Creating Awareness and Practice:  
The ARCC@T Framework for Knowledge Management in Aged Care Services

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ABSTRACT

This paper focuses on the important area of aged care services as a national priority with this a priority for many countries worldwide. The paper uses the aged care sector as an exploratory artifact. The Australian aged care system is widely considered as innovative and provides the benchmark for many countries developing reforms and strategies for aged care. Many countries including Australia are faced with increasingly ageing populations, with this demographic burden creating the need for policy reform and the introduction of new programs to improve the quality of life of senior citizens. This research adopts a qualitative and exploratory approach advancing on previous research. The paper discusses the benefit of knowledge management and innovative approaches to patient medical records, funding reporting and basic accreditation records with particular emphasis on the long-term improvements in knowledge sharing for healthcare delivery. This paper proposes the ARCC@T framework for Knowledge Management in Aged Care.

KEYWORDS

Aged Care, Information Computer Technology, Knowledge Management, Not-for-Profit Organization, Service Innovation

INTRODUCTION

Aged care is projected to be the fastest-growing sector within health and community care industries (Reynolds, 2009). Strengthening the care-giving workforce, compliance, delivery, and technology is not only vital to our social infrastructure and improving the quality of care, but also has the potential to drive long-term economic growth through social innovation (Comondore, Devereaux, Zhou, Stone, Busse, Ravindran, Burns, Haines, Stringer, Cook, Walter, Sullivan, Berwanger, Bhandari, Banglawala, Lavis, Petrisor, Schünemann, Walsh, Bhatnagar, Guyatt, 2009). Key to responding to this pressure is the increased empowerment and capability of leadership and management within the aged care workforce (Jeon, Merlyn, & Chenoweth, 2010) and offsetting practices through advanced technological developments and knowledge creation. Aged care is becoming more diverse and complex advancing from residential care to incorporate community directed care to online care models. As a result, “aged care knowledge” is becoming increasingly heterogeneous which puts more emphasis on the need for better Knowledge Management (KM) including its creation, classification/codification, access and diffusion to ensure an appropriate and fit for purpose level of care. More simply, one size does not fit all in this sector, and while there might be some commonalities, there will also be substantial differences. Many government bodies globally have raised the issue that knowledge sharing
and knowledge management may hold the key to the better delivery of health services, especially in regional and remote centers (Hall, 2003; Vasconcelos, Seixas, Kimble & Lemos, 2005) (Farrington, Clare, Holland, Barrett, & Oborn, 2015).

Examination of not for profit organizations (NFPs), in particular, aged care services and knowledge management (KM) is elementary (Riege, 2005; Ragsdell, Espinet and Norris, 2014; Andreasen, Goodstein, and Wilson, 2005; Rainey, Backoff, and Levine, 1976; Hume and Hume, 2008; Helming, Jegers, and Lapsley, 2004) with KM and NFP research requiring examination of KM practices to be more practical for these small to medium enterprise (SME) in a NFP context. Small firms represent the largest percentage of the NFP sector in Australia and as such, research in this area warrants more attention (Australian Productivity Commission, 2010; Lyons, 2001; Lyons, 1999). With aged care services often functioning a small unit of larger entities support to capture and diffuse useful knowledge is essential. Much is known about the application and practice of KM in for-profit firms both corporate and SMEs (Chong, 2005; Raymond, 1985). However, many for-profit business practices do not appear to translate easily to NFPs nor aged care services. Previous research into large NFP firms identifies that KM is recognized in the firms as a practice that can support operations, but it is often not viewed as a priority investment in service innovation (Hume, Clarke, and Hume, 2012; Hume, Hume, Johnston, Soar, & Whitty, 2014). Adoption of KM and service innovation is general in NFPs, limited and informal (Lettieri, Borga, and Savoldelli, 2004) and unlike the for-profits, it is rarely seen as operationally supportive or a likely investment. Coupling this with how little is known of how knowledge can be identified, captured and distributed in aged care services, one of the fastest growing sectors, this research offers an insight into a new and warranted area of research. This research witnesses an unintentional and informal approach in aged care services to KM and aims to advance previous research and discussion on KM in aged care and small, medium enterprise non-for-profits.

Health informatics is a field of growing interest, popularity, and research. It deals with the resources, ICT (computer information technology), and methods required to facilitate the acquisition, storage, retrieval, and use of information in the health sector (Murray & Carter, 2005; Zuber-Skerritt, 2001). This paper embraces the important area of knowledge generation and informatics in aged care healthcare. It also focuses on raising issues related to KM in aged cares and informing the development of a KM driven operational system for aged care management and patient care services.

Finally, it focuses on the important area of aged care services as a national priority with this a priority for many countries worldwide (Cartwright, Sankaran, Kelly, 2008). The paper uses the aged care sector as an exploratory artifact. The Australian aged care system is internationally considered as innovative and provides the benchmark for many countries developing reforms and strategies for aged care.

Many countries including Australia are burdened with an ageing population (Venturato & Drew, 2010). This demographic challenge has created the need for policy reform and the introduction of new programs to improve the quality of life of senior citizens (Department of Health and Ageing, 2013). The changing industry needs are driven by a combination of changing demographics, changing care needs, increased funding for community care and restructuring by service providers to meet government reforms and initiatives. This need and the increased complexity of the information required encourage the need to be innovative in the management of knowledge (Bailey & Clarke, 2001; Binney, 2000; Blair, 2002; Wiig, 1997). The sector will benefit from knowledge management and innovative approaches to patient medical records, funding reporting and basic accreditation records (Venturato & Drew, 2010; Sankaran, Cartwright, Kelly, Shaw, Soar (2010)).

The Australian Aged Care Sector
The aged sector needs are driven by a combination of demographics, changing care needs, increased funding for community care and restructuring by service providers to meet government reforms and initiatives. With 84% of community care packages and approximately 60% of residential aged care services, provided by not-for-profit (NFP) organizations (Productivity Commission, 2011) it is vital
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