Discussion Paper

Towards a HeBE Knowledge Centre

Denis Doherty
May 2002
TOWARDS A HEBE KNOWLEDGE CENTRE

‘We should learn from the snail; it has devised a home that is both exquisite and functional’.

Frank Lloyd Wright

Mary Murphy, the “out of hours” Social Worker, receives a ‘phone call from a foster parent who needs help with a problem that has just come up. The child she is fostering requires treatment in hospital and she has a number of questions about the consent form she has been asked to sign. The Social Worker is not au fait with the issues raised but help is at hand. From her laptop computer she accesses the HeBE Knowledge Centre, types the words “medical consent, children in care”, clicks on search and is guided to advice endorsed by the Best Health for Children office. The information conveyed by the Social Worker answers the queries raised by the foster mother, who will now sign the consent form.

In this information age, organisations risk becoming awash with information while remaining deficient in knowledge. Information tends to be transient – knowledge abiding. Just how important will the role of knowledge be in delivering the high quality people centred health service envisaged in the Health Strategy? Peter Drucker credited with coining the terms ‘Knowledge Society’ and ‘Knowledge Workers’ often refers to the important role he considers hospitals play in modern society. He classifies the work of hospitals as knowledge work performed by knowledge workers.

The views of Drucker, who has contributed more to the knowledge of management than anyone else, are of interest in relation to the health strategy. He views strategy as what enables organisations to be purposefully opportunistic. This view starkly contrasts with the criticisms of some political commentators and medical correspondents here who have faulted the strategy for being short on specifics. The pursuit of the 121 goals contained in the strategy will necessitate a great deal of change. On change Drucker argues that ‘one cannot manage change, one can only be ahead of it’ and recommends that change be viewed as an opportunity to innovate.

It is unquestionably true that the most valuable asset of the health services is the staff of the service. This value is not derived from the fact that they number some 90,000. The value is derived from the aggregate of the knowledge, skills and experience they possess. In some respects health services resemble highly valued companies in the private sector. It is not unusual for the intellectual capital value of some private companies to far exceed the value of their physical assets. Some modern companies do not own any physical assets. Their worth is derived solely from their intellectual capital. Royalties and licences, both derivatives of knowledge, accounted for $37 billion of the export revenue of the USA in 1999 and exceeded total export sales revenue by a third. The Microsoft Company is a particularly good example of a knowledge rich company whose physical assets are of little value relative to its total worth. If a modern hospital were privatised its
value, as a going concern, would probably be multiples of the value of the buildings and equipment on their own.

Knowledge-reliant organisations need to organise and manage in ways that promote, encourage and support knowledge work productivity. Drucker is emphatic that knowledge workers need to be managed and valued differently to other workers. He believes they should not be treated as subordinates but as associates. They also need to view themselves differently; more as a chief executive and less as a worker subject to supervision. He advocates an approach based on partnership of equals. Drucker’s advice is consistent with Ireland’s strategic management initiative in the public sector and the developing place of partnership working in the health services.

HeBE exists to facilitate collaborative working. Considerations of innovation, value for money, efficiency and so on will influence the selection of the work programme. The role of HeBE will be, in part, to lead change. The work will be organised in a portfolio of projects. Projects will be the building blocks through which HeBE delivers on its strategic agenda. To ensure the effectiveness of HeBE’s work a formal project management approach will be adopted. Project teams will be made up of staff working in the health service. The work involved will be knowledge work performed by knowledge workers. HeBE projects will therefore require knowledge, teamwork and they will challenge team workers. A goal of every project will be to make productive, the strengths and knowledge of individual team members. In exchange innovation, teaching and learning will be built into the work.

HeBE needs to become and be regarded as a learning organisation. Each project will be a learning opportunity and a source of new knowledge. Each project team will be asked to round off their work with a debriefing at which key questions suggested by Stewart will be addressed. They are:

- What was supposed to happen?
- What actually happened?
- Why is there a difference?
- What can we learn from this and do differently?

Knowledge is either explicit or tacit. Explicit knowledge by definition, having been unfolded, is easier to capture, organise and share than tacit knowledge, which includes organisation memory, tricks of the trade and the knacks of doing things.

On how to manage explicit knowledge Stewart recommends the following:

- Assemble it
- Validate it
- As much as possible standardise and simplify it
- Keep it up to date
- Leverage it
- Make sure everyone who needs knows it exists, where to get it and how to use it
- Automate and accelerate the process of retrieving and applying it
- Add to it
Tacit knowledge is that which is not stored in a knowledge centre but can sometimes be discovered by using a knowledge centre. Someone who needs to know something posts a request on a notice board and someone who knows the answer responds. Someone else follows a set of instructions but is not rewarded with the expected result. A request for help may result in someone volunteering the information that there is a knack involved which is then explained. Knowing what the knack is may be priceless to the person who needs to know it. A problem sometimes is that not everyone can master the skill required to learn the knack.

Tacit knowledge is likely to prove more difficult to access and share than explicit knowledge. However a knowledge centre considered to be of value by staff in supporting them in doing their jobs stands a better chance of being a source for sharing tacit knowledge than if the centre is considered to be of value only as a source of reference.

A learning organisation needs to go beyond capturing the learning and knowledge that is derived from individual projects. The true worth of projects will be realised by valuing and sharing the knowledge that projects produce. Stewart claims that ‘knowledge sharing builds social capital, trust, morale and culture’.

Drucker has identified two key questions which should be asked about knowledge work. The first is ‘what is the job?’, and the second ‘what is the knowledge base required to do the job?’ The answer to the first is not how do we do the job but what should we do. In the example of the query from the foster parent the job was to facilitate the hospital treatment the child required, through supporting the foster parent. The knowledge base required included access to the legal advice on parental consent to treatment. A value for money dimension arises as a result of there being ten childcare authorities. These childcare authorities re-use knowledge so it makes sense to pay for it only once and re-use it often.

In order to become a source of knowledge and learning HeBE will establish a knowledge centre. The challenge for HeBE is not just to create new knowledge, though the projects will do that. A vast amount of highly valuable knowledge already exists. The problem is that the existing knowledge is poorly organised and catalogued and is inaccessible. The challenge is to establish ways to discover knowledge that already exists and then organise it so that by making it accessible, it supports the knowledge base to do the job and, because it does that, incentives are created to share the knowledge.

The centre is not intended to be an encyclopaedia. It will not, therefore, be a place for answers to questions one always wanted to ask about the health service. It will be where answers to the Drucker question ‘what is the knowledge base required to do the job?’ can be posted and shared by individuals and project teams. The knowledge centre will seek to connect knowledge assets to services delivery processes and projects. HeBE has established a database of projects and will be tracking which projects are
likely to employ which bodies of knowledge. Project teams will be encouraged to provide the knowledge centre with their assessment of what they learned from the project.

The following features of the proposed knowledge centre are derived from the World Bank’s knowledge centre design.

° **A Community**
The knowledge centre will belong to the entire health services workforce. Realistically, though, the centre will be developed and enhanced by a community of practitioners – people who are interested in assembling, managing and sharing knowledge. By maintaining a sharp focus on ‘the knowledge required to do the job’ the community of practitioners can be expected to grow.

° **A Place**
Those interested in accessing knowledge assets or in enhancing an asset, need to be able to go to a place generally known to be a home of knowledge. In order to be accessible to the largest number of potential users, the HeBE knowledge centre will be established online. This approach is also in keeping with the growing trend towards eGovernment.

° **Help-Desk**
A knowledge centre must be managed by someone who can assist support and encourage visitors to use and contribute to the facility. A second important role of the centre manager is to make sure that new knowledge is captured and capitalised. A third important role of the manager is to encourage sharing of the knowledge assets.

° **A Talent Pool**
Thousands of healthcare staff are exceptionally knowledgeable on a multitude of topics. That is not to say that they will wish to join the practice community referred to earlier. In most cases, however, they willingly share their knowledge when asked to. Up until now, there has not been any form of inventory of talent. A knowledge centre provides an opportunity to develop a talent pool, which captures knowledge on which knowledge workers have expertise in which areas.

° **A Primer**
A quick introduction to the body of knowledge – frequently asked questions. Users of the centre will benefit from a shared functional vocabulary.

° **Knowledge artefacts**
The success of the knowledge centre will depend on the extent to which people are connected for the purpose of sharing the knowledge that they rely upon to do their jobs. The artefacts of the centre are what encourage people to come together to make connections. They
will include reports, policies, documents, protocols, databases, videos, CDs, etc., etc.

° **A Bulletin Board**
There is a good chance that there is someone in the health service who is able to answer yes to most ‘Does anybody know?’, ‘Has anybody come across?’ type of questions. There is a need for a meeting place for questioners and responders, perhaps somewhere even where people can trade knowledge. A health services modern day equivalent of the Agora of ancient Athens, in other words.

° **A Doorway**
The word portal is frequently used to describe a type of web based resource. It suggests a point of access, but in practice many web based portals have doors fitted, controlling access beyond the portal. The HeBE knowledge centre will have to provide restrictions on access to some extent. However, as a matter of policy, open access will be encouraged, in the interest of making sharing of information easy. A protocol will be devised to inform the policy of openness and minimise the extent to which content is restricted.

Richard Beckhard, one of the founders of the field of organization development, was convinced that people develop a sense of ownership of that which they have had an involvement in designing. The purpose of this paper is to stimulate discussion on how HeBE can become a learning organization and a source of knowledge that can be accessed, added to and shared by staff of the health and social services in Ireland.

Denis Doherty, Director (e-mail denis.doherty@hebe.ie) and Patrick Lynch, General Manager (e-mail patrick.lynch@hebe.ie) will be delighted to received suggestions or ideas.

‘Twenty years from now you will be more disappointed by the things you didn’t do than by the ones you did do…..catch the trade winds in your sails. Explore. Dream. Discover.’

*Mark Twain*

Reference sources:

The Wealth of Knowledge, Thomas A. Stewart

Management Challenges for the 21st Century, Peter F. Drucker