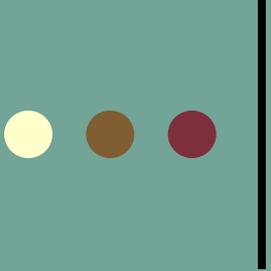




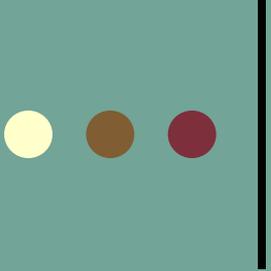
# Building Leadership for Health

Leading Knowledge  
Management for Health



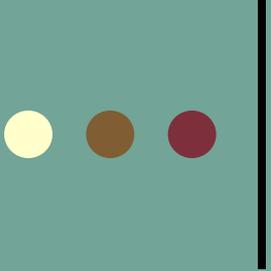
# Notes for Course Leaders

- This is a toolkit for you to develop your own course
- You should select items relevant to your system
- You should seek local examples of good practice
- As background reading we suggest:
  - WHO Knowledge Management Strategy ([WHOKMS](#))
  - Bridging the Know – Do Gap report ([Know – Do Gap](#))
- See also in the BLfH series on this CD
  - Introduction to Knowledge Management for Health [here](#)
  - Information Services for Health [here](#)
  - Building and Evidence Base and Making the Case [here](#)
  - Developing Health Knowledge Networks [here](#)



# Introductions and Learning Objectives

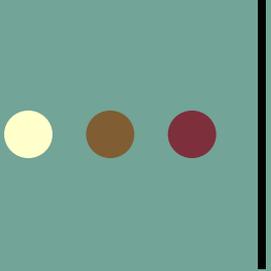
- The group learning objective is to
  - Develop a shared understanding of knowledge management and how to lead it to improve health
- Why is knowledge management important for health?
- What problems have you found in accessing and sharing health knowledge and applying it to policy?
- What examples have you seen of good practice?
- What do you hope to learn from this day?



# Some definitions

- Knowledge is the organized results of experience, which we use to guide our actions it is stored in peoples minds
- Information is the way knowledge is made accessible
- Information products\* are ways of communicating knowledge
  - Books and articles, training materials, internet and other electronic
- Translation refers to the application of knowledge to policy action
  - In other words Closing the Know – Do Gap
- Knowledge management is a set of principles, tools and practices that enable people to create knowledge, and to share, translate and apply what they know to create value and improve effectiveness.

\* Making Knowledge Visible Elizabeth Orna, Gower Press 2005

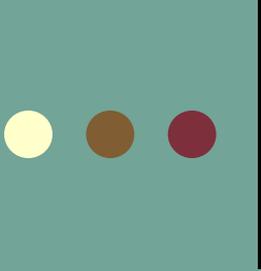


# Knowledge a Resource for Health

- *“Knowledge like water is essential for health, it must be clean, clear and available to all”*

*Sir Muir Gray*

- Discussion
  - Is access to health knowledge a human right?
  - How do we get health knowledge to villages?



# Health comes from knowledge

- 
- Not just for Doctors, Nurses and Public Health Specialists but for everyone
    - 70% of the health burden is preventable
    - 90% of illness is self treated
    - 90% of interventions are primary care
    - 1% require hospital care
  - Health knowledge is vital to our systems
  - It is a crucial resource for health

# The Information Explosion

- It is estimated doctors rely on about 2 m items of medical information this doubles every 5-10 years
  - In 1997 it was estimated that 40,000 articles relevant to general medical practice were published each year.
  - In 2005 a typical electronic library for general medicine estimated it reviewed 100,00 relevant articles that year.
- Will the way we expect doctors to access and update their knowledge be sustainable in 10 years time?
  - Does it work now?



# Knowledge Poverty

- In Cambodia Government spending on health in 1998 was \$4 per person – with a further \$5 from aid sources – but expenditure out of pocket was \$24 per capita.
- Most (apart from gratitude payments) was spent by families who asked neighbours about the best medicines and then went and bought as much or as little as they could afford.
- What problems do you think this causes?
- How common do you think this is?
- How would you improve this system?
- What lessons are there for rich and poor countries?



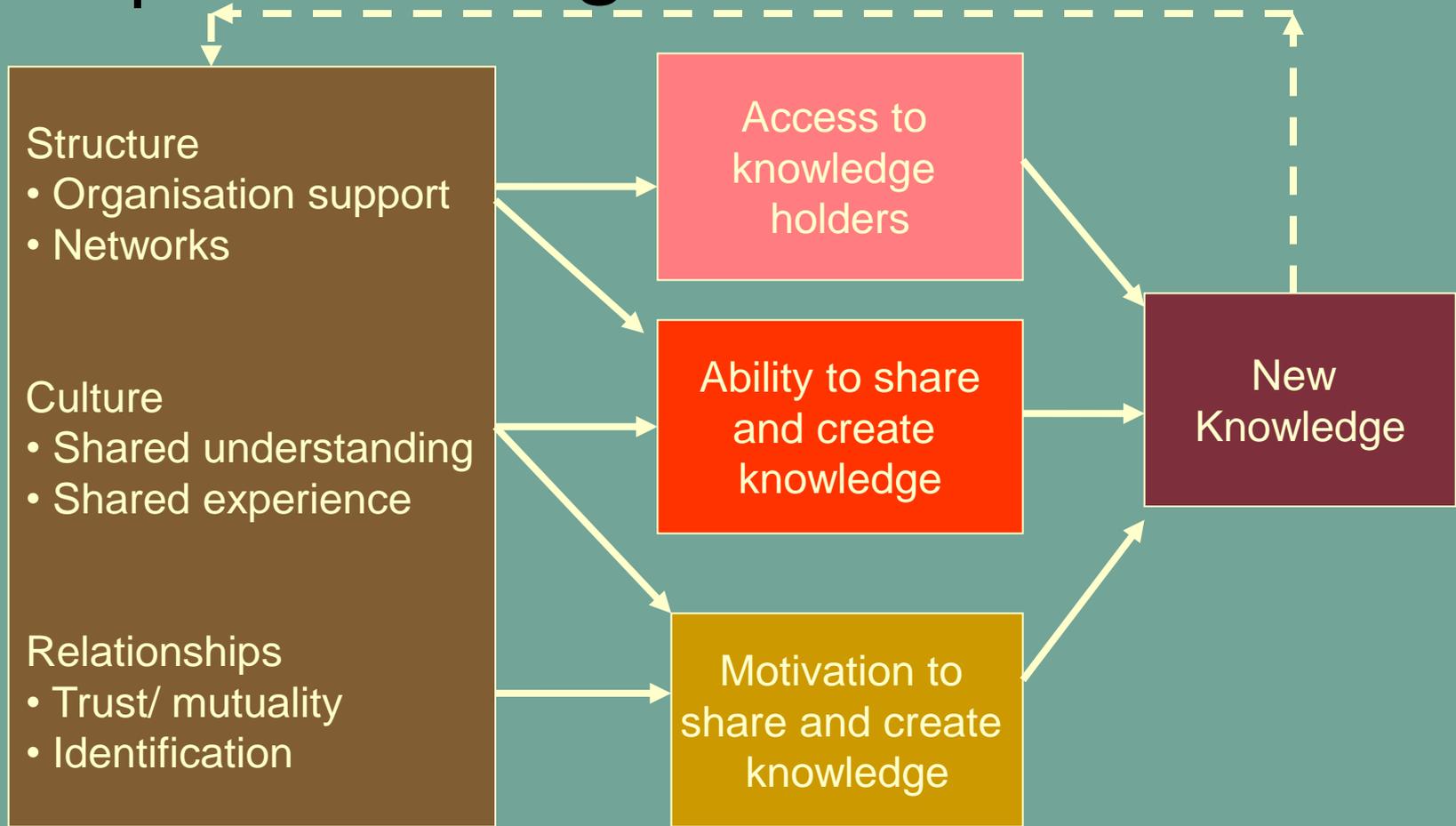
# The Know Do Gap

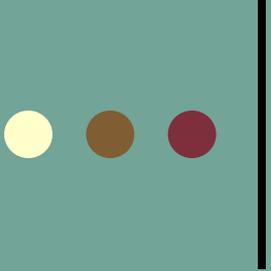
- In 2001 the UK Parliament Select Committee on Health noted that 97% of Public Health Research was purely descriptive with no application to practical action.

- How typical is this?
- Why does it happen?
- What would you do about it?



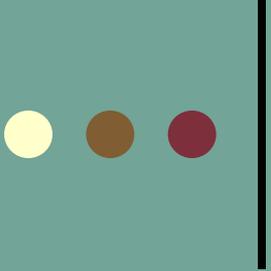
# Strategic Leadership of Knowledge





# Leading KM: Strategic Issues

- Understanding health knowledge needs
- Recognising and creating knowledge
- Organising health knowledge
- Mobilising health knowledge resources
- Educating health knowledge users
- Developing communities of practice
- Translating knowledge into practice
- Human resources for health knowledge
- Technical support for health knowledge



# Understanding health knowledge needs

- A review by Nuffield Trust in 2002 showed
  - There are many information resources for health
  - Resource poor countries need health knowledge
    - Relevant to their needs and infra structure
    - Relevant to their culture and health system
  - Too often information solutions were offered
  - That were not based on local needs or demand
  - We must start by understanding health knowledge needs
  - As a basis for defining information needs at every level

# Recognising and Creating Knowledge for Health

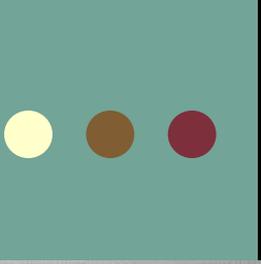
- Health knowledge is continually created by dialogue between health workers and with patients and carers
- As well as by research
- Health is a learning process
- Where listening and reflection
- By communities of practice
- And international networks
- Recognises innovation and co-creates health knowledge



# Understanding health knowledge needs



- Health knowledge is a right and a necessity
- Consider the information needed by 15 year olds
- What do they need to know about:
  - Food, nutrition and exercise
  - Social relationships and sexuality
  - Smoking, drugs and alcohol
- How do they learn, from whom, from what media?
- How should health leaders address this?



# Organising health knowledge

- Health knowledge must be organised so that
  - It can be searched and found
  - Together with related knowledge relevant to the user
  - Access and use costs are reduced
  - Provenance is clear (where/when does it come from)
- This requires a categorisation system reflecting
  - User needs; but there may be different types of user
  - Information standards
  - The route people take to information
  - Like the trunk, branches and leaves of a tree



# Organising health knowledge

- Different users require different organisation of knowledge
- Discuss the way information should be organised for
  - Health care professionals
  - Public Health specialists
  - The general public
  - Disease based patient groups
- In each case you must plan their route to knowledge

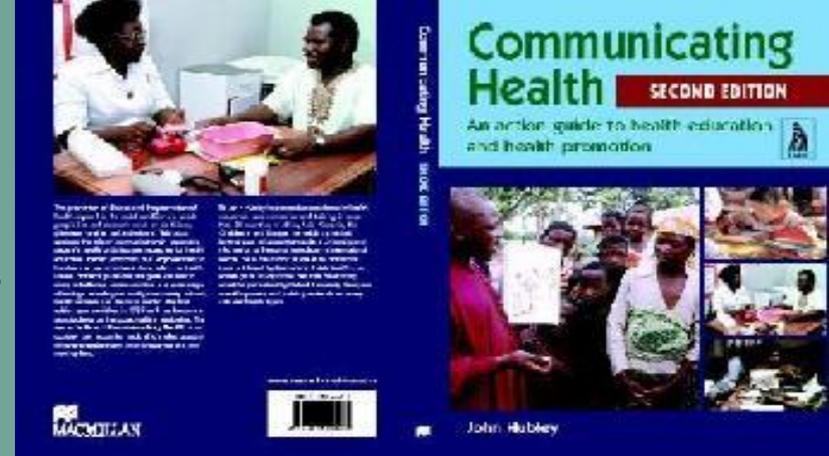


# Mobilising health knowledge products and resources

- Knowledge products include:
  - Libraries of paper and electronic publications
  - Telephone/ interactive TV advice lines
  - Pamphlets and educational materials
- But knowledge comes from people
  - Local educators and advisers
  - Networks of health professionals
  - Local health community groups
- Who are also important resources
  - What are the knowledge resources in this photograph
  - List your key knowledge resources



# Educating health knowledge users



- Health knowledge users need
  - To be aware of their need for knowledge
  - To understand the context and use of knowledge
  - To understand the limitations of knowledge
  - To know where and when to go for knowledge
  - To know how to search for knowledge
  - To recognise and value knowledge they gain from experience
  - To know what to do with knowledge
- This applies as much to a local villager as it does to a health professional – discuss your strategy for educating health knowledge users.

# Developing communities of practice



- Communities of practice may include
  - Clinical audit and peer review groups
  - Cross cutting professional groups on topics such as
    - Health Emergencies, Violence and Injury Protection, Nursing and Midwifery, Children and Environment, Oral Public Health, Environment and Occupational Health, Reproductive Health, MDGs and Poverty, HIV/AIDS
  - Community town hall groups focused on health
- Community of practice is not just about professional exchange it develops friendships and trust that nurtures exchange and discovery

# Developing communities of practice



- Communities of practice share and grow knowledge
  - Within professional groups but also
  - Across group and organizational boundaries
  - Learning by sharing experience
- Developing CoP is a priority for leaders of knowledge based organisations such as health
  - See the web site produced by the LSE on this topic <http://www.co-i-l.com/coil/knowledge-garden/cop/index.shtml>

# Translating knowledge into Practice



- Translation of knowledge into practice requires
  - Collaboration between knowledge producers and users
  - Knowledge producers must guide users to knowledge
  - And link policy analysis to action and evaluation
  - Knowledge users must adapt and apply it to practice
  - Both must collaborate to build experiential knowledge
- See and hear this presentation from the Kaiser Permanente Southern California Nursing Research on the Translational Research Model [here](#)

# Human resources for health knowledge

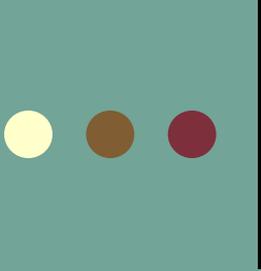


- Understanding and leading KM is important for health leaders
- All those working in a knowledge based field such as health need to be aware of KM principles
- KM specialists play a key role in
  - Developing and implementing KM strategies for health
  - Building understanding and awareness of KM
  - Supporting Communities of Practice
  - Helping to translate knowledge into action
- Discuss - KM specialists must become advocates for knowledge as a resource for health.

# Technical support for health knowledge



- Technical support includes ehealth technology
  - Knowledge and decision support systems
  - Call centre technology
  - Data storage devices e.g. portable hard drives
  - Wireless communications and mobile phone technology (WAP)
  - Internet conferencing facilities
- But technology of KM must be based on understanding of
  - The taxonomy of knowledge
  - Information science standards
  - Information architecture standards
- And above all it must be based on local needs



# Technical support for health knowledge

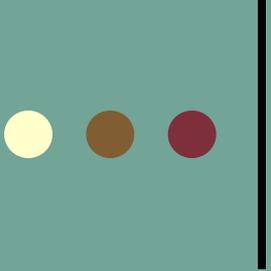


- Technology must be appropriate and affordable
- But this does not mean low technology
  - See course on information services which shows use of wireless PDAs - WAP in Africa
  - And PAN investment in broadband for Africa
- Low technology can also be used in rich countries
  - Take home cards for school children can be an important way of reaching alcohol misusing parents
- Discuss costs and benefits of different technologies for providing access to health knowledge in your system.

# Messages for KM Leaders

- KM Leaders need
  - To value both evidence based knowledge and experience based knowledge creation
  - The ability to lead networks and to develop
  - A learning and innovation culture within health
- This requires both specialist KM skills and
- KM competence as part of general management





# Reflections and Feedback

- Please discuss and write down
  - What you have learnt that you found helpful
  - What you will do differently as a result of today
  - What you will improve when you give this course



Thank you

## Module contributed by Sir Muir Gray and Graham Lister

- Sir Muir Gray CBE, DSc, MD, FRCP, FRCPS Glas FCILIP is Director of Clinical Knowledge, Process and Safety. He is the author of the book Evidence-Based Healthcare, the second edition of which was published in 2001. He is also joint author of The Oxford Handbook of Public Health Practice, and recently wrote The Resourceful Patient.
- Graham Lister was chair of a charity which provided information to patients, led work on the national strategy for NHS Direct and the Information Management and Technology Strategies for the NHS and the WHO KM4PH initiative.

