

FINAL REPORT

May 26, 2005

The Effective Use and Integration of Regional Library Resources in a Rural Health Care Setting

- Express Outreach Award
- St. James Healthcare Medical Library
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- Report submitted by:
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- Inclusive Dates of Final Report:
July 2005 to March 2006
- Date Submitted:
May 26, 2006

FINAL REPORT OUTLINE FOR SUBCONTRACTS

Note: An electronic copy of the final report should be submitted as well as a paper copy. Electronic copies can be saved as a Microsoft Word document and sent as an email attachment.

COVER SHEET

The cover sheet for the report (which should be on a separate page from the actual report) should include:

1. Title of the Project
2. Type of Award (e.g., Express Outreach Award)
3. Name of Institution
4. Location of Institution
5. Name, Mailing and E-Mail Addresses, Voice and Fax Numbers, of Person Submitting Report
6. Inclusive Dates of Final Report
7. Date Submitted

NARRATIVE DESCRIPTION

1. Summary/Introduction:
Summarize your accomplishments on the project.

The project accomplished an increased understanding of the resource needs of rural health care facilities in Southwest Montana. There was collaboration between St James Healthcare (SJH) and the Community Health Center (CHC), both located in Butte, and the Ruby Valley Hospital (RVH) in Sheridan, Montana. Onsite assessments of 1) needs and 2) what is currently available was performed and appropriate training materials were developed.

2. Geographic region/number of counties:
List the geographic regions or all the counties that were impacted by the project.

Silver-Bow County and Madison County, Montana

3. Collaborations/Partnerships:
Include names and types of organizations with which there was collaboration at any time during the project. Provide the current status of the partnerships, challenges encountered, and lessons learned.

Partnerships were established at both sites. There were contact persons that became familiar

with the goals and objectives of the projects. The challenges were many and varied. Ruby Valley Hospital (RVH) located in Sheridan, Montana, 55 miles south of Butte has three physicians available. It is struggling financially and has required assistance from SJH. At RVH the administration changed three times during a six month period. Each time this program had to be re-established and explained to the new administration. Not only did the nursing director who was my main contact person change, but the hospital director was also replaced. This meant that I started from the beginning three times at RVH. This proved to be a great hindrance to the progress of the project.

The challenges at the Community Health Center (CHC), located here in Butte, were quite different. Because of the nature of the center there are a variety of services provided with many part-time or occasional healthcare professionals. The permanent staff is diverse in their education level, training, and functions performed. Therefore the degree of information required ranges from a specialized, high professional level to a low literacy patient level. Nevertheless, I was able to establish a contact with the Nursing Administrator who allowed access to pursue the goals of this project.

4. **Training:**

A one-size-fits-all training session proved to be unworkable. In these environments the number of physicians is small in relationship to the rest of the staff. The physicians have developed resources for information access. The physicians at CHC all have staff privileges at SJH which allows them access to the SJH Medical Library and services. At RVH the primary physician has access to the University of Washington Medical Library resources online. Therefore, the nursing and support staff became my focus group. In order to better understand their needs and design the training I prepared a survey. The CHC survey was distributed during their pot-luck Christmas party. I collected the surveys after a short speech explaining the scope of the project. The results of that survey are an attachment to this report. The survey can also be accessed at www.surveymonkey.com User name: **PNCMLA** Password: **surveys06** then look under **SJH Medical Library**. The survey gave me direction and was an excellent tool to begin my quest. Following with a literature review titled, *Evidence Based Practice for Clinical Nurses*, I explored how nurses find and use medical information. This literature review is also included as an attachment to this report. The literature confirmed what the survey began to reveal. Nurses overwhelmingly ask colleagues for information and rarely use library resources to retrieve information. Armed with this information I prepared a training session. Unfortunately, the attendance at CHC and RVH were extremely poor. I expected a small group for RVH since there staff covering three shifts is only 26 people, but people who has signed up for the CHC session were not able to attend due to various work commitments and therefore I only had two people for each session. The sessions were well received, but with such low attendance I felt I needed to re-examine once again to develop a better marketing strategy for the future.

5. **Exhibits:**

List all the exhibits connected with the projects (if applicable). Include the meeting name, dates, location, estimated number of contacts made, demonstrations given and

general impressions of success.

N/A

6. Resource materials:

Provide a brief description of any materials that were developed for training or for promotion/marketing (include newspaper announcements, brochures, etc.). Include copies of materials developed. If web-based resources were developed, please provide the URL for the site where the materials are located.

The survey and literature review were preparation for the development of training sessions. Posters for the bulletin boards and a sign-up sheet placed in the break room and nursing station were provided at RVH and CHC before the training sessions. Phone calls to confirm training session schedule were made.

7. Web sites:

Detail the current status of web sites created as part of the project. Include URL, plans for future maintenance, and impact.

RVH has access to StatRef from Barrett Hospital and Healthcare in Dillon, Montana which was given as part of a promotion two years ago from a mini-award, but was not accessible due to a network problem. I contacted Barrett's IS staff and they were able to fix it so they now have access to the database.

8. Document delivery and reference services:

If document delivery services and reference services were provided, please provide appropriate statistics.

I sent regular information updates via the mail to RVH to post on their bulletin board at the nurses station. These updates included any new development in treatment or studies that might be of interest to their staff.

9. Approaches and interventions used:

Describe the steps or activities used in the following areas: identifying and scheduling sessions; promotion/marketing; training; personnel/staffing; web site development.

RVH required frequent phone calls and follow-up. Not only because of the changes in staffing, but also because there seemed to be a general lack of interest to improve access to medical information.

At CHC I contacted many individuals concerning the project and was able to establish a relationship with the Nurse Administrator who was interested and willing to assist me in getting access to the staff. She was the one who invited me to speak at the Christmas pot-luck as well as allow me time for training. She is extremely busy so frequent phone calls were necessary.

10. Evaluation:

How was the project evaluated? What results were achieved based on the objectives

of the project?

As so often happens in projects such as this what I thought would determine the success of this project when I began is not the same as when I finished the project. In the beginning I thought the training sessions would be my evaluation, but I discovered they became a tool and not the main objective. The main objective became to develop solutions by increasing my understanding about how medical information is perceived, used, and accessed by the staff, especially the nursing staff. In that respect the results were positive as I was able to work through necessary processes in order to develop philosophies and modules that will make future information education and collaborative efforts possible.

11. Problems or barriers encountered:
Provide details on problems encountered in the areas of promotion/marketing; training; equipment/telecommunications; personnel/staffing; and web site development.

There were a lot of problems and unexpected barriers that produced beneficial effects that would never have been realized had everything gone smoothly. The staff turnover at RVH was a lesson unto itself. I made the incorrect assumption that a staff in flux would be more open to change and new ideas than the usual small town environment in a stable state. And since St. James had recently taken such an active part in assisting with their financial situation I was hoping they would be receptive to further efforts. There was an element of truth in that logic, but I was unprepared for the perception by the nursing staff that access to medical information is a luxury not a basic. And given the unstable environment they felt did not have time to deal with increasing their access. On my initial visit and during other conversations, I was repeatedly asked if I could obtain, through grants, a new X-ray or oxygen machine. Even after several visits, phone calls, and long conversations in which I felt there was a level of understanding and support by the nursing administrator, she did not encourage her staff participation in the program. On my third visit to the hospital, I had arranged to be at their monthly staff meeting. An appointment with the hospital administrator was scheduled at the same time since it was a 110 mile trip in the winter. Posters had been sent and arrangements were confirmed by double checking the day before with a phone call to the nursing administrator. The meeting was scheduled for 4:30 pm to include as many as possible from two shifts. At this time I was going to talk about the program, distribute the survey to the staff and do training. When I arrived the hospital administrator was unable to attend and the meeting had been cancelled with no plans for another meeting. I strongly encouraged the nursing administrator to stay for the training and I persuaded another nurse to attend although she was able to attend only for a short time. Once again, the nursing administrator was attentive and seemed interested. However, she was totally unfamiliar on how to use the internet or that there were resources available that she could access for medical information. Everything I showed her including Google was new to her. During the session I asked her what she does when she has a medical question; she replied that she asks one of the physicians. Since the hospital is so small and the medical equipment limited the level of treatment is unsophisticated. If the patient requires anything but basic care they are transferred to a larger facility

After the session, I left the survey with the nursing administrator asking her to distribute them to

her staff. I phoned her, leaving four messages and talked to her three times concerning the return of the survey without any results. It became obvious that I was missing a vital element in this situation.

CHC posed different problems, but ones that were more familiar. Time was the biggest barrier which is often an obstruction. Cooperation from the administration is necessary to allow the employees time away from their duties. And then when approval is granted, finding a time when people can and will attend is also a problem. They were short-handed because of the flu the day my session was scheduled.

12. Continuation plans:
Report on how you plan to continue the project. Will all or some of the project's activities continue? Who will provide the funding and staffing to do so?

I have plans to conduct another training session at CHC. SJH has given me their support in continuing with the program. I was hoping to do another session before the grant time limit. But we were unable to schedule a time that was workable. The nursing administrator has been out of town a lot this winter and involved with some large projects. But, there is an understanding that the program will continue.

At RVH I will continue to send the newsworthy medical information bulletins to them and try to make contact periodically. I will continue to offer research services and hope that will keep the door open for them to seek required information and resources.

13. Impact:
Include information on the perceived and actual impact of the project on the library, institution, or consortium. This can include the effect of the project on the library's image, increased utilization of the library, etc.

Since the beginning of the grant I have had an increase in requests from both CHC and RVH personnel for research assistance. RVH has asked for two literature searches and there have been five calls from CHC staff members. It was an important first step to introduce the concept which was largely new to RVH to access the internet for medical information. During my presentation at Christmas pot-luck at CHC I mentioned a number of resources available from St. James including interlibrary loan services.

14. Recommendations for improvement:
Include suggestions for alternative methods, training materials, promotional materials, etc.

If I was to teach to a nursing or other support staff audience I would set the groundwork for getting them to understand that medical literature is a powerful tool to set standards, change policy, and to deliver quality, up to date, patient care. I would emphasize that in certain instances it can be faster, and more accurate. That some resources can be accessed easily while others take more skill and time. And of course, that the medical library will support them at whatever level is necessary.

15. Responses to follow-up questions (attached):
If answers to the follow-up questions are contained elsewhere in your report, indicate where they are located.

FOLLOW-UP QUESTIONS

1. Were your original project goals and objectives met? If not, why not?

Yes, my goals as written were met. Resources were identified; training sessions given and contacts were made. But more importantly is that this was designed as a pilot project, as stated in the description, to “develop solutions to, and training to support, the information needs of the remote facilities and to begin to build a relationship so that future information education and collaborative projects will be possible”. This has been accomplished.

2. What significant lessons were learned which would be of interest or use to others conducting outreach projects? Which strategies were the most effective in implementing the project?

After the poor attendance for both sessions and the realization that I was missing a key element in my approach, I began my quest to find the missing component by interviewing nurses and other support staff here at SJH about how they access information. I had had previous experience with teaching physicians and consumers on how to access medical information, but only limited experience teaching nursing and hospital support staff. I discovered the issues were similar to the findings in the literature search except for one important issue that was not presented in the literature. Since physicians and pharmacists education is largely based on evidence based medicine I made the incorrect assumption that nursing education was also. Granted, nurses are taught from evidence based material, but memorization and application is emphasized rather than analysis and research that is stressed in physician and pharmacy training. Nurses often do not receive training in the use and evaluation of medical research. They may have had an online research technique class if they were in nursing school after 1995, but many do not understand the significance of using medical literature to support their practice. They also were trained how to access the medical literature in order to complete a paper, but not as a life-long tool for learning. This lack of training may differ from region to region, but in this area it seemed to be a prevalent. So, it was important that I discuss the reason for accessing medical information not just the how to. I need to include the concept that in order to change, or implement new practices they must consult the medical literature. That when using the medical literature instead of their expert opinion they are dealing with the issue instead of the personality. In other words, searching for medical information empowers them, their profession, and their patients. It is their most effect source for supporting their profession. It is not enough as a librarian to supply them with resources and a small amount of training, but rather it is important that I teach the “why” it is needed in order to deliver up to date quality care to their patients.

3. If you were to start all over again, what, if anything, would you change about your goals,

project plans, etc.?

The process was necessary to develop an approach for nurses and support staff for quality, efficient, targeted teaching. Healthcare professionals such as physicians and pharmacists that have been received evidence-based education require a different teaching method. I feel I have gained a tremendous amount of knowledge that will assist me in current and future endeavors serving the region. I will continue expanding on this foundation and become involved wherever the opportunity presents itself. But as the saying goes; I wish I knew then what I know now.

Looking back, I would have done two things differently. The first is I would have concentrated only on one facility instead of two. I had only taken into account my schedule and not those of the people I had to work though. Days turned into weeks trying to make contact and set up appointments given the administrators busy schedules and changes in staff.. Also trying to analysis two such different organizations made it difficult to develop material, strategies and schedule meetings. The second item I would have done differently would have been more aware of the limitations I was invoking by planning to travel in the winter months. Travel plans to RVH had to be canceled twice because of very poor road conditions.

4. What advice or recommendations would you give to anyone considering a similar outreach effort?

Don't spread yourself too thin. And have a complete understanding of your audiences' perception of medical information access.