

Minnesota Omaha System Users Group
MCH Meeting
4-3-09
Summary Minutes

Present: Julie Burns, St. Louis County; Linda Schwichtenberg, Scott County; Karen Lindberg, Dakota County; Mary Ellen Imdieke, CareFacts; Karen Monsen, University of Minnesota; Rebecca Bedore, CHAMP; Maureen Alms, MDH; Jill Timm, Emily Robb, Washington County; Amy Lytton, Cathy Gagne', Ramsey County; Inez Westbrook, Chisago County

Welcome!

1. Statewide Health Improvement Plan

So far the funding is still in the governor's budget – funding will be spread over 2 years

Julie Burns: Application is due in April. St. Louis County is participating in a 7 county application. Policies, systems, & environmental changes in 4 sites – they are proposing to implement tobacco free policies in post secondary settings, implement cessation programs, implement policies that create opportunities for non-motorized transportation, and implement comprehensive school based nutrition policies, including breakfasts, vending, celebrations, and more!

Karen Lindberg: Dakota County is talking about breastfeeding – baby friendly policies and promoting baby friendly environments. They will try to fund little projects in hospitals and clinics, education materials, trainings. There is a lot of possibilities to use Omaha System data for evaluation.

Jill Timm: Healthy Communities team has started using KBS rating guides for community level KBS ratings.

Inez Westbrook: Health educators are working on that – would be great to use a pathway.

Linda Schwichtenberg: We haven't initiated anything specifically at the community level with the Omaha System – safe communities and emergency preparedness, in terms of documenting for community clients. Pat Galligher has a pathway she uses for safe communities. They've structured their pathways with a core set of 3 problems that they always add, no matter what their focus is. Then they add other problems based on the focus of the coalition (neighborhood/workplace safety, nutrition, physical activity).

Jill Timm: The KBS rating part is the hardest, they have a KBS rating guide for the 3 core problems. HCS, IP, CCR.

2. Omaha System International Conference

Early bird registration extended through April 6, so register and come on down!
Posters look exceptional! Facility is great!
Please plan to attend!
Jill: Saturday 1/2 day is a problem, people are resistant.
Emily Robb agreed to be a volunteer at the conference.

International guests will be coming to a local public health agency for site visits. At Washington County, they will see a variety of things – what does our community look like, what does our agency look like, and what do we do in our work, and how does the Omaha System reflect that. At Ramsey County, two will go out of visits, one PHN has agreed to chart on screen, Cathy & Amy will show them computer systems, go to lunch, they may get to see a teen parenting school (Agape) if there is time.

3. Brief Introduction to the Omaha System – new video on MOSUG web site!

See http://omahasystemmn.org/Intro_OS_Video.htm

Other things that could be posted on our website to add value for users:

Amy: CF manuals, procedure manuals

Inez: Pathways, 13 now, going down to 5 – pathway logic/rationale

Karen: Information/presentation about pathways

Jill: Additional measures for KBS validation Gold Standard

Mary Ellen: Why do this? Why is it important? If so, why the Omaha System? We want to do more in less time, we want to do it better.

Amy: The best thing about the Omaha System is that it helps practice. It helps us describe and plan our client care. It's not all about the data. Promotes evidence-based practice.

Cathy & Amy: Practice standards and how they were translated into the Omaha System.

Linda: Consistent way of capturing data and using it – steps to get to the data, ways to pull out reports.

We will request the following when we send out the minutes: In 250 words or less, describe the value of the Omaha System for your practice, outcomes evaluation, or other benefits. From these comments we hope to create a section in our web site on the benefits of using the Omaha System.

The group discussed how the Omaha System problems can be used to measure specific program outcomes. For example, selecting a problem such as 'nutrition' just for breastfeeding in a certain program.

Local updates:

Inez Westbrook: Omaha System journey – on the path! Encouraging employees to attend pre-conference to learn the Omaha System.

Cathy Gagne': The budget cuts will have a big impact: \$1.8 million decrease for HHS. Ramsey County has hired new PHNs.

Amy Lytton: On the data end at Ramsey County, she and Cathy are working with productivity, electronic audits with the audit committee (internal, nursing focused on family health nursing). They want to pull interventions that relate to the practice standards. Are the interventions that are supposed to be done, being done? Are the appropriate assessments being made? This is a work in progress and will be refined. There were 175,000 visits between 2001-2009 in family health! Wow!

Karen Lindberg: Dakota County is adding new functionality with CareFacts - Version 5 and the billing module. They have 7 members on CareFacts committee, and will be updating their procedure manual on Monday. Karen shared annual KBS ratings with PHNs on 701 discharged clients at Family Focus meeting. She observed that about 60% improved in K, 40% improved in B, 50% improved in S. They want to deliver the message so that people understand how important it is. Karen described mental health problem analysis for their Omaha System conference poster.

Maureen Alms: Good news – emergency operations for flood have really decreased – things seem to be getting a lot better. Looking forward to what might possibly happen next. Medical reserve volunteers were called upon from many areas to assist with the flood. There is a lot of discussion in the region about displacing evacuees, especially from nursing homes. Maureen reported on the RFP process for SHIP. Reviewers have been assigned. There is a conference call coming up for reviewers. Each reviewer will get 6 aps to look at. There will be an all day group process to look at reviewer ratings. Counties affected by floods will have a 2 week extension. Question: Is responding to floods easier or more difficult with all of the Emergency Preparedness work done? Much more communication, much better organization. Still some problems persist. No two disasters are alike! Consultants don't have a job description in EP, and need to determine where to fit within the EP structure.

Mary Ellen Imdieke: Joni Geppert has been meeting with all of the software vendors, looking at what data are collected and how things can be made easier for local agencies. Money has been allocated to work with vendors and local agencies to do things like help use excel better and get reports out. Joni has agreed to look at the Pregnancy Tab and decide what to do with the data, what the report would look like. Mary Ellen has requested 2 types of reports from the Pregnancy Tab – one a chart form that shows you the data, and the other, a management report that aggregates the data. CF Version 5 will have a public health admission type; this will replace the separate builds for public health and home care. Gone to a new approach to upgrades – it will be small monthly upgrades instead of huge releases. They have a new way of prioritizing things in an effective manner. New CMS change coming down. Clinical audit features will be implemented; e.g., if you want to go back you can look at previous assessments on one page. They plan to re-start PH, Hospice, and Homecare user groups. Monthly newsletters are coming out and being received and read by agencies.

Emily Robb: pleased with using the electronic charting manual – sent by e-mail or accessed on shared drive, nurses store it on their desk tops. The group requested that this be posted on the mosug web site.

Jill Timm: Assessment history report available to all users, every problem, how it has been assessed, and related additional assessments. Awesome! Jill has booklets to share about home visiting staff. Using electronic signatures.

Linda Schwichtenberg: Update from Scott County – entered in the pathways very similar to Ramsey County. Nurses can choose to add it to current clients open, and any new clients they use both new and old pathways. Staff have been very positive about using the new pathways. They say that it has been working well. Linda has encouraged them that this is a way we can show our outcomes, which is a priority for the nurses and administration.

Next meeting: 8-28-09 Topic: Healthy Communities Showcase