

## Omaha DP&C Work Group

6/23/11

**Participants:** Connie Waldera, Gretchen Heinen, Desiree Holmquist, Leah Espinda-Brandt, Linda Haeussinger, Noreen Kleinfehn-Wald, Heidi Innvaer, Karen Monsen, Karen Stanley, Catherine Main, Linda Bauck and Maureen (Mo) Alms

**Recorder:** Mo

**Next Meeting:** TBD via Meeting Wizard, sometime in mid to late August

Agenda Item	Discussion	Decisions/Action Items
<b>Welcome and Intro's</b>	Mo forgot to share with the group that Gina Adasiewicz from Dakota County will be part of the group, but could not make the call today	
<b>MN Omaha SX website</b>	<p><a href="http://omahasystemmn.org/index.php">http://omahasystemmn.org/index.php</a></p> <p>Linda asked group if anyone had been on and noted anything of particular interest.</p> <p>Mo found the peer-reviewed pathways, which was exciting</p> <p>Desiree noted that the pathways appeared concise yet some of it not quite easy to understand as someone new to the system</p> <p>Connie reports that Washington County is in the process of revising LTBI pathways; those will be posted on the website soon</p>	<b>Members new to the Omaha System are encouraged to continue to spend time familiarizing self with the Omaha Sx</b>
<b>Focused discussion on Outcomes</b>	<p>While initial meeting was a brainstorm outcomes for the workgroup, the goal of the discussion today is to identify 2 or 3 outcomes to start work on.</p> <p>For ease of discussion, list of outcomes was numbered 1-11. Linda conducted a round-robin with all members regarding thoughts</p> <p><b>Catherine:</b> felt that 1 &amp;2 could be grouped together and enhance the potential work of the group. The standardized pathways of number 5, and the output/outcome data for demonstration use also resonated</p> <p><b>Desiree:</b> liked that 7&amp;8 would be great for demonstrating the great work PH does, as well as provide an overall picture of what PH does</p> <p><b>Linda B:</b> noted 5, likely because it was one of the reasons this workgroup has formed. Also likes 9 regarding the inter-rater reliability because consistency is so important in order to analyze data</p>	

	<p><b>Connie:</b> Felt 1 and 2 were together. Also notes 9 as crucial, because if that is missing, it makes no sense to run the data reports. 7 is important but probably not the place to start, yet doesn't want to lose sight of it. Overall suggestion is to select 1 pathway and all start with that. Is also interested in a pathway where the medical clinic is the client</p> <p><b>Gretchen:</b> Has the same focus as Connie regarding the outcomes. Comments regarding the workgroup included encouraging novice users to familiarize themselves with the system. Notes that competency is critical, and in order to gain that, time must be spent practicing. Suggests that work be thoughtful so that we avoid the times/seasons in which DP&amp;C work is fast (e.g. Pertussis season, beginning of school, etc) Also sees Perinatal Hep B as a duplicate but has been doing that because it has been possible to run graphs through Omaha and demonstrate outcomes</p> <p><b>Karen:</b> although a newbie, 10 is important along with 5 &amp; 7</p> <p><b>Leah:</b> suggest 5&amp;9 as one, also interested in 3. Notes that outputs and outcomes are different concepts within 7. Olmsted also really interested in using the system within the medical clinic they have</p> <p><b>Linda H:</b> 3, particularly as MEDSS is implemented. Highlights the importance of standardization, as Olmsted also updating their LTBI pathway. Have heard that Washington was revising theirs, so would like to see standardization and thought put into the different settings for use/standardization</p> <p><b>Heidi:</b> Carver has not yet implemented use of the Omaha with DP&amp;C due to PERT and MEDSS, so 3 is important. Likes that 7&amp;8 would help demonstrate the difference PH is making</p> <p><b>Noreen:</b> Notes that she is able to demonstrate KBS outcomes and differences between admit and D/C</p> <p>Group suggested adding Perinatal Hep B and PERT to 10, however PERT will be gone once MEDSS present so will not add that one</p>	
<p><b>Additional thoughts/questions</b></p>	<p>Discussion regarding Refugee Health form completed for MDH after assessment. Olmsted has been using a paper copy, but is transitioning to electronic submission and has a pathway for</p>	

	refugee health. Question asked of Olmsted regarding electronic submission: what do they send to the provider? Olmsted notes that the provider cares for clients through the clinic @ Olmsted County	
<b>PHN Practice Council update</b>	Linda notes that the work of the Council is connected in ways to this new group. The PHN Practice Council has begun work on documentation at the community/systems level. There was a call yesterday and Karen Monsen joined for the 1 <sup>st</sup> ½ hr. The Council has decided to use the Omaha as the tool, now needs to decide on a topic or project	
<b>Top outcomes selection process</b>	<p>During group discussion, Linda noted some natural groupings starting to form: 1&amp;2, 5&amp;9, 7&amp;8, and 3&amp;10. For ease of selection, outcomes (both individual and grouped) were given letters. Thus, A=1 &amp;2, B=3 &amp; 10, C=4, D=5&amp;9, E=6, F=7&amp;8, and G=11</p> <p>Round robin rating process:  Gretchen: A, B, D, F  Desiree: F, D, B  Leah: D, F, B  Mo: D, F, B  Linda B: A, B, F  Connie: B, D, F  Heidi: B, D, F  Linda H: B, D, F  Catherine: A, D, F  Karen: B, D, F</p> <p>Connie noted that A could be an assumption of the group, if this is not understood, then the other work cannot happen. Mo and Linda talked about using A as the overarching purpose/objective of the workgroup; offered to write up a workgroup statement of work (SOW), which would provide the overall framework/objectives of the workgroup</p> <p>Comment noted that for those not familiar with the Omaha, Karen Martin's book is a great reference as is the MN Omaha Sx Users website (link above)  Noreen invited Karen Martin to attend a staff meeting years ago when they were implementing the sx and found this to be very helpful</p> <p><b>Outcome of rating: B &amp; D were decided as priorities</b></p>	<b>Mo and Linda will draft a SOW and send out to all for comments</b>
<b>Next Steps</b>	1. Mo and Linda draft SOW-review this at next meeting	

	<p>2. Group selected Active TB as the disease to start with. Noreen volunteered to develop a case study, compiling existing pathways from Olmsted, Washington and Scott together.</p> <p><b>All are asked to review the case study prior to the next DP&amp;C workgroup meeting; use it/experiment with it, which can even be done on paper</b></p> <p>3. Mo to send out Meeting Wizard for mid to late August, will also send out Webinar invitation, so that we can work through the SOW and the case study on-line together</p>	<p><b>Noreen will develop a case study for Active TB</b></p>
<p><b>Next Meeting?</b></p>	<p>August-please watch for Meeting Wizard</p>	<p><b>Maureen will send a Meeting Wizard notice to all</b></p>