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Mobilising evidence and organisational knowledge

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Developing people
for health and
healthcare

www.hee.nhs.uk

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An overview

- One thing you may not know ..
- Sharing a sense of urgency
- Making a difference
- An overview of progress and plans
- Becoming business critical
- Questions

PRIVATE EYE
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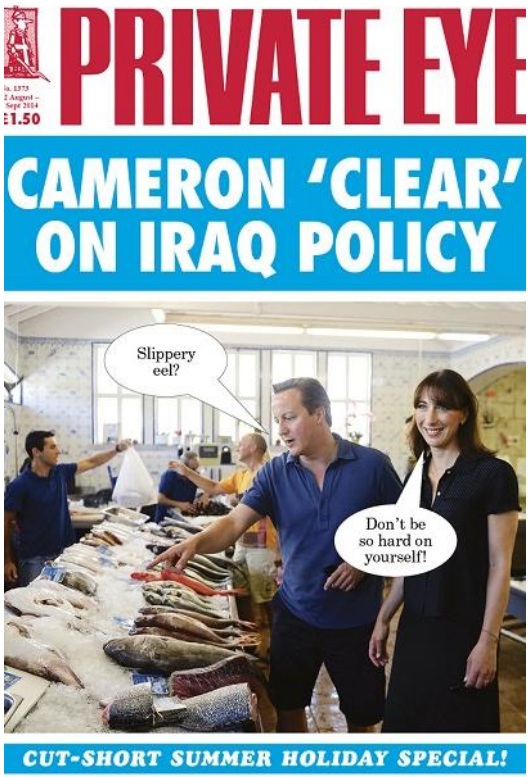
CAMERON 'CLEAR' ON IRAQ POLICY

CUT-SHORT SUMMER HOLIDAY SPECIAL!

Things you may not know about me ..



"Integrated Care Today is one of a new portfolio of Contentive websites providing critical, real-time intelligence in a wide range of niche industry verticals"

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Sharing a sense of urgency

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The sheer amount can be overwhelming; one local authority chief executive described how he receives at least 100 pieces of evidence in his inbox every week.

The pace of change in local public services means that people are constantly responding to new policies and thus have little time or capacity to find out what is going on in other areas. The real challenge lies in "knowing where to go" and who to go to.

Sophie Wilson et al.
Local public service reform. Institute for Government, 2016

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Bridging the gap

There is often a large gap between evidence-based treatment guidelines and current practice (Nolte and McKee, 2008)

Nolte, E. and McKee, M. (eds)*Caring for people with chronic conditions: A health system perspective,2008*

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Achieving evidence-based care?

- 84.2% for cardiovascular disease
- 59.8% for depression
- 76.5% for diabetes

  70.9% for the diabetes ‘care bundle’ indicators
- 35.6%for osteoarthritis

Hardcastle, A.C. et al. The dynamics of quality: a national panel study of evidence-based standards. Health Services and Delivery Research. 3(11) April 2015

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The Carter Review 2015

Carter focused on ways that hospitals can reduce cost variations across clinical and non-clinical hospital settings, for example;

- Procurement processes - a range of prices from £788 to £1590 for hip prosthesis
- Sickness and absence rates vary from 2.7% to 5.8%, giving a variation of 116%
- Running costs (£/m^2) varied from £105 to £970

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Making a difference

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Evidence into practice

"Evidence does not speak for itself but needs to be mobilised at the right time, and through the right people, to make a difference in decision making."

National Institute for Health Research, 2013

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Business critical

Healthcare Library and Knowledge Specialists can play a pivotal role in helping organisations to identify and seize opportunities to achieve productivity, realise efficiency savings and improve the quality of patient care. For example -

- Increase and improve the use of evidence into practice through provision of synthesised, summarised evidence and horizon scanning products
- Develop tools, processes and resources so that healthcare staff can effectively share organisational knowledge and know-how

Case study – Gateshead Health NHS FT

The evidence showed that vitamin D deficiency is associated with worse outcomes for critically ill patients.

"As a result of this evidence, a new protocol was introduced into critical care. There is now routine testing for vitamin D deficiency and supplementation within critical care. The cost of vitamin d testing and supplementation is relatively low but the potential impact in terms of speed of recovery and reduced length of stay are significant."

Consultant anaesthetist

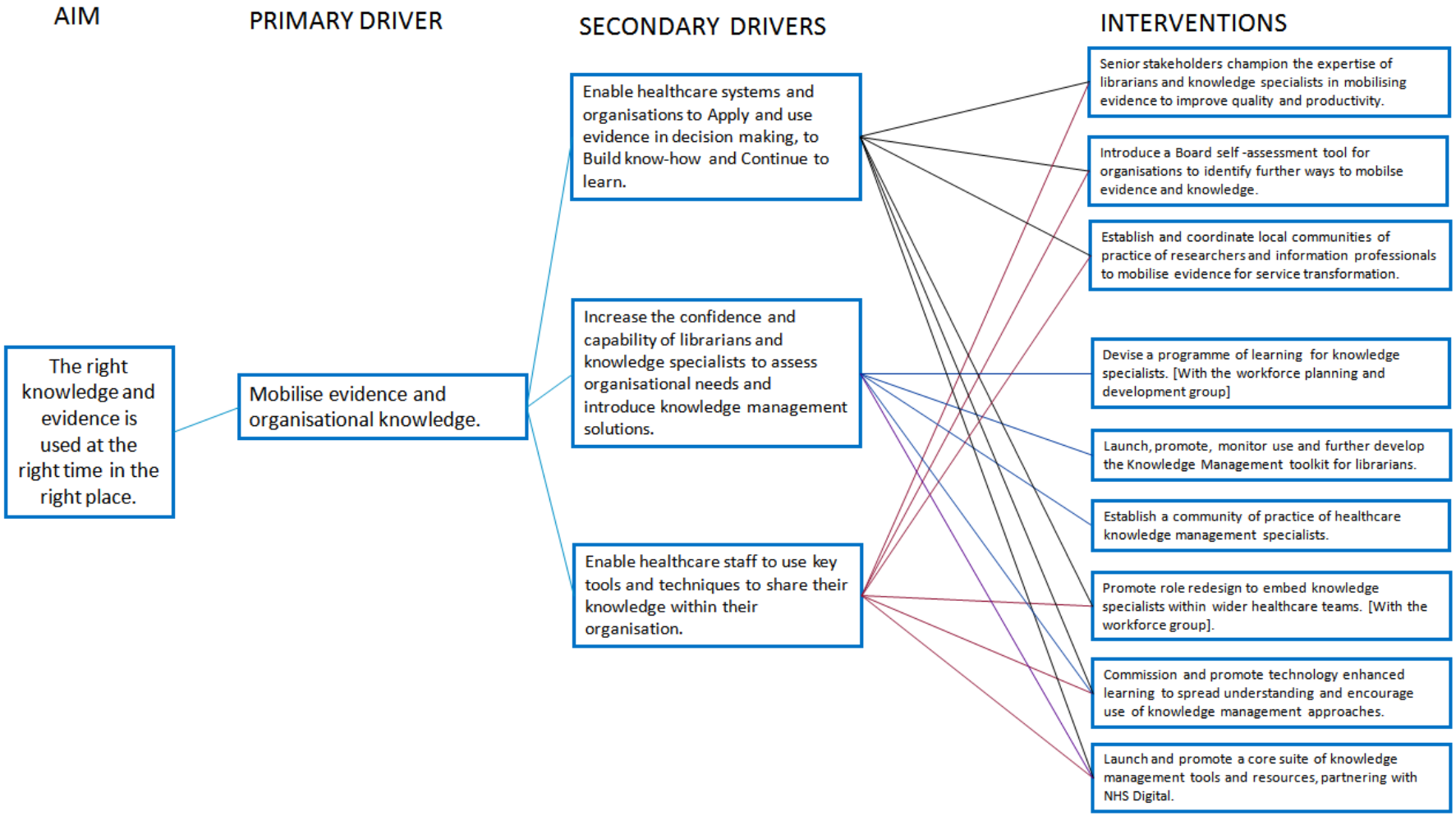
Case study – Warrington & Halton Hospitals NHS FT

The evidence led to a change in practice whereby instead of two prison guards transporting patients with diabetes to hospital a nurse now visits the prison to provide outpatient care.

"There has been a cost saving of around £48,500 with a reduction in DNAs, not requiring transport or supervisory prison guards. I presented the findings of the study, based on the evidence sourced by the library, at the Primary Care & Public Health Conference. This service will now be implemented nationally"

Lesley Mills, Consultant Nurse in Diabetes,

An overview of progress and plans



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Working with organisations and systems

Enable healthcare systems and organisations to Apply and use evidence in decision making, to Build know-how and Continue to learn.

Advocacy

Champion the expertise of librarians and knowledge specialists in mobilising evidence to improve quality and productivity:

- HEE / CILIP Joint campaign
- Round-table discussion with key partners

What will you do locally?

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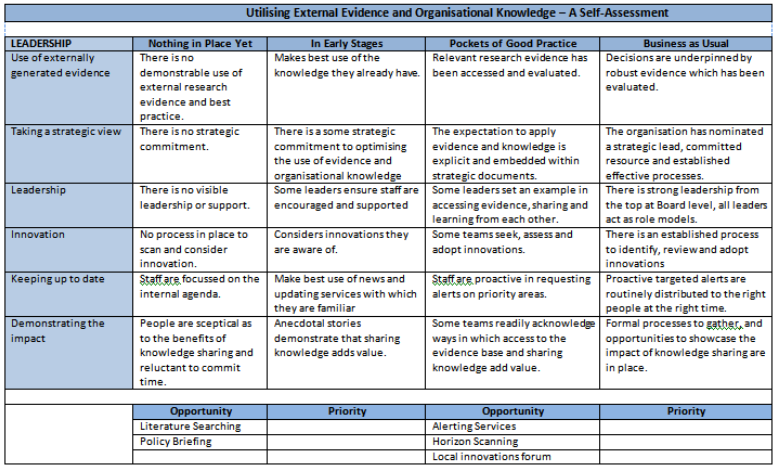
A self-assessment framework

A self-assessment framework to use with Board members to:

- identify what is working well and what more could be done?
- set priorities for better mobilising external evidence and organisational knowledge
- spot practical initiatives on which librarians and knowledge specialists can lead



Utilising External Evidence and Organisational Knowledge – A Self-Assessment				
LEADERSHIP	**Nothing in Place Yet**	**In Early Stages**	**Pockets of Good Practice**	**Business as Usual**
Use of externally generated evidence	There is no demonstrable use of external research evidence and best practice.	Makes best use of the knowledge they already have.	Relevant research evidence has been accessed and evaluated.	Decisions are underpinned by robust evidence which has been evaluated.
Taking a strategic view	There is no strategic commitment.	There is a some strategic commitment to optimising the use of evidence and organisational knowledge	The expectation to apply evidence and knowledge is explicit and embedded within strategic documents.	The organisation has nominated a strategic lead, committed resource and established effective processes.
Leadership	There is no visible leadership or support.	Some leaders ensure staff are encouraged and supported	Some leaders set an example in accessing evidence, sharing and learning from each other.	There is strong leadership from the top at Board level, all leaders act as role models.
Innovation	No process in place to scan and consider innovation.	Considers innovations they are aware of.	Some teams seek, assess and adopt innovations.	There is an established process to identify, review and adopt innovations
Keeping up to date	Staff are focussed on the internal agenda.	Make best use of news and updating services with which they are familiar	Staff are proactive in requesting alerts on priority areas.	Proactive targeted alerts are routinely distributed to the right people at the right time.
Demonstrating the impact	People are sceptical as to the benefits of knowledge sharing and reluctant to commit time.	Anecdotal stories demonstrate that sharing knowledge adds value.	Some teams readily acknowledge ways in which access to the evidence base and sharing knowledge add value.	Formal processes to gather, and opportunities to showcase the impact of knowledge sharing are in place.
	Opportunity	**Priority**	**Opportunity**	**Priority**
	Literature Searching		Alerting Services	
	Policy Briefing		Horizon Scanning	
			Local innovations forum	

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Communities of practice

- Establish and coordinate local communities of practice of researchers and information professionals to mobilise evidence for service transformation: -
  - understand respective expertise and resource
  - look for opportunities to work collaboratively to support the system
  - establish and coordinate local communities of practice/networks
  - fit the emerging structures eg. across STPs

- Participants might include researchers, librarians and knowledge specialists, business intelligence analysts, NICE field-based implementation consultants *plus*

- Pilot in South West

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Building the confidence and capability of librarians and knowledge specialists

Increase our ability to assess organisational needs and introduce knowledge management solutions.

Development opportunities

A wealth of opportunities and learning resources have been put in place enabling individuals to progressively enhance their skills, confidence and roles in mobilising evidence and organisational knowledge

- **Core skills**

  Introducing knowledge and evidence
  Everyday knowledge and evidence in health care settings

- **Expanding the core skill set**

  Mobilising organisational knowledge in health care settings

- **Leadership skills**

  Leading knowledge services

- **Advanced specialist skills**

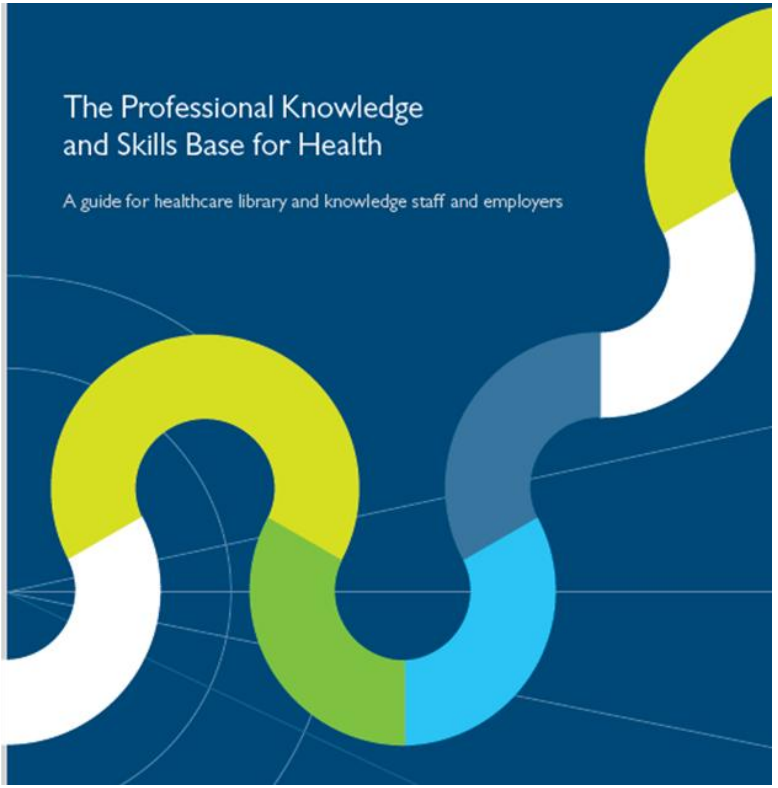
  Advanced KM: formal qualifications

- **Resources and Tools**

Resources for role redesign

A Task and Finish Group to identify the level of skills and knowledge required for specific and emerging roles and create resources to support the creation of these roles:

- Specific skills required – matched to PKSB for Health
- Role descriptions
- A day in the life of..
- Podcasts
- Resources



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Knowledge Management Toolkit

Rachel Cooke, Emily Hopkins, Jackie McGuire, Nick Smith, Caroline Storer, Laura Wilkes

- Aim: to support LKS to fulfil the KM purpose and goals in Knowledge for Healthcare
- Carried out scoping, confirmed that there were already good examples out there
- Gathered together examples and tools
- Toolkit not static – we still want more examples and for it to develop along with KM!

Toolkit – example section

Links to tools & techniques

Links to short case studies of real-life examples.

Includes contact details of the service, for more information

Sharing Learning

Key activities: Making implicit knowledge explicit | Knowledge sharing – to spread the learning | Supporting innovation | Promoting actionable knowledge tools

KM Activities, Tools & Techniques	Case Studies
Facilitating action learning sets *Implementing techniques to learn from experience:* ▪ Knowledge Harvesting ▪ Knowledge Retention & Transfer ▪ After Action Reviews ▪ Elicitation interviews ▪ Knowledge assets ▪ Rapid on boarding ▪ Retrospective / Baton passing ▪ Post project appraisal Knowledge Plan (lessons before/before action reviews)	Leavers toolkit – knowledge retention & transfer Knowledge Capture Tools Healthcare professions forums – intranet chat rooms Knowledge Cafe Library Book of Revalidation

A national community of practice

Aim: to establish a community of practice for healthcare librarians and knowledge specialists

Create a space in which people can share ideas and network as we expand our experience and expertise

Northern KM Group

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- Historically Yorkshire and Humber and North West
- Membership includes:
  - National Organisations: NHS England, Public Health England, NHS Digital, Health Education England
  - Acute, community and mental health trusts
  - Non NHS healthcare organisations

  20 members representing 12 organisations

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eLearning resources, tools and techniques

Enable healthcare staff to use key tools and techniques to share their knowledge within their organisation.

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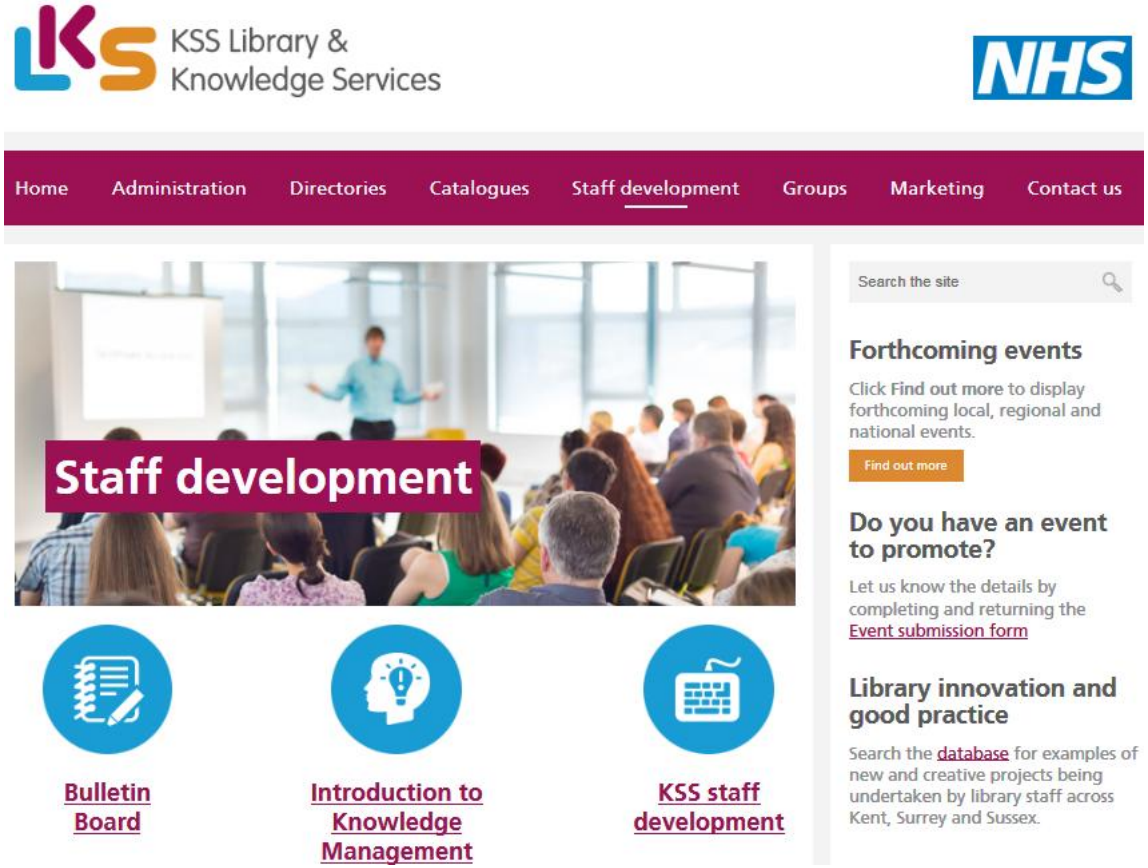
Technology-enhanced learning



http://www.ksslibraries.nhs.uk/staff-development.html /

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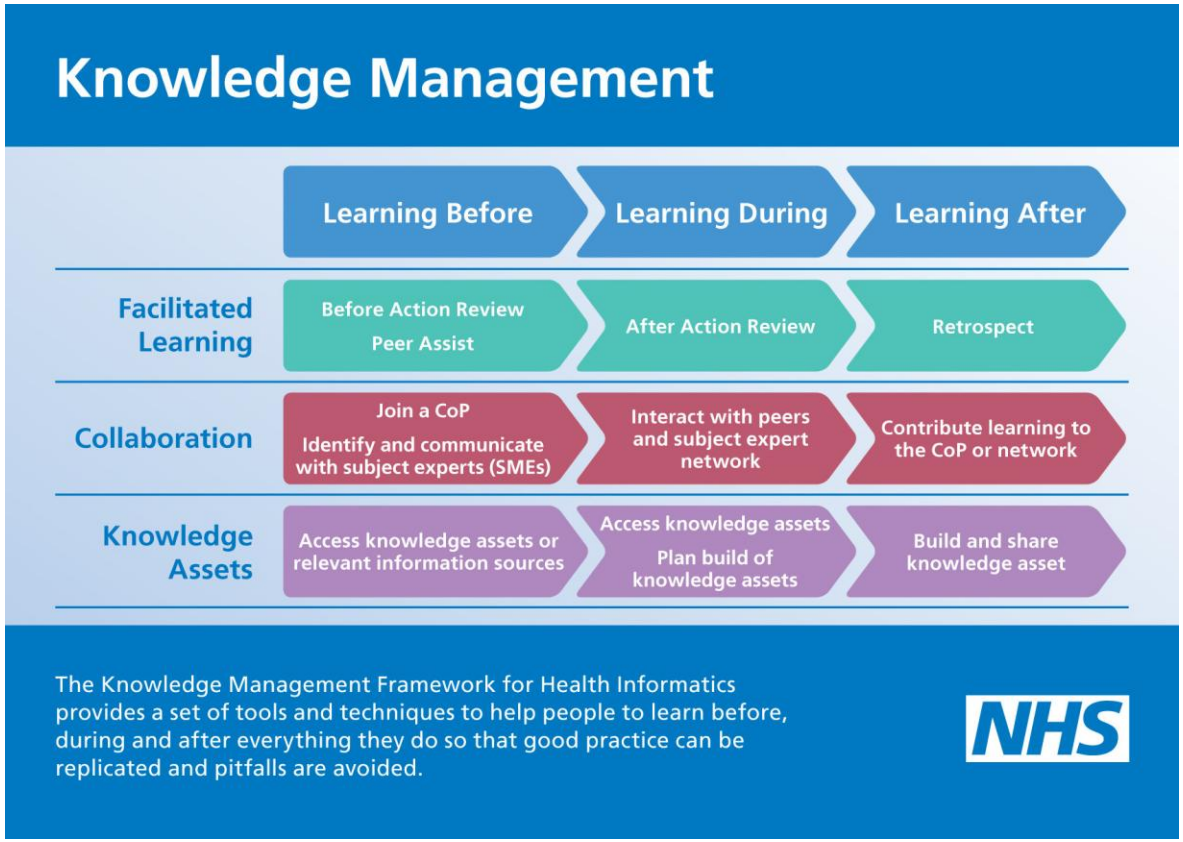
Promoting KM tools for all staff



http://www.ksslibraries.nhs.uk/elearning/km/

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Service improvement and innovation

KfH Leadership Programme KM Project

Alison Day, Ayo Ogundipe , Carol McCormick, Chris Johns, Kaye Bagshaw, Samantha Unamboowe, Tim Jacobs

As part of the Leadership Programme we were tasked to complete a project:

> To develop a model that can be used by LKS to encourage the capture, storage and sharing of knowledge in an organisation to support service improvement and innovation

We carried out scoping and identified national databases of innovations and best practice but we wanted our model to support knowledge sharing at a local level

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So what will be in the model?

- Results from scoping
- Suggestions for who to engage with at a local level
- Knowledge capture templates (adapted from the KM toolkit)
- Suggestions for events and activities to enable knowledge capture
- A schematic for a database to be installed on a local intranet
- Descriptions of how other KM tools have been used to encourage knowledge sharing
- Lesson plans and materials to encourage use of the model by LKS teams
- Review of skills and knowledge development of the participants

The project has been a learning curve for all involved and we hope that by presenting our experiences in the model it will give others an opportunity to implement KM tools in their own organisations

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NHS Foundation Trust

Intranet

INNOVATIONS DATABASES

RBHT Innovations Database

Learning from Excellence

RBHT INNOVATIONS DATABASE

A collection of healthcare innovations by RBHT staff - sharing the results of innovative projects and research to provide information to multi-disciplinary healthcare professionals across the Trust who are seeking to implement new policies, products or practices, or to build on the ideas of others to improve the quality of their work and patient care.

If you have a project or research you would like to share please email library@rbht.nhs.uk or call ext 5947 (HH).

Library - RBHT Innovations

Category: All Categories

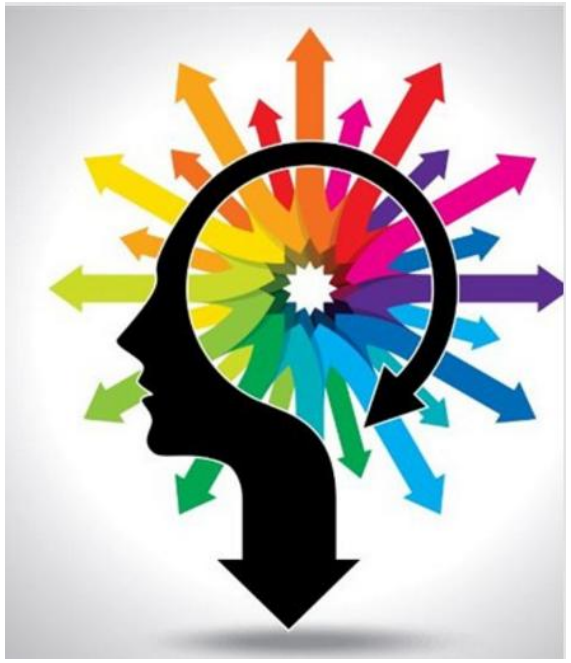
Keywords:

Search | Clear

Title	Description
The clinical utility of sputum induction to detect infection and assess success of eradication in non-expectorating children with cystic fibrosis 2016	Early detection of organisms such as Pseudomonas Aeruginosa (PA) in CF is essential for successful eradication. Detection is difficult in non-expectorating children. We are increasingly using SI in non-expectorating children both to detect infection and asses the asses the response to an eradication intervention. Our objective, to compare culture results from SI and same day C/S and assess the impact on treatment decisions.
6C's and Handover on the Acute Cardiac Care Unit (ACCU) 2015	In ACCU, a handover sheet was implemented with all sensitive patient details to enable staff to read when coming on duty and before 'Meeting and Greeting' the patients. This meant a full handover was not required in the bays and thereby maintained the privacy and dignity of the patients. -
6C's Team Nurse Approach to Educational Boards 2015	A team approach to education boards was required on the surgical unit that would involve all staff, which would not take up too much time and also fulfil the requirements of the Nursing & Midwifery Council (NMC) required standards of keeping staff updated, through sharing skills and experience for the benefit of patients and colleagues. Creating the vision and recommendations were mapped to nurse education & the 6Cs. -
A Holistic Approach to Compassionate Care	Within the Acute Cardiac Care Unit (ACCU) a discharge folder was to be introduced with a To Do checklist, with all the relevant information for the nursing staff. This was

“Much more than just a database”

“*… the KM database is much more that just a database, it has become part of a process to celebrate achievement and enables sharing of these achievements, serves to inspire clinicians to innovate or build on what has gone before, also promotes the library as a common meeting ground for the diverse professions that practice here*.”



Sam Unamboowe

Royal Brompton & Harefield

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How are you mobilising evidence and organisational knowledge?

What else do you need to do?

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What actions will you take?

There are things known and things unknown
and in between are the doors.

(Jim Morrison)

izquotes.com

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Questions?

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KM pages: http://kfh.libraryservices.nhs.uk/knowledge-management/

Blog: http://kfh.libraryservices.nhs.uk/