Knowledge Management: the Bridge between Information and Best Practice

Midwest Chapter, MLA/IHSLA Annual Meeting
Indianapolis
October 9, 2011
1. Background: How we got here.
   BIDMC (Once upon a time...)
   NN/LM NER (In the meantime...)
   [questions]

2. KM: What is it and why is it good for us?
   [questions]

3. The KM Initiative in New England

4. Conclusion / Questions
Once upon a time...

“A hole is to dig.”

Ruth Kraus  *Children’s Author* (1901-1993)
How do we find and fill in the holes?

Example #1: Medical Abbreviations

<table>
<thead>
<tr>
<th>Medical Abbreviations</th>
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<tbody>
<tr>
<td>IAA - interrupted aortic arch</td>
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<tr>
<td>IABP - intra-aortic balloon pump</td>
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<tr>
<td>IAC - internal auditory canal</td>
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<tr>
<td>IASD - interatrial septal defect</td>
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<tr>
<td>IBD - irritable bowel disease</td>
</tr>
<tr>
<td>IBI - intermittent bladder irrigation</td>
</tr>
<tr>
<td>IBW - Ideal body weight</td>
</tr>
<tr>
<td>IC - intracutaneous</td>
</tr>
<tr>
<td>ICA - internal carotid artery</td>
</tr>
<tr>
<td>ICBG - iliac crest bone graft</td>
</tr>
<tr>
<td>ICCE - intracapsular cataract extra...</td>
</tr>
<tr>
<td>ICCU - intensive coronary care unit</td>
</tr>
<tr>
<td>ICD - International Classification of ...</td>
</tr>
<tr>
<td>ICF - intracellular fluid</td>
</tr>
<tr>
<td>ICF - intermediate care facility</td>
</tr>
<tr>
<td>ICH - intracranial hemorrhage</td>
</tr>
<tr>
<td>ICM - idiopathic cardiomyopathy</td>
</tr>
</tbody>
</table>

Look Up: iab
The Strategy:
The Outcome

- Standards & Procedures*
- Database of Approved Abbreviations
- Conference Presentation
- AHIMA Publication

*Patient Safety initiative
How do we find and fill in the holes?

Example #2: Informed Consents
The Strategy:

- Invitations:
  - Legal Department
  - Risk Management
  - IRB
  - Community Benefits
  - Interpreter Services

- Planning meetings, creating slides, rehearsals, applying for CME and Nursing Units
The Outcome

Present

Consenting Adults: An Informed Consent Workshop
How do we find and fill in the holes?

Example #3: Nursing Portal
The Strategy:

- Build a team
- Survey needs
- Select a tool
- Develop the tool
- Survey for feedback
- Measure usage
- Monitor
The Outcome
The Outcome

NURSING

Professional Nursing at Beth Israel Deaconess Medical Center is grounded in the values of accountability, collaboration, and respect. Through our collaborative practice model, BIDMC nurses continually strive for excellence in the delivery of care to our patients and families. In supporting and advancing patient care, we continually pay attention to our professional relationships, our work environment, patient care outcomes, and the development and advancement of our nurses. In doing this, we steadfastly enhance our work to improve patient safety and quality, to improve patient satisfaction, and provide care in a fiscally responsible way. Every member of our team is valued for his contributions to our growing, evolving BIDMC community.

Key Leadership

Marsha Maurer, RN, BA, BSN, MS  Senior Vice President, Patient Care Services, CNO
Laurie Bloom, RN, MA  Director of Professional Development
Mary Jo Brogna, RN, MS  Associate Chief Nurse, Throughput
Emily Caracci, RN, CNOR  Associate Chief Nurse, PeriOperative Services
Jane Foley, RNC, BSN, MA  Associate Chief Nurse, Critical Care & Med Surg
Cynthia Pelham, MS, RN  Associate Chief Nurse, CardioVascular Institute
Kim Sumonte, RN, MHA  Associate Chief Nurse, Quality & Safety
Phyllis West, RN, MSN  Associate Chief Nurse, East Campus

If you have questions, need help or have suggestions, please send us a message here:
BIDMC Nursing Intranet Advisory Committee

Charge & Scope:
Develop, Update and Maintain the Nursing Intranet through efficient technology use to create a comprehensive, single tool that saves our staff time and effort. We will do this through the efforts of our workgroup, feedback from our staff and the formal communication channel that we created with our communications department. To see the committee’s charter click HERE.

Chairs:
How do we find and fill in the holes?

Example #4:

“The space committee is looking at the library. Can you give me an idea how the space is used?”
The Strategy:

- The “quick & dirty” survey:
  1. What is your role at BIDMC?
  2. What is your department?
  3. What was the purpose of *this* library visit?
  4. What did you do while you were here?
  5. How often do you visit the Medical Library facility?
  6. Comments, suggestions or feedback regarding the library

- Packaging the survey results (graphs, slides & executive summary)
The Outcome

- The space is saved!
- Discussion w/CIO
- Research into alternative nomenclature
- Decisions on division, staff & facility names
- Changes in HR, Finance, Facilities
How is “Knowledge Services” received?

“My question is: Are we making an impact?”
In the meantime...

NN/LM
RAC
HLS

HLS charge:
to explore ways to promote the value of hospital libraries.
A Strategic Plan for Transitioning to a Healthcare Knowledge Services Center in New England

Mark Goldstein, MSLIS, AHIP & Margo Coletti, AMLS, AHIP

INTRODUCTION

In 2004, as part of its Regional Advisory Council (RAC), the National Network of Libraries of Medicine, New England Region (NN/LM NER) formed the Hospital Library Subcommittee, with the charge to promote the value of hospital libraries throughout the region. Over its 7-year tenure, the Subcommittee has tracked a gradual decline in support for hospital libraries, evidenced by budget cuts and library closures. The status quo had ultimately become untenable.

In 2009, the Subcommittee began to shift focus from library advocacy towards a new strategy: a 5-year plan to assist hospital libraries with the transition to healthcare knowledge services centers (HKSCs) within their institutions.

Phase One work products:
- HKSC Template
- KM Webinars
- KM Day Event
- KM Pilot Guidebook (under development)

Comments from KM Day attendees:
- "Most helpful is that all this information has given me hope that it is possible for us to transform, and that we can take an active part rather than passively sit by watching the world change around us."
- "Practical ideas [were shared] on how we can negotiate our part in the future of libraries. This is the first time I have felt hopeful about this."

Funded by: NN/LM NER

5-year, 3-phase project:
- Phase 1: Development
- Phase 2: Implementation
- Phase 3: Evaluation

Hospital Library Subcommittee

"We are drowning in information, but we are starving for knowledge." - John Naisbett

St. Johnsbury, VT
Northeastern VT Regional Hospital
Betsy Merrill

Portsmouth, NH
Portsmouth Regional Center
Sheila Hayes

Derry, NH
Parkland Medical Center
Mimi Guessferd

Shrewsbury, MA
NN/LM NER
Mark Goldstein

Boston, MA
Brigham & Women’s Hospital
Anne Fladger

Newport, RI
Newport Hospital
Barb Davis

Norwood, MA
Norwood Hospital
Denise Corless

Boston, MA
Beth Israel Deaconess Medical Center
Margo Coletti

Norway, ME
Stephens Memorial Hospital
Deb Clark

This project has been funded in whole or in part with Federal funds from the National Library of Medicine, National Institutes of Health, Department of Health and Human Services, under Contract No. N01-LM-6-3508 with the University of Massachusetts Medical School.

Developed from work of the Hospital Library Subcommittee, NN/LM NER
Template for Building a Healthcare Knowledge Services Center Model

Developed by members of the Hospital Library Subcommittee of the Regional Advisory Council (RAC) of the National Network of Libraries of Medicine, New England Region (NN/LM NER)

Margo Coletti, Beth Israel Deaconess Medical Center, Boston, MA; Deborah Clark, Stephens Memorial Hospital, Norway, ME; Denise Corless, Norwood Hospital, Norwood, MA; Barbara Davis, Newport Hospital, Newport, RI; Anne Fladger, Brigham & Women’s Hospital, Boston, MA; Mark Goldstein, NN/LM NER, Shrewsbury, MA; Mimi Gues福德, Parkland Medical Center, Derry, NH; Sheila Hayes, Portsmouth Regional Hospital, Portsmouth, NH; Alice Merrill, Northeastern Vermont Regional Hospital, St. Johnsbury, VT.
AN UMBRELLA OF ADVOCACY SERVICES FOR HOSPITAL LIBRARIES

- Are you just arriving at your institution?
- Are you expecting reductions in staff, hours, services, or space?
- Are you leaving the library, hoping the institution hires a suitable replacement?
- Just got word that your library will be going through a consolidation or merger?
- Has your institution already announced that it’s closing its doors?
- Are rumors circulating about eliminating the library entirely?
- Where can you find...
  - Help?
  - Someone to talk to?
  - Someone to understand?
  - Someone that will do something?

Advocacy
- You’re really not alone... there is someone you can talk to!
- Customizable to fit your situation and your institution
- Contact:
  Mark Goldstein
  NNL/LM NER, Network Coordinator
  508-856-5964
  Mark.goldstein@umassmed.edu

Orientation Packets
- Ready to be sent out
- Contains information about:
  - NN/LM NER
  - Your local state organization
  - Education & training opportunities
  - Library acronyms & what they mean
  - Listservs available
  - Bibliography

Marketing (in development)
- Sample strategic plan
- Practical ideas
- Do you have suggestions?
- Contact:
  Mark Goldstein
  NNL/LM NER, Network Coordinator
  508-856-5964
  Mark.goldstein@umassmed.edu

Developed from work of the Hospital Library Subcommittee, NNL/LM NER
The Turning Point

- November, 2008: global economic meltdown
- 3 months – 3 libraries gone
A New Strategy: a New Model

- Rooted in Knowledge Management
- Redefines our role
- Gives us a “place at the table”
- Provides recognized value
Why KM?

- positive push forward
- bridge between information and BP
- support for institutional goals
- competitive edge in marketplace
- window of opportunity
  - navigators
  - facilitators
  - EBP collaborators
  - patient educators

Developed from work of the Hospital Library Subcommittee, NNL/LM NER
“Within a healthcare organization knowledge management is responsible for providing the **assessment of** and **accessibility to** refined information (knowledge), serving a widely diverse population, guided by evidence based practice.”

Developed from work of the Hospital Library Subcommittee, NNL/LM NER
KM: a 3-Legged Stool

Technology

Bodies of Knowledge

People / Customers

Developed from work of the Hospital Library Subcommittee, NNL/LM NER
KM Pyramid

Developed from work of the Hospital Library Subcommittee, NNL/LM NER
What does Knowledge Management look like in a health care setting?

- Abbreviations Database
- Plain Language thesaurus.
- EMR links to KBI
- Decisions on both internal and external knowledge-based resources (*acquisitions and access*)
- Web portal for both internal (in-house) and external resources.
- Meta tags for internal documents and intranet pages.

Developed from work of the Hospital Library Subcommittee, NNL/LM NER
<table>
<thead>
<tr>
<th>Library Services</th>
<th>Knowledge Services</th>
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<tbody>
<tr>
<td>(link to the outside knowledge)</td>
<td>(link to both outside and inside knowledge)</td>
</tr>
<tr>
<td><strong>Current Awareness</strong>: TOC</td>
<td><strong>Current Awareness</strong>: TOC plus blogs, etc.</td>
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<tr>
<td><strong>Database Management</strong>:</td>
<td><strong>Database Management</strong>:</td>
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<tr>
<td>Journals Check-In</td>
<td>Journal Check-in [still value?]</td>
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<tr>
<td>Book Circulation</td>
<td>Book Circulation [still value?]</td>
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<tr>
<td>Knowledge-Based Info:</td>
<td>KBI plus Internal Knowledge Bases:</td>
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<tr>
<td>(PubMed, Ovid, ISI, CINAHL, etc.)</td>
<td>(Abbreviations, Institutional Publications Repository, etc.)</td>
</tr>
<tr>
<td><strong>Finding documents</strong>: using indexed terms</td>
<td><strong>Finding documents</strong>: plus</td>
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<tr>
<td></td>
<td>Indexing and meta tagging documents so others can find them</td>
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<tr>
<td><strong>Decision Making</strong>:</td>
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<td>KBI Resources</td>
<td>KBI Resources plus</td>
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<td>Content Management Systems</td>
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Developed from work of the Hospital Library Subcommittee, NNL/LM NER
A Strategic Plan for KM in the New England Region

(aka “The KM Initiative”)

3 Phases:
I. Development
II. Implementation
III. Evaluation

Developed from work of the Hospital Library Subcommittee, NNL/LM NER
PHASE I. DEVELOPMENT

Period: 2010-2011

Deliverables:

- HKSC Model Template
- KM Awareness webinars
- KM Day
- HKSC Field Guide for Pilots
- Journal of Hospital Librarianship article

Developed from work of the Hospital Library Subcommittee, NNL/LM NER
Template for a Healthcare Knowledge Services Center

Purpose:

1. To help facilitate the development of several sustainable HKSC models, and
2. To assist hospital libraries in their transition to knowledge services centers within their institutions.
HKSC Template: Core Components

I. KM Definition
II. Knowledge Pyramid
III. Attributes of the HKSC
IV. Competencies for the Knowledge Manager
V. Collaborations & Alliances
VI. Comparative Table of Services
VII. Addenda
   A. Sample Job Description
   B. Sample Mission Statements
   C. Sample Strategic Plans
   D. Sample Line Items for an Operating Budget

Developed from work of the Hospital Library Subcommittee, NNL/LM NER
# Pilot Field Guide Modules

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<td>A</td>
<td>AUDIT</td>
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<td>B</td>
<td>DOCUMENTATION</td>
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<td>C</td>
<td>COMPETENCIES</td>
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<td>D</td>
<td>COLLABORATIONS (Internal)</td>
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<tr>
<td>E</td>
<td>COLLABORATIONS (External)</td>
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Developed under contract with BIDMC and NNL/LM NER
# Pilot Field Guide Modules

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<td>PRIORITIZATION</td>
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<td>G</td>
<td>RISK ASSESSMENT</td>
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<td>H</td>
<td>BUDGET &amp; COST ALIGNMENT</td>
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<td>I</td>
<td>CHANGE MAP</td>
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PHASE II. IMPLEMENTATION

Period: 2011-2013
Deliverables:
- Pilot selection & funding
- Implementation of:
  - Model Template
  - Pilot Field Guide

Developed from work of the Hospital Library Subcommittee, NNL/LM NER
PHASE III. EVALUATION

Period: 2013-2015

Deliverables:

• Surveys, focus groups
• Quantitative + Qualitative research, results & review
• Publication

Developed from work of the Hospital Library Subcommittee, NNL/LM NER
### Crossroads of Our Profession

#### Hospital Library Services
Links to outside knowledge

#### Healthcare Knowledge Services
Links to both outside *and* inside knowledge
The Name Game

“Health Information Management,” anyone?
Lessons from AHIMA

“...in 1991, association leaders believed that the management of information – rather than the management of records – would be the primary function of the profession in the future.”

Lessons from AHIMA

“What does the changing of the organization and credential names say about the profession?”

“Probably one of the most significant things that it indicates is a significant shift in what professionals do and how they fit within their environment.”

“The combined forces of new information technologies and the demand for more, better and more timely information requires the profession to change radically.”

“You can approach change in one of three ways. You can make it happen, you can watch it happen, or you can wake up one day and say, ‘What happened?’”

Mitchell T. Rabkin, MD  CEO, Beth Israel Hospital, 1966-96
Thank you!