Minnesota Omaha System Users Group
Meeting Minutes
December 2, 2010

Attendees:
Emily Robb, Chelsea Harriman, Gretchen Heinen, Jill Timm – Washington County; Karen Jorgenson– Wright County; Maureen Alms – MDH; Noreen Kleinfehn-Wald – Scott County; Kathy Dubbels, Chris Surprenant, Marilyn Deling, Lisa Klotzbach, - Olmsted County; Linda Haeussinger, Leah Brandt – Olmsted County, by phone; Mary Ellen Imdieke, Roxanne - CareFacts; David Rosebaugh, Nicole Sowers – CHAMP; Karen Monsen - U of M; Cathy Gagne, Amy Lytton (phone) -Ramsey County; Inez Baker-Westbrock - Chisago County; C*onference Call participant list may not be complete:* Kitsap County; San Diego County; Juliana Rhienhart; Robin Anderson; MiaKia Moua – Oregon; Debby Foster – U of M Grad School; Kay Paulson – New Zeland; Judy Riemer - Riverside, CA.

Welcome & Introductions
Congrats to Linda Barnhart from Washington on the birth of her grandchild.

How to start Using the Omaha System:
Olmsted County Omaha System Implementation
The first step in successful implementation was having Karen Monsen come to their agency to describe the Omaha System and give basic information about how the Omaha System is structured. A laminated copy of the Omaha System schematic was given to all PHNs. A steering committee (OSCAP) was created, including PHNs who had a passion and interest in using the Omaha System, This group created a logic model describing the role of the steering committee in their agency.   Kathy noted how the Omaha System crosswalks with Nursing Process. And, the committee made the learning process FUN by using Oli Omaha ~ a character that would appear in email messages to engage new learners. Prizes were given for users who got the most email quiz answers correct.
Currently, OSCAP meets each month, with a formal agenda and minutes. Hands-on-practice with all staff at team meetings has also been very helpful. Staff are encouraged to bring "real" case study examples for team discussion, learning and KBS Rating Exercises. Other helpful tips include setting dates around implementation, giving expectations, and encouraging the use of tools (clinical decision support).

Questions regarding new users and start up, answers provided by all users in a discussion format:
What was buy in like and has that changed over time?
Buy-in increases as staff started to understand that the Omaha System, learn that it is not additional work, and understand how it fits with the nursing process and reflects the work they are doing.

Has data been pulled or collected?
Yes. Data tends to "get better" each year as data quality improves; staff comfort with the Omaha System improves.

What can be done to prepare staff for the training? Are there tools, handouts, etc… available?
www.omahasystemmn.org Reference the training materials, including the Omaha System orientation video.

What should be learned first – a software or the Omaha System? And, should the Omaha System be taught on paper or electronicall?, does it matter?

The Omaha System might be taught first, to provide a basic framework for this nursing language. However, there are also needs for the software. It is generally recommended by the group to try and separate the Information System from the Omaha System. And, remember that the training for both is ongoing. Staff need to have opportunities to continue to practice and learn the Omaha System.

The Omaha System is a system describes the work that we have always been doing. It provides a "place" to document everything, even though we may not be addressing everything in the moment.

There is also support for phasing the learning for both the Information System and the Omaha System. Having a mentor, key staff person or champion in the agency can also be beneficial.

It is important to remember to let nursing practice drive the work we are doing and the things that are documented. Do not let the software dictate why and how you train and document practice.

How long does it take to train new employees in using the Omaha System?

This has not been quantified, however, staff are generally required to document visits in the first couple of weeks after starting in Public Health. This is typically a good opportunity for orientation and joint documentation with experienced users.

Are there ideas for pathways, or pathways already created for MSHO or Waiver Case Management clients, or for Children with Special Health Care Needs?

See the MN Omaha System Users Group website for sample pathways, many are listed. www.omahasystemmn.org In addition, some counties shared that they are using the standard child pathway to document all children, including those with special health care needs.

Disease Prevention and Control & the Use of the Omaha System

How are counties using the Omaha System to reflect DP&C activities?

*Interventions can be created to monitor tasks (example: use Case Management or Surveillance to track completion of specific activities, and use a report to count interventions)

*Use of *interventions* or *forms*?? This seems to be a tough question whether working in Family Health, DP&C or any program area. Thoughts – the frequency of the documentation may be one determining factor.

*Data desired: Can we pull a list of clients that can let us know which clients have completed a certain medication dosage? How can we document this (using the Omaha System) and not need a duplicate system. Washington County has created a 1-5 Status rating to reflect treatment for LTBI clients. Scott has done a similar thing, using the Behavior rating.

*Scott approaches TB Contact investigations using a "Community Client" to reflect the investigation. They use a pathway with investigation interventions. This could also be done for food born outbreak investigations.

*How do we address redundancy in systems – those that are internal, and those required by MDH? MEDS is coming from the Minnesota Department of Health, and this may create some challenges. Scott identifies

Nursing Interventions in the Omaha System and tries to limit any redundant documentation. Activities at the state level are also driven by epidemiology, which is a different way to organize date. Local agencies are collecting nursing interventions.

*Pam Correll in Maine has also done extensive work in TB at the community level.

*We would like to find a balance between what is being required (by the state) and the variety of other nursing activities that are involved or necessary in order to achieve the desired outcomes. Nursing would prefer to reflect the "whole" of what we do.

*We may want to consider a work group that focuses on DPC documentation using the Omaha System. This group can consider the similarity and differences between DPC programs and consider a consistent use of the Omaha System. Scott, Olmsted, Washington are all interested. Maureen, in her role as PHN Consultant with MDH offered to host a WebEx workgroup in order to facilitate participation across the state. Watch for an invitation to participate in this DP&C Specific Workgroup. The group hopes to discuss the use of the Omaha System across a variety of DP&C programs.

Local Updates
CHAMP Software – Currently working on updates to home care software applications.

MDH – Internal Organizational Changes have been made. The Office of Public Health Practice has change to ***The Office of Performance Improvement (OPI)*** and is under the executive branch, rather than Family & Community Health. MDH has received a 5 year 2 million infrastructure grant and 6 IT project are a part of that grant with the goal of streamlining reporting. Six additional projects are planned, related to the preparations for national accreditation standards – both for internal prep and support of local agency preparation. Also a physical move has taken place. Additional changes have taken place in Family & Community Health infrastructure.

Scott County – Public Health has been under the community services division. The division is now called the Division of Health & Human Services, and this is a welcome as it elevates the understanding and awareness of Public Health.

Olmsted County – In the 11 county region, everyone is now on the PH Doc System. A PH Doc User Group is being discussed, and it is hoped that the Use of the Omaha System and KBS Ratings will be enhanced and encouraged through this. Currently have a 0.85 opening in their MCH Section.

Ramsey County – Has a new Public Health Manager, Joan Brandt from Augsburg College. Rob Fulton Retired in October, and a new director has not yet been hired. In 2011 they will transition to a data questionnaire for collecting MHD Family Home Visiting evaluation data, rather than using Omaha System interventions.

Chisago County – Currently are looking for a new computer system for Public Health. Congratulations to Inez, who has taken a new job as a clinic director at Face to Face clinic in St. Paul. Ruthie will be taking her place at the OSUG meetings.

Karen Monsen and Karen Martin both won awards at the 138th Annual APHA Meeting in Denver.

Karen Martin, MS, RN, FAAN received the Ruth B. Freeman award from the Public Health Nursing Section in recognition of her distinguished career in the field of public health nursing and exemplary and significant contributions to public health nursing practice, administration, research, and policy at the local, state, national and international levels.

Karen Monsen, PhD, RN at the University of Minnesota, was awarded the Junior Investigator award by the Public Health Nursing section in recognition of her cutting-edge research in nursing informatics

Washington County – On January 1st, 6 Waiver/Case Management Public Health Nurses will transition to the Department of Community Services. This will reduce PHN capacity in the Department of Public Health & Environment, but is done with an eye on efficiency and streamlining services.

U of M - Omaha System Partnership is going strong and you are all encouraged everyone to become a member! www.omahasystempartnership.org   This is an Omaha System data-warehouse with 3 components and many members. This becomes a "connecting place" for users and researches. This ongoing data and research can be used to support and promote Omaha System use.

The Omaha System International Conference will be held from April 7-9 at the Eagan Community Center in Eagan, MN. Note that poster abstracts are due at the end of January.
http://www.omahasystem.org/conferences.html

10 year Anniversary Celebration
The MN Omaha System Users Group will be 10 years old in 2011! See Karen if you are interested in helping to plan a celebration. This may be held on the Friday evening of the International Conference in April.

Envisioning the New Minnesota Omaha System Users Group
Several interested parties came together to form a steering committee for the Minnesota Omaha System Users Group. Members include: Linda Bauck, MDH PHN Consultant; Kathy Dubbles, Olmsted County & PHDoc user; Karen Monsen, U of M; David Rosebaugh (Nicole Sowers), CHAMP; and Jill Timm (Emily Robb), Washington County & CareFacts Users. **There are two additional members needed on this committee. Please Email Karen if interested!**

Proposal for 2011 Meeting Structure
1) Rotate Locations of the meetings (limit the number of meetings held in the metro)
2) Continue conferencing capability for the meetings (THANK YOU to Care Facts for past WebEx support) and at a minimum have conference call capability.
3) We already have volunteers from the following agencies to host
   a. Ottertail (January)
   b. City of Bloomington
   c. St. Louis
   d. Olmsted
   e. Isanti

4) Routine meetings would include 1) information for new users; 2) information regarding focused programs (example, DPS) and 3) Local Sharing/OS related program updates.
5) The local host will drive the agenda so that the meeting meets user needs.
6) Once a year the MN OSUG Meeting will have a more international focus.
7) Linda Bauck (MDH Consultant) also brought forward the need to establish the stronger ties with MDH and the link to performance evaluation.
8) We will work to raise awareness among CHS administrators regarding our infrastructure and our ability to contribute to evaluate.
9) A collaborative leadership model would exist (see steering committee notes above)
10) Maintain the Local Sharing at each meeting

Comments related to the proposal:
*Steering Committee should explore the technology, and create a set of guidelines in this regard. It might include:
1) what do participants need to effectively take part
2) what can be done to ensure that the hosting is done well (what is being projected, who can hear/see)
3) Consider the use of additional technology (Elluminate, or even Adobe or WebEx)
*Elluminate has great capacity for video sharing, whiteboard use, and other interactive tools.
4) Recognize the appropriate technology for the meeting based on agenda items.
5) Consider MDH District Offices

Meetings Dates and plans for 2011 – stay tuned for meeting dates.
*Generally, we will meet every other month.
*Ottertail Co or the City of Bloomoington will host first, and additional meetings will be scheduled.