

[WMLA 2009 Conference](#)

Finding Water in a Drought: A Panel Discussion on Creative Library Services, Advocacy and Strategy Ideas

We're all facing a downturn in the economy since our funding is frequently from external and public sources. Each one of our presenters will present some strategies they have used for their library or ways they have creatively shared their resources in response to them. This is informal, we want to hear what everyone else is up to as well.

Brynn Beals, MLS, AHIP
Library Program Manager
St. Joseph Hospital, Tacoma

This would never have happened without Maryanne Blake, Outreach/Evaluation Coordinator from the National Network of Libraries of Medicine, Pacific Northwest Region (NN/LM PNR) and am grateful for her support throughout the process. This is an upcoming article she has written for *Journal of Hospital Librarianship*, see handout for tables. Valuing Hospital Library Services came about as a result of the [Measuring Your Impact](#) class, she as a solo librarian created an evaluation form for all her mediated searches. There was no followup with those who didn't reply One of the key questions: Did the library's assistance save you time? Most replied 'lots, tons, immeasurable hours' etc but those reporting actual time the data were captured. She refined the question to 'How many hours saved? Please try to quantify' She had to use an average hourly salary applied to the amount of hours time since human resources was unable to share specifics, used [America's CareerInfoNet](#) source for salary. Over \$5,000 salary hours were saved for 21 respondents, and they were pleased with the results of mediated literature searches; however, those responding are likely to be pleased so not surprised. Value in the story was conveyed. 'Time saved was at least 1 hour, but more importantly you found sources I don't think I would have' Value was added to patient care activities, numbers not large but if you're the patient the value is priceless. This study reflects a small percentage of time & mediated searches are only 1 piece of the many activities a solo librarian does. Her hope is to inspire others to take similar steps to educate administrators regarding the value of hospital libraries.

Michelle Goodwin, MLIS
Medical Librarian
Evergreen Hospital, Kirkland

This is what all of us deal with on a day to day basis, humbled to speak since she is new. Flying to Mexico in Feb, reading a book, passenger asked about book & she said she was a school teacher in Santa Cruz and I'm a medical librarian in a hospital. 'I didn't know there were any!' Somewhat disconcerting to get this same reaction from people in the hospital! As a librarian it's our job to educate others about who we are and what we can do for them. Everything drills down to the idea of visibility, like Brynn said there are obvious ways we can help people but if they don't know we're there. I'm not the only one tucked in a dark corner with keycard access to my door. Ranganathan 0 a library is a growing organism, in times like this it feels like the opposite.

The well is running dry - institutions are failing, employees being laid off, administrators cutting budgets, value of libraries are under constant scrutiny (constantly asked to prove our value), librarians under pressure. What Brynn did is a great way to let people know that we're there and we do make a difference. Some of you have been in librarianship for a long time and this is not new, for those of us who are new to the field this is a terrifying experience.

Make Do or Do Without - make do with what you have, (you can draw up a business plan to go to MLA in Hawaii and have administration laugh at you), put big projects on hold if necessary, apply for grants (scan grants, keep an eye on them), ask for help, research what the other colleagues are doing. Right out of library school she received a job which was great but she had no idea what she was doing, felt tossed into the deep end of a pool. She called other librarians and visited to learn and talk with them, they'd share what they did. She learned a lot from them personally and learned a lot of best practices.

Leverage your strengths - if all else fails, get creative by looking for ways to show off what you are already doing. Statistics may

be an evil word but when it comes down to it an administrator doesn't want the touchy feely story, they want numbers (money is the top one). How many people have used these resources? Michelle built an access database to create reports, presented it to her boss and she was amazed by it. She reported it to the VP. These are important to people in charge of funding and you want people to be aware that you understand these things. Usage (talk with vendor if you're not sure how to glean these results, wrote letter to executive committee presenting stats and asked for increased funding to getting the talks in play, adds to visibility so they know you're there and doing things), advocacy. You have to advocate for your library because no one else will. Her job is to get out into the hospital, talk with various groups, introduce herself, show interest in hospital committees, the more people see you the more value you'll bring. Make flyers, monthly newsletter, CME program, send business card with every article you put together so people have it at hand, have an open house. Advocate outside the library - partnerships outside in the community.

Last October during MLA month, the October advocacy letter to administrators was a huge success ([click for more details](#)). This helped open it up beyond that to the hospital as a whole. The 'Dig Deep for Medical Information' theme last year took it a step further to research into practice. She incorporated it in a Halloween theme, RIP - (Research Into Practice) cupcakes with tombstones and also made bookmarks with the cupcakes. This helped bring people together in a fun way, and there were many staff who had 'Oh I've been meaning to talk with you...' conversations with her, making it an easy way to advocate for the library

Stand out - there are ways to make your library shine without spending more. Building partnerships, ask depts/groups how you can help them, sit in on meetings and assist with research, they'll ask her to come back for guidelines, recommendations etc they'll think of her and her assistance. Help to build surveys, web management, organization techniques. Develop a partnership with the iSchool to have cyclical volunteers/internships at the hospital so they see what medical librarians do. Apply for scholarships, there are few institutions willing to have you travel/go to classes. Her boss was amazed that she was looking for other ways to do what she needs to for continuing education, seeking the initiative to fund herself. Think outside the box - brainstorm with manager. Nurse manager, began rounds and permanent feature with looking up information during meetings on conditions. Much of this comes down to visibility, they had a real use for her and she could give value to the group.

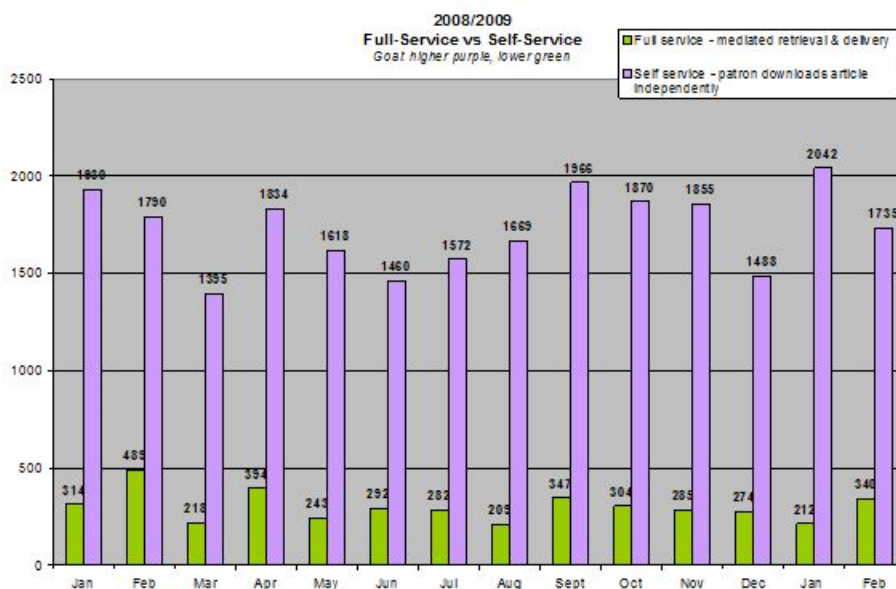
Andrea Ryce, MLIS
Medical Librarian
Group Health Cooperative, Seattle

Towards Transparency through Metrics Tasked to use lean principles as management and continuous improvement. In collecting metrics we've been able to tell a story to our leadership, when you make a graphic and take the library words out of it there's a huge 'Aha!' moment for the viewer. 95% digital, distributed clinic system. Where is the staff time being spent? They were always so busy but not exactly sure why. They wanted to tell the library story to leadership.

What is Lean? (she did take the info from wikipedia) Lean is a production practice that considers the expenditure of resources bottom line: more value with less work. Lean manufacturing is a variation on the theme of efficiency. How much value does it have to the customer and is it worth it? Uses empirical methods to decide what matters, similar to evidence-based practice.

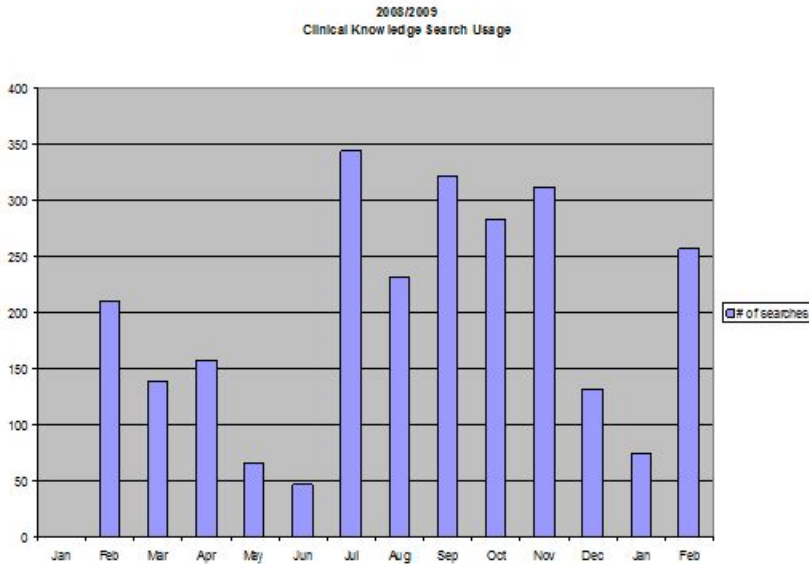
Visual display (make the work transparent) project action plan, vacations, hot spots (things we have to address immediately/leadership needs to know about it), work pending, metric graphs quarterly or as best utilized.

Full text article retrieval graph: How come customers aren't getting the info themselves? Didn't have a sense of how many were pulling them themselves, mind-boggling. Green is full service, people requesting articles they can get themselves. Purple is usage they were doing on their own. Chart updated every month. State the goal at the top (higher purple, lower green). Administrators and other key parties get a mental picture they can take back with them.

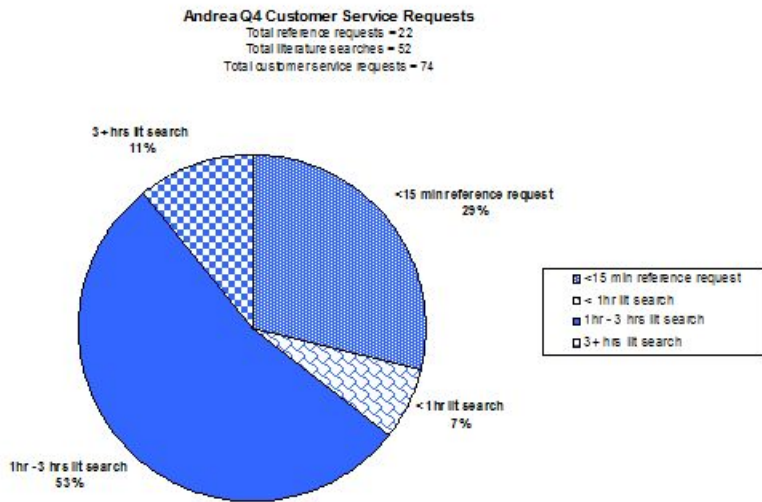


PubMed LinkOut graph involved testing the system to make sure their system works: Do people not know how to do it? Is the icon there? Are they not seeing it or using the wrong program to access? Light green: works. Dark green: doesn't. LinkOut is fantastic but not perfect.

Federated search engine usage: number of searches. Bumpy road with databases and firewalls, wasn't sure if people hadn't been educated. Did big marketing push in Feb, in July did a big meeting with nursing group and ever since then usage has been great. This helps decide where to go in the future with the information.



Customer Service Requests: can only predict how much work you'll have to a point since we don't know how many requests we'll get, where are we spending our time? How long are we taking? I need to be able to show leadership where my time is going. You can plan classes ahead of time but when literature search requests come in you have to turn them around. Graph divided them into how long they take to do them. You spend a lot of time doing quality control between databases, internet connections, calling journals to see why they're dropped, LinkOut issues.



PubMed ID number (PMID) or not: if you have a PMID it is a no brainer so they're really trying to promote this concept to customers to use them instead of cut and pasting screens from PubMed, providing them either knowingly or unknowingly. 53% did not. This has turned into a project to refine their website to include PMID box. When it comes down to it they are about customer service and we can't force them how to do it.

What's next: track full text article retrieval, monitor LinkOut functionality, until they have solid baseline. Test their marketing/promotional use, if promoted resources are not used after their presentations they will consider axing them.

Audience and Panel Discussion Notes

Flood situation - lost quarter of new collection. What about hospital friends/auxillary as a source for help in this situation? Has anyone tapped into this group? One institution created a fund in the foundation for CME within the library committee in foundation and are channeling medical staff to use the fund as a backup. Nonprofits don't have way to roll over money from year to year, so this is a great way to keep money for a few years in a row. This is easy to do if your organization already has an auxillary foundation fund, set one up with a clear purpose and easy way for people to contribute to it. Another organization's auxiliary fund has a wishlist, they also have a foundation fund but they don't touch it unless there's an absolute need the hospital can't provide. They cut their supplies budget but really needed a printer, so they cut the printer from their budget but were able to purchase one with foundation money.

Do medical staff pay for their journals? Talk with hospital medical staff about it, some pay for 25% of journals. Washington State Library has 50% CE scholarship reimbursement available, they will fund subject specific conferences. Do look at it as a scholarship opportunity, don't forget that it is available. [WA State Library Continuing Education Grants](#) PNC/MLA also has funding opportunity, MLA has a lot

Able to track when someone downloaded article themselves? statistics from A-Z list and LinkOut, subtracted what the assistant downloaded. Not a lot of people are going straight to publisher websites because IP links, they may go elsewhere with other avenues that she is still looking for way to collect statistics on. Looking for ways to start a conversation with groups using their information, are you using them? Are there other things they want to see?

Were you successful in teaching them to download themselves? It's hard. staff need to practice. Any number of education pieces can be held and ultimately this is our service. People from UW should know better! Try to get staff who are new. It is faster for them to send requests to you. It's like the self checkout machine at the grocery store, it can take longer. Some have fear/concern of technology, a lot of people really like it when you answer the phone and they tell the librarians that. We would love if everyone would do research on their own but if they can handle the volume of calls and perhaps more accurate then they are going to continue doing it.

Argument that you save staff time is a valuable strategy that administrators listen to.

Equating customer service with literature delivery? Are all literature requests created equal? Is the 3 hour search for clinical guidelines more valuable than the Dr. doing a research article? 50% of Andrea's searches are 3 hours, how do you determine what is of value or not? First step was identifying work. From time, then look at impact. Pairing the 2 together. Spend more time evaluating how searches are viewed. Does patient care take immediate priority? Next step is to assign value.

Some hospitals are encouraging collections of touchy feely stories for orientations to connect staff with organizational value. Administrators will care if the chief of surgery is the one with a story! Extract the core of what you're trying to get to. Another administrator was all numbers and wanted no touchy feely story at all.

What to do with statistics? The librarian wasn't able to attend the meeting they were presented at but head of one of the groups offered to present for her, everyone said it went well.

If you can find a champion within your organization use them, more than one is even better. They can help you get on committees, get your name out there, curriculum, able to do rounds with residents, doctors, nurses, resident reports. Look at the list of committees that are out there, accreditation they have to put information in about the libraries. The more you get out there, the more people recognize you have something to contribute and will fight for your cause. When you go and offer your services personally, you become instrumental to them doing your job.

EMRs are coming or already there in the system, now at a point where 5 librarians have been given read-only privileges. The process of doing so was worse/more painful than the [reflexology path](#). Create a category, where do we place the resources in the EMR? Where should the access points be?

Most important thing you can do is to get out of the library if you want to keep working as a librarian. Physical collections are going, you need to find ways to become the organization guru to have the information management role. You may not have the title of librarian but you have the visibility, make sure the people who decide if you stay or go know exactly why you are there.

Virtual library - cell phone dedicated for access, involved intranet, patient website for the hospital, getting involved in areas not normally involved as part of library services. You have to be willing to walk the plank and take the jump, yet be overwhelmed by work. How do you decide what to cut? You have to develop the ability to set priorities. If you're not overwhelmed then someone will look to take your job.

How do you balance outreach? At ACRL Deborah Gilchrist stated - budget as transformative time, not business as usual. Get away from being service oriented (maybe reactive vs proactive?) get out there are show value. It's not all about the library but what we can do for organization? If the physical collection goes away, what do you have? A librarian who has an amazing skill set to carry with them. Take the time to be more creative with what you are doing. We are told time and time again to do more with less.

There was a Medical Library Association [work-life balance webinar](#) that many people did not come to. We're thinking of solo librarian who doesn't have staff, maybe if they're lucky a volunteer for a few hours, what do they do to even get out of the library? Get a cell phone, pager etc. You need to be visible and out there, sometimes you'll have to close the door. Put a sign up and promote your number to invite calls. Realistically none of us guarantees services. If you're working half time what do they do? Notes are slid under the door for later, etc. People are ok with that. You make expectations for people, define the times you are there and not guarantee when you aren't. You're in charge of your destiny and have to decide what is important. You may not sit in your office processing information requests 5 years from now, it's a transformative time that we can be creative with. There are some powerful ideas shared today. How can I implement a portion of what these people are doing?

Library school has primed us well to deal with current times. "I have to justify my existence?' as a new thing now? Well yeah, get on board!" Quit taking on so much and say no sometimes. Deliver consistently to your customers. Underpromise then overdeliver. [Library as Strategic Investment study](#): Every dollar invested came back \$4.38. Another study involves 7 other schools and there will be an update. Metrics are not perfect but they're starting to develop them further.

Do not ever make the statement that you feel inexperienced; you have experience to bring to every situation. If people can't learn from younger people, it's time for them to leave.