REACH OUT AND READ

QUALITY IMPROVEMENT PROJECT

MANUAL

FOR

REACH OUT READ PROGRAMS
PURPOSE STATEMENT

The purpose of Quality Improvement (QI) in health care is to streamline and refine processes for delivering care in ways that improve patient outcomes.

The purpose of the Reach Out and Read QI Project is to ensure consistency and reliability of the delivery of two key components of the Reach Out and Read Model to promote early literacy and school readiness:

1. In the exam room, doctors and nurses speak with parents about the importance of reading aloud to their young children every day, and offer age-appropriate tips and encouragement.
2. The pediatric primary care provider gives every child 6 months through 5 years old a new, developmentally-appropriate children's book to take home and keep.

The purpose of the Reach Out and Read QI Project Manual is to provide a working tool for Reach Out and Read Programs to formally evaluate current systems, initiate change to facilitate Program improvement, and collect data to monitor improvement in the delivery of the Reach Out and Read Program.

Items in **boldface** indicate actions to be taken; items in **red** provide links to documents and resources.

WHO SHOULD PARTICIPATE?

Any Reach Out and Read Program interested in improving the systematic delivery of literacy promotion in the pediatric well child visit can benefit from the Reach Out and Read QI Project. Providers and all other staff involved in delivering the Reach Out and Read Program may participate in the QI effort, including Nurses, Business Office Manager, NPs, PAs, Residents, etc. It is recommended that all staff members be informed of the QI program regardless of their direct involvement.

THE GOAL

The goal of Reach Out and Read Quality Improvement Project is to:

- Increase the proportion of eligible children who receive a book.
- Increase the proportion of parents/caregivers who receive reading aloud advice.

THE COMMITMENT

As a participating Site, your commitment will be to:

- Ensure that complete and accurate contact information for all physicians and clinic staff participating in the QI Project is entered into myROR.org each month by the end of the month
- Ensure that every Provider delivering the Program has recently completed the Reach Out and Read CME-accredited online training program
- Have an ample supply of books or funding to purchase books, to enable 5 months of data collection
- Ensure that there is a system in place for accurate QI data collection
- Ensure that there is clear accountability for timely entry of QI data and information into myROR.org
- Attend a kick-off webinar
- Consistently participate in scheduled conference calls/webinars with the QI Coach and monthly QI Committee meetings at your Site throughout the Project
PRE-KICKOFF

FOUNDATIONS OF REACH OUT AND READ & QUALITY IMPROVEMENT

Prior to the kick-off, every staff member participating in the Project, and every Provider and staff member involved in delivery of the Reach Out and Read Program, should do the following:

- Complete the Reach Out and Read CME-accredited online course located in myROR
- Read this Reach Out and Read Quality Improvement Manual
- Read the Reach Out and Read Quality Improvement Overview
- Read the QI Improvement Methods document

MONTH ONE
GETTING STARTED:
ASSEMBLING YOUR QI COMMITTEE & KICK-OFF

In Month One, you will be building the knowledge base that will allow you to conduct a successful QI Project.

During the first week of month one, in preparation for the Kick-Off Webinar, you should identify the QI Project Committee/Project Team at your clinic or practice that will oversee and support the QI Project.

Here are the steps you’ll want to take:

- If your clinic/practice already has a functioning QI Committee, determine whether it will oversee this Project; if not, identify the in-house QI Project Team that will manage the Reach Out and Read QI Project and oversee communications about the Project with all providers and staff supporting the Reach Out and Read Program in your clinical setting. The Committee/Team should include the following members:
  - The Reach Out and Read Medical Director and Program Coordinator
  - All physicians participating in the Project to support their MOC
  - Other providers delivering the Reach Out and Read Program as appropriate
  - Key management team members of the clinic/practice
  - Relevant department heads related to the Reach Out and Read Program
  - Other relevant staff as appropriate to effect Program changes
- Identify a Reach Out and Read QI Project Chair to lead Project Team meetings, assure cohesiveness of the Quality Improvement plan, and oversee communication. The Chair should verify that all members of the clinic are aware of and implementing changes chosen by the Committee, and ensure that the Committee meets monthly during the QI Project.
- Appoint a QI Project Administrator to coordinate meetings, enter data and PDSA text into myROR.org, distribute documents, etc.

In preparation for the Kick-Off Webinar, the Administrator will prepare a kick-off packet for each Committee member, including:

- Background data of number of books given, from the two most recent Reach Out and Read Progress Reports in myROR
- Background data of Reach Out and Read Program operations (a copy of the most recent Medical Provider Survey(s) and a copy of the most recent National Medical Provider Survey Summary from the Quality Improvement folder in the myROR Document Library)
- Copies of the PDSA Worksheet
- Copies of the QI Process Map
- Copies of the QI Change Packet
Every Committee member is now ready to **attend the Kick-off Webinar**. It is best if the team calls in together for the webinar but it is not necessary. It is just imperative that each member attends and actively participates in one of the scheduled Kick-off Meeting webinars.

After the Kick-Off Webinar, you are ready to **attend your first QI Project Committee meeting**. Each Committee member will bring the above packet to the first Committee meeting.

The first QI Project Committee meeting has a two-fold purpose: first, to review past Reach Out and Read Program data and second, to review current Reach Out and Read practices as outlined below.

For the first part of the meeting, reviewing the past Reach Out and Read processes, the QI Project Committee Chair will lead an honest, open discussion in which the Committee will:

- Discuss challenges in delivering the Reach Out and Read Program to identify possible opportunities for improvement
- Review the historical data from the past two Reach Out and Read Progress Reports. Review consistency in supplying books to children at well-child visits over the past year. Analyze the number of books given in comparison to the number of well-child visits reported. Are the data accurate? Did every eligible child receive a book last year? Are there discrepancies?
- Review the Medical Provider Survey Summary to identify how your Reach Out and Read Program compares with and differs from the national data for each item on the Survey.
- As you review the data ask: How does the book get to the exam room? Does it make a difference if the book is given at the beginning or end of the visit? Does it matter who gives the book? Is it more effective if the medical provider gives advice about reading aloud to the child? Could we be better documenting books and advice given? What else could we have done to ensure that every child did receive a book as well as the caregiver/parent advice?

For the second part of the meeting, reviewing the current Reach Out and Read practices, the QI Project Committee Chair will lead an honest, open discussion in which the Committee will:

- Assist the Committee in mapping out the current Reach Out and Read process within the practice. The Committee will complete the Process Map. The Committee will map out the Reach Out and Read Program’s process flow by entering each step of the Reach Out and Read visit on the map. Example: 1st step: “family signs in with reception”; 2nd step: “receptionist flags as a Reach Out and Read/well-child visit; 3rd step: “reception pulls chart and book;” etc. Review the completed map. Can the process become more efficient? Is there duplication or repetition that can be eliminated? Can a visit be conducted differently for a better outcome? Think about processes rather than people; the Reach Out and Read process should work regardless of the individuals involved.
- Identify what aspect(s) of the Reach Out and Read process might be changed to improve Program delivery. Consult the Change Packet to identify potentially better practices to implement at your Site.
- Once the change has been identified, use the PDSA Planning Worksheet to describe the steps you will take to implement this change. Note: you will **NOT** implement the change until **AFTER** you have completed one week of baseline data collection in Month Two; however, be sure you have mapped out each step that will be involved, who will take responsibility for each part of the process change, method(s) of communication to all clinic staff, and the data collection process to be used.
- Define and establish a system to collect data, including number of well-child visits, number of books removed from inventory, and Parent Postcards completed following eligible well-child visits.

At the conclusion of your Committee meeting, the QI administrative person will **input text from the PDSA Worksheet into myROR**. Once the details are submitted, your QI Coach will review and provide feedback on your PDSA. Once your Coach has reviewed and commented in myROR, a final myROR entry is required to **document each provider’s participation in QI Committee-related activities for that month**. This final myROR submission is required to complete this cycle and should be completed by month-end.

Please refer to appendix A for directions on how to log onto myROR.

After the Kick-Off meeting, the Project Administrator will **prepare 10 Parent Surveys** to be used to collect parent feedback, in advance of baseline data collection:
• Select the survey(s) with appropriate language for your client population from the Quality Improvement folder in the Document Library of myROR. You will need 10 copies of the survey for baseline data collection. Print the survey on postcard quality colored paper and collate into a pack of 10 for baseline data collection.

• If additional languages are needed, contact QI@reachoutandread.org as soon as possible for assistance.

MONTH TWO
BASELINE DATA COLLECTION

During the first week of the month, each Committee member attends a conference call/webinar with the QI Coach, during which each Committee/Site will give two reports. The first report will include what was learned from the background data review to include:

• Past year book distribution to well-child visits
• The Reach Out and Read practice vs. the National statistics

The second report will describe what was learned from the current practice review to include:

• Results of the mapping process
• The area of improvement identified
• The process change to be implemented
• The data collection process to be used
• How the QI process and Reach Out and Read process change will be communicated to clinic staff

During this conference call/webinar, the QI Coach will:

• Review the requirements for baseline data collection
• Discuss implementation of the process change to be made after baseline data collection
• Review the three-month data collection schedule for the remainder of the Project
• Address any questions or concerns about the QI process to date

During the second week of the month, collect baseline data, including:

• Number of well-child visits during that week
• Number of books taken from inventory during that week
• Parent feedback collected on Parent Postcards at the end of 10 eligible well child visits during the baseline data collection week. The postcard consists of the following three questions:
  ▪ Did your child’s doctor give your child a book today?
  ▪ Did your child’s doctor talk with you about reading aloud with your child?
  ▪ In the past 7 days, on how many days have you read aloud with your child?

Once one week of baseline data are collected, the Administrator will input the baseline data into myROR, and distribute the resulting run charts to Project Committee members.

The Chair will host a meeting to review and discuss the baseline data:

• Was it expected? Does the data support what each Committee member thought was happening in the Reach Out and Read Program? What do the data show? What did the Committee learn during data collection? Were there problems or concerns with the data collection? Any concerns with the accuracy of the data or collection? Was there a reliable system for collecting the postcards? Does the Site need to change the postcard collection system to ensure that all postcards are completed and returned? Did the Committee notice any trends?

• Do the baseline data confirm that the potentially better practice selected by the Committee will improve the Reach Out and Read process? If not, consult the Change Packet for potentially better practices that may improve the process and select a different process change.

• Is the clinic/practice ready to implement change? Does every Committee member know what is happening regarding the change and their role in implementation? Allow time for discussion and brainstorming. Are all Committee members ready to move forward? If not, take this time to review/revise the PDSA Planning Worksheet,
the process change to be implemented, and each person’s role/responsibilities in the process-change timeline. Once everyone is comfortable, you can move forward.

Following the QI Committee meeting, the Administrator will:

- **Input PDSA changes and Committee feedback** into myROR for QI Coach review and feedback.

To complete this month’s QI requirements:

- **Enter each participating QI provider’s participation** in the month’s QI Committee-related activities into myROR before the end of the month.

Please refer to appendix A for directions on how to log onto myROR.

Prior to Month Three, the Site will **implement the process change**. Once you have implemented the potentially better process change you will move into four months (cycles) of data collection.

At this time, the Administrator can **prepare 150 Parent Postcards** to be used in the next four months of data collection:

- You will need 50 copies of the postcard for each of the next four months (a total of 200 postcards). Print the postcard on postcard quality colored paper and **collate into 4 packs of 50 each** for each of the next four cycles of data collection.

### THE QI DATA COLLECTION PROCESS

**MONTHS 3 - 5**

**During the first week of Month 3 through Month 5, every Committee member will be required to attend a conference call/webinar with the QI Coach to discuss the prior month/months’ activity.**

On the 1st day of each month, data collection begins.

**During each month of data collection the following will occur:**

- The Site collects data to include:
  - Number of Well-child Visits through the 20th of the month
  - Number of Books removed from inventory through the 20th of the month
  - Data from Parent Postcards filled out after eligible well child visits through the 20th of the month. Up to 50 postcards will be collected during each data collection cycle.
- At the end of each data collection cycle, the Administrator will input all data and print out the charts for the Committee.
- The Chair will host a monthly Committee meeting to review findings and discuss data. Is it what was expected? Does the data support what each Committee member thought was happening in the Reach Out and Read Program? Is the postcard collection system working? Were there any problems implementing the process change? Does the change seem effective at this time? Does the Committee need to tweak the process or select a new change to get better results? Are there system issues that need to be revamped, corrected or improved? Does every Committee member know what is happening regarding the change and are they doing their part? Communicate any revisions to all Reach Out and Read providers and staff. All clinic members should be fully up to date for the QI project.
- Also at this meeting, the Committee should review and revise the PDSA Planning Worksheet as needed to indicate any changes made to the original PDSA, roles and timelines.

Following the QI Committee meeting, the QI Project Administrator will:

- **Input PDSA changes and Committee feedback** into myROR for QI Coach review and feedback.

To complete this month’s QI requirements:

- **Enter each participating QI provider’s participation** in the month’s QI Committee-related activities into myROR before the end of the month.

Please refer to appendix A for directions on how to log onto myROR.org.
Before the last day of the month, the Administrator will distribute the next pack of 50 postcards to the appropriate person for data collection.

Repeat the above steps for each month of data collection for a total of three months.

PROJECT COMPLETION
EVALUATION, ATTESTATION AND WRAP-UP

After the end of Month 5, once all data/PDSA text input has been completed and all other requirements are met, an email containing a link to the QI Project Evaluation will be sent to each participating physician seeking Maintenance of Certification. Each physician seeking Maintenance of Certification must complete the QI Project Evaluation.

Each participating physician seeking Maintenance of Certification must complete and submit the appropriate Attestation Form:

- If you are an ABP-certified provider and need MOC, please go to your Board website and download the attestation form; complete the form and send it to:

  Reach Out and Read
  Attn: QI Administrator
  56 Roland Street, Suite 100-D
  Boston, MA 02129-1243

  The Reach Out and Read Project Leader will send completion documentation directly to the ABP. Upon receipt of this information, your portfolio will reflect the appropriate MOC Part 4 credit.

- If you are an ABFM-certified provider and need MOC, please go to myROR.org, download and complete the attestation form, and send it to:

  Reach Out and Read
  Attn: QI Administrator
  56 Roland Street, Suite 100-D
  Boston, MA 02129-1243

  The Reach Out and Read Project Leader will sign the Attestation Form and return it to you to submit to your certifying Board.

Please complete the QI Project Evaluation and all the required MOC paperwork within 30 days of the Project’s completion.
Inputting data for Quality Improvement into myROR.org

- Log into myROR.org as a SITE (Site ID and Site Password)
- Click on “Program Administration” tab at upper left
- In the sidebar at left, “Reports and Tools” is in yellow. From the list of choices in green, click on “Quality Improvement”
- Under “Quality Improvement Projects,” click on the small red box labeled “VIEW”
- You should see a page titled “QI Online Main Menu,” with a brief greeting and a green box that lists a task and the corresponding dates for each month of the Project
- By selecting “VIEW” or “EDIT” for the appropriate month, you may then answer questions, provide requested data and check off participation for each individual medical provider at your Site (the online page for each month includes an overview of data to be collected and input, as well as instructions for the QI Committee and other participants at the Site)
- “VIEW” enables you to see information entered for prior months (you may not remove or change anything) while “EDIT” is only displayed for the active month and may be updated or revised