

# Washington State Public Health Nurse Use of the Omaha System in Serving Children with Special Health Care Needs



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Public health nurses in Washington State who serve children with special health care needs (CSHCN) have sought a standardized way to document for quality improvement purposes how their services benefit CSHCN.

The Maternal Child Health Bureau defines CSHCN as "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."



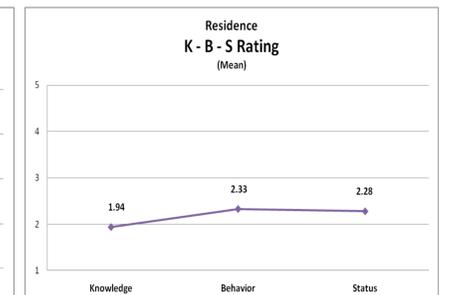
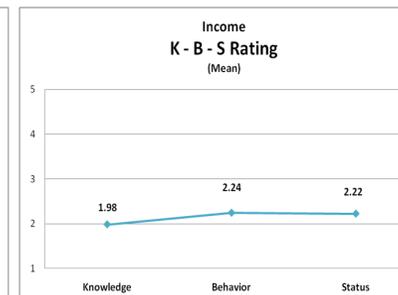
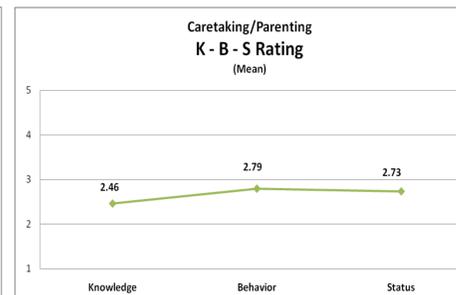
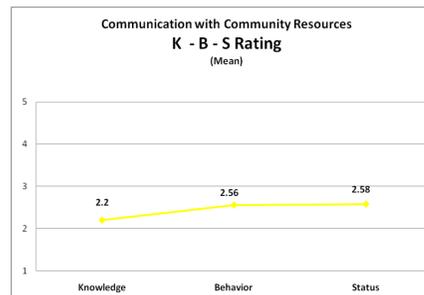
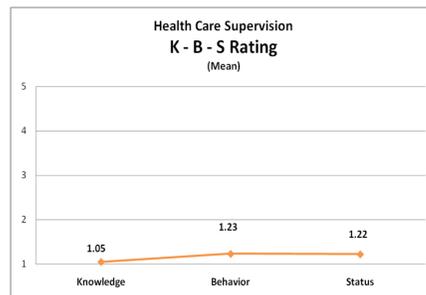
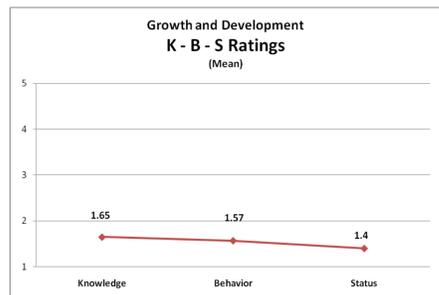
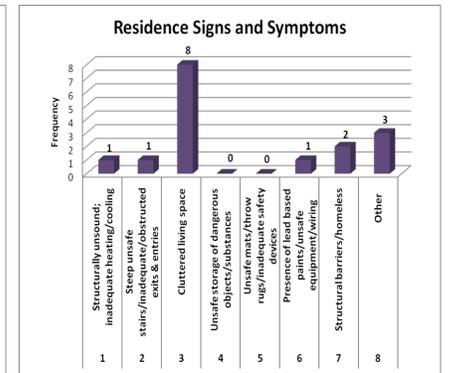
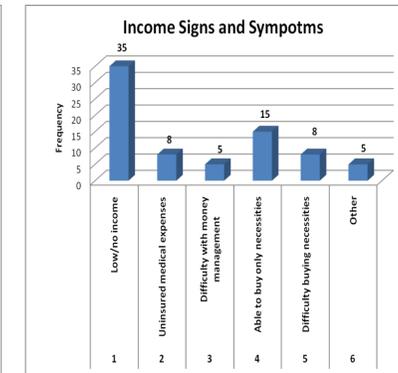
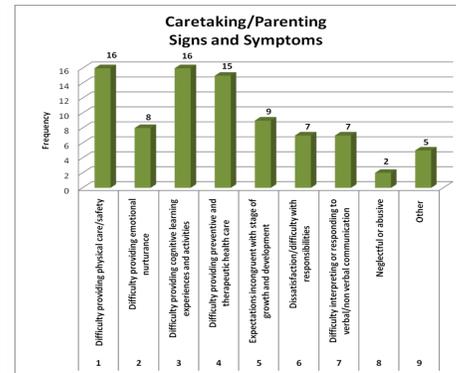
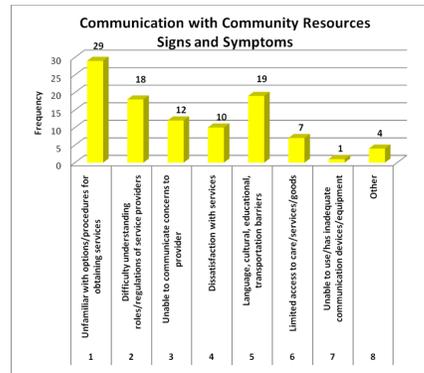
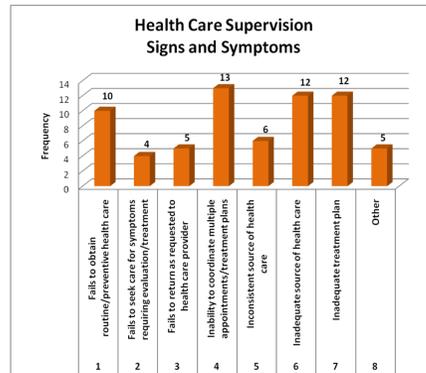
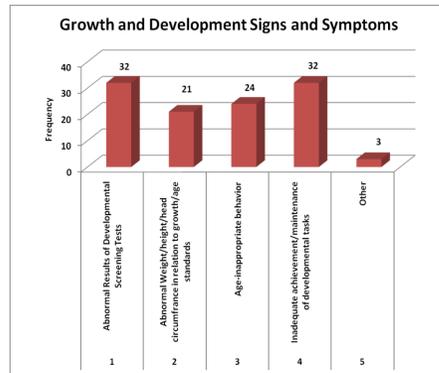
State and county public health nurse leadership in Washington planned and implemented a uniform statewide assessment and documentation system using the Omaha System to develop:

- Practice standards based on program priorities
- Assessment guidelines
- Standardized care plans
- Policies and procedures for collecting data electronically or on paper

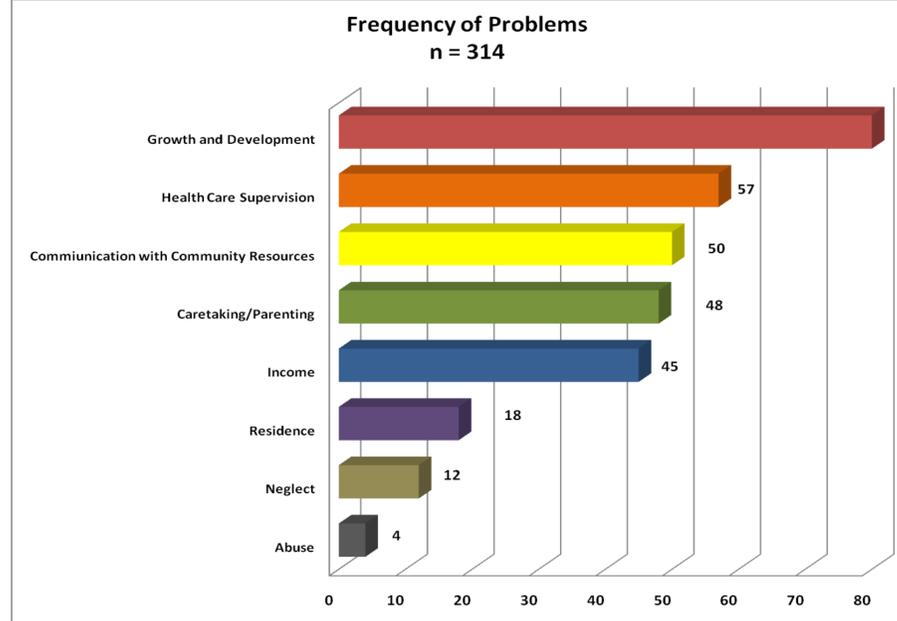
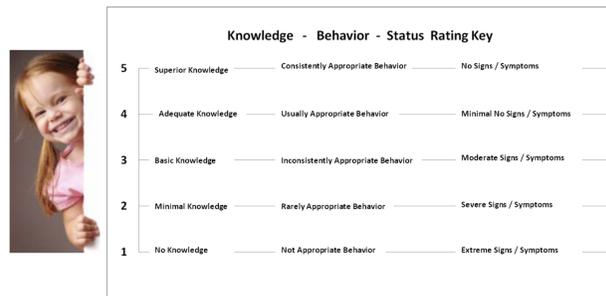


All local public health jurisdictions in Washington participated.

During a four-month period spanning 2010-2011, public health nurses in local public health jurisdictions in Washington initiated the program evaluation process, and began to collect data on problems, interventions, and outcomes of CSHCN during routine documentation of contacts with families.



Results of this study will be used by the Washington State Children with Special Health Care Needs Program to focus nursing activities on the problems most likely to be encountered by PHNs serving the CSHCN population. Additionally, these results will be used to further to refine the program evaluation process.



**Results:** The most common problems and lowest baseline ratings among CSHCN and their families were Growth and development and Health care supervision. Other prevalent problems were Communication with community resources, Caretaking/parenting, and Income.



**Conclusions:** This pilot study demonstrates the success of uniform data collection methods across the entire state of Washington. Further, it articulates that baseline knowledge, behavior, and status ratings reveal critical needs in the CSHCN population for six major problems. Public health nursing services address these needs. Follow up care and re-assessment should be completed to evaluate the program's effectiveness in meeting CSHCN population needs.

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