



Home Visiting Collaborative Improvement and Innovation Network 2.0: Staff Recruitment & Retention

HV CollN 2.0 brought together Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program awardees and local implementing agencies (LIAs) to engage in collaborative learning, rapid testing for improvement, sharing of best practices, scaling of tested interventions, and building of continuous quality improvement (CQI) capacity.

The Background

Since 2013, the Health Resources and Services Administration (HRSA), through a cooperative agreement with Education Development Center, Inc., has implemented collaborative improvement and innovation networks (CollNs), using the Institute for Healthcare Improvement’s Breakthrough Series (BTS) Collaborative to accelerate improvements in select process and outcome measures for children and families within the MIECHV Program. HV CollN 1.0 (September 2013–August 2017) demonstrated that the BTS model can be used in home visiting to improve outcomes and to develop the necessary resources and conditions for subsequent spread and scale efforts. In HV CollN 2.0 (September 2017–August 2022), we used this model to address additional challenges that home visiting agencies face. This included the recruitment and retention of home visiting professionals and support for their overall health and wellbeing.

Our Aim

The Staff Recruitment & Retention (SRR) CollN was a collaborative learning effort that consists of three MIECHV awardees (Ohio, Alabama, Wisconsin) and 10 LIAs who worked to achieve the following the following SMART aim by the end of their collaborative:

Our Approach

HV CollN 2.0 staff, faculty, and frontline home visiting teams applied evidence-based research to create the **SRR Key Driver Diagram**. The key driver diagram visually displays a shared theory of how outcomes might improve based on information gathered from research, observation, and experience. The key driver diagram sets forth the aim (i.e., what will be accomplished, how much, by when, and for

whom), drivers (i.e., what needs to be in place to accomplish the aim), and change ideas (i.e., how teams can put those drivers in place). The **Primary Drivers** guiding this CollN include:

1. Evidence-based recruitment and hiring to support competency-based selection, equitable hiring, and good person-job fit
2. Home visiting workforce supported with opportunities for ongoing professional growth
3. Organizational environment that cultivates the health and wellness of home visiting professionals
4. Workplace policies and practices that recognize and reward the work of home visiting professionals
5. Home visiting professionals are empowered to contribute to the team and organization

HV CollN 2.0 supported teams in meeting collaborative goals by sharing the best available evidence and promising practices around recruitment and retention of home visiting professionals and by teaching and applying methods for organizational change. Through iterative learning cycles (Plan, Do, Study, Act cycles [PDSA’s]) and the use of monthly data for monitoring and improvement, teams learn how to effectively and efficiently improve or maintain high staff well-being.

SRR SMART Aim:

85% of home visiting professionals, including home visitors and home visiting supervisors, will improve or maintain high staff well-being, creating a healthier, supported, and more resilient home visiting workforce.

Supports offered through HV CollN 2.0 included:

- **Monthly Action Period Calls:** coaching on delivery of evidence-based interventions and practices from CQI and faculty experts.
- **Monthly Community of Practice:** support for CQI leads, opportunities to build peer connections, and clarification on roles and expectations for the work throughout the collaboratives.
- **Website and Dashboard:** an online suite of resources and curriculum to assist teams in getting started with CQI efforts as well as access to a customizable data portal that provided on-demand data and supports virtual PDSA coaching.

Parent leadership in the SRR CollN was an integral component of the work, and teams were supported throughout the CollN to partner with parents to co-create solutions that can accelerate outcomes. Teams had access to HV CollN 2.0's **Parent Leadership in CQI Toolkit**—a comprehensive toolkit to improve LIAs' capacity and infrastructure to successfully incorporate parent leadership at both the state and local levels.

Outcomes

The SRR CollN concluded in June 2022. Achievements included:

SRR Collaborative Outcomes

- **62%** of team members reported always feeling supported to manage work and be present with families (from 40%)
- **65%** Of team members reported always receiving reflective supervision that played a role in motivating them in their work (from 44%)
- **62%** of team members reported they were always feeling satisfied with their work/life balance, they were able to manage stress, and they had opportunities to engage in self-care (from 35%)

The SRR CollN also reported the following key lessons:

- Home visitors and supervisors need support to access high quality reflective supervision and reflective practice.
- Spotlighting home visitor accomplishments makes a difference in fostering a workspace where staff feel valued.
- Pay equity and clear pathways for advancement support retention of the workforce.

"We now start every team meeting with successes and wins (personally, professionally, and for the families we work with). We have also implemented an activity, either team building or mental health improvement, led by team members weekly. These changes have immensely improved our team meetings."

— SRR CollN Participant

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