

Chapter 5.3

How to Start or Improve a KM System in a Hospital or Healthcare Organization

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ABSTRACT

One of the key factors that distinguishes enterprises of the 21st Century is the emphasis on knowledge and information. Knowledge management is an important means by which organizations can better manage information, and more importantly, knowledge. Unlike other techniques, knowledge management is not always easy to define, because it encompasses a range of concepts, management tasks, technologies, and practices, all of which come under the umbrella of the knowledge management. This chapter deals with two aspects of knowledge management systems: (a) why KM systems are needed, and (b) how to get started on designing and rolling out a new or improved KM system. The inferences are drawn from the direct experiences the authors have had during their academic and consulting activities in many health sector organizations.

INTRODUCTION

Hospitals and other healthcare organization need bricks and mortar, human resources, medical technology, financial systems, and other infrastructure items. In addition, they need effective ways of capturing, preserving, transforming, retrieving, and applying *knowledge* about past experiences and subsequent “lessons learned” to *current* and *future* needs. These are commonly called *knowledge management (KM)* systems.

Here are some brief definitions:

1. *KM* is the management of intellectual capital (IC) in the interests of the enterprise.
2. *IC* includes knowledge, information, lessons learned, and other data held for use over time.

3. Intellectual nuggets (*nuggets*) are the units that carry knowledge, lessons learned, etc.
4. *Super-nuggets* are items tied specifically to express or implied needs of the organization.
5. The most valuable structure of a nugget (N) is a compound statement which has an “If x, ...then y” format: If you do this in a certain way, ... then you can achieve or avoid the following consequence(s).
6. Some nuggets are, in fact, *causal statements*, but many others only suggest strong *correlations* or *influence* of actions on outcomes (consequences).

QUESTIONS SURROUNDING KM SYSTEMS

Why does a hospital or healthcare organization need a new or improved KM system?

- To bridge knowledge “*silos*” in specialties and support functions.
- To learn from its own experiences and experiences of other organizations.
- To avoid repeating or duplicating major or even disastrous mistakes in, for example:
 - disease management;
 - infection control;
 - misuse or abuse of instruments;
 - duplication of expensive equipment.
- To support training at all levels.
- To support weaker or resource-poor units with experience from stronger or resource rich units.
- To share “tricks of the trade.”
- To help avoid pitfalls in:
 - organizational design;
 - staffing;
 - work flow.
- To exchange methods of:
 - productivity improvement;

- cost savings;
- patient services.

Does everyone need a KM system?

- In general, *yes*, to help: organize, preserve, retrieve, and use lessons learned and other nuggets about his/her job, and the internal and external environment.
- However, there are vast differences among individuals and individual information needs and style — some people still pine for the all-but-obsolete card catalog in the public library. Others have gone “all electronic” and will never look back.
- There are also differences in the relevance and value of past experience or the experience of others.
- Although it is hard to imagine or accept, people in responsible positions may be completely ignoring lessons from the past.
- It is important that the organizational KM system is able to accommodate a wide range of individual differences and bring lessons learned across organizational lines.

Many areas of professional and staff practice have *common elements* where experience can be fruitfully codified and exchanged. Such commonalities can transcend narrow medical, healthcare, and administrative specialties. KM systems can also help transcend temporal and spatial distances in the organization and between organizations. Two such areas are: managing medical technology and medical and staff errors.

Managing Medical Technology

Application areas include computerized patient records, telemedicine, and improved utilization and management of equipment. These all provide opportunities for sharing knowledge and experience, but the pace of such sharing lags far behind the leading edge in industry and the evolving

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