

Value of Libraries Planning Study

May 22, 2007 at MLA, Philadelphia

Attending: Julie Sollenberger, Sharon Easterby-Gannett, Susan Cavanaugh, Karen Brewer, Joanne Muellenbach, Joanne Marshall, Kathel Dunn

Summary:

Budget

The budget for the planning study is at \$26,000 for consulting services of Joanne Marshall and Elaine Martin and for two in-person meetings of the Planning Committee.

RAC feedback on proposed Planning Study

The Planning Committee will develop a list of questions for RAC members to ask their administrators about what is important or valued in library services, to ensure that the end result of the study (the research study) is on what matters not just to librarians but also to administrators.

Study design

What's the burning question? What's the research question that matters to us? In the Rochester study, we decided the burning question was, "when a hospital librarian provides information does that make a difference to patient care?"

We're trying to find our value in this new environment where people have access to these things [resources] themselves.

Questions we considered were:

- Impact of librarians/library services on quality of care
- Impact of librarians on patient safety
- What's the role of the library in supporting evidence-based practice?
- Do institutions that have a strong patient information program have a higher patient satisfaction rate than those that don't?
- Is it a study to compare various ways to get information? Or is it a study just to choose to see if information provided by a librarian has any impact?
- Should the study assess whether or not the information provided by the librarian was better than what they (the physicians) could find on their own?
- What about the role of the librarian in answering difficult questions? We could also ask how often people use different resources?
- Is using a librarian's services more efficient than doing it yourself?

What's the unit of analysis (tied to the burning question)?

- the librarian; impact of the librarian on
 - the patient
 - what matters to administrators
 - hospitalists (focusing on one subgroup of physicians)
- the patient (outcomes)

Background questions we are considering:

- What is the model of information-seeking use, as described by the typical user?
- How do we understand the relationship now amongst resources, instruction and librarian reference service?
- What do library users value about library services?

Action items:

- We will work on coming up with a standardized list of questions to be shared with RAC members, and encourage them to interview their administrators. [Note: *who* will do this had not been decided.]
- Kathel Dunn will conduct additional literature reviews for the environmental scan of what's important in healthcare right now.
- Kathel Dunn will refine "value of libraries" bibliography for the committee.
- Committee members will conduct key informant interviews before the next meeting (a conference call).
- Kathel Dunn will send out an email to set up dates for both the conference call and the Fall meeting.
- Susan Cavanaugh will find out about the numbers of hospitalists in the country.
- Each committee member should read the Rochester study: Marshall JG. The impact of the hospital library on clinical decision making: the Rochester study. *Bull Med Libr Assoc.* 1992 Apr;80(2):169-78.

Meeting minutes:

Objectives reviewed

The group reviewed the Value of Libraries Planning Study initial two-page document and noted that a discussion took place at the Regional Advisory Committee (RAC) meeting on April 30th. The objectives had not changed.

Budget

The budget is currently at \$26,000 for the consulting services of Joanne Marshall, Elaine Martin (for 2 focus groups and focus group reports) and two in-person meetings for the Planning Committee. This is a change from the initial discussions of four focus groups and three in-person meetings.

RAC feedback

Administrator involvement

Julie Sollenberger commented that at the RAC, the feedback we received was the desire/need to include hospital/health sciences administrators in the planning study, to ensure that we plan a study that appeals to what matters to them. A suggestion was made that RAC members could ask a set of questions of their administrators and encourage as many people as possible to do so.

Joanne Marshall commented that the response rate to surveys now is so low that if we could pursue individual interviews with administrators, that would be quite helpful. And if the person selected was an administrator who was familiar with libraries that would help us in getting a response. If they're not familiar with libraries, the person may draw a blank and the response is not as useful.

Action: we will work on coming up with a standardized list of questions to be shared with RAC members, and encourage them to interview their administrators. [Note: *who will do this had not been decided.*]

Research sponsor

Julie Sollenberger commented that another suggestion coming from the RAC was working with an organization as a sponsor of the research study. Is there a value of getting someone involved in the start (in the planning study)? Or an Advisory Panel of administrators (non-librarians)?

Joanne Marshall mentioned that we could be making this more complex by involving additional people.

Action: the idea was tabled for the time.

Study design

Joanne Marshall commented that the word of the planning study has gotten around quickly; and that people seem very excited about the idea of updating the Rochester study as it was focused on the value of hospital libraries on patient care. Joanne says she'd like to see it practitioner-based. We need to answer the research question that is important to

us. The need seems to be to have some evidence that says we're providing service that makes a difference to health care. The strength of the Rochester study was that the librarians met, discussed and designed a study to meet their needs. That in one meeting they brought in Donald King, who had conducted a study in Chicago, and found that his methodology was the closest to what the Rochester librarians wanted to do. And Donald King met with them and described what he thought the weaknesses were in the Chicago study, so the Rochester librarians corrected that in their study.

Julie Sollenberger asked if, in the articles that Kathel Dunn had given to the group, there were any more recent study that would be useful to us. Joanne Marshall said she wanted to look at the bibliography a little more closely to see. She mentioned Michele Klein-Fedyushin's study that was post the Rochester study. She also mentioned that Josie-Marie Griffiths' work for public libraries, using more of an economic model. The model is called a REMI model. [NOTE: REMI model can be found at www.remi.com and from the web site is described as, "Regional Economic Models, Inc. (REMI®), provides REMI Policy Insight®, the leading forecasting and policy analysis model. Since 1980, REMI has developed models that answer "what if...?" questions about the effect of policy initiatives on the economy of local regions. The model is based on past and current research and development, which is subject to peer review and published in academic journals. REMI Policy Insight is currently used by hundreds of governmental agencies, universities, and others."'] While it is methodology currently being used, and used by state governments, it doesn't seem to be one that fits the research question we are currently looking at: the effect on patient care. [NOTE: the Florida study citation is: Griffiths, J. M., King, D. W., & Lynch, T. (2004). *Taxpayer Return on Investment in Florida Public Libraries: Summary Report*. State Library and Archives of Florida. <http://dliis.dos.state.fl.us/bld/roi/pdfs/ROIcover.pdf>]

Research question

Karen Brewer commented that the emphasis nowadays was more on patient safety and quality of care. Julie Sollenberger added that patient satisfaction is also a factor. Karen Brewer commented that it would be fascinating if we found that institutions that had a strong patient information program had a much stronger satisfaction rate than ones that didn't. Joanne Marshall returned the discussion to improved decision-making based on the information obtained. Joanne Marshall commented that the discussion sounded not unlike Strategic Planning, where the first step would be conducting an environmental scan. The consensus from the group was that conducting interviews with administrators would be a big part of the environmental scan.

Joanne brought out the issue of evidence-based practice and applying that to patient care. What's the role of the library in supporting evidence-based practice? If that is one of these major trends, how might that translate into a study? How do people go about identifying the evidence, assessing the evidence and applying the evidence? We didn't look specifically at studies that support evidence-based practice. Joanne was uncertain as to whether or not studies had been conducted on the effect of evidence-based practice on patient care. Karen Brewer raised the question as to whether or not evidence-based practice was a physician's individual choice or hospital standards? Julie Sollenberger

commented that where she saw it at Rochester was in teaching the residents. It may not be a standard but it's more in the culture. Sharon Easterby-Gannett commented that the ACGMEs that are requiring that you show that you're doing evidence-based practice, then are asking what you're doing to improve your evidence-based practice. She mentioned that Delaware Academy of Medicine is working with Radiology in an evidence-based practice effort.

Sharon Easterby-Gannett shared the assessment of internal medicine residents' searches that they're doing at Delaware Academy of Medicine. Julie Sollenberger commented that moving into an assessment of libraries' educational efforts would take us into another direction. Joanne Marshall commented that the next step is what we'd be interested in – ok, you've done an evidence-based search and then what did you do with it? Did that evidence-based search affect patient care?

Karen Brewer raised the issue that we'd been talking about the impact of information (evidence-based information) but how can we – are we – going to address the impact of the librarian? Joanne Marshall pointed out that the Rochester study asked physicians to use the services of the librarian in providing them with information and the group agreed that physicians did not turn to the librarian now as they did when the Rochester study took place. Julie Sollenberger pointed out that the librarian had a role in selecting the resources that the physicians would use. Kathel Dunn thought that the inclusion of resources used would be significant for the study given the prevalence of Google searches (the value of the library-purchased knowledge-based resources over “free”).

Susan Cavanaugh shared the story of a patient who had the beginning stages of congestive heart failure and planned as a course of action to only exercise. And the resident could not answer the question for the medical student. The librarians found the answer (“yes”, exercise could be the only and first course of action), and presented it with the resident at noon conference. And the hospitalist said, “attach that article to the chart”.

Karen Brewer asked are we going to stick to the patient or look at the value of the librarian to the institution. Joanne Marshall said these were all issues that we needed to look at.

Susan Cavanaugh mentioned that Cooper Union Hospital is building a new pavilion and the library is being asked to research what a new patient education research center would be (the model of what it would be).

Joanne Marshall commented that we could select multiple types of impacts (the impact on administrators), gathering more through focus groups, and then identify where these instances are and map these criteria. We could then go back and verify these instances with the people involved. Julie Sollenberger asked if that was a critical incident technique, and Joanne Marshall, said yes, it was a type of critical incident. The Rochester study was prospective, asking people to pick a decision-making moment and make a request to your hospital librarian for information and then let us know if the information gained changed your test selection, therapy, length of stay. Joanne Marshall posited that

one reason that it was easy for people to participate was that there were a lot of situations that physicians needed additional information. Julie Sollenberger pointed out that one of the criticisms of the study was that the participants were self-selected; that many people who were asked said no to participating in the study.

Joanne Marshall asked, “Is it a study to compare various ways to get information? Or is it a study just to choose to see if information provided by a librarian has any impact?” Karen Brewer pointed out that the study has to assess whether or not the information provided by the librarian was better than what they (the physicians) could find on their own. Joanne Marshall commented that we could assess the searches – one done by physician; one done by librarian. Julie Sollenberger indicated that it still did not get at the issue that librarians are selectors and providers of the resources that the physicians use and in some cases, teach them how to use them.

Sharon Easterby-Gannett asked if anyone had ever done a study of the time-saving aspect of a librarian doing the research/search instead of the physician. Joanne Marshall confirmed that there have been such studies, but it was not a focus of the Rochester study.

Julie Sollenberger commented that Ginny Lingle (Hershey Medical Center) posed the question as to what it would cost the institution to outsource the work of librarians, with the theory that the cost of outsourcing would be much higher than the cost of librarians doing the work. Kathel Dunn commented that you could end up with a faux type of study, similar to the ones that indicate the value of a stay at home mother; an interesting number but not a “real” one.

Joanne Marshall pointed out that cost was an element that could be studied. What do we feel that is the most interesting? What is the burning question? In the Rochester study, we decided the burning question was, “when a hospital librarian provides information does that make a difference to patient care?”

Julie Sollenberger pointed out that librarians are integral to the provision of the right/best/evidence-based resources for that institution and then will teach the physicians, residents, students how to use them.

Joanne: What about the role of the librarian in answering difficult questions? We could also ask how often people use different resources? And then ask, when you have a more difficult question, do you consult a librarian or ask them to consult a librarian the next time and assess the information provided.

Karen Brewer asks if all hospitals have hospitalists. Could we focus on them in the study? Susan Cavanaugh mentioned that there is an association of hospitalists.

Julie Sollenberger mentioned the need to plan the first Planning Committee meeting. The first meeting would be before the focus groups, before the administrator interviews. Joanne Marshall mentioned that the focus groups could precede the environmental scan and inform the scan. Joanne Marshall mentioned another technique called key informant

interviews – like the people Julie Sollenberger referred to – physicians who are expert searches. Are they aware that the library has anything to do with making resources available? Do they ask the residents to do the searches for them? Do they ever ask the librarian for assistance? What is the information seeking environment like for the user?

Joanne Marshall asked if there was a way to come up with a model – like the model mentioned in Arthur Caplan's (?) talk – a pyramid of resource use. And have people indicate their proportional use. What is the model of information-seeking use, as described by the typical user? Kathel Dunn mentioned that the information-seeking environment could also include the consultation of clinical information systems – the whole environment. Joanne Marshall indicated that we could get a picture of the information seeking environment and then understand where the library or knowledge-based resources fall in that environment.

The key informant interviews would be to understand their world of information-seeking.

Then the environment would be broader, understanding what is important in these institutions. Key informants would be different types of users.

Susan Cavanaugh: We're trying to find our value in this new environment where people have access to these things [resources] themselves. We have a lot of value but we're trying to quantify that. Karen Brewer said that we give them the right information when they need it. Joanne Marshall: so that's a matter of efficiency, which has a lot of appeal.

Joanne Marshall: We're still trying to understand the environment from both the environment point of view and the user point of view.

Kathel Dunn: And to identify the burning question and to operationalize it.

Joanne Marshall: We can't do everything. We're going to look at specific scenarios and then focus on questions. We all need to go back and read the Rochester study. That's our touchstone. How do we understand the relationship now amongst resources, instruction and librarian reference service?

Kathel Dunn: What if we started at the end and went to the patient? Like JCAHO – tracing, going with the patient and going back. Joanne Marshall: where the unit of analysis was the patient. The problem is that if you ask people where they went for information, librarians never come out at the top of the list. In the Rochester study, we asked physicians to contact a librarian and then report the effect if any.

Julie Sollenberger: We could create two groups and randomize the physicians, asking some to use a librarian's services and the other group not and see what the effect is.

Joanne Marshall: The problem with starting with the patient is that so few people consult a librarian, we may not get an effect.

Kathel Dunn mentioned a study conducted with schoolteachers in which the teachers were educated about bone density tests for osteoporosis and then followed-up post visits with their doctors. There were two randomized groups in which some teachers were educated, some not. The educated group asked their physicians for the bone density test more than the non-educated group. [NOTE: citation is Pazirandeh M.

Does patient partnership in continuing medical education (CME) improve the outcome in osteoporosis management? *J Contin Educ Health Prof.* 2002 Summer;22(3):142-51.]

Julie Sollenberger: We now have seven minutes left! Maybe we need to have a conference call to plan our first meeting. What can we do now? Literature searches, talk to our key informants.

Kathel Dunn volunteered to conduct additional literature searches and will refine the “value of libraries” bibliography that the committee already has. The literature search will be “what’s important in healthcare now (particularly as it relates to information)” Julie Sollenberger mentioned patient safety. Karen Brewer mentioned the *Crossing the Quality Chasm* report.

Joanne Marshall: We could, right now, conduct key informant interviews: “You’re a library user. What do you value about the library?” The resources, access to the resources, instruction, personal reference services, anything else. If you perceive those as valuable, how would you rank those? Ranking them 1-5. We’re targeting users who are involved in patient care. Tell them we’re thinking about doing a study and we’d like to know what matters, what’s valued. A “soft conversation” but keep track of the details of the person (who they are, etc). Julie Sollenberger: Would we include interlibrary loan? Joanne Marshall: depends on how detailed we want to be. Joanne – perhaps additionally ask, “If you couldn’t get this from us, what would you do?”

Karen Brewer: When is our deadline for completing this process?

After discussion we decided we’d go with the next steps and then see what a timeline might look like.

Action: Kathel Dunn will conduct additional literature reviews for the environmental scan of what’s important in healthcare right now. Committee members will conduct key informant interviews before the next meeting (a conference call). Kathel Dunn will send out an email to set up dates for both the conference call and the Fall meeting. Susan Cavanaugh will find out about the numbers of hospitalists in the country. Each committee member should read the Rochester study.

Suggested format for the key informant interview:

Name of informant:

Title/role:

Institution:

Length of time in position (or at institution):

Introduction:

I'm on a regional library planning committee and we're thinking about conducting a study on the value of hospital/health sciences libraries. Could I ask – what do you value about the library?

If you were to rank library services from 1-5, with 5 being the most important or valued, how would you rank:'

1. Electronic resources
2. Library instruction
3. Reference services
4. Other (whatever you want to add)

If you couldn't get [fill in blank] from the library, what would you do?