

MOSUG Meeting
July 18, 2011
1:30-3:30 Central time
Host location: Washington County, Stillwater MN

Introductions completed. Welcome to callers who are new to the MOSUG meetings!

Participants

Jill Timm (Washington County Public Health, MN)
Karen Monsen (University of MN)
Emily Robb (Washington County Public Health, MN)
Rose Jost (Bloomington Public Health, MN)
Amy Mimm (Dakota County Public Health, MN)
Carole Schuster (Arkansas)
Martha Parker (Arkansas)
Nga Do (Arkansas)
Norma
Otter Tail Co (Kristin Erickson, Jody Lien and Marion Kershner)
Yolanda Fong (Kitsap)
Judy Riemer (Riverside, CA)
Cathy Gilbow
Amy Anderson & Staci Hartman, (HealthCare First)
Donna Borgford-Parnell
Jean Roberts
Linda Schwichtenburg (Scott County Public Health, MN)
Tammy McCall
Jill Tillie
Layra Carter (San Diego)
Cathy Gagne (St. Paul Ramsey County Public Health, MN)
Stephanie Hobbs
Heidi Innvaer (Carver County Public Health, MN)
Kimberlee Johnson
Mower
Doreen
Kathy Dubbels
Annamarie Tirsbier

Documenting Modifier: KBS ratings for the growth and development problem for infants with premature birth.

The question of whether ratings should possibly be modified for infants with premature birth was initiated by Olmstead County. They were looking for feedback regarding the assessment for premature infants, including the recommended status rating. Cathy Gagne from Ramsey County reflected that ratings should be done in comparison to all infants and not based on a corrected age or other modifiers. Members reflected on the definition, signs and symptoms for the growth and development problem. Discussion occurred regarding changes that may take place over time and accurately documenting the challenges the infant may have. Documenting this as an actual problem will reflect where the infant is at the time of assessment. The group consensus is to reflect prematurity as an actual problem if the child is not at the appropriate weight or developmental status for age, without an age correction.

MOSUG Charter was adopted and now available at www.omahasystemmn.org

MOSUG Charter is now available on the Minnesota Omaha System User Group webpage. This charter was developed and presented on the webpage for review. The document will be used as the foundation for the MOSUG. Otter Tail County wondered about making the relationship between the MOSUG and steering committee a bit clearer. Karen Monsen clarified there is a separate charter for the steering committee and a link to that will be placed on the webpage.

Document was reviewed and overwhelmingly accepted for adoption by the MOSUG members. Thank you to all who participated in the creation of the document as well as those who provided feedback.

Practice Council Community Level documentation project.

Due to the MN government shutdown, members from the MN Dept of Health were not available update the group regarding this project. The project is looking at documentation standards and how to reflect community level work. There was hope they would be able to discuss possible plans or ideas. Karen Monsen did attend the group and there is great enthusiasm for this project. There has been some discussion about using the Omaha System or the Public Health wheel as possible documentation systems. A specific project for the Practice Council has not been chosen. Documenting community level work has been done at various counties and information is available at omahaystem.org. Kristen Erickson shared this is still a work in progress in Ottertail County. The state of Maine does use the Omaha System on a community level with their TB clients and clinics. An example of an Asthma pathway, Community level was displayed and can be found on the MOSUG webpage.

Omaha System DP&C group report

DP&C workgroup for the MOSUG has been recently formed. This group has been moderated by Maureen Alms at the state. Again, due to the government shutdown, she is unable to participate today. Karen shared her excitement about this expansion. Heidi Inaver shared that part of the contemplation is to review state documentation requirements so that the Omaha System can be used in a way that is not duplicative.

Data warehouse project

Karen Monsen updated group regarding this project. Karen recently met with Amy Lytton and Jill Timm to establish the content that should be contained in the reports that pull Omaha System data. The goal is to be able to create an archive of data for programs or counties that are using the Omaha System. Currently, work is being done on Data Sharing Agreements, so that once programs/agencies have their data archived, it can be deidentified and then shared with the larger Date Warehouse project. The data warehouse will be housed at the University of Minnesota, and be an asset to the Omaha System Partnership for Knowledge Discovery & Health Care Quality.

All are welcome to participate in this project. Data is not specific to any type of program.

Karen shared two examples of the use of data in research: a recent study on intellectually disadvantaged mothers and the benefits of Public Health Nursing, and the work going on in Washington State on services for Children with Special Health Care Needs.

Local/national updates

Ramsey County is working on finding an electronic health record for both clinic and public health nursing. They are looking for information from others, if there are suggestions or feedback on a system that will be government certified. Please email Cathy at: Cathy.Gagne@co.ramsey.mn.us

Arkansas: Shared information about their *Following Baby Back Home* program. This program follows NICU babies after discharge, if they have complex medical problems. There is a focus on a support system comprising of a social worker and RN, who visit together to address social and medical issues. They are currently using Omaha System for documentation.

Inter rater reliability: Mental health problem

A survey monkey link was sent prior to meeting to rate scenarios for the mental health problem. 51 participants completed the survey.

The results (consensus ratings) were reviewed. The group works toward revising scenarios to that complete consensus can be reached regarding the KBS ratings.

1. A pregnant 19 year old has a history of depression two years ago. She is able to describe the symptoms of depression that she experienced. She was prescribed medication and did not like taking the medication due to side effects. She quit taking medication after 6 months. She did not further explore other medication options. She denies symptoms of depression at this time. Beck Depression Inventory screen was negative at time of visit. She has not sought counseling. She does not feel overwhelmed or anxious. She states she would talk to her doctor if she noticed any signs of depression.

	1	2	3	4	5	Response Count
Knowledge	0.0% (0)	2.0% (1)	42.0% (21)	48.0% (24)	8.0% (4)	50
Behavior	8.0% (4)	14.0% (7)	40.0% (20)	32.0% (16)	6.0% (3)	50
Status	2.0% (1)	0.0% (0)	4.0% (2)	20.0% (10)	74.0% (37)	50

2. First time mother of 2 1/2 month old baby girl. She states she has been very tired and teary eyed. She cries during visit about “how hard it is right now”. She wants to give up breast feeding “so I can get some sleep”. She states her mom would help with bottle feeding at night. She said she received a brochure from the hospital regarding post partum depression. When asked about signs of depressions, she believes she is feeling this way because of fatigue and hormones, not depression. She does not believe it has impacted her ability to care for her baby but does start to cry, if the baby does. She has also noticed she ‘does not feel like doing anything’.

	1	2	3	4	5	Response Count
Knowledge	22.0% (11)	68.0% (34)	10.0% (5)	0.0% (0)	0.0% (0)	50
Behavior	40.0% (20)	32.0% (16)	26.0% (13)	0.0% (0)	2.0% (1)	50
Status	4.0% (2)	46.0% (23)	46.0% (23)	4.0% (2)	0.0% (0)	50

3. First time 20 year old mom presented with a flat affect during pregnancy. When PHN discussed symptoms of depression, mom denied symptoms. She did not want discuss or seek medical care for mental health concerns during her pregnancy. One week postpartum, mom described suicidal and homicidal ideations, which she shared with her family. Mom does not have interest in her baby or parenting. She did say she would talk to her doctor about suicidal ideation but did not want to see a counselor.

	1	2	3	4	5	Response Count
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Knowledge	66.7% (34)	25.5% (13)	7.8% (4)	0.0% (0)	0.0% (0)	51
Behavior	62.7% (32)	33.3% (17)	2.0% (1)	0.0% (0)	2.0% (1)	51
Status	72.5% (37)	19.6% (10)	0.0% (0)	2.0% (1)	5.9% (3)	51

Same mom as above, one month later, she pursued mental health care through the ER. She refused to remain hospitalized but is now receiving individual counseling once a week and group counseling three times a week. She is taking her medications as prescribed. She is now more open with PHN, interacts inconsistently with baby but little attachment observed.

The revised scenarios are below.

- First time 20 year old mom presented with a flat affect during pregnancy. She did not want, discuss, or seek medical care for mental health concerns during her pregnancy. One week postpartum, mom described suicidal ideation “I feel like taking my sleeping pills all at once”. During this visit one week postpartum, she responds very briefly to questions and lacks eye contact. When PHN discussed symptoms of depression, mom says “I do not know what you are talking about.” Mom does not have interest in her baby or parenting. She did not want to talk to her doctor about suicidal ideation.
- Same mom as above. The public health nurse assisted her to seek care through the ER. She began to take medications. Counseling was recommended once a week and group counseling three times a week. She chose to attend counseling in lieu of hospital admission. She is attending counseling sessions once or twice per week, and states “I had no idea how depressed I really was”. One month later, she is taking her medications with reminders from family but sometimes lapses. She is now makes eye contact with PHN. She verbalizes baby’s needs, but interacts inconsistently with baby, with little attachment observed.
- A pregnant 19 year old has a history of depression two years ago. She is able to describe the symptoms of depression that she experienced. She was prescribed medication and took it for a year. After discussion of medication options with her provider, she decided that side effects were worse than depression and discontinued use of medications. She denies symptoms of depression at this time. Beck Depression Inventory screen was negative at time of visit. She has not sought counseling. She presents with a positive affect and states that she does not feel overwhelmed, but at time she feels anxious about her depression returning after the baby is born. She reports starting to walk a few times per week. She states she would talk to her doctor if she noticed any signs of depression.

Karen will send revised scenarios out through a Survey Monkey link so that a validity rating can be done. Please ask staff who did not participate in the original ratings to rate the 3 new scenarios at this link:

<http://www.surveymonkey.com/s/NMLMCBV>

Next meeting:

St Louis County to host on Oct 4th. Time TBD.

Guest from Turkey will be joining us!