



“Knowledge Transfer in the Clinical Process”

PMO Practice

In 1498, Wang Yang-Ming said, "Knowledge is the beginning of practice; doing is the completion of knowing."

The former Chairman of SAS Airlines, Jan Carlson, said, "An individual without information cannot take responsibility; an individual who is given information cannot help but take responsibility."

The climate that we create as leaders has a major impact on our ability to share knowledge across time and space. This could be the most difficult aspect of knowledge transfer to achieve. Over the years, people have taught themselves to hoard knowledge. In school, we learned to acquire and use knowledge, but we did not learn how to share it. Today, we have to reverse that tendency. The most powerful individuals will be those that become a source of knowledge by proactively sharing what they know with others. The climate of continuity and trust that is necessary to accomplish proactive knowledge sharing within the organization is the same climate of continuity and trust that we want to create with a Computerized Physician Order Entry (CPOE) implementation.

Building relationships of continuity and trust with our Providers is what it is all about. This relationship of continuity and trust has to be built by people. Those with account responsibility are automatically involved with the Provider by the nature of their position. Application experts and industry specialists can be involved in this process, provided they are **EFFECTIVELY ENGAGED ON THE FRONT LINE**. In fact, this goes for everyone in the organization. The number of people in the organization working on this relationship with the Providers relative to the total organization will determine the momentum of the organization.

- That the organization is made up of individuals—each of whom has different capabilities and potentials—all of which are necessary to the success of the organization.
- That we acknowledge individuality by treating each other with dignity and respect—striving to maintain continuous and positive communications among all of us.
- That we will recognize and reward the contributions and accomplishments of each individual.
- That we will continually plan for the future so that we can control our destiny instead of letting events overtake us.
- That we make all decisions in the light of what is right for the good of the whole organization, rather than what is expedient in a given situation.
- That our patients and clinicians are the only reason for the existence of the Healthcare system. To serve them properly, we must supply products and services which provide economic benefit over and above their cost.

- That to provide high quality products and services, we must make "creativity for our clinicians" a reality in everything we do.
- That we must use the highest ethics to guide our business dealings to ensure that we are always proud to be a part of the Healthcare system.
- That we will discharge the responsibilities of corporate and individual citizenship to earn and maintain the respect of the community.
- As individuals and as a corporate body, we must endeavor to uphold these standards so that we may be respected as persons and as an organization.

The quality of the people that we as an organization can bring to this relationship will determine the level at which we can operate in this relationship. The higher the quality of the individual, the higher the quality of knowledge that can be brought to bear on any problem that our clinicians bring to us.

Those that are capable of influencing others have a greater audience today. Their span of influence is much greater and their value to the organization is much greater. As these individuals have become obvious, they are the ones that are picked for knowledge transfer and education. Thus, we will be able to achieve faster growth of the talented people in the organization that are able to influence others across time and space with the resultant increase in morale (especially where physicians are concerned).

To achieve these benefits, we have to accept the fact that radical and rapid change will be part of our life from now on. We must look at a few key points and questions to assess the changes:

- Anyone can contribute to the solution of any problem in the organization no matter where it occurs. How do you organize the Healthcare system to recognize that fact? How do you organize around the flow of information?
- The Healthcare environment today is becoming redundant to the functioning of the organization. How do you build communities of people that trust each other so that they can function effectively within new parameters? How do we move information to where the people are, any place and at any time? How do we move the entire organization to wherever it is needed at any point in time?
- Speed of response to the clinician/patient base is becoming paramount to the competitive marketplace. How do you have the same speed of response at the farthest reaches of the organization?
- Everybody has to be engaged with the patient. If they are not effectively engaged with the patient, why are they employed?
- The quality of the people that you hire will be critical to your future success. If the individual ability to acquire and use knowledge is important, then the knowledge and ability of your associates will determine how well you can function.
- If everybody is critically important to the organization's ability to close the gap with the clinician/patient, then how do we expand the minds of our associates so that they can be the best that they can be? How do we deliver learning anytime/anywhere?

To get the benefits of knowledge transfer, we must invest in it like any other investment that changes an organization. It requires active entrepreneurial support from the top. You cannot have a successful knowledge transfer effort without support from leadership and executives.

This is about culture change here. If you want culture change in a department, the head of that department has to lead it. If you want culture change in an organization, then the head of that organization has to lead it. Does the CEO/CMO/CMIO use the latest in hardware and software

for communications? Remember, everybody in the organization is watching them. If they do not use it, then the others will not think it is important and will not use it either. I do not care how wonderful the statements of direction are; if they do not back them up with actions, then it will not happen in the organization.

Change in this area of knowledge transfer has to have proactive entrepreneurial support from the top, because this is how it is possible to gain a competitive advantage in the marketplace. It is by increasing all individuals' span of communication and their span of influence and by turning individuals in the company loose to be efficient and the best they can be. Only by doing this can your organizations be the best they can be.

Such communication should share the following activities:

- A multi-disciplinary “Knowledge Zone”
- Establish a network of effective teams
- Establish a Shared Learning Program
 - Best Practice
 - Transfer of information
 - Relieves duplicate information
- Create a “Virtual Teamwork” Program across the Enterprise
- Use common word processing, calendars, etc
- Create a “Lessons Learned” database with Q & A
- Create a common database with “Approved” departmental issues and “Final” documents

Organizational culture is a broad issue that needs to be addressed for any change, not just knowledge transfer. Is there a cultural aversion within the department sharing knowledge? Cultural issues can impact how a knowledge transfer strategy is rolled out and how successful it is likely to be in the end.

Another issue is Resource Commitment; the Resource Commitments required to establish and transfer knowledge are significant. The efficiency and effectiveness of any organization can be dependent upon how it meets the challenge of having the right information and not having duplication of effort.

Some basic conclusions about knowledge transfer can be summed up as follows:

- Build strategies to facilitate the transfer of knowledge.
- Consider using incumbent leaders within key positions.
- Strive for balance between the transfer of explicit knowledge and that of tacit knowledge.
- Evaluate barriers in the face of knowledge transfer.

Working together with the ebb-and-flow of information will lead this organization into the future with continuity and clarity of shared information.

This was the strategy that was used at the largest Mid-Western Clinic and Hospital for their CPOE/Electronic Health Record (EHR) implementation. The organization maintains 755 owned physicians and has a staff of 3,500 overall clinicians located at their main facility, housing 365 licensed beds and another 56 outlier clinics. This implementation was not only supported by the Board of Directors and the C Suite, but had 100% acceptance and adoption by the physician community all of whom were extremely active in the design, build, and implementation of these systems.

As of January 2011, this organization had a 98% overall clinician adoption and usage rate as a result of the “up front” process redesign, physician support structure, and overall universal acceptance of information/knowledge transformation design and transfer.

“Knowledge transfer” used in its proper format and structure actually works.

For more information on knowledge transfer and CPOE/EHR implementations, or other solutions and services provided by VCS, please contact us at 610.444.1233, vcs@getvitalized.com, or visit our website at www.getvitalized.com.