

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 bills over the past 12 months (across Region X; not Oregon specific).
- Home visitors and supervisors receive an average of 2.1 and 1.9 public assistance services, respectively (most commonly Children’s Medicaid or subsidized health insurance and free or reduced lunches).

¹ Alitz, P., Geary, S., Birriel, P., et al., (2018). Work-Related Stressors Among Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Home Visitors: A Qualitative Study. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6153738/>.

² Education Development Center (2019). Strengthening the MIECHV Home Visiting Workforce: A Checklist for Staff Recruitment and Staff Retention. prepared for the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA).

³ The Region X Workforce Study report and briefs can be downloaded at: <https://www.dcyf.wa.gov/services/child-dev-support-providers/home-visiting/innovation-grant>

Safety and wellbeing

- Leadership and coworker support, reflective supervision, and self-care were commonly identified stress management techniques.
- 36.4% of home visitors and 30.4% of supervisors reported an Adverse Childhood Experience (ACEs) score of 4 or more; recent population estimates in Oregon⁴ indicate 16% of residents have four or more ACEs.

Retention

- 86.3% of surveyed home visitors and 89.3% of supervisors plan to stay in their jobs for at least the next two years. The #1 reason home visitors and supervisors want to stay is to help children and families.
- For those intending to leave, the top reasons are low pay, no promotion opportunities and too much paperwork.

The Institute for Healthcare Improvement's (IHI) White paper "Framework for Improving Joy in Work"⁵ provides a model for how the Oregon MIECHV Program can take these findings from the Region X Innovation grant and apply them using a strength-based approach. This White paper argues that focusing on joy is important for three fundamental reasons:

1. Focusing on joy instead of burnout is an assets-based approach that acknowledges the compassion and dedication that, when supported, can lead to joy as well as to effective and empathetic services.
2. Just as health should be thought of as more than merely the absence of disease, focusing on joy goes beyond reducing staff burnout to incorporating wellness and resiliency.
3. Ensuring joy is a crucial component of the "psychology of change" necessary for quality improvement. Focusing on joy in work enables organizations and staff to look at the issue from a different lens, which can lead to more innovative solutions.

Joy in work impacts individual staff engagement and satisfaction and the client's experience with home visiting. We believe that increasing joy in work among home visitors and supervisors will support improved engagement in self and collective care, reduced burnout and turnover among staff and ultimately strengthened home visitor-client relationship and client outcomes.

Mission: Building off the IHI Framework for Improving Joy in Work, the Oregon MIECHV Program will use findings and lessons learned from the Region X Innovation grant to identify and test strength-based approaches for addressing home visiting staff burnout and retention. Together along with Oregon's 22 Local Implementing Agencies (LIAs), we will engage in a learning collaborative to increase home visiting staff wellbeing, or "joy in work", for Fiscal Year 2020 (September 30, 2019 – September 29, 2020).

Local Implementing Agency leadership, such as administrators and program directors, will work with home visiting staff as active partners in their efforts to improve workflow practice and services. We hope to see an improvement in staff joy, satisfaction and wellbeing by 1) engaging leadership and home visiting supervisors in "what matters to you" conversations with home visitors; 2) identifying unique impediments to joy in work at the local context; 3) committing to a systems approach to making joy in work a shared responsibility at all levels of the organization; and 4) using quality improvement methods to test approaches to improving joy in work in each

⁴ Oregon Health Authority. (n.d.). Building resiliency: Preventing Adverse Childhood Experiences [ACEs]. Retrieved from <https://www.oregon.gov/oha/ph/HealthyPeopleFamilies/DataReports/Documents/OregonACEsReport.pdf>

⁵ Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. IHI Framework for Improving Joy in Work. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017. (Available at ihi.org)

LIA. LIA leadership will support a systems improvement approach to making joy in work a shared responsibility at all levels of the organization.

During this collaborative we will strive to meet collaborative goals by sharing and implementing the best scientific interventions and quality improvement techniques. Through employing CQI principles, skills and methods, including Plan-Do-Study-Act cycles, LIA leadership and home visiting staff will have the opportunity to test change ideas to support their overall wellbeing and ability to be present and centered with their families. A healthy, joyful home visiting workforce increases the likelihood that families will receive the full benefits of these home visitation programs.

SMART AIM: Joy in work is important for the wellbeing of home visitors and the families they support. By August 31, 2020 we aim to increase the amount of joy Oregon home visiting professionals experience, as measured by a 12-item Joy in Work pulse survey. Specifically, **we will increase the average statewide pulse survey score from 3.96 to 4.25.**

PROCESS AIM: to be determined by each LIA CQI team

B. How will we know a change is an improvement?

To identify progress towards the shared SMART aim, LIA home visiting staff will complete a monthly pulse survey. A pulse survey is a short, frequent survey designed to assess (take the “pulse” on) whether the efforts to improve joy in work are making a difference. Staff responses will be averaged for each LIA, and the total state (combined LIA) monthly average will be graphed on run charts and shared with all participants across the collaborative to promote shared learning. The measures associated with the pulse survey questions are:

Measure #1 (SMART aim): average score of pulse surveys (12 questions, 5-item Likert scale)

Measure #2 (Primary Driver 1): their job makes them feel like they are part of something meaningful

Measure #3 (Primary Driver 1): they are recognized and thanked for what they do

Measure #4 (Primary Driver 1): leadership cares about the work that they do

Measure #5 (Primary Driver 2): people at their site respect and take into consideration all views expressed

Measure #6 (Primary Driver 2): their organization recognizes the importance of their personal safety during home-visits

Measure #7 (Primary Driver 3): their work environment encourages camaraderie and conversation

Measure #8 (Primary Driver 3): they are part of a team, working together toward something meaningful

Measure #9 (Primary Driver 4): they are satisfied with their work/life balance

Measure #10 (Primary Driver 4): their workplace provides a supportive environment for self-care

Measure #11 (Primary Driver 4): their work brings them joy most days

Measure #12 (Primary Driver 5): they have opportunities in their organization to voice what matters to them

Measure #13 (Primary Driver 5): their current roll enables them to build their professional skills.

C. What changes can we make that will lead to improvement?

The IHI Framework for Joy in Work provides a guide for organizations to assess joy in the workplace and proposes nine critical components of a system for ensuring a joyful and engaged workforce. We have narrowed down and revised these into the 5 primary drivers of our key driver diagram based on the findings from the Region X Innovation grant and input from Oregon home visiting staff. Change ideas will be tested at different levels of LIA organizations across the following five primary drivers: PD1. Meaning, Purpose and Recognition; PD2. Physical and Psychological Safety; PD3. Camaraderie and Teamwork; PD4. Wellness and Resiliency; and PD5. Choice and Autonomy. These primary drivers are defined as:

1. Meaning, Purpose and Recognition: home visiting teams have a shared understanding of their work; home visitors feel the work they do makes a difference and that they are recognized for the impact of their work; leadership understands home visitors work and celebrates outcomes.
2. Physical and Psychological Safety: an equitable environment exists where all staff feel welcomed, supported and respected; staff feel secure and capable of voicing their perspectives and feedback; staff feel free from physical harm during daily work; policies, procedures and trainings exist to support a safe work environment.
3. Camaraderie and Teamwork: trusting relationships exist among home visiting staff; successes are celebrated; opportunities exist for team building and spending time together.
4. Wellness and Resiliency: ongoing, quality reflective supervision is occurring; health and wellness are supported at the individual, team and organizational level; resilience and stress-management are cultivated; there is system appreciation for the whole person and their family including a work/life balance.
5. Choice and Autonomy – the work environment supports choice, flexibility and autonomy; home visitors are part of decisions that affect them; professional goals and development are cultivated.

These 5 critical components make up the primary drivers of Oregon’s key driver diagram for the joy in work learning collaborative. The key driver diagram displays our aim and shared theory of how this aim will be achieved, including primary and secondary drivers as well as *change ideas* (specific, actionable ideas for improvement). Change ideas were identified based on 1) findings from the Region X Innovation grant 2) the latest evidence-based research; and 3) strategies identified by MIECHV programs. Each LIA will prioritize the key driver(s) to start with, informed by findings from their “What Matters to You” conversations⁶ and prework surveys. LIA teams will then select change ideas and design PDSA cycles to test those changes and drive improvement.

We acknowledge that larger organizational issues, or “boulders” such as pay, caseload and data collection and entry may arise as impediments to joy in work. The focus of this CQI collaborative is to empower home visiting teams to identify and address aspects they can change. Therefore, areas identified for improvement should be based on the ability to test changes using rapid cycle PDSAs. At the same time, larger system-wide issues that affect joy in work can also be prioritized and addressed by LIA leadership and the Oregon MIECHV Program. We encourage LIA leadership to hold space for listening and dialogue around impediments that may not be able to be addressed immediately while supporting efforts to address “pebbles” through rapid cycle PDSAs.

D. Collaborative Expectations

The Oregon MIECHV Program state team will:

- Provide technical documents, including this Joy in Work Project Charter, a Key Driver Diagram, and common measures to guide this work
- Send out monthly SurveyMonkey assessments to home visiting staff to complete
- Provide data reports on Joy in Work, including run charts
- Provide guidance and resources to participating teams on Joy in Work and best practices for supporting these efforts
- Offer quality improvement coaching to CQI teams to facilitate improvements in Joy in Work for home visiting staff through one-on-one calls, emails and webinars

⁶ Institute for Healthcare Improvement. “What Matters to You?” Conversation Guide for Improving Joy in Work. IHI Tool. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017. (Available at ihi.org)

- Provide communication and peer learning opportunities to keep LIAs connected to colleagues for the duration of the Collaborative, including through the Basecamp web platform

Participating Local Implementing Agencies will:

- Convene a CQI team to participate and identify a senior leader to serve as sponsor
- Complete and sign this Joy in Work Charter
- Complete pre-work activities to prepare for the first in-person learning session on Oct. 8, 2019
- Send at least 2 home visiting staff (including a HV Supervisor and HV) to the in-person learning session on October 8, 2019 as part of the all-LIA Meeting in Portland, Oregon
- Set goals for achieving the collaborative's aim and perform tests of change using PDSA rapid cycle methods
- Submit monthly PDSA reports to the CQI Coordinator
- Complete monthly SurveyMonkey assessments (Home Visiting Supervisor and Home Visitors)
- Actively participate in CQI activities to review data, engage in learning, and problem-solve barriers (through in-person and virtual learning sessions, webinars, and one-on-one support, as needed)

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):

Home Visiting Supervisor(s):

Home Visitor(s):

Other staff (e.g. data entry specialists):