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PUTTING KM TO WORK

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EXPLAINING KM/KNOWLEDGE SERVICES:
THE HEALTHCARE INDUSTRY IS A GOOD PLACE TO START

WE'VE ALL HAD THE EXPERIENCE:

Friend or acquaintance: "What is it you do?"

Response: "I'm a strategic knowledge professional. I'm sometimes called a 'knowledge management professional' or a 'knowledge services professional.'"

(Pause)

F/A: "What do you do?"

Response: "I help people use knowledge to do their work."

(Pause)

F/A: "How do you do that?"

Response: "We're part of a discipline called 'knowledge management.' We call it 'KM.'"

(Pause)

F/A: "How can you manage something like knowledge?"

The next part of the conversation is likely to be a short discussion about KM/knowledge services, what it is ("KM is putting knowledge to work"), how the strategic knowledge professional does it ("We use a methodology called 'knowledge services' – it's the practical side of KM"), and why it's important ("People save a lot of time and do their work better if they know how to manage the knowledge they use, or how to find the knowledge they need to do their work.")

So far, so good, and the F/A drifts away.

But after a while he or she wanders back from the other side of the cocktail party.

The other guests aren't nearly as interesting as you are.

F/A: "Give me an example. Tell me about this 'knowledge services.' How is it used in some business or company? What about in, say, the insurance business? Or better yet, in the healthcare industry?"

It's the opening you've been waiting for. You start with an example:

> Let's go back to an article that was in Time a couple of years ago. Kathleen Kingsbury wrote it. It was published in the June 16, 2008 issue of the magazine and it had a cute title ("Medical Mouse Practice").

In the article, Kingsbury described how the world-famous Cleveland Clinic, after many false starts and dealing with many false hopes, decided to take the plunge and become a knowledge-focused facility, to build a knowledge culture for the organization.

There had been big problems in the past – inadequate and outdated technology resources, major communications dysfunctions (particularly between the medical and technical staff), that sort of thing. Opportunities for creating Web-based tools and media were not taken, and one leader in the management of the EHR (electronic health record) function said the place needed a "revolution." They needed to make a commitment to use technology to transform the practice of medicine.

Becoming a knowledge culture was the means to that transformation.

At the Cleveland Clinic, two avenues were used to manage the change it would take to become a knowledge culture, to move it to where it could create and sustain a mature technology and communications function. The first step – the KM/knowledge services "piece" – was to design a system that understood how physicians used records, how they got to them, and how they stored them. Then, after the system was designed, the KM/knowledge services staff, including the strategic knowledge professionals (like the object of the F/A's attention at the cocktail party) used a tool called strategic learning to show the physicians and all the other health care workers how to used the KM to its best advantage.

And it wasn't a big deal: "strategic learning" just refers to anything you learn to help you do your work better. It can be as structured as a formal training course or as simple as asking your colleague in the next cubicle a question. But the goal is just to take something you've learned and use it to work smarter.

So at the Cleveland Clinic the physicians were shown how their jobs would be made easier (and not harder) if they learned how to manage the knowledge they needed to use. The leaders of the "revolution" did this by showing how, for example, putting records in the physicians' hands immediately (instead of making them wait until the records could be located) saves time, money, and energy and helps the physicians do better work.

The second avenue was to convince patients that the capture of electronic information was to their advantage and did not mean that the physician or other health services worker was uninterested or uncaring about the patient. This change was accomplished through the simplest of steps: just putting the computers on moving carts so the physician does not have to turn away from the patient when he or she is entering data. The patient/physician connection (with all that implies in terms of 'caring' and 'listening' and so forth) wasn't interrupted, and eventually even led to the Cleveland Clinic's flagship EHR product, a tool called MyChart which enables patients to access their own medical records and find up-to-date medical research. In other hospitals and medical practice groups, it's done with a laptop, with the physician or health professional seldom looking away from the patient.

So now the F/A is interested.

F/A: "OK. I see the benefits to the patient and to the healthcare workers. But how do you keep it going? How do you sustain it? Isn't it expensive? What's better, as a result of using KM/knowledge services in a healthcare facility?"

Response: "The 'better' is pretty clear: doctors, staff, everyone connected with the service-provision end of the deal is working smarter and more efficiently. And if you don't know what that means you just have to ask your boss. The second benefit – and possibly the most important – is to the patients

or the people who are receiving the service. In other organizations they would be the customers. KM/knowledge services leads to better service delivery."

F/A: "Is there any difficulty or limitation when applying KM/knowledge services to healthcare?"

Response: "No more so than in any other industry or discipline: you just have to convince people in leadership positions that it's worth taking the chance, to be willing to deal with culture change, to be willing to put up some money to pay for the changes. And the leaders have to be patient (no pun intended), because changing people's behavior – in the healthcare industry that means both patients and physicians – takes time. KM/knowledge services shows results, but it doesn't happen overnight."

F/A: "But what about other problems, new problems? Besides the benefits you've talked about, won't there be new problems, like excessive costs, that sort of thing?"

Response: "Not really. You plan it all out, very carefully. You create what strategic knowledge professionals call a 'knowledge strategy' and you set up a structure. Of course you build in flexibility and you're prepared for some roadblocks and detours, but if you've got a strategy in place, you can make it happen."

The party is about to end, and the F/A's body language is making it clear that an exit is coming soon.

F/A: "Well, what about all those benefits? Are they greater on a micro or macro level?"

Response: "Not a hard question to answer. It all depends on the size of the organization. On the micro level, just think about what might happen in, for example, a small practice group. Using electronic records frees up staff time for – most important – meeting with patients. And not to be dismissed lightly, for managing the practice better. On the macro level, well, take a look at what's happening in places like the Cleveland Clinic, or any of the major hospitals in London or New York or any major teaching hospital anywhere.

"Here's another suggestion: Look at Dr. John D. Halamka's blog, Life as a HealthCare CIO, always full of good stuff about information management and KM/knowledge services in the healthcare industry.* Good luck."

[* If you are going to be in the Washington DC area on May 26, Dr Halamka is Chief Information Officer at Harvard Medical School, and he is delivering the 2010 Joseph Leiter NLM/MLA Lecture at the National Library of Medicine. His topic? Just what we're talking about here: "Knowledge Services and the Role of Medical Libraries in Healthcare IT." More information here.]