# Minnesota Omaha System's User Group
## December 1, 2011

**Recorder:**         Maureen Alms, PHNC

**Next Meeting:**      **Hosted by King and Kitsap Counties in Washington State** February 1, 2-4 PM Central time; 12-2 PM Pacific time

| Agenda Item | Discussion | Decisions/Action Items |
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| **Addition to the agenda** | Yolanda Fong with Kitsap Public Health District will presenting on "Measuring Public Health Program Outcomes" | **Addition to agenda made** |
| **Top 10 reasons to use the Omaha** | http://omahasystemmn.org/Omaha%20System%20Top%20Ten%20with%20links.pdf <br> 1) Global <br> 2) Powerful: Discussion regarding persuasiveness and power of data for demonstrating outcomes. Seattle has utilized the data to demonstrate outcomes to agencies outside of PH (e.g. child protection) <br> 3) Networking Opportunities Abound <br> 4) Get credit for what you do: Ottertail notes usefulness with Statewide Health Improvement Program (SHIP). Used it during work with clinics, agencies; demonstrated a collaborative journey with 10 partners on health care systems. <br> Could also be useful at the national level with health care reform <br> Discussion regarding proactive link with Public Health prevention in order to demonstrate/track outcomes with these efforts <br> 5) History of validity <br> 6) Useful at any level: Ottertail reports 2011 was a year of transition; pathways of physical activity, nutrition and substance abuse, intended to use as a baseline of 1st year of completion with SHIP. Hypothesis is that the rates are higher. The plan is to compare to national data sets. <br> A comment was made that it would be nice if SHIP 2.0 used the Omaha for capturing the intervention information. <br> Maggie asked if there was any outreach to health care homes. St. Louis County staff is attending a community care team meeting in Ely today to discuss population-based interventions. Group noted that this was interesting and should be added to the agenda in the future <br> 7) Efficient charting: |  |

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| | 8) Legal situations:<br>9) Recognition of trends: Seattle reports pulling data together for use with court system. Have also utilized with the Children with Special Health Care needs, as there were restrictions with visits. The information was helpful for the providers.<br>Karen noted possibility of doing a study with Washington and MN regarding client characteristics, interventions, capacity and services and outcomes<br>10) Well supported<br>Kathy D asked the group if there were others that should be added to the list. There were no additional suggestions. | |
| **Omaha Systems data archives** | Jill Timm, Karen Monsen, and Amy Lytton described the process they undertook to archive Washington County Omaha data.<br>• Amy created report forms and provided tech assistance. Four data analysis reports were created: Demographics, Interventions, KBS Outcomes and Problem Signs/SX. Ability to use both de-identified and identified data<br>• Questions regarding replication for other electronic SX. Both noted importance of defined data structures<br>• Question regarding time spent. Jill noted she had an administrative support person run them, and it took less than a day<br>• Question regarding time frame of data. Amy suggests running all data to begin the archive, and running annual reports after that.<br>• All Omaha System users could use the same reporting format | |
| **"Measuring PH Program Outcomes"** | Presented by Yolanda Fong (originally presented by Suzanne Plemmons at APHA)<br>• Kitsap County wanted to: quantify practice, increase quality, aggregate and compare across counties/states.<br>• Went live in March 06; KBS inter-rater reliability training ongoing.<br>• Top 3 problems are: income, substance abuse, and mental health.<br>• Outcomes improved for clients.<br>• Can compare outcomes with other Omaha System users (e.g. Tacoma-Pierce and Benton-Franklin health districts)<br>• Thank you very much, Yolanda! | |
| **Inter-rater reliability exercise** | Karen worked with St Paul-Ramsey County PH on case studies. Noted there were 42 responses to the survey, which was what was hoped for<br>• Monkey survey results for 1st case show majority with ratings of K:2, B:1, and S:1, with 4 as | |

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| | the other notable rating for K.<br>• Discussed how to make the example better for either a consistent 2,1,1 or a 4,1,1:<br>• Was this for start of service, or 1x visit? Important to note circumstance of visit in introduction. Decided to put in it was a 1<sup>st</sup> visit prior to intervention<br>• Remove PHN statement<br>• Behavior should be rated according to the stages of change; important to go by the KBS rating guide. It is about where the client is at during the time of the visit.<br>• Problem 2) K split between 3 and 4. Difference is with condoms, as this is behavior. However she knows how to use it, which points to knowledge. Also discussed condom as partner behavior<br>• The revised case studies will be sent out prior to the next meeting. | |
| **Obesity Management Pathways presentation (Debra Foster)** | • Debra Foster presented a health promotion project to address the nation's adult obesity epidemic. She is a public health nurse and DNP student at the University of Minnesota School of Nursing. She is seeking community partners interested in implementing adult obesity screening and counseling pathways at the individual and/or community level (within existing programs). Contact Debi directly at fost0065@umn.edu or (651)398-9730.<br><br>• Link to the 5-minute audio presentation of the project:<br>http://voicethread.com/share/2506000/ | |
| **PHN Practice Council Omaha DP&C** | • PHN Practice Council is working with Karen on documentation of the Social Determinants of Health at the community level. Just beginning work. Some members of the council are not familiar with the Omaha System, so Karen will be demonstrating the system at the next practice call. Income, Residence, Mental health, Interpersonal relationship, Communication with community resources, and Nutrition will be the problems<br>• Omaha System DP&C: next meeting 12/12. Group has not met since August, but is interested in developing standardized DP&C pathways, including KBS ratings and inter-rater reliability work<br>• Also would like to (long-term) decrease and/or eliminate duplicate entries (e.g. MEDSS, and other MDH disease-related pathways) | |
| **Local updates** | • Maggie Diebol and Diane Thorson are co-chairs of a SCHSAC workgroup regarding health information exchange, and how to collect for FHV.<br>• The workgroup recommends that MDH/LPH work together to use the Omaha System for | |

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| | state-wide data reporting and recording. This recommendation will go to the SCHSAC meeting on 12/16 for a vote<br><br>• St Paul-Ramsey County working with Karen on developing Omaha System champions. Want to split the difficulties with the computers and how they function, as that is not the Omaha System<br><br>• Olmsted County reports in 3<sup>rd</sup> year of group champions known as OSCAP committee. A group of 20 nurses were asked regarding training needs and problems, so a training plan was developed to systematically work on those. Also resuming inter-rater reliability process, with staff bringing case examples. Using an anonymous voting called: "turning technology"<br><br>• Madeleine Kerr (U of M) reported translating hearing clinical and research data into Omaha System KBS data, working with health loss prevention and occupational health. Data is from firefighters in the Midwest. | |
| | | **Next meeting agenda items:**<br>**Revision of KBS ratings**<br>**Update from St Louis on community care team** |