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## **Chapter XVI**

# **Aligning Multiple Knowledge Perspectives in a Health Services System: A Case Study**

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## **ABSTRACT**

*This chapter reports the results of a feasibility study into electronic collection of service data at “point of delivery” for disability programs. The investigation revealed that while the proposed system would have produced more fine-grained data, it would not have improved any actor’s knowledge of service delivery. The study illustrated the importance of context in the transition from data to knowledge; the diffused and fragmented organisational structure of social service administration was shown to be a major barrier to effective building and sharing of knowledge. There was some value in the collection of detailed service data but this would have damaged the web of relationships which underpinned the system of service delivery and on which the smooth functioning of that system depended. The study recommended an approach to managing the informal and tacit knowledge distributed among many stakeholders, which was not especially technologically advanced but which supported, in a highly situated manner, the various stakeholders in this multi-organisational context.*

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## INTRODUCTION

The provision of human (health and social) services by the State is necessarily a geographically and organisationally distributed activity. Such an activity sets a range of interest groups with a variety of requirements within a single problem context. Government-run healthcare systems are large-scale and include many divisions and linked organisations. They must manage varied (and sometimes contradictory) interests of the parties involved. In many ways it is difficult to align the goals and perceptions of participants into a coherent and effective knowledge management system. Information can become knowledge only if the context in which it exists is understood. Coming to an understanding of this rich context is a key challenge for government.

There are many stakeholder groups in these systems, each with their own interests and goals and while these are usually not irreconcilable, they are not always in harmony. This may involve different views about both the level of service, as well as individual choice of service options. There are potential conflicts among stakeholders over balancing accountability and organisational information needs with the privacy and dignity of the individual. The context of service provision is complex as is the relationship between the service providers and their clients, which is often a long-term relationship. An effective KM system for such an organisation would need to manage the informal and tacit knowledge that is distributed among many stakeholders and is highly contextual. In an area where there is such sensitivity and the personal and interpersonal issues are so central to the well-being of the clients, KM initiatives have the potential to be positive but may also have negative consequences for vulnerable clients.

In this chapter, we discuss a study which we and a number of colleagues undertook for a government department responsible for the provision of services to people receiving **disability** benefits. In assessing a proposed **electronic data collection** and payment system for disability services, we gained insight into the nature and importance of knowledge management for health and **social services**. Contrary to our expectations, we concluded that the most significant impediment to the effective creation and sharing of knowledge was the highly diffused, fragmented, interlocking organisational structure of the social service administration itself. Our investigation raised few issues about the technicalities of information collection and explicit knowledge management, but it did raise many issues about the design of the underlying organisational system for service provision, the level of detail required in the service data and the locus of decision-making power among the stakeholders. All of these issues bear directly on the system's effectiveness in providing appropriate services to disabled clients.

Governments have shown a keen interest in the use of information technology in healthcare delivery as a mechanism to improve quality, access and efficiency. Improved information systems and technology are essential components of managed healthcare (Shortell et al., 1994; Cave, 1995), which focuses on increased cost consciousness and a more market-driven industry with increased competition. To some extent Australia has followed the US shift to managed care, although the reaction has not been entirely positive (Stoelwinder, 1990).

The use of technology and innovation in restructuring healthcare delivery (Geisler, 2001; More & McGrath, 2002) has been indispensable, particularly in its ability to support explicit knowledge capture and transfer (Fedorowicz & Kim, 1995; Detmer & Shortliffe,

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