Minnesota Omaha System User Group
August 28, 2009
Summary Minutes

Present: Karen Jorgensen-Royce, Wright County; Joan Peterson, Jamie Baker, Roni Young, Carlton County; Cathy Gagne', Amy Lytton, Khanh Nguyen, Ramsey County; Maureen Alms, Sylvia Cook, Joni Geppert, MDH; Madeleine Kerr, Karen Monsen, University of Minnesota; Emily Robb, Jill Timm, Washington County; Linda Schwichtenberg, Scott County; Julie Burns, St. Louis County; Inez Baker, Chisago County; Laura Fitzsimmons, Dakota County; Kathy Dubbels, Marilyn Olmsted County

1. Welcome and Introductions

2. FHV outcome reporting process feedback: Successes and challenges of the first run

Cathy: Getting cool numbers back – starting to get excited about giving the nurses information back about what they do – more concrete.

Julie: Still trying to get the meaningful numbers. 1. additional assessments in CF, 2. interventions into Omaha System. Problem: merging reports – Joni is helping. In looking at intervention reports – learned the lack of consistency in the way nurses are charting. They are very creative!

Joan: Interested in data and stats. Very helpful looking at programming. This year is the most challenging ever! Where are the checks and balances within CF? There should be a way to go back to the PHN to ask for what is missing. Challenge to learn new computerized program (CF) – creating data entry tools – and what report will give it back? Just on the first page, how many reports did we have to pull to answer the first 5 questions? Ready to go back to paper for the second half of the reporting period. Carlton County extends thanks to all who helped them.

Linda: Thanks Jill & Amy for all assistance. It's difficult without data analysis support. We're getting there!

Jill: The info being asked is valuable. We're all struggling with the systems. We have huge capacity issues being able to spend this amount of time. What is the best mode to communicate with partners and with vendors? What is practical, what is meaningful, what direction should we head? This is a huge time commitment. Taking it in small pieces. We're not using the Omaha System as the Omaha System should be used – it should not be a check list. Made changes in the pathways to capture data. PHNs said these pathways are silly – don't turn it into a checklist. Difficulty in merging reports. Wants to add an assessment in CF at admission and discharge. Needs to be more reasonable for nurses.

Amy: Jill's talking about going to an additional assessment. Ramsey Co. eliminated additional assessments for this, and eliminated MCH outcomes form for this. It would be

difficult to go back now. We have spent way too much time getting little snippets of information for a few clients, little tiny questions (did they get a housing referral)?

Cathy: Part of the challenge we also saw was the way the questions were asked, we may not have had the intervention choices that were needed for the nurses to get case management and teaching interventions to count.

Amy: Nursing interventions are way more complex than the simple questions in the evaluation tool.

Khanh: The nurses have 5 ways of answering the questions, so all of those may need to be aggregated. We have so many subpopulations that the indicators are looking at, that to a lay person, the nuances will be utterly lost. (first visit, third visit, etc) It makes the data collection difficult. We can try to fix things on the analysis end. If we're getting confused and lost in the shuffle, how will that seem to the lay person? Who is the audience? In the end, you can just pull the chart. De-coupling the data by using a form can create more work in the end. We didn't change how data collection occurs. We didn't try to change the stream of it. It's hard to make big changes in documentation practice when you're working with so many nurses. We feel we are using the Omaha System in the larger sense of data management system.

Jill: Disagrees about the way the Omaha System is being used in these pathways. The Omaha System categories have definitions that do not agree with the "check list".

Laura: Agrees that the Omaha System is being turned into a check list and it is difficult to use it this way.

Joan: The nurses were checking the intervention more than one time. Printed the intervention more than one time, so a deduplicated count was needed.

Amy: nurses were very conscientious. Perhaps over documented.

Emily: Interventions were confusing – not sure if the intervention was a data collection point or a nursing intervention?

Marilyn: Used a data collection tool, not the Omaha System, in PH DOC. Forms were attached to C/P or Preg or G/D problems. Had cheat sheets to guide nurses (3 home visits etc). It was frustrating at first, and how to integrate it into careplans. It was one of those things that I didn't really want to do, but we did it. It makes our careplan look really long. Being that it is an administrative task, it's not in the actual careplan, it made it clear what we were doing. It's still an adjustment and people still have questions and we're wondering if we're answering the questions right.

Joni: Appreciates all phone calls, e-mails, and suggestions. She has worked with CF & CHAMP so far – not PH DOC yet. Info putting into PPMRS about problems encountered

will help. In terms of recommendations from this group – what should we do about slicing the population into so many different subgroups?

We're going to need to improve upon the process. The form is more complicated than technology can support? What can we give up in the ideal data to give practical data? Is there a recommendation from this group? Also will get a sense from the data that come in. Need to cut the population into so many slices (3 or more visits, 6 month data collection, subsequent pregnancy etc). Your opinions will help the evaluation work group to come up with a better approach. We value everyone's opinions and we want to come to consensus.

Amy: Start with people who had 3 or more visits.

Karen: What would happen if we look at the comprehensive picture of the work we do?

Laura: We send itemized reports to the state – with outcomes of our programs. This information is already at the state.

Cathy: Why was the child maltreatment question asked? There are no outcomes? (Many responses).

Jill: There are many interpretations. That's why the reporting process is so confusing.

Sylvia: It comes from the legislation.

Joni: We are required to report this.

Jamie: We enter the home after we get reports (often).

Sylvia: That will vary by program.

Joni: We have no clue how many children with substantiated reports are served by FHV. Looking for baseline benchmark. FHV sees a high risk group of clients and we are trying to prevent future maltreatment. There are potential to look at more data (KBS ratings) to better describe home visiting outcomes. What can we do to make this process better in the future? Will take info back to the evaluation work group.

Jill: data collection standpoint…eliminating that 3 visit requirement would be very good. Relationship based services are for higher risk population, information only for lower risk population. Documentation system deal – why can't they count visits and get it into the report in a simpler way (CF).

Joan: There is value in looking at data in detail, but this was more than we could figure out.

Jamie: I wouldn't trust the validity of the data we're pulling anyway. It isn't making sense. It feels like you're playing a numbers game. It doesn't fit with what our programs do.

Khanh: Slicing/dicing – scope (this is all that we do) vs. intensity (impact related indicators). May need to re-look at it. Any kind of indicators from which you want to create a rate, you need to share the definitions of the rates. When we were coming up with the numbers we had different denominators. The question in terms of the sub populations and not just the number of visits. These populations are in flux. What's 3 visits at the reporting period is an "in-flux" question. Slicing sub-populations is also questionable. Are you less than 20, in school, and working towards self sufficiency?

Joan: Is it feasible to just collect how many clients had 1-2 visits, and how many clients had 3+, and the rest of the answers are across the board for all clients?

Jill: Add in a length of service (6 months or longer) – that adds in a complicating factor also. (eliminate a few of those?)

Amy: Yesterday I realized I didn't have the right criteria and I had to re-do. Developmental screening example: segmented population for social-emotional screening. 300 kids was the denominator, but only 200 were over 3 months, and even older for SE screening.

Inez: What will the KBS get for us? Chisago County used as Access database to collect the FHV data. Tried to use a pathway and decided not to. I thought it went pretty smoothly. Ours was all done and together by the end of the reporting period. Impact on nurses (7): Each spent several hours doing it. Any time someone spent time working on FHV outcomes was tracked. They collected the data at the end of the reporting period. Some of it was very time consuming for a few of the questions that were asked. Looking at the data that were collected, seeing what could be put into CHAMP to decrease PHN time.

Joan: That's how we did it at Carlton Co using Access database also. It worked to gather some of the data we couldn't get from CareFacts (9 nurses). Update it at the end of every quarter so it wouldn't be overwhelming at the end of the year.

Amy: There are some parts of FHV pathway that worked really well, like developmental screening.

Jill: It works best when the intervention was the intervention, not a check list point.

Joni: It will be very interesting to see what data we get back. That will help us decide some of these things. The comments will also be very helpful. Please feel free to provide comments to Joni by e-mail also. Changes need to be made in the form.

FHV is complex and the evaluation is complex. These comments are good feedback. We will sift through them in the evaluation work group. Developmental screening and others need to be made easier to collect, and software systems need to be able to divide the population.

Karen: Could counties submit raw data so that counties would not need to do data analysis and counting?

Joni: This needs to be discussed (by FHV work group, MDH EPI and others). In order to do that things would need to be put into place.

Cathy: It is concerning that we would not have control over the data

Amy: we made some decisions that affected what we counted

Joni: We are looking for any suggestions to improve the process. We will need to go through every question one by one and decide how to change the evaluation.

e.g. Moving everything to the end of the reporting period.

We have a very hard working group of people. Looking forward to working with the evaluation committee to support FHV.

We will have much more information now than we had last year for the TANF families.

When DHS comes to the state health dept asking how the money is being used, we will have these data, stories, KBS reports, local county data, and NFP data. All the information will be put together in a document for those reviewing FVH.

Joni: Thanks to everyone for your hard work!

3. Using the Omaha System to evaluate SHIP

Inez, Joan, Julie, Kathy: there is some interest in our counties, but the individuals involved are not nurses, and are not familiar with the Omaha System.

Maureen: How would the system demonstrate policy, system, and environmental change?

Problems that apply to SHIP outcomes: Substance use, Physical activity, Nutrition, Neighborhood workplace safety. Intervention pathways could be constructed for any of the approved interventions. KBS rating guides could be constructed related to the pathways. There are many successful examples of community level use of the Omaha System among MOSUG members. Anyone interested in using the Omaha System to evaluate SHIP is welcome to bring your ideas to a MOSUG meeting.

4. Washington (State) Omaha System Users Group pathway project

- The Minnesota Omaha System Users Group web site now has Washington Omaha System Users Group space. See http://omahasystemmn.org/members.php (the password is nebraska).

- "The goal of this group is to agree on standards for Omaha System pathways so that Washington Omaha System users can gather the same outcomes data…The consensus was to attempt to create shared core pathways for populations."

5. MOSUG Web site update: Send Amy each document in a separate file, with a title for the document. Tell her what part of the web site you think it would best be posted. Careplans can be mailed by snail mail if they are not available electronically.

6. Local updates

Olmsted County: Kathy Dubbels: Omaha System and Charting Steering Committee, meets monthly. Has a logic model for what the group will accomplish. Work plan for training to staff about the Omaha System. Showed the video and concept map. Omaha System game – descriptor of a term, BINGO! Generating lots of conversation! ☺ Had a winner (chocolate!)! Identifying most meaningful thing and addressing it – basic knowledge of terminology is a big review need. Needs assessment of staff. Small groups – staff people gave what they liked and their challenges. They will address these things as well. They are talking about how the BINGO game could be shared on the Web site? Just completed *Growing Great Kids* training – is anyone else doing this (Washington County)? (Emily: the challenge was to reflect the specifics of the intervention without ending up with 250 interventions in the pathway. Collecting intervention data about the "daily do's". Only adding 5 or 6 interventions total.)

Washington County: PHN position posting going up soon!

Scott County: Linda is starting to orient parent educator to the Omaha System so that she can document in CF. She is starting with basic terminology, moving forward into doing a tutorial and working with the nurses. It's a new experience for her. Trying to encourage this as an assessment piece that can be used by many different disciplines!

St. Louis County: They have re-done St. Louis County's user manual. Now it is very thin. They are using the tutorials that CF has created!

Chisago County: They are still trying to refine the use of the Omaha System. They have created an auditing tool. Who else is using symphony CHAMP? If you are, please e-mail Inez. They are also redoing their guidelines. Adult home care is one of their programs – there are big differences between programs.

Wright County: Karin works in the Waiver area – just trying to survive changes from DHS, and have done some reorganizing. Want to create pathways for community well (Washington County) and child wiavers (CADI, CAC, and TBI) (see St. Louis County).

Next meeting December 11, 2009! 11-2 FL Service Center

Agenda

1. Amy Lytton will analyze Omaha System data for FHV clients and will present comparison of Omaha System information and FHV outcomes information.

2. Julie Burns will share Emergency Preparedness community level work including KBS rating guides for community level outcomes.

3. FHV evaluation update.

4. Meeting dates for 2010.

5. Local updates.