MIECHV 2020 CQI Learning Collaborative: Joy in Work

Kick-off webinar

Sept. 4, 2019

Maternal and Child Health Section
Public Health Division
Welcome!

Please type into the question/chat box:

What brings you joy in your work?
Agenda

• Background to Joy in Work
• Joy in Work Change Package
• The Role of Leadership
• Prework for LIA Meeting
• Next Steps
Poll

How are you feeling about the Joy in Work CQI Project?
Background: Selection of Joy in Work for 2020
Home Visiting is as Tough as it is Rewarding

Home visitor stress and burnout affects staff, clients and the organization

- Decreased productivity
- Higher staff turnover
- Increased staff absenteeism (sick)
- Lower staff morale
- Impacts on family retention
- Reduced program quality and fidelity
- Direct and indirect expenses of retraining and hiring
Learnings from Region X Home Visiting Workforce Study

• 24.5% (HV) and 23.1% (HVS) left position in previous 12 months

• 11.9 hours on home visiting and 9.4 hours completing paperwork (weekly)

• Average of 2.1 (HV) and 1.9 (HVS) public assistance services

• 36.4% (HV) and 30.4% (HVS) reported ACEs score of 4 or more

• Leadership and coworker support, reflective supervision, and self-care were common stress management techniques
Home Visiting Workforce Study: Equity in Home Visiting

• Home visitors share common traits with just 46% of the families they serve
• Over one-third of families speak a different language
• Home visiting staff who identified as a person of color were 86% more likely to report intention to stay in their jobs
• Home visitors of color earn an average of $1.35 less in hourly pay compared to white home visitors
Recommendations from Workforce Study

• Create pathways to advance home visitor education
• Ensure workplaces are psychologically supportive and include reflective supervision
• Provide benefits and promote access to mental health services
• Promote work-life balance and self-care
• Ensure home visitors and supervisors are paid equitably for their expertise

https://www.dcyf.wa.gov/services/child-dev-support-providers/home-visiting/innovation-grant
Learnings from Region X Innovation Grant: Big 3 Design Workshops

• Need for organizational support for self and collective-care
• Desire for recognition for home visitors and the profession
• Desire to strengthen ties to peer home visiting community
• Interest and enjoyment in using participatory methods for problem solving and identifying solutions
Learnings from Region X Innovation Grant: Reflective Supervision

• Home Visitors receiving effective Reflective Supervision:
  – Are less emotionally reactive to the families and circumstances of their work.
  – Perceive their organizations as more supportive.

• Leadership commitment to Reflective Supervision/Practice is an active ingredient

• [Reflective Supervision Self-Assessment Tools](#)

• Reflective Practice is self-reinforcing

Maternal & Child Health Section
Public Health Division
Learnings from Region X Innovation Grant: Evaluation of NEAR@HOME and FAN

Importance of:

• Shifting role from “fixer” to “empathetic listener”

• Mindful self regulation tools

• Reflective supervision for home visitors and supervisors

• Understanding the impact of ACE’s including their own
Joy in Work in Healthcare and Home Visiting

• Institute for Healthcare Improvement (IHI) White paper and virtual course on Joy in Work
  – Strength-based approach
  – Beyond reducing staff burnout to incorporating wellness and resiliency
  – Not only individual staff engagement and satisfaction, but client satisfaction and experience with home visiting
  – A crucial component of the “psychology of change” necessary for quality improvement
Final selection of Joy in Work for FY2020

CQI Topic Interest Survey

Engagement of CQI Advisory Workgroup

Final selection of Joy in Work for FY2020

2020 MIECHV CQI Projects Topic Interest Survey

Please indicate below how interested you are in focusing on the topic of Joy in Work for your 2020 CQI project.

Answered: 19  Skipped: 0

- Extremely Interested
- Very Interested
- Somewhat Interested
- Not so Interested
Breakthrough Series Collaborative Roadmap

Oregon MIECHV Program
2020 Statewide CQI Project on Joy in Work

Breakthrough Series Model (BTS)
- Leveraging our collective learning and efforts
- Focus on rapid cycle testing
- Common metrics to detect and understand improvement

Participants
(24 LIAs)

Leadership Webinar: August

LIA Kick-off Webinar: September

Prework: September

Learning Session 1 (in person): October

Action Period 1 (PDSAs)

Action Period 2 (PDSAs)

Learning Session 2 (virtual): February

Learning Session 3 (Virtual): June

Dissemination Storyboards, conferences etc.

Holding the Gains

August 2019 – July 2020

Supports
- Technical Assistance: Basecamp
- Monthly PDSA Reports: Learning Webinars
- Measurement Tracker: CQI Newsletter
QUESTIONS?
Figure 1. Four Steps for Leaders

1. Ask staff, “What matters to you?”

2. Identify unique impediments to joy in work in the local context

3. Commit to a systems approach to making joy in work a shared responsibility at all levels of the organization

4. Use improvement science to test approaches to improving joy in work in your organization
Joy in Work

Change Package
Joy in Work CQI Charter
Why have a collaborative charter for CQI Projects?

• Describes and launches the collaborative effort
• Establishes a common vision
• Provides aim and rationale
• Identifies aim and measures
• Sets expectations for participation and leadership
• May include considerations for scope

Oregon Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program’s 2020 Statewide CQI Learning Collaborative on Joy in Work

Joy in Work Collaborative Charter

A. What are we trying to accomplish?

Call to Action: Home Visitors in Oregon work tirelessly to promote positive outcomes for children and families, many of whom experience complex challenges including adverse childhood experiences (ACEs) and current challenges with mental health, substance use and intimate partner violence. Families value and benefit from the support of their home visitors as they work towards their goals in supporting their children and families.

However, without a comprehensive and integrated system of trauma and resiliency supports, collective care and reflective practices for home visitors and supervisors, stress, burnout and turnover threaten the quality and impact of these home visiting services. Staff turnover can pose a significant challenge for program quality, model fidelity and costs, negatively impact retention among families, and create low morale among home visiting teams.

From January 2017 through June 2019, Oregon took part in the Region X Home Visiting Innovation Grant along with Washington, Idaho and Alaska to develop and evaluate a system of trainings and supports for home visitors. This grant included a Region X workforce study of home visitors and supervisors, to understand the factors that influence staff competency, retention, and capacity to remain in the relationship-based work of home visiting and to better support the workforce and reduce staff burnout and turnover. The study found that in Oregon, 24.2% of home visitors and 26.7% of home visiting supervisors had left their position in the previous 12 months.

Oregon Specific Findings from the Region X Innovation Grant Workforce Study

Job Status and Structure

- 34% of home visitors and 50% of supervisors have been in their current job less than two years.
- Home visitors report spending an average of 11.9 hours each week delivering face-to-face home visitation services and 9.4 hours each week completing paperwork.

Financial Security

- Being a home visitor of color predicts an average of $1.35 less in hourly pay compared to white home visitors.
- 69% of home visitors and 50% of home visiting supervisors report at least “some difficulty” in paying their...
Oregon's Joy in Work Charter

• What are we trying to accomplish?
  – Background, mission, aim

• How will we know a change is an improvement?
  – Measures, pebbles versus boulders

• What changes can we make that will lead to improvement?
  – Critical elements and key driver diagram

• Collaborative expectations

• Team signatures
Joy in Work CQI Collaborative Charter

E. Our Team Signatures

[Your team name] is inspired to participate in this Joy in Work Learning Collaborative because: [write a few sentences or bullets here, for example: We see the challenging experiences our families have with maternal depression and substance use, and need to find ways to continue to support our collective and self-care so we can in turn support them...We want to learn how to better support each other...]

LIA name and Home Visiting Model:

Agency Lead (Sponsor):

Day-to-Day Supervisor(s):

Home Visitor(s):

Data support staff:

Others:
Joy in Work Key Driver Diagram
Oregon’s Critical Components for Joy in Work

- Meaning, Purpose and Recognition
- Physical and Psychological Safety
- Camaraderie and Teamwork
- Wellness and Resiliency
- Choice and Autonomy
## Oregon MIECHV Program’s FY2020 Joy in Work Learning Collaborative Key Driver Diagram

<table>
<thead>
<tr>
<th>Primary Drivers</th>
<th>Secondary Drivers</th>
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<td>1. Home visiting teams have a shared understanding of their work&lt;br&gt;2. Home visitors feel that the work they do makes a difference&lt;br&gt;3. Home visiting staff are recognized for the impact of their work&lt;br&gt;4. Organizational leaders understand home visitors’ daily work and celebrate individual and collective outcomes</td>
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<td>1. All staff feel welcomed, supported and respected&lt;br&gt;2. Training is provided on physical and psychological safety for staff and leadership&lt;br&gt;3. Policies and procedures are established to create a safe and open work environment amongst staff&lt;br&gt;4. Opportunities exist for home visitors to voice their perspectives and give feedback anonymously&lt;br&gt;5. Leaders are available to staff when they need them&lt;br&gt;6. Home visiting staff feel free from physical harm during daily work&lt;br&gt;7. The organization provides support for the staff involved in an adverse event</td>
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<td>1. Ongoing, quality reflective supervision and clinical consultation for home visitors is available&lt;br&gt;2. Organizational practices, policies, and systems are in place to support wellness and resilience, including work/life balance, and are informed by principles of trauma-informed care&lt;br&gt;3. Trainings, resources and supports are provided to staff to cultivate resilience and stress management</td>
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2. Home visitors feel that the work they do makes a difference  
3. Home visiting staff are recognized for the impact of their work  
4. Organizational leaders understand home visitors’ daily work and celebrate individual and collective outcomes | 1. Revise home visitor job description to match the responsibilities of the program  
2. Use CQI data in routine meetings to highlight bright spots and connect the work to positive outcomes  
3. Develop a formal peer recognition award system  
4. Spotlight home visitors at senior leadership staff meetings |
| PD2. Physical and Psychological Safety | 1. All staff feel welcomed, supported and respected  
2. Trainings are provided on physical and psychological safety for staff and leadership  
3. Policies and procedures are established to create a safe and open work environment amongst staff  
4. Opportunities exist for home visitors to voice their perspectives and give feedback anonymously  
5. Leaders are available to staff when they need them  
6. Home Visiting staff feel free from physical harm during daily work  
7. The organization provides support for the staff involved in an adverse event | 1-2. Provide staff training on culturally and linguistically responsiveness and implicit bias  
4. Create an anonymous feedback loop for staff to voice concerns and leadership to respond  
5. Develop open door policies for meeting with leadership and post times for availability  
6-7. Use a check-in app on work issued phones to ensure the home visitor’s whereabouts are known when they are out in the field |
| PD3. Camaraderie and Teamwork | 1. Trusting relationships exist among home visiting staff  
2. Individual and team successes are recognized & celebrated collectively  
3. Staff acknowledge each other’s strengths and teach each other new information and skills  
4. Opportunities exist for staff to spend time together | 1. Incorporate team building activities into meetings  
2. Organize opportunities for staff to celebrate accomplishments  
3. Implement a buddy system for new staff  
4. Share meals and breaks with each other; Organize team walking meetings |
| PD4. Wellness and Resiliency | 1. Ongoing, quality reflective supervision and clinical consultation for home visitors and supervisors is occurring  
2. Organizational practices, policies, and systems are in place to support wellness and resilience, including work/life balance, and are informed by principles of trauma-informed care  
3. Trainings, resources and supports are provided to staff to cultivate resilience and stress management | 1. Provide reflective supervision to supervisors  
2. Develop a staff wellness plan; Allot time in work day/week for home visitors  
3. Use mindfulness techniques during home visits such as Mindful Self-Regulation from the Facilitating Attuned iNteractions trainings |
| PD5. Choice and Autonomy | 1. Home visiting staff work in an environment that supports choice, flexibility and autonomy  
2. Home visitors are part of decisions on processes, changes, and improvements that affect them | 1. Implement flexible/alternative work schedules to balance caseload and workload  
2. Home visitors serve as representatives at board or leadership meetings |
Conduct at least one PDSA Cycle/Ramp for each Action Period
CQI Project Assessment Scale

Where on this scale is your team currently at with your CQI project?

- Self-assessment tool to identify progress on PDSA Cycles

<table>
<thead>
<tr>
<th>Assessment/Description</th>
<th>Definition</th>
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<tr>
<td>0.5 - Intent to Participate</td>
<td>Project has been identified, but the charter has not been completed nor team formed</td>
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<td>1.0 - Charter and team established</td>
<td>A charter has been completed and reviewed. Individuals or teams have been assigned, but no work has been accomplished</td>
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<tr>
<td>1.5 - Planning for the project has begun</td>
<td>Organization of project structure has begun (such as: what resources or other support will likely be needed, where will focus first, tools/materials needed gathered, meeting schedule developed)</td>
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<td>2.0 - Activity, but no changes</td>
<td>Initial cycles for team learning have begun (project planning, measurement, data collection, obtaining baseline data, study of processes, surveys, etc.)</td>
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<td>2.5 - Changes tested, but no improvement</td>
<td>Changes tested, but no improvement: Initial cycles for testing changes have begun. Most project goals have a measure established to track progress. Measures are graphically displayed with targets included.</td>
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<td>3.0 - Modest improvement</td>
<td>Successful tests of changes have been completed for some components of the change package related to the team’s charter. Some small scale implementation has been done. Anecdotal evidence of improvement exists. Expected results are 20% complete *</td>
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<td>3.5 - Improvement</td>
<td>Testing and implementation continues and additional improvement in project measures towards goals is seen.</td>
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<td>4.0 - Significant improvement</td>
<td>Expected results achieved for major subsystems. Implementation (training, communication, etc.) has begun for the project. Project goals are 50% or more complete**</td>
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<td>4.5 - Sustainable improvement</td>
<td>Sustainable improvement: Data on key measures begin to indicate sustainability of impact of changes implemented in system</td>
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<td>5.0 - Outstanding sustainable results</td>
<td>Outstanding sustainable results: Implementation cycles have been completed and all project goals and expected results have been accomplished. Organizational changes have been made to accommodate improvements and to make the project changes permanent</td>
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Measuring Joy in Work
Measuring Joy in Work – Pulse Survey

• A common set of measures for all LIAs to report – key approach of Breakthrough Series Model

• A brief survey used to provide frequent data

• State MIECHV team will email monthly SurveyMonkey to MIECHV-funded home visitors and supervisors (can include additional staff if desired)

• Measures are used for team learning!
## Primary Drivers

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## Pulse Survey for Joy in Work

### Pulse Survey Questions

*Response options: Likert Scale 1-5 (Strongly disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree)*

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What does a Run Chart look like?

Exhibit 1. Example run chart: % of children enrolled in home visiting who received their last recommended well-child visit

In this example, approximately 60% of children enrolled in home visiting received their last recommended well-child visit at baseline. Following the change through a yearlong CQI project, a shift to around 85% was observed. The team successfully met their goal and will continue to track measure, looking for indications that the gains are being sustained.
Any questions about the measurement?
What might a CQI project on Joy in Work look like?

• Team identifies clients in crisis as challenge to joy/mindfulness

• They identify this as falling under the primary driver Wellness and Resilience and looked at the KDD for change ideas

• Team decides to test consistently using mindful self-regulation strategies from FAN training during client visits

• Team identifies the following measures to use as a pre-post:
  – % of visits in a week that a home visitor used mindful self-regulation
  – On a scale of 1-5, I am able to regulate my stress during client visits (never, rarely, sometimes, often, always)
Primary Driver: Wellness and Resilience
Change to test: incrementally increase the number of mindful self-regulation techniques

Process Measures:
- % of visits in a week that a home visitor used mindful self-regulation
- Pre/post: On a scale of 1-5, I am able to regulate my stress during client visits (never, rarely, sometimes, often, always)

Changes That Result in Improvement

- Cycle 1: Week 1: 2 home visitors will use at least one MSR technique in 50% of home visits.
  Pretest score: HV1=3, HV2=4, post-test score = HV1=2, HV2=4; % of visits: HV1=75% (3/4), HV2=20% (1/5)

- Cycle 2: Week 2: 2 home visitors will use at least 1-2 MSR technique in 60% of home visits. Post-test score = HV1=4, HV2=5; % of visits: HV1=57% (4/7), HV2=50% (3/6)

- Cycle 3: Week 3: 2 home visitors will use at least 2 MSR technique in 60% of home visits. Post-test score = HV1=4, HV2=5; % of visits: HV1=25% (2/8), HV2=33% (2/6) 100% at least 1!

Evidence
Best Practice
Testable Ideas

Maternal and Child Health Section
Public Health Division
What might a CQI project on Joy in Work look like?

- Team identifies time for staff to be together as something that brings joy
- Pebbles: not having scheduled time in day to spend time together. They felt this falls under Camaraderie and Teamwork and used the KDD to identify possible changes to test
- They brainstormed walking team meetings and a recipe-sharing club as ways to increase time together while also increasing wellness
- Pre-post measure (from pulse survey): % of home visitors who “agree” or “strongly agree” that their work environment encourages camaraderie and conversation
Primary Driver: Camaraderie and Team Work
Change to test: team walking meetings Monday at 9am

Process Measures:
• % of home visitors who “agree” or “strongly agree” that their work environment encourages camaraderie and conversation

Changes That Result in Improvement

Implement 25 min walk Friday’s at 10am. Staff rotate choosing Joyful question.

Cycle 3: Week 3: 25 minute walk Friday morning. Agenda topic is “something good that happened during a home visit and what was your role? Process measure = 100%”

Cycle 2: Week 2: 30 minute walk Friday morning at 10am. No agenda topic. Process measure = 75%

Cycle 1: Week 1: home visitors and HV Supervisor will take 30 minute walking meeting Monday 9:00-9:30am. Agenda topics include CQI project updates and debrief – baseline 50%, 50% after cycle 1

Evidence

Best Practice

Testable Ideas

Maternal and Child Health Section
Public Health Division
The Role of Home Visiting Leadership

Joy in Work
Who do we mean by leadership?

- Includes program managers, directors, administrators
- The person supervising the HV Supervisor
How will leadership be engaged in the Joy in Work CQI Learning Collaborative?

- Informational leadership webinar
- Memo to program administrators
- Act as a senior leader champion
- Communicate “boulders” to the larger organization and to the MIECHV program staff
Collaborative Expectations
Oregon MIECHV Program state team will provide:

- Time for “what matters’ to you” conversations and CQI plan development during LIA meeting
- Joy in Work change package
- Monthly Joy in Work SurveyMonkey
- Data reports on Joy in Work, including run charts
- Guidance and resources on Joy in Work
- Quality improvement coaching and TA
- Communication and peer learning opportunities, including Basecamp web platform
Participating Local Implementing Agency CQI team staff will:

• Convene a CQI team and identify a senior sponsor
• Complete and sign the Joy in Work Charter
• Complete pre-work activities for CQI learning session
• Attend the CQI kick-off meeting October 8-9
• Perform tests of change using PDSA rapid cycle methods
• Submit monthly PDSA reports to the CQI Coordinator
• Complete monthly SurveyMonkey pulse surveys
• Actively participate in CQI activities (in-person and virtual learning sessions, webinars etc.)
Prework and Next Steps
To be completed by LIAs prior to the LIA meeting October 8-9th
Pre-work to complete prior to LIA meeting

1. CQI knowledge and skills assessment (SurveyMonkey for HV Supervisors) – complete by Sept. 20
2. Baseline pulse surveys (SurveyMonkey for Home Visitors and Supervisors at minimum) – complete by Sept. 20
3. Joy in Work Charter (determine CQI team; have members read, complete and sign) – upload to Basecamp by Oct. 4
Next Steps for LIAs

• Inform MIECHV program team of any new home visiting staff so we can add them to Basecamp and include in SurveyMonkey emails
• Complete prework activities
• Sign up for optional office hours for Basecamp refresher (dates TBD)
• Determine if there are existing surveys/assessments in your organization on staff engagement or wellbeing you want to bring to LIA meeting to inform your CQI project
LIA Meeting Oct. 8-9 (Portland)

• CQI Kick-off on Day 1
• Professional Development Workshops on Day 2
  – Reflective Practice and the Arc of the FAN; Equity and Inclusion; Reflective Supervision Guideline; Collective Care; Introduction to NEAR@Home Toolkit; Introduction to CQI

Please have staff register (each person individually) for the LIA meeting if you haven’t already: https://reg.planetReg.com/homevisitingmeeting2019
What questions or concerns do you have?