

OMA Conference Breakout Session Questions and Answers

7/29/08

What are the practices your team has put in place to make the collection and entry of Outcomes easier?

Many staffers reported that a spreadsheet is critical to their collection and entry of Outcomes, and that a clear understanding of the process of how the forms are collected and processed is also key. Close supervision of the movement of forms through the system is also seen as key. Innovations in this area included monthly parties/potlucks to make sure data is being collected and processed.

Notes from various groups:

1. Create spreadsheet and tracking for 3M.
2. Availability of data entry staff.
3. Regular meetings.
4. Submit data weekly.
5. Print out baseline as a tool for assessment.
6. Include OMA in initial assessment packet.
7. Consult with physician regard what is collected.
8. Do baseline immediately after doing assessment.
9. 3M date on spreadsheet
10. Supervisor ensures completion.
11. Automatically updated- 3 months.
12. Different outcomes are collected by different clinicians.
13. Spread sheets, outcome day, monthly potlucks, reinforced follow up in supervisions and team meetings.
14. Print out OMA's.
15. Email reminder.
16. Separate tasks- data collection, tracking, and entry.
17. Combine all data and send to one centralized area for entry.
18. Program manager tracks date.
19. 3M report with progress note given to manager.
20. Clinical staff gives OMA to data entry person to enter.
21. Central person is notified of changes and enters.
22. Changes discussed in staff meetings.
23. Dry erase board with 3M dates and changed when done.
24. Each manager has caseload with OMA due dates and CCCP cycle dates, reviewed by supervisor.

How do you balance the demands of your clinical work, tracking outcomes, and the other required aspects of delivering these specialized services?

Many breakout groups reflected on the fact that this is a very big issue for them. Outcomes are just plain difficult! Still, teamwork and good supervision seem to be the key to dealing with OMA data.

Notes from various groups:

1. Very hard to balance.
2. Tracking based on when next OMA due date.
3. Supervision (with assistance from spreadsheet info).
4. Providing direct services/collecting outcomes with support from other staff.
5. To be opened/enrolled- baseline must be completed first, spread sheets tracks all paperwork-bring to team meetings.
6. Clear role- Staff define.
7. Too much of our clinical time gets eaten up by admin time.
8. Overwhelming paperwork.
9. 1st six-month is confusing, having to learn paperwork.
10. Staffs are cross trained and “pitch in” as needed.
11. Emphasize team approach.

Does your clinic gather its own data for analysis? If so, what data do you see as important?

There were many varied answers to this question. Client Satisfaction and information about the completion of Care Plans were two notable issues.

Notes from various groups:

1. Varies from site to site
2. All care plans goals are met?
3. Living arrangement, medical, and education.
4. Some yes and some no.
5. Would like feedback.
6. Gathering basic demographic information-using applications provided by DMH.
7. Important data should include SSI, should include other psychosocial markers (i.e. FSP client leaving home 2x/wk when previously isolated (meaningful activities, healthy relationships, spirituality).
8. Living arrangement info.
9. Not enough time to collect any other information.
10. Collect client satisfaction surveys.
11. CAFAS info.

What systems do you have in place to audit and clean data?

Quality Assurance staff were the number one answer to this question, followed by supervision or Supervisor Review.

Notes from various groups:

1. Use of a QA staff-monthly
2. Supervisor review.
3. General report on how you are doing with completing OMA's.
4. QI sends out audit tool.
5. Supervisor checks before it is filed in chart.
6. Supervisor scans the baseline before it gets submitted to data entry dept.
7. Spread sheets, requesting reports, peer review.
8. Program Manager.
9. Peer review.
10. QA/ QI team.
11. Data entry staff.
12. QA and track on spreadsheet and monthly reports
13. Weekly reports to entry person
14. OMA system.
15. Self audit (QA and supervisors)

Describe the Top 5 things you like about the OMA computer application.

Many users seem to like the Assessments printouts, and others like the ease-of-use. The way the screens and forms matched, for example.

Notes from various groups:

1. 3M tickler
2. Gives good client info-include location of services.
3. Work as a team.
4. Measureable progress.
5. Easy to use.
6. Not much. Helps with placement info.
7. Provide info for resources quickly, less error, sustainability, accountability.
8. PDF reports are printed out, edit a baseline, can individually print, "hints" given of 3M due, user friendly.
9. User friendly
10. Frequently asked questions on WIKI.
11. OMA encourages data collection that is not routinely collected in mental health.
12. Easy to navigate, print, and adobe report.

13. Internet based
14. Forms matches application
15. Pop-up message before moving to next section.
16. It will not let you enter KEC until baseline is entered.

Describe the Top 5 improvements you'd like to make to the OMA computer application.

System speed was an issue for a number of users, and some users are frustrated by the data they cannot edit (such as "Assessment Completed By").

Notes from various groups:

1. System is so slow.
2. Each team should have a data entry staff
3. QA staff.
4. Difficult to make changes in partnership date
5. Confusion regarding who can administer (if not clinician)
6. Eliminate OMA
7. What about 1 visit with youth- does that require baseline? Or is it only for linkage?
8. If system would prompt/alert when 3M is due, explanation of terms and codes, if system could catch/question certain errors.
9. Need demographic each page of KEC, desire "real time" with new episode, independently delete without form, "window" period for clean up, Outcome reports-is FSP working?
10. After hour help desk does not understand OMA.
11. Change info once a partnership date has been established without OMA team each time.
12. Need search client by name.
13. Report within program.
14. Faster- "down a lot".
15. My baseline is slow to appear
16. Unclear how living arrangement is an indicator of function.
17. No reports.