with them and that's how I start my day."

### Experiencing tangible results

Because they have both a traditional nursing home and a Green House community, St. Martin's is in a unique position to be able to compare the two models of care. Two years into its existence, The Cottages has demonstrated a number of great successes in terms of improving the quality of jobs among frontline staff and the quality of care for elders. The novelty of the program has also presented a few challenges, which the leadership at St. Martin's has been addressing in the Phase II expansion of The Cottages.

### Employee Outcomes

"I [would] just hate the thought of having to go back to a nursing home after working at a Green House



Each of The Cottages has a large patio area for socializing.

[home],” says Shahbaz Katrina Scott. Vice President of Human Resources and Quality Management Mamie Mahone agrees that Scott’s is a sentiment shared by staff in general: “‘I wouldn’t go back for anything.’ That’s what the Shahbazim keep telling me. They’re not going back to the traditional nursing home.” Findings from a recent staff survey, in which 81 percent of The Cottages staff grade their overall job satisfaction as excellent or good, corroborate the verbal feedback from staff.<sup>12</sup>

---

*Shahbazim praise the fact that the client-to-staff ratios are low because it gives them more one-on-one time to build relationships.*

---

The new model of care represents a number of improvements for staff:

- **The Shahbaz position creates a career ladder for CNAs and other staff at the nursing home.** With their new responsibilities, Shahbazim receive a 12.5 percent hourly pay increase.<sup>13</sup> For staff on the CST, the change in position is lateral; although it does not bring an increase in pay, it does come with a decrease in workload, as CST members no longer have to perform supervisory duties.
- **Lower client to staff ratios allow for more time with the elders and engender a less stressful environment.** Shahbazim praise the fact that the client-to-staff ratios are low because it gives them more one-on-one time to build relationships and do things at a pace that is more intimate and meaningful. Thinking back to her life as a CNA and now as a Shahbaz, Tijuana Yancey recognizes the differences: “We should come to work and feel like we’re providing care for people, and not just an assembly line, get it done, type of thing.” LPN Gail

Grimmet describes the atmosphere now as “laid back.” Grimmet, who had been a Charge Nurse at the nursing home, observes the changes among the former CNAs: “They don’t look as rushed and hurried. You don’t have anyone standing over you – do this, do this. You know what you’ve got to do and you get it done and that makes things run more smoothly.”

- **Relationships among the staff have been strengthened.** With the new model, staff are accountable to each other. Staff can rely on the communication skills they learned in the training to help them navigate challenging interactions, and on established meeting times to problem solve together. For Katrina Scott, it is the relationships with the CST and other Shahbazim that keep her at her job: “In the nursing home, you’re thrown into things on your own. Here, we’re a lot closer. We talk about things concerning the elders, concerning each other.”
- **The Shahbazim exhibit greater self-confidence, independence, and a sense of empowerment.** Vice President of Human Resources and Quality Management Mamie Mahone points out that The Cottages demon-



The dining room at one of The Cottages.

---

## *Staff report that they feel more valued in this new setting.*

---

strate the full range of CNAs' capacities, without the need for a charge nurse to be directing. She explains that the new responsibilities and skills as Shahbazim have helped CNAs to blossom:

*It's autonomy, it's responsibility. I think they show pride in what they do. It's given them some decision-making skills. I've seen people develop and light up and show skills I didn't know they had. They have time management skills. They're organized. They are able to get a lot of work done during their day and spend a lot more time with the elders.*

- **Greater appreciation of the talents and skills of staff, and a willingness to invest in professional growth.** St. Martin's invests greatly in its staff at The Cottages and at St. Martin's in general. Staff from The Cottages have been invited to attend educational events, conferences, and conference calls related to the Green House homes. Like other staff at St. Martin's, staff at The Cottages are offered the opportunity to tap into the organization's educational support fund if they wish to seek other degrees; for example, CNAs who want to become nurses can access the fund. In the last three years, 30 of St. Martin's staff have obtained funding to pursue additional educational opportunities. Additionally, St. Martin's human resources department encourages professional growth by inviting staff from the nursing home to join The Cottages and take advantage of the career ladder.

Staff at the Cottages also report that they feel more valued in this new setting. Katrina Scott explains: "I do work within the scope of

my practice. However, I'm just thanked for it now more than ever before. And that means a lot to me – that when I come here, my work and my dedication to the elders and St. Martin's isn't in vain. That somebody is watching me and somebody says, 'Thank you.' And for me that's simple enough."

## **Outcomes Among Elders**

Management at St. Martin's invited those elders who had lived at the nursing home the longest to be the first residents of The Cottages. (Openings at The Cottages are still based on longevity, but acuity is now considered as well.) As such, with the exception of age, elders at The Cottages are fairly similar to those at the nursing home. Elders at The Cottages tend to be older: nearly half (48 percent) are 90 years of age or older, compared to 33 percent of elders at the nursing home.<sup>14</sup>

The Cottages enjoy a good reputation, which is supported by recent consumer satisfaction data. Satisfaction scores among elders and family members have increased, with overall satisfaction at The Cottages

---

## *The new responsibilities and skills as Shahbazim have helped CNAs to blossom.*

---

now at 97 percent among elders or their families. This compares to 79 percent of elders or their families expressing satisfaction at the nursing home. Because all variables are held the same (i.e., leadership, mission, revenue, etc.), the difference in satisfaction rates is likely attributable to The Green House model.

Project Director Linda Robertson marvels at this achievement and what it represents in terms of the differences between the two models of care: "[For]

The Cottages to have 97 percent [satisfaction], when you still are providing the same care, [the elders] still have the same illnesses, and the same needs and the same diseases that took them to the setting to start with, that is excellent." In addition, Robertson observes that slight improvements have been noted in some quality measures such as weight gain and falls among elders, although quality measures were already high to begin with.

---

*Satisfaction scores among elders and family members have increased, with overall satisfaction at The Cottages now at 97 percent among elders or their families.*

---

Staff accounts also speak to the positive changes in the lives of elders. For example, staff report that elders have become more interested in socializing, becoming involved in the activities and life at The Cottages. Their experiences speak of changes from increased appetite to close friendships. Families also visit more often and for longer periods.

Speaking of the tremendous satisfaction that comes from the close relationships between staff and residents, Shahbaz Katrina Scott shares:

*I put this woman to bed every evening and there's a certain way she likes her pillow propped. She likes her heat on at a certain temperature. She likes her gown pulled all the way to her knees. These are only things I would know.... After I've done all that,... and I say, "Good night" and she'll say, "Good night," she tells me that she loves me and that I'm the best "put-to-bedder" that she's ever had.*

## Business Outcomes

The Cottages are operating soundly and costs are currently similar to those for the nursing home. Construction for The Cottages was funded by bonds and a capital campaign fund. During the planning process, leadership at St. Martin's had expected construction to cost about the same as it would to build a new nursing home, although, in the end, construction proved to be more expensive because of unexpected site costs.

In terms of daily costs, Rogers explains that it costs no more to operate The Cottages. The expenses and savings balance each other, because the traditional nursing home model may save in certain areas (e.g., food inventory), while incurring greater expenses in other areas compared to The Green House homes (e.g., savings on the salaries of dining staff).

Reflecting on The Cottages' finances, Vice President of Human Resources and Quality Management Mamie Mahone points out proudly, "It's fantastic for a not-for-profit to be able to pull this off and for not just someone with private pay to be able to enjoy this." For those eligible for Medicaid, St. Martin's accepts the Medicaid rate as payment in full for the private room elders have at The Cottages, even though the rate only covers costs for a semi-private room. Medicaid pays for 57 percent of the elders who are living at The Cottages.

Savings to the organization can also be expected because The Cottages rarely has absences (also

---

*Turnover is quite low – 13 percent among Shahbazim compared to 68 percent among CNAs at the nursing home.*

---

called call outs) and turnover is quite low (13 percent among the Shahbazim compared to 68 percent among CNAs at the nursing home).<sup>15</sup> The low (nearly negligible) number of call outs is a reflection of the success of the SMWTs in coordinating schedules.

The Cottages has also received considerable press in the local media and the leadership has taken note of a “buzz” in the community. Measuring increases in demand as a result of The Cottages is difficult because St. Martin's has always had a high occupancy rate (97 percent). However, they have seen a small 1 to 2 percent increase in assisted living occupancy, an increase which CEO Terry Rogers attributes to the success of The Cottages:

*[W]e believe that our new direction, the new building, the idea of a retirement community with a continuum of care, knowing that we have The Green House community, something different from the institutional nursing home, all these have given us opportunities to attract people to the different levels of care St. Martin's offers.*

## Lessons learned

### Overcoming Challenges

One overarching challenge that St. Martin's has faced in implementing The Green House model of care is that the model is still relatively new and only now beginning to be more widely documented. The innovative aspects truly helped to galvanize support among board members and staff, but being an early adopter also had its drawbacks. “It's been a learning

## Replicating The Green House Model

Since the first Green House home opened in Tupelo, Mississippi, in 2003, Green House homes have been planned or opened in 26 states.<sup>16</sup> Currently, THE GREEN HOUSE Project, funded by a grant from the Robert Wood Johnson Foundation, is responsible for replicating Green House homes throughout the country.<sup>17</sup> NCB Capital Impact, a not-for-profit community development organization, provides technical assistance to organizations choosing to build and implement Green House homes. These services include a financial feasibility assessment; architectural review and consultation; project plan management; educational tools and staff preparation; transition support to a coaching approach for leading change; and financial and clinical benchmarking. Throughout the transition, organizations benefit from the support of a peer network of Green House providers for sustainability and ongoing organizational transformation.

According to The Cottages' CEO Terry Rogers, the services have made a considerable difference in how staff at that site implemented change in their Green House homes:

*“St. Martin's experience has proven that partnering with The Green House Replication Initiative (GHRI) for technical assistance and support throughout the development and implementation of the model has been much easier than going it alone. The regulatory support, design interaction, training, and overall project guidance from the GHRI allowed St. Martin's leadership team to not only participate in these development efforts but to ensure the operation continued running smoothly.”*

To find out more about implementing The Green House model, contact Shriya Kothur at NCB Capital Impact, (703) 647-2311, [Skothur@ncbcapitalimpact.org](mailto:Skothur@ncbcapitalimpact.org).

experience,” explains Rogers. “Being one of the first projects to open, there's just no history of best practices to fall back on. You have to create your own and that sort of thing can be a challenge.” What leadership at St. Martin's has done is to use the experience from the first six homes in shaping the planning



A staff member assists an elder with signing a commemorative beam at The Cottages' groundbreaking ceremony, July 2007.

for the second phase of the project. In addition, The Green House Project is building tools based on the early experience to make adopting the model progressively easier.

Building on their own lessons learned, Project Director Linda Robertson and the nursing management team have adopted the Shahbazim's SMWT model for the CST, instituting monthly meetings and team roles as a way of strengthening and improving communication among this group of staff. "We focused a lot of our time on trying to make sure the Shahbazim had everything down pat... and we automatically assumed the professional staff [CST] would get it. But they didn't get it," says Vice President of Human Resources and Quality Management Mamie Mahone. "This next go round, we're going to spend more [time] with the CST and trying to help them function as a team."

Rogers also points out that some professional staff have experienced challenges shifting from a direct supervisory to a consultative role. He notes, "I've observed [CST] staff saying, 'I've told them what to

do. Now it's up to them to do it.' And that's not really their role." A few CST members have found the shift to a more coaching role so difficult that they have left the organization. Given this experience, Robertson and Mahone now ensure that job expectations are clear to staff from the onset.

Time management has posed another hurdle for staff. "They all knew how to take care of elders," remarks Robertson. "The biggest learning gap that they had was trying to get the new things they had to do all integrated with that care." LPN Gail Grimmet experienced that challenge personally. During the time she worked at the nursing home, she was a supervisor and never had to distribute medicines to the elders. When she first began working on the CST, she would work beyond her shift to administer treatments to elders in the two houses. As she explains, it "took me about eight months to get into the swing of things." Although the training program helped, it was the hands on experience that made things click for Grimmet.

---

*Having to prepare the food in the home has been at once one of the biggest successes as well as one of the biggest challenges.*

---

Having to prepare the food in the home has been at once one of the biggest successes as well as one of the biggest challenges. According to Mahone, those Shahbazim with experience in the dietary department, as short order cooks, or as members of large families had a much easier time facing the daunting task of cooking for 10 people; for others, the responsibility initially overwhelmed them. Although the cooking has improved, managing and ordering supplies and inventories still remain challenges, such that controlling food costs has been difficult. To aid Shahbazim in these areas, staff will now receive training in inventory control and ordering, as well as budgeting, to help

reduce these costs and understand the financial effect on their house.

## Planning for Future Expansion

St. Martin's in the Pines will soon be entering Phase II of its efforts – building three more Green House homes next year – with plans to eventually create an all Green House model of care for 120 of its nursing home clients. The remaining 18 beds will most likely be housed in a structure similar to but larger than The Green House homes and be used for short-term rehabilitation.<sup>18</sup> Buoyed by the glowing feedback from staff, elders, and elders' families, the leadership can now look to its own experiences in implementing the expansion. It has identified certain factors that have been key to the success of The Cottages so far:

- **Management and leadership have been on board.**

Board members and staff attended trainings on The Green House model and conducted site visits to Tupelo as a way of building support for the change. According to Mahone, those involved also have a shared level of commitment to elders, which helped them to come together around a common vision.

---

### *On every level the focus is on building relationships.*

---

In addition, Rogers notes that it is important to have someone at the corporate level – in this case, Project Director Linda Robertson – serving as a “cheerleader” or champion and moving the vision forward.

- **St. Martin's leadership recognizes that direct-care staff can rise to the occasion.**

The leadership strongly believes in the capacity of the CNAs (as well as staff from the dietary and housekeeping departments) to take on the new responsibilities as Shahbazim, including the ability to make decisions and to work as a team. “The CNAs can do the job,” stresses Mahone. “They can make decisions. They're closest to the workload that's getting done. They can do it. They don't have to have someone standing over them, telling them what to do.”

---

*The leadership strongly believes in the capacity of the CNAs (as well as staff from the dietary and housekeeping departments) to take on the new responsibilities as Shahbazim.*

---

- **Focus on fostering relationships rather than on completing tasks.** On every level – whether among staff, between staff and elders, or between staff and families – the focus is on building relationships. Staff have the communication skills as well as the time to support each other around eldercare and work issues.

As St. Martin's proceeds with Phase II, it is strengthening the sustainability of The Cottages as well as relationship-centered care within the halls of its nursing home. New staff view a 15-minute orientation video on The Cottages, as a way of educating them about the organization's vision and piquing their interest in joining the work team there. Also, staff at the nursing home now receive parts of The Green House training (e.g., dementia care) provided to staff who join The Cottages.

St. Martin's decision to rethink its approach to long-term care and create The Cottages was, as is the case with many innovations, a risk. "We were afraid. We didn't think we could do it," recalls Mahone. However, it was the vision of a better type of long-

term care for elders, one built on relationships, that kept staff motivated. And the results reaped have been considerable. Staff at all levels have experienced

---

*Staff at all levels have experienced the difference relationship-centered care has made in terms of better quality of care for elders.*

---

*I just thought the claim that staff lives were dramatically improved was good marketing on The Green House side as they get organizations like ours to adopt the model, but we've actually seen it and heard it from those individuals who went from being a CNA to the position of Shahbaz. They are really changed by all the training and empowerment. I think it's more than just the new management skills and cooking. It's the self-esteem, confidence, and self-worth. It's those things that they carry with them when they leave the gates of the campus.*

term care for elders, one built on relationships, that kept staff motivated. And the results reaped have been considerable. Staff at all levels have experienced

### Endnotes:

- 1 "St. Martin's: About Us," St. Martin's in the Pines, accessed December 19, 2010, <http://www.stmartins.ws/about-us>.
- 2 Ronald L. Collis, "Green House Homes Grow Up," *Provider Extra News Online*, May 2010, accessed December 19, 2010, <http://www.ahcancal.org/News/publication/Provider/ENOGreenHouse.pdf>.
- 3 Some dietary and housekeeping positions were eliminated through regular attrition.
- 4 PHI is a national partner with The Green House Project. The PHI Coaching Approach<sup>SM</sup> ([www.PHInational.org/training](http://www.PHInational.org/training)) helps organizations build five skills critical to better communication and improved problem solving: active listening; self-management and self-reflection; clear nonjudgmental communication; collaborative problem solving; and participatory leadership. These skills are essential to the success of self-managed work teams.
- 5 Most teams rotate weekend shifts.
- 6 Rosalie A. Kane, Terry Y. Lum, Lois J. Cutler, Howard B. Degenholtz, and Tzy-Chyi Yu, 2007, Resident Outcomes in Small-House Nursing Homes: A Longitudinal Evaluation of the Initial Green House Program, *Journal of the American Geriatrics Society* 55(6): 832-839.
- 7 Traditional nursing facilities consisted of two subgroups: traditional nursing home units in the same organization as the Green House homes and traditional nursing home units in the comparison organizations within the local community.
- 8 "New Research Finds Increased Engagement, Quality of Worklife and Maintain Quality of Care," NCB Capital Impact, accessed January 24, 2011, <http://www.ncbdc.org/default.aspx?id=1572>. The study referenced is "Analysis of Staff Workflow in Traditional Nursing Homes & The Green House<sup>®</sup> Project Site" by Siobhan Sharkey, Sandra Hudak and Susan Horn.
- 9 Becka Livesay, March 10, 2010, "The Culture Change Way: Empowering Direct-Care Workers to Improve Care," accessed on January 24, 2011 at <http://blog.directcarealliance.org/2010/03/the-culture-change-way-empowering-direct-care-workers-to-improve-care/>

- 10 "New Research Finds Increased Engagement, Quality of Worklife and Maintain Quality of Care," NCB Capital Impact, accessed January 24, 2011, <http://www.ncbdc.org/default.aspx?id=1572>. The study referenced is by Dr. Barbara Bowers of the University of Wisconsin, Madison.
- 11 "New Research Finds Increased Engagement, Quality of Worklife and Maintain Quality of Care," NCB Capital Impact. The study referenced is "Analysis of Staff Workflow in Traditional Nursing Homes & The Green House® Project Site" by Siobhan Sharkey, Sandra Hudak and Susan Horn.
- 12 Data were collected and analyzed by MyInnerview. Of staff at St. Martin's nursing home, 70% reported their overall job satisfaction as "excellent" or "good." It is worth noting that the response rate for The Cottages was 80%, compared to 67% for the nursing home.
- 13 Compared to the CNA scale. Dietary staff who became shahbazim received more than a 12.5% salary increase because of the job change and certification.
- 14 All data are from MyInnerview Satisfaction Surveys for The Cottages and St. Martin's in the Pines Nursing Home, August 2010.
- 15 Savings from turnover and call outs are not currently considered in the financial analysis of costs at The Cottages.
- 16 "Find a Home," The Green House Project, accessed January 19, 2011, <http://www.thegreenhouseproject.org/findhome>.
- 17 Grant funding supports the replication process through NCB Capital Impact, but not the capital building costs.
- 18 St. Martin's Green House initiative is a replacement project whereby its 138 licensed nursing home beds will ultimately all be Green House beds – the 30 new Green House beds planned for 2011 will bring the beds in their traditional nursing home down to 48.

**About the Author** PHI Evaluation Specialist Inés Escandón, MPH, manages and implements evaluations of PHI policy and practice initiatives. She has 15 years experience in research and evaluation for nonprofit organizations.

**PHI**

PHI ([www.PHInational.org](http://www.PHInational.org)) works to improve the lives of people who need home and residential care—and the lives of the workers who provide that care. Using our workplace and policy expertise, we help consumers, workers, employers, and policymakers improve eldercare/disability services by creating quality direct-care jobs. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect, and independence.



349 East 149th Street, 10th Floor • Bronx, New York 10451 • Phone: 718.402.7766 • E-mail: [info@PHInational.org](mailto:info@PHInational.org)

© Paraprofessional Healthcare Institute, April 2011