

Problem Classification Scheme

The Scheme is a comprehensive, orderly, nonexhaustive, mutually exclusive taxonomy designed to identify diverse clients' health-related concerns. It consists of four levels. Four domains appear at the first level and represent priority areas of practitioner and client health-related concerns. Forty-two terms (concepts), referred to as client problems or areas of client needs and strengths, appear at the second level. The third level consists of two sets of problem modifiers: health promotion, potential, and actual as well as individual, family, and community. Clusters of signs and symptoms describe actual problems at the fourth level. The Problem Classification Scheme provides a structure, terms, and system of cues and clues to help practitioners collect, sort, document, classify, analyze, retrieve, and communicate client needs and strengths.

Domains and Problems of the Problem Classification Scheme

Environmental Domain: Material resources and physical surroundings both inside and outside the living area, neighborhood, and broader community.

- Income
- Sanitation
- Residence
- Neighborhood/workplace safety

Psychosocial Domain: Patterns of behavior, emotion, communication, relationships, and development.

- Communication with community resources
- Social contact
- Role change
- Interpersonal relationship
- Spirituality
- Grief
- Mental health
- Sexuality
- Caretaking/parenting
- Neglect
- Abuse
- Growth and development

오마하 시스템

임상 data-information 퍼즐 해결하기

문제분류틀

문제분류체계는 다양한 대상자의 건강관련 문제들을 규명하기 위해 고안된 포괄적이며, 순서적이고, 소모적이지 않고, 상호배타적인 분류법이다. 첫번째 수준은 4개의 영역으로 구성되어 있으며, 실무자의 우선순위 영역과 대상자의 건강관련 문제들을 나타낸다. 두번째 수준은 영역별 문제로 42개 용어들(개념)이 대상자의 문제, 간호요구와 강점들을 나타낸다. 세번째 수준은 문제별 2개의 수정인자로 구성되어 있다: 수정인자의 하나는 문제의 심각성 정도로서 건강증진, 실제적 결핍 또는 손상, 잠재적 결핍 또는 손상, 건강증진으로 구분되며, 다른 하나는 대상을 규명하는 것으로 개인, 가족, 지역사회를 포함한다. 네번째 수준은 실제 문제에 대한 구체적인 증상과 징후이다. 문제분류체계는 구조, 용어를 제공하고 실무자가 대상자의 간호요구와 강점에 대해 자료를 수집, 분류, 기록, 분석, 검색 및 의사소통하도록 돕는 단서와 실마리를 제공한다.

Domains and Problem of the Problem Classification Scheme

(문제분류체계의 영역과 영역별 문제)

- **환경적 영역:** 물질적 자원과 거주지역 안과 밖, 이웃 및 지역사회의 물리적 환경.
 - 수입
 - 위생
 - 주거
 - 이웃/직장의 안전

- **심리사회적 영역 :** 행위, 감정, 의사소통, 관계, 발달 양상
 - 지역사회자원과의 의사소통
 - 사회적 접촉
 - 역할변화
 - 대인관계
 - 영성
 - 비탄
 - 정신건강
 - 성적관심
 - 돌봄/양육
 - 무시
 - 학대
 - 성장과 발달

Physiological Domain: Functions and processes that maintain life.

- Hearing
- Vision
- Speech and language
- Oral health
- Cognition
- Pain
- Consciousness
- Skin
- Neuro-musculo-skeletal function
- Respiration
- Circulation
- Digestion-hydration
- Bowel function
- Urinary function
- Reproductive function
- Pregnancy
- Postpartum
- Communicable/infectious condition

Health Related Behaviors Domain: Patterns of activity that maintain or promote wellness, promote recovery, and decrease the risk of disease.

- Nutrition
- Sleep and rest patterns
- Physical activity
- Personal care
- Substance use
- Family planning
- Health care supervision
- Medication regimen

■ **생리적 영역** : 생활을 유지하는 기능과 과정

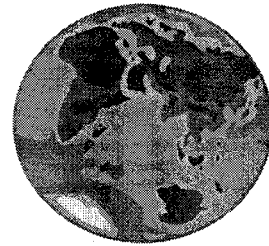
청각
시각
언어와 말
구강건강
인지
동통
의식
피부
신경 근 골격 기능
호흡
순환
소화와 수분
배변기능
배뇨기능
생식기능
임신
산후
전염성/감염성 질환

■ **건강관련 행위 영역** : 안녕 상태를 유지, 증진하고, 회복을 향상시키고 질환의 위험요인을 감소시키는 행위의 양상

영양
수면과 휴식양상
신체적 활동
개인위생
약물오용
가족계획
건강관리 감시
투약

The Omaha System: Use in Practice

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Florence Nightingale, 1896



In attempting to arrive at the truth, I have applied everywhere for information, but in scarcely an instance have I been able to obtain hospital records fit for any purpose of comparison. If they could be obtained they would enable us to decide many other questions besides the one alluded to. They would show the subscribers how their money was being spent, what good was really being done with it, or whether the money was not doing mischief rather than good.

Today's Health Care Environment:

Demands that huge amounts of data are collected and processed, however our information remains largely invisible. It is stored in "data cemeteries".

Clinical information IS the strategic tool of the present and future.

We NEED to convert data to information!



Nurses and Other Health Care Professionals:

MUST document, measure, and communicate their practice outcomes; this is a key to increasing the quality of care

If we cannot name it, we cannot control it, finance it, teach it, research it, or put it into public policy. Norma M. Lang, 1992

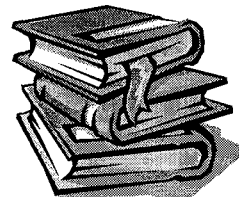
Diffusion of Innovation

- **Innovators-2.5%** (venturesome, like novelty)
- **Early adopters-13.5%** (opinion leaders who are well connected)
- **Early majority-34%** (learn mainly from those they know well)
- **Late majority-34%** (look to majority; “safe” to try)
- **Laggard-16%** (reference point in past; may be obstructionists to valid change)

Everett Rogers, 1995

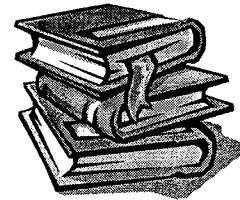
Book

- **Ch 1: Past, Present, and Future**
- **Ch 2: How to Use**
- **Ch 3: Practice (Karen Monsen)**
- **Ch 4: Education (Vicky Elfrink)**
- **Ch 5: Research (Kathy Bowles)**
- **Ch 6: Information Technology**
- **Users' Guide**



Book

- **Appendix A: Omaha System**
- **Appendix B: Case Studies (18)**
- **Appendix C: Problems Associated with...**
- **Appendix D: Revision Process**
- **Appendix E: Omaha System Codes**
- **Appendix F: Survey**
- **Glossary**



How to Grow a Garden of Reliable Data: Planting Instructions

- 1. Prepare the soil (*the infrastructure for documentation*) using education in the Omaha System and agency policies and procedures...**
- 2. Place healthy bulbs (*practitioners*) and nutrient rich soil (*infrastructure*) in pot (client situation).**
- 3. Add fertilizer (*Omaha System updates, record review, and case studies*) often and on a regular basis.**

How to Grow (continued)

- 4. Water *(consult with Omaha System specialists)* liberally to share expertise and increase uptake of nutrients.**
- 5. Use tools *(computers and software)* consistently to tend the garden.**
- 6. Provide plenty of warm sunlight *(support and leadership)* to stimulate growth.**
- 7. Watch beautiful flowers *(reliable data)* blossom!**

Emily A. Robb, 2005

Omaha System Benefits

- Access to data**
- Multidisciplinary approach**
- Critical thinking/evidence-based practice**
- Visible links among problems, interventions, and ratings**
- Outcomes management**
- Accurate and consistent clinical data that demonstrate quality of care**
- Powerful communication tool**
- Automation**

Which Benefits Help ME?

- **Multidisciplinary practitioners**
- **Managers**
- **Administrators**
- **Educators**
- **Students**
- **Researchers**

