



*Royal College of Surgeons in Ireland*

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# **Knowledge Management & Healthcare**

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# Knowledge Management

**Knowledge management involves efficiently  
connecting those who know with those who  
need to know and converting personal  
knowledge into organisational knowledge**

**Yankee Group**

***The Economist* 18 November 2002**



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# Knowledge Management

*Knowledge is power, which is why people who had it in the past often tried to make a secret of it. In post-capitalism, power comes from transmitting information to make it productive, not from hiding it!*

**Managing in a time of Great Change**

**Peter Drucker**



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# **Knowledge Management**

**A major business strategy involving people, process and technology**

**A conscious strategy for getting the right knowledge to the right person at the right time!**



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# Characteristics of Knowledge

tacit knowledge : a valuable form of clinical knowledge acquired through experience. It is often unarticulated and unrecorded. It should be investigated, shared and contested

explicit knowledge

articulated but not recorded

- daily exchange on ward rounds

articulated and recorded

- medical records or databases, library resources



# Medical Knowledge

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*medicine lacks a modern information infrastructure that rigorously and efficiently connects all those who produce and archive medical knowledge to all those who need the proper application of that knowledge*

*Weed, L. New connections between medical knowledge and patient care BMJ 1997 315 231-235*



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# Medical Knowledge

**Medical practice relies too much on the human mind for its knowledge**

**Relevant information outside specialised knowledge is often not sought, which on occasions leads to serious errors**



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# Clinical Knowledge

**10,000 different diseases and syndromes**

**3,000 different types of drugs**

**1,100 different types of laboratory tests**

**400,000 articles added per annum to the  
biomedical literature**





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## Sources of Knowledge

reports, databases, software, audits, libraries, manuals, policy documents, guidelines and protocols, individuals' memory, know-how, experience, teams, communities, groups, networks, meetings, training materials and management information



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# **21<sup>ST</sup> CENTURY HEALTHCARE**

**Need more effective management and dissemination of medical knowledge derived from biomedical research**

**Need the dissemination of innovative medical procedures and best practice throughout healthcare organisations**



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# Healthcare Organisations

**Spiralling healthcare costs**

**Emphasis on accountability and transparency**

**Need for integrated healthcare information**

**Innovative use of information systems to support organisational strategy**



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# Healthcare Organizations

**Rigidly bureaucratic, hierarchical and discipline-fragmented?**

**Many are ignoring KM for dealing with the flood of information available**

**Improvement in clinical quality creates competitive advantage**



# Healthcare Culture

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**Culture of not sharing information:  
everyone is too busy!**

**Create an environment that is  
conducive to sharing and receiving  
other people's knowledge for patient  
care**



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# Healthcare Organizations

**Hospitals : professional bureaucratic organizations (Mintzberg)**

**Depend on the independent professional skills of those who deliver the services to patients**

**Importance of teamwork between doctors,**



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# **Knowledge for Clinical Decision making**

**Need to retrieve and organize information in a usable format to improve clinical decision making**

**Still need judgement based on relevant information to arrive at a clinical decision**



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# Healthcare Professionals

**A need to capitalize on the wealth of expertise scattered across healthcare organizations**

**Too much knowledge lying idle in healthcare organizations - do not use staff efficiently**





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# Healthcare Professionals

**Are involved in systematic clinical problem solving**

**Experiment with new approaches and initiatives to care**

**Aim to transfer knowledge quickly and efficiently for patient care purposes**



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# Healthcare Professionals

**Traditional professional divisions run deep**

**Lack of appreciation of the different perspectives of doctors, nurses and other healthcare workers**

**Importance of multidisciplinary teams working within clinical directorates**



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# **Barriers to Integrated Healthcare**

**Fear - patient confidentiality, job security**

**Territorial protectiveness**

**Insufficient customer/patient focus**

**Lack of common IT standards and connectivity**

# IT Departments



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## Role:

**Essential to leverage the collective clinical knowledge that healthcare organizations acquire on a daily basis**

**Such clinical knowledge could be applied to elevate productivity**

**Better resource utilization and changing behaviour of healthcare workers by using clinical and best practice guidelines**



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# Healthcare Information Technology

## Paradox of healthcare technology

**Sophisticated diagnostic tools**

**Medical records, lab. Reports. Often forms continue to be available in print format!**

**Information exchange between doctors, labs, pharmacies and hospitals is often done on paper!**

# Hospital IT Systems



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**Should help to reduce practice overheads by improving efficiency, effectiveness and quality care**

**Need high quality electronic medical records**

**Need for clinical leadership in development and procurement of IT in healthcare organizations**

# Hospital IT Systems



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**Should integrate basic care data across hospital business systems to create a complete picture of what was done to the patient, ascertain who did it, and at what cost**

**Importance of clinical data regarding outcomes**

**Gather longitudinal data - can lead to more fundamental care delivery re-design**



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# Knowledge Management strategies

**Codification strategy**: knowledge is codified and stored in databases

**Personalization strategy**: knowledge is shared through person-to-person contacts





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# Knowledge Management Tools

**Intranets**

**Document management systems**

**Data warehousing**

**Data filters**

**Software agents**

The logo of the Royal College of Surgeons in Ireland (RCSI) is located in the top left corner. It features a heraldic crest with a shield, a helmet, and a crest on top, all in gold and red. Below the crest, the letters 'RCSI' are written in a large, serif font. The logo is set against a dark blue background.

# Roles for Librarians

## **Knowledge Management resource**

**a repository of :**

**best practices**

**competitive intelligence**

**policy and strategy documents**

**guidelines and protocols**

**books & journals**

**electronic resources**



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# **Evidence Based Healthcare**

**Changing way healthcare is undertaken**

**Clinicians are relying more on the medical literature for clinical decision making**

**Librarians play an important role in the spread of Evidence Based Practice**



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# Knowledge Base of Healthcare

QuickTime™ and a  
Photo - JPEG decompressor  
are needed to see this picture.



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# **Evidence Based Healthcare**

**Strong movement to develop clinical guidelines using the evidence base for clinical practice**

**Guidelines requires the cooperation of staff working in both secondary as well as primary care**



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# **Drivers for Healthcare KM**

**Insufficient evidence based decision making**

**Information overload**

- **despite increased availability of information and communications technology!**



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# IAMS Model - USA

***IAMS - Integrated Advanced Information  
Management systems***

**Importance of the Hospital Library as a key  
component or focal point of a hospital information  
system**



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# **Role of Information Technology**

- Need to remember that technology is a commodity**
- Source of competitive advantage is how IT is used to leverage information and knowledge**
- Technology should be flexible, functional, manageable and affordable**





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# Hospital Information Management Systems

**Billions has been invested in IT with very little results  
Due to a failure to focus on productivity?**

**Not very flexible or amenable to integration or  
external linkages**

**Networking - not as simple as it looks**



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# Knowledge Management Programs

**CKO - Chief Knowledge officer**

**Knowledge team with representatives from a variety of disciplines**

**Develop collaborative technologies**

**e.g. Intranets & document management systems**

**Focus on identifying and auditing intellectual capital**



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# **Critical Success Factors**

**A knowledge champion and support of top management**

**Shared vision and personal commitment**

**Interpersonal trust and respect**

**Creation of a culture to support learning and knowledge sharing**

**Develop team based financial incentives to encourage doctors to work in teams and less as “lone rangers”**



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## **Six Steps to develop a successful KM Programme**

- 1. Appoint a Chief Knowledge Officer (CKO)**
- 2. Set up an Advisory group**
- 3. Conduct an Information/Knowledge Audit**
- 4. Recommend an approach for KM**
- 5. Implement a KM management system**
- 6. Create a skills directory/yellow pages to find subject experts within the organization**



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## **Benefits of Healthcare Knowledge Management**

**Improved access to high quality information for patient care leading to increased patient satisfaction**

**Greater efficiencies, co-ordination and cost reduction**

**Enables Evidence based decision making to improve quality of health outcomes**



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## **Knowledge Management Quotation**

**“the future of knowledge management in health is bright. We already have adequate technology in the shape of the Internet and a good intellectual framework in evidence-based health, which are being used to improve each other. We also have many health librarians who are knowledge management professionals.”**

**Jeremy Wyatt 2001**



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# Knowledge Management

- Issues for librarians:
  - How can we begin to manage knowledge better within our organisations?
  - How can we manage knowledge better within our libraries?
  - Will librarians have specialist roles in managing knowledge for our institutions?



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# References

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