

MIECHV 2020 CQI Learning Collaborative: Joy in Work

Kick-off webinar
Sept. 4, 2019



Oregon
Health
Authority



Welcome!

Please type
into the
question/chat
box:

What brings
you joy in
your work?

Agenda

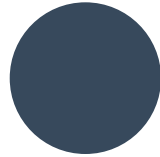
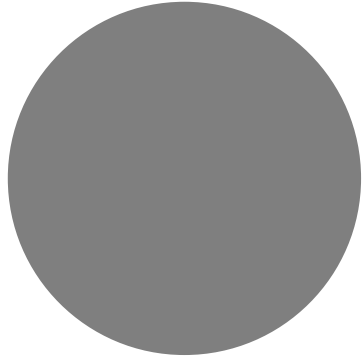
- Background to Joy in Work
- Joy in Work Change Package
- The Role of Leadership
- Prework for LIA Meeting
- Next Steps





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

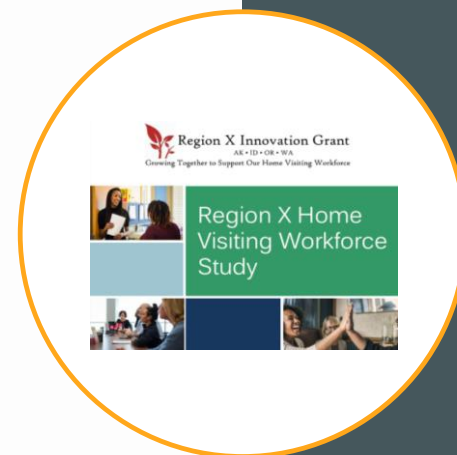
- Home visitors share common traits with just 46% of the families they serve
- Over one-third of families speak a different language
- Home visiting staff who identified as a person of color were 86% more likely to report intention to stay in their jobs
- Home visitors of color earn an average of \$1.35 *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



Reflective Supervision:
A Guide from Region X to Enhance
Reflective Practice Among Home Visiting
Programs

 Region X Innovation Grant
AK ID OR WA
Growing Together to Support Our Home Visiting Workforce

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

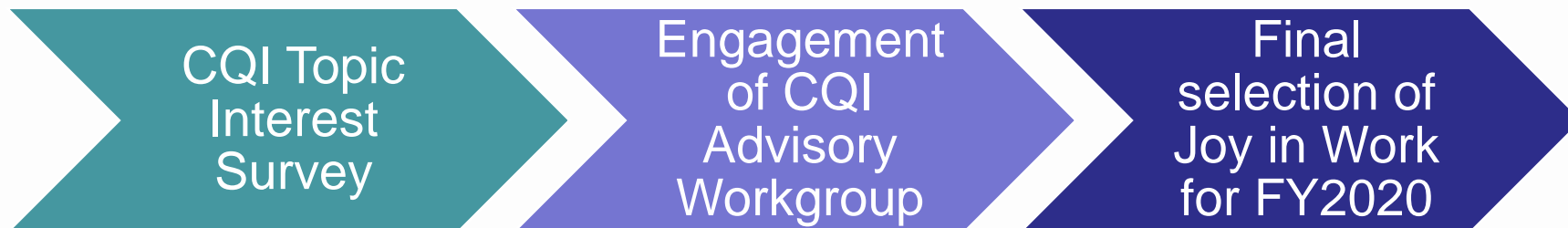


Joy in Work in Healthcare and Home Visiting

- 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



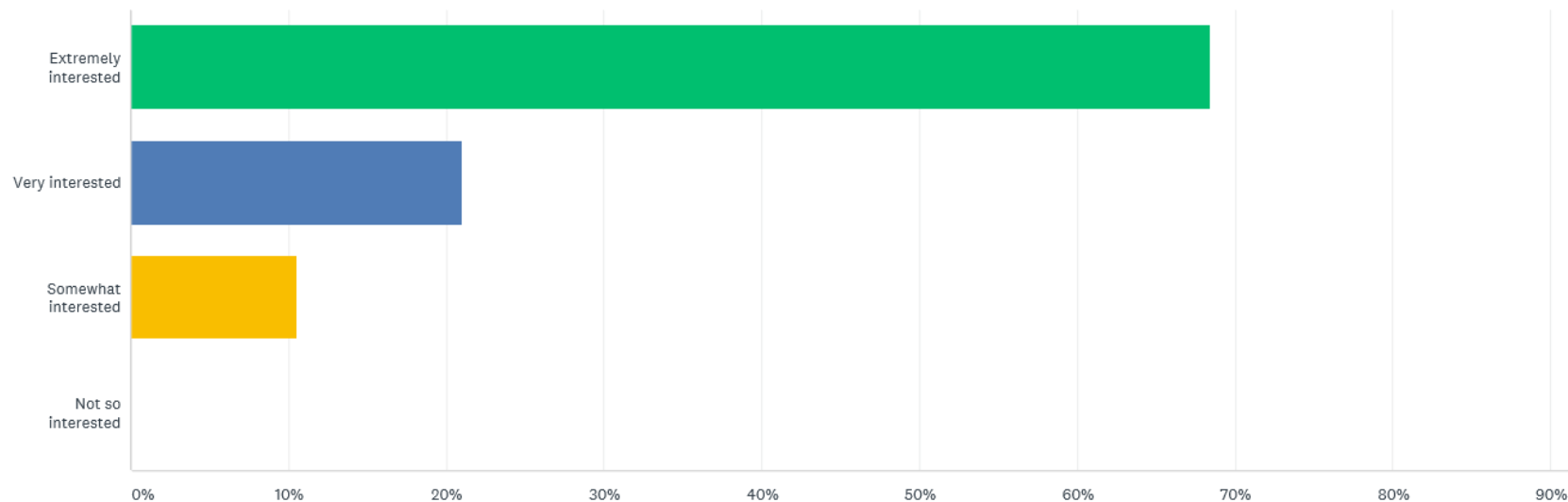
Final selection of Joy in Work for FY2020



2020 MIECHV CQI Projects Topic Interest Survey
Results

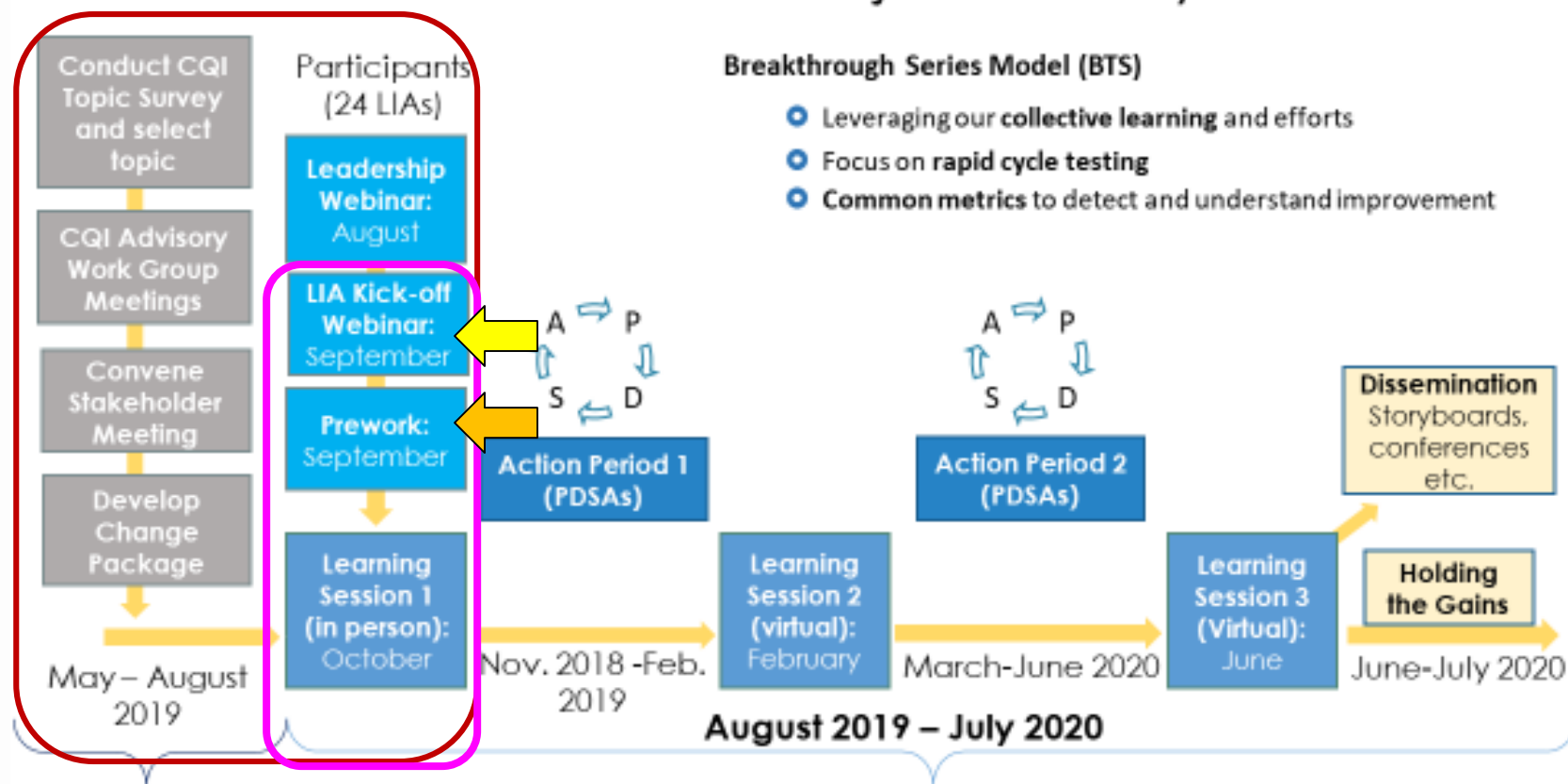
Please indicate below how interested you are in focusing on the topic of Joy in Work for your 2020 CQI project.

Answered: 19 Skipped: 0



Breakthrough Series Collaborative Roadmap

Oregon MIECHV Program 2020 Statewide CQI Project on Joy in Work



SUPPORTS

Technical Assistance	Basecamp
Monthly PDSA Reports	Learning Webinars
Measurement Tracker	CQI Newsletter

A young girl with dark hair and a pink headband is shown from the chest up. She has a questioning or confused expression on her face, with her eyes squinted and her mouth open in a slight grimace. She is wearing a black long-sleeved shirt with white polka dots and a pink heart on the chest. Her right hand is raised, with her index finger pointing upwards towards three large, grey, hand-drawn question marks floating in the air. The background is a plain, light-colored wall.

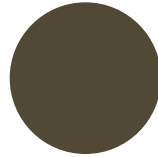
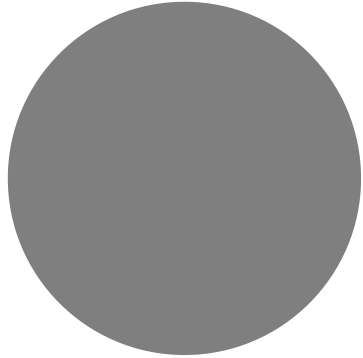
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QUESTIONS?

The Process for Engaging in Joy in Work

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

A photograph of a young child with dark, curly hair, smiling broadly and crawling on all fours. The child is wearing a white diaper. The background is a solid, light gray. The text "Joy in Work CQI Charter" is overlaid in white, bold, sans-serif font across the middle of the image.

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 services¹. 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 teams².

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 Study³

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):

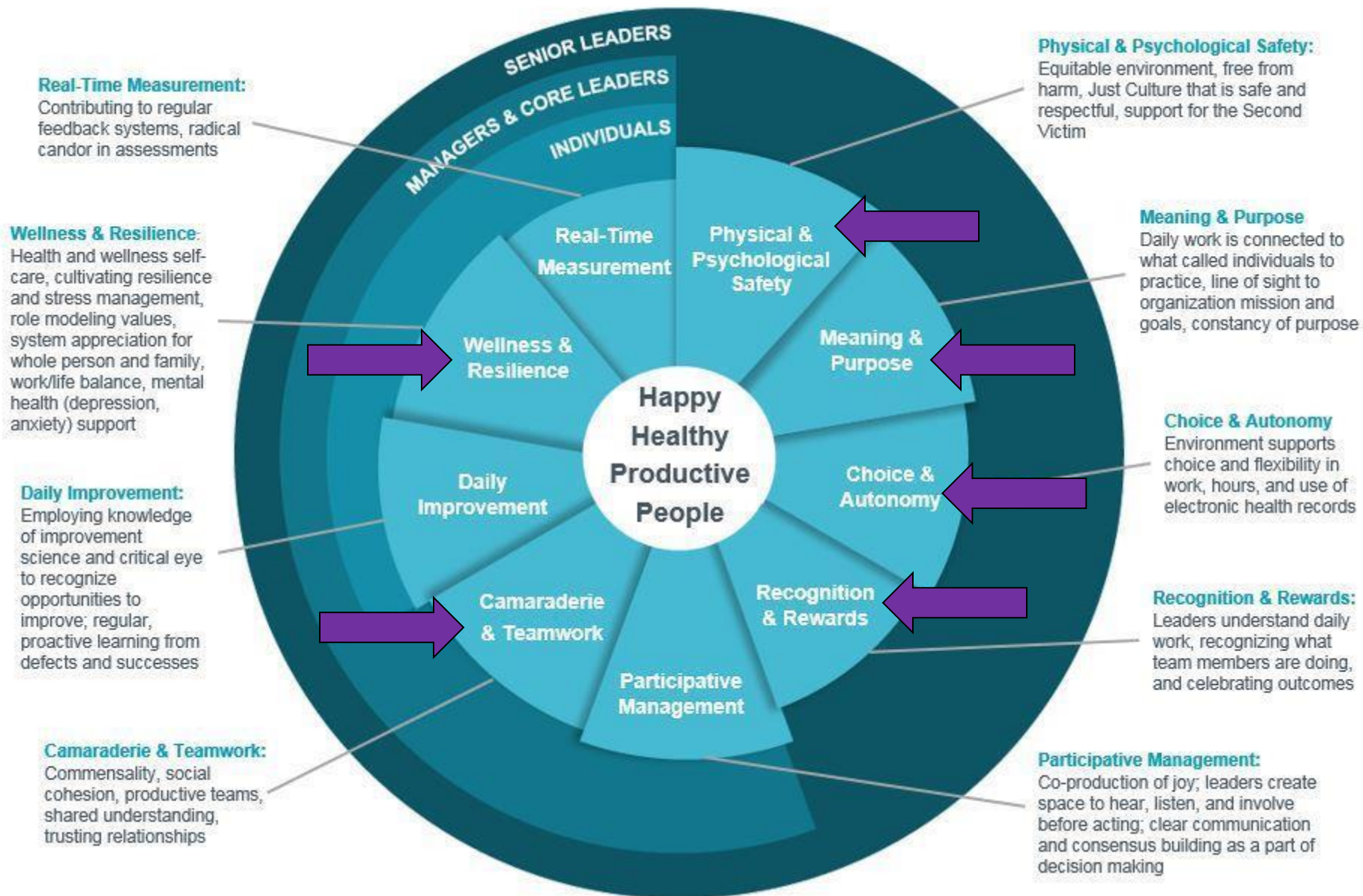
Home Visitor(s):

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

Primary Drivers	Secondary Drivers
PD1. Meaning, Purpose and Recognition <i>Process Measures:</i> 1) "My job makes me feel like I am part of something meaningful" 2) "I am recognized and thanked for what I do" 3) "I feel leadership cares about the work that I do."	1. Home visiting teams have a shared understanding of their work 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
PD2. Physical and Psychological Safety <i>Process Measures:</i> 1) "People at my organization respect and take into consideration all views expressed." 2) My organization recognizes the importance of my personal safety during home-visits.	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
PD3. Camaraderie and Teamwork <i>Process Measures:</i> 1) "My work environment encourages camaraderie and conversation" 2) "I feel part of a team, working together toward something meaningful"	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
PD4. Wellness and Resiliency <i>Process Measures:</i> 1) "I feel satisfied with my work/life balance" 2) "My workplace provides a supportive environment for self-care" 3) "My work brings me joy most days"	1. Ongoing, quality reflective supervision and clinical consultation for home visitors is available 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
PD5. Choice and Autonomy <i>Process Measures:</i> 1) "I have opportunities in my organization to voice what matters to me" 2) "My current roll enables me to build my professional skills"	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 3. Professional goals and development are cultivated and supported

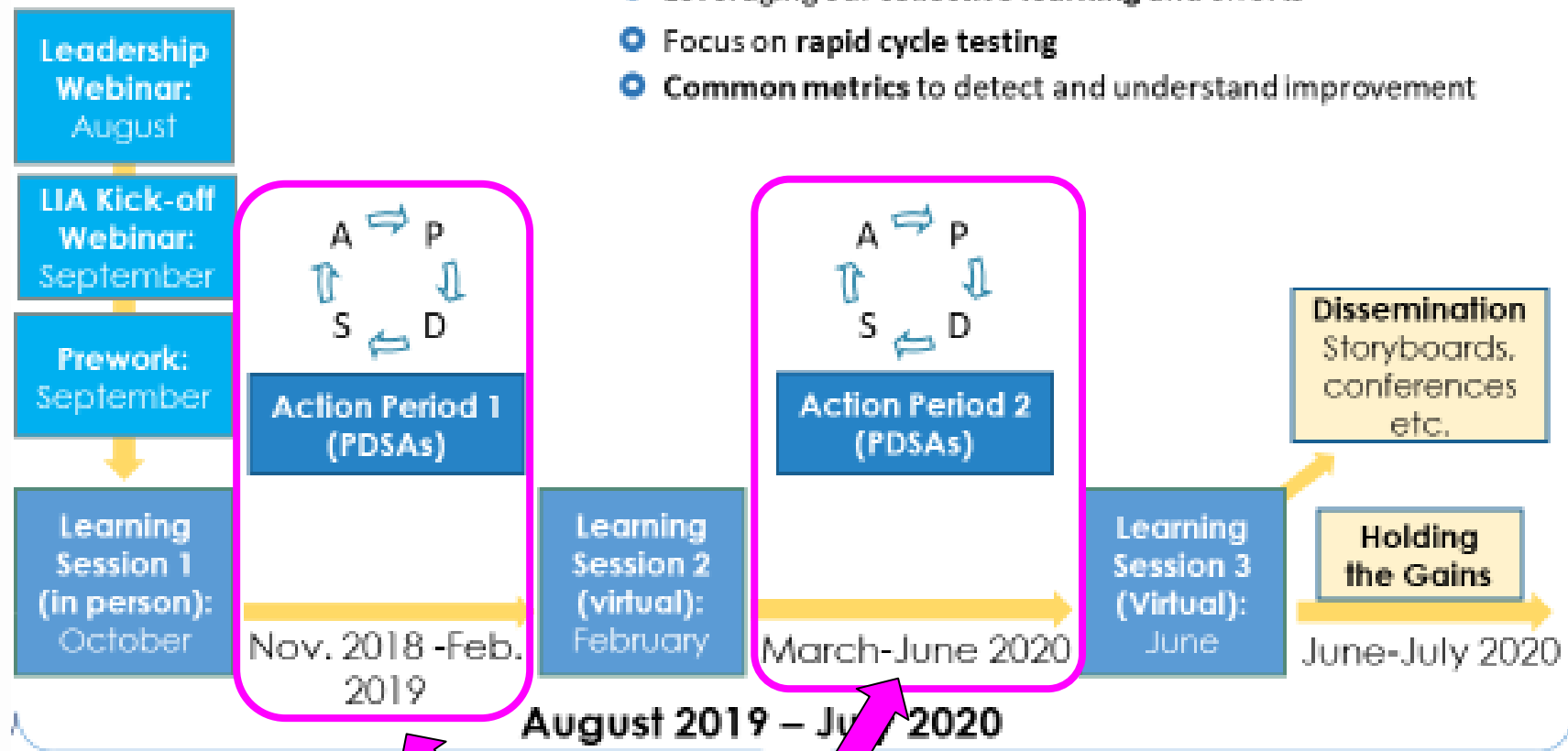
Drivers	Secondary Drivers	Example change ideas to test
PD1. Meaning, Purpose and Recognition	<ol style="list-style-type: none"> Home visiting teams have a shared understanding of their work Home visitors feel that the work they do makes a difference Home visiting staff are recognized for the impact of their work Organizational leaders understand home visitors' daily work and celebrate individual and collective outcomes 	<ol style="list-style-type: none"> Revise home visitor job description to match the responsibilities of the program Use CQI data in routine meetings to highlight bright spots and connect the work to positive outcomes Develop a formal peer recognition award system Spotlight home visitors at senior leadership staff meetings
PD2. Physical and Psychological Safety	<ol style="list-style-type: none"> All staff feel welcomed, supported and respected Trainings are provided on physical and psychological safety for staff and leadership Policies and procedures are established to create a safe and open work environment amongst staff Opportunities exist for home visitors to voice their perspectives and give feedback anonymously Leaders are available to staff when they need them Home Visiting staff feel free from physical harm during daily work The organization provides support for the staff involved in an adverse event 	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> Trusting relationships exist among home visiting staff Individual and team successes are recognized & celebrated collectively Staff acknowledge each other's strengths and teach each other new information and skills Opportunities exist for staff to spend time together 	<ol style="list-style-type: none"> Incorporate team building activities into meetings Organize opportunities for staff to celebrate accomplishments Implement a buddy system for new staff Share meals and breaks with each other; Organize team walking meetings
PD4. Wellness and Resiliency	<ol style="list-style-type: none"> Ongoing, quality reflective supervision and clinical consultation for home visitors and supervisors is occurring 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 Trainings, resources and supports are provided to staff to cultivate resilience and stress management 	<ol style="list-style-type: none"> Provide reflective supervision to supervisors Develop a staff wellness plan; Allot time in work day/week for home visitors to complete data entry Use mindfulness techniques during home visits such as Mindful Self-Regulation from the Facilitating Attuned iNteractions trainings
PD5. Choice and Autonomy	<ol style="list-style-type: none"> Home visiting staff work in an environment that supports choice, flexibility and autonomy Home visitors are part of decisions on processes, changes, and improvements that affect them 	<ol style="list-style-type: none"> Implement flexible/alternative work schedules to balance caseload and workload Home visitors serve as representatives at board or leadership meetings

Breakthrough Series Collaborative Roadmap

Participants
(24 LIAs)

Breakthrough Series Model (BTS)

- Leveraging our collective learning and efforts
- Focus on rapid cycle testing
- Common metrics to detect and understand improvement




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

Assessment/Description	Definition
0.5 - Intent to Participate	Project has been identified, but the charter has not been completed nor team formed
1.0 - Charter and team established	A charter has been completed and reviewed. Individuals or teams have been assigned, but no work has been accomplished
1.5 - Planning for the project has begun	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)
2.0 - Activity, but no changes	Initial cycles for team learning have begun (project planning, measurement, data collection, obtaining baseline data, study of processes, surveys, etc.)
2.5 - Changes tested, but no improvement	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.
3.0 - Modest improvement	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 *
3.5 - Improvement	Testing and implementation continues and additional improvement in project measures towards goals is seen.
4.0 - Significant improvement	Expected results achieved for major subsystems. Implementation (training, communication, etc.) has begun for the project. Project goals are 50% or more complete**
4.5 - Sustainable improvement	Sustainable improvement: Data on key measures begin to indicate sustainability of impact of changes implemented in system
5.0 - Outstanding sustainable results	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

A photograph of a baby with light brown hair and blue eyes, looking up and to the side. A blue measuring tape is wrapped around the baby's chest. The baby is wearing a light-colored, short-sleeved shirt. The background consists of colorful interlocking foam floor tiles in shades of blue, green, and pink. The overall image has a dark, semi-transparent overlay.

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!

Oregon MIECHV Program's FY2020 Joy in Work Learning Collaborative Key Driver Diagram

Primary Drivers	Secondary Drivers
PD1. Meaning, Purpose and Recognition <i>Process Measures:</i> 1) "My job makes me feel like I am part of something meaningful" 2) "I am recognized and thanked for what I do" 3) "I feel leadership cares about the work that I do."	1. Home visiting teams have a shared understanding of their work 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
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PD4. Wellness and Resiliency <i>Process Measures:</i> 1) "I feel satisfied with my work/life balance" 2) "My workplace provides a supportive environment for self-care" 3) "My work brings me joy most days"	1. Ongoing, quality reflective supervision and clinical consultation for home visitors is available 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
PD5. Choice and Autonomy <i>Process Measures:</i> 1) "I have opportunities in my organization to voice what matters to me" 2) "My current roll enables me to build my professional skills"	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 3. Professional goals and development are cultivated and supported

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)

PD1. Meaning, Purpose and Recognition

- | | |
|---|---|
| 1 | My job makes me feel like I am part of something meaningful |
| 2 | I am recognized and thanked for what I do |
| 3 | I feel leadership cares about the work that I do |



PD2. Physical and Psychological Safety

- | | |
|---|--|
| 4 | People at my organization respect and take into consideration all views expressed |
| 5 | My organization recognizes the importance of my personal safety during home-visits |

PD3. Camaraderie and Teamwork

- | | |
|---|---|
| 6 | My work environment encourages camaraderie and conversation |
| 7 | I feel part of a team, working together toward something meaningful |

PD4. Wellness and Resiliency

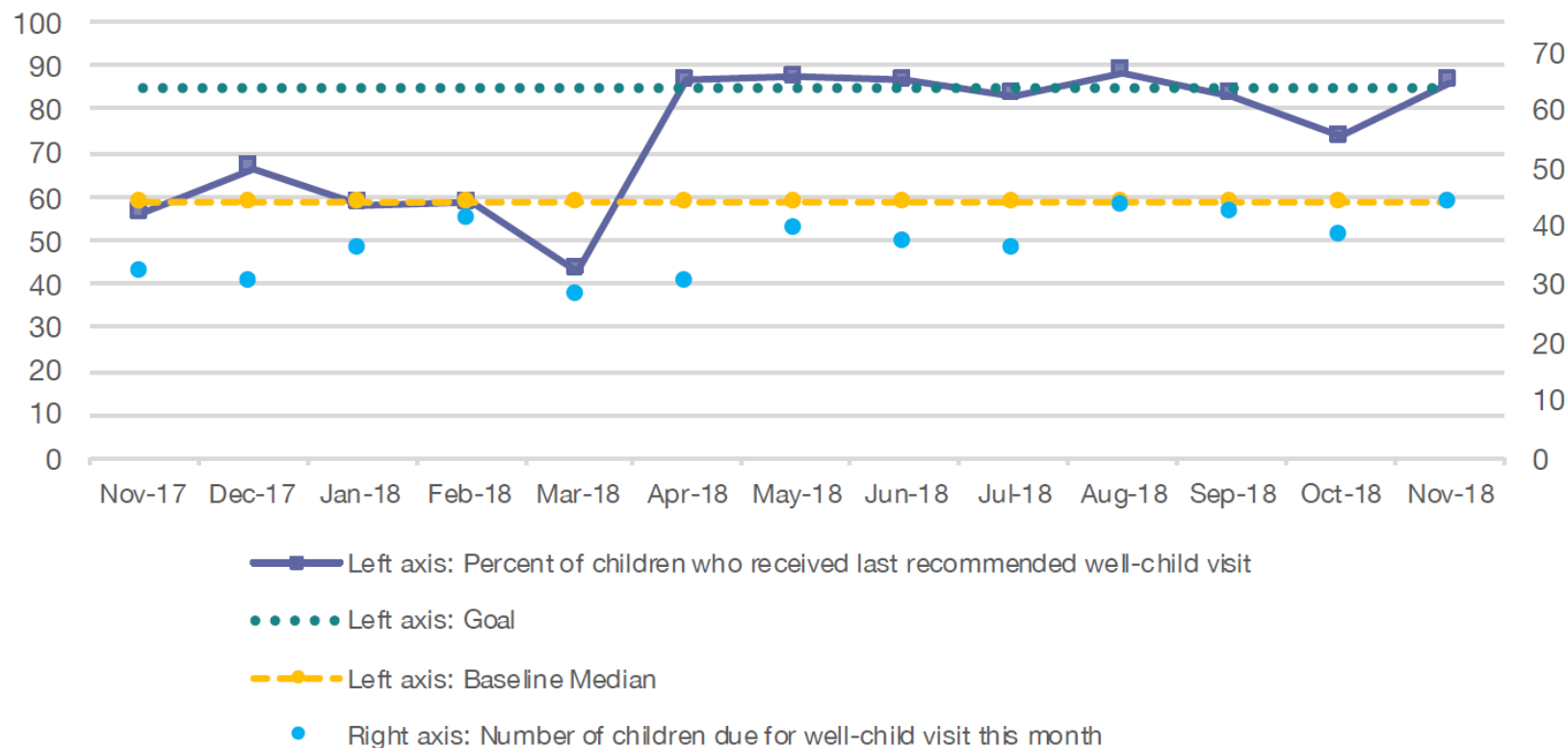
- | | |
|----|--|
| 8 | I feel satisfied with my work/life balance |
| 9 | My workplace provides a supportive environment for self-care |
| 10 | My work brings me joy most days |

PD5. Choice and Autonomy

- | | |
|----|---|
| 11 | I have opportunities in my organization to voice what matters to me |
| 12 | My current roll enables me to build my professional skills |

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 implementation of change through a yearlong CQI project, a shift to around 85% was observed. The team successfully met their goal and will continue to track this measure, looking for indications that the gains are being sustained.

**Any
questions
about the
measure-
ment?**





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)

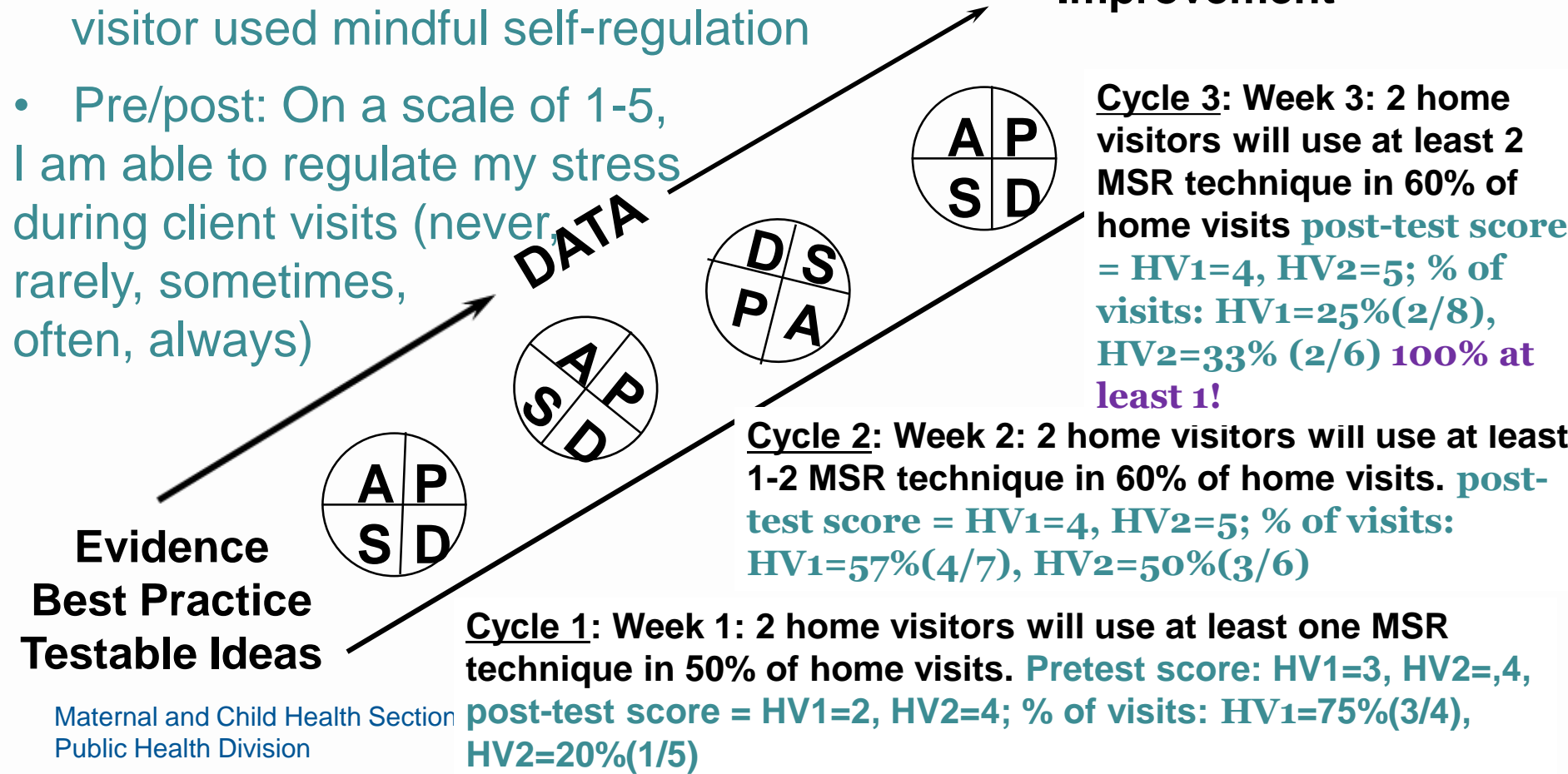
Primary Driver: Wellness and Resilience

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





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

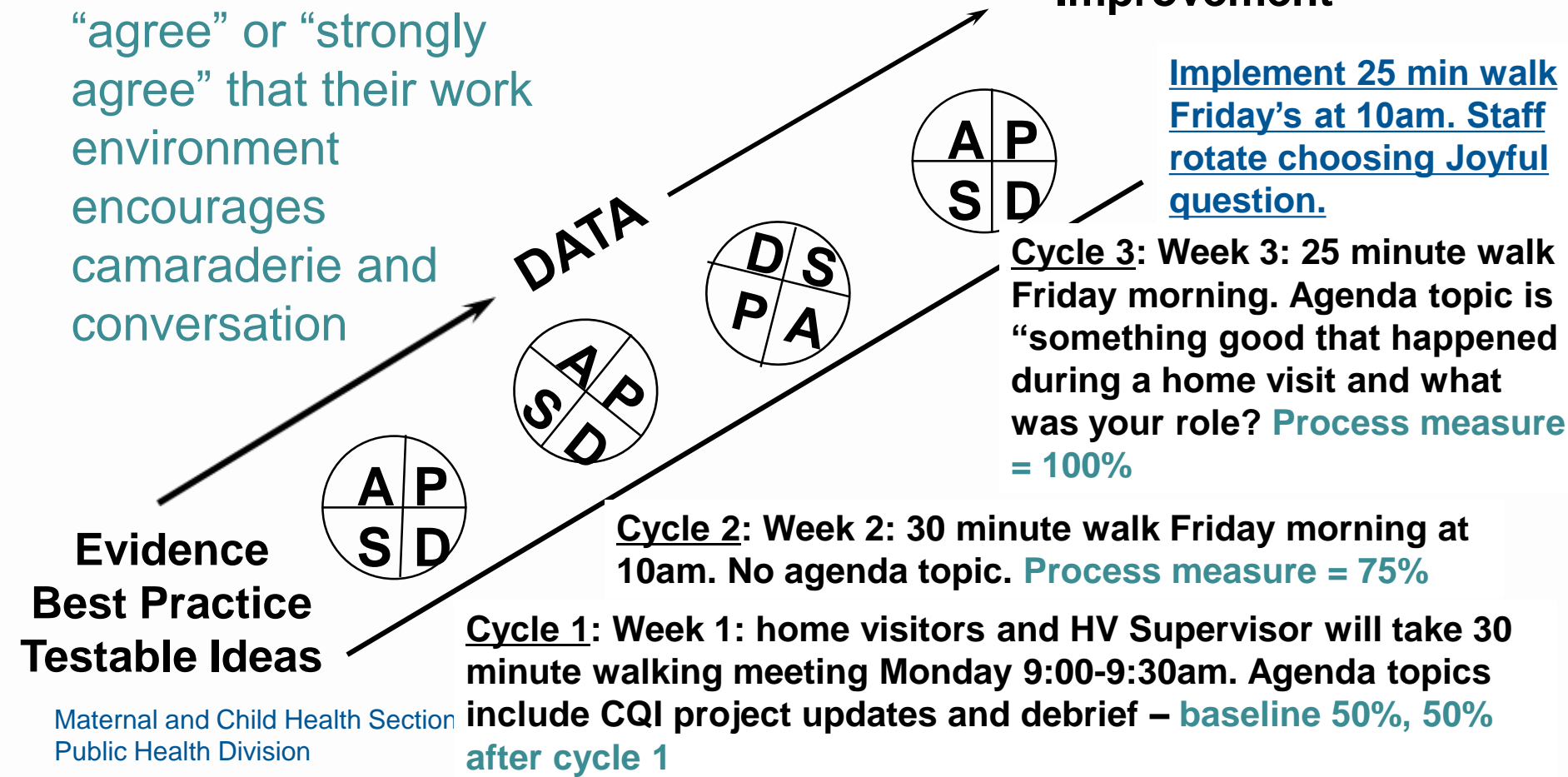
Primary Driver: Camaraderie and Team Work

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



The Role of Home
Visiting Leadership

Joy in Work

Maternal and Child Health Section
Public Health Division



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

Maternal and Child Health Section
Public Health Division

Oregon MIECHV Program state team will provide:

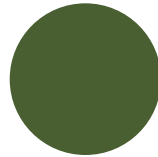
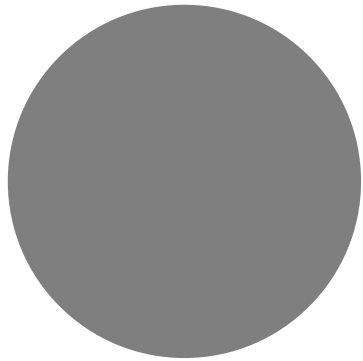


- Time for “what matters’ to you” conversations and CQI plan development during LIA meeting
- Joy in Work change package
- Monthly Joy in Work SurveyMonkey
- Data reports on Joy in Work, including run charts
- Guidance and resources on Joy in Work
- Quality improvement coaching and TA
- Communication 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?**

