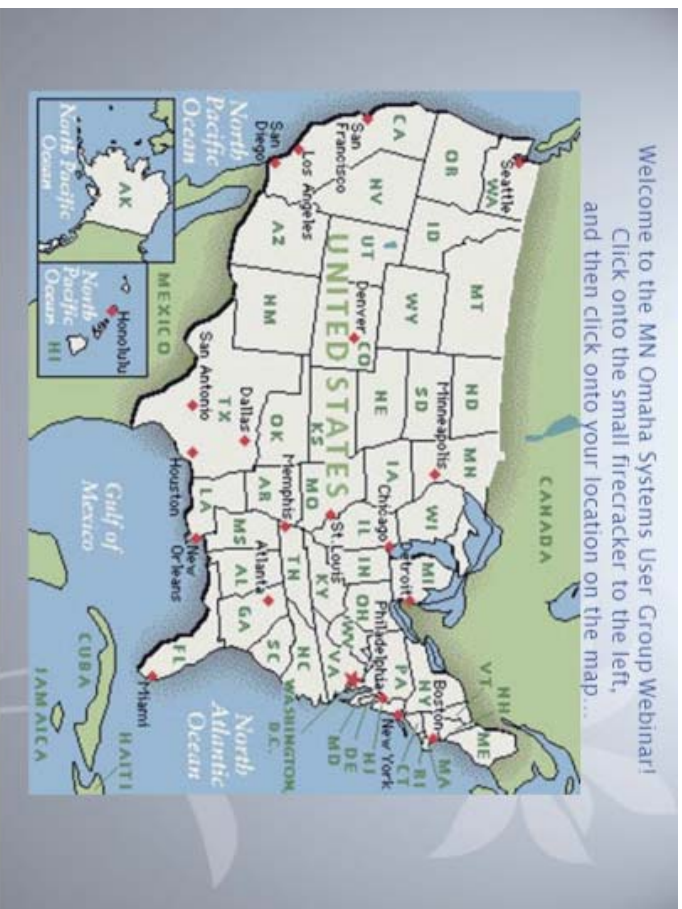


Welcome to the MN Omaha Systems User Group Webinar! Click onto the small firecracker to the left, and then click onto your location on the map??



Minnesota Omaha System Users Group



MINNESOTA OMAHA SYSTEM USERS GROUP

Webinar hosted by
Otter Tail County Public Health with
web access provided by
CHAMP Software System

January 19, 2011
11 am to 2 pm
Government Services Center
Dead Lake Room
Fergus Falls, MN

Introductions

Introductions

❖Facilitator

- Kristin Erickson, PHN, Healthcare Initiative Coordinator for SHIP in Becker, Clay, Otter Tail, and Wilkin Counties



❖Presenters

- Diane Thorson, PHN, MS, Director of Otter Tail County Public Health in Fergus Falls, Minnesota
- Linda Barnhart, MSN, ARNP, Public Health Consultant, Washington State Department of Health

Welcome

Welcome

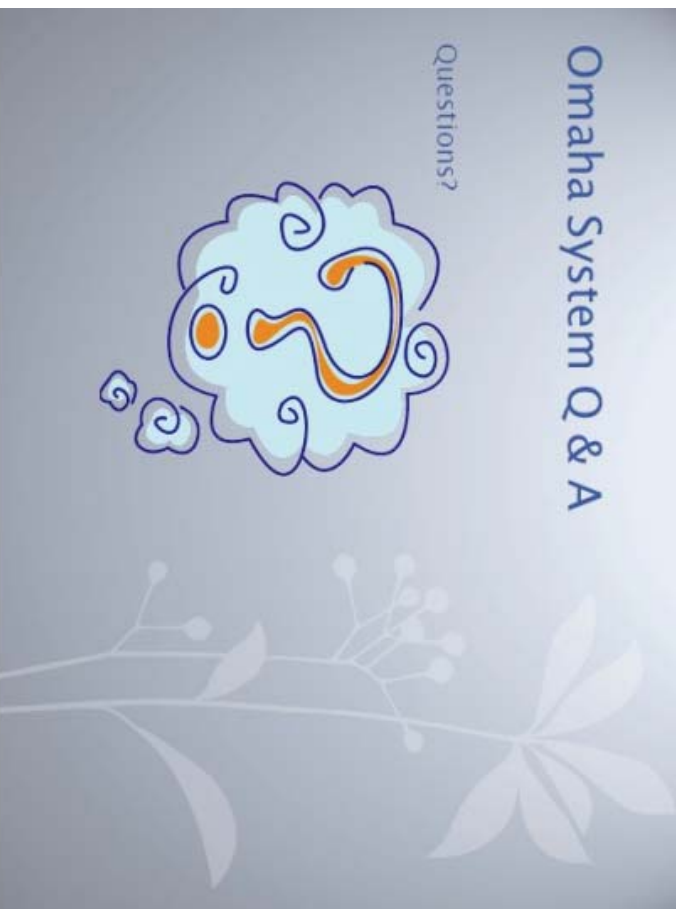
- Webinar Housekeeping:
 - ❖Please keep your phone on mute unless you are asking a question or commenting.
 - To mute phone: *6
 - To unmute phone: *6
- ❖To ask questions and/or make comments:
 - Click on raise hand icon, or
 - Type into chat box and click submit

Eliminate Help

WHERE ARE YOU RIGHT NOW? Click onto the small firecracker to the left, and then click onto your location on the map??



Omaha System Q & A



Helpful Hints for New Users



The Omaha System and SHIP

❖Presenter:

Diane Thorson, M.S., R.N., P.H.N.,
Director of Otter Tail County Public Health, Fergus Falls, MN



❖ Focus:

The Omaha System and the *Statewide Health Improvement Program* (SHIP) in Becker, Clay, Otter Tail, and Wilkin Counties in Minnesota

The Omaha System and SHIP

- What is SHIP?
- What does the Omaha System have to do with SHIP?
- SHIP/ICSI Omaha System Pilot Project at Otter Tail County Public Health
- SHIP Pilot Project Q and A

What is SHIP?

What is SHIP?

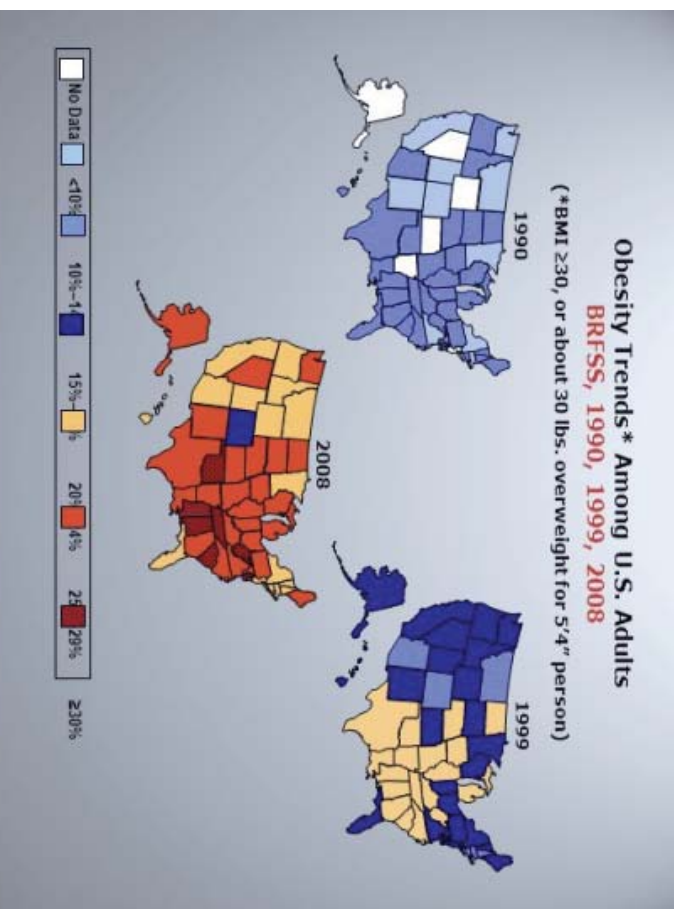
- Part of Minnesota's historic health care reform initiative signed into law in 2008.
- A \$47 million appropriation by the state legislature allocated by the Minnesota Department of Health to local public health and tribal entities.
- An initiative that aims *to help lower the number of Minnesotans who use tobacco or who are obese or overweight.*

Why do we need SHIP?

Why do we need SHIP?

- Tobacco use and exposure and obesity are leading causes of chronic disease in Minnesota:
 - ❖ 38% of adults are classified as overweight based on Body Mass Index (BMI), and 25 percent of adults are classified as obese.
 - ❖ 24% of adults consume five or more fruits and vegetables per day.
 - ❖ 51% of adults get 30 or more minutes of moderate physical activity five days per week.
 - ❖ 18% of adults are current smokers.

Slide13



Page 13.

The result is that many Minnesotans live with chronic diseases:

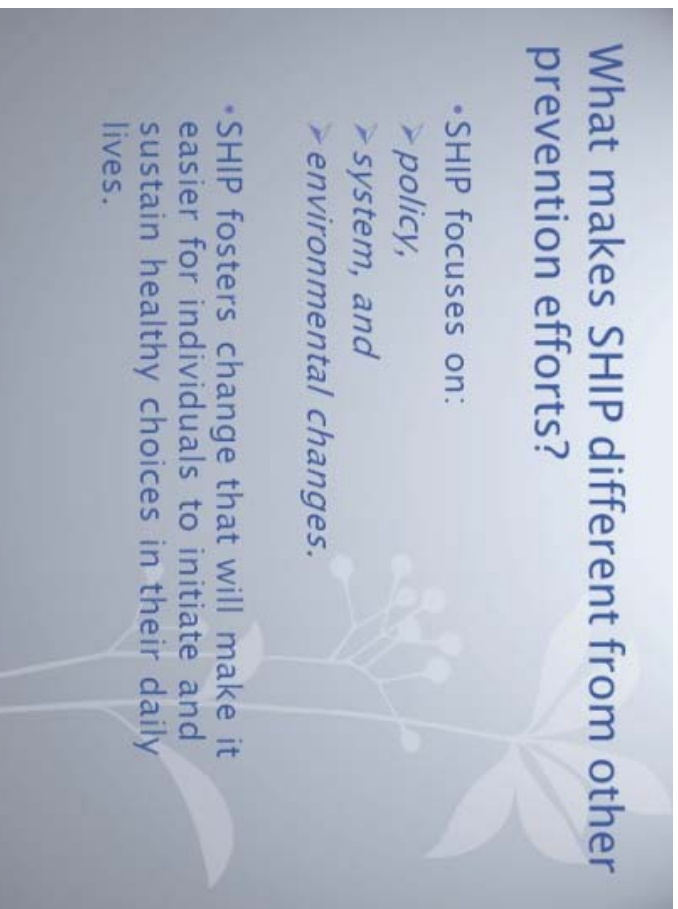
The result is that many Minnesotans live with chronic diseases:

- 23,500 new cases of cancer were identified in 2006.
- 139,000 Minnesotans were diagnosed with coronary heart disease or angina, and 71,000 Minnesotans had a stroke in 2006.
- 322,000 Minnesotans had diabetes, and more than one million Minnesotans had pre-diabetes in 2005.
- 11 percent of Minnesotans either have asthma or have had it in the past.

http://www.health.state.mn.us/healthreform/ship/about/SHIPFActSheet_August2009.pdf

Page 14.

What makes SHIP different from other prevention efforts?



What makes SHIP different from other prevention efforts?

- SHIP focuses on:
 - *policy,*
 - *system, and*
 - *environmental changes.*
- SHIP fosters change that will make it easier for individuals to initiate and sustain healthy choices in their daily lives.

Who received SHIP grants?



Who received SHIP grants?

- SHIP grants were awarded to community health boards and tribal governments. Grantees work in their communities to employ evidence-based strategies to make *policy, systems and environmental change* in four settings:
 - Schools
 - Communities
 - Worksites
 - Health Care Systems

Becker, Clay, Otter Tail, and Wilkin Counties

Becker, Clay, Otter Tail, and Wilkin Counties

Becker, Clay, Otter Tail, and Wilkin Counties submitted a multi-county grant application and were awarded a SHIP Grant.



The initial SHIP Grant period runs from July 2009 through June 2011.

SHIP in the Healthcare Setting

SHIP in the Healthcare Setting

- Support implementation of the *Institute for Clinical Systems Improvement* Guidelines for "Prevention and Management of Obesity" and "Primary Prevention of Chronic Disease Risk Factors" by health care providers for adults and children where applicable.

• In other words, implement policies, systems, and/or environments that encourage health care providers to address healthy weight behaviors and tobacco use and exposure with patients.

<http://www.health.state.mn.us/healthreform/ship/about/SHIPHealthCareFactSheet.pdf>

SHIP in Otter Tail County Public Health

SHIP in Otter Tail County Public Health

- Otter Tail County Public Health (OTCPH) is one of 10 healthcare partners in the Becker, Clay, Otter Tail, and Wilkin Counties' SHIP Healthcare Initiative.
- OTCPH is implementing the ICSI Guidelines by addressing BMI and tobacco use with clients, utilizing the Omaha System documentation system.

For more information about SHIP:
www.health.state.mn.us/healthreform/ship

The Burning Question

The Burning Question

- What is the relationship of SHIP to the Omaha System?
OTCPH is addressing BMI and tobacco use with clients *utilizing the Omaha System documentation system.*
- Health care providers in all settings need to **Ask, Assess, Advocate, and Assist** their clients in addressing behaviors which affect their health.
- In this case we are talking about nutrition, physical activity, and tobacco use behaviors. Today I am focusing only on *nutrition and physical activity.*

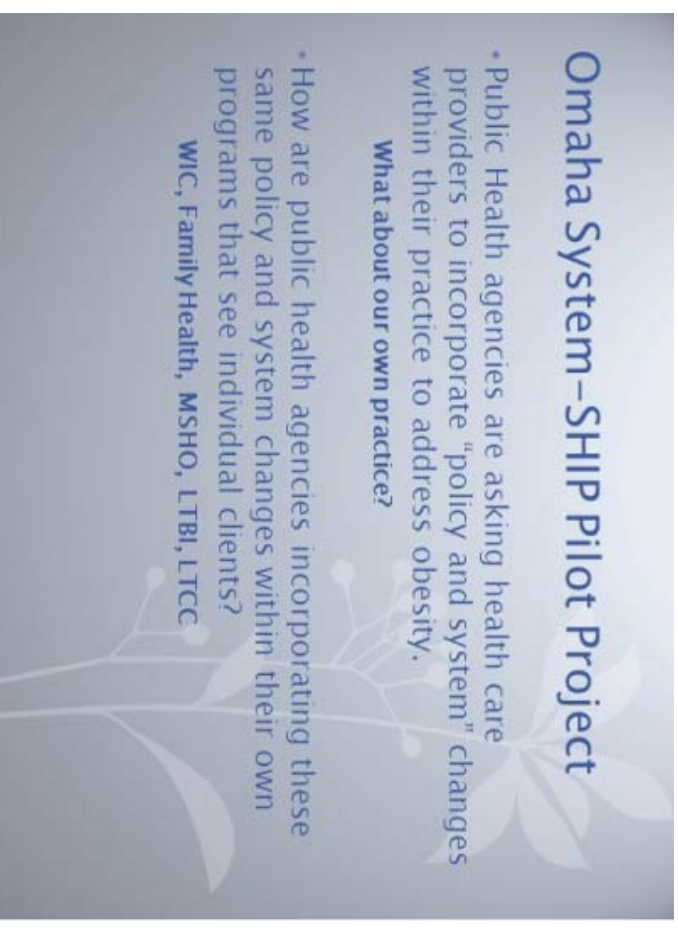
If it isn't documented-it wasn't done



If it isn't documented-it wasn't done

- The Omaha Documentation System has the framework needed to document the care provided
- Signs and Symptoms
- Knowledge, Behavior, and Status Ratings
- Interventions

Omaha System-SHIP Pilot Project



Omaha System-SHIP Pilot Project

- Public Health agencies are asking health care providers to incorporate "policy and system" changes within their practice to address obesity.
What about our own practice?
- How are public health agencies incorporating these same policy and system changes within their own programs that see individual clients?
WIC, Family Health, MSHO, LTBI, LTCC

It takes a Team

It takes a Team

- Invited nursing staff from each of the program areas to be a part of a pilot project to determine how to incorporate changes within their programs.
- Participated in trainings and a collaborative led by the *Institute for Clinical Systems Improvement* and *SHIP*.
- Reviewed the Omaha System documentation elements for nutrition and physical activity.
- Created KBS rating guides for the pilot project.

Nutrition Signs & Symptoms

Nutrition Signs & Symptoms

Nutrition (323):
Select, consume, and use food and fluids for energy, maintenance, growth and health

Signs / Symptoms:

- | | |
|--|---|
| <ul style="list-style-type: none">• Overweight: adult BMI 25.0 or more child BMI 95th percentile or more• Underweight: adult BMI 18.5 or less; child BMI 5th percentile or less• Lacks established standards for daily caloric/fluid intake• Exceeds established standards for daily caloric/fluid intake• Unbalanced diet | <ul style="list-style-type: none">• Improper feeding schedule for age• Does not follow recommended nutrition plan• Unexplained/progressive weight loss• Unable to obtain/prepare food• Hypoglycemia• Hyperglycemia• Other |
|--|---|

Nutrition KBS Rating Guide

Nutrition KBS Rating Guide

Knowledge (What client knows) Consider knowledge of:	Behavior (What client does) Consider if client is:	Status (How client is) Consider: responsibility
<ul style="list-style-type: none"> Benefits of weight management options How to access support services 	<ul style="list-style-type: none"> Implementing self-help strategies 	<ul style="list-style-type: none"> Acceptance of personal responsibility

Nutrition-Knowledge

Nutrition-Knowledge

None	Minimal	Basic	Adequate	Superior
<p>Client/Caregiver Knowledge</p> <ul style="list-style-type: none"> No knowledge of: <ul style="list-style-type: none"> negative effects of diet on health status suggested diet for health status (dietary guidelines and food pyramid recommendations) current weight & weight history role of fruits, vegetables, sugar and fats in diet management resources and how to access 	<ul style="list-style-type: none"> Minimal knowledge of: <ul style="list-style-type: none"> negative effects of diet on health status suggested diet for health status (dietary guidelines and food pyramid recommendations) current weight & weight history role of fruits, vegetables, sugar and fats in diet management resources and how to access 	<ul style="list-style-type: none"> Basic knowledge of: <ul style="list-style-type: none"> negative effects of diet on health status suggested diet for health status (dietary guidelines and food pyramid recommendations) current weight & weight history role of fruits, vegetables, sugar and fats in diet management resources and how to access 	<ul style="list-style-type: none"> Adequate knowledge of: <ul style="list-style-type: none"> negative effects of diet on health status suggested diet for health status (dietary guidelines and food pyramid recommendations) current weight & weight history role of fruits, vegetables, sugar and fats in diet management resources and how to access 	<ul style="list-style-type: none"> Superior knowledge of: <ul style="list-style-type: none"> negative effects of diet on health status suggested diet for health status (dietary guidelines and food pyramid recommendations) current weight & weight history role of fruits, vegetables, sugar and fats in diet management resources and how to access

Nutrition-Behavior

Nutrition-Behavior

Client/Caregiver Behavior	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
	<ul style="list-style-type: none"> Does not eat fruits & vegetables limit fat and/or sugar intake limit portions or blood sugar consider changing behavior Precontem- plation 	<ul style="list-style-type: none"> eats fruits & vegetables limit fat and/or sugar intake portions tracks weight or blood sugar considers changing behavior Contempla- tion 	<ul style="list-style-type: none"> eats fruits & vegetables limit fat and/or sugar intake portions tracks weight or blood sugar considers changing behavior Preparation 	<ul style="list-style-type: none"> eats fruits & vegetables limit fat and/or sugar intake portions tracks weight or blood sugar takes action to change behavior Action 	<ul style="list-style-type: none"> eats fruits & vegetables limit fat and/or sugar intake portions tracks weight or blood sugar maintains behavior changes Maintenance /relapse prevention

Nutrition-Status

Nutrition-Status

Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Blood sugar/lipid levels Weight not within recommended ranges Child BMI <5% Adult BMI <18.5 or >=40	Blood sugar/lipid levels decreasing with medications Child BMI >95% Adult BMI <18.5 or >=35-35.9	Blood sugar/lipid levels controlled with medications and diet Weight decreasing Child BMI 85-95% Adult BMI >=30-34.9	Blood sugar/lipid levels controlled with diet Child BMI 85-95% Adult BMI >=25-29.9	Blood sugar/lipid levels within recommended ranges Weight within recommended range Child BMI 6-85% Adult BMI 18.5-24.9

Physical Activity-Signs & Symptoms

Physical Activity-Signs & Symptoms

Physical Activity (331):

State or quality of body movements during daily living

Signs / Symptoms:

- Sedentary lifestyle
- Inadequate/inconsistent exercise routine
- Inappropriate type/amount of exercise for age/physical condition
- Other

Physical Activity Rating Guides

Physical Activity Rating Guides

KBS rating considerations:

Knowledge (What client knows)	Behavior (What client does)	Status (How client is)
Consider knowledge of: <ul style="list-style-type: none">▪ benefits of exercise management▪ exercise options▪ how to access support services	Consider if client is: <ul style="list-style-type: none">▪ implementing self-help▪ readiness to change	Consider: <ul style="list-style-type: none">▪ acceptance of personal responsibility

Physical Activity-Knowledge

Physical Activity-Knowledge

	Minimal	Basic	Adequate	Superior
Client/Caregiver Knowledge	Minimal knowledge of: <ul style="list-style-type: none"> reasons to participate in physical activity 	Basic knowledge of: <ul style="list-style-type: none"> reasons to participate in physical activity 	Adequate knowledge of: <ul style="list-style-type: none"> reasons to participate in physical activity 	Superior knowledge of: <ul style="list-style-type: none"> reasons to participate in physical activity

Physical Activity-Behavior

Physical Activity-Behavior

	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Client/Caregiver Behavior	Does not: <ul style="list-style-type: none"> engage in regular physical activity consider changing behavior 	Rarely: <ul style="list-style-type: none"> engages in regular physical activity considers changing behavior 	Inconsistently: <ul style="list-style-type: none"> engages in regular physical activity considers changing behavior 	Usually: <ul style="list-style-type: none"> engages in regular physical activity takes action to change behavior 	Consistently: <ul style="list-style-type: none"> engages in regular physical activity maintains behavior changes

Physical Activity-Status



Physical Activity-Status

Client Status	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Never Exercises			Has exercise routine, but maintains it inconsistently	Consistently exercises at least 1-4x/week	Consistently exercises 5x/week

Stages of Change



Stages of Change

Prochaska's Stages of Change

Stages of Change Placement Confirmation Questions:

- Are you seriously intending to change your behavior in the next 6 months? *If no: Precontemplation*
- Are you seriously considering changing your behavior in the next 6 months? *If yes: Contemplation*
- Are you intending to change your behavior in the next month? *If yes: Preparation*
- Have you successfully altered your behavior for a period of 1 day to 6 months? *If yes: Action*
- Have you consistently engaged in healthy behavior for more than 6 months? *If yes: Maintenance*

Ready, Set, Go

- Pilot Project Staff:
 - ❖ Four nurses.
 - ❖ Each nurse agreed to test the tools on four clients.
 - ❖ Each nurse received training and tools.
- Pilot Project Clients:
 - ❖ Postpartum
 - ❖ Early Childhood Screening
 - ❖ Community Well-MSHO, and
 - ❖ LTBI

Pilot Program Feedback

- Need tools to use for education that depict appropriate serving sizes
- Need tools to use for education that depict the amount of calories burned doing different types of exercise
- Need suggestions for home exercise programs
- Need more training to assess stages of change and learn applicable interventions according to stage.

Next Steps

- ## Next Steps
- January 27 – All staff will be trained to use the Omaha Documentation System for addressing Nutrition and Physical Activity
 - Additional training to assess Stages of Change and identify appropriate interventions
 - Data collection and analysis
 - Revisions
 - Posting on the Minnesota Omaha System website

But wait?there is more to consider??

- ## But wait...there is more to consider...
- Since public health interventions can also be population-based...what happens if the community is the client?
Does the Omaha System allow for this?
 - And what about the SHIP program where healthcare settings are the client?
Does the Omaha System allow for this?

Community as Client Intervention

- **Problem = Nutrition:**
 - Definition: Select, consume and use food and fluids for energy, maintenance, growth and health.
 - **Community as Client Interpretation:** Development and effectiveness of a community-based policy, system, and/or environmental approach to support healthy nutrition practices.
- **Signs /Symptoms:**
 - Residents are overweight: adult BMI 25.0 or more; child BMI 95th percentile or more
 - Residents exceed established standards for daily caloric/fluid intake
 - Other: lack of or inadequate policy/system/environment that supports healthy nutrition practices
 - Other: lack of behaviors that support healthy nutrition practices
 - Other: inconsistent behaviors that support healthy nutrition practices

Community as Client Intervention

Nutrition KBS rating considerations:

Knowledge (What Client Knows)	Behavior (What Client Does)	Status (What Client Is)
Consider client knowledge of: <ul style="list-style-type: none">• need to address nutrition (KBS agency data)• evidenced-based guidelines, policies, systems, or environments that address nutrition• local resources that support healthy nutrition practices	Consider if client does: <ul style="list-style-type: none">• implement evidenced-based guidelines, policies, systems, and/or environments to address nutrition• coordinate efforts to address nutrition use or have nutrition resources	Consider if client is: <ul style="list-style-type: none">• adopting evidenced-based guidelines, policies, systems, or environments to address nutrition• overweight or obese

Healthcare Setting as Client Interpretation

Healthcare Setting as Client Interpretation

- **Problem = Healthcare Supervision:**
- **Definition:** Management of the health care treatment by health care providers.
- **Healthcare Setting as Client Interpretation:** Management of the health care treatment by health care providers via development and implementation of an evidence-based policy, system, and/or environmental approach.
- **Signs/Symptoms:**
 - inadequate treatment plan
 - other: lack of or inadequate policy/system that addresses health care management
 - other: lack of staff behaviors that manage and/or document health care practices
 - other: inconsistent staff approach to health care management

Healthcare Setting as Client Interpretation

Healthcare Setting as Client Interpretation

Healthcare Supervision KBS rating considerations:

Knowledge (What Client Knows)	Behavior (What Client Does)	Status (What Client Is)
Consider client knowledge of: <ul style="list-style-type: none">• health issue as a health problem• evidenced-based guidelines, policies, system, or environments that address the health issue	Consider if client does: <ul style="list-style-type: none">• implement evidenced-based guidelines, policies, systems, or environments to address the health issue• coordinate efforts to address the health issue	Consider if client is: <ul style="list-style-type: none">• adopting evidenced-based guidelines, policies, systems, or environments to address the health issue• reported to have health issue

For more details??



For more details...

- Minnesota Omaha Systems User Group Website:
- ❖ Case Study:
 - Obesity Epidemic:
 - Prevent and Reduce Obesity in a Community
 - ❖ Nutrition Problem:
 - Community as Client Interpretation
 - ❖ Physical Activity Problem:
 - Community as Client Interpretation
 - ❖ Healthcare Supervision Problem:
 - Healthcare Setting as Client Interpretation

Omaha System-SHIP: Q & A



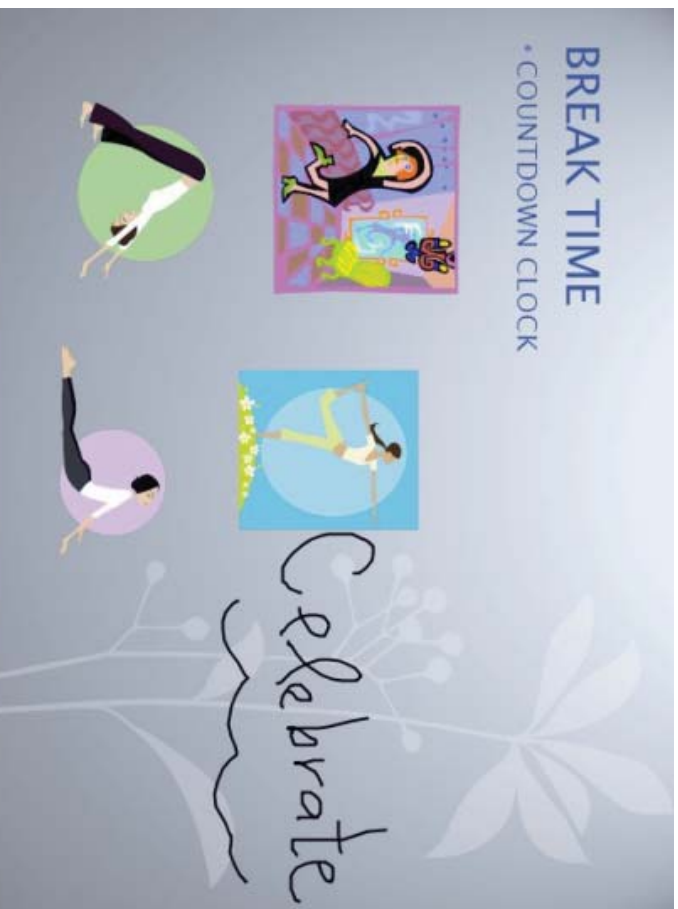
Omaha System-SHIP: Q & A

- Questions?
- Feedback?
- Thoughts?
- Ideas?

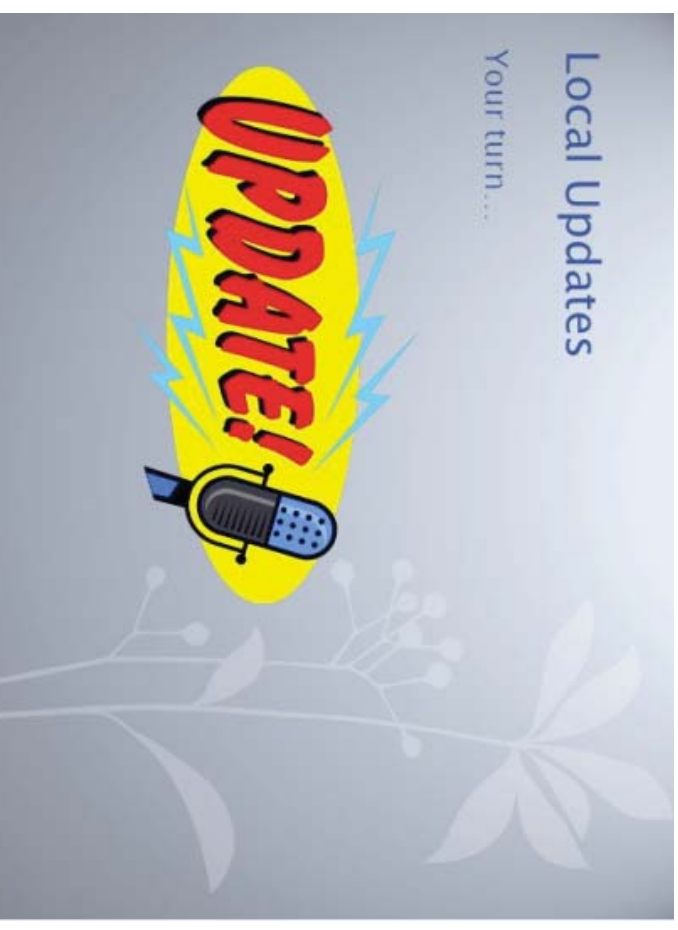
BREAK TIME!



BREAK TIME



Local Updates



The Omaha System and Children with Special Health Care Needs

The Omaha System and Children with Special Health Care Needs

❖ Presenter:

- Linda Barnhart, MSN, ARNP
- Washington State Department of Health



❖ Focus:

The Omaha System and Children with Special Health Care Needs in Washington State

CSHCN Outcomes Project Linda Barnhart, MSN, RN Public Health Nursing Consultant January 19, 2011



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CSHCN Outcomes Project

Linda Barnhart, MSN, RN

Public Health Nursing Consultant

January 19, 2011

Elluminate Live! - ELLUMINATE TRIAL FOR NICOLE.SOWERS@CHAMPSOFTWARE.COM

Jan 19, 2011 12:48:38 PM

Public Health Nursing??



Public Health Nursing...



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Or not??



Or not....



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Children with Special Health Care Needs

“...those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”



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What we know . . .

- 240 children born every day in Washington
- 14-17% have a special health care need
- Our work is to help create an environment to improve lives of all children



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Our most vulnerable ...

The children with special health care needs served by the public health nurses at the local level are the most vulnerable.



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Why collect outcomes?

Lots of reasons...

- Public Health Nurses
- Public Health Improvement Plan
- Reshaping Governmental Public Health in WA State: An Agenda for Change
- Right thing to do



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You don't have to see the whole staircase, just take the first step.



Getting started:
You don't have to see the whole staircase, just take the first step.

- Martin Luther King



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The Outcomes Journey ...

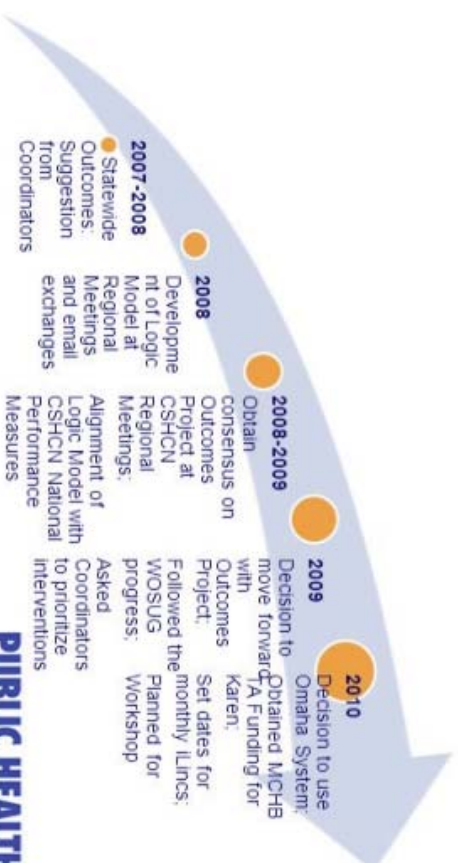


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Timeline



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CSHCN Outcomes Project Planning Committee

- Benton-Franklin: Carla Prock
- NE Tri: Kay Scamahorn
- Tacoma-Pierce County: Lea Johnson
- Seattle & King County: Donna Borgford-Parnell
- Snohomish: Judy Ward
- Spokane: Ulrike Kaufmann and Lisa Ross
- DOH CSHCN Program Staff



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Logic Model



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CSHCN regional meetings for in-person input



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CSHCN Coordinators prioritize interventions based on Logic Model



E-mails



CSHCN Coordinators
prioritize
interventions based
on Logic Model

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Use the Omaha System!



Good advice ...



Use the Omaha System!

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Washington Omaha System Users Group



WOSUG

**Washington
Omaha System
Users Group**

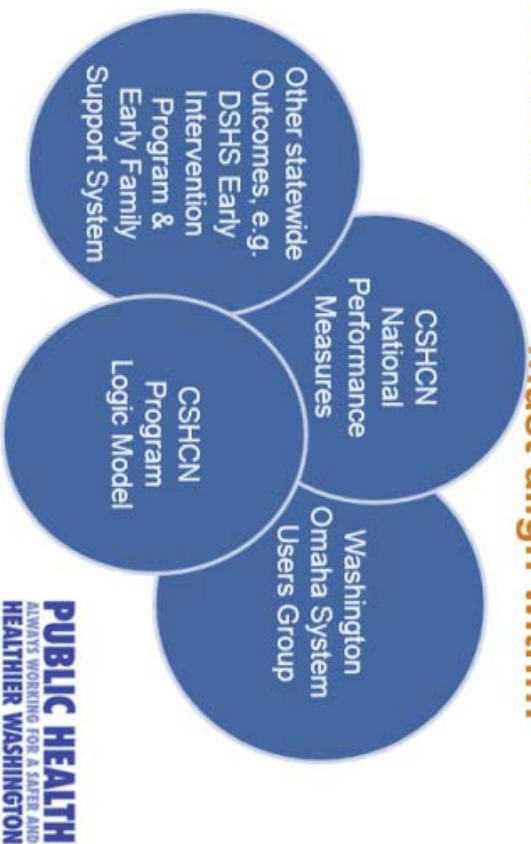


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CSHCN Outcomes Project must align with??



CSHCN Outcomes Project must align with...



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Karen



Karen



- MCHB TA funds
- iLinc
- Monthly calls for 6 months
- 25+ people per call

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Wow!

CSHCN Coordinators
have shown amazing
participation and
commitment
to the project!



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Slide69



**Can we pull together
a workshop?**



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Why an in-person workshop?

Provide an opportunity for CSHCN Coordinators and DOH CSHCN Staff to come together, share knowledge and ...

- Establish consistency in the delivery and documentation of best practices for children with special health care needs.
- Learn more about resources for children with autism and their families.
- Improve knowledge about ethics/specific conditions for CSHCN.
- Increase awareness of state, regional, urban, and rural issues that relate to CSHCN.



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But, how do we get everyone here?



But, how do we get everyone here?



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THANK YOU!

Workshop Planning Committee

- Benton-Franklin County
Carla Prock
- Lewis County
Rebecca Giardina
- NE Tri
Kay Scamahorn
- Seattle & King County
Donna Borgford-Parnell
- CSHCN Program Staff



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Consolidated Contracts and TA Requests



**Consolidated Contracts
and TA Requests**

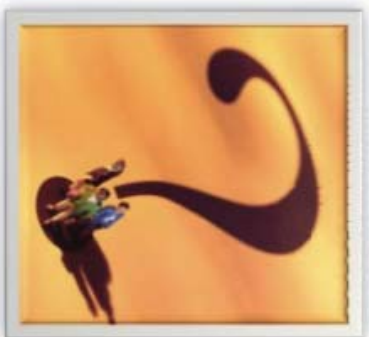


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Questions?



Questions?



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2011 International Omaha System Conference



2011 International
Omaha System Conference

Date...
Location...
Planning...



Karen Monsen

The slide features a light blue background with a faint, stylized floral graphic on the right side. The text is arranged in a vertical column on the left, with a small portrait of a woman with blonde hair, identified as Karen Monsen, positioned below the text.

Closing Announcements



Closing Announcements

- ❖ Next meeting date...
- ❖ Other announcements?

The slide features a light blue background with a faint, stylized floral graphic on the right side. The text is arranged in a vertical column on the left, with a small portrait of a woman with blonde hair, identified as Karen Monsen, positioned below the text.

Thanks for participating!

