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Lindsey MacDonald



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FPA Health's Story: the achievements of better performance outcomes for sexual health care through knowledge management

Lindsey MacDonald, Knowledge/Information Manager, FPA Health, Ashfield NSW
lindseym@fpahealth.org.au

Abstract

FPA Health, a non-profit NGO providing reproductive and sexual health services for the people of New South Wales, has developed knowledge management strategies to improve reproductive and sexual health outcomes for its target population. FPA Health recognised that its service model based on one-to-one clinical services was no longer sustainable, particularly with static funding, increased costs, and the requirement to service regional and remote areas, and enhance organisational performance. This led to the development of a new business model, placing knowledge, information and learning central to its operations.

The new business model focuses on contributing, managing and disseminating reproductive and sexual health knowledge, information and learning. Business model initiatives include: (i) developing a project management system, (ii) introducing a one-stop shop database, (iii) designing a Web-based interactive facility 'Go Ask Edith' for clients and health professionals, and (iv) creating the Implanon story to demonstrate knowledge management in action.

Through creating a knowledge environment, FPA Health is able to meet the challenges.

Keywords:

Project Management, Story Telling, FPA Health (formerly Family Planning NSW), Health, Reproductive and Sexual Health

Introduction

This paper looks at why a knowledge management approach was adopted by FPA Health, and reflects on how this was implemented and how it is working. The measures and indicators used to determine the effectiveness of reproductive health and health services will be described. This provides the context in which FPA Health operates.

The strategic planning and the drivers behind FPA Health's shift to a business model based on knowledge information and learning will be examined, as well as how this has been integrated into the service delivery model.

Next, will be a review of knowledge management initiatives undertaken, developing a project management system, introducing FIRST – *a one-stop shop database to find the information you need to do your job*, and creating the contraceptive implant story to demonstrate knowledge management in action.

The conclusion will look at the lessons learnt and organisational performance benefits, and if knowledge management has enhanced performance as related to the indicators.

FPA Health background

FPA Health (formerly Family Planning New South Wales), an independent non-profit organisation established in 1926, is the major non-government provider of reproductive and sexual health services at a primary level in New South Wales.

The key functions of FPA Health are professional education and training, health promotion programs, clinical services and research. Staffing includes nurses, doctors, health promotion officers, managers and administrative staff, and there are 120 staff making up 77 full time equivalents. FPA Health currently operates from eight centres, four within the Sydney metropolitan area, and other centres are in the Hunter, Illawarra, Dubbo and Penrith districts.

FPA Health fits into the NSW health environment, where health services are provided by federal, state and local government authorities, private individuals and voluntary organisations (ABS 2003). NSW Health, the main agency, responsible for management of public hospitals and community health services, is organised into eight Area Health Services.

Reproductive Indicators & Health Measures

To determine if knowledge management at FPA Health has impacted on the performance outcomes, it is useful to consider what measures are currently used for health services and reproductive health.

Reproductive and sexual health is central to what it means to be human, and the World Health Organisation (WHO) defines reproductive health as a 'state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes' (AIHW 2003, p 2).

The *Reproductive Health Indicators Australia 2002* report paves the way for establishing an information framework. The definition, context, data sources and relevant measures are presented for forty-four indicators. These cover six key areas: fertility, sub fertility, sexually transmissible infections, cancers of the reproductive tract, pregnancy, and childbirth. A key finding of the report is the need to 'strengthen the quality, breadth and cohesiveness of information available on reproductive health in Australia. Almost half the indicators presented in the report were considered incomplete (21.48%), primarily because of a lack of national data and/or State and Territory based data' (AIHW 2003, p xii).

The key reproductive indicators important for FPA Health to show the necessity and/or effectiveness of its services include:

- Fertility: teenage pregnancies/teenage fertility (AIHW 2003, p 41).
- Sexually transmitted infections: 'the prevalence of sexually transmissible diseases in the population' (AIHW 2003, p 59).
- Family planning: 'The use of methods to regulate fertility through contraception and induced terminations' (AIHW 2003, p 67).

Health is a politically sensitive and topical issue. The Parliamentary Library e-brief flags the importance of having good measures for the health care system to develop good policy. Some of the indicators from the 2003 *National Report on Health Sector Performance Indicators* include:

- accessibility and responsiveness
- living longer
- living healthier (AIHW 2004).

E-health is pushing health organisations to think about different ways to deliver health services, such as ready access to test results, and renewing a medical prescription via Email. There are consumer expectations, in particular the Y generation, about what health services need to offer. Health services need to be confidential, and provide ready access to reliable health information.

Strategic direction

The impetus for FPA Health to embark on a strategic planning process, which resulted in a new strategic direction and business model, was driven by several factors:

- A shift in priorities, in particular recognising that a service model based on one-to-one clinical services was no longer financially sustainable.
- In 2000, FPA Health had agreed to a draft set of outputs with the Commonwealth Department of Health and Aged Care, which would form the basis of a formal funding agreement, the first such agreement with the Commonwealth.
- Requirement to service remote and rural regions of NSW.
- Static funding levels.
- A decision to move to a resource allocation model based on identified priorities, rather than budgets based on historical budget allocations.
- A changed external environment, including the increased availability and wide range of services offered in the community (Hansford, M 2001).

The consultative strategic planning process ran from October 2000 through to June 2001, and grappled with the issue of ‘How can FPA Health make the most difference?’ The resultant Strategic Direction, approved by the board in November 2001, contained a new vision, mission, purpose, and business model. The purpose and business model recognised the extensive and valuable knowledge base of the organisation and practical expertise of FPA Health staff.

Vision

FPA Health is a practice-based leader in reproductive and sexual health.

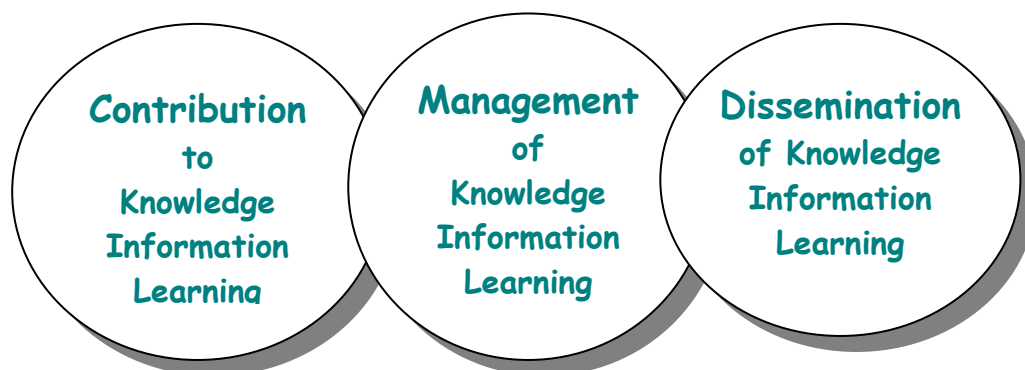
Mission

FPA Health promotes the reproductive and sexual health of the people of NSW.

Purpose

FPA Health contributes to, collects and disseminates reproductive and sexual health knowledge, information and learning.

Business Model



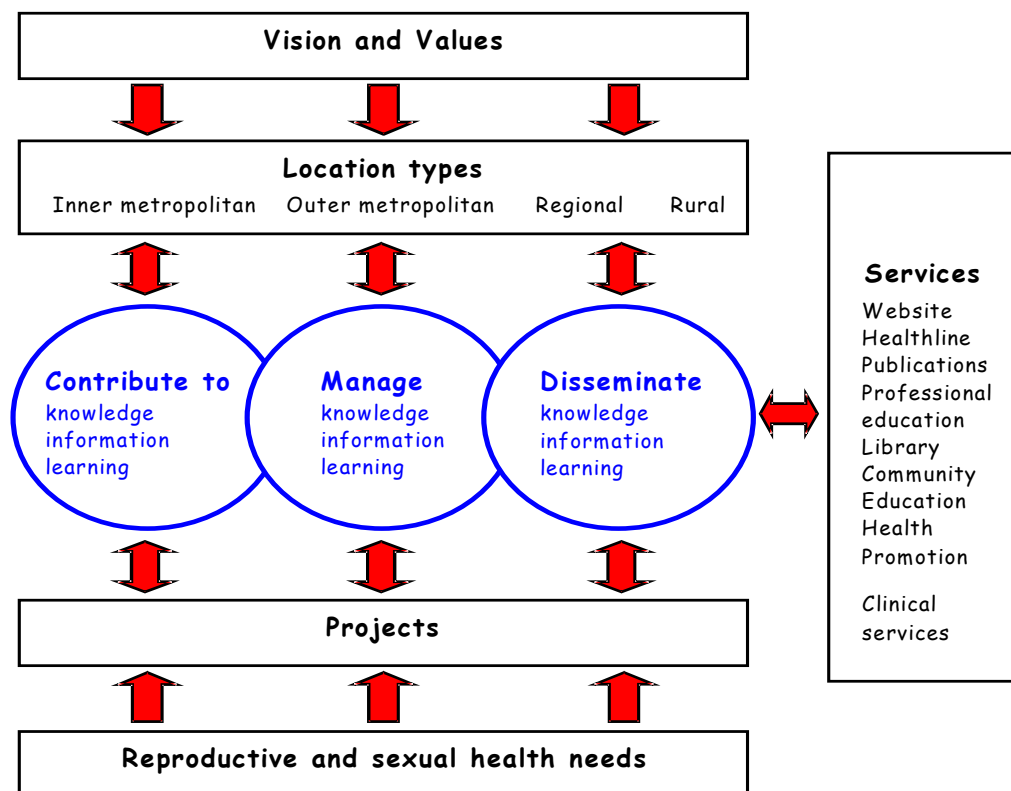
Integration

The next phase was to determine the service profile that could deliver on the strategic direction. The board commissioned the Service Definition Project, the aim of which was to design an ideal service configuration to ensure a sustainable service structure.

Some of the key components which informed the development of the model included:

- A project-based approach to the development and transfer of innovative and effective models and approaches to service delivery, especially for marginalised and difficult to reach groups.
- A commitment to partnerships and enhancing collaboration with service providers and communities.
- Integration through multidisciplinary teams.
- A large Sydney inner metropolitan centre offering services such as: professional education and training, clinical services to support clinical training and research, health promotion programs, information services, and research and evaluation (Success Works 2002, p 2).

This is the Service Model, approved by the board.



Funding was gradually directed towards building up knowledge and information-focused services. A Knowledge/Information Manager position was created; the FPA Website, with an interactive question and answer-based service 'Go Ask Edith', was launched; systems for collecting data were set up; and the telephone information helpline service expanded. There was a shift for all clinical services to provide a base for clinical training.

The operational plan and service unit business plans, included knowledge and information related strategies and activities. Also, the gradual establishment of a project management system commenced.

Practical Implementation

The purpose of the Knowledge/Information Manager role is to lead the development of FPA Health's knowledge and information management function to support FPA Health's mission to promote the reproductive and sexual health for the people of NSW. The position was filled, in December 2001, and an early task for the Knowledge Manager was to gauge what staff understood by the term knowledge management. Understanding ranged from perceiving KM as purely information/records management, to recognising the importance of tacit knowledge.

Following are quotes from staff, when asked to define knowledge management:

- 'information that is contextualised and implemented in a practical way'
- 'information that has been synthesised, that you can absorb use and act on'
- 'extracting knowledge where it exists in the organisation, and then collecting, packaging and interpreting it'
- 'a system that absorbs everything we do, what is new, what is relevant and makes the information accessible'
- 'flogging knowledge'
- 'conjures up libraries, books, microfiche, and internal access to information'
- 'storing and accessing information'
- 'making sure everyone knows how to collect information'

Several other activities were undertaken to assess the FPA Health's knowledge and information environment. An information audit of three business units: (i) the Telephone Help line, (ii) the State Health Promotion Unit, and (iii) a Centre providing clinical services, a content analysis of ephemera information resources used across the organisation, and focus discussion groups.

Scanning the corporate documentation from a knowledge management perspective, revealed the gaps between FPA Health's vision and business model, based on knowledge and the organisation's actual reality.

Critical organisational processes required to achieve the goals include:

- Facilitate the exchange of reproductive and sexual health knowledge and information -
- Knowledge transfer
- Make use of practice-based evidence (apply lessons learnt from research) - Knowledge creation
- Provide education programs to service providers - Knowledge content
- Delivery of reproductive and sexual health programs and services to priority groups –
- Knowledge transfer, knowing who the priority groups are

FPA Health's board-approved knowledge management strategy is based on the model presented in the Australian Interim Standard. An analysis of the four knowledge elements: (i) People, (ii) Process, (iii) Technology, and (iv) Content, indicated the strengths and weaknesses of FPA Health's knowledge resources and activities (*SAI 2003*).

A knowledge management plan was developed and enablers selected to build FPA Health's capacity to achieve the business model. The objectives of Stage 1 of the knowledge

management plan are to: (i) set up systems to manage knowledge information and learning, and (ii) ensure that staff can access the information they require to do their work. The knowledge management plan incorporated the upgrade of the IT infrastructure, to give the network capacity to service all sites.

FPA Health's enablers of knowledge management include: the project management system, the development of an Intranet, and FIRSST, a desktop knowledge management tool.

Constraints

The practical implementation of knowledge management has not occurred sequentially, and several factors along the way have impacted on the implementation.

Culture

The culture and the 'people' element, have presented the biggest challenge. Some staff were resistant to the change in the service delivery model, and didn't like the shift away from one-to-one clinical services. Others found it difficult to relate to the concept of 'knowledge, information and learning', and didn't know how to apply this in their everyday work.

TFPL (1999, p 45) highlights the importance of information literacy skills for knowledge management to succeed. Skills cover finding, creating, sharing, and using information and knowledge. Initially, the majority of staff had low computer literacy skills; however this has improved significantly over the past few years.

The awareness of the value of knowledge fluctuates. For example, nurses don't tend to talk about their work with health promotion officers, because the nurses didn't think that health promotion officers would be interested. There is often a tendency to reinvent the wheel, rather than build on and use past information resources and projects. Staff are creative and enjoy doing health-related activities, however tasks such as collecting statistics and writing up project reports, are perceived as taking them away from their core work.

Indemnity insurance crisis

Shortly after receiving board approval for the new service delivery model, FPA Health was hit by the professional indemnity insurance crisis. In June 2002, with less than 12 hours notice all services were closed down for a period of two weeks, until such time as new insurance arrangements could be sought.

The consequences of this event caused chaos and severely hindered the implementation of the service delivery model. The recovery period took almost eighteen months, during which time there was a high staff turnover and many of the original protagonists behind the strategic direction left.

Spectrum of services and target audience

FPA Health is uniquely positioned in that it provides services stretching across the spectrum from research, to clinician training, health promotion, prevention and treatment. This also adds to the complexity of the service mix, the running costs, and the difficulty in defining the target audience.

The target audience is very broad, ranging from the population of NSW, disadvantaged groups, young people, to health professionals. This influences FPA Health's ability to brand

effectively, and presents challenges for channelling FPA Health's knowledge and information.

Knowledge management initiatives

FIRST

The most successful KM initiative has been the creation of FIRST – FPA Health's Information Resources Track and Share database. This is a knowledge management tool designed to meet the objective of setting up a system to capture FPA Health's explicit information, as well as provide staff with a one-stop shop to find the information they need to do their work.

FIRST contributes towards building the capacity for knowledge sharing at FPA Health, and provides the opportunity to leverage off the diverse disciplines. For example, a search on emergency contraception will pull up research projects as well as health promotion projects, and the linked project scope document lists staff involved in the project.

FPA Health needed to upgrade its library software, and Optimus Prime's FIRST Library Management software was selected. The FIRST software was further developed to incorporate additional FPA Health specific databases, the FPA Health Project Register, FPA Health Reports and Pamphlets etc. Two of the databases are designed to complement the project management process.

The *Project Register* works together with the project management procedure, and provides a summary of FPA Health's projects, links to the project scope document, and shows the project status. This can be used as a management tool, for example to check the number of projects in progress. It can be used to identify what projects have been done in the past, as well as show staff areas of expertise.

FPA Health Reports captures the organisation's expertise and knowledge in reproductive and sexual health. Included here, are the final project reports, internal reports such as feasibility studies, needs analyses, and Commonwealth activity reports, as well as external consultant reports about FPA Health.

Pamphlets etc is a guide to health ephemera (resources such as pamphlets, booklets, fact sheets, postcards, stickers, posters etc), and includes both FPA Health as well as other information resources. This has a practical use, for example the receptionist who needs the contact details to order more pamphlets about menopause. There is also potential for clinicians to use it in consultations to hand out information on a health topic.

The FIRST *Library database*, allows staff to search for any of the 5,000 monographs held in the library, as well as access to electronic papers such as sexual health trends and statistics, journals, and journal articles.

The FIRST software OPAC (Online Public Access) is easy to use, and caters for the occasional user as well as the more sophisticated user.

Referral Book

Another KM initiative is the Referral Book, a database used primarily by the telephone helpline nurses. The Referral Book, launched in December 2004, provides contact details,

and, where available, Website links, for over 1,400 sexual health providers, such as infertility experts, contraceptive services and telephone help lines. This information is available via the FIRST platform, and can be used by all the centres. Prior to centralising the information, each clinical service centre maintained their own list. This is a good example of an efficiency gain, as the database is now centrally maintained.

The Implanon Story

The Implanon story is a case study, which uses the interactive facility 'Go Ask Edith' on the FPA Health Website, to demonstrate knowledge management in action.

Veganism and Implanon

Megan lives with her family on a farm at 'the back of Bourke', several hours drive from the nearest town and general practitioner. She has been considering contraceptive alternatives to the Pill, and has heard about the contraceptive implant, Implanon. She has questions such as: What is it? How does it work? How effective is it? What side effects are likely? Who can use it? How do I get it? How much does it cost?

Megan logs onto FPA Health's website at www.fpahealth.org.au, where she finds answers to all her questions. However Megan is also a vegan and really needs to know if Implanon contains any animal products. Megan discovers the opportunity to 'Go ask Edith', fills out the simple interactive form, and sends it electronically asking her question about veganism and Implanon.

Creating new knowledge

Julie, an FPA Health clinical nurse specialist, opens Megan's Email and realises this is a new question. Julie researches the composition of Implanon and is able to Email back an answer informing Megan that Implanon is made entirely of synthetic hormones encased in a synthetic plastic rod with definitely non-animal products in it. Megan is satisfied, as her question has been expertly answered without needing to leave home.

Capturing new knowledge

As it is a new question, Julie captures the information by creating a new Frequently Asked Question (FAQ) for the website.

Re-using new knowledge

The information Julie gained can also be used in answering other questions about Implanon.

Sharing new knowledge

By creating real-life FAQs such as this one, all Internet users, and the wider community, can access this new learning. FPA Health clinicians also apply that new knowledge, information and learning in their daily service delivery (*FPA Health, 2004*).

Has knowledge management achieved better performance outcomes for sexual health care?

It is difficult to measure the effectiveness of FPA Health's knowledge management strategy, and ideally metrics should have been incorporated in the knowledge management plan. Benefits resulting from a knowledge management approach include the following:

- It is cost effective and allows FPA Health to take a proactive stance, and not be subject to undertaking work or projects that do not fit the service model.

- FIRST provides a system to capture and access explicit information in the form of FPA reports and project scopes, and this information is accessible to all staff. Prior to the implementation of FIRST, information was scattered and buried across the organisation.
- Gives FPA Health, more flexibility to adapt and meet present and future demands.
- Provides real opportunities for staff to work in different areas and develop their potential and competencies. For example, project management requires staff to initiate and manage projects and work in multi-disciplinary teams. Information literacy skills have improved, and staff are familiar with using databases and information resources.
- Evidence based practice information is used to support the services.
- Service units are required to prepare an annual business plan. A key strategy for the business plan is to disseminate reproductive and sexual health information.

The implementation of the knowledge management plan is ongoing. Current processes and systems need to be continually reinforced, and staff need to be constantly encouraged to make the best use of systems, and take advantage of the wealth of knowledge and expertise across the organisation.

Reflecting on the experience of implementing a knowledge management strategy has raised issues and highlighted lessons learnt.

- The model is organisational centric, and is orientated around what the FPA Health needed to achieve; however, thorough consideration was not given to consumers' expectations of health services.
- Importance of understanding context. Difficulties with grasping the complexity and nuances of the health culture, made it hard to explain and make knowledge management tangible to all staff levels.
- Recognising that knowledge management needs to be subtly applied to create spaces for knowledge exchange to take place, and enable the fluidity of information flows to happen across business units.
- Learning to use different terminology to frame knowledge management, so that it is practical and relevant to everyday work.

Knowledge management at FPA Health has improved organisational performance, and has significantly contributed to the capacity of FPA Health to achieve the performance indicators leading to better sexual health outcomes for the people of New South Wales.

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