

2010 Military Health System Conference

IT'S A PEOPLE THING:

Cultivating Expert Communities That Transport Us
From Common Knowledge To Common Practice

Sharing Knowledge: Achieving Breakthrough Performance

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Pretest



The onset of the _____ marked a major turning point in human history; almost every aspect of daily life was eventually influenced in some way.

- A. Steam Engine
- B. Internet
- C. Twitter
- D. Cows

Objectives



- Disseminate Best Practices And Close The Divide Between Research And Practice.
- Create And Cultivate Communities Of Practice Within Your Own Organization.

What You Will Really Learn



- Most Valuable Knowledge Is Tacit
- Tacit Knowledge Is Social
- Social Knowledge Moves Through Stories
- Storytelling Is Done By People
- People Learn Through Communities
- Communities Use People To Translate Knowledge Into Practice Through Stories

Agenda



- Knowledge Management
 - Health Care Model
 - Barriers
 - Challenges
- Knowledge Transfer
 - Knowledge To Practice
 - Strategies
 - Communities

Definition Of Knowledge Management



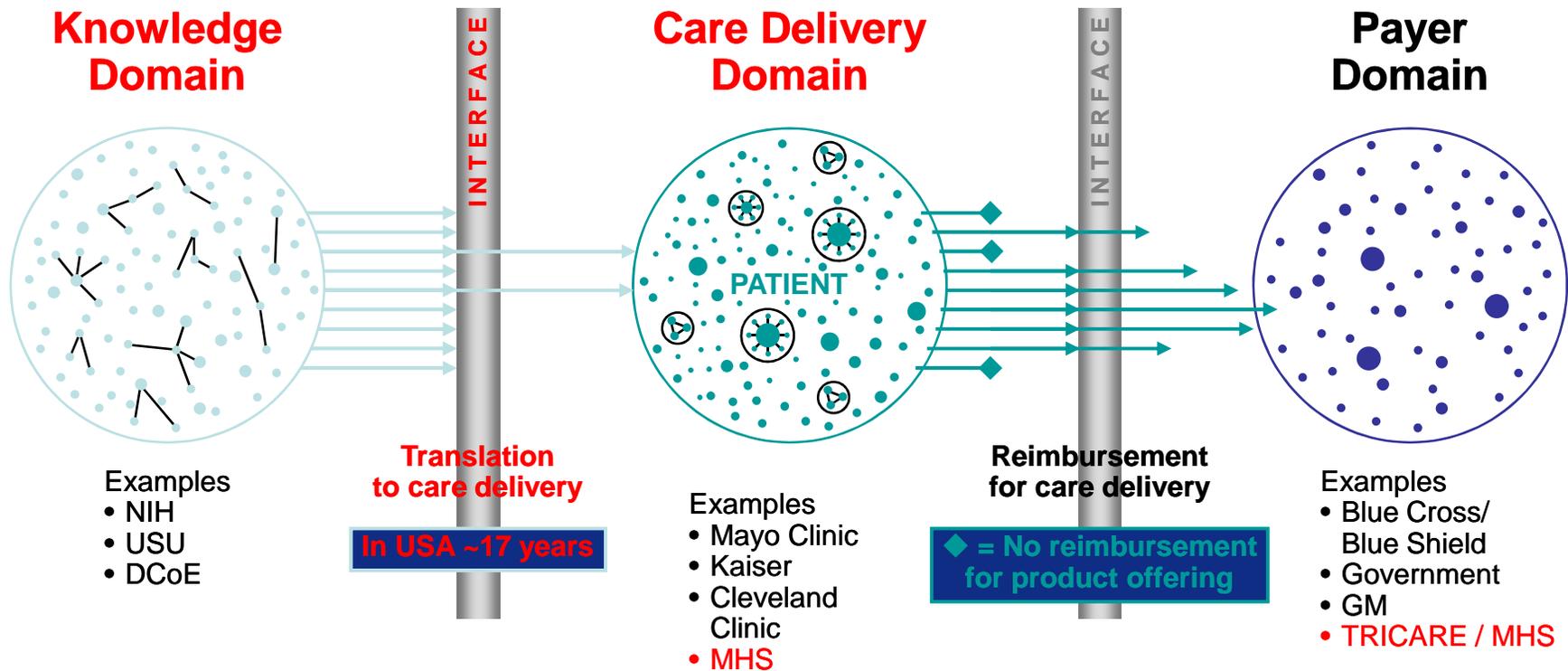
- Systematic process of getting the right knowledge to and from the right people at the right time so they can take the right action.
- Connects people to people and people to content.

Source: Dr. Carla O'Dell

Organizational Model



Comprehensive View of Health System



Three Domains

Source: Dr. Cortese, Mayo Clinic

Barriers To Knowledge Management



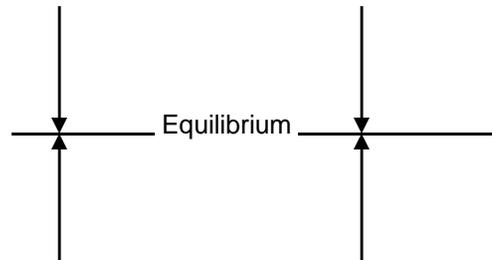
- Silo Organizations
- Organizational Culture Not To Share
- Informal Vs. Formal Relationships
- Preference For Quantitative/Measurable Information
- Lack of Trust In Colleagues/Organization
- Urgent Tasks Are The Norm
- Lack Of Understanding Roles And Responsibilities
- Lack Of Time And Resources
- Lack Of Ownership/WIFM
- Turbulence Of Change
- Lack of Culture To Seek New Knowledge/"Better Way"

Force Field Analysis



“Unfreeze” Status Quo

How current zone of comfort is maintained:
 Familiar skills and procedures
 Comfort with formal/informal systems
 Group conformity

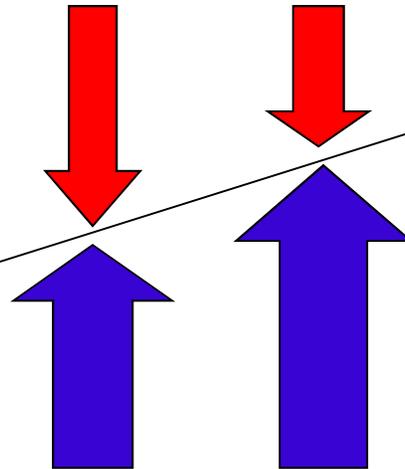


How resistance is anticipated by Communities of Practice:

Explore need for change
 Strengthen trust
 Seek organizational commitment
 Emphasize quality of care
 Start new skill training

“Movement” to Transfer Knowledge

Why individuals resist
 Fear of new roles and expectations
 Misunderstandings
 Inflexibility
 Uncertainty of outcomes

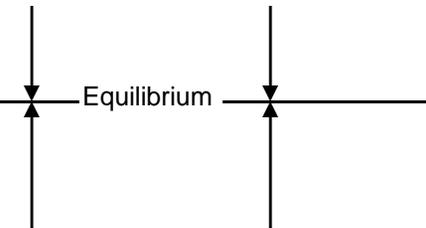


How resistance is overcome by Communities of Practice:

Participate in implementation
 Conduct open discussions
 Reinforce value of the change
 Utilize informal leaders
 Employ appropriate incentives

“Refreeze” Status Quo

How new zone of comfort is established:
 Redefine skills and procedures
 Accept new formal/informal systems
 Understand new roles and expectations
 Recognize value of the change
 Transition to new group conformity



How new zone of comfort is maintained by Communities of Practice:

Reinforce new procedures and policies
 Conduct recurring assessments
 Make adjustments as problems arise
 Share positive feedback and successes
 Praise individual and group efforts

Arrow width reflects relative strength of forces enabling or resisting knowledge transfer.

Source: Adapted from Hudak et al, *Urologic Nursing*, 27:6.

Next



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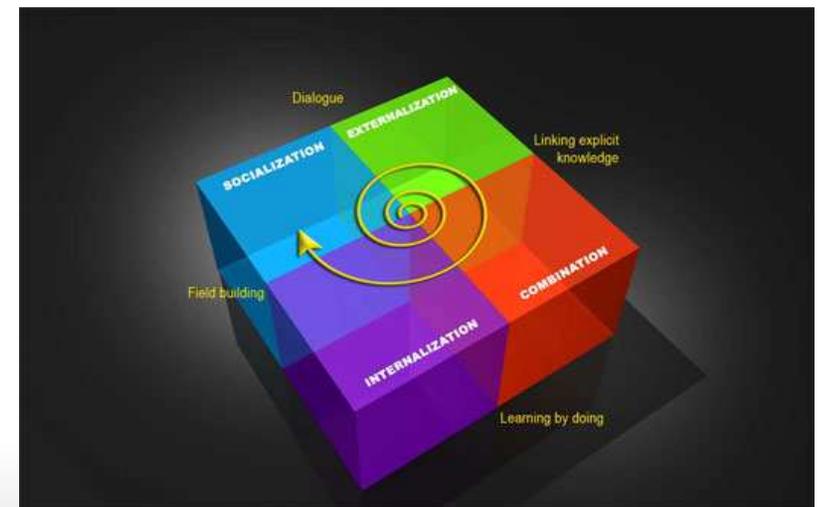
Knowledge Transfer



- What Is Knowledge Transfer?
 - Knowledge Building Spiral (Below)
 - Moving / Applying Of Knowledge
 - Types Of Knowledge
- Why Improve Knowledge Transfer?
- How To Draw It Out?
 - Telling Stories
 - Inspiring People
 - Making Social Spaces

Source: SECI Model Nonaka & Takeuchi

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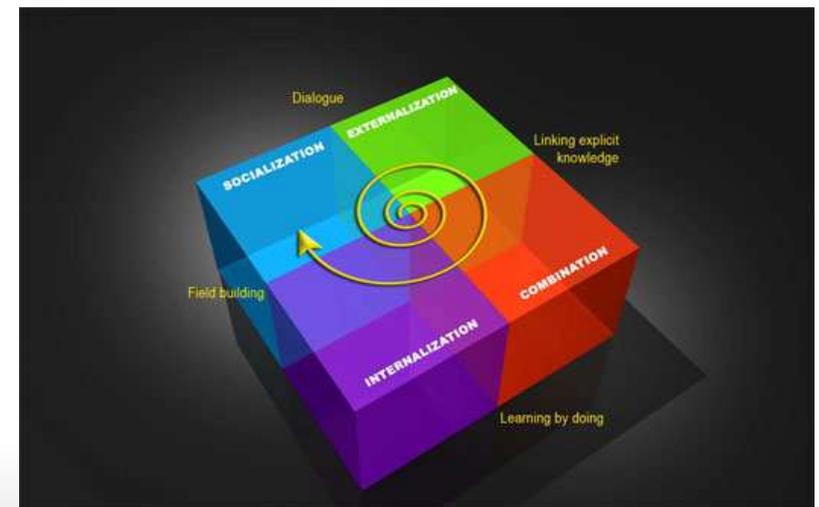


KNOWLEDGE SPIRAL

Common Knowledge Problems



- “Best Practice Does Not Work For Us”
- “Research Takes Too Long To Implement”
- “We Get Inconsistent Results”
- “People Resist New Processes”
- “Offices Interpret Policy Differently”
- “Problems Need To Be Solved Quickly”



Types Of Knowledge



■ Explicit Knowledge

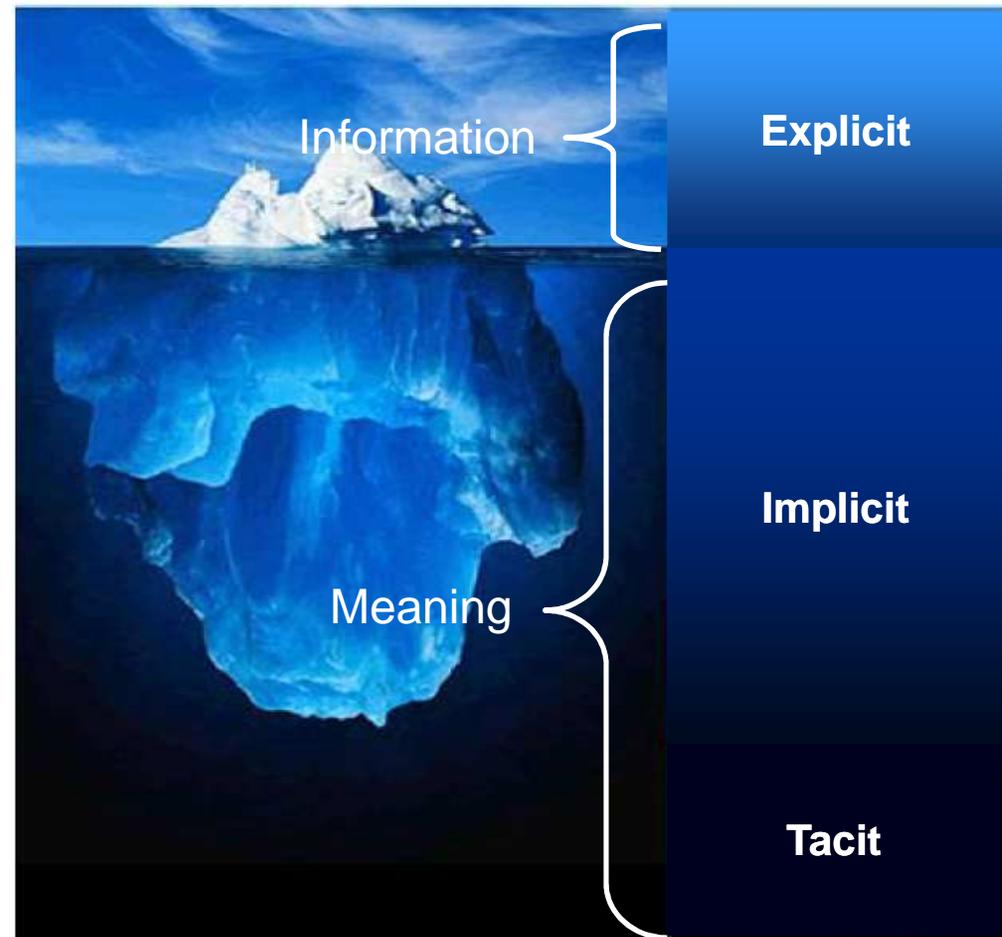
- Data
“PCMH Improves Care By 30% ”
- Policies
“PCMH Mandatory”
“Access Standards”
- Instructions
“How To Implement PCMH”

■ Implicit Knowledge

Building Continuity With The Patient

■ Tacit Knowledge

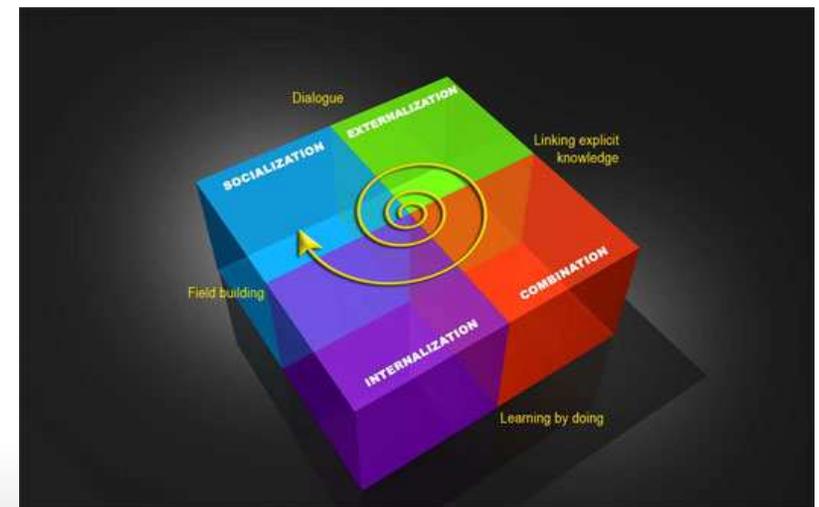
Explaining to Others How To Build Continuity With The Patient



Tacit Knowledge Transfer



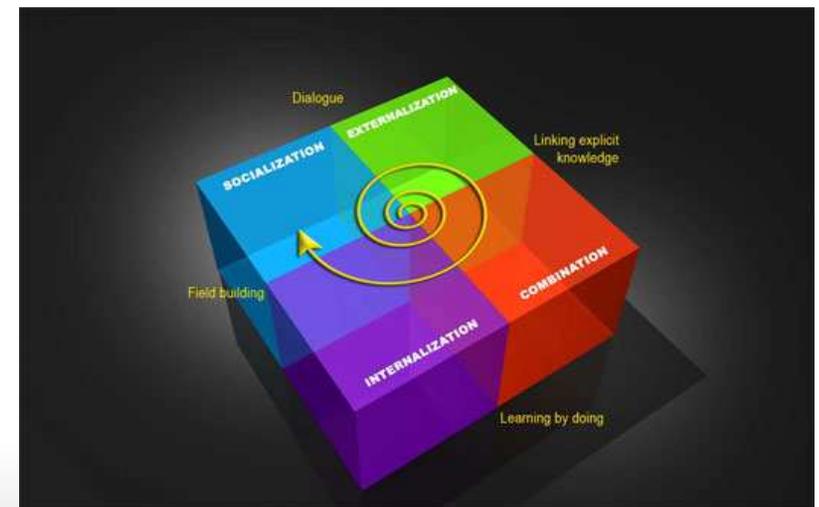
- 60 Percent of Knowledge Transfer
- High-Value / Most Costly To Transfer
- Technical and Cognitive Dimensions
- Difficult To Replicate Unless
 - Demonstrated
 - Observed
- Socially Transmitted



Social Transfer Of Tacit Knowledge



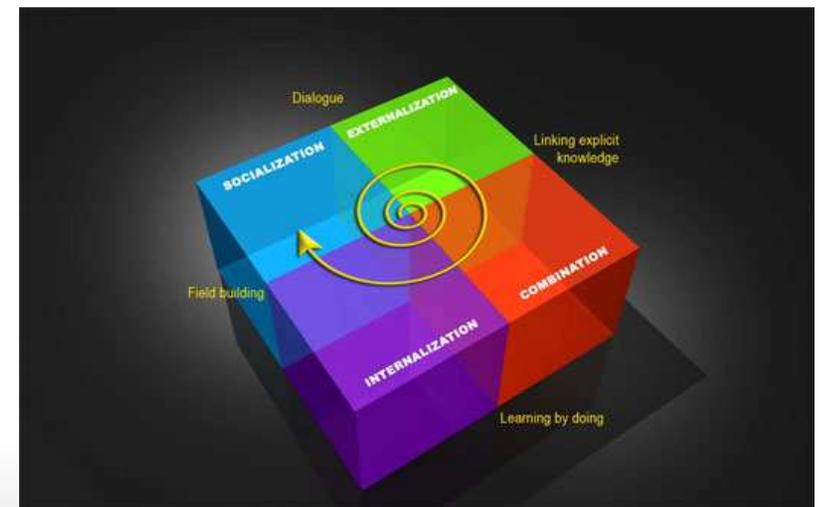
- Tacit Knowledge Is Social Knowledge
 - What the People Know
 - What the Organization Knows
- Social Knowledge Is Transmitted By
 - Storytelling
 - Faces (People)
 - Spaces (Communities)



1. Telling Stories



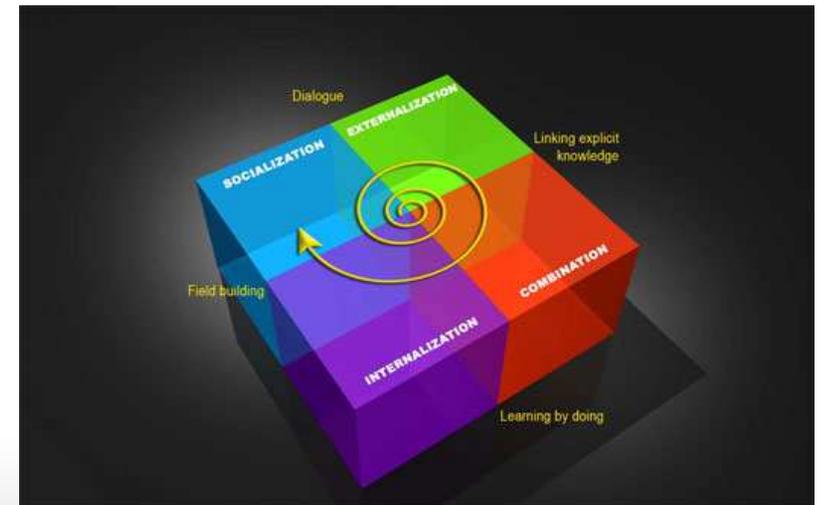
- Knowledge Travels Through Stories
 - Most Important Knowledge Activity
 - Key Ingredient in Tacit Knowledge Transfer
- Storytelling
 - Elicits 'Know How'
 - Draws Out Identities
 - Personalizes Learning
 - Stimulates Imagination
 - Expands Knowledge



2. Inspire People



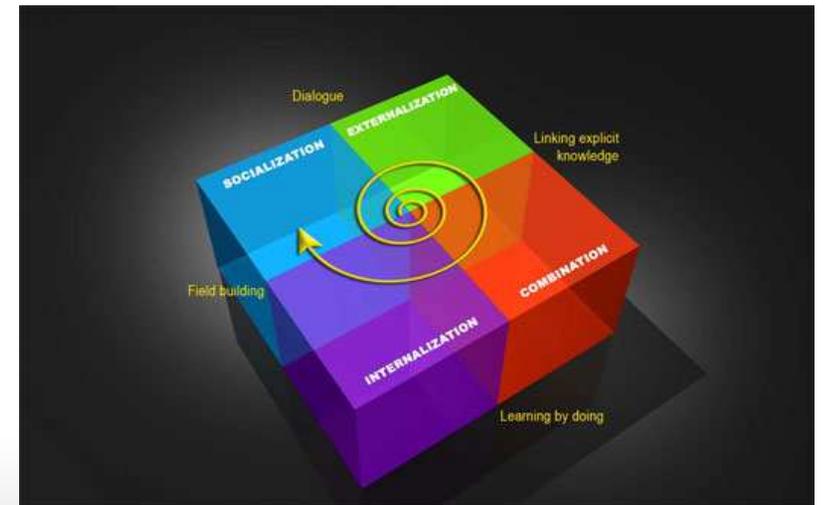
- Surface Knowledge
 - Re-Energize Networks
 - Create In-Flow For New Stories
 - Encourage Sustained Interactions
- Uptake of New Ideas
 - Visible Benefits
 - Status Quo Intolerable
 - Simplicity, Low Effort



3. Making Social Spaces



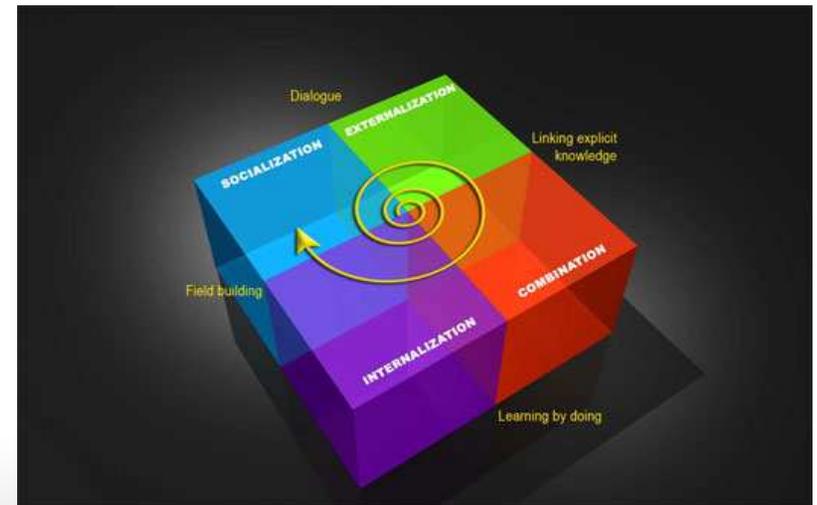
- Physical Spaces
 - Open Floor Plans, Proximity Of Offices
 - Meeting Areas, Face-To-Face Interaction
 - Newsletters (Folksy, Humorous)
- Virtual Spaces
 - Technology Limitations
 - Social Media
 - Web 2.0 Applications



What Leaders Can Do



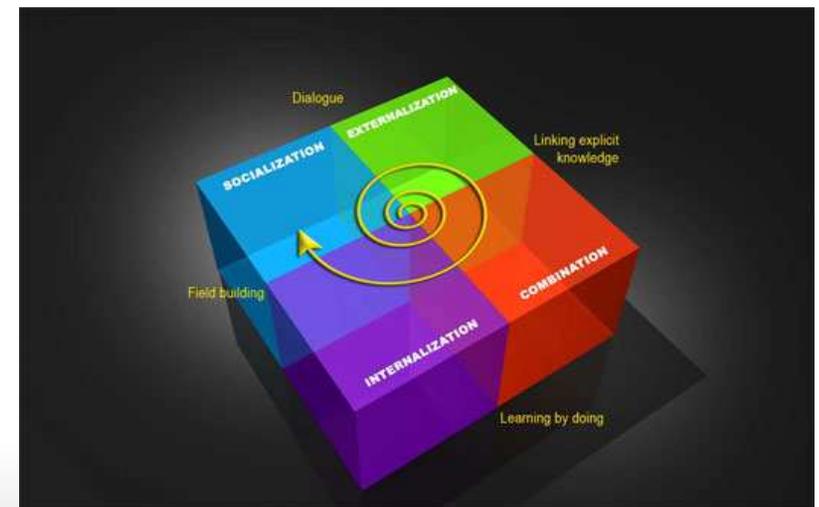
- Don't Create.. Cultivate
- CoP's Are Informal / Self Organizing
- Benefits
 - Collective Learning Reduces Variation
 - Accelerates Problem Solving
 - Connects People Quickly
 - Validates Best Practices
 - Develops Professional Skills



What Leaders Can Do



- Create The Call-To-Action
 - Establish Strategic Imperatives
 - Link To Value Proposition
 - Get It Noticed, Recognized, Reinforced
- Unifying Framework
 - Evaluate Capabilities
 - Cultivate Knowledge
 - Create Environment



Conclusion



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QUESTIONS?