



Proceedings

...of NCCMT's 2008 Knowledge Management in Public Health Conference

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From the Conference Chair

As Scientific Director for the National Collaborating Centre for Methods and Tools (NCCMT), it is my pleasure to present the proceedings from our conference held in Hamilton on November 4th, 2008, entitled Knowledge Management in Public Health: Exploring Culture, Content, Process and Technology. We hope these proceedings provide you with much to consider about your own practice.

The objectives of the conference were to:

- Explore current issues and practices in knowledge management and their implications for public health in Canada.
- Examine the fundamentals of KM: culture, content, process and technology.
- Network with leaders and change agents in knowledge management and public health.

The conference brought together leading experts from around the world to share their experiences with over 240 registrants. You will find here the highlights of the 14 sessions that were organized around the four core concepts related to KM:

- Culture – the organizational environment in which KM occurs
- Content – the knowledge that is being managed
- Process – how KM is approached within the organization
- Technology – one aspect of the work of an organization often integral to KM.



Donna Ciliska Scientific Director, NCCMT

I encourage you to explore these concepts in more detail. Most presentations, as well as the background paper developed for the conference, are available on the NCCMT website <http://www.nccmt.ca/events/nccmt_events_kmph08_program-eng.html (ENGLISH) http://www.nccmt.ca/events/nccmt_events_kmph08_program-fra.html (FRENCH)>.

Knowledge management promises to be an evolving field for public health in Canada. With this conference, NCCMT is proud to have been part of some of the early steps.

Welcome Reception



The reception welcomed delegates to the Art Gallery of Hamilton's David Braley and Nancy Gordon Sculpture Atrium and featured opening remarks from Donna Ciliska, Chair of the Conference and Scientific Director of NCCMT, and Jean-François Luc, Director of Policy and Partnerships in the Public Health Agency of Canada's Office of Public Health Practice.

Luc acknowledged the important role the National Collaborating Centres for Public Health (NCCPH) play in translating existing and new evidence to the public health community across Canada. Each of the six centres draws on local, regional, national and international expertise and they collaborate with each other and with a variety of other public health organizations.

Knowledge management in public health is a central part of the mandate of the NCCPH. However, a common understanding of what knowledge management is and how it should be implemented throughout public health in Canada has been elusive. By preparing the knowledge management background paper and hosting this conference, the NCCMT has advanced that discussion and supported the work of the NCCPH.

KM conference delegates enjoy the opening reception



Clean Clear Knowledge – A Public Health Service

Sir J.A. Muir Gray

CBE Director, National Knowledge Service; Chief Knowledge Officer to the NHS

Keynote speaker Sir Muir Gray joined the conference by pre-taped video and, later, participated in discussion by live phone link. Sir Gray likened knowledge to water, suggesting that knowledge needs to be organized and managed the way water is. People must be responsible for maintaining it and ensuring it is “clean and clear.”

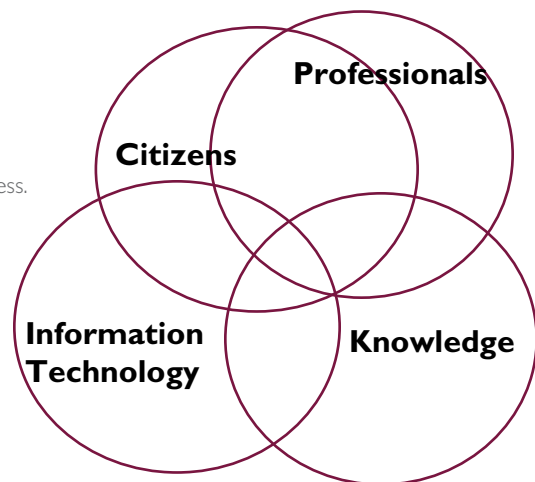
According to Sir Gray, we are currently in a healthcare revolution driven by personal empowerment, citizen engagement, information technology and knowledge. This revolution is different from anything previous in that it is:

- Flexible
- Pervasive
- Inclusive
- Convergent
- Generative

Zittrain, J. (2008). *The Future of the Internet - And How to Stop It*. Yale University Press.

Sir Gray predicted that the application of what we know will have a bigger impact on health and disease than any drug or technology likely to be delivered in the next decade. He also lamented the under-adoption of interventions of high value and the over-adoption of interventions of low value in public health. “He likened systematic reviews that filter knowledge and establish value to water filters that purify water in a reservoir.”

In conclusion, he encouraged participants to think about how they can go back to their job and deliver that clear water to their organization.



“Ignorance is like cholera; it cannot be controlled by the individual alone. It requires the organized efforts of society; ensuring equal access to pure knowledge is a public health responsibility.”

~Sir Muir Gray

Exploring “Culture”

Culture comprises the shared, but often unspoken, assumptions that guide the daily behaviour of people in organizations. It is the “why” that underlies what is done; the beliefs, traditions, habits and values that influence the behaviour of the majority in a socio-ethnic group.

Fostering an Organizational Culture to Support Knowledge Management



Ruta Valaitis

Associate Professor, School of Nursing; Dorothy C. Hall Chair in Primary Health Care Nursing, McMaster University

Fostering an organizational culture that can support KM, requires first an understanding of the existing culture (including how members of the organization connect and network, and the history of that culture), and an appreciation and acceptance of the language spoken within that culture.

Prior to sharing her experience with two on-line communities of practice (CoPs), Valaitis set the stage by reviewing Etienne Wenger’s pivotal work on CoPs. Valaitis then referred to her experience with the Substance Abuse Prevention Network in SouthWest & Central West Ontario (SAPN) and the Street Nurses Outreach (SNO). She stressed the importance of encouraging the formation and expansion of CoPs, the legitimacy of the work of pulling them together, and the value of the informal learning they facilitate.

Her work with the Substance Abuse Prevention Network identified the following perceived barriers to online CoPs:

- limited comfort with computers
- lack of time/other priorities
- software problems
- not usual work routine
- lack of commitment
- lack of IT support.
- ‘pull versus push’ technology
- lack of regular online participation
- lack of relevant discussion topics

Valaitis’ work with the SAPN revealed several factors that may promote success in online networks:

- having common group goals
- institutional support
- adequate training
- individual commitment to regularly communicate on the system
- readily available technical support.

Despite the significant time spent working with street nurses to develop the online CoP (www.sno.mcmaster.ca), and the apparent enthusiasm of the street nurses themselves, Valaitis conceded that growth of the CoP has been slow due to the barriers identified above. Nevertheless, network members have identified connectedness, knowledge management, and accessibility as positive aspects of the SNO so far. Valaitis’ group will be “pushing” e-mails to alert members when new content is added the CoP site.





Knowledge Management Essentials

Neil MacAlpine

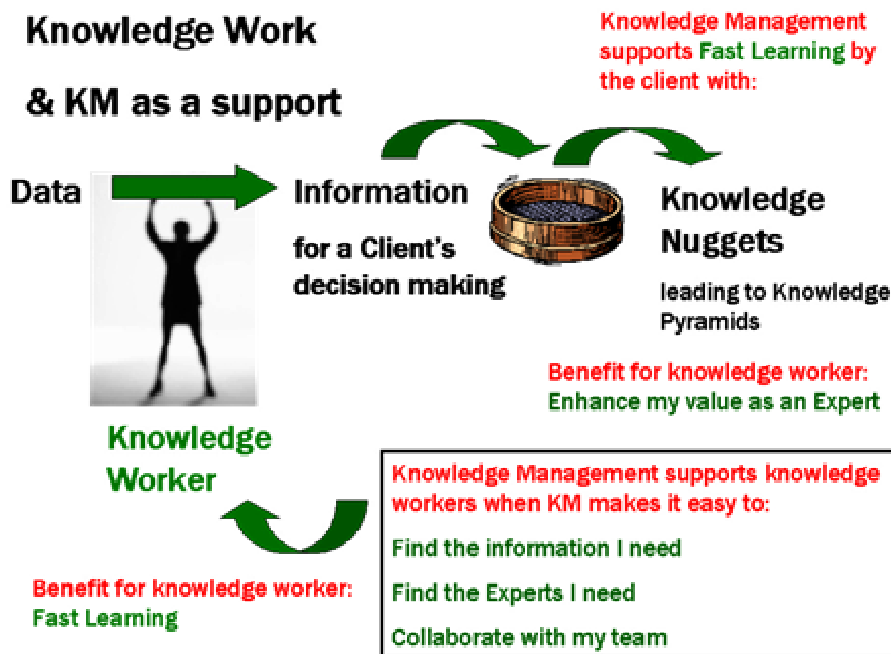
Knowledge Management Specialist, Alberta Agriculture & Rural Development; Chair, Advisory Committee for the Conference Board of Canada's Knowledge Strategy Exchange Network; core member of the Edmonton KM Network

Neil MacAlpine began by providing some “rules of thumb” about knowledge management:

- Knowledge sharing is 80% about people, 20% about tools. It is a behaviour, not a business process, so focus on encouraging the behaviour. “Knowledge can only be volunteered, not conscripted.” (David Snowden)
- Provide just-in-time information. “I know what I know when I need to know it.” (David Snowden)
- KM includes change management, involving both tacit and explicit knowledge. Efforts to nurture KM necessarily lead into “small ‘p’” policies. “I know more than I can say and I will say more than I can write down.” (Larry Prusak)

MacAlpine encouraged participants to define “the mission of KM” rather than KM itself. According to MacAlpine, KM is about pulling the nuggets of knowledge out of other people’s data and information to create the information that people need to make a decision. Really good information is the expert’s advice on: what to do, what not to do, and what’s coming over the horizon. Recognize that a reluctance to share information may indicate underlying issues about trust. KM efforts should focus first on those problem areas in an organization that impede the sharing of really good information or know-how.

KM requires real resources, both human and financial. Ultimately, it is about behaviour change and we must continue to coach to sustain it.



“Encourage conversations – the more emergent the tacit information, the better.”

- Neil MacAlpine

[Dr. Kirby Wright's "Rethinking Knowledge Work"](#)



A Culture of Managing and Sharing Public Health Knowledge

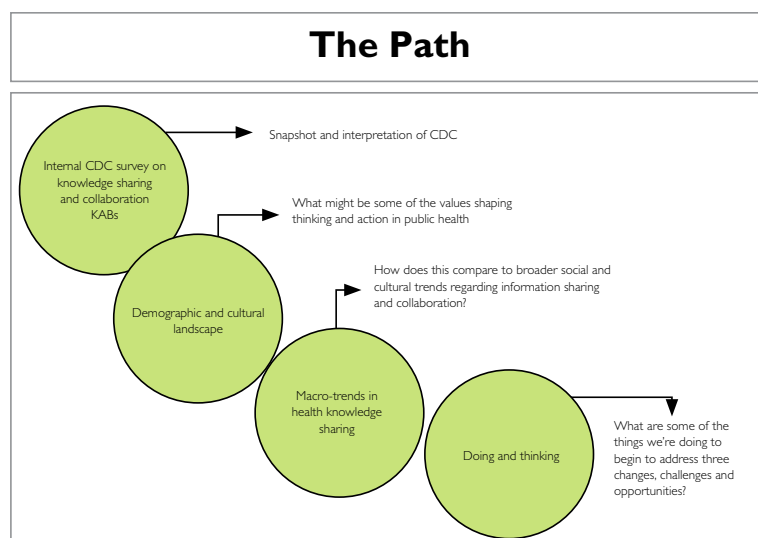
Jason Bonander

Associate Director, Health Informatics Strategy, National Center for Public Health Informatics,
US Centers for Disease Control & Prevention

Information management and creating useful knowledge are significant challenges for the CDC. The organization sees KM as an opportunity to remain relevant, and to create and add value. Jason Bonander shared the path that the CDC took to gather information about knowledge sharing from its staff.

The CDC first surveyed staff. Findings led to the adoption of several strategies to promote knowledge sharing. Bonander highlighted some of those strategies:

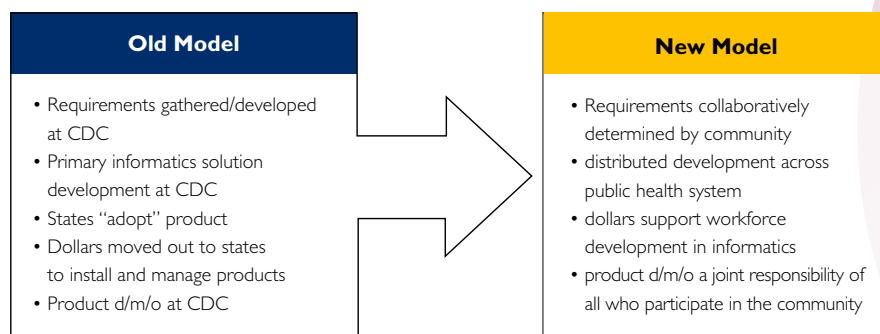
- **CDC Networks** – Scientific content production is core to CDC's business; the CDC is looking for ways to highlight boundary crossings. For example, using technology to track the work flow of approving information for publication rather than leaving it in a manila envelope allows the CDC to easily see where things are being published and to draw maps of connections between various departments.
- **Investing in symbols and alternative meanings** – Bonander shared the example of turning his office into a revolving knowledge exchange room for networking, communicating and sharing. This practice is now one of the reorganizational strategy pieces and all departments will have collaboration rooms.
- **Communities of Practice** – About 530 people across the CDC participate in a number of CoPs. The CDC will expand these CoPs across America as a strategy to work with state partners.
- **Open collaboration** – Specific to the National Center for Public Health Informatics activities, the Center is utilizing the open source movement, ethos, methods and tools to inform and change the way informatics business is done in public health.



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Bonander closed with the following suggestions:

- Tap into the passion.
- Change structures: work on what you are supposed to for 80% of the time, and on something you are interested in for 20% of the time.
- Encourage safe-fail strategies: failure can be positive. Allow people to fail fast and often where and how they can safely fail.
- Shape decision-making by providing tools to ask better questions as opposed to focusing on information.
- Remember measurement, evaluation, metrics.



d/m/o = development, maintenance and operations

Exploring “Content”

Content is the knowledge to be managed. Managing content ensures that users receive quality information that is relevant, current, accurate, easily accessible, and well organized.

A Regional Health Authority’s Experience with Knowledge Management



Two types of knowledge:

Explicit knowledge – things we can write down, share with others and store in a database

Tacit knowledge – know-how, experience, insights and intuition

Jocelyn Sauvé

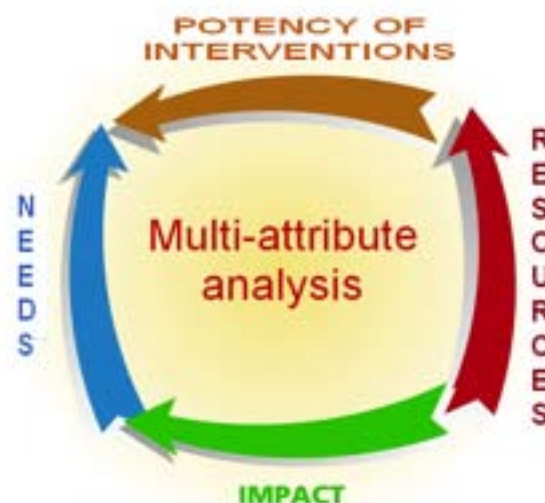
Director of Public Health, Montérégie Regional Health Authority, Longueuil, Quebec

Jocelyn Sauvé shared lessons learned from experience with the Montérégie Regional Health Authority’s (RHA) strategic efforts to maximize the use of evidence in its different decision-making processes. Sauvé indicated that a major challenge for the RHA is the clarification of roles and responsibilities. Additionally, in an effort to articulate and promote its “added value,” the Montérégie Region focused on:

- Investing in health
- Enriching the knowledge base for decision-making
- Mobilizing the potential of networks.

“Competence means to translate knowledge on a daily basis and on a practical level.”

Two concrete examples illustrated how the Montérégie RHA has encouraged the use of evidence. One example focused on the capitalization of knowledge around the continuum of services; the other focused on knowledge transfer and the development of skills and competencies among senior managers responsible for public health in the organization. Efforts encouraged alliances between researchers and public health practitioners. These alliances promoted the use of research at the local level and made researchers more aware of processes in practice so that knowledge could be made more useful at the local level.



The Content of Public Health: An Action Continuum from Information to Informatics to Knowledge Management

Ellen Detlefsen



Associate Professor, School of Information Sciences Training Program Faculty, Department of Biomedical Informatics, School of Medicine; Chief, Information Dissemination Unit, NIMH ACISR/Late Life Mood Disorders Center, School of Medicine, University of Pittsburgh

Knowledge Management is “a conscious strategy for **moving the right knowledge to the right people at the right time** to assist sharing and enabling the information to be translated into action to improve the organizational performance.” (O'Dell & Grayson, 1997) Ellen Detlefsen indicated that knowledge management is a concept from business that has been adopted / adapted as a new frontier by medicine and public health.

It is about:

- making users aware of knowledge and facilitating their use of it
- closing the gap between what we know and what we do, and
- moving knowledge into action.

The first and most basic mechanism for organizing content in the past was the library. Public Health Informatics, introduced in 2003, is a more recent mechanism. Defined by MeSH as “the systematic application of information and computer sciences to public health practice, research and learning”, public health informatics integrates public health with information technology. The development of this field, together with the dissemination of informatics knowledge and expertise to public health professionals, is the key to unlocking the potential of information systems to improve the health of the nation (a conceptual model is shown in the figure below).

Detlefsen shared a number of examples and applications with public health content, including the Personal Knowledge Management Self-Assessment (www.phpartners.org/html/Self_Assessment_Larsson.html). This instrument is intended to help determine how comfortable public health practitioners feel with their information and idea management skills. The assessment is organized into seven competencies:

1. accessing information and ideas
2. evaluating information and ideas
3. organizing information and ideas
4. analyzing information and ideas
5. conveying information and ideas
6. collaborating around information and ideas
7. securing information and ideas

Check out...

- Personal Knowledge Management Self-Assessment (www.phpartners.org/html/Self_Assessment_Larsson.html)
- Partners in Information Access for the Public Health Workforce (www.phpartners.org)
- National Information Center on Health Services Research and Health Care Technology (NICHSR) (www.nlm.nih.gov/pubs/factsheets/nichsr_fs.html)
- Health Services Research and Public Information Programs (www.nlm.nih.gov/hsrph.html)
- Health Services Research Web Sites (www.nlm.nih.gov/hsrinfo/alphahsr.html)
- Targeted PubMed searches: HP2010 Information Access Project (www.phpartners.org/hpl/) and Pilot Health Services Research (HSR) Filters Project (www.nlm.nih.gov/nichsr/hedges/search.html)
- CDC teaching materials to introduce students to public health and epidemiology: Excite: Excellence in Curriculum Integration through Teaching Epidemiology (www.cdc.gov/excite) and BAM! (www.bam.gov)
- Information Networks and Other Information Sources (www.cdc.gov/other.htm)
- CDC's Hookup to Health (www.cdc.gov/media/subtopic/health.htm)

Who has the Knowledge that Public Health Needs to Manage?

Roz Lasker

Director, Division of Public Health and the Center for the Advancement of Collaborative Strategies in Health at The New York Academy of Medicine; Clinical Professor of Public Health, Columbia University's School of Public Health; former Deputy Assistant Secretary for Health, U.S. Department of Health and Human Services, and faculty member in the Department of Medicine, University of Vermont College of Medicine



Lasker identified two key elements for success in managing knowledge in public health:

- Knowing as doing: Skills
- Knowing as understanding: Information

Useful knowledge comes from first identifying the questions that need to be answered and then finding the answers to those questions. Lasker noted that there are two under-utilized sources of knowledge:

1. people who are experiencing public health problems or who will be affected by public health actions, and
2. people who carry out public health actions.

The professional frame of reference has its limitations. Professionals may make unjustified assumptions. Additionally, 'we don't know what we don't know.' It is therefore important to seek knowledge from complimentary sources, such as those who experience public health challenges and those who carry out public health actions.

Using the example of emergency preparedness, Lasker contrasted the knowledge needs of planners and the public in an emergency situation. While the public is the object of concern, strategies and plans are developed without the public's knowledge. Planners are interested in the danger of the emergency itself and the strategy to mitigate that danger; the public is interested in the risks they face and how best to protect themselves and their dependents. The Redefining Readiness site (www.redefiningreadiness.net) (shown in the screen capture here) illustrates one way that emergency preparedness content is presented to the public.

Lasker concluded that, by obtaining the public's tacit knowledge and transforming it into useful, explicit knowledge, the site:

- enables emergency planners to develop strategies that work
- engages a broad array of people and organizations as part of the solution, and
- protects many more people than would otherwise be possible.

Exploring “Process”

Process addresses “how” knowledge is passed from one person to another – created, shared and transferred.

Processes to manage data and information exist in all organizations in a variety of forms ranging from formal to informal.

Collaborative networks or “Communities of Practice” are an emerging process of interest.



Providing Current Best Evidence for Decision-Makers: Processes for Managing the World’s Ever-Accumulating Knowledge from Research

Brian Haynes

Professor, Clinical Epidemiology and Medicine; Chief, Health Information Research Unit, McMaster University

Brian Haynes began his session by providing two definitions:

- *Evidence-informed healthcare* is “a set of procedures, pre-appraised resources and information tools to assist policy-makers, practitioners, patients and the public to apply evidence from research in the prevention and amelioration of health problems.”
- *Evidence-informed public health* is “the process of distilling the best available evidence, whether from research or from actual practice, and using that evidence to inform and improve public health policy and practice... put simply, it’s finding, using and sharing what works in public health.”

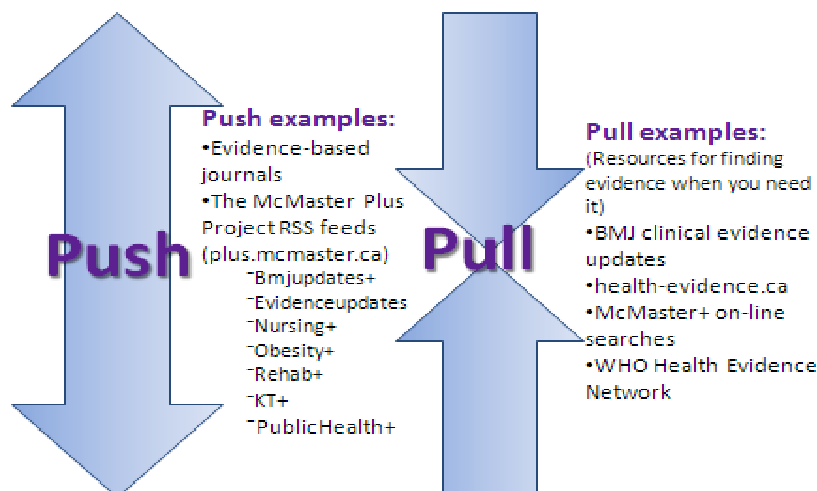
Haynes noted the three main sources of knowledge that needs to be managed for better healthcare:

- Knowledge from research (research evidence)
- Knowledge from the analysis of routinely collected and audit data (statistics), and
- Knowledge from the experience of policy-makers, managers, providers and the public (know-how).

Haynes acknowledged the great evolution in information services to supply research knowledge to public health decision-makers. Previously, research-informed knowledge was shared in a passive or “push” way with a philosophy of “publish it and they will come.” More recently, this has evolved to “pull” diffusion (“teach them to read it and they will come”). Currently, we are in an augmented push “diffusion mode” (“read it for them and send it to them”) and an “augmented pull infiltration model” (“read it for them, infiltrate their text books and they will find it whenever they come”). Haynes noted that we are heading towards one-stop shopping for the current best evidence. He encouraged participants to become familiar with the most evolved services now available (at least one push and one pull method).

“By the year 2020, 90% of (health) decisions will be supported by accurate, timely, and up-to-date information and will reflect the best available evidence.” (Institute of Medicine IOM Roundtable on Evidence-Based Medicine)

This can only happen through much better connections between current best evidence and health decisions.





Knowledge Transfer, Knowledge Management and Knowledge Transfer Strategies

Réjean Landry

CHSRF/CIHR Chair of Knowledge Transfer and Innovation; Professor, Department of Management, Faculty of Business, Laval University.

Landry began with the central question to his presentation: How can we create or increase value from the use of knowledge? According to Landry, knowledge transfer (KT) is an incomplete concept.

He prefers the more comprehensive term knowledge management (KM). Knowledge management is a value creation process that combines knowledge transfer and other concepts into an integrated conceptual framework that forms the foundation of KT business models/strategies.

Landry explained that most KT studies tend to focus on the individual's capability to acquire, create, share and apply knowledge to improve services and practices regarding health care problems. Knowledge management (KM) studies, however, tend to focus on the organization, and thus look at the capability of organizations to acquire, create, share and apply knowledge (Landry et al., 2006). According to Landry, organizations that create more value from knowledge have superior knowledge transformation processes. Most KM literature assumes that knowledge-based opportunities need to be recognized, and that new ways of combining existing knowledge with new scientific knowledge, internal knowledge with external knowledge, knowledge resources with other resources, need to be identified. But, the size of the knowledge pool (e.g., each year, 2 million new scientific articles are published in biomedical research) presents a major challenge.

KT and KM approaches differ sharply with respect to their assumptions about the applicability of research knowledge. Organizations that promote KT assume forging more efficient interactions with users, and more effectively adapting and communicating research knowledge to users will necessarily increase transfer. In contrast, the literature on knowledge management refutes the knowledge transfer assumption because the research knowledge may not be ready for application. Many studies confirm the knowledge management understanding.

*“Knowledge travels on two legs.”
- Réjean Landry*



Useful Processes: Alertness & Systematic Search

Alertness can be defined as a discovery process in which knowledge management officers or technology managers seek out undefined knowledge-based opportunities as they informally explore the entire knowledge pool in their day-to-day activities, especially when they interact with clients, suppliers, researchers, etc.





Evaluating Innovative Processes: Policy Briefs and Deliberative Dialogues

John Lavis

Canada Research Chair in Knowledge Transfer and Exchange; Associate Professor, Department of Clinical Epidemiology and Biostatistics and the Department of Political Science; member of the Centre for Health Economics and Policy Analysis, McMaster University

Increasingly, efforts to link research to policy will strive to address these two factors. John Lavis noted several strategies to address these challenges and encourage research use among policy-makers:

- Facilitate the retrieval of optimally packaged, high-quality and high-relevance systematic reviews and review-derived products.
- Engage policy-makers in priority-setting research (including reviews).
- Use deliberative dialogues.

Lavis identified further challenges to linking research to policy and suggested some mechanisms (in brackets below) to address these challenges:

- Research isn't valued as an information input (general climate for research use)
- Research isn't relevant (production)
- Research isn't easy to use (translation)
- Research isn't communicated effectively (push)
- Research isn't available when policy-makers need it and in a form that they can use (facilitate pull)
- Policy-makers lack mechanisms to prompt them to use research in policy-making (pull)
- Policy-makers lack for a place where policy challenges can be discussed with stakeholders and researchers (exchange)

In a discussion about potential tactics to address these challenges, participants proposed the creation of a targeted website that provides policy-makers with "one stop shopping." For example, the Program in Policy Decision-making; Canadian Cochrane Network and Centre database (www.researchtopolicy.ca) contains:

- review-derived products such as systematic reviews and summaries of systematic reviews (e.g., SUPPORT summaries that grade the evidence and highlight local applicability, equity and scaling up considerations), targeted to policy-makers and stakeholders
- overviews of systematic reviews (e.g., Lancet articles on human resources for health and on primary healthcare) and policy or evidence briefs (e.g., Health Evidence Network/HEN/Observatory briefs for European ministers).

As another option to address the exchange challenge, Lavis suggested using deliberative dialogues including those who will be involved in, seek to influence/inform, or be affected by a decision. Pre-circulated policy briefs serve as the starting point for off-the-record deliberations.

In conclusion, Lavis noted, "Policy briefs can get us partway 'there' by starting with a policy issue and working backwards to mobilize data and research evidence to better understand a problem, options for addressing it, and implementation considerations. Deliberative dialogues can take us even further by providing a process through which research knowledge can be combined with diverse, local knowledge about on-the-ground realities and constraints, values, interest group dynamics and institutional constraints. Formative evaluations can help us match the design features of these innovative processes to particular issues and contexts."

A systematic review of the challenges of linking research to policy revealed two major factors:

1. timing/timeliness, and
2. interactions between researchers and policy-makers

Six Features of Deliberative Dialogues:

1. The purpose is to support a full discussion of a health-related issue/challenge, including the underlying problem and its determinants, the likely costs and consequences to address the problem, and the implementation considerations.
2. Informed by a pre-circulated policy brief.
3. Attended by a variety of interested and concerned participants selected for their ability to contribute important views and experiences to the dialogue. Many types of knowledge are valued, including tacit knowledge.
4. Chaired by a skilled, neutral facilitator.
5. Conducted in a way that:
 - a) positions each participant to champion efforts to address the challenge in their own organization, network or region, and
 - b) does not seek consensus (but embraces consensus if it does emerge spontaneously).
6. Conducted in accordance with the Chatham House rule: participants may use information from the meeting, but must respect and assure the anonymity of all participants.





Exploring “Technology”

Technology helps transform data to information, knowledge and wisdom. Technology to manage knowledge, especially explicit knowledge, is an essential part of a successful Knowledge Management strategy. It responds appropriately to the knowledge needs of staff, partners and clients by offering easy access to information when and where it's needed.

Building Organizational Capacity for Evidence Management

Robert Hayward

Assistant Dean, Health Informatics; Director, Centre for Health Evidence, Faculty of Medicine and Dentistry, University of Alberta

“Health professionals need to be information managers, not information repositories.”

- Robert Hayward

For better information to yield better health we need recognition of better information, knowledge to inform decisions, and decisions to improve outcomes – all of which rely on people more than process or products. Hayward noted that a health library alone doesn't solve the problem if people don't actually use the evidence. Instead, he suggested that building organizational capacity for evidence management should enable health care workforces to know what to do, do what is known, and understand what is done.

Hayward identified information needs of the workforce that must be respected in order to achieve those goals:

- Convenience (matches with “know what to do”)
- Discrimination (matches with “do what is known”)
- Integration (matches with “understand what is done”).

He also recommended that the electronic presentation of evidence (web-based resources) follow some specific rules dictated by those information needs:

5 rules to capture convenience:

1. Responsive – maximum 5 seconds
2. Proximate – maximum 5 clicks
3. Guessable – maximum 5-minute orientation
4. Comprehensive – minimum 5 needs addressed (more than just access to knowledge)
5. Rewarding – minimum 5 answers/week

5 rules for sustaining services (discrimination):

1. Evidence selection
2. Evidence synthesis
3. Evidence in context
4. Evidence management
5. Evidence literacy

5 rights of transformative integration:

1. Right evidence
2. Right format
3. Right channel
4. Right persons
5. Right time



Enabling Knowledge Management Through Web-Based Technologies: Examples and Lessons Learned

Stephen Kingston

President, MediaDoc Inc.

Stephen Kingston gave participants a glimpse into a number of technology tools that help create, capture, share and leverage knowledge. Tools to create and capture knowledge include:

- blogs (e.g., **wordpress**)
- wiki's (e.g., **mediawiki**)
- document libraries (e.g., **livelink**)
- web analytics (e.g., **google analytics**)
- translation management (e.g., **clay tablet**)
- collaborative workspaces (e.g., **google docs**).

Tools to share knowledge include all of those used to create and capture knowledge, as well as video conferences and webinars (e.g., **Microsoft's LiveMeeting**).

Participants were given an online demonstration of two examples of technology being used to leverage knowledge:

1. community of interest/practice (Canadian Best Practices Portal www.cbpp-pcpe.phac-aspc.gc.ca).
2. integration of systems (Online Health Program Planner www.thcu.ca/ohpp).



Kingston concluded with the following thoughts about technology as a tool for KM:

- Many existing technology tools can help enable KM in organizations in the areas of culture, process and content.
- Many of those technology tools are free.
- The tools range from those that provide a simple single function, to those with multi-functionality.
- Opportunities exist to link the various technology tools together.

That Was (Not) Easy! – Best Practices and Lessons Learned from Implementing KM Business Solutions



Sean Murphy

Canadian Public Sector Enterprise Content Management Practice, Deloitte Inc.

Using the Deloitte KM framework, Murphy presented best practices and lessons learned from case studies (national and international health service organizations) to demonstrate the critical success factors for implementing KM business solutions. He cautioned against a few classic KM “crash and burn” scenarios and presented a number of best practice suggestions based on the experiences at Deloitte:

Strategic Alignment

- Focus on the business needs, KM strategies should contain objectives that are specifically focused on one or more objectives of the organization and not just loosely linked to strategy.
- Identify and prioritize the list of potential content areas to focus on the vital areas.
- Manage scope and breadth to increase the probability of success. Scope can be broadened later by building on momentum.

Content & Context

- More isn't better. Info-glut happens!
- Publish, subscribe and notify.
- Personalize and watch.
- Use data-visualization tools.
- Fancy search engines don't substitute for a well thought out taxonomy and classification structure.

Process & Organization

- Change the processes -- the fastest route to success of KM.
- Map the decision-making processes and the decision support systems.
- Create process mapping tools (linked to code generators).
- Establish operational support systems.

Murphy emphasized that KM is not a single solution, but a collaborative solution. It takes time and will experience setbacks. Plan for the setbacks.

Leadership & Governance

- Do it. Leveraging intellect will not happen without governance.
- Focus on the business rationale.
- Think long-term.
- Map governance to the organization.
- Be practical.
- Be consistent in enforcement.

Talent & Culture

- Culture shift from “personal knowledge is power” to “team knowledge is power”.
- Recognize that “not all knowledge can be on the Intranet”.
- Reward people for CONTRIBUTING TO the knowledge bases and intranet, but more importantly be rewarded for adding to and BUILDING ON, other's contributions, and most importantly for USING the knowledge.
- Communicate and manage the change.
- Destroy the old.

Technology

- Ensure prototyping and rapid application.
- Create incremental implementation towards an overarching IT architectural vision.
- XML will be the cornerstone of the new portal and interdata technologies.
- Leverage the existing technology.
- Select portal vendor considering availability and speed -- as important as software selection.

Deloitte's integrated approach layers technology building blocks on a solid foundation of people and process changes.



Closing Keynote Future Directions for Knowledge Management

Kirby Wright

President, Knowledge Resources Inc.; Adjunct Professor, Faculty of Extension; Instructor, Executive Education and Lifelong Learning, School of Business at the University of Alberta



Wright closed the conference by encouraging participants to think about the day as an opportunity to open up a number of doors to explore. The call to action in Sir Grey's water metaphor from the opening keynote address inspired much discussion and encouraged the blending of tacit views with written evidence. Wright, however, noted a limitation of the water metaphor in that it treated knowledge as a 'thing.'

Discussions about the cultural dimensions of knowledge emphasized the importance of a culture of trust that enables and welcomes questions. Trust is fragile, takes a long time to build and needs stability.

We need to figure out how to manage the tension between content and process. Merely storing information isn't good enough. We need to use what technology can offer us to move from "storability" to "findability." But, we aren't going to find the solution to KM in simple checklists and tools. It is important to recognize the power of communities and the power of stories. Wright suggested that we think about the layers of KM – strategic, operational, personal – and how the layers support one another.

Wright reviewed the first principles of KM:

Decision-making – move into naturalistic decision-making versus logical decision-making. Recognize that we are intuitive problem solvers.

Problem-solving – the problems we solve are complex, dynamic, and have multiple variables.

Social dimension of knowledge – it is vital for us to acknowledge the roots of Communities of Practice: social interactions that developed over time. "Learning is about work, work is about learning and both are social."

Wright acknowledged that although KM is important, it's not easy. In practice, there have been a huge number of failures out there. In closing, he offered the following suggestions for moving forward:

- Focus on how to create, generate, share and manage knowledge.
- The term KM is not important and may not survive, but every one of us needs to realize that knowledge management is part of what we do.
- This is all about decisions. We need to think first about the decision to be made and then about what ways to manage the knowledge.
- KM is part of a bigger picture and is integral to many organizational goals. KM is not isolated, but is critical to our core work.
- KM is more than content. Paying attention to the social, tacit side is essential for success.

"We are all knowledge workers, but the irony is that we often don't know how the knowledge worker works."

- Kirby Wright



Posters & Displays

During breaks and over lunch, delegates were able to network and take advantage of posters and displays provided by the following organizations: Canadian Best Practices Initiative, Public Health Agency of Canada (PHAC); Canadian Obesity Network; Centres for Health Evidence; The Health Communication Unit, University of Toronto; health-evidence.ca; McMaster University; National Collaborating Centre for Methods and Tools; PHAC; and PHAC Regional Offices.

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An electronic pdf file of these Proceedings as well as PowerPoint slides for most speakers can be found on the NCCMT website at: www.nccmt.ca/events/nccmt_events-eng.html.

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