

**National Network Libraries of Medicine, Middle Atlantic Region
Regional Advisory Committee Meeting – Fri., Nov. 17/06**

Summary Points – Library Improvement section of the RAC meeting

Challenges in implementing Library Improvement (LI):

- Librarians need to possess leadership competencies to adopt and sustain LI initiative
- We need to address the institutional barriers to implementing LI. Consider the differences between hospitals that are affiliated with academic health science centers (AHSCs) and hospitals that are unaffiliated with AHSCs.
- We need to understand stakeholders and how to communicate with them to better show them what the library does.

Electronic Resources:

- Group consortia licensing of electronic resources
- Training on negotiating electronic resource licenses

Genomics:

- Genomics is an important new area of research that librarians must understand and support.
- Librarians can instruct consumers, as well as health professionals, about genomics.

Health literacy:

- There is a need for health literacy, and especially communication, among practitioners. Medical students need to communicate with their patients, and physicians need to communicate with each other.
- Institute of Medicine (IoM) has established a committee on health literacy.
- NLM and the Medical Library Association (MLA) have started a joint project on health literacy. The American Hospital Association (AHA) has a similar project for patient advocacy. Hospital libraries are closing, while patient centers/libraries are increasing.

Hospital Libraries:

- The hospital library was once a requirement of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the library was heavily involved in the JCAHO assessment process. Recently the JCAHO standards have changed, and the library is no longer a main part.
- The RML should help hospital librarians measure and improve their cost effectiveness.
- Hospital IT departments might be reluctant to implement “untested” technologies. The RML could host a test bed for these new technologies. Librarians could then present proof that the technologies are useful and reliable for implementation at the hospital.
- Consider EBM and librarians at hospital level.

- MLA's Vital Pathways, <http://www.mlanet.org/resources/vital/index.html>, collects data on hospital libraries and librarians.
- Survey PALs about their resources, areas to improve, and any links to consortia or state library regarding resources.

Joint Research Project within RML:

- Start with the more focused (and faster to implement) initiatives, then scale up to large-scale research project.
- The RML should conduct a research study on the value of hospital libraries to patient care. The new study could update previous studies conducted at University of Rochester and University of Connecticut. (This type of project is an enhancement that would require additional funding from NLM.)
- A research study could partner with outside organizations that your users respect, such as the Agency on Healthcare Research and Quality (AHRQ). Consider employing outside consultants, such as a public health law representative.
- EHR and informatics research to improve health care.
- RML should collect authoritative research data that hospital libraries can use for marketing.
- Bring in a consultant to produce real data.

Library advocacy:

- Other RMLs have advocated for hospital libraries at risk of closure, sometimes with success. The MAR RML should share these stories and lessons learned with members through the web site.
- The RML should also work proactively with at-risk libraries so that they do not have to reach the critical stage of possible closure. Explore other options to closure, such as a circuit rider.
- Communicate the library's value to administrators. Relate the library to genomics, quality indicators like patient safety or mortality, and other topics that are important to administrators.
- Identify a key stakeholder to advocate for the library. The RML can help by offering grants that the library can use to identify the key stakeholders.
- Market the library to politicians by showing how we influence healthy outcomes and help the public good. Active library patrons also tend to vote more than non-users.
- Market the library for the long term. Show the value of outlaying funds now to save money in the future.
- Publicize the library in venues that are respected by and visible to your users. For example, physicians were very vocal about an article in *JAMA* about bad information on the Internet. Other options are a weekly e-mail that is read by all hospital administrators or the institution's staff newsletter.

- Work with other government agencies that have health-related projects. The RML could monitor other agencies and legislation to identify opportunities to provide health information

Local health resources:

- MedlinePlus Go Local versus 211 Helpline (United Way) versus other local services (developed independently by member libraries but not included in Go Local)

Measuring the worth of the library:

- An environmental analysis is important for strategic planning. This analysis must consider the economic forces that affect the larger institution (hospital, university, research institute) which the library serves.

Resource sharing:

- Electronic interlibrary loan (ILL) services require technological capabilities such as space to store large PDF files. The RML could provide a shared server that stores these documents for the use of hospital libraries, whose institutional servers and e-mail accounts may not support such large files.
- Members want training on copyright compliance in regard to ILL.
- There is a need for consortia, especially in Delaware and Pennsylvania, for low-cost ILL service.
- Member libraries should be encouraged to use Electronic Fund Transfer System (EFTS).
- As smaller hospital libraries close, the larger libraries bear more burden of providing access. However, the large libraries' electronic resource licenses exclude non-affiliates.

Technology:

- The library as "place" must be redefined in the digital environment. Space issues related to technology (e.g. materials storage) also need to be considered.
- In the issue of technological support for hospital libraries, we must address the conflict between hospital IT policy (security) and the library's mission (access to information).
- Providing remote access for our patrons creates technology and license compliance issues.
- How can we use technology for collection development? For example, data on electronic resource usage or ILL statistics can be utilized in purchasing decisions.
- Member libraries will be surveyed for technological capabilities and needs. RAC members suggested existing technology surveys.

Unaffiliated health professionals:

- The survey of unaffiliated health professionals will also be a marketing opportunity for Loansome Doc.

- Because these practitioners are not affiliated with a health care institution (or with each other), there are challenges in conducting a complete survey. One suggestion is hosting a meeting where community health practitioners can gather and answer survey questions.

Working with Community Based Organizations (CBOs):

- Most CBOs do not have existing health initiatives, so you will do a lot of capacity building.
- Use needs assessments to set priorities. A needs assessment includes a literature review, as well as talking with community leaders and health care providers. Ask high profile community leaders and local politicians (e.g. council members) for recommendations for contact persons. Talk to many community members. Do not rely on one person. Be aware of political factions and regional differences.
- CBOs can be transient because their funding sources may be temporary.
- CBOs must be equal partners in decision making.
- Use different evaluation methods based on the type of intervention. For a project where materials are distributed, count the number distributed. For a project that results in changes in health outcomes, use a randomized cohort study with specific outcomes measurements.
- Allow sufficient lead time for the entire process.