Chapter XX

Temporary Communication Infrastructures for Dynamic KM in the Complex and Innovative Environment of Palliative Care

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ABSTRACT

Research in Australia on the management of innovative practices in multidisciplinary palliative care teams reveals the central role of knowledge as an enabler of holistic care in an environment where sometimes little, apart from the result of the end of life process, is operationally predictable. While palliative care organisations provide, and regulators require, opportunities for formal exchange, recording and review of patient-based information and patient care processes; the members of care teams require and construct more frequent opportunities for the exchange of information and the generation and application of knowledge. Multidisciplinary patient care teams are resourced to and capable of constructing real-time temporary communication infrastructures between the team's different disciplinary representatives, between teams as necessary and between teams and the organisation, for individual patient situations. This chapter describes the organisational capabilities and levers necessary for providing an environment within which these infrastructures can be created and the individual behaviours and team tools that are used in the process, based on a wide ranging literature review and the results of research interviews.

PALLIATIVE CARE

Palliative care is an environment where multi-profession teams work collegeately with patients who are dying and with the patient-based carers who support them so that the primary issue becomes and remains patient comfort (Meyers, 1997). Palliative care is delivered by multidisciplinary teams (McDonald and Krauser, 1996) that comprise a number of disciplines including nursing, medicine, pharmacology, physiotherapy, occupational therapy, social work, spiritual care, grief counseling and administration. In this environment people are the centre, not diseases, and care results from the understanding of the causes of distress (Barbato, 1999). Successful provision of palliative care is dependent upon understanding the causes of distress, whether the cause is physical, emotional or spiritual or whether it is known or unknown (McDonald and Krauser, 1996; Witt Sherman, 1999). The patient's end-of-life state and central role in efforts to manage that state makes the patient a participatory member of the palliative care team who maintains a level of autonomy and control in relation to the other team members (McDonald and Krauser, 1996; McGrath, 1998). The arrival of a patient at an end-of-life experience requiring palliative care brings the certainty that life will end, generally within a relatively short period of time. This single fact aside, uncertainty is the basis of the end-of-life experience. In addition to this, each patient is experiencing the end-of-life on two distinct levels, the conscious and the unconscious, and the depth of the experience at each level varies from patient to patient (Kearney, 1992). Palliative care is an uncertain, dynamic environment with a certain conclusion. Prior to arriving at that certain conclusion, it is the uncertainty that directs all attempts to provide care. For the professions involved, this creates a working environment requiring ongoing work-based learning, governed by an uncertain direction of care that must follow a trajectory of need, of which the patient is the major informant (Henkelman and Dalinis, 1998). The palliative care environment is one of multi-causal uncertainty. This is addressed with individualized care for patients and their personally based support systems, using cross-functional, collaborative, multidisciplinary teams that include the patient and patient-based carers.

CAPABILITIES ENABLING KM IN THE MULTIDISCIPLINARY TEAM

A number of capabilities are necessary for palliative care organisations: managing knowledge; managing information; multidisciplinary operations; collaborative operations; managing technology; and managing change and its effects (Davison and Hyland, 2003). Research in Australia has confirmed the necessity of these capabilities from interviews with palliative care managers. Of this list, the first two are obviously and directly relevant to this chapter. However, given the predominant role in palliative care of knowledge and information creation across boundaries and using a large range of sources and targets, it is proposed that multidisciplinary and collaborative operations also have relevance to this chapter.

The manifold nature of palliative care demands multidisciplinary operations as a capability (McDonald and Krauser, 1996; Myers, 1997). The usefulness of multidisciplinary operations in palliative care is the opportunity that this provides for teams to mobilise

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