## **Nevada CQI Action Plan**

| Activity  | Domain   | Estimate<br>d Time                          | Lead                 | Priority | Completio<br>n Date | Team<br>Members/Res<br>ources<br>Needed   |
|---|--|---|----------------------|----------|---------------------|---|
| Develop a process to ensure CQI is at the table when programmatic decisions and Unity changes are made. Ensure consultation with CQI and establish standards to ensure feedback loops.  | Leadership<br>Support &<br>Modeling                  | 2 Months                                    | Holly and<br>Kathryn | 1        | 12/31/2021          | PIP Team 4,<br>SQIC, (Written<br>CQI policy that<br>is flexible)  |
| Develop formal feedback loops<br>for case reviews for staff. (Utilize<br>an existing process, such as<br>child Stat, as opportunity to<br>close feedback loop)  | Staff &<br>Stakeholder<br>Engagemen<br>t             | 1 Month                                     | Kathryn              | 1        | 09/15/2021          | SQIC,<br>Supervisors,<br>field staff,<br>managers from<br>each<br>jurisdiction                                      |
| Develop a process to ensure leadership/managers/supervisor s champion results with staff and external stakeholders.  Managers/supervisors champion results with staff, leadership champions results with external stakeholders.     | Leadership<br>Support &<br>Modeling                  | 2 Months                                    | Kathryn              | 1        | 11/01/2021          | SQIC (Mtg on<br>30th can start<br>this-Kathryn)   |
| Develop a process to ensure frontline staff as subject matter experts are at the table when programmatic decisions and Unity changes are made. Ensure consultation with frontline and establish standards to ensure feedback loops. | Staff &<br>Stakeholder<br>Engagemen<br>t             | 2 Months                                    | Kathryn              | 1        | TBD                 | SQIC  |
| Explore feasibility to increase COGNOS capacity (developer licenses, training and IT work to set up specialized reports) across all jurisdictions so could have reports written so they can do analysis in a timely manner.         | Leadership<br>Support &<br>Modeling                  | 2 Months                                    | Srinivas<br>and FPO  | 1        | 06/30/2021          | Identify staff to use; IT staff; subgroup with IT and jurisdictional representatives , fiscal, Office of analytics, |
| Establish expectations and standards to shift culture around CQI. Make sure reinforces a learning environment/process.  | Application of Findings                              | Now and forever                             | Holly and<br>Kathryn | 1        | 11/01/2021          | PIP Team 4  |
| Standardize expectations for data entry to ensure accuracy.   | Quality Data, infrastructu re, extraction & analysis | Ongoing<br>(Immedia<br>tely and<br>Forever) | Holly and<br>Kathryn | 1        | 12/31/2021          | PIP Team 4 ,<br>SQIC, Policy<br>and procedure<br>teams within<br>jurisdictions                                      |
| Develop policy and procedures for statewide CQI Plan.   | Administrati<br>ve Structure<br>& Oversight          | 1 Year                                      | Holly and<br>Kathryn | 1        | 02/22/2022          | PIP Team 4 ,<br>jurisdictional<br>P&P<br>representatives  |

| Review existing CQI processes.   | Administrati<br>ve Structure<br>& Oversight          | 1 Year             | Holly and<br>Kathryn | 1 | 02/22/2022 | PIP Team 4,<br>jurisdictional<br>CQI  |
|--|--|--------------------|----------------------|---|------------|---|
| Develop formal feedback loop<br>for external stakeholders.<br>(example: invite stakeholders to<br>processes already in place, such<br>as child stat).                              | Staff &<br>Stakeholder<br>Engagemen<br>t             | 2 Months           | Kathryn              | 1 | TBD        | representatives<br>SQIC   |
| Develop mechanism/process/place to share summary reports (historical information, recommendations, and analysis information) common to all jurisdictions (internal).               | Quality Data, infrastructu re, extraction & analysis | 2 Months           | Holly and<br>Kathryn | 2 | 05/15/2021 | PIP Team 4 to<br>create<br>Subgroup of<br>SMEs for each<br>jurisdiction, IT,<br>Fiscal.                     |
| Review case review training for supervisors and determine how/when supervisors should be engaged in the process.   | Case<br>Record<br>Review                             | 3 Months           | Holly and<br>Kathryn | 2 | 05/31/2021 | PIP Team 4 (not<br>data team),<br>FPO CQI,<br>Regional CQI<br>teams   |
| Develop process for validation of data that is efficient.  | Quality Data, infrastructu re, extraction & analysis | 1 Year             | Holly and<br>Kathryn | 2 | 05/31/2021 | PIP Team 4 Subgroup of IT; CQI staff; Leadership Team; end users;   |
| Develop process for Data Dictionary for existing reports. Prioritize areas of focus.   | Quality Data, infrastructu re, extraction & analysis | 1 Year             | Srinivas<br>and FPO  | 2 | 06/30/2021 | Identify staff to use; IT staff; subgroup with IT and jurisdictional representatives , Office of analytics, |
| Develop process to survey staff around data needs.   | Quality Data, infrastructu re, extraction & analysis | 2 Months           | Holly and<br>Kathryn | 2 | 12/31/2021 | PIP Team 4 ,<br>Field staff   |
| Determine minimum standards and best practices for reviewing data with staff and stakeholders.   | Communic ation                                       | 2 Months           | Holly and<br>Kathryn | 2 | 02/22/2022 | PIP Team 4,<br>SQIC, Regional<br>CQI Teams,   |
| Develop Data Training (more sophisticated analysis) for CQI staff and leadership, (Casey or Center training on data analytics possibly) Data visualization, presentation, analysis | Quality Data, infrastructu re, extraction & analysis | Within 6<br>Months | Holly and<br>Kathryn | 2 | 02/22/2022 | PIP Team 4,<br>CQI staff;<br>Leadership   |
| Develop standards for sampling methodology for ad hoc reviews.   | Case<br>Record<br>Review                             | 1 Year             | Holly and<br>Kathryn | 2 | 05/31/2021 | PIP Team 4<br>subgroup with<br>Data Team and<br>Representation<br>from all<br>regions, IT                   |

| Develop process to determine which targeted reviews to do as a state, which includes performing root cause analysis. SQIC used to be decision making body and | Case<br>Record<br>Review                             | 2 Months      | Kathryn              | 2 | TBD        | SQIC, Agency<br>leadership   |
|---|--|---------------|----------------------|---|------------|--|
| affirm results  Develop plan for communicating with external stakeholders.  | Communic<br>ation                                    | 2 Months      | Kathryn              | 2 | TBD        | SQIC, Executive Leadership, System Advocate, Public Information Officers, Legal Team   |
| Determine barriers that prevent effective communication with staff and stakeholders.  | Communic<br>ation                                    | 1.5<br>Months | Kathryn              | 2 | TBD        | SQIC, Executive Leadership, System Advocate, Public Information Officers, Legal Team   |
| Develop standardized measurement tools for qualitative measures. Minimum standards to compare across regions.   | Leadership<br>Support &<br>Modeling                  | 1 Year        | Holly and<br>Kathryn | 2 | TBD        | PIP Team 4,<br>SQIC oversight<br>with SQIC<br>subcommittee,<br>subject matter<br>experts (field<br>staff and<br>supervisors) |
| Develop process to survey external stakeholders around data needs.  | Quality Data, infrastructu re, extraction & analysis | 2 Months      | Kathryn              | 2 | TBD        | SQIC   |
| Determine process for sharing case review results. (SQIC, agency leadership, staff who had cases reviewed)  | Case<br>Record<br>Review                             | 2 Months      | Holly and<br>Kathryn | 3 | 05/31/2021 | Subgroup of<br>site leads for<br>each location,<br>supervisors,<br>caseworkers,<br>SQIC, Agency<br>leadership                |
| Identify who would need to better understand CQI and develop general CQI training.  | Administrati<br>ve Structure<br>& Oversight          | 6 Months      | Kathryn              | 3 | TBD        | SQIC, training<br>team<br>representatives<br>, WIT<br>(Workforce<br>Innovation<br>Team)                                      |