

Minnesota Omaha System Users Group Meeting
Facilitator: Amy Mimm, Dakota County
Minutes: Sadie Swenson
November 30, 2012

Present: Champ Software (Nora), Mindy Loya (informatics certificate student and PhD student at New Mexico State U), Ruth (Carver County), Kristin Erickson (Otter Tail County), Alix Hopkins (Tri-County Denver Colorado), Karen Monsen (UofM), Madeleine Kerr (U of M), Michelle MacDonald (St Louis County), Lisa Pulkrabek, (DNP UofM student), Amy Mimm (Dakota County), Lisa Klotzbach (Olmsted County), Sadie Swenson (Olmsted County), Molly Snuggerud (City of Bloomington), Bev Rhodes (Alberta, Canada)

Additions to the Agenda: Encoded Guidelines, EHDl program update

Encoded MCH Guidelines-Sadie Swenson: Reported that the guidelines group met this morning ([see presentation by Michelle MacDonald: NFP Pathway](#)) and the next step is to compare the evidence-based home visiting care plan with the pregnancy pathway developed in Olmsted County, and match with the evidence gathered by the guidelines group. Sadie will send the updated version to Karen Monsen after the review.

Early Hearing Detection and Intervention (EHDl) program update-Karen Monsen: LPH and MDH are working on a pathway to report on EHDl. It is the hope that this care plan would improve efficiency and accuracy. Stay tuned, you'll be receiving updates. ([Early Hearing Detection and Intervention](#))

KBS rating reliability-Kristin Erickson: Kristin presented a scenario regarding a nurse who needed to make a KBS rating on a client in a group home based on agency policy to measure SHIP outcomes for Nutrition, Physical activity, and Substance use for all agency programs.

- The group agreed that the policy should be to evaluate the three problems, but only do a KBS when a problem is applicable for a client.
- If the problem is not applicable, a KBS rating for the problem would bias the data. It is more important to show which problems are applicable for the population by only rating KBS when the problem applies to the client.
- Another point was discussed, regarding usual ratings for a person is developmentally disabled - the Knowledge rating is for the caregiver and the Behavior and Status ratings are for the client. This holds true for any vulnerable client (infant, child, disabled, etc.).
- It's important to have good standardized data across the counties so consistent and accurate data are collected and compared. ([KBS Question - Group Home Patient](#))

KBS rating mapping process, guidelines and instruments-Lisa Pulkrabek (DNP Informatics Student): The purpose of the Population Health Informatics class assignment was to map standardized instruments to Knowledge, Behavior, and Status within the Omaha System. The Braden Scale (scale that measures skin integrity) was given as an example. These guidelines will be formatted and shared. This is a new method of leveling outcomes across problems to

provide clinical decision support. All who have mapped standards to KBS outcomes are invited to share their information (contact mons0122@umn.edu).

[\(MN Omaha Users Group Assigment #2 update - 11.30.2012\)](#)

- Lisa Klotzbach-Olmsted County is part of Beacon and there are “vital signs” like smoking status, advanced directives, pain scale, etc. that were suggested by medical providers as measures they would like to share between Public Health and the Medical Communities. These “vital signs” may be examples of “instruments” that can also be associated with Behavior and Status ratings. Similar possibilities may be coming with federal reporting requirements for home visiting.

News from Alberta, Canada-Bev Rhodes: A great deal of interest and work has been occurring within the Canadian province of Alberta and the Omaha System. Standardized care plans will be written so they can be used in many professions within Alberta, including home care and acute care. EHR’s in Alberta will be consistent so that any professional in the home based care or within clinical care can use the same language/system. Congratulations, Bev! For more information, please contact Bev Rhodes: Bev.Rhodes@albertahealthservices.ca

Omaha System International Conference: April 4-6, 2013.

- See <http://www.omahasystem.org/conferences.html> for details
- Please consider submitting nominations for awards.
- Please consider submitting a poster abstract to have your information shared at the upcoming conference.
- NEW! On April 3rd there will be a pre-conference highlighting informatics research and methods sponsored by the Omaha System Partnership for Knowledge Discovery and Health Care Quality through the University of Minnesota, Center for Nursing Informatics.

Updates/Announcements:

- Debi Eardley: Is there anyone interested in forming a group focusing on obesity within the Omaha System? Debi will send a message via the list serv.
- Madeleine Kerr: GPS coordinates have been added to the windshield survey. The purpose is to geographically look at problems and strengths. The hope in the future is to create an app that could collect data real time for the windshield survey.
- Karen Johnson shared findings of a research project looking at the quality of PHN care for adolescent parents. ([2012 10 25 APHA PHN Johnson Monsen](#))

Next Meeting: Thursday, March 14, 2013 at Dakota County Northern Service Center in West St Paul from 1:00-3pm CST.