

Descriptive Studies

Westra BL, Solomon D, Ashley DM. (2006). Use of the Omaha System data to validate Medicare required outcomes in home care. *Journal of Healthcare Information Management*, 20(3), 88-94.

The purpose of this case study was to demonstrate the value of using the Omaha System in an EHR for documenting care and conducting Medicare's required Outcome-Based Quality Improvement process in one home care agency. The Centers for Medicare and Medicaid Services (CMS) require home care agencies to conduct outcome based quality improvement studies when agency outcomes vary significantly over time or against national benchmarks. Patients from a CMS report were compared for both their OASIS and Omaha System pain scores. The chart audit included a review of every visit to identify if pain was assessed and if pain existed, what interventions were documented, as well as the effectiveness of the interventions. Staff validated that the Omaha System outcomes more accurately reflected their practice and staff misinterpreted how to score pain with the OASIS instrument. Education and a standard Omaha System pathway were implemented for consistent documentation for assessing and intervening to improve pain outcomes.

Westra, B.L., Oancea, C., Savik, K., & Marek, K.D. (2010) The Feasibility of Integrating the Omaha System Data across Homecare Agencies and Vendors, *CIN: Computers, Informatics, and Nursing*, 28(3):162-171

The purpose of this study was to test the feasibility of abstracting, integrating, and comparing the effective use of a standardized terminology, the Omaha System, across software vendors and 15 homecare agencies. Results showed that the 2,900 patients in this study had an average of four problems on care plans, with interventions most frequently addressing surveillance (39%) and teaching (30%). Findings in this study support the feasibility of integrating data across software vendors and agencies as well as the usefulness for describing care provided in homecare. However, before exchanging data across systems data quality issues found in this study need attention. There was missing data for 10.8% of patients as well as concerns about the validity of using the problem rating scale for outcomes.