

Omaha System

The Omaha System is a research-based, comprehensive taxonomy that consists of the Problem Classification Scheme, the Intervention Scheme, and the Problem Rating Scale for Outcomes. Work on the Omaha System began in 1970 at the Visiting Nurse Association of Omaha (NE). Nurses from that agency and seven other test sites throughout the United States participated in four federally funded research projects between 1975 and 1993. The number and type of practice, education, and research sites that are adopting the Omaha System nationally and internationally are increasing dramatically. Numerous publications are available that describe the development, components, automation, and use of the Omaha System.

PROBLEM CLASSIFICATION SCHEME: An orderly, nonexhaustive, mutually exclusive, client-focused taxonomy of domains, modifiers, problems, and signs/symptoms addressed by nurses and other professionals. The four domains represent priority areas of professional and client health-related concerns. Each of the 40 problems may be referenced as health promotion, potential, or deficit/impairment/actual as well as individual or family. Actual problems are described by a cluster of signs and symptoms. As an open system of language and codes, the Problem Classification Scheme is used as a comprehensive method for collecting, sorting, classifying, documenting, and analyzing client data.

INTERVENTION SCHEME: An organized framework designed to address specific client problems or nursing diagnoses and consisting of three levels of nursing actions or activities. Four broad categories of interventions are further delineated by targets or objects of nursing action and by client-specific information generated by the nurse or other professional. Because the Intervention Scheme is the basis for planning and intervening, it enables professionals to describe and communicate their practice including improving, maintaining, or restoring health and preventing illness.

PROBLEM RATING SCALE FOR OUTCOMES: A five-point, Likert-type scale for measuring the entire range of severity for the concepts of knowledge, behavior, and status. Each of the three subscales is a continuum providing an evaluation framework for examining problem-specific client ratings at regular or predictable times. Suggested times include admission, specific interim points, and dismissal. The ratings are a guide for the nurse or other professional as client care is planned and provided; the ratings offer a method to monitor client progress throughout the period of service. SEE: table.

DOMAINS AND PROBLEMS OF THE PROBLEM CLASSIFICATION SCHEME

Domain I. Environmental:

The material resources, physical surroundings, and substances both internal and external to the client, home neighborhood, and broader community; appears at the first level of the Problem Classification Scheme.

01. Income
02. Sanitation
03. Residence
04. Neighborhood/workplace safety
05. Other

Domain II. Psychosocial:

Patterns of behavior, communication, relationships, and development; appears at the first level of the Problem Classification Scheme.

06. Communication with community resources
07. Social contact
08. Role change
09. Interpersonal relationship
10. Spirituality
11. Grief
12. Emotional stability
13. Human sexuality
14. Caretaking/parenting
15. Neglected child/adult
16. Abused child/adult
17. Growth and development
18. Other

Domain III. Physiological:

Functional status of processes that maintain life; appears at the first level of the Problem Classification Scheme.

19. Hearing
20. Vision
21. Speech and language
22. Dentition
23. Cognition
24. Pain
25. Consciousness
26. Integument
27. Neuro-musculo-skeletal function
28. Respiration
29. Circulation
30. Digestion-hydration
31. Bowel function
32. Genitourinary function
33. Antepartum/postpartum
34. Other

Domain IV. Health-Related Behaviors:

Activities that maintain or promote wellness, promote recovery, or maximize rehabilitation potential; appears at the first level of the Problem Classification Scheme.

35. Nutrition
36. Sleep and rest patterns
37. Physical activity
38. Personal hygiene
39. Substance use
40. Family planning
41. Health care supervision
42. Prescribed medication regimen
43. Technical procedure
44. Other

CATEGORIES AND TARGETS OF THE INTERVENTION SCHEME

I. Health Teaching, Guidance, and Counseling

Health teaching, guidance, and counseling are activities that range from giving information, anticipating client problems, encouraging client action and responsibility for self-care and coping, to assisting with decision making and problem solving. The overlapping concepts occur on a continuum with the variation due to the client's self-direction capabilities.

II. Treatments and Procedures

Treatments and procedures are technical activities directed toward preventing signs and symptoms, identifying risk factors and early signs and symptoms, and decreasing or alleviating signs and symptoms.

III. Case Management

Case management includes activities of coordination, advocacy, and referral. These activities involve facilitating service delivery on behalf of the client, communicating with health and human service providers, promoting assertive client communication, and guiding the client toward use of appropriate community resources.

IV. Surveillance

Surveillance includes activities of detection, measurement, critical analysis, and monitoring to indicate client status in relation to a given condition or phenomenon.

01. Anatomy/physiology
02. Behavior modification
03. Bladder care
04. Bonding
05. Bowel care
06. Bronchial hygiene
07. Cardiac care
08. Caretaking/parenting skills
09. Cast care
10. Communication
11. Coping skills
12. Day care/respite
13. Discipline
14. Dressing change/wound care

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15. Durable medical equipment
16. Education
17. Employment
18. Environment
19. Exercises
20. Family planning
21. Feeding procedures
22. Finances
23. Food
24. Gait training
25. Growth/development
26. Homemaking
27. Housing
28. Interaction
29. Lab findings
30. Legal system
31. Medical/dental care
32. Medication action/side effects
33. Medication administration
34. Medication set-up
35. Mobility/transfers
36. Nursing care, supplementary
37. Nutrition
38. Nutritionist
39. Ostomy care
40. Other community resource
41. Personal care
42. Positioning
43. Rehabilitation
44. Relaxation/breathing techniques
45. Rest/sleep
46. Safety
47. Screening
48. Sickness/injury case
49. Signs/symptoms—mental/emotional
50. Signs/symptoms—physical
51. Skin care
52. Social work/counseling
53. Specimen collection
54. Spiritual care
55. Stimulation/nurturance
56. Stress management
57. Substance use
58. Supplies
59. Support group
60. Support system
61. Transportation
62. Wellness
63. Other

References

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PROBLEM RATING SCALE FOR OUTCOMES

<i>Concept</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Knowledge: the ability of the client to remember and interpret information	No knowledge	Minimal knowledge	Basic knowledge	Adequate knowledge	Superior knowledge
Behavior: the observable responses, actions, or activities of the client fitting the occasion or purpose	Not appropriate	Rarely appropriate	Inconsistently appropriate	Usually appropriate	Consistently appropriate
Status: the condition of the client in relation to objective and subjective defining characteristics	Extreme signs/symptoms	Severe signs/symptoms	Moderate signs/symptoms	Minimal signs/symptoms	No signs/symptoms