Lessons Learned In Developing A Knowledge Sharing Culture Across The NHS

Rod Ward, Senior Lecturer, University of the West of England, Bristol

Dr Peter Murphy, Consultant Anaesthetist, Bristol Royal Hospital for Children
Introduction

Project Partners: UWE, Bristol children’s hospital, NHS faculty for HI

• Survey
• Results
• Clinical Informatics Best Practice Marketplace
Background

• Funded by the UK faculty of health informatics.
• Conceived and conducted January to March 2009.
• Purpose was to “explore whether a culture of knowledge sharing exists in the NHS, and identify how this could be used or enhanced to stimulate the application of research and share examples of best practice from with the NHS and beyond…”
• Interim findings presented to the UK Faculty of Health informatics ‘think tank’ on the 26th March 2009.
• Final briefing paper is available on eSpace via the UK faculty of health informatics site.
Knowledge definition

No single definition but often involves intangible assets. One interviewee succinctly defined knowledge sharing as “Learning from the experience of others. Not reinventing the wheel. Not expecting everyone to start from the beginning”.

Used a very inclusive definition of knowledge to embrace: Expertise, Information, Protocols Procedures, Know-how and skills that may be possessed by individuals or organizations, Knowledge sharing activities are generally supported by knowledge management systems.

Technology constitutes only one of the many factors that affect the sharing of knowledge in organizations: availability of a common set of understandings and language, organizational culture, mutual trust, clear benefits and incentives play a part.
Knowledge flow into organisation

• Marked contrast between majority opinion of rich and adequate flows, and general view that this information would be more useful if in electronic form;
• better targeted, better organised, easier to digest, and so on.
• Changes in technology have meant that information is easier to disseminate leading to a “torrent of electronic mail, newsletters and NHS directives” this is more of a cheap “cop-out” than “effective knowledge sharing”.
• Important relevant knowledge is lost in the deluge of irrelevant information. Emails identified as high importance are just as likely to be an invite to a ward Christmas party as a warning of an imminent flu pandemic.
Knowledge flow within organisation

• Broad definition of ‘knowledge’
• Strong top-down culture of information dissemination,
• Opinion was divided on whether information dissemination is done well or not.
• Appropriate competition was mostly considered a good thing; broadly, knowledge management enhances competitiveness.
Examples of current good practice

Benchmarking visits to other trusts;
• ‘lunch and learn’,
• ad hoc coffee room discussions,
• ‘grand round’-style presentations from other departments,
• email and internet link sharing,
• e-learning and sharing of teaching resources,
• ‘good news’ stories of interest to other trusts
Knowledge flow out of organisation

• Most happy to share knowledge with other NHS and professional bodies;
• Slightly less enthusiasm for sharing with patients’ organisations and suppliers.
• Information sharing within an organisation considered effective
• Less so between organisations,
  – low opinion of their own efforts in outward dissemination!
• Individuals considered information sharing good for their careers
• At least half the organisations had some form of Intellectual Property (IP) management in place.
Advantages of knowledge sharing

- Improved speed, responsiveness and efficiency of service development.
- Improved quality of service.
- Improved safety and outcomes.
- Improvements in cost efficiency, as wasteful repeat failures are avoided; there may be increased up front costs and risks in order to gain the benefit of later ability to capitalise/commercialise innovations.
- Innovation – the service is better able to test and develop new approaches.
Obstacles to knowledge sharing

- Notion that knowledge is property and ownership is very important
- Receive credit for a knowledge product created
- Expense/Finances.
- Training, particularly in IT & IM
- Level of Health Informatics support.
- Attitudes of staff
- Concerns about data security and confidentiality.
- Competition, between individuals and organizations, including career benefits.
- Failure to share knowledge of failure
- Copyright & IPR issues.
- Hierarchical nature of NHS organizations.
- Confusion regarding which NHS body is coordinating which piece of knowledge sharing and where the data can be found
Knowledge sharing in the NHS

- Current information sharing within the NHS exists at local, regional, national and international levels.
- Journals and books, specialist meetings and conferences, working groups, web sites, newsletters, databases, telemedicine links, e-learning, teleconferences, intranets NHS Clinical Knowledge summaries and podcasts.
- The disparate nature of NHS organisations and different groups within it can provide barriers to knowledge sharing.
Risks in knowledge sharing

• Individuals are most commonly rewarded for what they know, not what they share
• If knowledge is not shared, negative consequences such as isolation and resistance to ideas occur.
Developments following our report

• South West Health informatics Forum 2010, where during a day of lectures 2-3 “best practice solutions” were presented and demonstrated - Everyone thought this was the highlight of the day!

• First national meeting on e-prescribing (Birmingham), included a “marketplace” where people/suppliers presented their solutions.
Clinical Informatics Best Practice Marketplace

• One of the recommendations of report
• Organised by the same team
• Initially planned for Jan 10 – delayed due to potential flu pandemic
• Held at the Watershed, Bristol on 25th March 2010 - ? London would be better
• 140 people registered, approx 100 attended
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<thead>
<tr>
<th>Time</th>
<th>Cinema 1</th>
<th>Cinema 2</th>
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<tbody>
<tr>
<td>10.00am– 11:00am</td>
<td>The use of Telemedicine for tertiary referrals in Paediatric and Fetal Cardiology – the Experience of Dr Andrew Tometzki, Consultant Paediatric Cardiologist – Bristol Royal Children's Hospital</td>
<td>The development of and process required to implement an online 'Virtual Multidisciplinary Advisory Team' to improve quality of care for South West Cancer Services –</td>
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<td>10:35am– 10:50am</td>
<td>Decision support applied in acute and specialty pharmacy</td>
<td>Experiences of implementing a Multidisciplinary IT based handover tool for Junior Doctors using ARHP and Social Expert – Project Manager: Handover System – NHS Foundation Trust</td>
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<td>The development of and process required to implement an online 'Virtual Multidisciplinary Advisory Team' for teenagers and young adults with cancer across the South West – Deirdre McGuigan, Teenage and Young Adults Lead – Cancer Services</td>
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<td>11:10am– 11:20am</td>
<td>To present a high fidelity Anaesthetic Patient simulation model and information audit capture model which has been used in NZ and the States – Dr Andres Martin, A&amp;E Clinical Director – Royal Free Hampstead NHS Trust</td>
<td>Simulation in Paediatric Intensive Care – Adam Sutherland, Senior Clinical Pharmacist, Paediatric Critical Care – NHS Greater Glasgow &amp; Clyde</td>
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Lessons learned

- Unable to set up discussion forum in advance
- Publicity worked well
- Too many speakers with too few breaks limited discussion opportunities – the day was too packed
- Need to ensure speakers (& their presentations/technology) well prepared in advance
Conclusions

• There is a desire amongst clinicians to share examples of innovations.
• Getting clinicians and IT experts together is vital.
• Specific examples (eg e-prescribing) provide major opportunities and hurdles – will need good knowledge sharing? Structured community of practice.
• Whatever the innovative system they are huge, complicated and safety critical. Few people are experts and there are massive training needs – We need to get groups and individuals sharing their learning – with IPR issues and no prizes for sharing.
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