Chapter 4.45
How to Handle Knowledge Management in Healthcare:
A Description of a Model to Deal with the Current and Ideal Situation

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ABSTRACT

There are many arguments why healthcare organizations need knowledge management. In The Netherlands, there are some things going on, like a new defrayment and remuneration system for the hospitals, the increasing aging population, the focus on quality, efficiency and effectiveness and the existence of more, very specialized disciplines, that there is a need for knowledge management. This chapter describes a model that can be used to chart the current situation regarding knowledge management. The model is based upon the primary and supported processes, a division in types of knowledge and a knowledge cycle. The use of the model is demonstrated by a case description. Conclusions which are drawn from the recap of the case description showing that the model can be useful but some things must be taking into account, such as the size of a case and its boundaries.

INTRODUCTION

There are many arguments why healthcare organizations (HCO's) need knowledge management. The argument for HCO's to develop knowledge management lies in:

- the hospital, or any other HCO, is a knowledge intensive organization;

- there is a big demand for optimizing the support and primary processes;
- the demand for efficiency and effectiveness due to shortages on the job market;
- the requirement of the patient for better quality care and related provision of information;
- the introduction of Diagnosis Treatment Combinations (DTCs) in The Netherlands which makes the learning capacity and competitiveness of the hospital an important factor.

HCO's make use of multiple knowledge areas, such as those of medicine and policy making (Lucardie, Ribbens & Singeling, 1998). These multiple knowledge areas and the existence alongside one another of a large number of interdependent disciplines each with their own professional autonomy makes a healthcare organization a knowledge intensive organization. Furthermore, there is a tendency toward more superspecialism. Especially medical doctors specialize towards small but very specialized areas, and as a result they have very unique knowledge. And this very unique knowledge has to be secured, disseminated and utilized.

In The Netherlands, through an increasingly aging population, the demand for care grows. At the moment the care sector has to cope with a shortage of staff. Improving the present capacity is mainly an issue of the last couple of years. Particularly due to the existence alongside one another of interdependent disciplines, the shortage in one professional group can also be felt directly by other professional groups. The shortage of (good) personnel is a challenge to knowledge management. The available knowledge must be secured and disseminated.

In The Netherlands the focus has in particular been on improving the quality, efficiency and effectiveness of care. Certainly in the last decade the Dutch government has paid a lot of attention to quality in the care sector. In particular, it has attempted to ensure the quality of care through legislation (Van Dijen, 1999). Much of this legislation relates to quality control and improving the position of the client/patient. With respect to the latter position, the Dutch Consumer Association (Consumentenbond) carried out a large-scale survey in 2002 into the quality of hospital care based expressly on patient opinion (Consumer Association, 2002). The conclusions and recommendations of the Consumer Association report offer starting points for using knowledge management in (hospital) care. In particular the provision of information for the patient about the period after discharge, or after care, is often found to fall short. Improvements can also be made in the information transfer between the various professional groups.

The introduction of a new defrayment and remuneration system in the Dutch hospitals stresses the need to develop, disseminate and utilize knowledge. After all, due to the introduction of market forces into the Dutch healthcare system an institution is more dependent on its own knowledge and skills to stay a step ahead of (or at least level with) the competition. The current system is a system of job-based budgeting of hospitals and the lump sum funding of medical specialists. This system will be replaced by a new defrayment and remuneration system for hospitals and medical specialists. It is a system based on the Diagnosis and Treatment Combinations (DTCs).

Added Value of KM

When using knowledge management a number of objectives can be pursued (Konter, 2002). In our view the most important objectives that also show the added value of knowledge management are:

1. to make (better) informed decisions
2. uniform action through the entire organization
3. learning organization which continually improves one and two above