National Network of Libraries of Medicine
Pacific Northwest Region (NN/LM PNR)

Assessment of Network Member Libraries

Report written by Dr. Cynthia Olney, Evaluation Specialist, OERC
Edited by Maryanne P. Blake, Evaluation Coordinator, NN/LM PNR
Catherine Burroughs, Associate Director, NN/LM PNR

Table of Contents:

2007 NN/LM PNR Library Network Member Assessment

2007 NN/LM PNR Library Network Member Assessment
Executive Summary

In spring 2007, in order to better understand the assets, strengths and needs of our member organizations, the RML conducted an assessment of library network members via a web-based questionnaire. SurveyMonkey was used to collect responses. Two hundred and four (204) library members were eligible to participate and 142 questionnaires were returned, making for a 70% response rate. Library respondents included health sciences, academic (non-health sciences), public, government, corporate and other libraries.

Questions were generated by the NN/LM PNR staff and reviewed by the Outreach Evaluation Resource Center (OERC). Dr. Cynthia Olney analyzed the data and wrote the final report.

Highlights of the assessment results follow:

Demographics
- Of the 142 respondents 49% were hospital/medical center libraries, 27% were academic libraries, 10% were public libraries, 4% were government libraries, and 9 % were corporate and other libraries.
- These percentages closely correspond to the percentages of library types of the full network membership.

Technology
- 63% of respondents said a librarian is involved in the planning or decision-making process regarding technology at their library and another 21% said a librarian is involved in the decision-making process for both the library and their institution.
- When asked to list technology gaps or issues, security issues and lack of IT support were the main technology problems at many libraries. The most frequent technological needs were for WIFI and computers or computer upgrades. However, 54% said their libraries do make WiFi available in the library for users to connect to the Internet.

Communication
- The NN/LM PNR web site received the highest ratings as an effective method of communication, with 80% rating it as useful or somewhat useful. However, 11% of respondents said they have never used the web site.
- About two-thirds said the HLIB-NW discussion list (68%), Dragonfly Newsletter (67%), and updates at state and regional meetings (66%) were also useful or somewhat useful means of communication.

Funding
- Only 25% of respondents have applied for PNR funding of any type. The reason most respondents gave for not applying is "lack of time" (46%) followed by lack of staff resources (31%).

Outreach
- A majority of network member libraries (62%) do not have a formal outreach programs. However, in the written comments respondents mention informal outreach efforts carried out by the libraries and that libraries support outreach done by others at their institutions.

DOCLINE
- 80% of the respondents were DOCLINE libraries.

- To the question "Have DOCLINE requests gone up or down in the past year?" 29% said up, 27% said down and 32% said holding steady.
- Among DOCLINE libraries the most frequently used method for receiving electronic document delivery was .pdfs through email, used by 89% of libraries. 78% of DOCLINE libraries use Email .pdf for sending electronic document delivery.

E-Journals
- 59% of DOCLINE and 43% of non-DOCLINE libraries purchase e-journals through a consortium or other multi-library purchasing plan.
- 50% of DOCLINE libraries and 30% of non-DOCLINE libraries use some of their electronic resources for ILL.

Training
- The top four areas that were listed as training needs were (in order):
    1. Keeping abreast of new technologies (61%)
    2. Managing copyright (35%)
    3. Showing the value of your library (35%)
    4. Negotiating e-licensing agreements (32%)

Benefits of Membership
- The top three benefits of membership in the NN/LM PNR are:
    1. "Enhanced communication with other library professionals" (77%)
    2. "Classes taught by NN/LM PNR staff" (75%)
    3. "NN/LM PNR staff consultation and support" (75%)
- The RML service rated as most beneficial by the largest number of respondents was enhanced communication with other library professionals (77%), with almost as many respondents saying they considered the classes taught by NN/LM PNR staff (75%), DOCLINE (73%), the Network Member Directory (73%), and NN/LM PNR staff consultation and support (71%) as benefits of membership.
- Teaching curricula and materials were rated as beneficial by 63% of respondents and the NN/LM PNR Lending Library/Net Library by 62%.

And finally, some unbiased, impartial comments from the members:
- "The PNR is the best RML in the country"
- "You are valuable and responsive to member's needs and so professional - I appreciate the hard work you do."
- "Great job — great staff with excellent expertise who are always willing to help out!"

2007 NN/LM PNR Library Network Members Assessment
Final Report

Introduction

In May 2006, the National Library of Medicine renewed its 5-year contract with the Regional Medical Library (RML) at the University of Washington for the National Network of Libraries of Medicine, Pacific Northwest Region (NN/LM PNR) program. The mission of the NN/LM PNR is to ensure access to quality health information throughout Alaska, Idaho, Montana, Oregon, and Washington via services and programs for a regional network of member libraries, information centers, and community based organizations.

In spring 2007, in order to better understand the assets, strengths and needs of our member organizations, the RML conducted a network member assessment via two web-based questionnaires; one for library network members and one for community-based organizations (CBOs).   This report provides results from the library network member questionnaire only. The response rate for the CBO network member questionnaire was so low (32%) that the decision was made to collect the needed information in other ways such as focus groups and possibly telephone interviews.

Method

The library network member assessment was designed to identify ways to improve the NN/LM PNR program, and to collect baseline data for evaluating its effectiveness during the current 5-year contract. The instrument consists of 65 questions about library user demographics, the library uses and needs related to information technologies, and other question categories related to NN/LM PNR services, including: communication, funding; outreach, resource sharing and document delivery; training; and overall input about the NN/LM PNR program. Under the resource sharing and document delivery section, respondents of DOCLINE libraries and non-DOCLINE libraries answered different sets of questions.

Questions were generated by the RML staff and reviewed by the NN/LM Outreach Evaluation Resources Center (OERC). When the questions were in relatively final form, an electronic questionnaire was designed using online software called SurveyMonkey. It was then piloted with six respondents from the pool of NN/LM PNR library network members. The changes made after this test of the instrument were so minor that data from the six pilots were included in the final data analysis.

The questionnaire was distributed electronically using a feature in SurveyMonkey that permits tracking of responses so that reminder notices can be sent only to non-respondents. After three reminder emails were sent April through June, network member libraries that did not respond by July 1 were contacted by telephone. The questionnaire was sent only to NN/LM Liaisons or another contact person at network members libraries in the NN/LM PNR. Questionnaires were sent to respondents from 219 libraries, including the pilots, but after distribution, it was discovered that 14 libraries had to be removed from the respondent list for various reasons, including that the libraries were closed or were closing. That made a total of 204 library network members eligible to complete the questionnaire. A total of 142 questionnaires were returned, making a response rate of 70%.

To confirm that the sample was representative of all the libraries in the network, a comparison of affiliation and library type was made between the responding libraries and the total PNR network member population. Tables 1. and 2. show the breakdown of libraries based on affiliation and library type; each library was classified as only one type of library. Classification was based on library types identified in PNR membership records. Table 1. shows that a higher percentage of full members responded to the questionnaire than is represented in the total group, while a lower percentage of affiliate members responded. The percentage breakdown for library type shows percentages are comparable (within 3% points) between the sample and the PNR library network member population. The data found in Table 2. is different from that in Question 4 in the Appendix since in that question respondents were able to check all the categories that they thought applied to their network member library.   For the purposes of comparison in Table 2. each respondent library was assigned only one library type based on the designation in their network membership record.

Table 1: Comparison of Affiliation between Respondent Group and Membership				
	Respondents		Membership	
	Freq	Pct	Freq	Pct
Full	115	81%	143	70%
Affiliate	27	19%	61	30%

Table 2: Comparison of Library Type between Respondent Group and Membership				
	Respondents		Membership	
	Freq	Pct	Freq	Pct
Public	14	10%	18	9%
Academic	38	27%	61	30%
Hospital	69	49%	96	47%
Consumer	2	1%	3	1%
Government	6	4%	7	3%
Corporate	7	5%	11	5%
Other	6	4%	8	4%

Results

A results summary is presented here in narrative form, organized by topic. Appendix 1 presents statistical summary tables for each question. A reference to the question table associated with each finding in the results section is noted in the text.

Demographics

Respondents were asked to indicate the kind of library they represent and were allowed to check all categories that they thought applied. (Note: the findings here differ from the

demographic profile in the Methods section because the categories are not identical and respondents could check all that apply.) Almost half of the libraries were hospital/medical center libraries (47%), 17% said they were academic libraries (non-health) and 12% were academic health libraries. The other library types were government (11%), corporate (5%), public (8%) and other (10%). (See Question 4)

Of the 73 respondents to the question "If you are in a hospital library, who do you serve? Check all that apply" (Question 5) all said their libraries served health professionals with privileges at their institutions (100%). They said their libraries also served other hospital staff (97%), the institution's administrators (93%), Information Technology staff (79%) and marketing staff (78%). Seventy-three percent said their institutions serve patients and families, 56% serve the general public, and 41% serve other health consumers.   Fifty-one percent serve health professionals without privileges at their institution and 38% serve businesses in the community. When asked to identify other groups served, several institutions mentioned different types of students, as well as interns and residents among others. Note that there were 73 respondents that considered themselves a hospital library for the purpose of this question. Only 69 libraries considered themselves hospital libraries in Question 4. The additional four libraries had classified themselves in other categories in the previous question (1 government, one academic, and two consumer health libraries). Indeed all these libraries are in or serve hospitals and so were correct to answer the question.

The majority of libraries have 1-5 librarians (61%) and 1-5 staff members who are not designated as librarians (42%). Four percent said they have no librarians and 10% have no staff members not designated as librarians. The maximum number of employees was 275 librarians and 290 staff members (at different institutions). These libraries were clear outliers, though. Both were public library systems. All other libraries had a maximum of 40 librarians and 100 staff members. (See Question 6)

The majority of libraries represented in the sample have 50 or less visitors per day (63%), with a few (3%) receiving less than 1 or 0 visitors per day. The highest daily visitor count was 592832. Most the libraries received 1-10 phone requests daily (63%) and remote requests (56%). Thirteen percent of libraries receive less than one or no phone requests and 6% get one or no remote requests daily. The highest number of requests reported was 1,475 phone requests and 300 remote requests daily. Again the outliers were public library systems. (See Questions 7-8)

Technology

Most frequently, respondents said they had 5 or fewer computers for librarians (64%) and staff (52%) and a small percentage of those had no computers for librarians (3%) or for staff (5%). The highest number of computers was 800 (400 for librarians and 400 for staff). (See Table 9) For Internet access, 79% of libraries had T-1 lines or faster and 18% said they had broadband. Two people (1%) said their libraries used dial-up (and one also had broadband).

(See Table 10) Fifty-four percent said their libraries make WiFi available in the library for users to connect to the Internet. (See Table 11)

Sixty-three percent of respondents said a librarian is involved in the planning or decision-making process regarding technology at their library and another 21% said a librarian is involved in the decision-making process for both the library and their institution. (See Table 12) Librarians most often are involved in recommending software (74%) followed by planning the library's web site (69%). Less than half recommend hardware (45%) or maintain the library's web site (49%) and 32% sit on technology committees. (See Table 13)

The majority can view streaming video from their desktops (79%) and can participate in videoconferences (63%); fewer use application sharing software like Breeze or Live Meeting (39%) (See Table 14) The most frequently cited barriers to using these technologies -- each chosen by 25% of respondents -- were lack of headphones, inadequate bandwidth, or supervisors who do not allow use on work time. Fewer respondents indicated that lack of IT support (15%) and appropriate software (16%) posed barriers. Firewalls (6%) and lack of webcams (3%) were cited by a minimal number of people and no one lacked the knowledge of how to use this type of technology. A number of people wrote in the comment section that they did not need video technology and some said the technology was available in the institution but not in the library. In written comments several said that use of these technologies was against IT policy. Budget restrictions and lack of privacy were other reasons mentioned. (See Table 15)

Respondents were asked to write about technology gaps in their institutions. (See Table 16) Security issues and lack of IT support were main issues at many libraries. The most frequent technological need was for WIFI and computers or computer upgrades. A number of respondents listed need for equipment like photocopiers, scanners, and archival equipment. A couple respondents said they needed support getting Ariel up and running.

Communication

The NN/LM PNR web site received the highest ratings as an effective method of communication, with 80% rating it as useful or very useful. (About 11% of respondents said they have never used the web site.) About two-thirds said the HLIB-NW discussion list (68%), Dragonfly Newsletter (67%), and updates at state and regional meetings (66%) were useful or very useful means of communication. Personal contact from RML staff was rated as useful or very useful by 58% of respondents. The least used method of communication is the PNRNews discussion list, with 49% saying they have not used it and 38% rating it as useful or very useful. (See Table 17)

When asked how often they visited the PNR web site, 25% said once a month and another 24% said once very three months. Twenty percent visit it once or twice a year. About 11% said they visit it once a week or more. (See Table 18) Most of the respondents (85%) do not

use the Dragonfly RSS feed. (See Table 19) Table 20 has a list of suggestions for additions to the PNR web site.

Funding

Sixty-seven percent of network members have not applied for NN/LM PNR funding. (See Table 21) About 20% said they did not know about PNR's funding opportunities. The most frequently cited reason for not applying for NN/LM PNR funding is lack of time (46%), followed by lack of staff resources (31%). A considerably smaller percentage said lack of institutional support (11%) or the award requirements (14%). Nine percent said the application was too difficult or time consuming and 7% said the indirect charges of the home institution prevented them from applying. Only 2 people (1%) said they were discouraged from being turned down for funding at a previous time. (See Table 22) In written comments, several people said either they did not think their libraries were eligible to apply or that the funding opportunities were in line with their libraries' mission.

Outreach

The majority of libraries (62%) do not have formal outreach programs. (See Question 23) However, in written comments, a number of respondents said they support the outreach efforts of others, such as providing support to outreach programs at their institutions or training health professionals who do outreach to others. Others mentioned occasional outreach efforts that they would not describe as "formal."

The libraries with formal outreach programs most frequently target the general public (55%), followed by seniors (40%). Approximately one-third of the libraries with formal outreach programs target public libraries (34%), unaffiliated health professionals (32%), the public health workforce (32%), and minorities (30%). Twenty-six percent target low-income populations. (See Question 24) Of respondents from the libraries that do not do outreach, 95% said they did not want a follow-up consultation with PNR about doing outreach. (See Question 25)

Forty-six percent of the respondents said their libraries have a link to PubMed on their library's intranet site and 39% have a link on their library's public web site. Less than 20% have a link on their institutions' intranet (19%) or public web sites (12%). (See Question 26) Thirty-five percent of respondents said there is a link to MedlinePlus on their library's public web site and the same percentage has a link on their Intranet web site. Fewer provide links to MedlinePlus on their institutions' public (13%) or intranet site (14%). (See Question 27)

The most frequent service that libraries offer to unaffiliated individuals is walk-in access to the print collection (71%), followed by walk-in reference services (67%). More than half of libraries offer telephone consultation and reference (61%), use of library computers (57%), and training in use of library resources (51%). Thirty-six percent provide training about Internet searches. Less than one-third of the libraries offer document delivery/ILL (32%) or training in MedlinePlus (28%), PubMed (27%), other NLM resources (20%), or other MEDLINE training (17%) to unaffiliated individuals. Thirteen percent provide unaffiliated

individuals with remote access to online books and journals, but 54% provide *walk-in* access to online books and journals. One percent provides PDA training to unaffiliated members. Nine percent of respondents did not check any services listed in the question, indicating they do not provide any of the 14 services to unaffiliated persons. (See Question 28) In the written comments, some respondents said they provided brief assistance and referral but not full service. Respondents also listed a number of other services to unaffiliated persons, presented in Question 29.

When asked if they would be willing to answer reference questions referred from other information or health service colleagues, 47% said "yes" and another 25% said they were willing under certain conditions. Of those giving conditions, most often they said they would answer questions if they had the time or if the requests fell within their area of expertise or their library's area of specialization. A few said such services would be available for a fee and a couple of people said they would answer the questions if people came to their general reference desk. A few said they would provide services to a limited group, like their medical librarian colleagues or local professionals and students doing academic research. (See Question 30)

DOCLINE – Non-DOCLINE Users

Sixteen percent of respondents did not work at a DOCLINE library (See Question 31). Of those 23 respondents, 48% said they wanted information about joining DOCLINE. (See Question 32)

Ninety-two percent of the non-DOCLINE libraries do not participate in LinkOut (See Question 33). The most frequent reason given is that they do not know what LinkOut is (57%) and a few said they did not know how to begin (13%). Several respondents said they did not have time, No one said LinkOut was too complicated or that they had started but had not had time to finish it. (See Question 34)

More than half of the non-DOCLINE libraries (57%) do not purchase e-journals through a consortium or some multi-library purchasing plan. (See Question 35) The consortia and purchasing plans used by the other 43% are listed in Question 36.

Thirty-nine percent of the non-DOCLINE libraries do not use any of their licensed electronic resources for interlibrary loan, 30% use some and 13% use all their licensed electronic resources. (See Question 37) None of the non- DOCLINE libraries use their licensed electronic resources for Loansome Doc for unaffiliated health professionals, most often because their libraries do not use Loansome Doc (See Question 38). Not offering the service to unaffiliated health professionals (22%) and licensing restrictions (13%) were the next most cited reasons. (See Question 39)

Sixty-five percent of the 23 non-DOCLINE libraries said they participated in library packages like Ebsco, ProQuest, and InfoTrac. (See Question 40) Thirty-percent of these libraries offer access to full-text online journals for health professionals and other staff, both in person and online. Forty-three percent offer online journal access to community health professionals

and 26% offer on-line journal access remotely. (See Question 41) These last numbers may seem high for remote access to online journals. An explanation is that most of these are public (9) and academic (8) libraries which are open to the public and offer these online journals in person and/or remotely. The journals they offer remotely may be from a package like ProQuest that anyone in their community can access with their library card.

DOCLINE – DOCLINE Users

Eighty percent of respondents said they work at DOCLINE libraries. (See Question 31) Among the 113 respondents who are from DOCLINE-using institutions, roughly equal numbers of respondents said DOCLINE requests have gone up (29%), gone down (27%), or stayed the same (32%) in the past year. (See Question 42a) Question 42b summarizes some of the respondents' explanations for changes or holding patterns in DOCLINE activity. A number of respondents said their participation has increased because they started participating in Freeshare. Other reasons for increased DOCLINE activity were: their number of users had increased, or users were becoming more aware of their services. Decreases in requests were most often attributed to users having more access to full-text online resources through open-access channels or changes in the library's database subscriptions. (Note: Question 43 asked for names of people at respondents' libraries who work with DOCLINE and that information is not included in this report.)

Forty-three percent said they do not use an ILL management program of any kind, with three times as many libraries using QuickDoc (32%) rather than ILLiad (10%). Some said they used other programs including Clio and First Search/World Cat and at least three libraries use locally written ILL management programs. (See Question 44) Eighty-two percent of respondents said they are somewhat or very confident about managing their copyright responsibilities within DOCLINE. (See Question 45)

The most frequently used method for receiving electronic document delivery was .pdfs through email, used by 89% of libraries. The second most frequent method is user pick-up of .pdfs from the web (58%), followed by emailed .tiff files (37%). Use of Ariel (27%) and pick-up of .tiff from the web (23%) were the methods used least for receiving documents. (See Question 46)

The most frequent method for sending copies for document delivery was emailing, 78%. Ariel is a distant second method, with 19% using this method. Emailing .tiffs was third most used (16%), Web pick-up was less popular method, with 10% using Ariel for web pick-up and 3% using Prospero. (One person wrote in that the library makes copies available on the web without Ariel or Prospero). Ten percent said they do not use any of the methods listed for document delivery. Written comments showed that at least 7 libraries fax copies and four mail them. (See Question 47) The most frequent reason given for not using electronic document delivery is that respondents did not know how to begin (5%). Several said they did not have sufficient IT support (3%) or a scanner (2%). Written comments show that barriers include concerns over violating copyright, the convenience of mailing over scanning, copying, and emailing; and licensing restrictions. (See Question 48)

Half of the respondents said their holdings are in both OCLC and SERHOLD and 35% said they were not. Some wrote in that they use only the title-level OCLC and several said they did not know. (See Question 49)

Question 50 presents the explanations respondents gave to explain why their institutions have not joined EFTS. The two prevalent reasons were (1) accounting or institutional polices that either did not permit it or made use of EFTS too bothersome and (2) lack of DOCLINE volume. A number of people indicated they are planning on joining, and usually say lack of time is preventing them from doing so.

Forty-two percent of participants said their libraries participated in LinkOut. (See Question 51) The most frequent reason given by non-participants for not using LinkOut is that they did not have enough time (18%); did not know what it is (14%); and did not know where to begin (8%). Three percent said they had started but have not had time to complete it and the same percentage said it was too complicated. In written comments, a number of respondents said they preferred to use other systems or resources (e.g., OVID; EBSCO's EJS; Softlink Catalog) and several others said that getting LinkOut up and running is a low priority. (See Question 52)

Fifty-nine percent said their libraries purchased e-journals through a consortium or some multi-library purchasing plan. (See Question 53) Question 54 presents a list of consortia and multi-library purchasing plans used in respondents' libraries. Half of the respondents said they use some of their licensed electronic resources for ILL; 18% provide all of them; and 16% provide none. One person wrote that their library's consortia purchasing requires them to restrict use to the immediate patron base. (See Question 55)

Forty-two percent of respondents said they do not use any licensed electronic resources for Loansome Doc to unaffiliated health professionals and another 27% do not use Loansome Doc at all. Nineteen percent said they do use some portion of their licensed electronic resources for Loansome Doc. (See Question 56) The most cited reason for not using licensed electronic resources for Loansome Doc is that they do not offer the service to unaffiliated health professionals (42%). The second most frequently cited reason was licensing restrictions (15%). (See Question 57)

Sixty-three percent said they participate in library packages such as databases and full text resources. (See Question 58) Seventy-three percent offer online full-text journals in person and 77% offer full-text journals remotely to staff health professionals. Considerably fewer libraries offer online full-text journals to community health professionals, with 35% providing access in person and 4% providing it remotely. (See Question 59)

Training

The training need identified by the largest percentage of respondents was "keeping abreast of new technologies," with 61% saying they needed that kind of training. About one-third said they need training in managing copyright (35%), showing value of their library (35%), and negotiating e-licensing agreements (32%). Less than 30% said they needed training in

implementing LinkOut (27%), planning and evaluating projects (23%) and health information literacy (21%). The fewest number of respondents said they needed training in use of NLM resources (15%) and DOCLINE (13%). (See Question 60) Forty-nine percent said their institutions had one or more computer labs that could be used for RML training programs. (See Question 61) (Note: Question 62 had information identifying individual institutions and creating summary statistics was not meaningful, so that data are not included in this report.)

Benefits

The RML services rated as beneficial by the largest number of respondents was enhanced communication with other library professionals (77%), with almost as many respondents saying they considered the classes taught by NN/LM PNR staff (75%), DOCLINE (73%), the Network Member Directory (73%), and NN/LM PNR staff consultation and support (71%) as benefits of membership. Teaching curriculums and materials were rated as beneficial by 63% of respondents and the NN/LM PNR Lending Library/Net Library by 62%. More than half of the respondents rated the remaining services as beneficial: free promotional items (57%); funding opportunities (54%); and LinkOut (54%). (See Question 63)

Respondents also were asked to indicate which services they never used. The *least used* service was funding opportunities (never used by 51% of the sample). This result conflicts with results in Table 21 that show 67% of respondents have not applied for funding. LinkOut was the next least used service (never used by 42%). (See Question 63 also for these statistics). Respondents were also asked to list the benefits and services not currently offered by the PNR that they think were needed; the list is presented in Question 64.

Final comments
Question 65 lists some final comments by respondents. Here is a sampling of these:
"Great job -- great staff with excellent expertise who are always willing to help out!"
"The PNR is the best RML in the country!"
"Just continue what you have been doing...again, thanks!"
"I find the online directory very difficult to use and I can't use it to print a phone directory of regional libraries; I can't remember the status of the national one but it seems like it never worked at all."
"I would like to know more about this service."
"You are valuable and responsive to member's needs and so professional - I appreciate the hard work you do."

Appendix 1

Demographics

Note: Questions 1-3 collected personal information about the respondents, so no data are presented here for those questions.

4. What kind of a library are you in? (Back)		
	Freq	**Pct**
Hospital/medical center	67	47%
Academic health sciences	17	12%
Other academic	24	17%
Public	12	8%
Corporate	7	5%
Government	16	11%
Other (please specify) - Academic/academic research (2) - Consumer health (hospital. Public library) (2) - Health association - Nonprofit (private; research; behavioral research; biomedical research; vocational school (8) - Specialty institute/clinic library within medical center - Tribal College library		

5. If you are in a hospital library, who do you serve? Check all that apply. (Back)		
	Freq	**Pct (N=73)**
Health professionals with privileges at your institution	73	100%
Other hospital staff	71	97%
Your institution's administration	68	93%
Your institution's IT staff	58	79%
Your institution's marketing staff	57	78%
Patients and their families	53	73%
Health professionals without privileges at your institution	37	51%
Members of the general public	41	56%
Businesses in your community	28	38%
Other health information consumers	30	41%
Other (please specify) - Community college - International ILL requests		

- Interns, residents, volunteers
- Non-hospital Loansome Doc patrons
- Other VA libraries
- Pharmaceutical reps
- Primarily local area residents with eye-related questions
- Public librarians providing health reference
- Sometimes I assist nursing students, pharmacy students, physical therapy interns and medical students who are temporarily assigned to our hospital for experience
- Students from academic institutions
- University students
- Veterans
- We fill ILL's from requests through NLM/DOCLINE
- If they find/contact us we will not turn them away at that time
- note -- we ARE a hospital library for UWMC

Note: This question asks only hospital libraries to respond. The percentages are based on responses from the 73 people who answered this question.

6. Number of full time equivalent librarians and library staff **(Back)**				
	Librarians		**Staff**	
	Freq	**Pct**	**Freq**	**Pct**
0	6	4%	14	10%
<1	23	16%	18	13%
1 to 5	87	61%	59	42%
6 to 10	7	5%	5	4%
11 to 15	3-Jan	2%	4	3%
16 to 20	2	1%	1	1%
21 to 25	2	1%	1	1%
26-50	2	1%	5	4%
>50	1	1%	3	2%
Missing	9	6%	32	23%
Total	142	100%	142	100%
Max	275		290	

7. On average, how many people enter your library each day? If you have a formal count, please provide the daily average. If you don't please have a formal count please estimate. (Back)

**8. On average how many individuals request reference and/or interlibrary loan services remotely (by phone, email, online forms, including Loansome Doc or virtual reference) each day? If you have a formal count, please provide the daily average. If you don't please have a formal count please estimate.
(Back)**

	# People who visit daily		# Phone requests daily		# Remote requests daily	
	Freq	**Pct**	**Freq**	**Pct**	**Freq**	**Pct**
0 or <1	4	3%	18	13%	9	6%
1 to 10	38	27%	90	63%	79	56%
11 to 50	47	33%	13	9%	28	20%
51 to 100	12	8%	0	0%	3	2%
101 to 250	9	6%	0	0%	1	1%
251 to 500	7	5%	1	1%	1	1%
501 to 750	2	1%	0	0%	0	0%
751 to 1000	1	1%	1	1%	0	0%
1001 to 2500	8	6%	1	1%	0	0%
2501 to 5000	2	1%	0	0%	0	0%
>5000	2	1%	0	0%	0	0%
missing	10	7%	18	13%	21	15%
Total	142	100%	142	100%	142	100%
Highest count	592832		1475		300	

Technology

9. How many computers are in your library? (Back)				
	Librarians		Staff	
	Freq	Pct	Freq	Pct
0	4	3%	7	5%
1 to 5	86	61%	67	47%
6 to 10	18	13%	17	12%
11 to 25	13	9%	14	10%
26 to 50	5	4%	10	7%
51 to 100	5	4%	4	3%
101 to 500	2	1%	5	4%
>500	0	0%	0	0%
missing	9	6%	18	13%
	142	100%	142	100%

10. What is the speed of your Internet connections? Check all that apply if you have more than one speed. (Back)		
	Freq	Pct
Dial-up at 56.6K	2	1%
Broadband (cable modem, DSL or ISDN)	25	18%
T-1 or faster	112	79%
No Response	6	4%

11. Is WiFi available in your library for library users to connect to the Internet? (Back)		
	Freq	**Pct**
Yes	76	54%
No	61	43%
Missing	5	4%
Total	142	100%

12. Is a librarian involved in the planning and/or decision-making process regarding technology in your library or institution? (Back)		
	Freq	**Pct**
Yes, for the library	90	63%
Yes, for the library and the institution	30	21%
Not for the library or the institution	17	12%
No Response	5	4%
Total	142	100%

13. In what way is a librarian involved in technology planning and/or decision-making? Check all that apply. (Back)

	Freq	Pct
Recommends software	105	74%
Recommends hardware	64	45%
Is on a committee that makes technology decisions	46	32%
Plans the library's web site	98	69%
Maintains the library's web site	69	49%

- Also maintain the corporate website.
- Currently there is no librarian at the American Lake Division. The librarian at the Seattle Division would make decisions about the Library web site that serves both divisions.
- Decides on what databases to add to the library collection decides which web sites to add to our recommended web sites
- Formerly managed the corporate web site.
- In collaboration with the web developer they supply content for the website and suggestions for other pages and information and also collaboration with all help pages on how to use the library and the library website.
- Librarian sends updates to webmaster - link corrections, new books lists, etc
- Library director is also director of IT department
- Library is a permanent member IT search committee.
- Library members participate on teams for enterprise-wide search and architecture

- Maintain intranet site
- Maintains all websites for department, as well as websites for several related research and information projects.
- Maintains organization's web site
- Member of agency website committee
- My involvement varies -- at one point I was pushing for Ariel, and I wasn't involved in the decision to scrap Ariel and get eCopy instead. So, my institution-wide suggestions are definitely heard, but I'm not carrying enough weight for the actual decision-making.

- On national VA Library Network panels
- Plans/maintains library's intranet site
- Responsible for major portions of the Institute's Intranet
- Server maintenance
- The hospital will add an intranet for use internally. Each department including the library will be able to plan and maintain their own page. The library web site is just a page on the hospital web site so planning is only minimal.
- This is in flux at present. The director will be on committees in the fall. The library has no access to the website. It's a difficult situation
- Updates part of the library's website and submits content to be uploaded
- Usually, I am not asked
- We do not have a formal librarian at the hospital: 3 staff members with other job descriptions (none in the same office) are trained to search for requested materials. All technological planning and decisions are made by the IS department, with occasional input from Education. We do not have a librarian on staff.

14. Are librarians and other library staff able to: (Back)	Yes		No		No Response	
	Freq	**Pct**	**Freq**	**Pct**	**Freq**	**Pct**
View streaming video from their desktop?	112	79%	24	17%	6	4%
Participate in video-conferences in your library or elsewhere in your institution?	89	63%	41	29%	12	8%
Use application-sharing software such as Breeze, Live meeting, Festoon, Skype, Virtual Room Videoconferencing System (VRVS), etc. in your library?	56	39%	74	52%	12	8%

15. If you answered 'no' to any of the above capabilities tell us why not. Check all that apply. (Back)

	Freq	Pct
Lack of webcams	4	3%
Lack of appropriate software	23	16%
Lack of knowledge about how to do this	0	0%
My IT people don't support it	22	15%
Firewalls	9	6%
Lack of headphones	36	25%
My bandwidth won't support it	35	25%
My supervisor doesn't allow it on work time	35	25%

16. Does your library have any technology and connectivity needs, gaps or issues not listed above? Please describe. (Back)

- ?wi-fi ?intranet - this summer VM will institute standard process, look, feel and new software for our intranet content management. Right now I'm not sure about how that will impact our intranet site   ?how,if we need to be involved in EMR development
- Additional computers are needed for student use. Many classes have 20 - 30 students. The Library's learning lab has 12 computer stations which does not adequately facilitate instruction for an entire class.
- Although we can use application-sharing software, we do not have the budget to purchase the software ourselves and initiate training sessions.

- Better Ariel equipment and photocopier
- Better computers, up to day items for check out. A teaching station.
- Better televideo conferencing capabilities for large groups
- Constantly evolving security issues. Security concerns block more applications than lack of hardware/software resources.
- Internet speed to Alaska is considerably slower than in the lower 48. Connectivity outside of the 3 big cities is slower yet again.
- IT department impedes timely assessing/installing of new software/applications. It is a huge problem. No RSS feeds allowed, either.
- It would be great if we had more archival type equipment. That lack has been a gap. The library has old reel to reel and audio tapes that I would like to transfer to a cds or dvds.
- Lack of wifi for users
- My biggest issue is that I don't have an IP range to use for staff access to online journals for hospital. I can ping and find my IP but it changes, I was given a "static IP" but it doesn't work for my online access to Cochrane and wouldn't help my library patrons who tried to access online materials at their workstations. I don't really understand all the security implications and know that they can "punch through" the firewall for some things, but I am really confused about how to communicate my needs to IT staff. Because of ongoing problems I was able to get my Cochrane library license to allow user ID & Password again, but they really prefer IP to validate user. It makes me hesitate to push for more online access. I set up most of my free online materials on the off network DSL line in library, but the staff who does have Internet access via our network can't get to it.
- Need a public access internet terminal in library. Presently internet access is limited to selected sites.
- Need additional computers for library patrons. Equipment has been requested via our IT
- Need more IT "helpdesk" support, currently only available M-F and only "banker's hours".
- Need WIFI connectivity
- Need WiFi, but cannot get IT on board.
- NIAID uses an uncommon software for creating our website; I am not allowed to learn it or update my website; library website only on our intranet

- Not big ones. We will need to move into WiFi when the institution does next year and into the Clinical Information System, also next year
- Not sure if this falls into this category, but we've been trying for more than 2 years to get Ariel up and running. Firewall issues, and Ariel's horrible customer support continue to bog us down.
- Our largest problem is our very locked down computing environment. We cannot load, change or download software. We must request every change through our IT department and we have a very muscular firewall.
- Our library computers are very slow. We are looking into upgrades.
- Our library is still using Windows 98 for our "public" computers. According to my manager, there aren't any funds available to upgrade our computers.   I've looked in to

the Gates Grants and they're only for public libraries. The NN/LM funding is only for outreach, not specific to hospitals for their own staff. I haven't been able to find support to upgrade our computers, or even to place wireless capability in the library. Our hospital is restrictive when it comes to internet access -- in fact, our nurses don't have access. This creates problems in that the nurses can't pull up health literature (i.e. MedlinePlus) for the patients asking for information. During the day, I can do that for them, however, I've heard the frustrations from the night nurses who have no means of access and the librarian's at home sleeping.

- Our main issue is a powerful firewall and a very restrictive computing environment that doesn't allow us to download or modify software

- Scanners and projectors for student presentations

- Sending ILLs to other hospitals that do not have Ariel, or cannot receive PDFs through their firewall with Ariel.

- Some older computers need replacing.

- VA firewall prevents access which at times can make life a bit difficult.

- Want my IT department to put the library's website on its own server, so that physicians offsite can access the library remotely. Physicians are not allowed access to the hospital's intranet, which is where the library's website currently resides.

- We do not have an adequate solution for providing 24/7 access to our electronic assets for students and faculty. We are beta testing Athens to see if this will meet our needs.

- We have blocked websites, which I find horrifying. Our connection is slow. I am allowed to have a blog for the students but they are not allowed to leave comments, which defeat the purpose, really.

- We have many gaps, but are trying new things. Sometimes, we aren't even aware of many new technological advances. Time can be constraining.

- We need a departmental laptop & projector for staff to support our community presentations. Currently we borrow one from the hospital's pool.

- We need better IT support.

- We sometimes experience connectivity problems to the hospital internet since we are in a separate building and depend on a wireless connection. Ideally we should be wired. I think they are waiting for a time when we completely loose connection and then they will consider doing something about it. I think that the thoughts are looming in the backs of the minds of the IT personnel but too many other things are going on right now for them to deal with it or with the expense.

- We would love to have wireless access for our patrons but there are security issues with this in a hospital.

- Wi-Fi and multimedia WEB would be nice for the LIRC

- WiFi would be nice and at least one of our institutions is working on getting a cell placed near our location.

Note: written comments stating they do not have technology gaps were eliminated in the interest of space

Communication

17. There are a number of ways NN/LM PNR communicates with Network members. Please rank the usefulness of these formats. If you haven't used one or more, please indicate 'Never used'. (Back)

	Never Used		Not Useful		Somewhat Useful		Useful		No Response	
	Freq	Pct	Freq	Pct	Freq	Pct	Freq	Pct	Freq	Pct
NN/LM PNR web site	16	11%	1	1%	41	29%	73	51%	11	8%
PNRNews discussion list	69	49%	5	4%	26	18%	29	20%	13	9%
HLIB-NW discussion list	32	23%	2	1%	16	11%	81	57%	11	8%
Dragonfly Newsletter	32	23%	3	2%	50	35%	46	32%	11	8%
Updates at state and regional meetings, e.g., PNC/MLA, WMLA, OHSLA, etc.	34	24%	3	2%	29	20%	65	46%	11	8%
Personal calls or visits from RML staff	40	28%	4	3%	22	15%	61	43%	15	11%

18. How often do you visit the NN/LM PNR web site? (Back)

	Freq	Pct
Once a week or more	16	11%
About once a month	35	25%
About once every three months	34	24%
Once or twice a year	29	20%
Never	13	9%
Other	8	6%
No Response	7	5%
	142	100%

Other/Comments
- 1-4 x a month
- 3-4 times per month
- As needed.
- every few years
- I look when given a "head's up" that something new is out there
- I should use it more often but don't think to unless the HLIB refers to it
- I'm new and have only been on it once.
- PRN - As needed, which is infrequent

19. Do you currently use the Dragonfly RSS feed provided by the NN/LM PNR? (Back)		
	Freq	**Pct**
Yes	15	11%
No	120	85%
Missing	7	5%
Total	142	100%

20. What do you need from the NN/LM PNR website to support you in your work that is not currently there? (Back)

- Assistance with getting our holdings into the database
- A link to the partnerships of Health Information Management (medical records), IT, and librarians -- support materials such as information on implementing InfoButtons in EMR's. Why IT and Med Records should involve librarians in planning for EMR systems. What librarians have to bring to the table. (And then have templates, support materials, instructions, etc. that can help the librarians communicate these issues effectively. Particularly communicating in IT and Med Records' language, not library-speak.)
- Pointers in chairing a wide-ranging committee to revamp the institution's internet presence on behalf of all the entities and on process of internet redesign
- A list of affordable web designers experienced in creating *hospital* websites
- Contact list of members according to members' issues like buying a new catalog, hiring new staff, creating new job descriptions, etc
- Opportunities to save on journal subscription packages.
- Identification on the "contact us" page of the correct RML staff person to contact for various matters (e.g., DOCLINE, technology, etc.)
- Email message announcing when something valuable has been posted (2)
- Concrete information on how the library can help in tracking and changing patient outcomes in the hospital.
- Old membership directory (2)
- A directory with the simplicity of the old one.
- Directions on how to set up an RSS feed
- Information about databases, software
- Information on what the RML offers
- Link-out info
- How to prepare power point presentations
- A more user-friendly search function

Funding

21. Has your library ever applied for funding from the NN/LM PNR funding, i.e. subcontracts and awards? (Back)		
	Freq	**Pct**
Yes	36	25%
No	95	67%
No Response	11	8%
	142	100%

Other/Comments:
- Also, projects the NLM will fund do not fit the strategic plan for the hospital; therefore I will not garner any support for future grants unless the focus changes to help libraries support high profit margin activities for the hospital.
- Criteria not usually applicable to university libraries
- Funding opportunities usually not relevant to our corporate mission
- Health and medical sciences are a small aspect of our overall service.
- I am not sure if a for-profit institution would be eligible for funding.
- In the past our librarian was not interested in funding through grants, one of the criteria of our new librarian will be in collaboration with me to apply for funding ideas within the library in the future
- Inappropriate for corporate environment.
- inertia
- I've assumed that as part of NIH I couldn't get funding, so I really haven't investigated it closely.
- More trouble than it's worth for the small amount of money we'd get to, say, buy a scanner.
- no need
- Not aware of any funding opportunities that specifically relate to our institution
- Not sure if project ideas would be appropriate use of the funds. (But I never asked for guidance on that either.) Mainly, lack of time to do the application when other sources of funding may be easier to access. E.g. we have received funds from state agency (non-library) for a few information proj
- Our Library is a Federal Library
- Projects seem mostly geared to outreach & community groups are not customers. Technology grants -- did not apply because it did not seem workable with our IT processes, timelines & requirements
- Since I'm not a typical hospital or academic librarian, many of the awards don't apply to me.
- The focus of most grants appears to be in support of outreach to the public. Our library is focused on serving researchers, so most grants don't appeal to us.
- Unknown needs for funding
- We are not open to the public.
- We've never had need to apply for funding.
- While I do have institutional support, at times they're really focused on themselves only - so when I appear on the scene with money that involves outreach to other organizations, I'm viewed as not being aligned with the strategic goals of my institution. PNR fundings are community-focused, rightfully so.
- You are excellent at informing us of funding opportunities. It's clear that I do not have the time to take advantage of them.

22. Have any of the following made it difficult to apply for NN/LM PNR funding in the past year? Check all that apply.

	Freq	Pct
Lack of institutional support	15	11%
Lack of time	65	46%
Lack of staff resources	44	31%
Difficult or time-consuming application	13	9%
Requirements of the award (reporting, etc.)	20	14%
Indirect charges by your home institution	10	7%
Discouraged after not being funded a previous time	2	1%
Lack of knowledge about funding opportunities	28	20%

Outreach

23. Does your library have formal outreach programs in your community? Outreach generally refers to activities that raise awareness of health information resources among audiences (health professionals or the public) not affiliated with or served by your library. (Back)		
	Freq	**Pct**
Yes	29	20%
No	88	62%
Other	18	13%
Missing	7	5%
	142	100%

Other/Comment
- Active Hospital Resource Center, not related to the library, handles outreach programs. Library orders books and journals for this Center.
- Affiliated consumer health information library has such a program.
- As an academic library, we liaise with our faculty dept. heads
- As of this year, 2007, the library has supported MultiCare and community outreach to African American adolescents (AIDS education) and women health concerns
- Do have a formal outreach programs (staff & funding) - mainly for immigrants, children, low income, disabled, etc.
- Have local connections w/ hospital employees & public libraries, and have arranged for some training (from your staff), but I wouldn't call it formal
- I am working with Multicare on a Seniors Forum in September 2007.
- I have tried to work with Public Health, by encouraging them to use PUBMED & MEDLINEPLUS and going through their medical liaison (who is on staff here) to request articles.
- Informal, we offered one program for the public last year in partnership with the local hospital and would like to do more--however, it was not well attended.
- It seems that Teresa is working on an outreach program. I don't know many details about it.
- Not enough staff to do this.
- only those affiliated with specific grant funding
- Our hospital recently opened a Consumer Health Information Department -- but it is completely separate from the Medical Library -- not even in the same department.

- Provide workshops at the public library on consumer health resources.
- We do have outreach events for our students, most of whom are low income women, many of color.
- We have mobile library services taking materials into the community, some of which could be health related.
- We have occasional outreach efforts, but they are not formal.
- We provide services to non-affiliated audiences but do not have *formal* outreach program.

24. If yes, what specific audiences do your outreach activities serve? Check all that apply. (Back)

	Freq	Pct w/ Outreach N=47	Percent Total
Low income	12	26%	8%
Minorities	14	30%	10%
Seniors	19	40%	13%
General public	26	55%	18%
Public libraries	16	34%	11%
Public health workforce	15	32%	11%
Unaffiliated health professional	15	32%	11%

Other/Comments

- School district health staff and students (3)
- Baby/Toddler/parent partnership program University students
- Communities most impacted by HIV/AIDS
- Internal customers within our workplace safety/health agency
- local hospital without a library
- Our students!
- State & local agency officials;
- Faculty & students at area colleges & universities.
- Support groups
- Veterans

25. If no, would you be interested in follow-up consultation from the NN/LM PNR about providing outreach? (Back)

	Institutions that do not do outreach N=88	
	Freq	Pct
Yes	19	22%
No	84	95%
Missing	39	44%
	142	161%

26. Is there a link to PubMed on (Back)	Yes		No		NA*		No Response	
	Freq	Pct	Freq	Pct	Freq	Pct	Freq	Pct
Your library's web site (available to the public)	56	39%	34	24%	44	31%	8	6%
Your library's intranet site	65	46%	39	27%	25	18%	13	9%
Your institution's public web site, other than from your library	17	12%	88	62%	23	16%	14	10%
Your institution's intranet site, other than from your library	27	19%	75	53%	21	15%	19	13%

27. Is there a link to MedlinePlus on (Back)	Yes		No		NA		No Response	
	Freq	Pct	Freq	Pct	Freq	Pct	Freq	Pct
Your library's web site (available to the public)	50	35%	38	27%	43	30%	11	8%
Your library's intranet site	49	35%	57	40%	21	15%	15	11%
Your institution's public web site	19	13%	86	61%	21	15%	16	11%
Your institution's intranet site	20	14%	84	59%	18	13%	20	14%

28. Does your library offer the following services to individuals not affiliated with your institution? (Back)	Yes		No		Not Applicable		No Response	
	Freq	Pct	Freq	Pct	Freq	Pct	Freq	Pct
Walk-in access to print collection	101	71%	28	20%	6	4%	7	5%
Walk-in reference services	95	67%	35	25%	5	4%	7	5%
Telephone consultation and reference	87	61%	43	30%	4	3%	8	6%
Use of computers in the library	81	57%	48	34%	6	4%	7	5%
Walk-in access to online books and journals	77	54%	50	35%	7	5%	8	6%
Training in how to use your library and its resources	73	51%	55	39%	6	4%	8	6%
Training in searching the Internet	51	36%	76	54%	6	4%	9	6%
Document delivery/ILL	45	32%	85	60%	4	3%	8	6%
MedlinePlus training	40	28%	84	59%	9	6%	9	6%
PubMed training	38	27%	88	62%	8	6%	8	6%

Training in using other NLM resources	28	20%	95	67%	10	7%	9	6%
Other MEDLINE software training (e.g. OVID, etc.)	24	17%	95	67%	13	9%	10	7%
Remote access to online books and journals	19	13%	108	76%	6	4%	9	6%
PDA training	2	1%	108	76%	18	13%	14	10%

Thirteen respondents (9%) said they provide none of the services listed below nor did they write in other services that they provide.

---

29. If you provide any additional services or training for unaffiliated persons, please tell us what they are in the space provided (Back)

- Provide help to unaffiliated members who contact or "find" them, though they do not publicize the service (4)
- Orientation to on-site resources
- Courses (for a fee) including computer training, First Aid and CPR, childbirth training, training for certification programs, and nursing courses.
- Free internet searches for health-related topics for the general public
- Health fairs and fitness events
- Assistance or collaboration with health professionals and librarians locally and statewide
- Presentations in K-12 after-school programs.
- Referrals to other information centers/resources
- Computer training (scanning, using programs installed on the library computers
- Assistance navigating other university services or libraries
- Referrals to researchers & other experts in subject areas.
- Registering for Loansome Doc
- Community Services referral information (support groups, service agencies, etc.)
- Onsite use of print and electronic resources and very limited reference services, offered to those with academic needs like local counselors, pastors and/or students in related fields.
- Technical assistance for information [on] intensive HIV/AIDS projects and intervention.

- Provide biomedical information seeking tutorials for summer student interns and area science teachers.
- Reference services and document delivery to clinics where our physicians and nurses volunteer.

30. Would you be willing to answer reference questions referred from other information or health service colleagues, e.g. public librarians or community health organizations?   (Back)

	Freq	Pct
Yes	67	47%
No	30	21%
Under certain condition	36	25%
Missing	9	6%
	142	100%

Under what conditions?:
- Depends on what would be asked and what would I be expected to know.
- If I could correctly.
- if in our area of expertise such as aviation/aerospace medicine, human factors, aviation psychology and in response hlib-nw list serve
- If the questions are in the areas of my expertise.
- Just those concerning occupational health/medicine, toxicology, and basic ergonomics
- Our collection is very limited, so I might not be the best librarian to answer reference questions, but I would certainly be willing to try.
- We are pretty subject specific here, dealing primarily with midwifery and other childbirth professions, so I would be happy to field questions in those areas.
- We can help other librarians in issues pertaining to global health.
- Willingly answer all requests that fall within constraints imposed by copyright and vendor contracts. Ability to lend via ILL much broader than ability to lend to walk-in public.
- With the understanding that while our programs are primarily health-science-based, we are not a health science library.
- If there is a cost for an article the unaffiliated person would have to pay that cost.
- Online research services are available to non-profit research institutions for a fee.
- As long as I did not have to provide ILL etc. I do this already, but am not budgeted to provide much more.
- On a cost recovery basis.
- Services to unaffiliated persons are very limited - they have to have "serious" academic needs. Normally is limited to local counselors, pastors and/or students in related fields.
- We try to provide help to our medical librarian colleagues who call for info. relating to biotech information resources.
- Questions must relate to L&I's mission
- Anyone is welcome to call/ use the general reference desk
- We are a public library and currently handle reference questions from our patrons
- As long as it doesn't overwhelm my part-time schedule
- As time allows around other duties
- Contact the Idaho Health Science Library, located within the Oboler Library Building
- Demands of the academic quarter limit the amount of time we would have available for

such questions.
- Depending on the request and my availability.
- I would be happy to help out with reference questions, but I have been directed to focus on our physicians and other medical staff. However, if an occasional question comes along that is not terribly time-consuming, I would answer it.
- If we had more staff
- It would have to depend on the amount of time this would require. I stay very busy with my current duties.
- On an individual basis.
- Only if very occasionally (e.g. 1-2x/quarter)
- Primarily local - Oregon and Southwest Washington as time allows.
- since this is a 4hr per week position, if a query came in while there, sure it would be responded to
- We'd only be able to help at slow times on a limited basis so that it didn't impact our primary customers
- Within time restraints. Our limited staff and Library hours make this difficult.
- yes - with more staff in my library
- I provide free ILL in Idaho to public libraries. I charge individuals $0.10 per page for copies. I charge public libraries outside of Idaho (eg, Wyoming)
- Only per prior discussion and agreement

DOCLINE

Non-DOCLINE Libraries

(N=23)

31. Are you a DOCLINE library? (Back)		
	Freq	**Pct**
Yes	113	80%
No	23	16%
No Response	6	4%

32. Would you like more information on joining DOCLINE? (Back)		
	Freq	**Pct Non-(DOCLINE=23)**
Yes	11	48%
No	12	52%
Missing	0	0%
Total	23	100%

33. Does your library participate in LinkOut? (Back)		
	Freq	**Pct Non-(DOCLINE=23)**
Yes	2	9%
No	21	91%
Missing	0	0%
Total	23	100%

34. If no, what's stopping you? (Back)		
	Freq	**Pct Non-(DOCLINE=23)**
Do not know what it is	13	57%
Not sure how to begin	3	13%
Not enough time	2	9%
I started but haven't had time to complete it	0	0%
Too complicated	0	0%

Other/Comments
- ILL Dept. uses OCLC for ILL books and articles.
- Interlibrary loan is handled by Central Services of Whatcom County library
- n/a we do not subscribe to any print or electronic resources
- No staff, no journals

- Only .75 FTE and limited resources to share.
- Organizational changes
- This service is provided by the institutional library
- Use larger UW system that provides this service.

35. Does your library purchase e-journals through a consortium or some multi-library purchasing plan?
(Back)

	Freq	Pct Non-(DOCLINE=23)
Yes	10	43%
No	13	57%
Missing	0	0%

36. If yes, what consortiums or multi-library plan(s) do you purchase through? **(Back)**

- BC
- ESIG
- Alaska Library Network
- Ebsco; Ebsco host
- Premiere
- Info trac
- Omni consortium
- Legacy Health System,
- PNC
- Library Consortium of Eastern Idaho
- Montana Library Network; Montana State Library; Montana State Library Consortium
- Washington State Library

37. How many of your licensed electronic resources can you use for interlibrary loan (by any delivery method: mail, fax, email, web delivery, Ariel)? **(Back)**

	Freq	Pct Non-(DOCLINE=23)
None	9	39%
Some	7	30%
All of them	3	13%
Missing	1	4%
Other	3	13%
Total	23	100%

38. Do you use any of your licensed electronic resources for Loansome Doc to unaffiliated health professionals? (Back)	Freq	Pct Non-(DOCLINE=23)
Yes	0	0%
No	8	35%
Do not use Loansome Doc in my library	13	57%
Other	2	9%
Missing	0	0%
Total	23	100%
Note: Those marking "other" did not add comments		

39. If No, then what's stopping you? Check all that apply. (Back)	Freq	Pct Non-(DOCLINE=23)
Too hard to track licensing agreements	0	0%
Licensing restrictions	3	13%
No EDD technology (eg. email, Ariel, web delivery)	0	0%
Firewall or other technical issues	0	0%
We don't offer this service to unaffiliated health professionals	5	22%

Other (please specify)
- Do not know enough about it
- ILL is done through the mail.
- Not sure
- use ILL Services of institutional library
- Use OCLC First Search
- Use UW resources.

40. Do you participate in library packages, e.g. databases or full text resources, offered in your state, region, or nationally? (Back)	Freq	Pct Non-(DOCLINE=23)
Yes	15	65%
No	6	26%
Missing	2	9%
	23	100%

If Yes, which ones?
- Ebsco (3)

- Ebsco's Auto Repair Reference Center
- ProQuest (2)
- Gale
- Thompson/Gale and
- InfoTrac (2)
- look at wcls.org
- many
- Montana State Library Statewide Database program
- OHSU OVID
- shared e-books
- State consortium, I think.

41. Do you offer access to online full text journals to... (Back)				
	Staff Health Professionals		Community Health Professional	
	Freq	**Pct Non- (DOCLINE =23)**	**Freq**	**Pct Non- (DOCLINE =23)**
Not at all	5	22%	7	30%
In Person	7	30%	10	43%
Remotely	7	30%	6	26%

DOCLINE

DOCLINE Libraries

(N=113)

42 (a). Have DOCLINE requests gone up or down in the past year? (Back)		
	Freq	**Pct (DOCLINE) (N=113)**
Up	33	29%
Down	31	27%
Holding	36	32%
Missing	13	12%
	113	100%

42 (b) Why do you think this is happening? (Back)		
Up	Down	Holding
• Participation in "Freeshare" (5) • Increased numbers of users (health science programs; staff; departments; students) (5) • More awareness among users of services (4) • Decreases in physical holdings (2) • Added technology (e.g., scanners) (2) • Publishers limit access to the newest information; began offering resources electronically • Increases in DOCLINE requests from other institutions • Increased instruction • More electronic options for filling ILLs; service is free and fast	• Users have more access to full text on line, either through free resources or changes in the library's database subscriptions (10) • Hospital offers online UpToDate throughout the medical center • Doctors are busier • Lack of training. • Library use down (due to MD hospitalists, other doctors spend less time in the hospital.) • Students encouraged to submit all ILL interlibrary loan requests through ILLiad because it works better for copyright record-keeping and for managing requests	• Responses are fast and accurate • Variety of titles in collection • Very specific content holdings • Increases over 3 years in number of online journals through Ovid and ProQuest from 80 to over 400 • Transient professional population • The Internet allows people to find more books and articles they want to read; on the other hand, more online journals are being provided. • Due to online document retrieval/databases

43. Who in your library works with DOCLINE daily? Provide their name(s) and email(s). (Back)

[Note: Did not include personal information in report]

44. Do you use an ILL management program? Select all that apply. (Back)

	Freq	Pct (DOCLINE) (N=113)
No	49	43%
QuickDoc	36	32%
ILLiad	11	10%
Other:		
Clio (3)		
DB Textworks/In Magic		
First Search/ World Cat (2)		
Locally written (3)		
keep stats		
only DOCLINE & EFTS		
ILL Voyager		

45. How confident are you in managing your copyright responsibilities within DOCLINE? (Back)

	Freq	Pct (DOCLINE) (N=113)
Very confident	46	41%
Somewhat confident	46	41%
Not very confident	10	9%
Not at all confident	2	2%
No Response	9	8%
Total	113	100%

46. Which electronic document delivery methods have you used for receiving copies? Check all that apply. (Back)

	Freq	Pct (DOCLINE) (N=113)
None	1	1%
Email tiff	42	37%
Pick up tiff on web	26	23%
Pick up pdf on web	65	58%
Ariel	31	27%
Email pdf	101	89%

47. Which electronic document delivery methods have you used for sending copies? Check all that apply. (Back)

	Freq	Pct (N=113)
None	11	10%
Ariel	22	19%
Email tiff	18	16%
Email pdf	88	78%
Web pickup using Prospero	3	3%
Web pickup using Ariel	11	10%

Other (please specify)
- Fax (7)
- Mail (4)
- Odyssey and/or Illiad (3)
- Make available on the Web -- not using Ariel or Prospero
- Not yet send copies.
- We need a scanner to send pdfs.
- Cancelled Ariel mid-year. Company tech support was terrible; had too many problems with the software and its complexities.
- I would like to have more knowledge on the copyright implications of sending electronic ILLs to our students & faculty.

48. If you are not using electronic document delivery between libraries (for either sending or receiving, or both), what's stopping you? Check all that apply. (Back)

	Freq	Pct (N=113)
Not sure how to begin	6	5%
Cannot afford scanner	2	2%
Email cannot handle document this big	0	0%
Insufficient IT support	3	3%
Printing supplies too costly	0	0%

Other/comments
- I'd like to do so, but I'm wary of violating copyright with my electronic journal collection.
- it is easier to make a photocopy & mail than to scan a copy & email--we have occasional volunteers or temp staff who do the photocopying
- license agreement restrictions
- Not enough time to look into it
- See earlier comments re Ariel - we've been trying for more than 2 years to get it going, to no avail - firewall issues continue to plague us
- We submitted a request for a scanner, and hope to receive it soon.

49. Are your holdings in OCLC as well as in SERHOLD? (Back)

	Freq	Pct (DOCLINE) (N=113)
Yes	56	50%
No	39	35%
Other	10	9%
No Response	8	7%
Total	113	100%

Other/comments
- Currently yes, but may not renew 2008
- I don't know.
- Not sure
- Not sure how to check
- OCLC title level holdings only
- OCLC yes; SERHOLD not sure
- plan in 2007
- The holdings were in OCLC but I do not believe we have updated them for a while.
- Title level only in OCLC

50. If your library has not joined EFTS, please tell us why not? (Back)

- Accounting wants me to make out the vouchers for all of the charges; the auditors want to see all charges
- Internal accounting reasons. Organization sets limits on how the library can get and receive funds
- It has been so cumbersome to have one of our administrative people sign off and have it notarized, I never got it done!
- My institution won't allow it.
- Our company doesn't always pay invoices quickly and I'm afraid that the library will use up the money deposited in the EFTS account and not get more to replace it in a timely manner.
- Our Finance department wants to continue to control this aspect of our corporation and oversee accounts payable personally.
- Our finance department won't permit it.
- Resistance from Accounting Dept.
- To be honest, I'm not sure. Primarily because DOCLINE is not our primary ILL resource. But I think it's worth exploring.
- Lack of knowledge and not sure about government rules/regs on this subject since we are a government library.
- Waiting for the bugs to be worked out. We are considering it now.
- Don't know what it is/don't know enough about it (5)
- No funds allocated in our budget.
- I. We are a small library by comparison to others 2. My library committee of physicians does not understand it or think it is necessary or advisable. They want to keep their

> funds at home.
>
> - We do not charge.
> - Not necessary
> - Haven't gotten around to it.
>
> - I haven't taken the time to do so yet. I intend to.
> - It's on the list of things to do.
> - Never have gotten around to doing what is required to participate. It does not mean we would, though.
> - Working on it - still
> - Policy established at institutional level.
> - We are too small
> - Inertia.
> - no, do not have time to go for it (administrative)
> - I didn't think it was worth setting up for the small number of requests we charge for.
> - I don't anticipate handling that many requests so we generally don't charge for our copies/services
> - I don't have enough volume to worry about it
> - Volume too low (3)
> - Rarely purchase articles.
> - We do not use DOCLINE very often
> - We don't do as much activity in DOCLINE as we do in OCLC. Because volume through DOCLINE is minimal, we are not burdened with manual billing system

51. Does your library participate in LinkOut?   (Back)

	Freq	Pct (DOCLINE) (N=113)
Yes	48	42%
No	59	52%
missing	6	5%
Total	113	100%

52. If no, what's stopping you?   (Back)

	Freq	Pct (DOCLINE) (N=113)
Do not know what it is	16	14%
Not sure how to begin	9	8%
Not enough time	20	18%
I started but haven't had time to complete it	3	3%

	Too complicated	3	3%

Comments:
- Prefer to support other services, systems, or resources(7)
- Low priority (4)
- Need more skill or training   (2) I(One person wrote: "it was helpful when Susan Barnes did an email series dealing with just one aspect at a time."
- May not be completely implemented
- Catalog is only on intranet
- Not needed (2)
- Not very many titles available on-line
- Not primary resource (2)
- Too few of library's journals indexed by Medline

53. Does your library purchase e-journals through a consortium or some multi-library purchasing plan?   (Back)

	Freq	Pct (DOCLINE) (N=113)
Yes	67	59%
No	40	35%
No response	6	5%
Total	113	100%

54. If yes, what consortium(s) or multi-library plan(s) do you purchase through? Please do not use abbreviations. (Back)

- Pacific Northwest Chapter (22)
- BCR (9)
- Washington State Library (8)
- Orbis Cascade Alliance (8)
- Greater Western Libraries Alliance (4)
- PNC/MLA and Ovid: LWW Total Access Journal Collection (4)
- Washington Medical Librarian Association (3)
- Kaiser Permanente libraries (2)
- A very informal purchasing group for the ATLA database on EBSCO
- Dept of Health & Human Services Libraries Consortium - a few titles   mostly
- EPSCOR (National Science Foundation)
- esig
- Informaworld
- Libraries Linking Idaho
- Medical Command for the Army
- Medical Library Assoc.
- Medline and LWW journals) through the Pacific NW Chapter of MLA

•	Michigan Library Consortium
•	Montana Library Network (part of Montana State Library.)
•	Montana Shared Catalog and I purchase the Nursing Academic Journals through EBSCO.
•	Montana State Library (2)
•	NATIONAL - VALNET FOR NEJM EBSCOHOST - VISN20 Group purchase
•	Navy Libraries
•	OCLC Western (NetLibrary only)
•	OPALL
•	ORBIS
•	Oregon State Library
•	OVID resources (CINAHL
•	PNC contract with Ovid for the Total Access Collection
•	PNC Group Purchasing
•	PNC Purchasing Committee
•	ProQuest (3)
•	ProQuest through the Washington State Library
•	Providence Health & Services
•	State of Oregon.
•	The licensing for the journals we use is handled by the main NIH Library in Bethesda
•	U.S. veterinary libraries consortium
•	University of Alaska system
•	University of Washington/WSU consortium
•	VA Library Regional group
•	Washington Medical Library Consortium
•	Washington State Database Licenses
•	Washington State Library database project (ProQuest)
•	Washington-Idaho network
•	We purchase with other VA Hospitals within a regional network
•	WSU has numerous consortial agreements: please contact Diane Carroll at WSU carrolldi@wsu.edu

55. How many of your licensed electronic resources can you use for interlibrary loan (by any delivery method: mail, fax, email, Ariel, web delivery)? (Back)

	Freq	Pct (DOCLINE) (N=113)
None	18	16%
Some	56	50%
All of them	20	18%
Other	6	5%
Missing	13	12%
Total	113	100%

Comments:
- Consortial purchasing has reduced licensing restrictions to immediate patron base use only.
- Don't know at this time - we are working on it, though
- Don't know, so don't lend from any of them.
- Most of them
- Not certain - we rarely provide ILL
- Working on a tracking system that will allow ILL use

56. Do you use any of your licensed electronic resources for Loansome Doc to unaffiliated health professionals? **(Back)**

	Freq	**Pct (DOCLINE) (N=113)**
Yes	21	19%
No	48	42%
Don't use Loansome Doc	30	27%
Other	3	3%
Missing	11	10%
Total	113	100%

Other/Comments
- full response to patient care requests
- No unaffiliated
- yes, if license allows

57. If No, then what's stopping you? Check all that apply. (Back)

	Freq	**Pct (DOCLINE) (N=113)**
Too hard to track licensing agreements	8	7%
Licensing restrictions	17	15%
No EDD technology (eg. email, Ariel, web delivery)	2	2%
Firewall or other technical issues	1	1%
We don't offer this service to unaffiliated health professionals	48	42%

Other/Comments:
- Do not know how to use it.
- haven't had any Lonesome Doc patrons yet
- Institutional licenses are protected for our immediate customer base. Library staff refers to our RML library.

58 (a). Do you participate in library packages, e.g. databases or full text resources, offered in your state, region, or nationally? (Back)

	Freq	Pct (DOCLINE) (N=113)
Yes	71	63%
No	29	26%
Missing	13	12%
Total	113	100%
If Yes, which ones?		

58 (b). List of library packages (Back)

- a very informal purchasing group for the ATLA database on EBSCO   ProQuest through the Washington State Library
- as above
- CLP - Washington State Cooperative Library Project (ProQuest)
- Databases for Alaskans (EBSCOhost)
- STATref
- OVID full-text books
- R2 full-text books
- GIDEON Natural Standard
- Dept. of Veterans Affairs VISN purchase of Facts and Comparisons and Micromedex.
- National VA contract for New England Journal of Medicine.
- PNC/MLA Ovid Electronic Journals
- EBSCO (about 20 databases, but not CINAHL or Medline) through the state of Oregon to Public Libraries and non-profit organizations.
- Ebsco Health
- Ebsco, ProQuest, FirstSearch, JSTOR
- EBSCOhost
- EBSCOHOST - VISN20
- EbscoHOST databases
- EbscoHost Subscription through the State of Oregon.   We have Ovid access through OHSU.
- EBSCOHOST through the Oregon State Library
- Ebsco's Cinahl
- Facts and Comparisons; Micromedex; EbscoHost
- Gale databases
- Haworth Addiction & Recovery Journals collection; we purchase this collection, which conveys access to full UW community. Same for addiction titles from Taylor & Francis,

via Informa. (not sure if this is what you meant in this question.)
- Hundreds of them, like most academic libraries. Most are not health-related
- I believe I answered this in question 54. We have ProQuest through Washington State Library.
- Idaho Commission for Libraries Bibliographical Center for Research (BCR) Utah Academic Library Consortium (UALC)
- Idaho State Library LILI Databases
- InfoTra
- InfoTrac (Montana State Library) Ovid Books/Journals (PNC/WMLA)
- INFOTRAC through the Montana Shared Catalog.
- Journals@Ovid Books@Ovid ProQuest Research Library ProQuest Health & Medical Complete
- Knowledge Base, ProQuest
- LiLI (Libraries Linking Idaho)
- Lili-Libraries Linking Idaho PNC/MLA MDConsult and Ovid packages OCLC/Worldcat
- LWW Total Access (OVID) Full-text Books (OVID) CINAHL, MEDLINE (OVID)
- not sure
- OCLC services - through Montana State Library contract
- OCLC through ICFL Ovid through PNC consortium
- OHSU's databases offered to all healthcare professionals in Oregon.   Oregon State Library's subscription to EBSCO databases.
- ORBIS
- ORBIS
- Orbis Cascade Alliance
- GWLA
- Washington State Databases
- Oregon statewide database package
- Oregon Statewide
- ORBIS
- Ovid Book LWW Journal Program via Ovid
- ProquestDirect via Wa State Library
- Ovid Lippincott full-text
- ProQuest
- Pacific Northwest Medical Library Association (Ovid products) Washington State Library (ProQuest products)
- PNC group purchasing - LWW, CINAHL, Ovid books
- PNC/MLA
- PNC/MLA and Ovid: LWW Total Access Journal Collection, electronic books book collection, nursing e-books and CINAHL, evidence based medicine resources; Washington State Library and ProQuest; PNC/MLA and Ebsco DynaMed
- Ebsco
- ProQuest

- proquest
- ProQuest
- CINAHL OVID Cochrane/EBM   OVID Total Access
- ProQuest OVID
- Proquest (WA State Library) Lippincott journals (Ovid) CINAHL with Full Text (Ebsco) Nursing package (Ovid) EBM package (Ovid)
- ProQuest for sure.
- Proquest through the State of WA
- Proquest; MD Consult; EBSCO and OVID
- Proquest; the following EBSCO databases: AltHealth Watch, AMED, Psychology and Behavioral Sciences Collection, PsycINFO
- Seattle Public library King County Public library
- (SciDirect, Sage, Ovid, Synergy, Springer, Wiley, special clinics.com, Taylor and Francis, Ingenta, etc.)
- Statewide database purchase of Gale; up for RFP -- may be a different vendor after July
- STAT-Ref via National Library Alliance.
- Gale Infotrac databases via Montana Library Network.
- OVID via Pacific Northwest Chapter of Medical Library Association.
- Thompson Gale InfoTrac
- To many to list
- Up-to-Date, Micromedex, New England Journal of Medicine, Stat!Ref, Ebsco databases and limited access to Ovid, Proquest, MDConsult
- Washington State Database Licensing
- Washington State Library Proquest package
- Washington State ProQuest contract

59. Do you offer access to online full text journals to... (Back)				
	Staff Health Professionals		Community Health Professional	
	Freq	PCT	Freq	PCT
Not at all	8	7%	32	28%
In Person	82	73%	39	35%
Remotely	87	77%	5	4%

Training and Support

60. In what areas of your work do you feel you need training and support? Check all that apply. (Back)		
	Freq	**Pct**
Keeping abreast of new technologies	87	61%
Managing copyright	49	35%
Showing the value of your library	49	35%
Negotiating e-licensing agreements	45	32%
Implementing LinkOut	38	27%
Planning and evaluating projects	32	23%
Health information literacy	30	21%
Trends in scholarly communication	29	20%
Using NLM resources	22	15%
Using DOCLINE	19	13%

Other suggested topics:

- Knowledge management (2)
- Information integration into EMR (2)
- All aspects of maintaining a medical library.
- Employee issues
- Evidence-based medicine
- Institutional repositories
- General medical education training for the reference staff--basic PubMed, Anatomy/Physiology, difference between clinical and nursing/ancillary medical databases
- Negotiation in general (skills & techniques)
- Presentations on database use before a large audience.

61. Are there one or more computer labs with Internet access available in your institution that can be used for RML training programs? (Back)		
	Freq	**Pct**
Yes	69	49%
No	59	42%
Missing	14	10%
	142	100%

62. If yes, how many labs and how many computers are in each lab? (Back)
Note: The responses to this question were given to PNR with identifying information of institutions, so the data are not presented in this report.

Benefits

63. In your view, what are the benefits of membership in the NN/LM PNR? Please check those services you consider a benefit, even if you have not used it. Please also indicate if you have never used it, whether or not you consider it a benefit. (Back)	Benefit		Never Used	
	Freq	**Pct**	**Freq**	**Pct**
Funding opportunities	76	54%	73	51%
LinkOut	76	54%	60	42%
Teaching curriculums and materials	90	63%	53	37%
NN/LM PNR Lending Library/Net Library	88	62%	50	35%
Free promotional items, e.g., pens, bookmarks, etc.	81	57%	44	31%
Certificate from NLM	83	58%	32	23%
NN/LM PNR staff consultation and support	101	71%	31	22%
Classes taught by NN/LM PNR staff	107	75%	27	19%
DOCLINE	103	73%	22	15%
Network Member Directory	103	73%	22	15%
Enhanced communication with other library professionals	110	77%	14	10%

64. What benefits or services are needed from the RML that are not currently offered? (Back)

- Packaged access to more online journals ("bundled electronic access) and broker group rates (4)
- Advocate for libraries/librarians within organizations and to health care executives (e.g., at conference, meetings, CE) (2)
- Provide more assistance keeping up with technology (2)
- Continue and add more classes locally (2)
- Address the monetary value of the library for the newly required IRS reports
- Please keep coming to local areas (like Portland). Our travel budget is zero and likely to stay that way for several years at least. Sigh.
- RML needs to look into rideshare programs for events at UW it is far enough a rideshare would be cool
- Provide more outreach to academic libraries—other than academic health libraries – that support undergraduate health sciences curriculums
- Develop partnerships with local schools - for teachers to teach their students (K-12) how to find good health information. (in addition to K-12, partner with beauty schools and bartending schools!
- Continue expansion of reaching and supporting community-based organizations.
- Help with understanding/interpreting document delivery/interlibrary loan and e-journal licensing
- Make requests waiting for download visible in our management system, ILLiad. "Staff are so busy with incoming ILLiad requests, they may forget to check the DOCLINE account site. Requests import very nicely after we see them, but too often the request sits online, waiting for someone to notice it."
- More meetings and discussion on e-libraries, particularly on the evaluation of libraries becoming e-library only and the pitfalls and problems that incurs.
- Perhaps grants/classes for libraries on patient outcomes assessment, on how and when the library's literature is used to improve patient outcomes. CMS and JCAHO now have 5 patient outcomes they are measuring, and CMS is anticipating measuring 5 additional outcomes. Apparently, these outcomes for all hospitals will be posted on the web. Libraries and the literature can have a direct impact. Need some direction on how libraries can assist in improving outcomes and measure their impact.
- Training public librarians to train public in Medline/PubMed usage.
- Would appreciate occasional educational offerings in Central WA.
- You are doing a great job - nothing comes to mind.

65. Please give us any additional feedback about the programs and services of the NN/LM PNR that you would like to provide. We value your input. (Back)

- My feeling is that NNLM doesn't have the visibility within my organization than it may have had in years past & The emphasis on consumer health information has taken focus off service to health professions.
- Great job -- great staff with excellent expertise who are always willing to help out!
- If NN/LM PNR does the outreach marketing work -- they can schedule me as the local onsite coordinator for PNR's virtual classes/meetings/sessions.   I'd love to have press releases, advertisements to place in our local newspapers, created for me already by the PNR. It'd be great if PNR connects with our media contacts, but I'm willing to do the actual contacts.
- The PNR is the best RML in the country!
- Just continue what you have been doing...again, thanks!
- I'd love to know if there's anyone in our region who is a special & medical librarian like me in a company research library. I know there are some folks in Seattle in drug companies, but is there anyone else? Thanks!
- I find the online directory very difficult to use and I can't use it to print a phone directory of regional libraries; I can't remember the status of the national one but it seems like it never worked at all
- I would like to know more about this service.
- You are valuable and responsive to member's needs and so professional - I appreciate the hard work you do.