Chapter XXXI
Knowledge Workers, Librarians, and Safety:
Opportunities for Partnership[1]

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ABSTRACT

This chapter advocates for the involvement of librarians in safety initiatives to mitigate risk and improve reliability of performance. Its primary focus is the clinical environment. The author suggests research concepts to be considered to empirically identify areas where the expertise of librarians can contribute to patient safety. Examples are included to illustrate how that expertise can be applied through knowledge service design and use of evidence delivery via information technologies. The value of a systems approach to developing information programs is highlighted.

INTRODUCTION

People tend to see what they are able to deal with. If a team enlarges what it can do, then it may also enlarge what it will see. A team that sees more has a better chance to see small errors earlier and to do something about them. Small improvements in seeing can occur when individuals enlarge their personal repertories of what they can do. But larger improvements in seeing should occur when people with more diverse skills, experience, and perspectives think together in a context of respectful interaction. (Weick, 2002, pp. 186-187)

Experts are exploring the impact of information access and transfer on the safety and reliability of work. In trying to understand such complex failures, technology and the sharing of the right information have been positioned as key elements to minimizing opportunities for disaster and the financial, organizational, and personal crises that result from compounded human error

(Choo, 2005; Feldman, 2004; MacIntosh-Murry & Choo, 2002).

The effective application of evidence and knowledge and its impact in healthcare organizations on reliable decision-making should be studied. The use of outdated information and how such behavior wastes research and development resources, misdirects clinical research, and misinforms medication decision making has been documented. However, this piece of the safety process has yet to be fully integrated into discussions of risk in many industries, including the high risk arena of health care (Feldman, 2004; Smetzer & Cohen, 1998). Research is needed to provide explicit documentation as to the impact of this gap, identify potential strategies and measure the affect this collaborative relationship could have on failure mitigation.

Failure to integrate professionals involved in managing information resources into safety work contributes to inattention to the knowledge and information components of such work. To fully realize a systems-oriented vision for information access, organization and use in health care settings, informaticians, information technologists, drug information professionals, and librarians need to be brought to the table as partners to help understand and identify these types of failures and, ultimately, realize technological and organizational solutions to minimize them.

DEFINITIONS

There is no standard information and knowledge management vocabulary that resonates with information professionals, frontline practitioners and leadership in high risk environments. Therefore, the following definitions will be used in this chapter:

- *Clinical informationist*: "A professional member of the health care team who focuses on the intersection between clinical care and the evidence base contained in the literature and in biomedical databases and resources" (Giuse, et al., 2005). Generally, this term is applied to librarians and other specifically-trained individuals who are integrated with the medical team during clinical workflows.
- *Evidence*: The subset of the peer reviewed, published literature that derives its content from empirical study and quantitative results.
- *Information*: The published literature (i.e., journal articles, books, and popular press) and institutional materials (i.e., policies, maintenance guides, forms), not organizational raw data or patient records. Although it is recognized that a fully realized and systemic approach to knowledge transfer would include access and use of data repositories, they are not traditionally the domain of librarians to manage (for an entire organization) and therefore are outside the scope of this commentary.
- *Knowledge*: "What the knower knows" (Davenport & Prusak, 2000). Personal experience that is not available in published form. Knowledge bases can include collections of narratives or stories related to adverse events, but in general, do not include the raw data collection.
- *Knowledge transfer*: The continuum of determining what information is needed, finding the resource, disseminating the resource in a useful fashion so that its knowledge can be affectively applied, and tracking the outcome, action, and experience associated with that information. Knowledge transfer understands knowledge as a manageable resource and individuals as information conduits. The process emphasizes connecting individuals, and building relationships between information seekers and their leadership, so that knowledge in tacit fashion (i.e., team debriefings, discussion) can be reliably shared and learned from.