

8. Defence Health Services

Applying the RAAAKERS™ Diagnostic to Understand Management Stress Points and Assure Project Delivery in a Large Health Organisation

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The Background and Purpose of the KM Effort in the Case

Garrison health support in the Australian Defence Force operates as a complex system comprising a geography-based National Support Area health care model, in which most of the medical resources and staff are owned by the Single services, but some are owned by the Defence Health Services; deployable capabilities, which are solely owned by the Single services; a contracted staff, owned by the Defence Health Services; and a National health care system that provides secondary and tertiary health care both to the National Support Area and to deployed forces, owned by the States, but paid for by the Defence Health Services. This arrangement was poorly understood by all parties and enabled a culture of blame and cost shifting.

The RAAAKERS™ framework (Responsibility, Authority, Accountability, Awareness, Knowledge, Experience, Resources and Systems) was used as an analysis tool to assist in understanding the main management stress points in the Defence Health Services. In particular it was used to inform senior leaders where effort would be required as part of a major strategic organisational restructure.

What We Did

Semi-structured interviews were held with the senior managers and middle managers of the Defence Health Services. Each interview used a mix of closed and open questions based on the eight attributes in the RAAAKERS™ framework. For each attribute a series of relatively straightforward questions probed the respondent for their judgement on how well their work area rated against that element. A summary question for each section was used as a data assurance technique to safeguard the overall score assigned to a RAAAKERS™ element.

This method allowed the data to be gathered in about 30 minutes for each interviewee. The results were plotted into EXCEL and NetDraw to provide management with a visual landscape of the management environment. Data were presented as traffic light scorecards and network spring-diagram maps.

Lessons Learned

Visual presentation of abstract data allows stakeholders to get to common understanding and meaning quickly.

Visual presentation of abstract data is more effective and more likely to be acted upon than a detailed written report.

Impact and Benefits

The impacts of this exercise were profound. Problems that were intuitively known to exist were qualitatively, quantitatively, and visually exposed, with the visual exposure having immediate impact. The visualisations caused questions to be asked by senior management, and enhanced their understanding of how garrison health care is delivered.

The method clearly demonstrated a mismatch between accountability and authority; and systems and awareness. This resulted in the development of Service Level Agreements between all parties and a move to a common operating system.

Above all else it started a dialogue in the wider Department.

Insights and lessons learned from case study discussions

1. Validity and cross reference
2. Interdependency of variables
3. Very interesting and sharp at the ideas
4. RAAAKERS™ can be useful in KM audits – before, during and after. But user should be aware that its more diagnostic (specific area) than holistic
5. Knowledge management must be communicated in ways people understand
6. Visual presentation is a powerful technique to engage senior management
7. Accountability needs to be backed by authority
8. RAAAKER™ is a useful concept for bringing awareness to tacit knowledge and systems