

**St. Cloud Omaha System Users Group Meeting Minutes**  
October 13<sup>th</sup>, 2008

1. Discussed using Community or Groups as clients and how to chart KBS ratings for groups
  - a. It was suggested that an average rating for KBS of the group could be used as the initial KBS ratings and then note if the Knowledge changed at all as a result of the interaction
  - b. It was also discussed that many times the group interventions look the same as the individual pathways. Community Coalitions have used problems of Communication with Community Resources, Neighborhood Workplace Safety, and Health Care Supervision.
  - c. We talked to Jill Timm, Washington County Program Manager, via telephone about how their agency has used KBS ratings for groups such as a Breastfeeding groups and Car Seat Education Clinics. Thank you for sharing, Jill!!! Currently using Breastfeeding Pathways, which reflect best practice with these groups.
  - d. Wright County discussed using the Lead Pathway, which is used for individuals as a Community Pathway as well because it reflects best practice as well. The goal for the WOW van is really focused on outreach, how to avoid common sources of lead, where to get screened, and they also provide referrals and follow up related to elevated lead levels.
  - e. Karen Monsen described how a community in Maine uses teaching about TB procedures at medical clinics and looks at outcomes from the teaching through post-tests. They aggregate the individual KBS ratings to show the group Knowledge ratings for that clinic.
2. Discussed assessing KBS ratings for Waiver clients: do you assess the actual client or the caregiver? It is okay to assess the caregiver's knowledge. Also discussed that waiver clients are not seen every month, is it okay to do a KBS rating every 6 months? We discussed that it is important to understand what we want from the data, if doing a KBS rating every 6 months answers the questions you want from the data it is okay to do these ratings every 6 months and take information from a telephone call and assign a KBS rating from this.
3. Discussed how to document developmental delays as well. It was asked if we should be opening Growth and Development AND Cognition for a diagnosis of Down's Syndrome for example. Discussed that Cognition can apply and some have used Cognition Pathways. Also discussed if we as nurses are going to do something to change Cognition in this case. Growth and Development could be used to capture this information as well instead of using the two problems.
4. Reminded the group of the Minnesota Omaha System Users Group website: [www.omahasystemmn.org](http://www.omahasystemmn.org) The site includes the KBS rating guides which can help nurses within agencies and all agencies using the Omaha System to increase inter rater reliability using the KBS rating guides for the MCH population. We can also find past Meeting Minutes by logging into the website with the **PASSWORD: nebraska**.
5. Minnesota Department of Health Family Home Visiting Evaluation Criteria discussed. The group is hoping that we will be able to capture these criteria using the Omaha System already in place perhaps through a new pathway. We discussed meeting again prior to 2009 in order to work on a new pathway and a meeting was set; however, after the meeting it was decided to wait until after the webcast trainings to meet again. **Please note, the Minnesota Omaha System Users Group did create Adult & Child Pathways for the FHV Evaluation Criteria. Both can be found at: [www.omahasystemmn.org](http://www.omahasystemmn.org)**
6. **Next Meeting: March 13, 2009 St. Cloud District Office 9am-12pm.**