


Using the Omaha System to disseminate evidence-based practice for asthma care at the individual and community levels


American Public Health Association
137th Annual Meeting & Exposition
Philadelphia, PA
November 10, 2009

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Disclosure statement

- Erica L. Fishman, MSW, MPH, LISW has no personal financial relationships with commercial interests to disclose.




Background

- The Minnesota Department of Health convened stakeholders to create a five year state asthma plan
- Part of the plan was to increase use of evidence based practice in asthma care and management
- Electronic health records could be used to disseminate best practices
- GAP Identified: need for standardized asthma care plans




Purposes

- To create Omaha System Pathways based on best asthma care practice and evidence for individual home visits and community interventions
- To disseminate best asthma care practices in a standardized way throughout Minnesota




Method

- Individual and Community level care plans were developed by public health nurses, and critiqued by clinical experts for alignment with current evidence and asthma care guidelines
- Clinical experts were respiratory therapist, certified asthma educator, pharmacist, state asthma project staff, and graduate nursing students
- Closed the loop by bringing the care plans back for review by experienced public health nurses




Why Omaha System?

- Widespread use of the Omaha System for clinical documentation of individual level practice in local public health (LPH) agencies
- Emerging use of the Omaha System for documenting community level services and outcomes
- Care plans can be incorporated into any electronic health record based on the Omaha System




Asthma care plan: Individual

- Standard problem assessment at the individual level
 - Respiration
 - Sanitation
 - Substance use
- Other problems may be assessed if indicated



Asthma care plan: Community

- Standard problem assessment at the community level
 - Respiration
 - Communication with community resources
 - Health care supervision
- Other problems may be assessed if indicated



Dissemination

- Pathways were disseminated electronically for use in computerized documentation systems through e-mail lists and Web sites, and will be included in an asthma guidebook for LPH agencies
- http://omahasystemmn.org/Careplans/resp_cardiac_end/Washington_Asthma_Individual.pdf
- http://omahasystemmn.org/Careplans/resp_cardiac_end/Washington_Asthma_Community.pdf

Outcome Measures

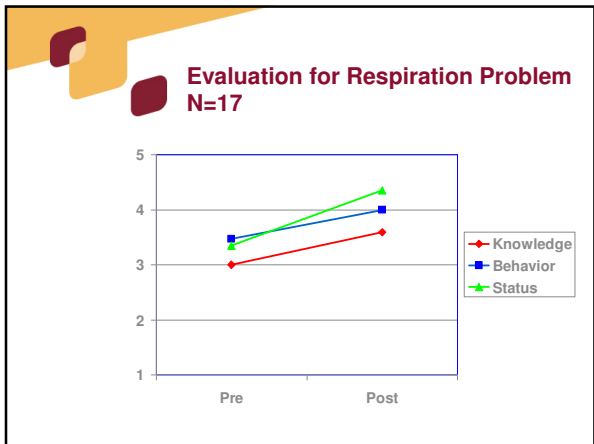
- Problem specific ratings
- 1-5 Likert type ordinal scales
- Knowledge
- Behavior
- Status

Providers can use the same Omaha System outcome measures

- Community team working with asthma coalition
- Family health nursing team visiting children with asthma
- Environmental team performing school walkthroughs or conducting home visits
- Clinical team assessing respiratory function and developing asthma action plan

Inter-rater reliability guide for Respiration problem

	1	2	3	4	5
Knowledge	Does not know about controllers or relievers or side effects; does not know about asthma self management; does not know how to use equipment and drug delivery device (ex. MDI); Does not know about s/s/x of asthma. Does not have asthma action plan; not aware of community resources	Willing to learn about controllers and/or relievers and side effects; self management of asthma; how to use equipment and drug delivery device; s/s/x of asthma; asthma action plan; community resources	Describes some steps for using controllers and/or relievers or side effects; self management of asthma; how to use equipment and drug delivery devices; describes s/s/x of asthma and knows about asthma action plan and community resources	Describes steps for using controllers and/or relievers; side effects; self management of asthma; how to use equipment and drug delivery devices; s/s/x of asthma. Knows about asthma action plan & how to follow it; describes community resources.	Describes steps for using controllers and relievers; side effects; self management of asthma; how to use equipment and drug delivery devices; s/s/x of asthma. Knows how to control asthma and adhere to asthma action plan and update asthma action plan with provider; uses community resources (e.g. shares asthma action plan with school nurse)
Behavior	Unwilling to use controllers, relievers, or holding chamber	Not using controllers or relievers or holding chamber, but willing to learn	Using relievers only, inconsistent technique, inconsistent use of holding chamber	Usually uses controllers and relievers and holding chamber, reasonable technique	Uses controllers and holding chamber consistently as recommended
Status	More than 2 night awakenings/mo, needs hospitalization, using urgent care visits, or ED visits for acute asthma exacerbations	1-2 night awakenings per mo, needs prednisone bursts, at risk for using urgent care or ED for acute asthma exacerbations	0-1 night awakenings, uses relievers more than 2 times per week	No night awakenings, uses relievers 0-1 times per week, minimal interference of asthma symptoms in normal daily activities	No night awakenings due to asthma, does not need to use relievers, living well with asthma



- Implications**
- Best practice pathways can be developed using an iterative process with clinical and expert reviewers
 - Electronic documentation systems and standardized terminologies are useful for disseminating standards of care and evidence based practice

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