

# ORCHIDS Workgroup Meeting Minutes

February  
14, 2007

OFH Department of Human Services

Facilitator: Stan Smith -OFH,  
Recorder: Renee Schneider  
**County Participants:** Jan Wallinder & Judy Brandel-Multnomah, Sue Omel-Washington, Anne Olson-Deschutes, Jana Austin-Hood River, Pam Stuver-Lane, Lynn McConnell-Clatsop, Rosie Beith-Union, Kathy DeVoss-Klamath  
**OFH Participants:** Claudia Bingham, Ruth Helsley, Maureen McNamer, Cyndi Durham, Laura Zukowski, Elvin Yuen, Katherine Bradley

AGENDA ITEM	Discussion Points	WHO	Outcome/Follow-up	When	By Whom
Introductions and Agenda					
Review Minutes		Stan Smith	The Workgroup did not review the minutes from the January 31, 2007 meeting.		
Review Charter and Expectations	<p>Workgroup charter: Decide on issues and make recommendations on policies, particularly as related to nurse practice and protocols.</p> <p>Multiple roles in the Workgroup: State nurse consultants and county staff bring content expertise. Project team has data system development process expertise. Our role is to maximize the opportunity for you to provide input on the information that is gathered by creating a structure for discussion and directing you to places where your knowledge will most effectively be used.</p> <p>In the 2<sup>nd</sup> meeting there was agreement to make MDE livable but we got sidetracked discussing processes of the project. Project team is using their experience to</p>	Maureen McNamer			

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Review Charter and Expectations (continued)	<p>make the process as efficient as possible and to focus the work so that more can be accomplished in the time available. Process/project questions are encouraged by phone or email outside of the meeting to maintain focus. They can be addressed to Maureen.</p> <p>State/County common ground is dedication to clients. The State is investing in Home Visiting as a priority. There are many other states that are creating systems similar to FamilyNet but none have Home Visiting.</p>				
Meeting Topics	<p>Changing the structure of the form would mean changing the structure of the system, which would take a lot of time.</p> <p>In the interest of time, the schedule of meeting topics was created so that the content on form could be discussed in the allotted time, but not so that the structure could be changed.</p> <p>The email address on the ORCHIDS</p>	Maureen McNamer			

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Meeting Topics (continued)	<p>– MDE Request Form has been changed. <a href="mailto:orchids.app-support@state.or.us">orchids.app-support@state.or.us</a></p> <p>April 11<sup>th</sup> meeting topic changed.</p> <p>Schedule change for the last meeting.</p>	All	<p>In order to be sure to incorporate remaining pilot site feedback/input that wasn't captured in the previously discussed topics, this meeting be a chance to follow-up with them.</p> <p>To allow time to finalize the Priority List before the deadline of May 15, the final meeting will take place on May 2<sup>nd</sup>, 2-4pm.</p>		
Pilot site Overview (handout)	<p>See "ORCHIDS-MDE Pilot Summary" Document.</p> <p>Piloting data entry in the counties will no longer be done due to concerns about the system not being ready.</p> <p>One of the pilot sites asked if they should start using the new MDE form on March 1<sup>st</sup> and if they should save the forms or send them to the State?</p> <p>Question 1: Is MCM billing included in MDE?</p> <p>Question 2: Is the nurse or a data entry person expected to enter the data into MDE?</p>	Elvin Yuen	<p>Data collected in the pilots will be input in the system by the State data-entry staff to ensure that the data collected is not lost.</p> <p>For the purpose of utilizing the forms for the upcoming training on MCM billing (to be scheduled) the forms should be kept at the pilot site. At a later date they will be sent to the State for data-entry.</p> <p>A 1. Yes, the new MDE the system will do MCM billing electronically.</p> <p>A 2. The way that the data goes from the visitor into the computer is a local decision. For those counties who have used WCHDS and have a data entry clerk</p>		

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Pilot site Overview (continued)	<p>Question 3: For counties currently using WCHDS, do these counties understand the implication in terms of data-entry for MCM?</p> <p>Question 4: The two pilots that have dropped out--will their input become a change request?</p> <p>Additional testing will take place on the Data Entry Forms.</p> <p>Rollout will take place in August 2007.</p>		<p>that will continue, other counties may choose to have the home visitor enter the data. The exception to that would be MCM billing; the data entry function will be new for that program.</p> <p>A 3. For MCM, data entry was previously done at the State and will now be done at the county. However, the paperwork for billing will go away.</p> <p>A 4. Because they have already given their input and it has been documented it will become a change request and be included in Workgroup discussions.</p> <p>A = Answer</p> <p>To identify system "bugs", the State data-entry staff will continue testing.</p>		
Issues, Outcomes, Interventions (IOI)	<p>Issues and Outcomes (handout)</p> <p>ORCHIDS Workgroup Request and Suggestions (handout)</p> <p>The focus for this meeting is on items identified by the group as critical but not currently addressed on the form.</p>	Stan Smith	Discussion points for each Issue and Outcome addressed will be sent as a separate document (called "IOI_DiscussionMissingPieces_021407")		

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Next Steps	<p>Refer to the prioritization criteria when considering the four Issue/Outcome topics discussed in the meeting.</p> <p>Volunteers will be asked to look at a particular issue and propose what aspect of it the Workgroup should focus on.</p> <p>Each person who submitted them, look at your recommended outcomes on the "ORCHIDS Workgroup Requests and Suggestions" and cross-reference it to the "Issues and Outcomes" table.</p>	Maureen McNamer	<p>Create a list using a High, Medium, Low or None ranking for the following four topics.</p> <ol style="list-style-type: none"> <li>1) Substance Abuse</li> <li>2) Housing</li> <li>3) Mental Health</li> <li>4) Family Planning</li> </ol> <p>Each person will send their list to the state via email to be compiled for the next meeting. <a href="mailto:Maureen.c.mcnamer@state.or.us">Maureen.c.mcnamer@state.or.us</a></p> <p>Determine if your recommended outcome has been addressed in a way that is something you can live with. If not, please send your proposal for how it could be better captured to Maureen. <a href="mailto:Maureen.c.mcnamer@state.or.us">Maureen.c.mcnamer@state.or.us</a></p>		

\*Consensus is a group process where the input of everyone is carefully considered and an outcome is crafted that best meets the needs of the group. It is a process of synthesizing the wisdom of all the participants into the best decision possible at the time. The root of consensus is the word consent, which means to give permission to. When you consent to a decision, you are giving your permission to the group to go ahead with the decision. You may disagree with the decision, but based on listening to everyone else's input, all the individuals agree to let the decision go forward, because the decision is the best one the entire group can achieve at the current time.

The heart of consensus is a cooperative intent, where the members are willing to work together to find the solution that meets the needs of the group. The cooperative nature of consensus is different mindset from the competitive nature of majority voting. In a consensus process the members come together to find or create the best solutions by working together. Key attributes to successfully participation include humility, willingness to listen to others and see their perspectives, and willingness to share your own ideas but not insist they are the best ones.

What consensus is not: It is not unanimous agreement. Participants may consent to a decision they disagree with, but recognize meets the needs of the group and therefore give permission to move forward.