

# Annual Report

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## National Network of Libraries of Medicine - MidContinental Region

May 1, 2010 - April 30, 2011

Contract No. N01-LM-1-3514

Spencer S. Eccles Health Sciences Library  
University of Utah

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# Executive Summary

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## Personnel

After nine months, renovation of the Spencer S. Eccles Health Sciences Library was finally completed and the Salt Lake City staff moved back into the library on August 10, 2010.

Kathleen Amos, NLM Associate Fellow, ended her second year as a fellow at the library in October 2011. During her internship at the library she presented a session on the semantic web, participated in planning the next NN/LM MCR contract proposal, and participated in outreach activities.

Two personnel changes occurred at the end of the year. The Technology Assistant position, held by Susan Roberts, lost its funding and Sharon Dennis, Technology Coordinator, resigned her position to become the Assistant Director of the National Library of Medicine Training Center.

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## Advocacy

The Advocacy Project Area under the leadership of Barb Jones, Missouri/Advocacy Liaison, continued to focus on three areas this year: supporting the Value of Libraries research project led by the J. Otto Lottes Health Sciences Library, providing resources encouraging sound business practices among members, and encouraging health sciences librarians to take on new roles within their institutions.

The value of libraries services research project completed its final recruitment of participants, helped them through their data collection, and completed analysis of data. Reports are still being written. Ms. Jones' primary responsibility was for recruitment of participants.

This three year project assessed users of two academic libraries; the University of Missouri-Columbia and University of Colorado-Denver; and hospitals representing all states except Nebraska. The following institutions joined the research project this year:

- Campbell County Memorial Hospital (WY)
- Wyoming Medical Center (WY)
- Newton Medical Center (KS)
- St. Mary's Healthcare (MO)
- Cox Health (MO)
- Intermountain Health System (UT)

The MCR made additional resources available to improve both the business practices of members and their ability to advocate for themselves within their institutions. "Measuring Your Impact" and "Thinking Like an MBA" continued to be taught. Experts offered training via webinars on budgeting, supervision, planning, and succession planning.

New roles for librarians were shared in a number of ways. Participants of the workshop "Knowledge Sharing in Hospitals: The Librarian's Role" sponsored by the NN/LM MCR in 2009 shared their collaborative knowledge management projects through the *Plains to Peaks Post*, revealing how they adopted a new role for themselves. Ms. Jones developed the "Diagnostic Error and Patient Safety-Team Up and Tackle It" class for

librarians with Lorri Zipperer, Elaine Alligood, and Linda Williams. They taught it for the first time at MLA. Ms. Jones also presented posters from the research project at a health literacy conference and a patient safety conference to advocate to health providers to accept librarians in non-traditional roles.

**Outcome:** Increased number of proposals from the region are submitted to NLM, NN/LM and other sources.

Indicator: 3 liaisons will each report at least one consultation with Network members on project proposals.

*Indicator Met. The MCR offered subcontracts to libraries in CTSA institutions this year. Two of the consultations were for putting together the projects. The third consultation was from a Network member who was looking for funding for a digitization project.*

**Outcome:** NLM funded projects are used when designing regional projects and activities.

Indicator: Lessons learned from three extramurally funded projects are promoted to the region.

*Indicator Partially Met. Lessons learned from two projects were added to "Library Success: A Best Practices Wiki" and promoted to the region via the listserv. There were no other NLM funded projects that had ended and met our criteria of including a library as a major contributor.*

*Utah Consumer Health Information Infrastructure was carried out by the Spencer S. Eccles Health Sciences Library. The library brought together 42 active partners to contribute web content to the Utahealthnet web site (<http://utahealthnet.utah.edu/>).*

*Evidence Based Nursing Training for School and Public Health Nurses was carried out by the University of Missouri-Columbia. Through this program public health and school nurses were taught to access quality information from web sites and*

*integrate new skills into their daily practice. This included becoming information sources for others in their institutions.*

**Outcome:** Hospital librarians will have materials available to use in advocating for the library within the institution.

Indicator: 40 of at least 75 respondents from the MCMLA listserv to various questionnaires sent by liaisons during the year respond that at least one of the business practices materials made available were very useful or useful.

*Indicator Met. The RML sent out a questionnaire in April 2011 and received 94 responses. Network members responded that the following business practice materials were very useful or useful:*

- Retail value and ROI/CBA calculators (55)
- Live and recorded Breezing Along with the RML sessions (52)
- "Whooo Says" and other articles in Plains to Peaks Post (43)
- Measuring Your Impact (43)

Indicator: Necessary intervention(s) occurred.

*Indicator Met: We had 4 incidents where Network members asked for our assistance. We consulted with a librarian who was concerned with potential layoffs at her institution and another who was concerned about budget cuts. 2 additional libraries lost their staffing. The RML wrote to the administrators of both, expressing our regret that they took this action and offering our support for information access. We worked with one of the libraries to establish them with Loansome Doc.*

**Outcome:** Members of the MCR will have documented evidence of the value of information to health science institutions in the six state region.

Indicator: At least one library from each state has started participation in the research study process in their institution

*Indicator Partially Met. Hospitals from all states except Nebraska participated in the research study.*

**Indicator:** Data collected from participating institutions in Years 3-5 is analyzed and the reports are completed.

*Indicator Partially Met. 9 institutions participated in the study. Analysis of the data is still in process for the final 4. Participating institutions:*

- *Exempla St. Joseph Hospital (CO)*
- *Missouri Baptist Medical Center (MO)*
- *Poudre Valley Health System (CO)*
- *St. John's Health System (MO)*
- *Cox Health (MO)*
- *Intermountain Health Care (UT) (in process)*
- *Newton Medical Center (KS) (in process)*
- *Campbell County Memorial Hospital (WY) (in process)*
- *St. Mary's Health Center (MO) (in process)*

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## Assessment and Evaluation

Coordinated by Betsy Kelly, Assessment and Evaluation Liaison, in this final year of the contract we completed a number of assessments that will help us improve our performance during the 2011-2016 contract.

- Communication audit
- Social media adoption and use assessment
- Questionnaire on emergency preparedness activities in the region
- Evaluation of our community organization embedded program
- Hospital librarians/library scan
- Google Analytics for 2008-2009 and 2009-2010 on MCR web site
- National evaluation of impact of "Measuring Your Impact"

Ms. Kelly coordinated refurbishing of the Activity Reporting System. The programming has been cleaned up, features were added that

will assist in reporting, and the system was moved to the NN/LM servers. It is still on the development server but we expect by the end of Year 1 that it will be on the production server. This has been a tremendous task.

**Outcome:** The Regional Advisory Board represents the diversity of the region and contributes to RML planning, policy and procedures and program development, review and evaluation.

**Indicator:** Each advisory board member will either make at least one suggestion or provide advice once a year to the RML or will facilitate RML contact with their constituent group as recorded in meeting minutes or the Activity Reporting System.

**Indicator Met:** All members who attended the annual advisory board meeting contributed ideas on implementing the project areas and new and where the RML should focus its attention to achieve the outcomes for 2011-2016. The one member who was unable to attend contributed through the Collaboration work group.

**Indicator:** In addition to the annual meeting each liaison will have at least 4 contacts per year (email, visits, phone calls, and videoconference) with their board member concerning RML work recorded in the ARS.

**Indicator Not Met.** 4 of the 9 liaisons made the required number of contacts with advisory board members.

**Indicator:** The Board includes a representative from: each state in the region, each special project area, a CBO, a pool of resource library directors, MCMLA.

**Indicator Met.** The Regional Advisory Board included a representative from each state, two Resource Library directors, and the incoming-chair of MCMLA. Each project liaison has at least one board member assigned to their project area.

**Outcome:** The evaluation plan for the RML gathers data on how the RML contributes to improved access to health information by health professionals, and the public.

**Indicator:** Increases in proxies for access such as DOCLINE, Loansome Doc, knowledge of or additions to historical collections, awareness due to communications instruments, connectivity, new members, members providing services to unaffiliated health care professionals.

*Indicator Partially Met. All but 2 proxies increased. In the analysis below, the first number reflects where we were at the beginning of the year; the second number reflects where we were at the end of the year.*

- Total membership increased - 334:354
- Percentage of Full members meeting minimum 25 current subscriptions increased - 97%:98%
- Percentage of Full members meeting 75% fill rate requirement increased - 103:126
- LINKOUT participants increased - 90:98
- Unaffiliated Loansome Doc participants increased - 337:552
- Members serving the unaffiliated increased - 108:109
- Knowledge of, or additions to, historical collections: no data was collected

*The analysis of our communication instruments covered our listservs and visitors to news pages on our web site.*

*The usage of all our communication instruments increased except for the visits to the RML News blog. Web data came from Google Analytics.*

- MCR-MCMLA-I subscribers increased - 394:395
- BHIC subscribers increased - 532:713
- Web site visits increased - 400,383:429,787
- BHIC Visits increased - 15,164:16,321
- RML News Visits decreased - 5,758:4,920

**Indicator:** Reports based on data from the ARS describe activities that contribute to improved access.

*Indicator Met. The data from the Activity Reporting System identified the following activities as contributing to improved access:*

- *The collaborative project in Nebraska to install cancer collections in public libraries.*
- *The collaboration between Daniel Boone Regional Library and the Columbia Boone County Health Department on a health literacy project in Missouri.*
- *The 39<sup>th</sup> Street CREW after school program that partnered school officials and a medical library to work with middle school students. The project description was shared through Library Success: A Best Practices Wiki. ([http://www.libsuccess.org/index.php?title=39th\\_Street\\_Crew](http://www.libsuccess.org/index.php?title=39th_Street_Crew))*
- *The number of Full Network members who continue to provide health information services in the region remained stable.*
- *The ability to of the NN/LM MCR to successfully transfer communication from affected to non-affected locations within the region in under 3 hours to continue providing service.*
- *The increase of LINKOUT libraries by 8% improving access to health information for their users.*
- *The increase by 64% of unaffiliated health professionals registering for Loansome Doc.*
- *The stability of the MCR-MCMLA listserv providing current news on health information services and resources for Network members.*

*The feedback from Network members that the MCR web site increases their awareness of health information resources.*

**Outcome:** NLM is aware of needs articulated within the Region and receives feedback about its products and services as collected and reported by the RML.

**Indicator:** Member input obtained during MCR assessment activities is shared with National Network Office.

*Indicator Met: The MCR received member input on a number of different topics this year. All assessments produced reports and were attached to reports sent to NLM.*

*Quarter 2 Report*

- *TC4C Go Local Report*

*Quarter 3 Report*

- *Liaisons Embedded in CBOs Project report*

*Quarter 4 Report*

- *Strategic Communication Audit*
- *Social Media Conversations*

*Annual Report*

- *Status of Hospital Libraries*
- *Focus Group Report*

**Outcome:** The needs of Health Sciences Libraries are acknowledged/understood for them to support programs to improve the transfer of health care and biomedical information within Network members' institutions and through their participation in the Network.

Indicator: 40 of at least 75 respondents from the MCMLA rate at least two services/programs 4 or 5 on a likert scale where 4/5 are the most positive.

*Indicator Met: The two highly rated services were the usability of the MCR web site and the distribution of medical informatics news. The MCR's web site met the rating indicator for 74 of 89 respondents.*

*Medical informatics information distributed through the RML News met the rating indicator for 44 of 87 respondents.*

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## Community Outreach

Siobhan Champ-Blackwell, Community Outreach Liaison, led the effort to increase collaboration with community organizations. Liaisons continued to maintain relations with community organizations in order to improve their information access and increase their awareness of NLM resources and liaison services. New relations were established in Kansas with the Food Desert Virtual Grocery Store project, in

Missouri with the Practice Based Research Network, and in Nebraska with the Plaza Partnership. Contacts continued with:

- Colorado Public Health Association (CO)
- Kansas Health Literacy Council (KS)
- Kansas Public Health Association (KS)
- Mother and Child Coalition (KS)
- Health Literacy Missouri (MO)
- HELP (NE)
- Utah Multicultural Health Network (UT)
- Wyoming Comprehensive Cancer Control Consortium (WY)

The Bringing Health Information To the Community (BHIC) blog continued as a source of valuable information for community organizations as well as agencies that work with community organizations. Readers told us how convenient it is to have one source that covers so many of their needs (“...it’s great to get it in one place, at one time.”) and that the items are of use to others in their organization, (“Wow, this one is loaded with good things—I am sending it on to several colleagues.”)

We promoted partnerships to our Resource Library Directors by featuring Resource Library/School collaborations carried out by three of our Resource Libraries. One of the programs has health sciences librarians teaching school librarians, another has health sciences librarians teaching middle school students, and the third has health sciences librarians collaborating with others at the institution providing an after school program.

As part of our evaluation effort this year we assessed our effort in embedding liaisons into community organizations. Questionnaires were distributed to both a community organization contact as well as all participating liaisons. Although we did not meet the objective we had established for the effort, we discovered that we had a positive impact on the information access of the organization. We increased their awareness of, and use of NLM resources. The report on this evaluation was sent in Quarter 3.

Part of evaluation is identifying what works. Sharing effective practices has always been important to this RML. Many subcontractors completed their projects this year and we made an effort to get their best practices added to the “Library Success: A Best Practices Wiki.” We were successful with most of them and hope that librarians around the country will benefit from the lessons learned by our Network members in providing outreach to their communities. ([http://www.libsuccess.org/index.php?title=Services\\_for\\_Health\\_Information\\_Consumers/](http://www.libsuccess.org/index.php?title=Services_for_Health_Information_Consumers/))

**Outcome:** More CBOs in the region recognize the NN/LM-MCR as a network of providers of health information.

**Indicator:** At least 4 CBOs indicate that training supplied by the liaison is useful or very useful to their organization.

*Indicator Not Met. 7 liaisons embedded themselves at different levels of community organizations. Only 1 of them was able to provide training to the staff of organization. Although 6 organizations did not receive training, all CBO contacts responded that the organizations are using NLM resources covered in the training.*

**Indicator:** At least 2 of 4 promotional efforts for the BHIC blog are effective.

*Indicator Met. Promotional efforts were made to increase readership of the BHIC blog. Effectiveness implies that responses could be attributed directly back to our effort. We were able to track increases in readership to 3 of our 7 promotional efforts.*

- Promotion on the Diversity Rx webinar - 5 requests to join the listserv
- Email to American Indian Library Association - 3 new followers on Twitter
- Tweet during the National Stakeholder Strategy for Achieving Health Equity webcast - 9 new followers on Twitter
- Mention in the JAAPA column and messages on Pacific Island Association of Libraries, Archives, and Museums listserv, REFORMA listserv, CLASTalk listserv - unable to track

**Indicator:** There will be an increase of 50 readers to the BHIC blog.

*Indicator Met. There was an increase of 181 subscribers and Twitter followers to the BHIC blog.*

**Outcome:** Increased number of proposals from the region are submitted to NLM, NN/LM and other sources.

**Indicator:** 10 consultations happen each year regarding CBO library partnerships.

*Indicator Met. The MCR conducted 12 consultations this year to support organizations in the region to apply for the NLM disparities grant and other extramural funds.*

1. Northern Nebraska AHEC
2. UNMC Center for Health Disparities
3. McGoogan Library of Medicine
4. Diversity Rx
5. Missouri AHEC
6. Creighton Center for Health Policy and Ethics
7. Pastoral Maya
8. FDA Biosciences Library
9. Lincoln University
10. Kansas City Free Health Clinic
11. United Way of Southwest Wyoming
12. Nebraska Health and Human Services

**Outcome:** CBOs, public libraries, public health departments and other organizations serving minorities, senior citizens and low income populations receiving training and information about health information resources implement health information programs for their service populations.

**Indicator:** A model for incorporating health information into community emergency preparedness planning is developed in the region.

*Indicator Met. Emergency planning guides for each state listing key disaster response agencies has been published on the web. Members have been encouraged to contact these agencies to become involved in emergency preparedness planning.*

**Indicator:** 1 partnership project in Nebraska is implemented.

*Indicator Met. The MCR facilitated the collaboration of Saint Elizabeth Regional Medical Center, Good Samaritan Hospital, the Nebraska Library Commission and the MCR to implement the Cancer Corners program. This partnership will establish cancer resources in community libraries. The MCR also provided a list of resources to include in the collection.*

**Indicator:** All of successfully completed MCR and NLM funded projects have made one entry to an effective practices collection.

*Indicator Partially Met. The 2 completed NLM funded projects and 6 of the 10 MCR funded projects were added to "Library Success: A Best Practices Wiki."*

**Indicator:** 5 new entries are added to an effective practices collection on projects carried out by a collaboration between a Network library and a CBO.

*Indicator Met. 7 entries for projects carried out by a collaboration between a Network library and a CBO were added to "Library Success: A Best Practices Wiki."*

**Outcome:** More CBOs in the region recognize the NN/LM MCR as a network of providers of health information.

**Indicator:** The NN/LM MCR will visit 3 of the 4 tribal college libraries in the region.

*Indicator Partially Met. MCR liaisons visited 2 of the 4 tribal college libraries in the region.*

**Indicator:** The NN/LM MCR will identify 3 concrete ideas to address the health information needs of tribal librarians.

*Indicator Not Met. 1 idea is to support the tribal librarian as we would a community public library. The 2 librarians we spoke with serve their communities as well as the college's students. We had planned to job shadow the tribal librarians in order to identify their health information needs so*

*that we could develop a plan to address them. The librarians were not open to shadowing and preferred talking about their users and libraries.*

**Outcome:** Resource Libraries will develop partnerships with CBOs that increase access to health information to underserved populations in the community.

**Indicator:** At least 1 person invited by each MCR Collaboration work group member joins the social networking community.

*Indicator Not Met. The work group members were not invested in the idea of a social community on Facebook or Delicious. They did not promote it to their colleagues.*

**Indicator:** 8 Resource Library Directors report back that the information presented was relevant to their library.

*Indicator Partially Met. The lessons learned from public school programs being carried out by the Health Sciences Library of the University of Colorado Health, Dykes Library at the University of Kansas Medical Center and the Bernard Becker Library at the Washington University were presented by library staff at a Resource Library Directors meeting. The Health Sciences Library is working with a middle school, Dykes Library is working with an after-school program, and Becker Library is working with school librarians. All but one of the directors attended the meeting. All who attended felt that the program was relevant to their libraries.*

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## Consumer Health

For the second year the MCR initiated the Outstanding Public Library/Public Health Award to identify public library partnerships that focus on improving the public's health. The purpose is to identify partnerships that can be used as models to be promoted to other public

libraries. Dana Abbey, Colorado/Consumer Health Liaison, coordinated the promotion, review, and award process. There were three awardees each receiving a certificate and a \$200 check:

- Red Feather Lakes Community Library (CO)
- Norton Public Library (KS)
- St. Charles City County Library District (MO)

Recognition of their partnerships will appear in the first issue of Plains to Peaks Post in the 2011-2016 contract.

Our efforts to evaluate whether Information Rx pads are actually being used was not successful this year. Although we met our indicator in signing up health care providers in the exhibit hall, we were challenged to receive responses to email follow up on usage.

**Outcome:** Partnerships exist that enhance access to electronic health information.

**Indicator:** 6 article submissions will be published per year, 1 per state.

*Indicator Met. At least 2 articles were published in most states; 4 articles were published in Wyoming. Articles focused on NLM consumer health resources, health information literacy, and podcasts of consumer health information. 13 articles were published in communication media of other organizations such as state library associations, state libraries, community based organizations and public health associations.*

**Indicator:** 75% of MCR online sessions have public library representation

*Indicator Not Met. The MCR held 28 online sessions that were appropriate for public library staff. We promoted these sessions via local listservs that reach public librarians. Representatives from a public libraries attended 10 (36%) of the sessions.*

**Indicator:** At least 4 awards for a public library/public health project will be given in the region.

*Indicator Partially Met. We received 4 nominations but only 3 met the criteria for an award. They came from the states of Colorado, Kansas, and Missouri.*

- *The Red Feather Lakes Community Library partnered with 9HealthFair, a health fair organization.*
- *The Norton Public Library partnered with Norton Community Hospital to sponsor health care provider presentations to which they added the health information component.*
- *The St. Charles City County Library District also partnered with their local hospitals to sponsor health care provider presentations.*

**Indicator:** Potential collaboration between a public health department and a library is identified.

*Indicator Met. Daniel Boone Regional Library and the Columbia Boone County Health Department started a health literacy project in Missouri.*

**Outcome:** Populations in each state will be better served by local service information and by MedinePlus.

**Indicator:** Each State Liaison will sign up 3 clinical sites (or physicians) for the Information Rx program.

*Indicator Not Met. Only 1 liaison (Colorado) signed up the required number of sites.*

**Indicator:** 50% of clinics receiving materials report that Information Rx materials are used in patient care.

*Indicator Not Met. The MCR liaisons signed up 18 sites during the year. We had contact information to follow up with 15 of the sites and received only 3 responses. However, all three were making use of the prescription pads. One commented, "[We] have [Information Rx] pads in each of the exam rooms and they come in very handy."*

**Indicator:** All Go Local managers who requested support say that MCR provided the needed support.

*Indicator No Longer Relevant. No requests were received. The Go Local projects completed their phase out last year.*

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## Education

For the first time, we offered professional development funding to support Network members who wanted to attend a conference or take a workshop (in-person or online). This new effort was coordinated by Marty Magee, Nebraska/Education Liaison. In our announcements we stated that priority would be given to professional development in the areas of emergency preparedness, personal and electronic health records, health information literacy, or library advocacy. Fifteen members received funding, only three from hospital libraries. Recipients attended conferences including the Disaster Information Outreach Symposium sponsored by NLM. The majority selected conferences focused on the use of technology such as Computers in Libraries, Librarian in Your Pocket, RDAP; but some selected conferences that were more unusual such as, Writing and the Art of Medicine. Each of the recipients came back to the region and shared their experience through an article in our newsletter, *Plains to Peaks Post* or through a webinar.

The MCR had an active training schedule this year, most of it online. We offered regularly scheduled “Spotlight! On NLM Resources,” “Breezing Along with the RML” sessions and our DOCLINE series. This year, more than in the past, we brought in presenters from within and outside of the region to share their expertise on topics such as biomedical publishing, library management, and health information literacy. We also sponsored webinars by recipients of our professional development awards. Attendance at these sessions ranged from a handful to

hundreds. Many of these sessions were recorded and it was not unusual for a session to have more people viewing the recorded version than attended the live session. For example, the social media presentation had twenty-six people attending and sixty-two viewers of the recording. It was also not unusual to have attendance coming from outside the region.

In addition to providing training for librarians and health care providers in the region, liaisons shared their expertise in other regions. Invitations brought “Behind Closed Doors: Politics in the Library” to Wisconsin and New Mexico and “Measuring Your Impact” to Florida. The MCR collaborated with other RML staff to teach the preconference workshop: “Health Literacy and Diversity: Strategies to Improve Access to Health Information” at the Diversity RX National Conference in Baltimore, Maryland.

The MCR DOCLINE series continued to be extremely popular for a second year. We offered a one-time session on EFTS this year that was presented by Jolanta Sliwinski, EFTS Program Coordinator. We reached our 1000 attendance mark during the year! Attendance is national and even international. Participant geographic location was tracked for those who completed the MLA CE evaluation, 434 of the approximately 536 attendees.

NN/LM Region	Participants
Middle Atlantic	82
Greater Midwest	72
Southeastern Atlantic	67
South Central	56
MidContinental	44
Canada	36
Pacific Southwest	36
Pacific Northwest	21
New England	20

**Outcome:** Librarians are able to employ sound library management skills.

Indicator: There are 450 NetLibrary hits.

*Indicator Partially Met. NetLibrary had 323 uses of this electronic book collection focused on management and technology. Primary use of the collection was for library management.*

NetLibrary 2010-2011

	Number of Books	Number of Accesses
Technology	18	15
Library Management	99	308
Total	117	323

Indicator: Hold 15 document delivery system classes.

*Indicator Met. 19 DOCLINE classes were held: DOCLINE for beginners, serial holdings, routing tables, borrowing and lending.*

Indicator: 90% of participants responding indicate that the class met learning objectives.

*Indicator Met. An average of 95% of participants who evaluated the class responded that the class had met its learning objectives.*

Indicator: 40 librarians who have taken *Measuring Your Impact* report that they have used at least one of the tools presented in the class.

*Indicator Partially Met. 44 librarians from the MCR responded to the follow-up questionnaire on Measuring Your Impact. 39 respondents reported that they had used one or more of the tools as a result of taking the class.*

Indicator: Hold 4 classes for evaluation and advocacy.

*Indicator Met. 4 classes on evaluation and advocacy were taught this year in the region. Measuring Your Impact, Online Survey Tools, Logic Models, and Valuation were the choices offered to our membership.*

Indicator: 90% of participants responding indicate that the class met learning objectives.

*Indicator Met. 100% of the participants who evaluated the class responded that the class had met its learning objectives.*

**Outcome:** Librarians, health professionals, and consumers are trained to be capable of using NLM resources and emerging technologies.

Indicator: 1 in-person or virtual class on consumer health resources for public libraries is offered per state.

*Indicator Met. There were 7 classes offered in Missouri, 5 in Colorado, 3 each in Nebraska and Utah, and 1 each in Kansas and Wyoming.*

Indicator: 1 training for a CBO is held in each state.

*Indicator Partially Met. CBOs received training in 3 of our 6 states. Sessions were held for:*

- *HELP Adult Services (NE)*
- *Wyoming Parish Nurses (WY)*
- *Utah Society on Environment (UT)*

Indicator: Hold 12 "Spotlight! On NLM Resources" and 11 "Breezing Along with the RML" sessions.

*Indicator Partially Met. All the "Breezing Along with the RML" sessions were held. All but 1 of the "Spotlight! On NLM Resources" sessions were held. We did not realize that MLA would conflict with the date we selected for the May "Spotlight!"*

Indicator: Hold 12 information technology classes.

*Indicator Partially Met. 10 classes were held this year.*

Indicator: 90% of participants responding indicate that the class met learning objectives.

*Indicator Met. An average of 99% of participants who evaluated the class responded that the class had met its learning objectives.*

**Indicator:** 5 new training items will be posted to NTCC per year.

*Indicator Not Met. This indicator became immaterial when the transition from the NTCC to the MLA Educational Clearinghouse began mid-year and training items were no longer accepted.*

**Outcome:** Network members, health professionals, and others have facilities in the region where they can be trained to access health information from NLM resources.

**Indicator:** 3 NTCC sessions are scheduled in the region each year.

*Indicator Partially Met. The number of sessions was reduced to 2 due to the budget reduction of the NTCC. All scheduled sessions for the region were held. Classes were held in Wichita, Kansas and Omaha, Nebraska.*

**Outcome:** Network members, public health professionals, and the public will have improved access to public health information.

**Indicator:** Of 6 librarians surveyed who have received public health information for public health curricula, from the NNLM MCR, 50% will indicate that information received was helpful at their university.

*Indicator Met. During the 5 year contract the NN/LM MCR has been distributing information on public health resources to librarians who are connected to their university's public health school or program. In this last year, we asked the librarians if the information they received had been helpful. All responded positively. A few of them used the content in their LibGuides. Recipients of this service were:*

1. *Becker Medical Library (Washington University)*
2. *Creighton University Health Sciences Library*
3. *Duane G. Meyer Library (Missouri State University)*
4. *Dykes Library (University of Kansas)*
5. *Health Sciences Library (University of Colorado)*
6. *J. Otto Lottes Health Sciences Library (University of Missouri, Columbia)*
7. *McGoogan Library of Medicine (University of Nebraska)*

8. *Medical Center Library (St. Louis University)*
9. *Spencer S. Eccles Health Sciences Library (University of Utah)*

**Outcome:** Partnerships exist that enhance access to electronic health information.

**Indicator:** At least 1 effective practice is identified that can be used with school librarians, school system health coordinators, or state office of education health coordinators.

*Indicator Met. The 39<sup>th</sup> Street CREW was identified as a model of an after school program that could be implemented through a partnership with school officials and a medical library. The project description was shared through Library Success: A Best Practices Wiki. ([http://www.libsuccess.org/index.php?title=39th\\_Street\\_Crew](http://www.libsuccess.org/index.php?title=39th_Street_Crew))*

**Outcome:** Increased collaborations and access to biomedical information via effective communication mechanisms.

**Indicator:** Liaisons exhibit at assigned national and state conferences.

*Indicator Partially Met. The NN/LM MCR exhibited at all assigned national meetings but did not exhibit at all required state conferences.*

*Assigned national meetings were:*

- *American Academy of Family Physicians*
- *American Translators Association*
- *American Public Health Association*
- *National Association of Health Data Organizations*

*We also exhibited at the following unassigned national meetings:*

- *Parish Nurse Westberg Symposium*
- *Diversity Rx*
- *National Association of Local Boards of Health*

*Liaisons were assigned responsibility for exhibiting at 4 state meetings: public health, state library association, physician assistant, and one related to minority health. This part of the indicator was met in 4 states: Colorado, Kansas, Nebraska and Utah. There were scheduling conflicts with the state public health*

*and library association meetings in Missouri and we could not get exhibitor information from the state physician assistant association. We did not find a minority health meeting at which we could exhibit in Wyoming.*

**Indicator:** Liaisons will present at 50% of state library conference, public health conferences and minority health conferences.

*Indicator Not Met. We met this indicator in only 2 of our states Kansas and Wyoming.*

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## Network Membership

There has not been a growth in new health sciences libraries in the region and hospital libraries have always been vulnerable to closure. We are very pleased that during the year we gained two new full members and fifteen new affiliate members. The American Optometric Association, an affiliate member, became a full member and Casper Community College joined as a Full member. One of our Full members, VA Eastern Colorado HCS Medical Center, was closed at the end of this year.

The NN/LM MCR continued focusing on the quality of the member's involvement in the RML's infrastructure and outreach activities. The reasoning is that if the experience is favorable then more members will volunteer to be part of our infrastructure and outreach. If it is not favorable, then asking them about the experience gives us the opportunity to improve the involvement of our members. 336 members got involved in infrastructure and outreach programs by participating in evaluation activities, workgroups, staffing the exhibit booth, teaching with or for us, and authoring contributions to our newsletter or the library success wiki.

There was concerted effort this year to contact Full members who were not meeting DOCLINE standards established for the region. These two standards are:

1. A minimum of 25 health sciences titles currently subscribed to listed in DOCLINE.
2. Maintaining a 75% fill rate.

As a result of these discussions four members were moved from Full to affiliate status.

John Bramble, Utah/Network Membership Liaison, spearheaded our initiative to update institutional records. Members received an NLM Classification poster and a Tugger pin for each person listed in an updated institutional record. 319 Tugger pins were sent to 159 member institutions in recognition of their current records. At the height of the update drive, all but three library records were current.

**Outcome:** Growth in full and affiliate memberships.

**Indicator:** Full Network membership does not decrease in the region.

*Indicator Met. We are delighted that this year our Full membership increased by 1, from 163 to 164. However we started the contract with 198 full members.*

**Outcome:** Network members will be actively involved in the NN/LM infrastructure and outreach programs.

**Indicator:** 75% of individuals from Network member institutions indicate they had a beneficial experience contributing to NN/LM MCR communication conduits.

*Indicator Partially Met. 12 member librarians contributed to 2 communication conduits. 6 member librarians contributed to the Plains to Peaks Post and 6 to Library Success: A Best Practices Wiki. 5 let us know that writing for the newsletter was a beneficial experience and 2 stated that describing their project in "Library Success: A Best Practices Wiki" was a beneficial experience for a total of 7 (58%).*

**Indicator:** 75% of individuals from Network member institutions indicate they had a beneficial experience and are satisfied with teaching or co-teaching as a representative of the NN/LM MCR.

*Indicator Met. 14 member librarians co-taught with RML staff. 13 (93%) expressed that this was a beneficial experience and were satisfied to be a representative of the NN/LM MCR. They were very helpful in our outreach to health sciences and public librarians.*

**Indicator:** NN/LM MCR Liaisons from each state will certify at least 1 Network member as a certified exhibit staff.

*Indicator Met. 1 librarian from each state was certified as exhibit staff. The majority of the librarians came from our Resource Libraries.*

**Indicator:** 75% of workgroup members from Network member institutions indicate they had a beneficial experience.

*Indicator Met. 28 librarians from member institutions participated in one of the RML's workgroups. 22 (79%) indicated that they had a beneficial experience. The RML had the following workgroups:*

- *Minimum Membership Requirements*
- *MCR Collaboration*
- *Wyoming Symposium*
- *Hospital Librarian Toolkit*
- *MCMLA Education Committee*

**Indicator:** The work group produces a product or program that is used by the MCR.

*Indicator Partially Met. 3 MCR work groups produced output this year.*

- *Minimum Membership Requirements Work Group: Contributed to the development of minimum requirements for Network membership for the 2011-2016 contract.*
- *MCR Collaboration Work Group: Created no product this year.*
- *Wyoming Symposium Work Group: planned the Wyoming Symposium that was held July 14-16, 2010 in*

*Laramie, Wyoming at the University of Wyoming Coe Library.*

- *Hospital Librarian Toolkit Work Group: Created no product this year.*
- *MCMLA Education Committee Organized CE at the annual chapter meeting that addressed NN/LM MCR priorities in technology, assessment and evaluation, and library management. Ms. Magee chaired the committee this year and used it as the education work group.*

**Outcome:** Overall document delivery practices for the region meet MCRML standards.

**Indicator:** Fewer than 10% of NN/LM MCR Network members appear on NN/LM MCR performance reports as poor performing Network members.

*Indicator Partially Met. We selected current serial titles and fill rates as our performance categories and met our indicator for the first, but not the second. Only 2% (3) of our members have less than the 25 current titles required for their serial holdings. However, 30% (49) of our members did not meet the fill rate of 75% or more, the standard we set for member fill rate.*

**Outcome:** Programs are designed and carried out that meet the identified needs of health sciences libraries.

**Indicator:** 5% annual increase in Network members becoming LINKOUT libraries.

*Indicator Met. We began the year with 90 Linkout libraries. During the year, 8 began providing Linkout, an increase of 8%.*

**Indicator:** 5% annual increase in the number of unaffiliated health professionals registering to use Loansome Doc services.

*Indicator Met. We began the year with 337 unaffiliated Loansome Doc users. During the year, 215 unaffiliated health professionals registered for Loansome Doc services at member libraries, an increase of 64%.*

**Indicator:** 6 libraries participate in the Reference Continuity Service Partnership project.

*Indicator Not Met. No new libraries signed up to participate in the Reference Continuity Service Partnership project.*

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## Technology

With the passage of the Health Information Technology for Economic and Clinical Health Act (HITECH) and the development of MedlinePlus Connect, MCR increased its focus on the electronic health record (EHR) and the librarian role in connecting knowledge based information to the EHR. Spearheaded by Rebecca Brown, Kansas/Technology Liaison, and Ms. Dennis we increased our own knowledge by attending sessions at our home institutions, at conferences, and online through webinars offered by the Office of the National Coordinator. To identify early adopters within the region, we sent out a questionnaire to identify members who were already working within their institutions to link consumer health information to their EHR. We had one response. Clearly increasing knowledge and skills were needed. We offered two webinars and published an article on MedlinePlus Connect and meaningful use to address this information need.

The barriers of hospital libraries to web 2.0 and new technologies have been an issue we have been trying to resolve since the beginning of the contract. The pilot projects that we have sponsored have not had the success we envisioned. We believe that the new frontier for access issues can be found at social media sites, such as Facebook and Twitter as more and more organizations and individuals are using these Internet-based tools to communicate with their constituents. This year we decided to hear from full Network members about their issues with social media sites and other communication tools in the hospital environment. We will use this data to develop an action plan supporting

access to new web 2.0 communication tools. The results of the conversations were reported in Quarter 4.

We continue to see excellent adoption rates among our members of new technologies that we promote through articles in *Plains to Peaks Post*, introductory sessions of “Breezing Along with the RML,” and online classes such as “6 Things.” This year our adoption rate exceeded expectations. Of those who responded to our questionnaire, 59% said that they had adopted at least one of the technologies we had featured during the year. This was an improvement over last year when 57% of the respondents said they adopted a featured technology.

**Outcome:** Increased collaborations and access to biomedical information via effective communication mechanisms.

**Indicator:** 40 of at least 75 respondents from the MCMLA listserv membership report that the MCR web site is usable and easy to navigate.

*Indicator Met. 73 of 89 respondents from the MCMLA listserv membership agreed or strongly agreed that the web site is usable and easy to navigate.*

**Indicator:** MCMLA listserv is never down longer than one business day.

*Indicator Met. Our primary communication tool for the region has been online without interruption for the year.*

**Indicator:** 6 new online communication tools are tested or re-tested.

*Indicator Met. The RML tested 7 new tools this year:*

1. *TinyChat*
2. *Instapaper*
3. *dimdim*
4. *Co-Tweet*
5. *Twitter browser button*
6. *Paper.Li*
7. *RSS Graffiti*

**Outcome:** Network members are aware of health information resources.

Indicator: 40 of at least 75 respondents from the MCMLA listserv members report that the MCR website increases their awareness of health information resources.

*Indicator Met. 83 of 94 respondents from the MCMLA listserv members indicated that the MCR web site increases their awareness of health information resources.*

**Outcome:** In conjunction with other RMLs, Network members, health professionals, and organizations providing health information to the public are able to learn about new technology developments that will help them to increase access to biomedical information.

Indicator: 15 librarians from the MCMLA listserv indicate that the medical informatics information provided by MCR has been helpful to them.

*Indicator Met. 44 of 87 librarians from the MCMLA listserv responded that medical informatics information provided by MCR has been helpful to them.*

**Outcome:** Members adopt new technologies to increase access to biomedical information.

Indicator: 40 of at least 75 respondents from the MCMLA listserv indicate the social bookmarking resource is useful to them in their work.

*Indicator Not Met. 28 out of 89 respondents from the MCMLA listserv indicated that the social bookmarking resource was useful to them in their work.*

Indicator: 20 Network members report that they have adopted at least 1 new showcased technology per year.

*Indicator Met. 53 of 89 Network members reported that they adopted at least 1 new showcased technology at work.*

*Technologies that we showcased this year were: blogs, wikis, RSS, social bookmarking, Twitter, Facebook, Flickr, podcasting, online citation managers, LibX, and screencasting.*

Indicator: 75% of participants in a Breezing session about mobile resources say the session increased their awareness of health sciences mobile resources.

*Indicator Not Met. 31% of participants indicated that they increased their awareness of health sciences mobile resources.*

**Outcome:** Under-connected Network members have increased access to biomedical information and to communication tools.

Indicator: Feedback via individual conversations from at least 20 members result in understanding the individual barriers to improved access.

*Indicator Met. The results of our conversations revealed that the top three social networking tools blocked by institutional firewalls are Twitter, Skype, and Facebook. We also learned that in the majority of institutions, it is the information technology department that sets policy regarding which sites staff can access. Our conversations suggest that using social media may not be the path of least resistance for communication with Network members, but may indeed be an area where the NN/LM MCR can provide training about the role social media can play in providing alternative avenues to information access, discovery, and dissemination. The report of this feedback was submitted in Quarter 4.*

## Network Infrastructure

Table 1: Annual Infrastructure Data

	Current year	Previous year
Network members – full	164	161
Network members – affiliate	190	170
Libraries providing services to unaffiliated health professionals	109 (66%)	108 (67%)
Libraries providing services to public users	105 (64%)	108 (67%)
Average fill rate for resource libraries	79%	79%

## Regional Emergency Preparedness Planning

The MCR conducted an emergency drill in the region that pointed out gaps in our communication procedures. We worked with our buddy region, the NER to come up with DOCLINE procedures. Jim Honour, Wyoming Liaison, coordinated the liaisons to offer one step in a series of online classes for “A 10 Step Approach to Service Continuity.” Dan Wilson kicked off the series by teaching Step 1. Each class had about thirteen attendees.

**Outcome:** A National and Regional Emergency Preparedness plan will be in place to provide guidance for the NN/LM MCR in case of emergency.

**Indicator:** The NN/LM MCR transfers communication conduits from MCR to NER.

*Indicator Not Met. We did not do a drill or exercise this year.*

**Indicator:** The NN/LM MCR transfers communication conduits within MCR from affected location(s) to non-affected location(s) within 3 hours.

*Indicator Met. The NN/LM MCR conducted a drill for a disaster affecting 3 states, Missouri, Kansas, and Nebraska. Within 2.5 hours communication and responsibility for the region was picked up by the remaining staff. This included notification by the liaisons affected by the disasters, preparing a message to be sent out to the region about the status of the Resource Libraries in the 3 states, putting affected Resource Library DOCLINE accounts on hold, and monitoring what was happening.*

*As a result of this drill we are making changes to our emergency procedures.*

**Outcome:** Librarians are able to employ sound library management skills.

**Indicator:** 3 members per state complete continuity of service plans and submit to Emergency Preparedness & Response Toolkit.

*Indicator Not Met. "A 10-Step Approach to Service Continuity" online series was offered in the region. Only 1 member completed the whole series. No one completed a service plan to submit Emergency Preparedness & Response Toolkit.*

**Outcome:** Librarians, health professionals and consumers are trained to be capable of using NLM resources, and emerging technologies.

**Indicator:** 1 in-person or virtual class on emergency and disaster resources for public libraries is offered per state.

*Indicator Met. 2 classes on emergency and disaster resources for public libraries were presented in Colorado, Utah, and Wyoming. Kansas, Nebraska, and Missouri had 1 class each.*

**Indicator:** 90% of participants responding indicate that the class met learning objectives.

*Indicator Met. In all classes, 90-100% of participants responding indicated that the class met learning objectives.*

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## Identifying Unique and Historical Collections

**Outcome:** More historical and unique materials related to the health sciences will be identified and accessible to the public.

**Indicator:** 1 article will be published for *Plains to Peaks Post* on NLM's History of Medicine Collection.

*Indicator Met. An article was published in the April issue of Plains to Peaks Post on NLM's traveling exhibits and podcasts describing the collection and services of the History of Medicine Division.*

**Indicator:** 1 library will investigate hosting a traveling exhibit from the National Library of Medicine.

*Indicator Met. There were 5 libraries who participated in NLM's traveling exhibit program:*

- Laramie Community College (WY)
- Via Christi Libraries (KS)
- Kansas State University (KS)
- St. Charles City-County Library (MO)
- Health Sciences Library, University of Colorado (CO).

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## E-licensing

One distance workshop, “Librarians are from Venus, Vendors are from Mars: *Strategies for Developing Respectful Vendor Relationships and Strong Contracts*” was offered this year to seven participants. They learned strategies to communicate with vendors and learn the fundamentals of getting the best contract for the institution.

Indicator: Hold 3 Licensing Electronic Resources classes.

*Indicator Not Met. Only 1 class, “Librarians are from Venus, Vendors are from Mars,” was offered this year.*

Indicator: 90% of participants responding indicate that the class met learning objectives.

*Indicator Met. 100% of the participants evaluating the class responded that the objectives were met.*

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## EFTS

We made arrangement to have EFTS promotional materials distributed in the exhibit hall at the 2010 MCMLA Conference.

**Outcome:** Programs are designed and carried out that meet the identified needs of health sciences libraries.

Indicator: There will be 5 new EFTS users in the region.

*Indicator Partially Met. We began the year with 79 EFTS participants and gained 4 new users.*

## Outreach

- Major ( $\geq$  \$15,000) projects funded in contract year: 0
- National exhibits conducted by RML: 6
- National exhibits conducted by subcontractors: 0
- Regional/state/local exhibits conducted by RML: 37
- Regional/state/local exhibits conducted by subcontractors: 0
- Courses developed/updated by RML staff:
  - Diagnostic Error & Patient Safety --- Team Up & Tackle It – Ms. Jones
  - The New Schoolhouse: Instructional Design for Distance Education – Ms. Magee and Ms. Brown
  - Social Media and Privacy – Ms. Brown

Table 2: Site Visits

Date	Who	Institution	City	Topics
5/1/2010	Magee	Bellevue Medical Center	Bellevue, NE	<ul style="list-style-type: none"> <li>– Establish contact with the staff education staff member</li> <li>– Tour of new facility</li> </ul>
5/14/2010	Abbey	Jefferson County Public Library	Lakewood, CO	<ul style="list-style-type: none"> <li>– MedlinePlus, SeniorHealth, RIHN, SPIRAL, Information Rx, Ask me 3, MedSpeak</li> </ul>
5/19/2010	Abbey	College Hill Public Library	Westminster, CO	<ul style="list-style-type: none"> <li>– MedlinePlus, SeniorHealth, RIHN, SPIRAL, Information Rx, Ask me 3, MedSpeak</li> </ul>

<b>Date</b>	<b>Who</b>	<b>Institution</b>	<b>City</b>	<b>Topics</b>
6/2/2010	Champ-Blackwell	Lincoln Metropolitan Medical Response System	Lincoln, NE	<ul style="list-style-type: none"> <li>- Wisner</li> <li>- REMM</li> </ul>
6/9/2010	Honour	Laramie County Library System	Laramie, WY	<ul style="list-style-type: none"> <li>- Outstanding Public Health/Public Library award presentation at weekly staff meeting</li> </ul>
6/29/2010	Abbey	Aurora Public Library	Aurora, CO	<ul style="list-style-type: none"> <li>- MedlinePlus, SeniorHealth, RIHN, SPIRAL, Information Rx, NCCAM, FDA, MyMedication List</li> </ul>
7/1/2010	Abbey	Yampa Valley Medical Center/ Bud Werner Public Library	Steamboat Springs, CO	<ul style="list-style-type: none"> <li>- PubMed</li> <li>- MedlinePlus</li> </ul>
7/8/2010	Honour	Casper College Library	Casper, WY	<ul style="list-style-type: none"> <li>- Introduction to new librarian</li> <li>- RML resources</li> <li>- Library tour</li> <li>- Network membership</li> </ul>
7/8/2010	Honour	Wyoming Medical Center	Casper, WY	<ul style="list-style-type: none"> <li>- Full member visit</li> <li>- Library Advocacy</li> </ul>
7/9/2010	Honour	Natrona Public Library	Casper, WY	<ul style="list-style-type: none"> <li>- Introduction of liaison and NN/LM to director and reference librarian</li> <li>- Network membership</li> </ul>
7/13/2010	Abbey	Aurora Public Library	Aurora, CO	<ul style="list-style-type: none"> <li>- Medical resources for non-medical librarians</li> <li>- NLM Resources</li> </ul>
7/19/2010	Brown	Newton Medical Center	Newton, KS	<ul style="list-style-type: none"> <li>- Discussed the librarian's duties and challenges</li> </ul>
7/20/2010	Brown	Via Christi Hospital Library	Wichita, KS	<ul style="list-style-type: none"> <li>- Set up under-connected project laptops and wireless cards</li> </ul>
7/20/2010	Champ-Blackwell	Becker Medical Library	St. Louis, MO	<ul style="list-style-type: none"> <li>- Beyond an Apple a Day</li> <li>- Evaluation of web sites</li> </ul>

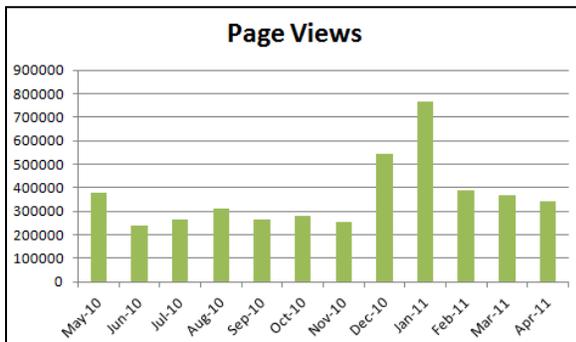
<b>Date</b>	<b>Who</b>	<b>Institution</b>	<b>City</b>	<b>Topics</b>
7/29/2010	Brown	Wyandotte County Public Health Department	Kansas City, KS	– Training session on NLM Resources
8/9/2010	Abbey	College Hill Public Library	Westminster, CO	– One-on-one training for the outreach librarian
8/13/2010	Brown	Lawrence Memorial Hospital	Lawrence, KS	– Prep for an upcoming public presentation – Met with staff development specialist to explore a presentation for nursing staff
9/8/2010	Jones	St. Louis Public Library	St. Louis, MO	– What does Health Literacy have to do with ME?
9/8/2010	Champ-Blackwell, Magee	Missouri Library Commission	Omaha, NE	– Get Out and REACH – Outreach Strategies – Beyond an Apple a Day – No Comprede
9/9/2010	Jones	St. Louis University	St. Louis, MO	– Medline Plus – PubMed
9/14/2010	Bramble	Uintah County Library	Vernal, UT	– Training on NLM resources
9/27/2010	Jones	Springfield-Greene Public Library	Springfield, MO	– What does Health Literacy have to do with ME?
9/28/2010	Jones	Kansas City Public Library	Kansas City, MO	– What does Health Literacy have to do with ME?
9/28/2010	Magee	Columbus Public Library	Columbus, NE	– Met with new librarian – MedlinePlus
9/28/2010	Magee	Central Community College	Columbus, NE	– NLM Resources
9/29/2010	Jones	Rolling Hills Public Library	St. Joseph, MO	– What does Health Literacy have to do with ME?

<b>Date</b>	<b>Who</b>	<b>Institution</b>	<b>City</b>	<b>Topics</b>
10/13/2010	Brown	Lawrence Memorial Hospital	Lawrence, KS	– Finding Reliable Health Information on the Internet
11/4/2010	Jones	Little Dixie Public Library	Moberly, MO	– What does Health Literacy have to do with ME?
11/5/2010	Brown	Northwest Missouri State University	Maryville, MO	– Presentation on co-authored paper about the 23 Things Kansas initiative at the “Brick and Click Libraries” symposium
1/19/2011	Magee	VA Medical Center	Omaha, NE	– Library Advocacy support
2/9/2011	Champ-Blackwell	Northeast Community College	Norfolk, NE	– Health Fair – Web site evaluation
2/28/2011	Champ-Blackwell, Magee	Little Priest Tribal College Library	Winnebago, NE	– Meet with librarian to explore her needs etc.
2/28/2011	Champ-Blackwell, Magee	Nebraska Indian Community College Tribal Library	Macy, NE	– Meet with librarian to explore her needs etc.
2/28/2011	Champ-Blackwell, Magee	South Sioux Public Library	Macy, NE	– Met with library director
3/10/2011	Jones	Livingston County Library	Chillicothe, MO	– What does Health Literacy have to do with ME?
3/14/2011	Jones	Daniel Boone Regional Library	Columbia, MO	– Public Library/Public Health Partnership
4/4/2011	Honour	Wyoming Department of Health	Cheyenne, WY	– Presentation to Multicultural Health Advisory Committee – PubMed, MedlinePlus

<b>Date</b>	<b>Who</b>	<b>Institution</b>	<b>City</b>	<b>Topics</b>
4/21/2011	Brown	Haskell Indian Nations University Tommaney Library	Lawrence, KS	<ul style="list-style-type: none"> <li>- NLM resources that could support university programs</li> <li>- Network membership</li> </ul>
4/28/2011	Champ-Blackwell	Omaha Public Library	Omaha, NE	<ul style="list-style-type: none"> <li>- Discussed offering a class on LGBT resources with one of the librarians</li> </ul>

# Web Site Use

Month	Unique Visitors	Total Visits	Page Views
May 2010	9998	75622	376330
Jun 2010	9465	56596	236175
Jul 2010	9998	54435	265456
Aug 2010	10134	55015	310652
Sep 2010	10048	52480	266188
Oct 2010	10567	54401	278840
Nov 2010	10565	54381	255755
Dec 2010	9816	56920	541978
Jan 2011	11368	56449	763920
Feb 2011	11201	53292	389958
Mar 2011	12595	61014	369014
Apr 2011	11980	53272	341634



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## Attachments

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## Attachment 1

### Tabular report of OARF activity data for contract year: RML staff activities



### Map Report: Outreach Activities Conducted by "RML" Staff in Region "4" ("01-MAY-10 - 30-APR-11")

#### Activity Summary

**Total Outreach**

Region 04 = 131.

**Total Number of Estimated Participants**

Region 04 = 3,378.

**Average Number of Participants Per Activity**

Region 04 = 26.

**Average Length in Hours**

Region 04 = 2.

**Under 1 Hour**

Region 04 = 9.

**Between 1 and 2 Hours**

Region 04 = 106.

**Over 2 Hours**

Region 04 = 16.

**Hands-On Practice**

Region 04 = 60.

**Conducted Remotely**

Region 04 = 66.

**Offering Continuing Education**

Region 04 = 38.

**Significant Number of Minorities**

Region 04 = 5.

#### Type of Organization Involved

**Health Sciences Library**

Region 04 = 125.

**Public Library**

Region 04 = 19.

**Government**

Region 04 = 11.

**Hospital**

Region 04 = 9.

**Clinical/Health Care**

Region 04 = 3.

**Academic**

Region 04 = 128.

**Community-Based**

Region 04 = 12.

**Faith-Based**

Region 04 = 14.

**Public Health**

Region 04 = 10.

**Other**

Region 04 = 9.

#### Session Content

**PubMed**

Region 04 = 29.

**MedlinePlus**

Region 04 = 64.

**ClinicalTrials**

Region 04 = 10.

**NCBI**

Region 04 = 1.

**NLM Gateway**

Region 04 = 2.

**TOXNET**

Region 04 = 16.

**Other Technology**

Region 04 = 62.

**Other Non-Technology**

Region 04 = 53.

#### Significant Number of Minorities

**African American**

Region 04 = 4.

**Alaska Native****Asian and Pacific Islander**

Region 04 = 2.

**Hispanic**

Region 04 = 4.

**Native American**

Region 04 = 2.

#### Participant Summary

**Completed Participant Information Sheet**

Region 04 = 1,934.

**Health Care or Service Provider**

Region 04 = 73.

**Health Science Library Staff**

Region 04 = 977.

**Public Health Worker**

Region 04 = 123.

**Public/Other Library Staff**

Region 04 = 509.

**General Public**

Region 04 = 247.

Generated: 2011-10-17  
Funded By: NLM  
Maintained By: OCCS GIS

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## Attachment 2

### Tabular report of OARF activity data for contract year: Subcontractor activities



### Map Report: Outreach Activities Conducted by "SUB" Staff in Region "4" ("01-MAY-10 - 30-APR-11")

#### Activity Summary

**Total Outreach**

Region 04 = 53.

**Total Number of Estimated Participants**

Region 04 = 511.

**Average Number of Participants Per Activity**

Region 04 = 10.

**Average Length in Hours**

Region 04 = 1.

**Under 1 Hour**

Region 04 = 8.

**Between 1 and 2 Hours**

Region 04 = 41.

**Over 2 Hours**

Region 04 = 4.

**Hands-On Practice**

Region 04 = 46.

**Conducted Remotely**

Region 04 = 4.

**Offering Continuing Education**

Region 04 = 4.

**Significant Number of Minorities**

Region 04 = 12.

#### Type of Organization Involved

**Health Sciences Library**

Region 04 = 21.

**Public Library**

Region 04 = 35.

**Government**

Region 04 = 10.

**Hospital**

Region 04 = 2.

**Clinical/Health Care**

Region 04 = 3.

**Academic**

Region 04 = 15.

**Community-Based**

Region 04 = 18.

**Faith-Based**

Region 04 = 2.

**Public Health**

Region 04 = 17.

**Other**

Region 04 = 8.

#### Session Content

**PubMed**

Region 04 = 7.

**MedlinePlus**

Region 04 = 33.

**ClinicalTrials****NCBI****NLM Gateway**

Region 04 = 1.

**TOXNET****Other Technology**

Region 04 = 42.

**Other Non-Technology**

Region 04 = 14.

#### Significant Number of Minorities

**African American**

Region 04 = 6.

**Alaska Native****Asian and Pacific Islander**

Region 04 = 1.

**Hispanic**

Region 04 = 9.

**Native American**

#### Participant Summary

**Completed Participant Information Sheet**

Region 04 = 303.

**Health Care or Service Provider**

Region 04 = 30.

**Health Science Library Staff****Public Health Worker**

Region 04 = 67.

**Public/Other Library Staff**

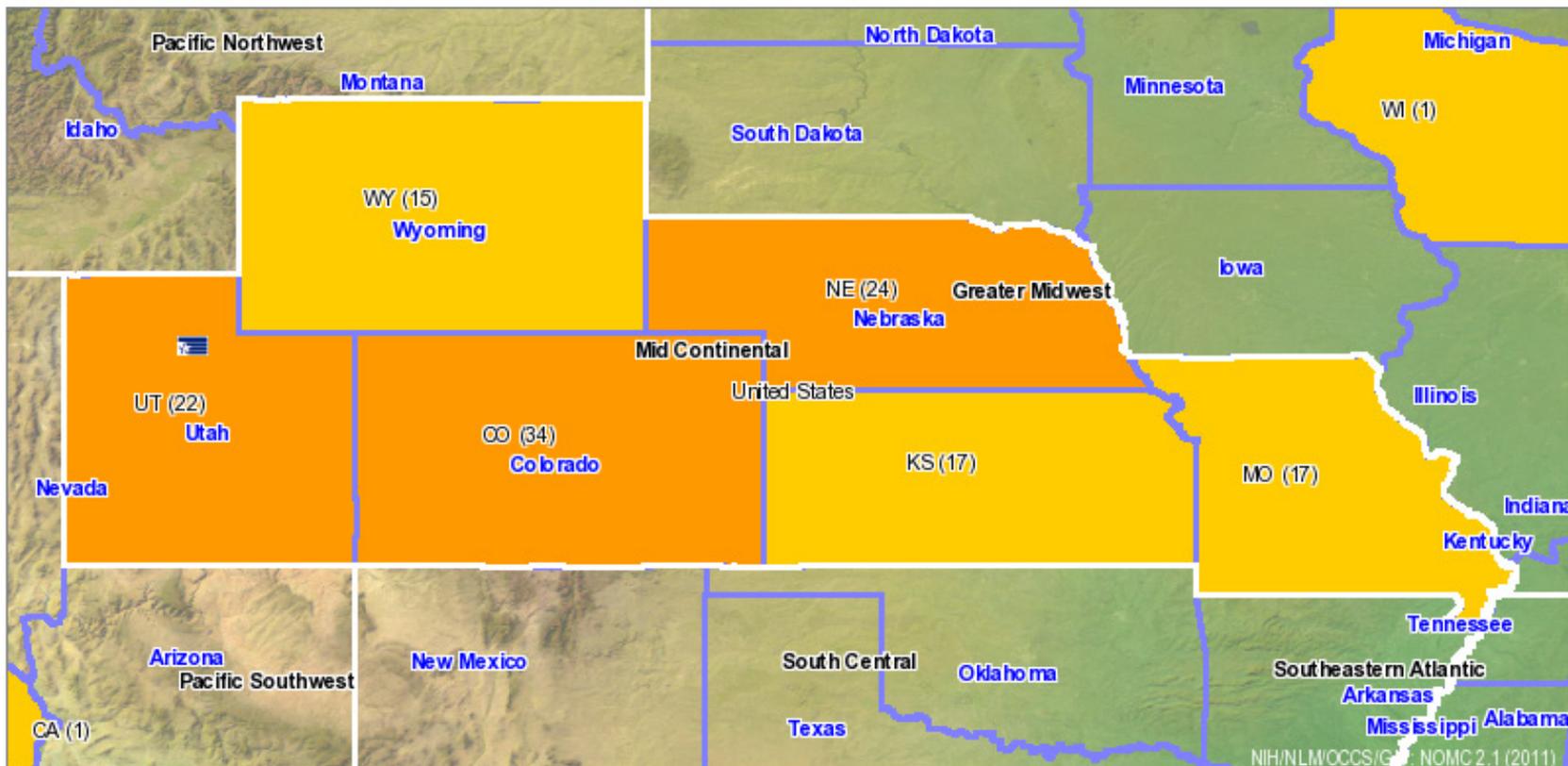
Region 04 = 60.

**General Public**

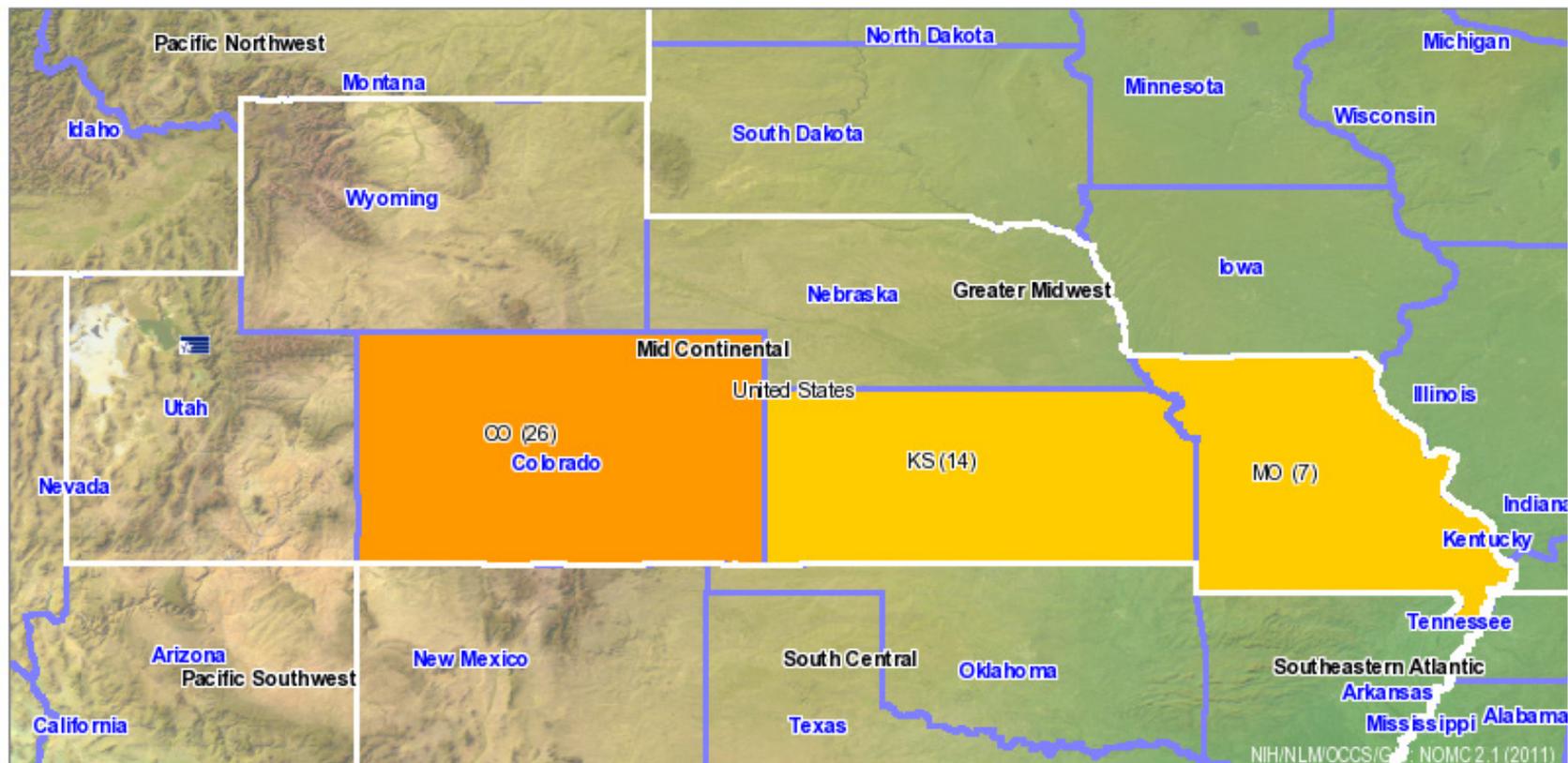
Region 04 = 146.

Generated: 2011-10-17  
Funded By: NLM  
Maintained By: OCCS GIS

Attachment 3  
Region map:  
RML staff outreach activities



Attachment 4  
Region map:  
Subcontracted outreach activities

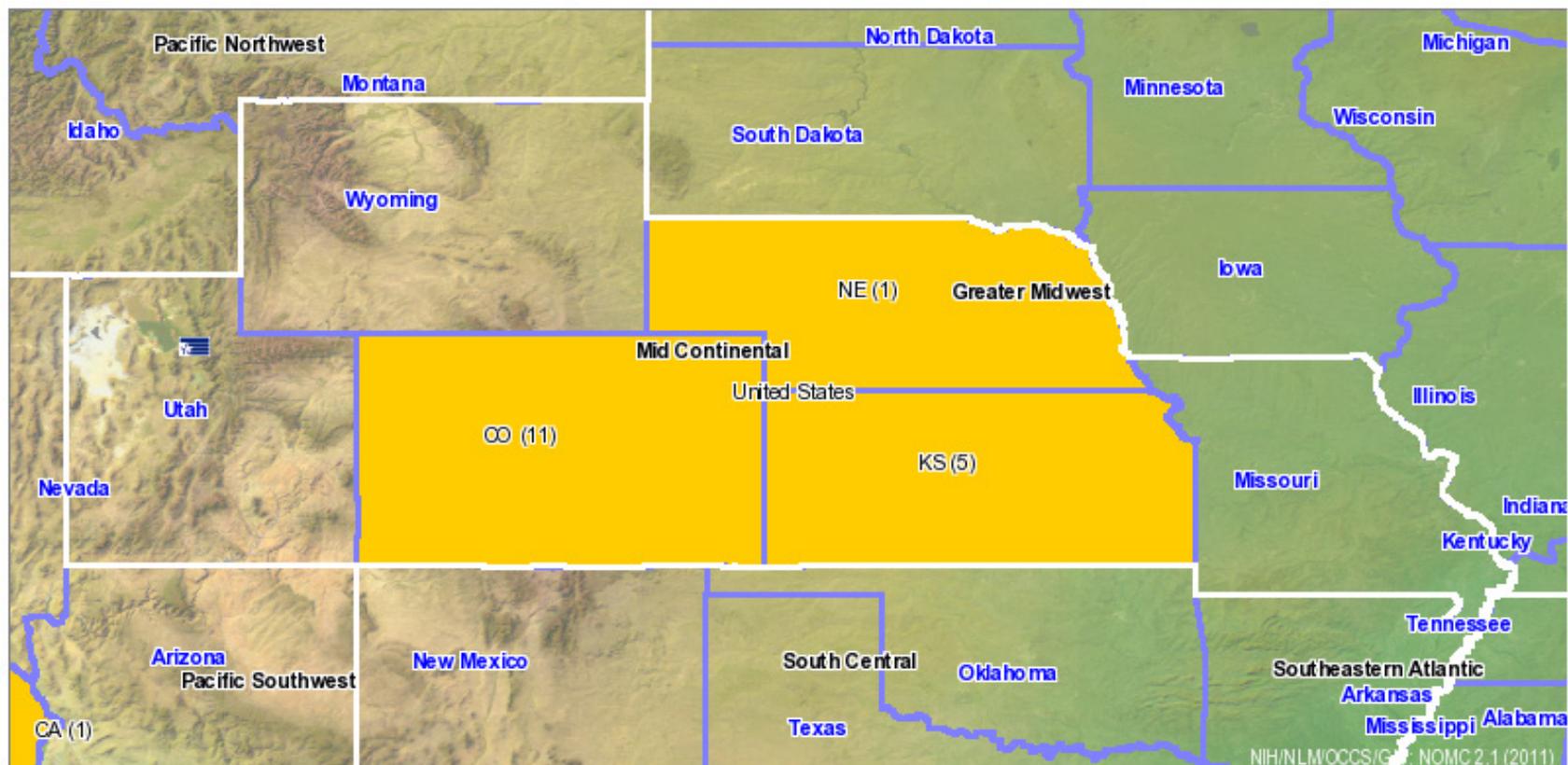


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## Attachment 5

### Region Map:

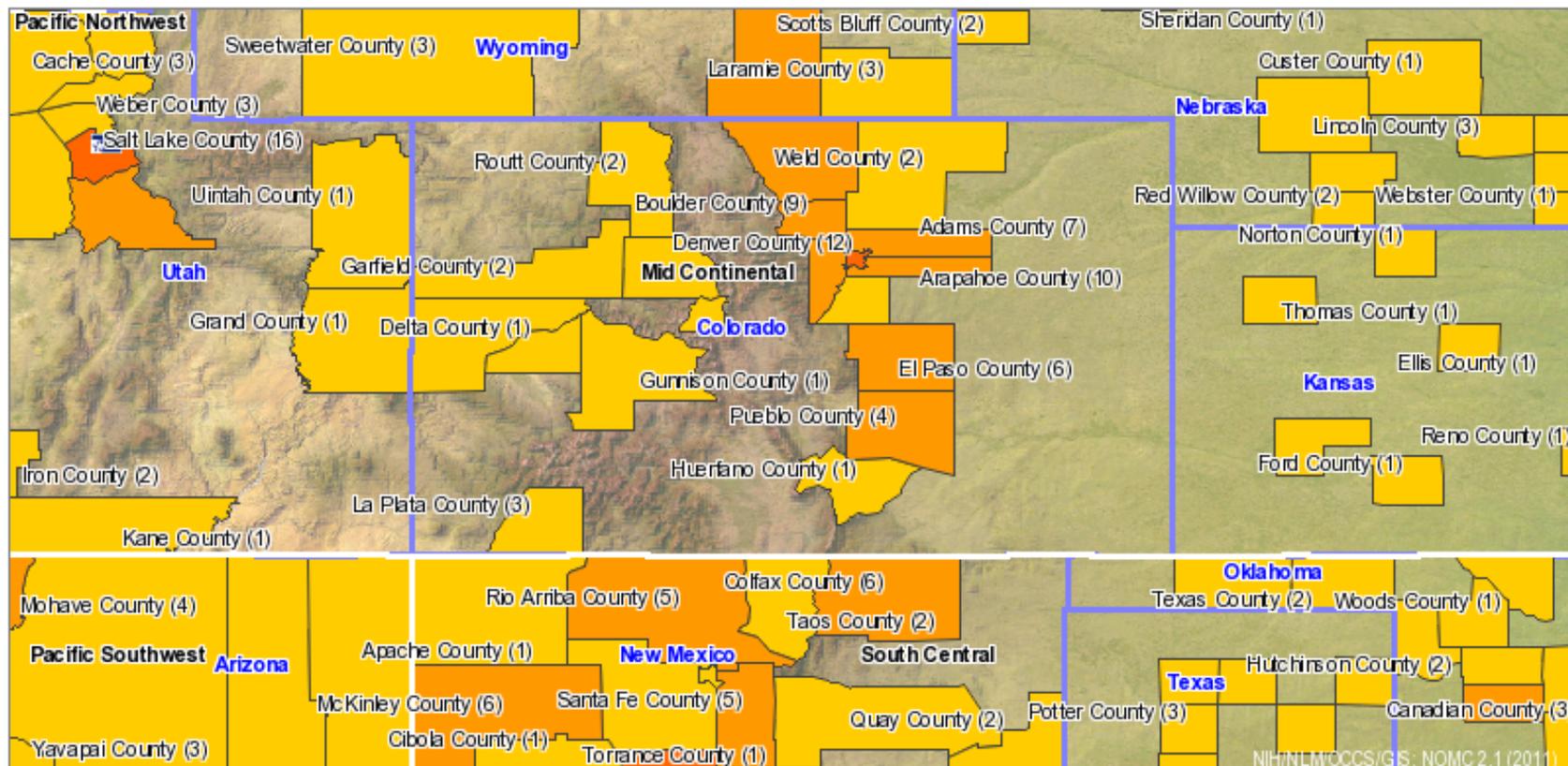
Outreach activities with significant number of minority participants (Combining RML and subcontractor activities)



# Attachment 6

## State map Colorado:

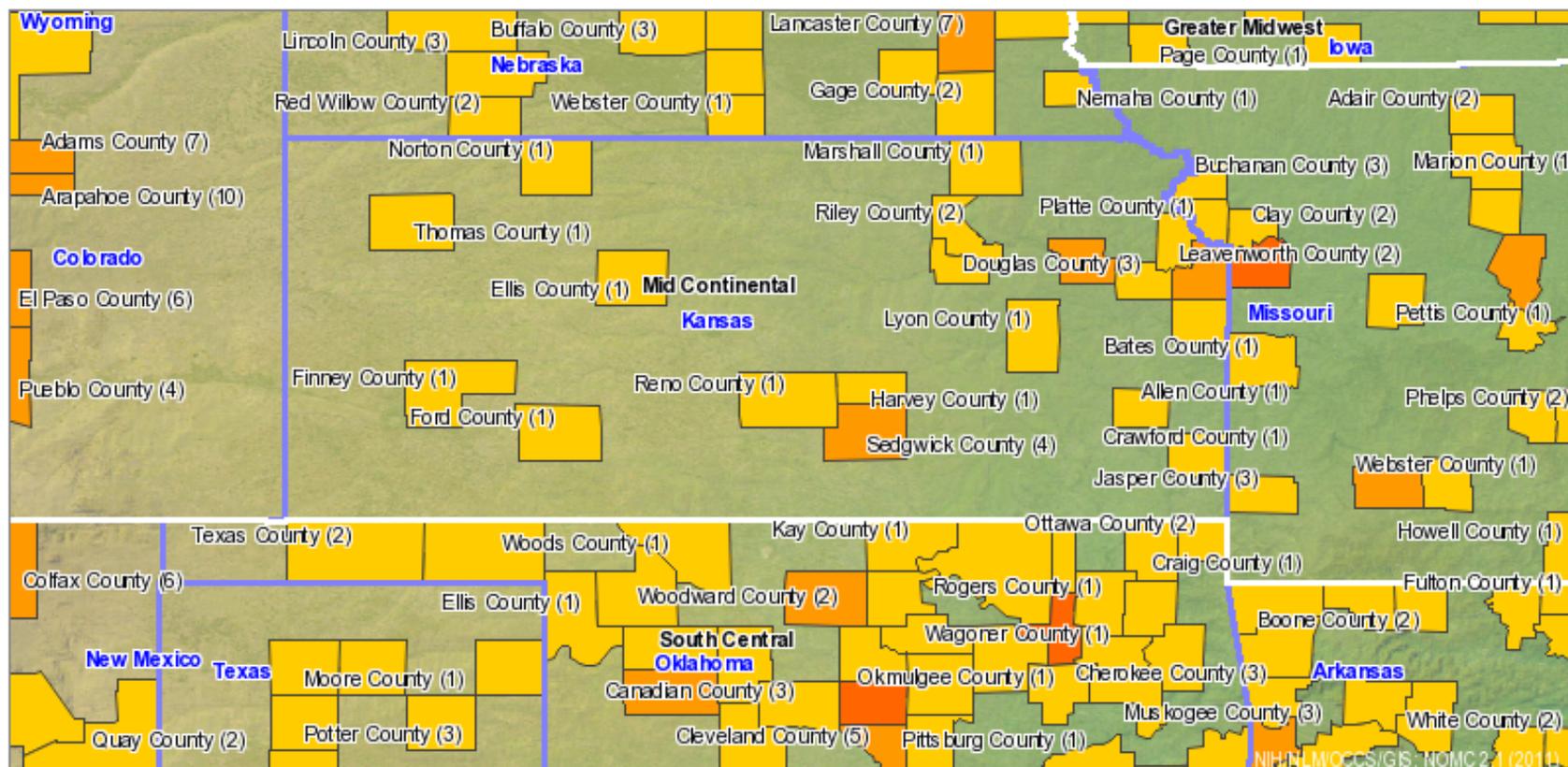
### Network membership



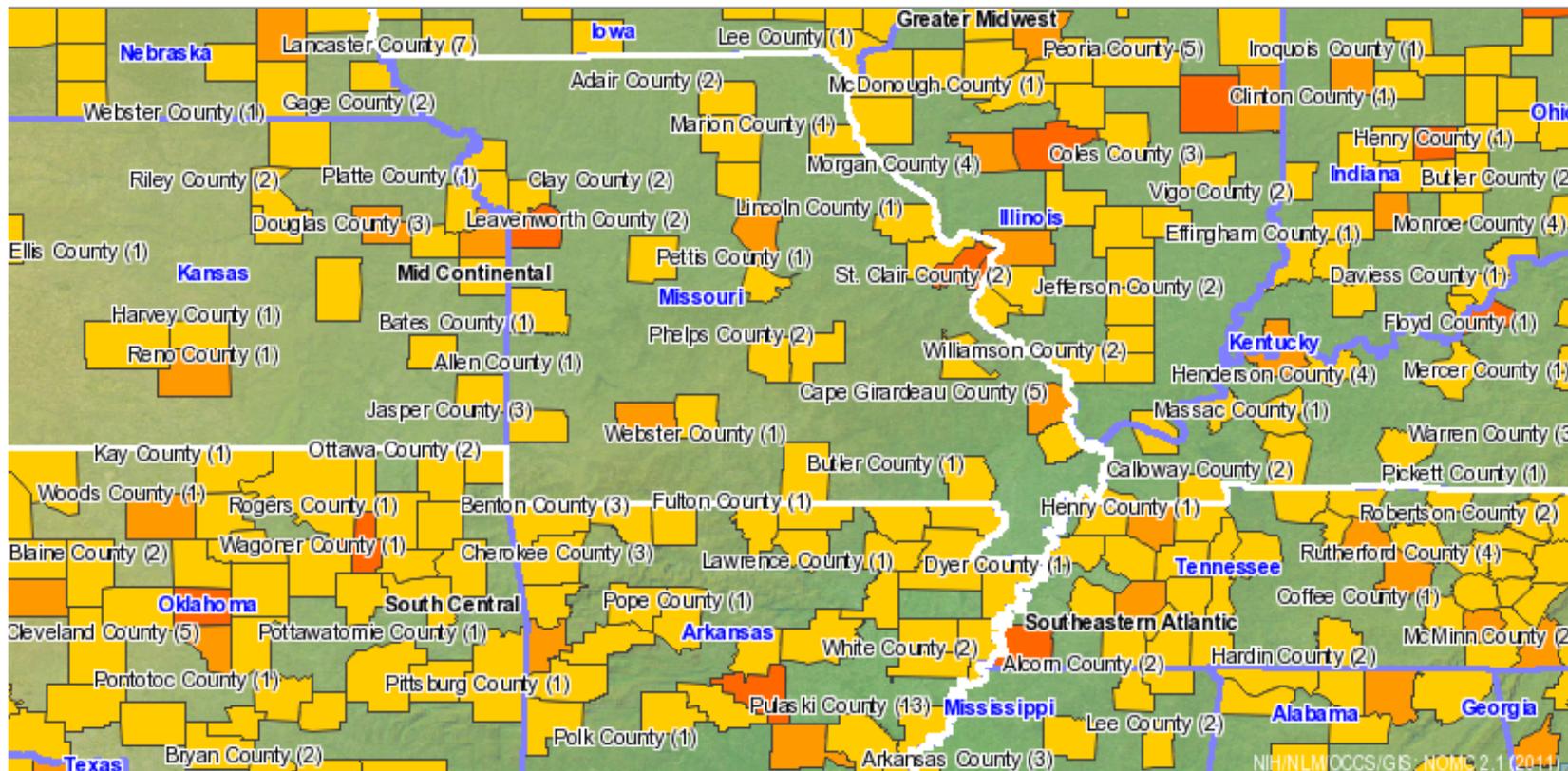
# Attachment 7

## State map Kansas:

### Network membership



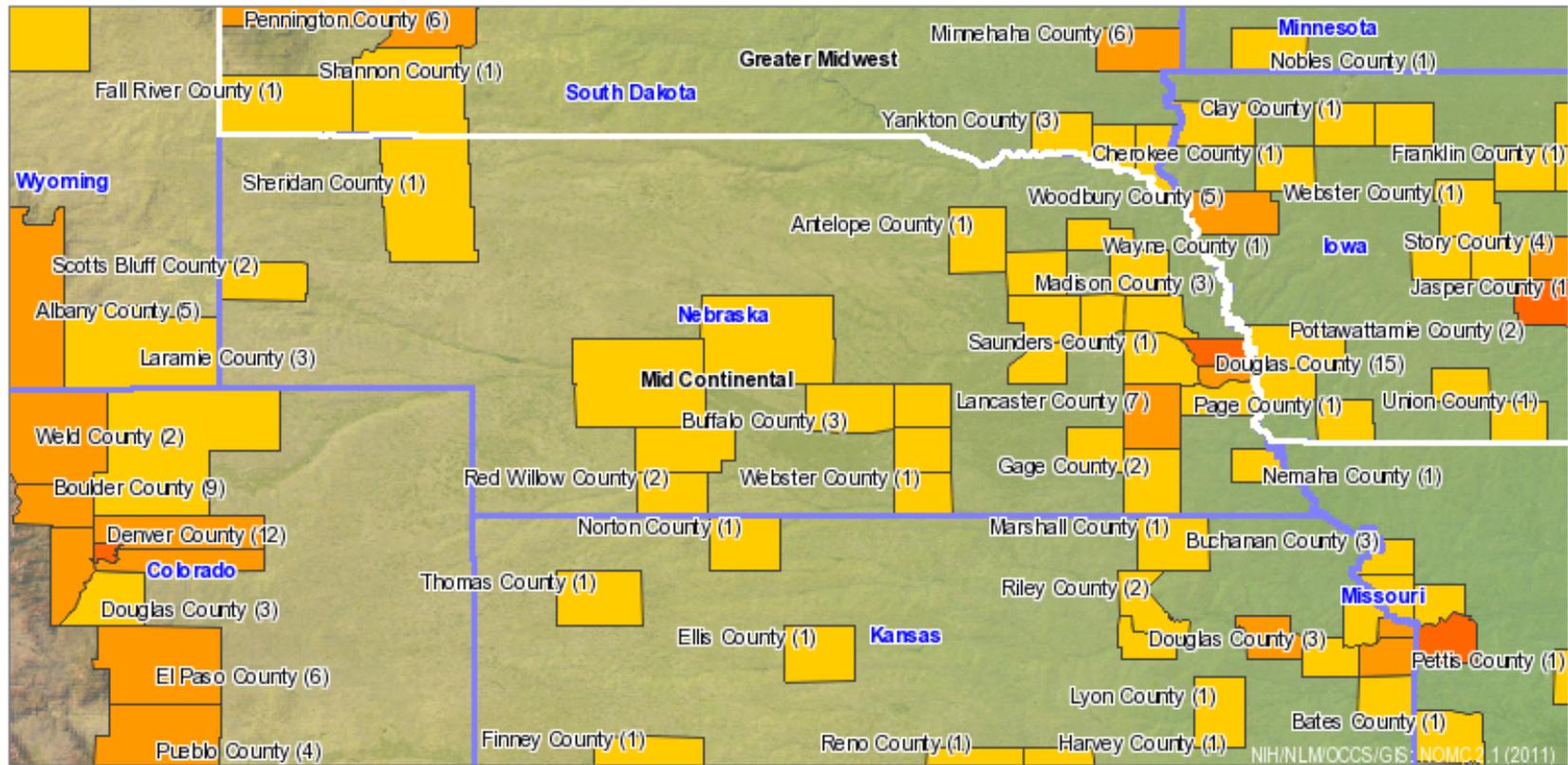
Attachment 8  
 State map Missouri:  
 Network membership



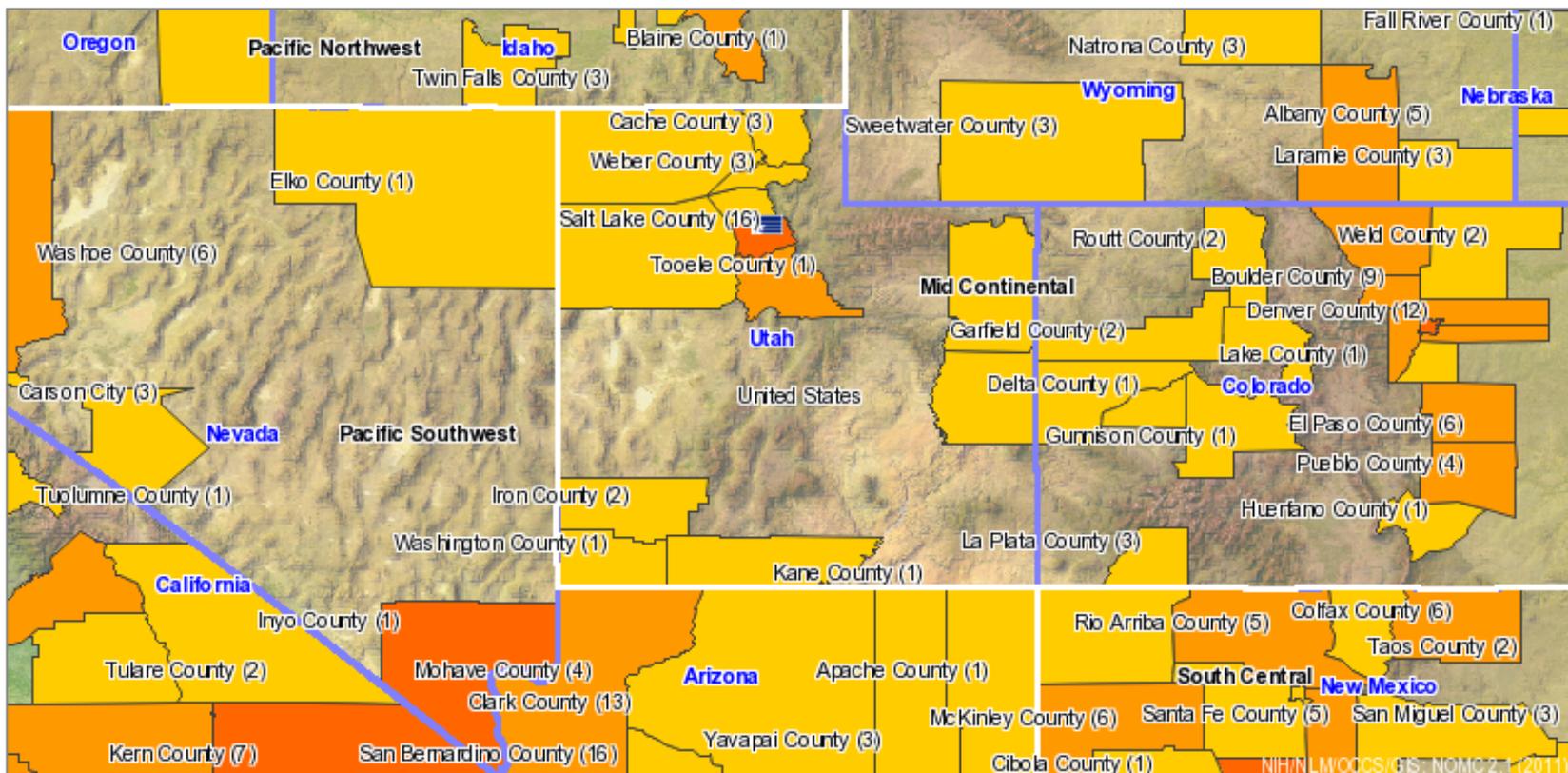
# Attachment 9

## State map Nebraska:

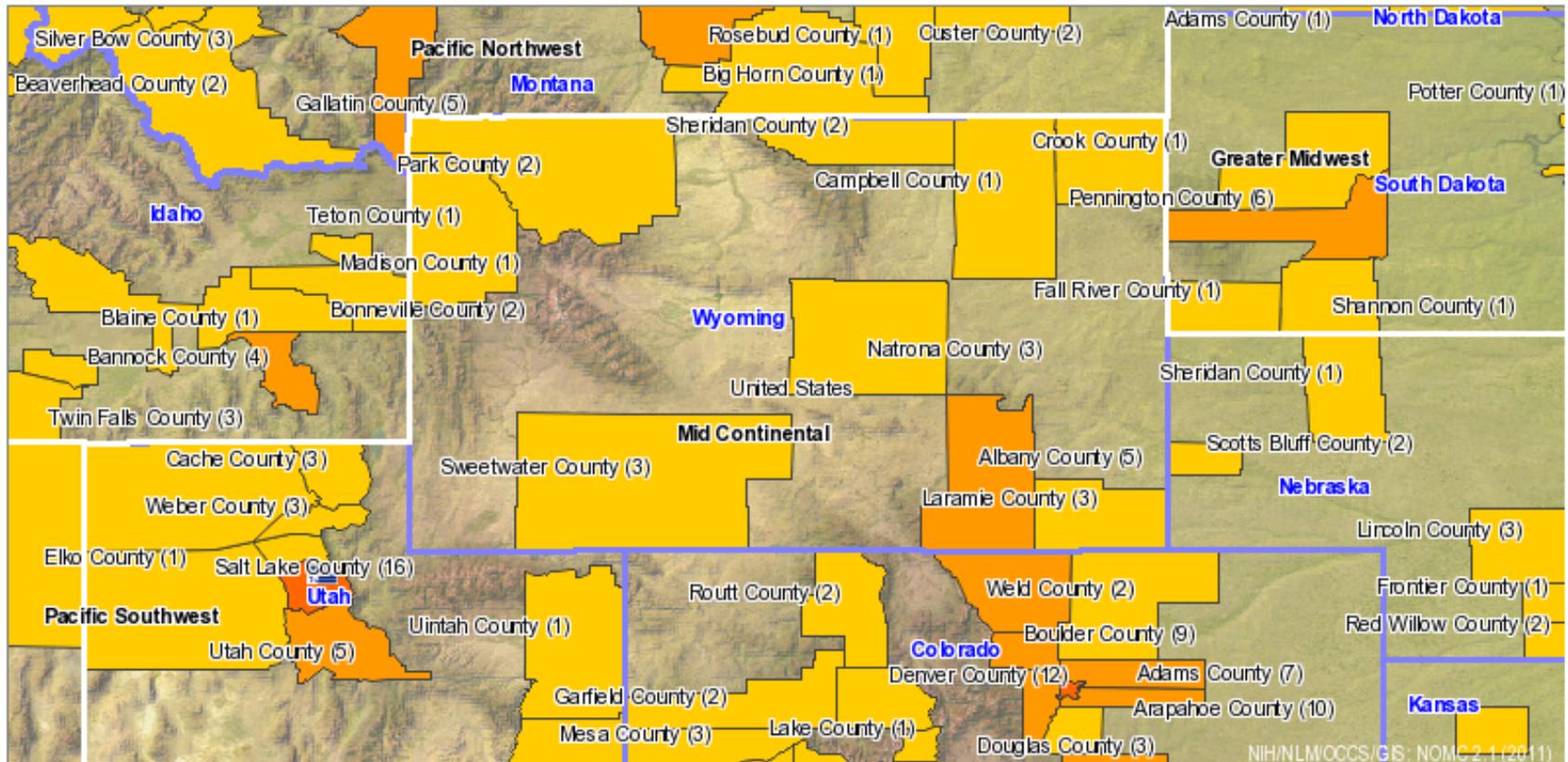
### Network membership



Attachment 10  
 State map Utah:  
 Network membership



Attachment 11  
 State map Wyoming:  
 Network membership



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**Attachment 12**  
**Subcontractor Final Report**

**Gallup Indian Medical Center**  
**Gallup Indian Medical Center Grand Rounds**

# The Grand Rounds Project

Funded by a Grant from Tribal Connections/Four Corners

Gallup Indian Medical Center

Gallup, NM

Submitted by Gary J. Vaughn MD  
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Grant dates: June 1<sup>st</sup>, 2010-October 23<sup>rd</sup>, 2011  
Report Submitted: October 3, 2011

## Narrative Summary

### **Executive Summary**

Despite several challenges faced along the way the funding from this grant has led to several important accomplishments that will be long lasting in nature and will improve the quality of patient care at GIMC.

The original goal of this project was to determine the educational needs for providers at GIMC by surveying both patients and providers. We intended to use the information to establish a curriculum for providers to increase knowledge in the top five diagnoses of patients in our area as well as increase cultural competency of providers. Unfortunately we were unable to obtain IRB approval to continue with the original plan of the project. In the end we decided to pursue the strengthening of our CME program for our providers, as well as lay the groundwork for improving cultural competency at GIMC.

Because of the grant provided we have been able to:

1. Bring in speakers from across the Navajo Nation to educate our providers on Navajo culture and beliefs as well as how common problems may present differently in the

Navajo culture. This includes speakers on subjects such as end of life care, intrauterine fetal demise, domestic violence, depression and suicide, the combining of native medicine with western medicine.

2. Create a robust and lasting CME program by combining with our neighboring private hospital—Rehoboth McKinley Christian Hospital. Our talks are now open to any provider in the community which means we will be improving patient care for patients outside of GIMC as well.
3. Obtain equipment to allow us to create enduring CME material: Although we have yet to receive the equipment, we are in the process of purchasing a camera as well as a laptop to enable us to create online CME modules. Our hope is to partner with another initiative called Project Trust to create modules that can be placed on the GIMC homepage where providers can learn more about Navajo and Zuni culture.

### **Geographic Region:**

This project will eventually help patients and providers in McKinley County, New Mexico as well as patients in the Gallup, Crownpoint, and Zuni IHS service units.

### **Collaborative Partnerships**

1. Rehoboth McKinley Christian Hospital (RMCH). This relationship will be ongoing—we have partnered our CME programs. The funding from the grant will continue to allow us to bring in speakers to teach physicians.
2. Project Trust. We are in the beginning stages of forming a relationship with this organization to provide training in cultural competency.
3. Brigham and Womens Hospital Physician Outreach Program. Physicians from this hospital come to GIMC and provide their clinical and teaching expertise in a variety of areas.

### **Training**

Medical Grand Rounds usually occurred once a month on the fourth Wednesday at Gallup Indian Medical Center. It was usually attended by 20-30 providers. Now that we have been able to partner with RMCH, we often will have CME lectures twice a month and will have closer to 30 participants. As stated above we have had speakers on topics pertaining to Navajo Culture. We have also have speakers on topics ranging from diabetes control, common dermatologic conditions, care of patients in the intensive care unit, HIV care, management of chronic pain and management of thyroid conditions. In addition Patricia Bradley came to give a lecture on accessing online library resources. Grand Rounds Sessions were announced via email as well as by placement of flyers around the hospital. After every session the audience completed surveys evaluating the speaker as well as giving an opportunity to given feedback on the CME program itself. In general we have seen improved scores for the availability of CME sessions as well as the content. We have also received a lot of feedback regarding ideas for future CME sessions. This will all be collated by the new director of our medical education committee and put forward to our medical dental staff to create a plan for next year's CME curriculum.

### **Problems Encountered**

As mentioned above we encountered many problems while trying to implement the project. Firstly, we were unable to obtain IRB approval which kept us from being able to survey patients to obtain their views regarding what their physicians need to learn as providers. Secondly, most of the original member of the initial grant either left GIMC or were promoted into positions which made it difficult for them to help execute the project. I myself took on the role of Chief of Staff Elect and then Chief of Staff which has made it very challenging to devote the time needed to make the project work. It is for this reason that we went to RMCH for help as they have a very capable director of education, Niles McCall, who has been vital in making the project work. Thirdly, the finance department at GIMC has been very challenging to work with. Often multiple requests would have to be made to release grant funds to be used to purchase equipment before they would act. Case in point was our request to purchase video equipment and a laptop to begin working on enduring CME material. We requested the equipment in January of 2011 and have yet to receive it.

### **Continuation Plans**

Due to the challenges above many of the project's original goals could not be met. Because of this, we plan to continue to work towards creating online CME modules on a variety of topics once the equipment is obtained. We will send CD's of some of these modules to you once they are completed. Of course, thanks to the grant, our CME program is as strong as I have ever seen it and will continue hopefully indefinitely.

### **Impact**

The impact of this project will be felt for many years to come. Because the funding enabled us to partner with RMCH, we have been able to increase the amount of education provided to our staff. We have also increased the bonds between our two hospitals. The value that this will have towards patient care will be significant. I cannot even begin to express the gratitude of myself and GIMC for the grant that was provided. You have made a tremendous difference in the education of our providers as well as the quality of patient care that will be provided.

### **Areas for Improvement**

One of the biggest obstacles to this project was the inability to get IRB approval. I hear often that it is challenging to make this happen. In the future it may be helpful to review the project with institutions that go before the IRB often, so we can learn how they are successful in getting projects approved. One example is Johns Hopkins.

## Follow up Questions

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

Please review the above narrative summary under obstacles.

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

The biggest lesson learned was that there are often factors out of our control that can effect the implementation of the project and that it is important to be able to adjust your goals accordingly. The most important strategy to implementing the project was to reach out to other organizations for help (for example RMCH).

2. If you were to start all over again, what, if anything, would you change about your goals, project plans, etc.?

I would have made the goals less lofty for one. I would have partnered earlier with RMCH and had the grant money come directly to them—this would have allowed us to utilize the funds more quickly.

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

Surround yourself with individuals who have applied for and participated in grants in the past. Also, be willing to adjust your goals and objectives, as sometimes circumstances out of your control can make the original goals/objectives impossible to achieve.

5. Please describe plans for disseminating lessons learned and other information about the project, such as through a conference presentation or publication. In accordance with the NIH Public Access Policy (<http://publicaccess.nih.gov>), project directors are asked to submit voluntarily to the NIH manuscript submission (NIHMS) system (<http://www.nihms.nih.gov>) at PubMed Central (PMC) final manuscripts upon acceptance for publication.

Once we have obtained our video equipment we intend to start making enduring CME material. This material will be made available to TC4C.

Thank you,

Gary J. Vaughn MD

---

**Attachment 13**  
**Hospital Library Advocacy Evaluation Scan -**  
**Preliminary Report**

# **National Network of Libraries of Medicine, MidContinental Region Hospital Library Scan - Preliminary Report 2011**

## **Background**

The National Network of Libraries of Medicine, MidContinental Region has had several library closures during the past five-year contract. For this reason we decided to monitor the ongoing status of our member libraries. We intend to look at trends in budget and issues related to budget such as the collection budget, staffing, library location, and hours of operation. We assume that the budget is a primary factor in the library's continuing operation. We are also tracking information on the service to and importance of the various groups (e.g., management, physicians, etc.) in the hospital and external events that impact the library. From this data we hope to determine the qualities in the librarian and library's operations that are indicators for success or are warning signals that indicate the need for assistance.

## **Methodology**

The NN/LM MCR conducted an online scan of member (full and affiliate) hospital libraries to look at the standing of those libraries within their institutions. The scan was concerned with the relationship between the budget of member libraries and their collection maintenance, staffing, physical location, and hours. The scan also looked at major community events and the impact on the hospital and the library. In addition, the scan compared the major users of the hospital library to the users that had the most influence over the continued health of the library.

Questions from the scan asked:

- 1) for their LIBID;
- 2) for their non-profit/for profit status;
- 3) for their 2009-2010 budget compared to the 2008-2009 budget;
- 4) about the affect of the 2009-2010 collection budget on their collection size;
- 5) whether there were changes on their staffing level;
- 6) whether there were changes in their hours, location, physical space or accessibility and the involvement of the librarian in the decision making process;
- 7) about the ranking of various groups in importance of impact on status of the library;
- 8) for the ranking of the top users of the library;
- 9) about new programs and services;
- 10) whether the library has a long range plan and whether it had management approval; and
- 11) about external events that impacted the hospital and the library.

The scan was distributed to 127 full and affiliate member hospitals in the region and completed in April, 2011. Sixty-three (49%) usable responses were submitted. Hospital responses from other regions were not counted in the results. Obvious test replies were also discarded. Ten libraries did not provide a LIBID, so determining state affiliation was not possible. Responses indicating state location were:

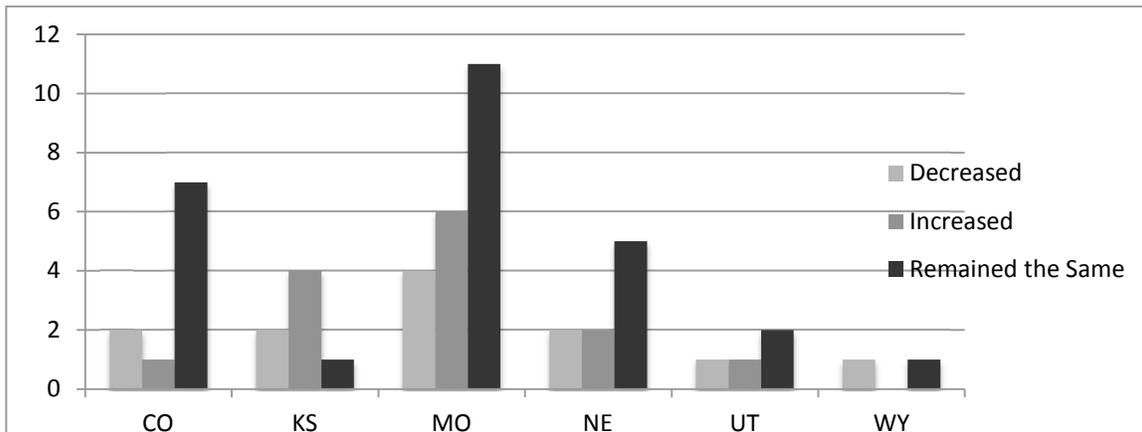
STATE	NUMBER RESPONSES	PERCENTAGE OF HOSPITAL LIBRARIES IN THE STATE
Colorado	10	29%
Kansas	7	41%
Missouri	21	45%
Nebraska	9	56%
Utah	5	45%
Wyoming	2	18%

(Figure 1) Responses by State

Of the total number of usable responses, sixty reported coming from a non-profit organization and three from a for profit organization. Data collected in this scan did not show significant responses when analyzed by state due to the small numbers received. When the scan is completed in 2012, analysis by state may be more meaningful.

### Change in Budget

Overall, budgets among the institutions responding to this question remained stable compared with the previous year. Analysis shows that sixteen libraries (25%) reported a budget increase, sixteen libraries reported a budget decrease (25%), and thirty libraries (48%) reported that their budgets remained the same as the previous year. One library did not answer this question. The chart below shows budget status by state. Ten libraries did not indicate their state so their information is not included in the chart below.

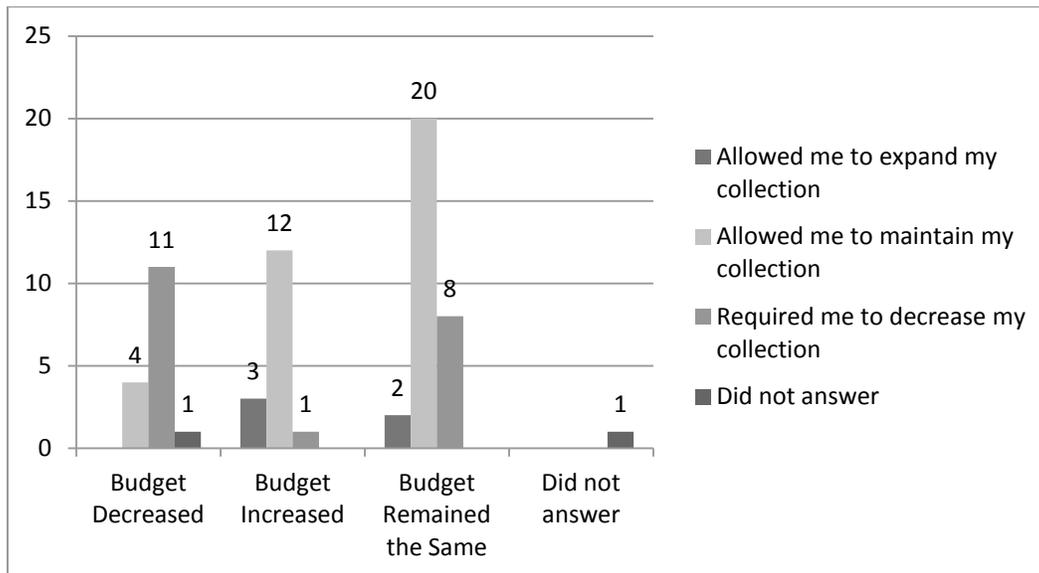


(Figure 2) Budget Change by State

### Change in Collection Size

For this analysis, we used budget information as the main comparator. Of the sixty-three libraries responding to this question with usable data, sixteen (25%) reported a budget increase, sixteen (25%) reported a budget decrease, thirty (48%) reported that their budget remained the same as the previous year, and one library did not answer the question. We compared changes allowed by collection budget levels to total budget; of the

five libraries reporting the ability to expand their collection, three reported an increased total budget and two reported that their overall budget remained the same.



(Figure 3) Collection Change, Collection Budget, and Total Budget

For the libraries (36) reporting that their budget allowed them to maintain the collection, twelve had an increased budget, four had an overall decreased budget and twenty showed a budget that remained the same. For those decreasing their collection (20), one had an increased budget, eleven had an overall decreased budget, and eight showed a budget that remained the same. Two libraries did not answer the question.

Comments about collection spending included:

Collection Expanded:

"Significant increase in serials budget, probably under pressure from medical staff."

"Converted some print money into electronic database money, expanding the number of accessible journals"

Collection decreased:

"My journal collection decreased."

"...made cuts in order to pay increases on others"

"Our national organization used grant money to greatly expand the number of nationally available electronic subscriptions. This increase gave my supervisor a basis for declining most of the print journal subscription requests."

"I've been tracking how many times the journals have been getting used. Over the past 8 years, I have cut the collection in half. Where at all possible, we collaborate within the corporation to purchase online journal access, resulting in eliminating print copies. We add about 5 online subscriptions a year as budgets allow."

Collection Maintained:

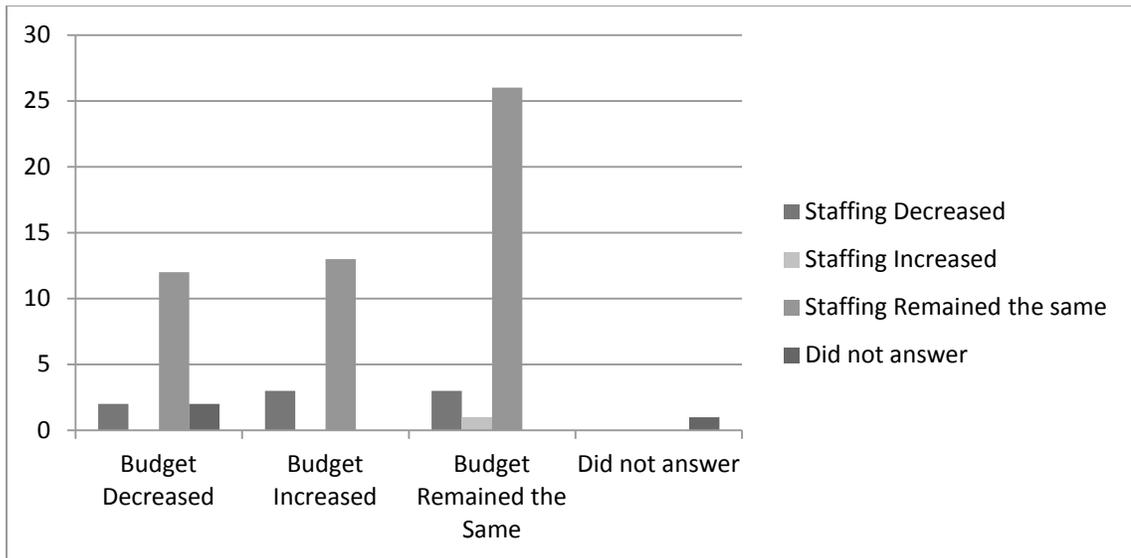
“I maintained my collection by shifting my budget to more electronic and less print.”

“I maintained the collection by eliminating paper subscriptions that I was getting through MDConsult.”

“Publisher increases have made it difficult to maintain many research or even basic journals that do not see heavy circulation.”

**Staffing Changes**

Comparing staffing levels to overall budget, responses showed only one library with increased staffing, and that library had a budget remaining the same as the previous year. Fifty-one libraries reported stable staffing. Thirteen libraries reported the same staffing levels with an increased budget; twenty-six libraries had budget and staffing levels remain the same. For twelve libraries, the staffing remained the same even though the budget decreased. Eight libraries showed decreased staffing; three had an increased budget; two had decreased budget; and three had a budget that remained the same as the previous year. Three did not answer the question.



(Figure 4) Staffing Levels and Total Budget

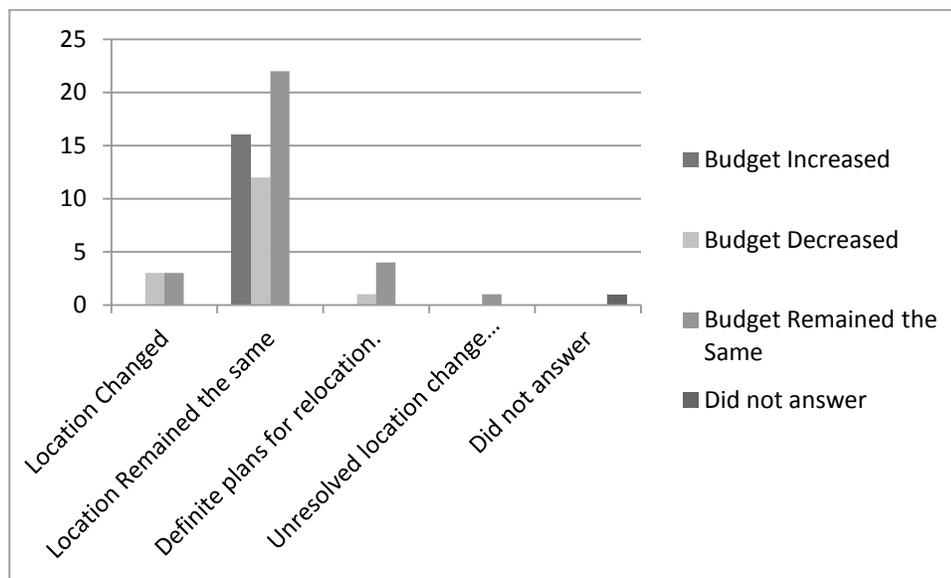
**Location Changes**

Location changes in this report refer to all physical changes including increased space, decreased space, more easily accessible or less easily accessible space.

When location changes and total budget levels are compared, no library had a location change and an increased budget. Three libraries showed a changed location and a decreased budget, and three showed a changed location and a static budget. One library with a static budget reported a changed location with more space; one library with a decreased budget reported a new, larger location.

For the fifty-six libraries reporting that their location stayed the same, sixteen libraries had an increased budget; twenty-two libraries had their budgets remain the same; and twelve libraries had decreased budgets. Five librarians indicated that there are definite plans for relocation; one had a decreased budget and four had budgets that had remained the same.

One librarian whose budget had remained the same reported that there is unresolved discussion about changing the location of the library. One library did not answer the question.



(Figure 5) Library Location and Total Budget

Regarding the location of the library, the scan also inquired about the quality of the relocation, asking if the new location is more or less accessible than the previous location, and whether or not the librarian was involved in the decision to move. For the most part, the librarian was not involved in the decision to move. Of the six libraries that relocated, three reported moving improved their accessibility.

Some comments made on location included:

“Large donation built an entire Education Center, in which the all-new library is located. Physicians’ choice to use new space for library.”

“The overall facility plans involved using the old library space for something else and so they moved the library to the main level. The administrative team for the facility made the decisions and then our supervisor informed us of the changes.”

“The librarians were able to participate in planning of the new space after the decision to move was made.”

Those librarians who were involved in the decision (two) made the following comments:

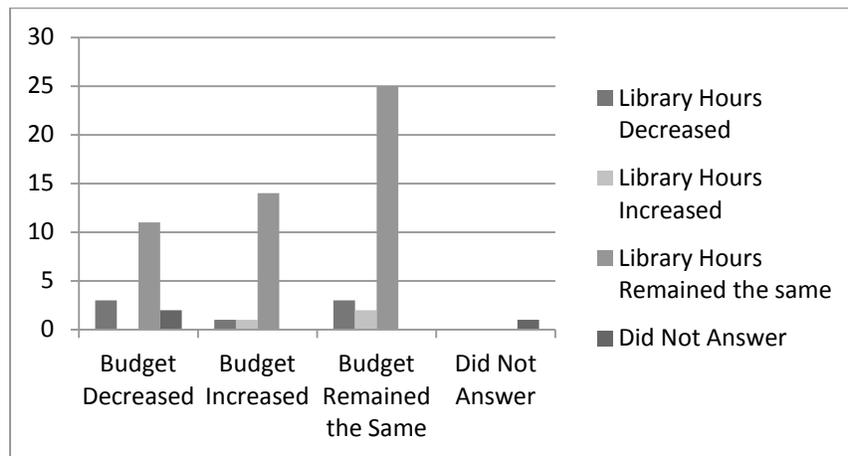
“Construction forced a temporary closure however, since our resources are rarely used I suggested we move to an electronic format and take advantage of our nearby resources for literature requests. This would save us space and money. This was approved by administration. ”

“Our old space was taken down as part of hospital expansion. Through the efforts of my supervisor and myself, we were able to secure a space in a better location, but with much reduced space.”

As was indicated in the comment above, one library moved to an electronic library with no physical space for a collection. That library had a budget that remained the same as the previous year.

### Library Hours Changes

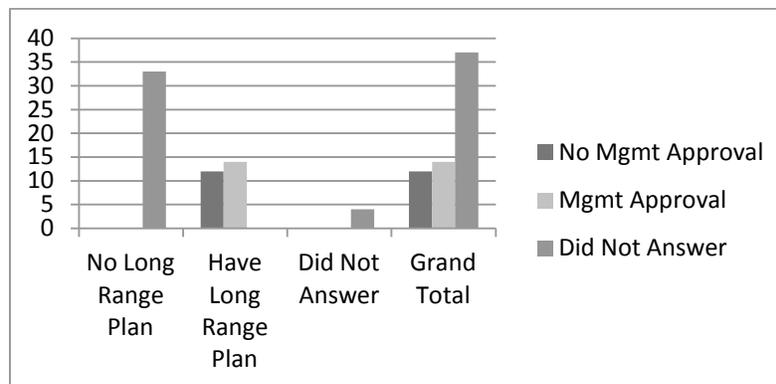
Comparing the hours the library is staffed with the budget, responses showed three libraries had increased hours; one with an increased budget and two with a budget remaining the same. Seven libraries had decreased hours; three had a decreased budget; one had a budget increase, and three had budgets that remained the same as the previous year. The remaining libraries (50) had library hours that remained the same. Eleven of these reported a decreased budget, fourteen an increased budget and twenty-five a budget that remained the same. One library did not answer this question.



(Figure 6) Library Hours and Total Budget

### Long Range Plans

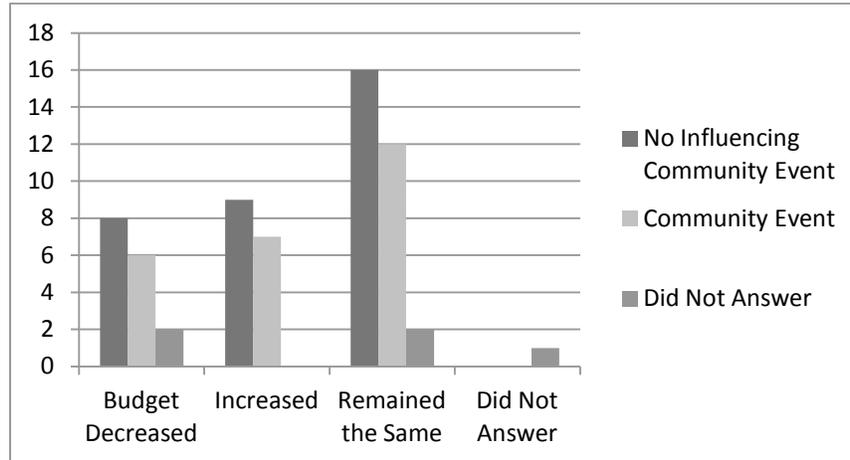
Long-range plans are important for a variety of reasons. Long-range plans impact projected budgets, negotiation of long-term contracts, space planning, emergency preparedness planning and succession planning. We were interested in which libraries had a long-range plan, and whether a supervisor approved that plan. Twenty-six reported having a plan. Fourteen had administrative approval and twelve did not have administrative approval. Thirty-three of the libraries do not have a long-range plan. Four respondents did not answer this question.



(Figure 7) Libraries and Long Range Plans

## Community Events

One of the major questions we had was the impact of community events on the hospital and the hospital library. Twenty-five hospitals reported that their hospital had been significantly impacted by a community event; seven reported a budget increase, six showed a budget decrease and twelve had a static budget. Thirty-three libraries reported that no community event had a significant impact on their hospital.



(Figure 8) Community Events Influencing Hospitals and Total Budget

Comments on the type of community event grouped into six major categories. Two hospitals reporting a significant impact from a community event chose not to add any comments.

Type of Event	Number of Hospitals Affected
General Economy	9
Hospital Expansion or Upgrade	5
New Hospitals in the Area	3
H1N1	3
Health Care Reform	2
Closing of hospitals in the area	1

We also asked librarians if their libraries had been affected by the community events impacting the hospital. Comments from librarians choosing to comment in response to this question grouped into the following categories:

Librarian Comments	Number of Comments
Increased request for services	6
Wait and see	6
Budget freeze or cuts	2
Library cuts	1
Changes in services	1
Sought additional funding sources	1

Individual comments regarding the impact of community events on library services were:

“Librarian position was cut to 20 hours.”

“There has been a near freeze of budgets, especially in those depts. not providing direct patient care.”

“Maintain and be prepared to fully present/support any new services. We are at a wait and see stage.”

“Licensing changes. Expanded service area with no change in staff/budget”

“The administration has always left open the possibility of cutting the librarian's position to part time. Also, my continued efforts to get the library location moved to a higher traffic area, and also to get an Info button added to the CPOE, have low to no priority.”

“Budget year 09-10 my book budget was zero. My journal budget has remained the same for the last 5 years meaning I've had to cut journal subscriptions and relied more on interlibrary loan.”

“Business resulted in heavier traffic, raised our profile.”

“Fortunately we have access to hospital auxiliary funding...that group has been amazingly supportive.”

## Appendix

### Evaluation Scan Questions:

1. What is your LIBID?
2. My organization is:
  - a. For profit
  - b. Non-profit
3. Compared to the 2008-2009 fiscal year, in the year 2009-2010 my library budget:
  - a. Increased
  - b. Decreased
  - c. Remained the same
  - d. Comments
4. During the 2009-2010 fiscal year my collection budget:
  - a. Allowed me to expand my collection
  - b. Allowed me to maintain my collection
  - c. Required me to decrease my collection
  - d. Comments
5. For the 2009-2010 fiscal year, my library staffing:
  - a. Increased
  - b. Decreased
  - c. Remained the same
  - d. Comments
6. During the 2009-2010 fiscal year, my library location has:
  - a. Remained the same
  - b. Changed
  - c. There are definite plans in place for relocation.
  - d. There is unresolved discussion about changing the location of the library at this time.
7. How has (or will) your library location changed? Please check all that apply.
  - a. New location
  - b. More physical space
  - c. Less Physical space
  - d. More accessible physical space
  - e. Less accessible physical space
  - f. Change to electronic library/no physical space for collection
  - g. Other
8. Was the librarian involved in the decision to change location?
  - a. Yes
  - b. No
  - c. We are very interested in the factors involved with your move. Please describe the circumstances and personnel involved.
9. During the current fiscal year, my library hours have:
  - a. Remained the same
  - b. Increased
  - c. Decreased

10. Was the librarian involved in the decision to change hours?
  - a. Yes
  - b. No
  - c. Comments
11. Please rank the five groups listed in importance of impact on the status of the library with 1 being the most important and 5 being the least important.
  - a. Physicians
  - b. Nurses
  - c. Allied Health Personnel
  - d. Management
  - e. Education
12. Please rank the top users of the library from the list below, with 1 being the highest user and 5 being the lowest user.
  - a. Physicians
  - b. Nurses
  - c. Allied Health Personnel
  - d. Management
  - e. Education
13. What new programs and services have you started within the last fiscal year?
14. Do you have a long range plan for your library
  - a. Yes
  - b. No
15. Has this plan been reviewed and approved by your management?
16. Has your institution been significantly impacted by events in your community?  
Examples could be a health epidemic, i.e., H1N1 outbreak, the opening of a new health care facility, the closure of a health care facility, major economic change such as either the opening or closure of large business, etc.
  - a. Yes
  - b. No
17. Please describe the events or situation.
18. How has this event/situation impacted the library?

---

**Attachment 14**  
**Network Member Focus Group Interviews - Report**

**Assessment and Evaluation, 2010**

**Network Member Focus Group Interviews**

**National Network of Libraries of Medicine,**

**MidContinental Region**

National Network of Libraries of Medicine, MidContinental Region  
University of Utah Eccles Health Sciences Library  
Salt Lake City, Utah

Funded by the National Library of Medicine under Contract No. N01-LM-6-3504  
with the University of Utah Spencer S. Eccles Health Sciences Library

November 2010

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## Introduction

To accomplish the mission of the National Network of Libraries of Medicine (NN/LM) in the MidContinental Region, the Regional Medical Library (RML) works toward the following goals:

- To develop collaborations among Network members and other organizations to improve access to and sharing of biomedical information resources throughout the nation;
- To promote awareness of, access to, and use of biomedical information resources for health professionals and the public, with a particular emphasis on contributing to the Healthy People 2010 goal of eliminating health disparities;
- To develop, promote, and improve electronic access to health information by Network members, health professionals, and organizations providing health information to the public; and
- To develop tools and conduct evaluation activities to understand how the products and services of the NN/LM and National Library of Medicine (NLM) contribute to improved access to health information by health professionals, and the public.

The National Network of Libraries of Medicine MidContinental Region (NN/LM MCR) regularly solicits input from its Network members about their work supporting access to health information and about how the Region can support them with training, advocacy, and resources. Questionnaires, focus groups, polls and informal conversations are all useful means for obtaining feedback from Network members. Questionnaires have been used three times between 2002 and 2008. Focus group interviews have been held previously with members throughout the region, in 2003 and 2006, and this report presents results from the Network member focus group interviews held in early 2010. Participant responses will be used by the NN/LM MCR to review current activities of network members in their daily practice, to better understand changes occurring in the institutional environments of member libraries, to explore the effects of institutional changes on the libraries, and to identify ways in which the RML can support Network members in dealing with anticipated changes.

## Methodology

The focus group as a method of qualitative research in the library setting is described in a Medical Library Association (MLA) publication, *Focus Groups for Libraries and Librarians*,<sup>1</sup> and is the topic of an MLA continuing education course, *Focus Group Interviewing: A*

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<sup>1</sup> Glitz, Beryl. *Focus Groups for Libraries and Librarians*. Chicago: Medical Library Association, 1998.

*Qualitative Research Methodology for the Library.*<sup>2</sup> Typically, groups of 6 to 10 participants come together in a single location and are led by a facilitator, preferably someone outside of the organization sponsoring the focus groups. An observer is also present. The observer's role is to both take notes on the conversations and to watch for unanticipated themes that arise during the discussions. The observer shares these with the facilitator who may choose to revisit the additional themes at the end of the session. Sessions are recorded and the anonymized transcripts along with the observer's notes are analyzed and form the foundation for a final report of the sessions.

The NN/LM MCR developed a list of questions designed to solicit feedback from Network members about the anticipated effect that changes in health care might have on NN/LM Network members in the next few years and how the RML can support members as they respond to the changes. NN/LM MCR Associate Director Claire Hamasu and Assessment and Evaluation Liaison Betsy Kelly worked with Rebecca Davis, from the University of California, Davis, Blaisdell Medical Library, to develop the focus group questions. The questions were tested at University of Utah and Washington University with librarians who would not be participating in the focus groups.

The focus group questions, in the order they were asked, are as follows:

1. What do you spend most of your time doing?
2. What kinds of changes do you expect to affect your hospital or university in the next few years?
  - a. Economy
  - b. Electronic record
  - c. Funding sources (research, reimbursement—Medicare, insurance, etc.)
  - d. Bioinformatics
  - e. Publishing/Open Access
  - f. Technology
3. Thinking about all these changes, how will your library be affected?
  - a. Organization
  - b. Staffing
  - c. Skills, training
  - d. Resources
  - e. Services
4. What can the RML do to support you in dealing with these changes?
  - a. Advocacy
  - b. Education
  - c. Technology

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<sup>2</sup> Hamasu, Claire; Davis, Rebecca. *Focus Group Interviewing: A Qualitative Research Methodology for the Library*. MLA course approval for 8 contact hours. <http://www.cech.mlanet.org/node/101>

Participation in past focus groups has been limited by Network members' proximity to the selected locations. In order to allow broader participation among the membership the NN/LM MCR decided to use Adobe Connect, an online meeting system that is used for synchronous information and education sessions in the region. Adobe Connect supports the use of webcams and a toll free telephone number. Focus group participants were recruited via a SurveyMonkey™ poll, which invited all members in the six states of the NN/LM MCR to sign up to participate in the Network member focus groups. The poll asked those who responded to provide contact information, identify the type of library where they worked (academic, hospital, other), and to indicate whether or not they could use a webcam from within their institutions. The initial invitation went out on December 18, 2009, as an email to the MCMLA listserv, with a deadline to respond by January 20, 2010. A news item inviting participation in the focus groups appeared on the NN/LM MCR blog on December 24, 2009, and again on January 4, 2010. Six focus group sessions were scheduled, and poll respondents were asked to check off all dates that they were available. The first of the six sessions had to be cancelled due to a conflict with other regional activities. There were two volunteers whose schedules could not be accommodated. Three volunteers were not eligible to participate: one resource library director and two volunteers who are on the listserv but do not work in the MidContinental Region.

As responses to the poll were received it became apparent that quite a few librarians in the region were restricted from using webcams at work. While webcams allow participants to see each other and know who is talking, they are not required for online discussions. In order to include all eligible volunteers, each was assigned to one of five groups based on their type of library and ability to use a webcam:

- Hospital librarians who could not use webcams were assigned to either the first or last session.
- Hospital librarians who could use webcams were assigned to either the second or fourth session.
- Academic librarians who could use webcams were assigned to the third session.
- Four volunteers' availability precluded their assignment to a group based on library type or their ability to use a webcam and were therefore assigned based on their availability.

Once all participants were assigned to one of the five groups, emails were sent to the group with the date and time and guidelines about how the session would be run. Instructions were provided for web conferencing, including the Adobe® Connect™ URL and how to have the system call them. Susan Roberts, the NN/LM MCR Technology Associate, did tests with each participant to make sure they knew how to connect to the web conference center and to test their connection. In spite of the extensive technical preparations, there were a few problems. The first session was delayed 30 minutes because of a problem with Adobe Connect. That was finally resolved by moving to a different "room" on the system. A couple people lost their video during the session, but the audio was fine.

Reminders were sent to everyone a few days before their assigned event. Only two participants cancelled, and one person who forgot to attend her assigned session participated in a different focus group. Of 32 eligible volunteers enrolled, 31 participated in one of the five focus groups.

In the non-webcam group there were actually a few who could have used a camera, but they were asked not to use their cameras so the groups would be homogenous (either all would use webcams or all would not use them). However, in the webcam groups, some participants chose to post a static picture instead of showing the live video, and the NN/LM MCR technical facilitator had to display a JPG image for some participants who had problems with their cameras. (After the first two groups everyone was asked to send a JPG head shot to have on hand in the event of a technical problem.)

Rebecca Davis served as the facilitator for each of the five focus group sessions; she joined each session via the web conference connection. To ensure consistency in conducting the various focus groups, the facilitator worked with a script of introductory remarks and questions to prompt discussion. The same questions were asked in each group, except that in some of the later group sessions, instead of asking the third question sequentially, the facilitator asked participants to volunteer keywords to paint a broad picture of anticipated changes in the environment. During all the focus group sessions, follow-up questions were used as needed to elicit additional discussion or clarification of points the participants raised. To encourage frank discussion, participants were assured that there were no right or wrong answers and that comments would be anonymous.

Lauren Yaeger and Susan Fowler, reference librarians at Washington University School of Medicine, and Suzanne Sawyer, MCR Project Coordinator, were recruited to serve as observers. Although none were trained or experienced in this task each was willing and interested in the process and the discussion topics. Because of proximity, both physical and via Skype, the Assessment and Evaluation Coordinator was able to solicit their participation and provide instructions on their responsibilities. Each was present in the session they were observing and was introduced by the facilitator, but they were silent participants. Each took written notes that highlighted the discussions but there was no attempt to capture details. The observers were asked especially to record topics or comments that grew out of the discussion but were not directly related to the formal questions. The observers could then alert the facilitator to address these, time permitting, at the end of the session. However, the discussions were lengthy and rich and tangential topics were not noted by the observers. Observer notes were provided to the analyst along with the session transcripts.

All focus group sessions were recorded using the Adobe Connect recording feature. The audio was extracted from the recordings using Free Sound Recorder from Cool Record Edit® software and then converted the files from MP3 to WAV using Switch Audio File Converter. These were then burned to CD and delivered to the transcriptionist. All identifying personal and institutional names were removed from the transcripts.

Elaine Graham, consulting librarian, analyzed the transcripts to identify the primary themes and related topics revealed in the comments of focus group participants. Each comment was then categorized by theme and any specific topics were noted. Additionally, each comment was coded by the question that prompted the comment and by the group number in which the comment appeared (for later reference, verification, or quotation). Data coding was performed using

Microsoft® Excel, which accommodated the storage, categorization, and display of narrative comments. A descriptive summary with highlights from participant comments was prepared.

## Findings

Results of the focus group interviews are presented according to the themes and topics reflected in the participants' comments (Table 1). Five focus group sessions were conducted, with a total of 31 participants (Table 2). A total of 595 comments were coded, and while the data generated by the group sessions is by nature qualitative, the number of comments on a topic is given to convey a general sense of the scope of discussion. The number of comments is not a conclusive measure of the interest or opinion on a topic, as additional participants may have agreed with comments contributed by others, but may not have voiced their thoughts. Data on the occurrence of comments by theme, topic, and group appears in Appendix A. Data on the occurrence of themes by question number appears in Appendix B. The transcribed comments from all discussions, categorized by theme and topic, are provided in Appendix C.

THEMES	TOPICS
Librarians' Daily Activities	<ul style="list-style-type: none"> <li>• Literature searching</li> <li>• Teaching</li> <li>• Journal article retrieval</li> <li>• Maintaining electronic resources</li> <li>• Administration</li> <li>• Managing email</li> <li>• Other activities</li> </ul>
Trends in the Institutional Environment	<ul style="list-style-type: none"> <li>• Workforce changes</li> <li>• Health care delivery and economics</li> <li>• Technology</li> <li>• Expansion</li> </ul>
Library Impacts	<ul style="list-style-type: none"> <li>• Management (<i>Staffing, Budget, Library marketing and outreach</i>)</li> <li>• Services and Resources (<i>User interactions, User expectations and information seeking skills, Health care standards and requirements, Space, Special services, Web access issues</i>)</li> <li>• Electronic Resources Management (<i>Service issues, Relations with publishers, EMR and point-of-care reference tools</i>)</li> <li>• Institutional relations (<i>Relations with Information Technology, Involvement within the institution</i>)</li> <li>• Library Staff Characteristics and Skills (<i>Librarian skills and abilities, Technology translation, Educational preparation, Generational differences</i>)</li> </ul>
RML Support	<ul style="list-style-type: none"> <li>• Education and Training</li> <li>• Exposure to New Technology</li> <li>• Interactions with the RML and Networking with Others</li> <li>• Advocacy</li> <li>• Resource Sharing</li> <li>• Other Comments on the RML and NLM</li> </ul>

Table 1. Themes and Topics Identified in Focus Group Transcripts

Focus Group Number	Hospital Library Participants	Academic Library Participants	Other Library Participants	Total Participants
Group 1	6	1	0	7
Group 2	4	2	0	6
Group 3	0	5	1	6
Group 4	4	0	0	4
Group 5	7	0	1	8
	21	8	2	31

Table 2. Focus Group Participation

## Librarians' Daily Activities

### Literature Searching (17 comments)

Many participants report spending much of the work day performing literature searches for health professionals. Named user groups include nurses, residents, physicians, nursing evidence-based practice teams, clinicians, researchers, and consumers. Some participants identified the purposes of literature search requests as patient care, safety council performance improvement processes, and research. One participant commented that while there are many end-users who do their own searches, a large group of physicians and nurses still request searches from the library.

### Teaching (14 comments)

Teaching in the library includes end-user searching of PubMed and other databases, a credit hour class on information literacy, consultations with individuals or small groups, presentations on accessing online library resources (databases, full-text journals and textbooks), and a grand rounds class (students work on cases and then present as if they're in grand rounds). Teaching was identified as a favorite activity—"love teaching people how to use PubMed, especially because it changes all the time, so [teaching is a] learning situation for me too." Students especially need assistance in navigating library resources.

One participant described an extensive teaching role: going on "morning rounds with two teams of medical students, about three residents, and their...physicians...I observe them in their rounding with patients...[follow up with] research...links to articles...tips on searching, and tips on using the library resources. Another participant teaches clinical applications for physicians, such as the electronic medical record, and serves "on a system committee to roll out...a database in which physicians will be looking at their own data before it goes out to HealthGrades."

### Journal Article Retrieval (8 comments)

In addition to other library tasks, a number of participants report spending substantial time on processing interlibrary loan requests or retrieving articles from in-house resources.

### Maintaining Electronic Resources (8 comments)

Participants reported time spent on maintaining and trouble-shooting electronic resources, including managing the library web site with links to electronic resources, investigating dead

links, resolving password or IP range issues onsite, and helping with remote access setup and problems.

### **Administration (13 comments)**

Administrative tasks include attending management and committee meetings, in addition to planning, budgeting, and personnel management.

### **Managing Email (17 comments)**

There was general agreement that managing email takes up a lot of time, and it is definitely an integral part of work life. Requests for library service frequently arrive by email, which makes managing and tracking requests easier. Email provides convenient documentation, for example for copyright permissions or price quotes, and some organizations are more likely to respond to emails than phone calls. Addressing problems conveyed by email may involve extensive and time-consuming messaging back and forth. Several participants mentioned having attended a helpful workshop that presented techniques for time management and dealing with email.

### **Other Activities (14 comments)**

Participants described involvement in current alerting activities, including notices sent based on logs of previous interests, newsletters, and interests identified through interactions at hospital committee meetings. Several participants identified reference service as part of their daily responsibilities. One participant identified community outreach as a major activity, and several mentioned collection development and collection management activities. One participant reported spending substantial time in support of teleconferencing and videoconferencing for CME (continuing medical education), and another participant assists with presentation development.

## **Trends in the Institutional Environment**

### **Workforce Changes (16 comments)**

Multiple participants reported on physicians becoming employees of the hospital, either through sale of their practices to the hospital or becoming employed by primary care, specialty, or occupational health clinics. Benefits cited for physicians include fewer hours of work (40-hour work week as an employee), relief from paying liability insurance, reduced competition for patients, a guaranteed salary, and less involvement in the business aspects of practice. Along with the benefits come increased challenges, such as productivity and quality standards for professional employees. One community hospital librarian noted that recruitment of good physicians is an ongoing issue, and others mentioned the aging workforce and succession planning as issues for the future of the institution. New job titles mentioned were “hospitalist”, “aligned” physicians, and “intensivists.”

### **Health Care Delivery and Economics (16 comments)**

Focus group participants indicated changes in health care delivery and the economics of health care that are expected to affect their institutions in the coming years: healthcare reform, Medicare, uncompensated care or insufficient reimbursement for care delivered, lack of money, underfunding of healthcare in rural areas, changing demographics, an aging population, and shifts in personnel due to expansions and contractions. Forces that appear to conflict were noted, with one participant identifying a focus on differentiating the organization from the competitors

and another finding increased partnerships and collaborations, especially in seeking extramural funding. One participant noted “there’s a really healthy push towards patient engagement” in discussion of health care delivery models, in producing better health outcomes, and in medical decision making.

### **Technology (26 comments)**

A number of participants noted the emergence and increased use of portable technology or mobile devices in health sciences environments. Internet access on mobile devices allows for user searching as well for information delivery and document transfer to phones, iPads, and similar devices. Nurses and office staff are texting physicians via their iPhones, saving time on both sides, and avoiding the need for an actual call to have a conversation with the physician. One participant reported health professionals asking if they could access journals on their Kindle. Participant comments were mixed regarding levels of Internet access from within health care institutions. As some institutions have mounted sites on Twitter and Facebook, they have lifted limitations on accessing social networking sites from within the institution. Some institutions continue to block certain levels of Internet access, less due to concern about wasting work time (e.g., with online shopping, video streaming, or accessing personal Facebook pages) and more due to concern about maintaining adequate capacity (“pipes”) for transferring normal business data.

Several participants reported their institutions are rolling out electronic medical record (EMR) systems, and the use of video conferencing for continuing education and business meetings continues to increase. One participant mentioned voice activated transcription, where the physician’s dictation is transcribed by a computer; this system is expected to save substantial amounts of money, though the amount of human editing that will be needed is unknown.

### **Expansion (16 comments)**

A number of participants described expansion of schools, care facilities and programs at their institution, somewhat surprising during the current time of economic contraction. Some health care institutions are expanding services to new patient populations and geographic service areas (requiring new facilities, new providers, and/or new faculty), offering new levels of care (outpatient in addition to hospital care, mobile clinics), academic institutions are expanding or founding new schools, facilities are planning renovation, new facilities are opening, and restructuring of funding for one national system is expected to bring more equitable funding to local and regional participants.

## **III. Library Impacts**

### **Management**

#### ***Staffing (31 comments)***

A recurring comment from focus group participants was that positions were not replaced after staff retirements. The importance of succession planning at a one-person library was highlighted, so that when the librarian retires, the hospital library doesn’t just “drift away.” At several libraries, positions had been eliminated. One participant reported several employees had been shifted between departments to equalize the impact of staff reductions. Participants noted that

decreases in staffing have occurred in traditional technical services functions and in paraprofessional and support positions, and as staff have retired or left, “we’ve repurposed, reorganized.” Decreases in support staff positions were attributed mostly to budget problems, but also seen in response to increased technology and electronic resources, with tasks changing over time. Some participants noted more demand for professional librarians to work directly with researchers, clinicians, and nurses.

Decreases in staffing have led to workload issues and reductions in services, for example, ceasing to provide consumer health classes. Some participants noted that the library is expected to serve more people with the same amount of staff; growth in electronic resources has brought a growth in the audience for services, but the staff has not grown—“decreasing revenues, increasing responsibilities.” One participant reported that implementation of a strategic plan with an initial promotional component resulted in a much busier library, but the increased workload meant that other outreach and user assessment components of the plan were delayed. Another participant regretted the lack of time to look at the future, plan for the future, or be proactive because “we’re so busy doing all the programs that are already in place...being asked to do more...a constant battle to find the time.”

### ***Budget (35 comments)***

A number of participants reported the impact of decreased budgets on the library. In addition, it was noted that high costs of electronic information resources have put a strain on library budgets, even in institutions that have maintained budget levels. In response to budget decreases and to stretch remaining budget dollars, some participants reported reviewing and modifying processes, for example, binding fewer titles, examining usage data on information resources, and gathering user input to decide how to “allocate the dollars to get what’s needed most.” One participant noted that they work with several advisory teams to better understand the usage statistics they collect—if a resource is not being used, is it that users “find other resources out there, or is it just a matter of promotion and training...?” Others reported looking for new revenue sources, including the hospital auxiliary, foundations, overhead from contracts and grants, grants for special projects, contract work with outreach programs, alumni support, and endowments.

Not all budget comments revolved around declining budgets. One participant expected an expansion in the budget, and another participant indicated that the state economy had a direct effect, so if the economy was good, the university and library budgets would be good as well. In hospitals, clinical needs such as equipment (new MRI) are usually higher priority for budget preservation than the library. The hospital library is a “cost center...like IT, like business and finance, like the laundry...don’t have clinical income, and we’re not pulling in...big dollars.” Another participant from a hospital library indicated strong support from administration—“an advocate of libraries and librarians...he believed 100% that the hospital should be responsible for the operational budget of the hospital library.” One participant reported a dramatic (28%) budget cut, which was restored the next year, due to having “a good champion as a department director.”

Libraries are “trying to keep up with what we’ve always been doing,” an approach to budget (and staffing) declines that some fear may have unintended consequences. “I have a feeling our

responses aren't going to be as fast as they currently are...and yet, sometimes I think that we try too hard, and we don't make administrators aware that these cuts really result in cuts in service, because we just work harder and harder, and stay longer, and try to do everything that we've been doing, so we're not giving administration the right signs."

### ***Library Marketing and Outreach (37 comments)***

Focus group participants offered extensive comments on the topics of library marketing and advocacy and outreach to users—"if you're going to be able to survive in all of this, you're going to have to show somehow what you can do, and so you're going to have to market, you're going to have to advocate." One participant noted that "people who make budget decisions are very far removed from what we do, and almost always are not library users." Assumptions that library advocacy must overcome are that "it's not all free on the Internet", that you "just get on Google and you can get everything you need" and that "it's not magic"—it takes a tremendous amount of knowledge, skill, and effort to select resources, negotiate licenses, and provide access to electronic library resources. "What we struggle with...producing a web page with all those electronic links...it looks easy to everyone else.... When you used to have paper...they could see that, but they can't see how much work and time it takes us to get all the electronic [resources] up, running, working.... We're struggling with how to convey that...to administration so they understand why we need so much staff." In addition, "we have to run our libraries like a business" and "they [administrators] need to understand this costs money, and that's our responsibility to explain...."

Outreach to users and communicating with administrators and other influential people on the value of the library are viewed as critical activities—"we get outside the library....we go to other departments...you have to be [ready with] the elevator speech." Participants expressed interest in research on strategies for showing the library's impact on the bottom line and how the library improves the institution's efficient and effective operations. Participants discussed the critical need to demonstrate the library's contribution to the institution's mission and operations. Participants shared several approaches to documenting contributions. One participant described a Wiki structured according to the key points in the Medical Library Association Vital Pathways<sup>3</sup> Executive Summary; all the staff add information on activities that fit into the various categories, which gives visibility to services that otherwise could be taken for granted. The Wiki documentation enabled staff to "stop and think about all the amazing things that you do everyday...." One participant discussed using a spreadsheet or database to track substantial (more than 10 minutes in length) consultations or advisory services in addition to literature searches that historically have been tracked, for examples "advising people on public health policy or advising on how to access the resources of the university." Another participant mentioned a commercial product, Desk Tracker, customized to track reference inquiries. At another library, a survey requesting an assessment of clinical impact and cost savings goes out

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<sup>3</sup> Vital Pathways for Hospital Librarians: Addressing the Hospital's Information and Training Needs: White Paper Executive Summary. Chicago: Medical Library Association, [http://www.mlanet.org/resources/vital/vitalpathways\\_execsumm.pdf](http://www.mlanet.org/resources/vital/vitalpathways_execsumm.pdf)

with materials provided to users, an approach patterned after the Rochester study.<sup>4</sup> Data collected shows the library is “directly impacting system goals.”

Several participants expressed frustration about situations when the library is not called on when there are research needs the library could meet. Sometimes this is because the library is just overlooked, and other times users indicate “I just don’t want to bother you, I should be able to do this on my own.” In these instances the library needs to be persuasive about roles—“you have a job, and your job is to take care of our patients...this [research support] is what we’re supposed to do...” Reassurance is needed—“just making them feel comfortable with handing it over to you, and trusting that you are the best person at the hospital to do that particular job.” Especially with the widespread use of electronic journals, it’s difficult for libraries to “differentiate what we’re doing for people and what they’re doing for themselves...important that we try and figure that out.”

While library orientations and current awareness services are not new ideas, participants pointed to the need for libraries to be proactive in these areas—“connecting with new managers, supervisors...getting them to set up an appointment for library orientation” and keeping up with individual users’ interests.

## Services and Resources

### *User Interactions (21 comments)*

Many participants noted that the primary means of communications with library users has shifted, so that most interactions are by email, rather than in person or even telephone. In addition to the convenience factor for busy health professionals, email offers the advantage of a “paper trail” or a written communication from the requestor, rather than notes taken by the library staff. Literature search requests may be “a little harder to negotiate when you have to trade emails back and forth...how we interact with our users...will evolve.” Text messaging of reference requests is new, with one participant reporting that messages go into the email system. Another participant shows users how to just send in the PMID from a PubMed search in a text message. Some participants regretted that there is less personal contact, but others feel a new sense of connection—“some of my best patrons are folks that I never see because they come in and get things electronically rather than physically.” The advent of Web 2.0 has influenced how people are communicating with the library. Software tools that facilitate group communications are popular (e.g., GroupWise and Lotus Notes).

Email and phone texts can cause a misleading sense of immediacy in communication. Several participants described scenarios where library users sent urgent requests via email rather than making a direct request by phone or in person, which caused a delay in responding. Sometimes users assume “24/7” monitoring of email and immediate response, even when library communications indicate service hours and turnaround times. One participant acknowledged that “work does not occur just in the office 8 to 5, but our patrons need information at all times...”, which calls for “being available a wider variety of times and a wider variety of ways.” However,

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<sup>4</sup> Marshall JG. The impact of the hospital library on clinical decision making: the Rochester study. Bull Med Libr Assoc. 1992 Apr; 80(2):169-78. (Pub Med UI: 92288660)

most library staff do not want to be on call 24/7, and it is not clear what the real need is; a related question is what such extended service would cost.

### ***User Expectations and Information Seeking Skills (13 comments)***

Participants identified areas of variation in user expectations and information seeking skills, specifically, transition from academic to clinical settings and end-user searching. As health professional students transition from an academic setting to a hospital or clinical setting, often they do not realize they can expect a greater level of individualized library support in meeting their information needs, both in search assistance and article delivery—“they would never get the article for me, or copy it for me.” On the other hand, depending on their environment, recent graduates going into practice may not have access to the broad range of information resources generally available in the academic setting—“we tell them how important it is in modern medicine to be constantly looking up and finding new information...then we give them a diploma and they’re no longer able to access it.”

With end-user searching, some users are “very keen and quick at learning” while others “don’t really want to do the searching” and some “want to do it and then come back to me because their retrieval is not as fine-tuned as mine. They want to get to meta-analyses, and clinical trials...they don’t really have the know-how to filter that information.” Conversely, one participant worries about the people “who are using UpToDate, or Google, and [are] absolutely satisfied with what they find, and maybe that’s where education would come in.” Participants reported that the end users who are skilled at searching themselves still rely on the library for article (copy) delivery. Library personnel have to be flexible in responding to varying levels of user self-sufficiency and expectations for library service.

### ***Health Care Standards and Requirements (7 comments)***

Changes in health care standards, requirements, and practice expectations are affecting libraries, often very positively. Participants indicate that increased emphasis on evidence-based practice has brought new awareness of the role of the library in practice settings, and when institutions undergo review for accreditation or certification by the Joint Commission or seek Magnet status (American Nurses Credentialing Center), there is often a renewed focus on library and information resources. As efforts toward quality improvement in health care advance, such as the 2010 National Patient Safety Goals, “greater and greater demands are made on our physicians, so their need for information becomes greater and greater....”

### ***Space (10 comments)***

Participants expressed positive views on the library as a community space, along with some concerns on potential loss of space and aging of facilities. Libraries “are not just books or journals, but we are also where people come together...providing learning spaces, we’re providing the tools they need to learn” and “space for collaboration.” Even with new learning technologies and online resources, “it’s very important to keep a physical presence” and “people still want a place to study...many people going back to school.” One participant was “a little surprised at the library’s physical usage...document delivery is just sky high” but numerous people are still using the library space. One participant reported loss of square footage, but with redesign of remaining space in a high traffic area. Location in a visible, busy area was identified

as a possible help to long-term survival of the library, and decrease in space was seen as moving on from “the old paper warehouse model.”

### ***Special Services (7 comments)***

One participant shared the interesting news that while the library was definitely moving to more online resources, some new, small print collections had also been developed in pastoral education, leadership, and ACLS review books—“people are remembering that the library can be a source where many people can use one resource.” Ordering books for units and departments is a service still provided by some libraries, and electronic books are a good solution to the old problem of print books disappearing from the unit and having to be constantly replaced—the electronic books never get lost and are always accessible.

One participant observed that online resources make it possible to fit in service to consumers, even without a specialized collection or space—“physicians will send me their patients, and they find their way to the hospital library...paperless, but printable for anything a patient needs...always use MedlinePlus.” Another hospital library participant mentioned partnerships and collaborations in the community with the aim of creating a family resource center or community resource center “that will guide people through the myriad of services that are available to them, and will support that with literature and health information that they might need.”

### ***Web Access Issues (17 comments)***

Web access and technical issues persist, creating difficulties in deployment of electronic resources sponsored by the library and other departments—“when not everyone on the floor can even have access to a computer, you still have people that can’t access the information, so that’s still a big stumbling block for us....” The same participant reported that while the education department wants to distribute educational videos online, some employees “don’t have any computers available, or they don’t have speakers on their computer, or they don’t have headphones....”

Some web sites may be “locked down” even though they are educational for staff and patients (even MedlinePlus), and some institutions still have policies preventing use of Facebook or other social networking sites, even when they are actually used by the institution for marketing purposes.

## **Electronic Resources Management**

### ***Service Issues (26 comments)***

Participant comments made clear the tremendous impact on libraries of electronic resources management in the areas of budgets, staffing patterns, and service delivery. With the transition from print to primarily electronic information resources, budgets have shifted so that the majority of resource budgets are allocated to electronic materials. High costs for electronic resources require “creative” budgeting, but there was some sense of gaining “a lot more coverage” for equivalent expenditures on electronic resources as for previous print materials expenditures.

Customers “are asking more and more for the electronic” though there are some drawbacks, such as instances in which the hard copy of color illustrations is needed. Publishing variations between print and electronic versions can cause difficulties—“a lot of publishers are putting up papers or graphics that are for e-publication only, so if you have the print, you cannot get a copy of the e-publications...many requests right now that we can’t fill...and we’ve actually got a fair amount of electronic journal subscriptions.” To avoid confusing users with too many different interfaces, libraries limit the number of vendors from which they purchase products.

Keeping up with changes in availability of titles in print and electronic format presents challenges for staff in collection development—“the most time consuming thing for me is what journals am I getting from where, and how much...overlap, and who has an embargo, and I’m double paying for something every year...that I don’t see until later.” Reviewing resources for potential acquisition is time consuming—“we’re not only going to evaluate the database, we’re going to set up a free trial, we’re going to promote it, we’re trying to gather statistics, and get the support to add that purchase for our budget, then look at other things within our collection that we can do away with to make that database possible....” Other participants noted that aggregators “take a lot of the pressure off” journal collection management and that selecting one vendor for a variety of titles and subscriptions has been a successful strategy. Participants indicated that while electronic journal acquisitions remain challenging, the publishing and distribution arrangements have become familiar, but that “we’re not as knowledgeable about the electronic book environment.” Printed book acquisitions are decreasing, with reference books and general texts increasingly available online. Some participants felt apologetic about small or out-of-date print collections and were attentive to making users aware of the more current electronic books.

Participants acknowledge that providing remote access to electronic resources has enhanced information resource access for users. Remote access entails additional staff time to deal with IP address issues, user passwords, and licensing issues.

### ***Relations with Publishers (12 comments)***

Participants contributed several comments regarding adversarial and competitive relations with publishers—“publishers have a great deal of control over what happens to the...library environment.” A few publishers “focus their pricing on the individual physician...what would stop the medical students from getting a huge discount...and saying, this is good enough, we don’t need to go use the library resources.... What’s to stop [other journal publishers] from...a business model...where they market to the students and the individuals, instead of to the library? ...we sit...on top of a volcano....” Consortium purchasing and other group purchasing arrangements (for example, extending access to alumni as well as primary users, and systemwide purchasing for multiple hospitals or multiple campuses within a system) give libraries some leverage on pricing and scale of access. Even when the library pays for publications, some vendors go directly to the IT department to place products in electronic medical records systems. Consolidation of publishers and distributors is leaving less choice for libraries shopping for favorable pricing in the face of increasing costs, particularly for electronic resources.

### ***EMR and Point-of-Care Reference Tools (22 comments)***

A number of participants reported they have been involved in planning the integration of point-of-care reference tools into electronic medical record (EMR) systems and indicated familiarity with the HL7 standards for interoperability of health information technology. It was noted that presentations on the topic at regional and national medical association meetings provided insight on EMR systems and point-of-care reference tools. One participant stressed the importance of librarians being knowledgeable about these developments and being able to advance the library role in selection and support for EMR point-of-care information. Others were not familiar with EMR initiatives, and others were aware of the advent of EMR systems but uncertain how they “could fit into this picture.” Some participants indicated that vendors had bypassed the library in marketing point-of-care tools to IT departments, and in other instances, IT departments had left the library out of selection decisions.

Some concern was expressed about the type of knowledge-based information resources being integrated into EMR systems. Participants questioned whether resources marketed as “evidence-based” really are evidence-based and wondered whether medical practice would be diminished by reliance on secondary resources rather than journal articles (primary sources). Concern was expressed that knowledge-based information resources and library services might not be accessible through EMR systems. The high cost of some point-of-care tools was noted. One participant described comments by a vendor that “once their products are ‘perfected’ or working... won’t need hospital librarians because the doctors will get everything at the point of care.” Another participant mentioned hearing that EMR systems would have capabilities to replace the medical transcriptionist, but had not thought this might also apply to the librarian.

## **Institutional Relations**

### ***Relations with Information Technology (11 comments)***

Participant comments on relations with the information technology (IT) department were mixed, ranging from a characterization of the relationship as “highly adversarial” to “pretty good.” IT departments may limit the involvement of the library in exploring new technologies or in acquainting others in the institution with new developments such as electronic medical records—“I can learn about all these new fangled things, but I may or may not be able to implement it” and “they don’t invite the librarian to discuss any of that.” One participant described barriers between IT, the health information management system (HIMS) and the library. Another participant expressed understanding of the reluctance of IT to consider new technologies—“it’s because of pipes...if I get this server-based resource, then people have to go out of the hospital to the server...how much bandwidth is that going to take?” Invited or not, several participants thought “librarians need to be involved in the evaluation and design of many of these products [i.e., EMR systems].” One participant noted “it’s important for libraries to also volunteer to be test sites for new devices”, such as mobile devices for clinical applications (e.g., iPhones, T700 phones and Palm Pilots) or virtual desktops. Another participant described long-term efforts to develop communications and involvement—“My involvement with the EMR didn’t happen over night. I volunteered to come to certain committee [meetings]. Some of those were in the evenings. I spent a couple of years just going to medical informatics meetings...letting them know I existed, and eventually I was asked to become involved.”

### ***Involvement within the Institution (18 comments)***

Participants described strategies for increasing involvement within the institution, with the aim of contributing to the institutional mission, increasing the visibility of the library, and learning about plans in which the library would want to be included. “We find out about things going on in the hospital and ... offer to provide information.... Here in the library...[each] one of us adopted [one of the CEO’s] goals...got in touch with committee members and just started giving them information.” Speaking up is advised--“If you’re not on the committee, ask to be on it.” Some activities the library would like to take responsibility for may be subject to competition from other departments, so being aware and involved may give the library an advantage. Where there is a corporate structure removed from the local institution, involvement can be more difficult, but one participant reported success in getting on the corporate steering committee agenda for discussion of clinical effectiveness (evidence-based practice), though another participant reported finding out about a new product after it was already live, following a procurement decision at the corporate level. At smaller institutions, involvement may be easier—“hospital not affiliated with any other.... If they want something, they’ll ask my input before they subscribe to it, even if the library is not subscribing to it.” Another participant described coordinating a technology fair that involved other departments—“what it demonstrates is the relationship that the library has with all of these other departments, so it’s a subtle thing...shows that you’re part of the game.” For a one-person library, working with other departments can be essential to survival—“they’ve been cooperative and helpful”, for example, in setting up equipment for library presentations.

### **Library Staff Characteristics and Skills**

#### ***Librarian Skills and Abilities (23 comments)***

Several participants observed that recruiting new librarians has become difficult. Recruitment issues may be due to smaller numbers entering the profession or remote location of the open positions--“drawing people to the profession is something that’s getting increasingly difficult” or “a lot of people don’t want to move to a town that’s pretty secluded.”

One participant remarked that the overall pace of change will require library staff with the ability “to change quickly and learn, learn, learn.” Another participant added that new skills are not necessarily needed, “because we are learning as we go” and “what’s really important, especially for new staff, is that you don’t forget about the old skills...how to work a meeting, how to deal with the public...remember...the civility...work as a person with other people, and not just use the technology to get a job done.” A participant who has given presentations on characteristics they seek in hiring librarians indicated “they need to know how to teach...especially those working with the public...be able to explain...how to use certain materials...be a good communicator, be it on texting, or emailing, or on the phone, or in front of a group...comfortable in that kind of environment.” Another participant mentioned the importance of being “a problem-solver...things change...you have to figure out how to fix it and make it work...look for enthusiasm, willing to learn, self starters.”

Additional comments highlighted the importance of interview skills for librarians—“more course work on references questions, interviewing...ability to discern what people are really asking

for....” and “asking the right questions so you can do the right searching...the people skills....” Other comments called for “a much greater need for knowledge in the subject discipline...[so] the reference librarian can intelligently apply appropriate filtering of the information, as opposed to just providing a list of articles and letting the patron choose what they want out of that.” Participants mentioned bioinformatics as a more predominant field in the future that librarians would need to know, along with knowledge of the research process--“be a good researcher” and “need to understand the research process because so much of medical practice comes from what’s published in the research, and if you can’t discuss that with the students and faculty you serve, you are at a great disadvantage.”

Several participants commented on the importance of ongoing professional development activities, even if funding levels vary. The impressive range of skills required for a one-person library was noted.

### ***Technology Translation (10 comments)***

Participant comments reflected that comfort with and skills in technology are a given for library staff, along with the ability to teach or demonstrate new technologies—“ability to translate that technology into terms that someone...can understand...systems [personnel] aren’t able to explain it in a way that anyone who isn’t one of them can understand...need to have someone who can still talk to people.” Keeping up with social networking and new technology tools is important—“Skype...not just to see your grandchildren, but to interact with people on meetings and to save [on] phone calls.”

### ***Educational Preparation (4 comments)***

Some participants were critical of the educational preparation of recent library school graduates—“surprised at the lack of course work that’s required in what I would consider classic disciplines—subject analysis and even cataloging...not even a basic class in cataloging.” Speaking about experiences with a student in a distance education program, one participant worried about loss of “the connections you make when you are in a classroom as opposed to an online setting.” The same participant related comments from a university faculty member who teaches cataloging—“running into students who just don’t take the time to really look at what they’re doing...errors in the records...a different environment than when we went to school, and what we learned about quality librarianship.” Another participant described early career experiences—“we were given a lot of good training on how to search the databases, how the databases were created, how you could refine searches...new librarians coming into the field...don’t know how to search very well...don’t know how to ask the questions, they don’t have the knowledge base....” Another participant commented that education has changed to “emphasize collaborative learning” and wondered if this has resulted in decreased interest in leadership roles as well as a work style of generating fast results that can be fixed later.

### ***Generational Differences (9 comments)***

Participant comments on generational differences were interwoven with discussions of capabilities in technology, interpersonal communications skills, and leadership. Technology skills were seen to be fairly universal across age categories--“I work with some old codgers who are more connected than some of the young folks, and vice versa, so it’s less age specific.” Some

participants viewed younger staff as being less willing to step up to leadership roles and less able to communicate person-to-person—“they’re so much online, and they’re so much on the computer, or their phone...they forget how to [inter]act with other people.” However, it was also recognized that younger staff could be “frustrated by the older generations...they don’t think we want to be quite as innovative...” All ages need to “learn to work in a multigenerational situation.”

## **RML Support**

### **Education and Training (38 comments)**

Participants commented on the excellent quality and value of recent RML education and training offerings on DOCLINE, statistics, Web 2.0 and management. Participants also identified areas for continued or new emphasis, including copyright, consumer health information, and new technologies. Of particular interest in the new technologies area is gaining an understanding of what the institutional environment will look like with the advent of electronic medical records, and how library services can integrate with that new world. One participant hoped “NLM would come back to providing better training [for]...accessing medical information”, most likely referring to the intensive NLM updates for health sciences librarians previously delivered through the RML training programs. Participants in general encouraged the RML to offer more education and training, conveying a sense of trust that whatever the topic areas, the classes would be beneficial.

Participants described the value of having free and low-cost RML educational and training opportunities in a variety of formats and venues, from online to regional and national meetings. Electronic courses and presentations were especially welcomed by those who do not have budget support or time for travel. For topics that might be specific to only a few people, it was suggested that NN/LM negotiation of reduced-price access to distance learning programs would be helpful. Participants appreciated the training provided by RML liaisons and recognized the value of opportunities provided through cross-regional collaborations.

Participants commended the RML for the webinar offerings (Breezing Along with the RML) and online classes. It was noted that “most people were comfortable sharing and talking.” There was some indication that late afternoon times are best, as staff are busy in the mornings organizing the work day and lunch time is the busiest time of day for many libraries (when users have a break in their schedule).

### **Exposure to New Technology (20 comments)**

In addition to knowledge and skills development available through RML webinars, participants identified the technology support (Adobe Connect and webcams) for the RML focus groups as a positive and effective means of being exposed to new technology. Based on the positive comments offered by participants, the process of setting up the webcams for the focus group discussions appears to have proceeded smoothly in most cases. A number of participants indicated the combination of webinar with webcam might be an approach they could use in their own environments. Some participants indicated it was difficult to sit still and maintain focus (though this can be difficult in an in-person meeting or class as well). Exposure to new technology content, such as the RML sessions on Web 2.0, as well as using new technology to

deliver training was widely recognized as valuable to future development of library services—with “so many young residents at the hospital...we’re going to need to know how to put together Wikis, and blogs, and podcasts....”

### **Interactions with the RML and Networking with Others (18 comments)**

In addition to exposing Network members to new technology, the webinar approach was seen as allowing everyone “to have a voice, and participate in the way we all want to....” Participants valued the connection with RML staff, as well as the connections with other librarians who tune in—“don’t always have the opportunity to talk to other librarians, and it’s really interesting for me to hear what others are doing, and what they’re thinking...stimulating.” Participants welcomed additional use of Web 2.0 technologies to enhance networking and communications. Focus group participants gave positive feedback about the RML organizational structure and services—“really appreciate this particular model” with RML staff “...not just all in an office” but out in the states, and “this group that’s been in command...they’ve done an excellent job.” A number of participants also expressed their overall feeling of connection to the RML, “not only because we have somebody in our state, but because I feel like they’re so available to us, and in so many ways.” In addition, focus group participants identified the specialty roles of the liaisons in different states, and they felt confident referring colleagues to the RML staff member who could best help with the question at hand. For one-person libraries, networking opportunities were viewed as “extremely important because I have no colleagues here who know what I do...nice to know there are other(s)...I can talk to about problems I’m encountering....” The role of the RML in motivating member library service advances and improvements was recognized—“I...feel fortunate...they seem to push us...professionally.... I faithfully read those bulletins...somebody is seeing things that I haven’t seen....” The RML’s RSS feed makes it easier for busy library staff to keep up with new resources and trends.

### **Advocacy (16 comments)**

Participants identified a need for the RML to advocate for the role of health sciences libraries with other groups that have a similar interest in information, such as information technology associations (involved in electronic medical records), public health, nursing and medical associations. In addition, the RML was viewed as a spokesperson “to communicate to hospital administrators the value of libraries” and as a resource for continuing education on tools to document value, such as the course that incorporated a return-on-investment calculator. It was suggested that the RML could advocate for the hospital library within the RML Network by working with medical school and other academic libraries to increase awareness among students of the importance of asking about library resources when they are choosing a place to work or continue their education. One participant expressed appreciation for website guidance on doing advocacy for the hospital library—“ideas how to do it, make my library more valuable so that when there’s a budget cut, they don’t automatically close the library.”

### **Resource Sharing (16 comments)**

In the area of library resource sharing, one participant noted that academic libraries are moving back runs of journals to off-site storage facilities, and suggested that the RML might consider facilitating establishment of and even financial subsidies for a regional repository for such materials. This would save resources that multiple institutions are devoting to this activity, and access could be provided to newer institutions that do not have the older materials and to

institutions that have not been able to maintain older back files. One participant indicated that the majority of lending is from the print collection for materials older than 1986, since these materials tend not to be available online. It was suggested interlibrary loan and document delivery have become a substantial burden, especially for smaller libraries, and consideration be given to establishing the National Library of Medicine as a document delivery resource for everyone, similar to the British Lending Library. Within this scenario, the library across town would become the lender of last resort, rather than the preferred lender. One participant called for a new national impetus, similar to that of the 1960s (Medical Library Assistance Act), which brought about improved access to health information, in order to advance access to information in new electronic formats.

Some participants indicated that the true costs of reciprocal lending and borrowing, through arrangements such as FreeShare, are unknown. Additionally, some participants noted a “moral imperative” to offer reciprocal lending, but expressed concern that it does not help the cause of garnering institutional support for the cost of library services, especially the high-cost of electronic resources. With more and more information resources online, it’s likely that the focus of document delivery will be more on older materials and more esoteric, less-readily available materials and that these materials won’t be as available from free sources. Other participants indicated a resource sharing role for the RML in advancing consortium purchase agreements.

### **Other Comments on the RML and NLM (9 comments)**

In addition to educational resources on new technologies, funding support such as subcontracts were seen as an important vehicle for introducing new technologies, particularly in hospital libraries. Compiling guidance on vendors, pricing models, and other options for acquiring electronic resources was noted as a potential helpful service.

Participants expressed gratitude for the availability of National Library of Medicine resources and databases, especially PubMed and DOCLINE, and free materials for training. Retention of citation matcher was lauded, and participants expressed understanding of the inevitability of interface changes, and willingness to devote time to learning to take advantage of new features. One participant referred to the desirability of more freely accessible information resources, such as the Cochrane Library.

## **Conclusions**

Focus group participants offered many thoughtful and informative responses to the questions posed by the NN/LM MCR. Highlights of their responses are presented below.

### 1. What do you spend most of your time doing?

- Network members commonly reported spending much of the work day performing literature searches for a variety of users and purposes. Participants were enthusiastic about teaching end-user searching and information resources, as well as clinical applications, and they gave examples of formats ranging from individual and small group presentations to grand-rounds-style classes. Journal article retrieval, maintenance of

electronic resources, and administrative responsibilities occupy substantial time for many. There was general agreement that managing email takes a lot of time, but is a necessary part of work life.

- Other library activities less frequently reported include reference service, current alerting, collection management, outreach, and support of education and media services. Several participants identified areas in which they would like to expand activities, including education, outreach and promotion, and collection maintenance.

2. What kinds of changes do you expect to affect your hospital or university in the next few years?

- New job titles (hospitalists and intensivists), productivity and quality standards for professional employees, physician recruitment, and succession planning for retirements are among the workforce changes expected. Healthcare reform, uncompensated care, and aging of the population are expected to affect health care delivery and economics. Partnerships and collaborations will be even more important in the health environment, along with increased emphasis on patient engagement to produce better health outcomes. In spite of the generally unfavorable economic times, a number of participants described plans for expansion of schools, care facilities and programs at their institutions.
- Many participants noted the emergence and increasing use of portable technologies and mobile devices in health sciences environments, which is changing the way health professionals work and communicate. Internet access from within health care institutions continues to be challenging. While some institutions have lifted limitations on accessing social networking sites, others continue to block certain levels of Internet access to maintain adequate capacity for business data flow. Institutions are rolling out electronic medical record (EMR) systems, and the use of video conferencing for continuing education and business meetings continues to increase.

3. Thinking about all these changes, how will your library be affected?

- Economics and aging workforce issues are affecting health sciences libraries, as reflected in reports of positions not being replaced after staff retirements. At one-person hospital libraries, succession planning is especially important, so the library doesn't disappear upon the librarian's retirement. High costs of technology-based information resources have put a strain on library budgets overall, though increased budgets and new revenue sources were reported by some. Budget problems and changes in library functions—increased technology applications and growth in electronic resources—both have resulted in decreased staffing, especially in support positions, and changes in library services. Increased demand was reported for professional librarians to work directly with researchers and clinicians.
- Participants reported that most communications with library users is by email, rather than in person or telephone. Relaying reference and article requests by text message is new.

Some participants noted they regret the lack of personal contact, but others feel a new sense of connection. While emailing and text messaging are efficient, they can cause a misleading sense of immediacy in communication—misleading when the recipient does not actually read the message right away. Software tools that facilitate group communications are increasingly popular. Web access and technical issues persist, creating difficulties in deployment of electronic resources sponsored by the library and other departments.

- Institutional changes reinforce awareness of the need for library marketing, advocacy, and outreach to users. Effectively conveying the knowledge, skill and effort required to provide access to library resources (selecting resources, negotiating licenses, and producing web pages) is critical to illustrate the library's role in the changing technology environment. Focus group participants were interested in research on strategies for showing how the library improves the institution's efficient and effective operations. Library services vary from one institution to another, and between hospital libraries and academic libraries. Students and professionals moving from one environment to another may especially benefit from library orientation and awareness services to inform them of the level of library services available, which may differ substantially from the student's or professional's previous experience. Library staff found they also need to be increasingly flexible in responding to varying levels of user self-sufficiency and expectations for library service, especially with literature searching.
- Changes in health care standards, requirements, and practice expectations are affecting libraries, often very positively. Increased emphasis on evidence-based practice and institutional reviews for accreditation or certification often bring a renewed focus on library resources and services.
- With increased demands for electronic resources, libraries anticipate continuing challenges in the areas of budgets, staffing patterns, and service delivery. Electronic resources continue to be higher in cost than print resources, but offer increased coverage and accessibility. Library staffing has shifted to keep up with availability of resources in print and electronic format, manage access (IP address issues and user passwords), and negotiate licenses. Consolidation of publishers and distributors is leaving less choice for libraries shopping for favorable pricing in the face of increasing costs.
- Technology advances in the institution, particularly the emergence of electronic medical record (EMR) systems, are impacting libraries. A number of focus group participants reported they have been involved in planning the integration of point-of-care reference tools into EMR systems, while others were not at all familiar with EMR initiatives. Some concern was expressed about the type of knowledge-based information resources being included in EMR systems. Continued awareness and education for librarians will be important in advancing the library role in selection and support for EMR point-of-care information.

- To keep up with institutional changes, in technology and in all areas, participants described various strategies for increasing involvement within the institution. These strategies included serving on committees, offering information to support activities of key individuals and programs, and involving other departments in new projects.
- Space allocation is an issue in most institutions, and focus group participants expressed positive views on the library as a community space, along with some concerns about potential loss of space and aging of facilities. Even with new learning technologies and online resources, people are still using the physical library space in both academic and clinical institutions.
- The overall pace of change requires library staff that can change and learn quickly, while retaining solid skills in working with people, teaching, communicating, and problem-solving. Focus group participants identified additional important requirements for librarians: subject knowledge, understanding of the research process, and being comfortable with technology.
- While only a few participants addressed formal librarian education, those who commented were critical of the preparation of recent library school graduates. These participants indicated that newer librarians seemed to lack knowledge of subject analysis (cataloging), database creation, reference interviewing, and search refinement—areas that more experienced librarians felt they had developed through traditional education programs and early career training.
- Generational differences in technological abilities, interpersonal communications skills, and leadership interests were mentioned, but participants concluded it is most important that all ages develop skills to work together successfully in a multigenerational workplace

#### 4. What can the RML do to support you in dealing with these changes?

- Many participants commented on the excellent quality and value of RML education and training on a variety of topics and in multiple formats and venues.
- Specific topics of interest suggested for future education and training included copyright, consumer health information, and new technologies. For the area of new technologies, particular aims are to gain an understanding of what the institutional environment will look like with the advent of electronic medical records, and how library services can integrate with that new world. Participants indicated that whatever education and training was offered by the RML, they were confident of the benefits, based on the relevance and usefulness of previous offerings.
- Funding support for new technology applications and first-hand exposure to new technology through innovative RML education and training formats were recognized as valuable to subsequent development of services at the participating libraries.

- Participants welcomed additional use of new technologies to enhance networking and communications. Positive feedback was offered on the RML model implemented in the MidContinental Region, including the state liaisons with specialty roles.
- Participants identified a need for the RML to advocate for the role of health sciences libraries with other groups interested in information organization and access and with hospital administrators.
- Ideas for resource sharing were advanced, including a shared repository for older materials and consideration of establishing the National Library of Medicine as a central document delivery resource. With information resources increasingly available online in full text, it is thought likely that the focus of document delivery will be on older and specialized, less-readily-available materials.
- Finally, participants expressed gratitude for the availability of National Library of Medicine resources and databases.

Appendix A: Occurrence of Comments by Theme/Topic and Group Number\*

	GROUP NUMBER:	1	2	3	4	5	Grand Total
THEME	TOPIC						
Librarians' Daily Activities	Literature searching	5	4	1	2	5	17
	Teaching	1	4	4	3	2	14
	Journal article retrieval	3		1	1	3	8
	Maintaining electronic resources	3	2	2	1		8
	Administration	1	4	3	2	3	13
	Managing email		13	2		2	17
	Other activities	4	4	3		3	14
Librarians' Daily Activities <i>Total</i>		17	31	16	9	18	91
Trends in the Institutional Environment	Workforce changes		3			13	16
	Health care delivery and economics	1	3	4		8	16
	Technology	11	7	2		6	26
	Expansion	1		3		12	16
Trends in the Institutional Environment <i>Total</i>		13	13	9		39	74
Library Impacts	Management Staffing (n=31) Budget (n=35) Library marketing and outreach (n=37)	22	31	15	19	16	103
	Services and resources User Interactions (n=21) User expectations and information seeking skills (n=13) Health care standards and requirements (n=7) Space (n=10) Special services (n=7) Web access issues (n=17)	11	9	12	29	14	75

	Electronic resource management Service issues (n=26) Relations with publishers (n=12) EMR and point-of-care reference tools (n=22)	16	9	8	16	11	60
	Institutional relations Relations with Information Technology (n=11) Involvement within the institution (n=18)	9	6	4	4	6	29
	Library staff characteristics and skills Librarian skills and abilities (n=23) Technology translation (n=10) Educational preparation (n=4) Generational differences (n=9)	3	12	29		2	46
<b>Library Impacts Total</b>		<b>61</b>	<b>67</b>	<b>68</b>	<b>68</b>	<b>49</b>	<b>313</b>
<b>RML Support</b>	Education and training	4	11	14	7	2	38
	Exposure to new technology		10		8	2	20
	Interactions with the RML and networking with others	1	5	4		8	18
	Advocacy	2	3	2	5	4	16
	Resource sharing	1		5		10	16
	Other		2	6	1		9
<b>RML Support Total</b>		<b>8</b>	<b>31</b>	<b>31</b>	<b>21</b>	<b>26</b>	<b>117</b>
<b>Grand Total</b>		<b>99</b>	<b>142</b>	<b>124</b>	<b>98</b>	<b>132</b>	<b>595</b>

\*Focus Group Numbers and Participant Types

Focus Group Number	Hospital Library Participants	Academic Library Participants	Other Library Participants	Total (in Group Number)
Group 1	6	1	0	7
Group 2	4	2	0	6
Group 3	0	5	1	6
Group 4	4	0	0	4
Group 5	7	0	1	8
Total (Participants by Type)	21	8	2	31 Total Participants

Appendix B: Occurrence of Themes in Responses to Questions

QUESTION NUMBER:	#1	#2	#3	#4	Total
THEME					
Librarians' Daily Activities	88		3		91
Trends in the Institutional Environment		59	15		74
Library Impacts	18	69	214	12	313
RML Support			7	110	117
Total Responses	106	128	239	122	595

**Appendix C: Coded Comments by Theme/Topic**

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Librarians' Daily Activities	Literature searching		I do a lot of literature searching for nurses and residents and MD's	5	1
Librarians' Daily Activities	Literature searching		I spend a lot of my day doing literature searches for our health professionals here.	5	1
Librarians' Daily Activities	Literature searching		but I also am the reference librarian, so I spend maybe a quarter of my time doing literature searches, backing up my other professionals	5	1
Librarians' Daily Activities	Literature searching		...do a lot of literature searches	5	1
Librarians' Daily Activities	Literature searching		then the rest of us try and catch up on literature searches.	5	1
Librarians' Daily Activities	Literature searching		Yes. All of us do a little bit of everything ... I'm also part of the nursing evidence based practice team, and so I do some searching for them as well, and all of us kind of take turns doing a little bit of everything, (but like I said, the serials management takes up a lot of my time.)	2	1
Librarians' Daily Activities	Literature searching		I wish I had that person that could do what --- is doing to help us. I did forget to mention earlier that we are going to be a satellite for the ---- School of Nursing, which is at the system level with --- Hospital, so it's here in the library and evidence based practice is being taught by another librarian on campus, and I deal more heavily with the physicians that are doing research for direct patient care, safety council performance improvement processes...	2	1
Librarians' Daily Activities	Literature searching		On a daily basis, what I mostly do is research for clinicians. I'm on a couple of research committees. ...the institution actually has a separate research department, so I'm on a couple of research committees. I do a lot of using PubMed.	2	1
Librarians' Daily Activities	Literature searching		And a large portion of my day, though, is doing literature searches, and that, from all of the different departments, and a lot of it is evidence based, and that's something that I've been proud of, that I'm able to remind people that that's what we do,	2	1
Librarians' Daily Activities	Literature searching		doing PubMed searches for members	3	1

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Librarians' Daily Activities	Literature searching		Well I'll just jump right in there, and I would say on the majority of my day is spent fielding questions for physicians and nursing. We do a lot of literature searches; much of it is for patient care.	4	1
Librarians' Daily Activities	Literature searching		I do a lot of literature searches for the physicians.	4	1
Librarians' Daily Activities	Literature searching		We have a staff of four in this hospital library, and believe it or not, we still spend most of time performing literature searches. And even though we have a lot of end users, we have a large group of physicians and nurses that still don't do their own searching.	1	1
Librarians' Daily Activities	Literature searching		Here at the --- I know I personally do a lot of PubMed searching for faculty members, students, anyone that needs help using PubMed, and also teaching them how to use it themselves.	1	1
Librarians' Daily Activities	Literature searching		We spend most of our time doing literature searches. Since I'm the consumer health librarian I do quite a bit with the public, too. I also do the overload of interlibrary loan, and whatever else needs doing. [you're providing back up? In addition to literature searches?] Right.	1	1
Librarians' Daily Activities	Literature searching		I spend a lot of my day doing literature searches	1	1
Librarians' Daily Activities	Literature searching		At --- we probably spend a little less than half our time doing literature searches	1	1
Librarians' Daily Activities	Teaching		I'm spending a lot of time teaching now. Again, with the nursing students that also yesterday did a four hour CE, so just some opportunities, a lot of teaching, which I didn't do three or four years ago	5	1
Librarians' Daily Activities	Teaching		I do some teaching, and I have a reference librarian who does pretty much a lot of teaching.	5	1
Librarians' Daily Activities	Teaching		I don't know if there's anything that I'd like to do, I'm pretty content with what I do now, actually. I love teaching people how to use Pubmed, especially because it changes all the time ... <laughter> ... kind of the learning situation for me, too.	1	1

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Librarians' Daily Activities	Teaching		Well my primary job is reference and instruction, so I spend a lot of time doing the one shot classroom instruction. I'm also teaching a credit hour class on information literacy that's general, it's not health sciences, and I do a lot of consultation with the students for their assignments. I did sixty-two of those last semester, and that's a lot. Sitting down with individual students or small groups, and working with them on their assignment, and then of course there's the reference desk.	2	1
Librarians' Daily Activities	Teaching		I do a lot, I do have a PowerPoint that I do present to our departments on accessing online library resources, and I've been doing that for the medical and the nursing department, so that's been pretty exciting, and always to try and get them onto the electronics, and to learn how to use them ... as well as having them learn how to do searches themselves also. So that's pretty much my day,	2	1
Librarians' Daily Activities	Teaching		I don't have a typical day. I spend at least one day a week teaching a grand rounds class where students work on cases and then present as if they're in grand rounds ...probably a day in research each week, We have three librarians who are active right now, and then we have four paraprofessionals who work with us, so I see students less and less, and spend more time either in the classroom or in ...	3	1
Librarians' Daily Activities	Teaching		I would kind of disagree with that, that it's not really the experts that need it so much. I find that the students are just lost. I mean, they can't navigate the thousands of resources we have without me being there to explain, well this is what this one does, and this what this one does, and it's the students who need me way more than the faculty does.	3	3
Librarians' Daily Activities	Teaching		... I concur with you ... there is the role for the expertise with the new users, and I think that will be a continuing role.	3	3
Librarians' Daily Activities	Teaching		and also just general teaching of how to use the library website	4	1
Librarians' Daily Activities	Teaching		and how to access our online full text journal articles and full text books.	4	1
Librarians' Daily Activities	Teaching		I do help students a lot with their searches and how to use the [university] databases, ...so my day is also pretty much helping others.	4	1
Librarians' Daily Activities	Teaching		I also teach in college of medicine, so, in family medicine, so I spend a few hours a week on that	2	1

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Librarians' Daily Activities	Teaching		and I teach the physicians clinical applications, the electronic medical record, and I'm on a system committee to roll out ... a database in which physicians will be looking at their own data before it goes out to health grade. So on a daily basis I do lots of research for patient care, clinical applications	2	1
Librarians' Daily Activities	Teaching		I would tell you my activity, daily activity, that's four days of the week, I go on morning rounds with two teams of medical students, about three residents, and their ... physicians ... and I observe them in their rounding with patients, and then I return to the library, and, after having listened to their case presentations, and their patient situations, and talking to them on rounds, I come back and do research for them and send them links to articles that I think would be helpful to them, and I include with that, email messages, just some tips on searching, and tips on using the library resources. So they see me two days out of the week, for two months... And so that, my role is a teaching role	3	1
Librarians' Daily Activities	Journal article retrieval		Document delivery.	5	1
Librarians' Daily Activities	Journal article retrieval		and now because we have our cut in clerical staff, I also spend time on interlibrary loans, so I do a lot of different things everyday	5	1
Librarians' Daily Activities	Journal article retrieval		ordering of articles, document delivery for physicians, nurses, and a lot of ancillary staff as well, physical therapy, OP, respiratory therapy, those kinds of things.	5	1
Librarians' Daily Activities	Journal article retrieval		I work in a one-person library, so I spend most of my day either scanning and emailing articles to members	3	1
Librarians' Daily Activities	Journal article retrieval		We do lots of inter-library loans	4	1
Librarians' Daily Activities	Journal article retrieval		I have one assistant librarian and she spends most of her day getting journal articles for people	1	1
Librarians' Daily Activities	Journal article retrieval		and a good part of our time getting articles either from our electronic resources, or through interlibrary loan	1	1
Librarians' Daily Activities	Journal article retrieval		about 60% of my time is probably article acquisition...Article acquisition, material acquisition...getting stuff for people	1	1

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Librarians' Daily Activities	Maintaining electronic resources		I do a lot of problem solving with access to our electronic journals. We do have a part-time person that deals with that, but I'm the go-to person that helps assign...status for people to get accounts.	3	1
Librarians' Daily Activities	Maintaining electronic resources		And here at ---- my main area of focus is the serials, the journals, so we've just come off of doing renewal this year, and I have to keep track of the electronic, and make sure those links are up and running, so I would say I spend most of my time on serials management.	2	1
Librarians' Daily Activities	Maintaining electronic resources		I'm a one staff librarian, and I love it. My main focus is actually the electronic collection, getting that linked together and putting that on a library web page as well as I have a consumer health, and those can be accessed on the Internet, and in our hospital they're on IP range, so we find those, it's working pretty well.	2	1
Librarians' Daily Activities	Maintaining electronic resources		and tend to be a lot of episodic troubleshooting, whether it be a complaint to digital electronic resources not working ... troubleshooting things as they occur.	3	1
Librarians' Daily Activities	Maintaining electronic resources		and I also manage my website, and keep that up with the online electronic products	4	1
Librarians' Daily Activities	Maintaining electronic resources		And also help with remote access - physicians who have remote access...trying to figure out why [they have problems].	1	1
Librarians' Daily Activities	Maintaining electronic resources		30% is database maintenance...dead links, and making sure people have the right user name, passwords if we have remote set ups and things like that	1	1

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Librarians' Daily Activities	Maintaining electronic resources		... organizing ... access, making sure people can access things. We have multiple librarians in our system that have their hands in things and some people don't understand well, and so they'll set up an electronic journal, and they don't have the right IP addresses, so then someone calls me and says, I can't access this journal online, I could yesterday, but I can't today, so then I end up trying to call and figure out why it's not being a success. [Are you talking about ... remote access by librarians, or by patrons?] I'm just talking about actually access within the [institution] computer IP range, so they're not even doing remote access. We are actually working on getting remote access, so we don't have that right now, but just people accessing something that either they don't know how to access, or they've accessed it yesterday and they couldn't today. [troubleshooting access]	1	1
Librarians' Daily Activities	Collection development		and I also do collection development for all of my departments,	2	1
Librarians' Daily Activities	Collection development		or checking in journals.	3	1
Librarians' Daily Activities	Collection development		the other 10% is spent on just collection maintenance, collection management.	1	1
Librarians' Daily Activities	Administration		I'm the director of the library, and I spend a lot of time in management with all the management things you have to do like budgeting and personnel,	5	1
Librarians' Daily Activities	Administration		I'm the manager of the library, so I'm involved in a lot of management meetings. It seems when you asked that question, all I could think about was meetings that I go. Most of them are very interesting because we're participating in some of the shared [governance] councils now, as well as clinical...	5	1
Librarians' Daily Activities	Administration		I wrote down first thing, too, seems like I go to a lot of meetings, but I'm very excited to be part of ... I get to be involved in patient care services, and shared governance and councils.	5	1
Librarians' Daily Activities	Administration		just...a lot of budget stuff	2	1
Librarians' Daily Activities	Administration		a lot of administrative kinds of things every day.	2	1
Librarians' Daily Activities	Administration		but I swear I spend most of my time in meetings. I don't know how I wind up in so many meetings everyday it seems, but I do. That's pretty much how I spend my time.	2	1

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Librarians' Daily Activities	Administration		I do a lot of budgeting, too,	2	1
Librarians' Daily Activities	Administration		I am in administration so a lot of my time is spent with working with the department heads, helping them in lots of meetings. I am an active reference librarian, though, so I do work the desk, and I'm very involved in teaching. Currently, I'm helping with an ... nursing class, so I'm grading papers this week. I don't think any one day is alike, but I'm definitely a working administrator, I guess is my day to day.	3	1
Librarians' Daily Activities	Administration		budgeting, planning, and publicizing the library ... and then two days each week probably with purchasing and contracts and all the other things that go on with administering a library.	3	1
Librarians' Daily Activities	Administration		and then a probably a day in administration each week ... doing those administrative things that kind of keep you away from your primary clients.	3	1
Librarians' Daily Activities	Administration		I also manage the library, so I have other managerial responsibilities, but I also act as a librarian as well, and that is something that we all do everyday.	4	1
Librarians' Daily Activities	Administration		because I have another librarian who does the bulk of the literature searching, and our library technician does the bulk of our interlibrary loan and document delivery, most of my day is actually tied up with administrative things. All these emails that come in in the morning, and funneling requests off to different people, paying the bills, doing the things as a manager I'm supposed to do, and deadlines that I'm supposed to meet, so I would say the bulk of my day is mostly administrative, and I have to find time to do the things I love, which are the literature searches and the other library [services], and usually that's a couple hours in the afternoon when I work at the front desk, but most of it's administrative.	4	1
Librarians' Daily Activities	Administration		and then committee meetings take up a part of that too.	1	1
Librarians' Daily Activities	Managing email		...when I think about this question for myself, I think, email. My first thought was email.	5	1
Librarians' Daily Activities	Managing email		You know, dealing with email, I mean, which of course, you know generates other things as well, it could be lit searches, it could be requests of one sort or another, or meetings that I've got to contend with, it seems to me that my first thought was email.	5	1

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Librarians' Daily Activities	Managing email		I did hear someone mention meetings. I didn't hear anyone mention emails. No, we all do emails.<Laughter>	2	1
Librarians' Daily Activities	Managing email		That's a given anymore.	2	1
Librarians' Daily Activities	Managing email		I do email first thing in the morning and try to wipe out most of the things that aren't important, or the listservs, or put the things that are important into folders, and to make... I collect a lot of my searches through email, so I have to be very careful on that. That's how I work, and then throughout the day I try to eliminate and keep up on it, so that I, so I keep my emails down to one or two during the day.	2	1
Librarians' Daily Activities	Managing email		It's amazing the number of, like, conversations you have back and forth on email, whether it's with a vendor or, you know, trying to solve some problem that it's, or someone's requesting something from you, and you're having like a conversation, so it's like you're on email a lot.	2	1
Librarians' Daily Activities	Managing email		Probably [email] throughout the day, that's true.	2	1
Librarians' Daily Activities	Managing email		Email probably is my most important form of communication in [working at] two hospitals, and it's very important. I always try to answer, you know, when I receive something so that they know that I have ... we work in that calendar [feature] and the acceptance of appointments, so it's pretty interesting. Takes up a lot of time, though. You have to watch that it doesn't, that it's not a time robber. I just took that course from Marty McGee, thinking like an MBA. That was very interesting.	2	1
Librarians' Daily Activities	Managing email		Yes, MLA CE course, and it's thinking like an MBA Marty McGee, ... and it's a wonderful course. I'd certainly recommend it, but she focused a lot on change management and time management, and then it was fed back and forth with a discussion group, so we've been able to learn from about twenty different people in twenty different libraries from all over.	2	1

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Librarians' Daily Activities	Managing email		Yes. I would say for me, if I added it up, I, like everybody else, I bet it's one to two hours a day, because you get an email with a problem, which leads to responding which leads to another question, which leads to another question, and, you know, we're working on something right now in the library, and it's all back and forth emails, and so, that's all I've been doing all morning is back and forth with somebody on email with a project we're working on, so. I mean, I much prefer talking to people on the phone and using my voice, because I hate to type, but it just, email is just a constant, and I learned something when I was at ---. I think we had to do some time management study. So I keep track of my phone calls during the day because it helps me remember what I did during the day. I kind of write notes on a piece of paper, and who I talked to, and it's my little trigger, and so, I mean the phone is still there, and I prefer it, but email is like all the time.	2	1
Librarians' Daily Activities	Managing email		The email can help you manage things, because I set up folders in my email. I can drag things from the subject over to certain folders, but I also work with an older laptop where I manage all of my email, and so that's always up and on-going so I can always see what comes in because we have instant messaging, so I do that only with information systems people. They can handle their things because they may not be at their phone, they may be somewhere else, and everybody can pick up instant messaging, and so, but I do things that you can manage meetings, or pre-work for meetings through the email package, so the agenda's sent out way ahead of time, and then comments on the agenda, and people will send in their attachments, so by the time you get to a meeting, we're trying to shorten our meetings from an hour to a half an hour.	2	1
Librarians' Daily Activities	Managing email		I find email to be very convenient when you're doing copyright [requests] and you need to get permission for something ... then you have it in writing.	2	1
Librarians' Daily Activities	Managing email		Price quotes, things like that, you know, those are always nice when you them in your email.	2	1
Librarians' Daily Activities	Managing email		And I'm asked often to contact nursing organizations for procedures or on some kind of evidence based nursing practice ... they are more likely to respond to an email than a phone call.	2	1

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Librarians' Daily Activities	Managing email		It seemed an interesting thing that [email]wasn't mentioned really by any one. And really when you think about it, it's so ubiquitous, you know, it's almost as common as having contact with people any other way, by conversation, by phone	2	1
Librarians' Daily Activities	Managing email		It seems like I spend most of my day answering emails. I get a lot of email reference requests, I guess because I've been here so long, and the school of nursing, they all know me, so rather than send an email to a reference mail box, they just email me, so I bet I answer five or ten reference questions everyday, so that's probably the great majority of my day.	3	1
Librarians' Daily Activities	Managing email		... seems like all my days spent answering emails sometimes. But again, as the library director, I'm somewhat removed from the direct day to day, and a lot of my responsibilities are making sure that people have what they need to accomplish their job	3	1
Librarians' Daily Activities	Reference		in addition to spending my mornings on the actual reference desk	3	1
Librarians' Daily Activities	Reference		and I work reference too ... and I really enjoy that, so the usual reference stuff,	2	1
Librarians' Daily Activities	Reference		answering reference questions, also... in the office that we have the student workers, and the people at the front counter--they usually refer the reference questions to me if there's something that needs to be answered.	3	1
Librarians' Daily Activities	Other: SDI, alerting		I also have current awareness newsletters that I do every month	5	1
Librarians' Daily Activities	Other: SDI, alerting		Oh I was going to say that at --- ...she has a database, and I've sort of copied her database to keep track of what we do, so we log for all of our customer interactions, we call them, but she has something called --- so what ---'s doing is contacting people, and we try to keep track of these. So when we see somebody is doing this, we read it in the employee newsletter. We contact them to see if they want a current awareness service, or if they want a literature search ... not only with committees, but also with individuals	5	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Librarians' Daily Activities	Other: SDI, alerting		I also find that the National Library of Medicine sends out the greatest things, and weekly, on Fridays it sends me a nice set of new things, which I redirect all over the place, and make them into a variety of products that I'm able to send out by email, send out physically, sends out as groups of things, or split it apart and send pieces of it out, so that that product becomes multiple products when it hits my office. (related to SDI discussion)	1	1
Librarians' Daily Activities	Other: SDI, alerting		I'd like to add to that (SDI discussion). I serve on a number of hospital-wide committees, and do kind of the same thing that --- does. I use my connections and people I meet at those committees to set up SDI's, or any information I get that I think they might find of interest, I forward to them, and I get a lot of good feedback about that.	1	1
Librarians' Daily Activities	Other: SDI, alerting		Has anybody said SDI? ... Selective Dissemination of Information, I do a lot of it. [I know what SDI used to be. Tell us a little bit more about what SDI is to you now.] ... as you get to know people, and I think that's the key to it. You work long enough in any place, you get to know people, and make opportunities with them, and you know what they like and what they're doing, and what they should want. Hopefully you know it better than they know it sometimes, and so you find these things as you're ... going [about] your regular business, and say, this is very nice, so and so would also like to see this.	1	1
Librarians' Daily Activities	Other: Consumer health info/ community outreach		I do a huge amount of community outreach.	5	1
Librarians' Daily Activities	Other: Support for CME		and then I spend about 20 hours a week doing various CME activities, plus all those other things. [So, the library is in charge of CME?] No, I would like to be... I'm not, but I do all of the electronic, I link up to --- and --- to do teleconferencing, video conferencing between those different organizations to bring those out to the community hospital for physicians that are here. We have mostly private physicians on campus, so it raises the level of continuing medical education. We do four hundred, about four hundred fifty-five CME programs every year. I'm busy.	2	1
Librarians' Daily Activities	Other: Support for CME		I also help them if they are going to give a talk with PowerPoint and other presentation[s].	2	1

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Trends in the Institutional Environment	Workforce changes	Physician recruitment	And I think recruitment of good physicians is always a key issue, too, particularly at our hospital, at our community hospitals.	2	2
Trends in the Institutional Environment	Workforce changes	Aging workforce	Aging work force.	2	2
Trends in the Institutional Environment	Workforce changes		I mentioned before that we --- does own a number of clinics, primary care and specialty, occupational health clinics, and I think that for the doctors it is some of the benefits that have been mentioned, but they also have productivity standards that they have to meet as well, so that could be challenging.[professional hospital employees]	5	2
Trends in the Institutional Environment	Workforce changes		Succession planning.	2	2
Trends in the Institutional Environment	Workforce changes		A big trend in --- is employee positions ... a number of our medical practices are essentially selling themselves to the hospital, so that the physicians become employees of the system, although they prefer the term aligned rather than employed.	5	2
Trends in the Institutional Environment	Workforce changes		That's happening here, too [physicians selling practice to hospital]	5	2
Trends in the Institutional Environment	Workforce changes		It's happening here in ---. We have physicians who have sold their practices to ---	5	2
Trends in the Institutional Environment	Workforce changes		Well we've seen that [physicians selling practice] a lot in our area. ...change in philosophy from the physicians from the baby boomer age down to the physicians of now...they're [only] willing to work 40 hours a week. We have a lot of [physicians] employed by our hospital because they take over that care 24 hours a day and then night. ... also somewhat of a philosophy that if they're employees, there are some other areas for quality improvements that are easier than like going through a medical staff committee of some kind. In other words, if your employee meets ... the hospital ... has some ways at looking at some quality improvement things.	5	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Trends in the Institutional Environment	Workforce changes		The big issue here for a lot of them [physicians becoming hospital employees] is the liability insurance. They don't have to pay that themselves now, the hospital will pick it up.	5	2
Trends in the Institutional Environment	Workforce changes		In --- the practices that we have ... became clinics --- but they were really doctor's offices, and I think there were three of them, and they were all ... a matter here of competition because [institution is] in competition with the [physician specialists], so these three practices decided to become clinics of --- so we have these remote clinics from our main campus, and they refer their patients here for all their tests, so it's more of a competitive thing, but I'm sure the doctors like the fact that now they're part of ---, which has a huge reputation.	5	2
Trends in the Institutional Environment	Workforce changes		It's become such a huge issue for recruitment in our area, and probably all of --- and many other areas, but we just can't get the healthcare professionals here, and so that's been an attractive recruitment tool to give them that guaranteed salary, or liability paid for, you have guaranteed hours, I mean all of those things that are attractive to bring people here.	5	2
Trends in the Institutional Environment	Workforce changes		[Physician employees are] still in physician offices, but I mean in our case, the offices are not in the hospital.	5	2
Trends in the Institutional Environment	Workforce changes		In ... we also bought their office buildings, or we rent them, same space, they've not moved.	5	2
Trends in the Institutional Environment	Workforce changes		We have what's called the --- hospital --- clinic, and yes they pretty much are leasing/renting the clinic for those physicians practice, and are now paying their salaries. We do have two hospitalists who work out of the hospital, and in conjunction with the expanded emergency room.	5	2
Trends in the Institutional Environment	Workforce changes		At --- they [physician employees] still have their clinics, but their clinics are called ---. And then we also actually have hospitalists and intensivists. We have about fifteen or twenty people who work at two or three other hospitals in ---, running the ICU and being a hospitalist, but they're employed by --- under contract. Talk about complicated. <Agreement>	5	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Trends in the Institutional Environment	Workforce changes		[It's like there are a variety of models for this [professional employees.] There are.	5	2
Trends in the Institutional Environment	Health care delivery and economics	Reform	Healthcare reform.	2	2
Trends in the Institutional Environment	Health care delivery and economics	Reform	Healthcare reform.	3	2
Trends in the Institutional Environment	Health care delivery and economics	Reform	And healthcare reform. I mean we're all sitting back worrying where we're going to be in a year from now.	5	2
Trends in the Institutional Environment	Health care delivery and economics	Medicare	Medicare	2	2
Trends in the Institutional Environment	Health care delivery and economics	Uncompensated care	Big struggle here is uncompensated care, and that's increased, of course, with the economy going south the way it has.	1	2
Trends in the Institutional Environment	Health care delivery and economics		There's a really healthy push towards patient engagement, and I see all of this tied together because I think that we can teach physicians and healthcare providers that an informed patient is an ally to them, in producing ... better health outcomes and just better all around health quality of life, but there's a void in people, a lot of people understanding what medical decisions entail, and how to ask questions, and the whole, the idea of the physician as the good father/ good mother model is changing. You're so much more responsible for your own navigation of the healthcare system, and I think we have a really good opportunity to work with the students, communities, and in libraries to move that forward.	3	3
Trends in the Institutional Environment	Health care delivery and economics		Lack of money.	2	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Trends in the Institutional Environment	Health care delivery and economics		I want to comment on --- reference to the AHEC provisions in Missouri and so forth like that. I think in Colorado we have one part-time librarian that serves through the AHEC to provide library sources to rural communities, and half of our counties in Colorado are federally designated under certain areas for healthcare. I know some of you are in the same situation with that, but it's appalling to me that we're, essentially the government funds a half-time person to serve all the under served rural communities with nothing but free resources. No real funding. I'd have to check in and make sure that's entirely straight, but I think it's pretty close to the facts.	3	3
Trends in the Institutional Environment	Health care delivery and economics		Aging population. Changing demographics.	3	2
Trends in the Institutional Environment	Health care delivery and economics		and then something else is coming down from on top. They're talking a lot about how we differentiate ourselves from someone else. What makes us different and better, and to start thinking about that ... What makes us different from the hospital across the street, or the hospital fifteen miles down the road, what makes us different ...differentiate our staff, or what is it that makes us different.	5	2
Trends in the Institutional Environment	Health care delivery and economics		Interestingly, those are huge buzz words [branding, differentiaton] in the non-profit world, too.	5	2
Trends in the Institutional Environment	Health care delivery and economics		probably the word would be sponsorship because, although we've been owned by ---, we were managed by ---, and now the --- are actually going to sponsor all three of the --- hospitals, so I think there will be a lot of change, and they're bringing in the Mackenzie group to do whatever it is that they do ... [what?] ... I think that they come and they look at your whole business...I don't think they're the crash and burn type people necessarily, but they look at the whole business, and look at improving efficiencies and quality and that sort of thing ... don't know too much yet.	5	2
Trends in the Institutional Environment	Health care delivery and economics		money and funding become two really important words.	5	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Trends in the Institutional Environment	Health care delivery and economics		Money and funding?	5	2
Trends in the Institutional Environment	Health care delivery and economics		new boss ... temporary ... because a guy who was my boss is interim IT director for a cardiology group that we bought.	5	2
Trends in the Institutional Environment	Health care delivery and economics		That's my business is creating networks and partnerships and collaborations, that's the main jist of what I do now, and I think I'm seeing a shift here in this community toward, I mean the absolute need to partner, and collaborate. You know, single person entities are small budget, non-profit are finding that they need to find somebody to buddy with because they're just not going to survive anymore, and I think that'll be the same with, well it is the same with healthcare because we are seeing collaborations and partnerships between, let's say our hospice program family planning clinics, that type of thing, and I think there's going to be a shift to where there aren't as many silos aren't going to be allowed in the funding climate that we're looking at.	5	3
Trends in the Institutional Environment	Technology	Portable technology	In terms, I have a feeling that we're going to see more portable technology at the bedside, and even more use of, say Ipads and other such technology	1	2
Trends in the Institutional Environment	Technology	Portable technology	As far as technology things affecting us in the future, unless they will issue us phones and we can do the Internet access and passing of information that way, for that they laughed at us, I don't see anything different. We have remote access to our library already for all the physicians and nurses and staff who want it.	1	2
Trends in the Institutional Environment	Technology	Portable technology	That's one thing that's important, I think too, that is kind of, runs a cold shiver down my spine is the fact that both of our affiliates, ---- and -----, all of the residents and the students have access over their cell phones to both of those libraries, whereas they don't have access to mine over their phones, and yes, that definitely, you know, I am definitely the guy out of the middle on that.	1	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Trends in the Institutional Environment	Technology	Portable technology	We really would like to get cell phones that do a lot of things, and go toward that direction because we feel that the library field is going all electronic, so we're still pushing for that. [-Do you mean staff getting cell phones?] -Yes, staff getting cell phones and getting the ability to transfer documents and have, like the new PubMed access on there, just different things that we can train others in doing because we feel that that's how doctors and other people will be getting their information.	1	3
Trends in the Institutional Environment	Technology	Portable technology	But one thing that I did talk to some of the surgeons about was to, almost every one of them has an iPhone, and so they are, I've got them now where they are getting the text message from the nurse, to them on their iPhone that speeds up, saves them both time, they don't have to put the call in to have a conversation with the physicians	2	3
Trends in the Institutional Environment	Technology	Portable technology	... our surgeons are using the iPhone, too. I forgot they're all into that. That's a good way to tap into it ... I like that idea.	2	3
Trends in the Institutional Environment	Technology	Portable technology	I think I'd throw in the word mobility ... use of mobile devices, and it's common enough now, but I think it's going to take on greater prominence.	3	2
Trends in the Institutional Environment	Technology	Portable technology	I already have people who are asking, can I get journals on my Kindle	5	3
Trends in the Institutional Environment	Technology	Online, video meetings, CME	Yes, same with ----- system in ---. They're going to try and do more video conferencing, and trying to set each hospital up with maybe being able to share CME presentations and that sort of thing.	1	2
Trends in the Institutional Environment	Technology	Online, video meetings, CME	Well I'm responsible for setting up all the video conferences on campus, and so we have three, and in the state of ---, a lot of hospitals can actually get them from the (state) Hospital Association. There's a grant that they give them ... actually purchased those, so we're currently having lots of group meetings via video conferencing throughout the eight hospitals, so.... And the way that I promoted it, we have a portable one, which is, would be just like the computer monitor, and I promoted it to the executive office, so I now have almost all of the executives using portable video conferences because their time is tight, so they don't have to run all over town to the corporate meetings.	2	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Trends in the Institutional Environment	Technology	Online, video meetings, CME	Yes. I 'm beginning to appreciate that staying in your office and maximizing your time. I mean, you still need the social networking, too, but that's a great idea.	2	3
Trends in the Institutional Environment	Technology	Online, video meetings, CME	Hospitals, particularly in our situation, they cut back on going places for education, but they don't mind if you're doing it in your office where you're saving time.	2	3
Trends in the Institutional Environment	Technology	Limitations on Internet access	We do, our hospital has a presence on Twitter and Facebook, but we can't access that. We have seventeen computers for the public, and they don't have access to YouTube or any of those, but we can from our personal staff computers, but we don't have time. <agreement from others>	1	2
Trends in the Institutional Environment	Technology	Limitations on Internet access	Oh no. No, no, no. I don't have any of that. I don't have Facebook. I don't have Twitter. I have a nice electronic catalog that you can get to from outside the firewall if you know the URL, you cannot Google it or find it otherwise. Our stated expectation about having Internet access for the staff is that they will spend their time buying stuff, and they don't want them to do that...-They will spend their time purchasing things, like Christmas presents and such, <Laughter> and so they should not have Internet access. So no, we're not there	1	2
Trends in the Institutional Environment	Technology	Limitations on Internet access	The VA went just recently to having sites on Twitter and Facebook, and it was kind of ironic because we couldn't access Twitter and Facebook on the VA network, our own network, and so they just recently sent out a directive from Washington saying that they were taking that, listing those restrictions off so that we can actually access our own sites on Facebook and on Twitter, but that's a big step for the VA to, for the VA, but it's not, I mean for the rest of the library world it's not so much, I mean, most everybody else has, you know, public faces out there, if it's not on Facebook it's on some other type of public access thing on the web, and so it was a big deal for us, and now I got Facebook and Twitter, so I can spend time catching up. <Laughter>	1	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Trends in the Institutional Environment	Technology	Limitations on Internet access	[ unfettered access now to Facebook and Twitter?] Well, yes. It's a big deal because we don't have, there's a lot of stuff like, for instance, YouTube ... we don't have access to. It's just blanket no access ... not a censorship issue as much as it is a pipes. We don't have a great deal of capacity, and so they can't afford to have people streaming, can't have a thousand people streaming minute video, and still try to transfer the normal business data and everything else ... so we don't have access to whole lot of those things, so yes, it was a big deal for us to finally get that. And so whenever I hear anybody talking about Web2 ... it doesn't mean anything to me because we don't have access to that yet.	1	2
Trends in the Institutional Environment	Technology	Limitations on Internet access	We've had the same kind of experience. Our hospital has a presence on Facebook and Twitter, but we cannot access those sites, so that must be a universal problem.	1	2
Trends in the Institutional Environment	Technology	EMR	we're hoping that the institution might consider a point of care product in the next five years.	1	2
Trends in the Institutional Environment	Technology	EMR	The electronic medical records.	2	2
Trends in the Institutional Environment	Technology	EMR	and the other big change for us is we are right in the middle of an Epic [Electronic Medical Records] rollout here, where they've actually rolled it out, but there are still more things coming, they'll integrate that more with the patient record electronically, so that's been big here, too.	5	2
Trends in the Institutional Environment	Technology	EMR	We're also making a big change in our electronic records, going to a client server model	5	2
Trends in the Institutional Environment	Technology	EMR	We also just signed a contract three weeks ago, and still have a fifteen month rollout on Epic (Electronic Medical Records)	5	2
Trends in the Institutional Environment	Technology	EMR	At --- we have an electronic medical records [system] that has been rolled out, but is still in development, so we have not been able to work with them yet, but we are planning to within the next year.	5	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Trends in the Institutional Environment	Technology		definitely technology. <agreement>	2	2
Trends in the Institutional Environment	Technology		Technology	3	2
Trends in the Institutional Environment	Technology		Well they talked about that, too, in that they're going to have voice activated, voice transcribed systems where the doctor's dictation is just transcribed by a computer, but I think that, from my experience with any kind of voice transcription, it's that someone human being has to look at it, so I'm not sure that's going to be true. <Chuckle>That's a huge economic issue because in my management meeting last week, they said that they spend here at ---, which is not exactly like a huge hospital, they spend \$750,000 on medical transcription...yes, that was a comment in the paper, we'll save over a million dollars in medical transcription .... yes. yes, but will they? <Laughs>	5	3
Trends in the Institutional Environment	Expansion		Well, the thing that comes to my mind is a lot of changes to our building, but we're a small community hospital. We are buying into ... so I think we're going to see some changes there, and the amount of work that needs to be done in a particular department, and maybe taking on something that we haven't taken on before at the library.	5	2
Trends in the Institutional Environment	Expansion		Well we're already starting to look at expanding the collection out from pediatrics into maternity, and fetal care as well.	5	3
Trends in the Institutional Environment	Expansion		And also, we're the same with our pediatric hospital. We're beefing up our journal [and book] collection for peds ..., and also we're really noticing a lot of literature search requests on policy, since this is new for us here. .... now we're getting a lot of nursing policy type questions and they're putting that all into place in preparation.	5	3
Trends in the Institutional Environment	Expansion		The --- Hospital is going to go into maternal and newborn care.... Expansion both in facilities, plus a whole different age group, obviously adult women, and newborns that don't have problems.	5	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Trends in the Institutional Environment	Expansion		I'm going to say for the VA ... I think there's going to be a more even distribution of funding now ... which means that for our system, for the (state) system, I think there's going to be a lot more money in our system.	1	2
Trends in the Institutional Environment	Expansion		I'd say a client's expansion. We're a new school, and so it's the sheer growth of the student body will double each year over the next three or four years.	3	2
Trends in the Institutional Environment	Expansion		We're in a unique situation as a start up. Funding will not be an issue for us, so that's, we're kind of in a unique situation that way. Our larger question is how to use that funding, and not fighting for it, which I think is probably the rare situation.	3	3
Trends in the Institutional Environment	Expansion		One of the big differences being that the --- campus, being a start-up, has a whole different set of decisions as far as what resources to get rather than the --- campus which has a hundred year history behind it.	3	3
Trends in the Institutional Environment	Expansion		We're going to build a new hospital. --- Hospital is building a new hospital in ---.	5	2
Trends in the Institutional Environment	Expansion		So the word that comes to my mind is expansion because we're probably taking on another county, an expansion and an increase in the need for services.	5	2
Trends in the Institutional Environment	Expansion		At --- they have a strategic plan which includes other diseases... immuology, respiratory medicine, which we've been doing all these years, and so for the last two years we've also had to do cardiac and lung cancer, we're starting a lung cancer thing ... we have increased the number of employees and faculty to handle the new diseases, so we're expanding also.	5	2
Trends in the Institutional Environment	Expansion		Here at --- we're expanding as well. We're in the process of building a pediatric hospital.	5	2
Trends in the Institutional Environment	Expansion		we're expanding our outpatient facilities	5	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Trends in the Institutional Environment	Expansion		We're hoping to facilitate with some other health care providers to bring a mobile dental clinic to our region, and that would also do some basic immunizations, some basic preliminary testing ... diagnostics ... so that's going to have a need for health information, so I'm not so sure that's an expansion, but probably the word is an increase maybe in services ... addition, too.	5	2
Trends in the Institutional Environment	Expansion		we just finished a bunch of buildings, we're past that for a while [facilities expansion].	5	2
Trends in the Institutional Environment	Expansion		The --- Hospital is going to go into maternal and newborn care...Expansion both in facilities, plus a whole different age group, obviously adult women, and newborns that don't have problems.	5	2
Library Impacts	Management	Staffing	Well, I think I'm going to have to deal with fewer staff members. I have one person who will be retiring in the next few years, and I don't think I'll be able to replace her, so that's a real issue in this economy.	1	2
Library Impacts	Management	Staffing	Well you can't get much fewer than... [staffing] <Laughter>	1	3
Library Impacts	Management	Staffing	yes, I'm hoping that the staffing will stay stable at this library.	1	3
Library Impacts	Management	Staffing	I'm the only one.	1	3
Library Impacts	Management	Staffing	So am I, I'm the only one too.	1	3
Library Impacts	Management	Staffing	We're currently a position short, so we don't need staffing to go any shorter.	1	3
Library Impacts	Management	Staffing	[staffing decrease] due to a retirement in the next couple of years.	1	3
Library Impacts	Management	Staffing	We lost eight positions. We lost \$4.3 million this year for our budget, and eight positions, so we were hit hard economically ... layoffs	2	3
Library Impacts	Management	Staffing	.. they took our, took positions ... eliminated those positions, but they had to be filled somehow, so that meant that they switched people around so that some departments that didn't have, you know, someone laid off, lost people anyways because they had to take, they took four people out of technical services and put them in other positions in the library, so it was hard all the way around. We lost one of ours to another department, one of our people. [You're talking about repurposing staff then to fill those slots?] Yes.	2	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Management	Staffing	At --- I've been here ... almost nineteen years now. When I started we had fourteen FTE in library technical services, we called it library resources, and what do we call it now? Library resources and technology or something. Anyway, now we're at nine-and-a-half FTE, and we had a five-person cataloging department almost twenty years ago, and eight people in cataloging and serials, and now we have four because we just don't do as much of it anymore, and we changed the name to materials management.	2	3
Library Impacts	Management	Staffing	We've reinvented ourselves about three times in the last ten years as people have retired or left, we've repurposed, reorganized, and we used to have three full time people in the collection development department, and now there's one full time person and me, and we do all the same work because we know we needed somebody in special collections, we needed a webmaster, somebody that dealt with the electronic things, so we've had the good fortune, I guess, to be able to reorganize as we've needed to, without attrition, you know, in the library itself when there's a position open, we aren't filling it.	2	3
Library Impacts	Management	Staffing	I mean, just because of the budget, we've lost two lines in the last, I think it's two lines in the last two years, so you know, everybody is doing, you know, wearing many hats now. And, you know, it's just the way it is, I mean, you know, we're trying to preserve jobs here, we haven't had to have furloughs like a lot of schools have had, and people are just working differently, and I think they're working better.	2	3
Library Impacts	Management	Staffing	Well it was just like --- was talking about, about having to repurpose everyone because our, what we do is just, has just been changing so much over time that we're not doing the same things we were doing ten, five, even three years ago.<Agreement>	2	3
Library Impacts	Management	Staffing	I thought you were going to say aging of staff there for a minute. Well, I was thinking that, but since I'm the only staff member I will say aging of staff<Laughter>	3	2
Library Impacts	Management	Staffing	I think redefinition.	3	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Management	Staffing	Well I think [technology] most certainly will affect staff. I know that we are dealing with a budget cut, and we can't really cut anymore, and I think we are to the point now that we might be reducing hours because we are so electronic. Well the first people probably to be considered for cuts will be our support staff, and I see that happening and when my director asks me what kinds of staff I want to hire, well I don't [ask] to hire support staff anymore either. I want to hire professional librarians that can go out and work side by side with our researchers and our clinicians and our nurses, so I really, I see this paraprofessionals or support staff, especially in our academic library, we'll have less of those I think. There just aren't those kinds of tasks that we need done anymore, we need more of that professional interaction, so...	3	3
Library Impacts	Management	Staffing	and that's already happened here [decrease in support staff levels]. When I first came here eleven years ago, we had three more support staff than we have today, so those positions are just gone, they will never come back.	3	3
Library Impacts	Management	Staffing	We've been losing professional staff, so...	3	3
Library Impacts	Management	Staffing	Well we have one less professional staff, but the support staff has really been where it's gone.	3	3
Library Impacts	Management	Staffing	That's the same kind of concept, I mean, I've just gone through budget requests for next fiscal year, and everything's flat... but people are our most important asset, the staff. I mean, I'm going to cut back on materials and services before I'm going to cut back on people, and it mainly means doing more with less, or developing new efficiencies, just becoming more efficient, so we can do more, and meet the expectations and still meet the dollar figure, the goal that you're given.	4	2
Library Impacts	Management	Staffing	... we lost one, when somebody retired, we weren't able to replace that position, so that's happened to us as well, but we had five full-time people originally, so we feel pretty fortunate to have four full-time left here, but that's true that they sometimes think that you don't need to replace that position, so it's interesting.	5	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Management	Staffing	[cuts in budget and staff] so we never have a chance to look at the future, or to plan for the future, or to do any kind of proactive asking for more programs because we're so busy doing all the programs that are already in place, and that sounds like time management, but at the same time our inter-library loan has been steady, and our research, I mean everything is steady, but we're being asked to do more things, and so it's a constant battle to find the time.	5	3
Library Impacts	Management	Staffing	I am only a one person librarian, and I have four students who work in the evening, so they cannot cut anymore staff that what is, but some of the work load that doesn't require a whole lot, I have it done by volunteers at the library, too, and I have two or three who are really regular faithful former librarians, kind of volunteers, so they are very valuable to me.	4	2
Library Impacts	Management	Staffing	I could use another person, yes. But I don't think I'll get it.	4	2
Library Impacts	Management	Staffing	yes, I think the idea of increasing staff, which is just not something that I even think about anymore, it just doesn't seem like a possibility, I think it is a little bit more difficult for them to cut the one-person FTE just simply because it's more noticeable when you're having to close down days of operation, but it's an issue.	4	2
Library Impacts	Management	Staffing	Well specifically the maternity care, I think is going to affect the staffing. We're just going to be busier with the people we have. I doubt that our staffing is going to improve in the next few years.	5	3
Library Impacts	Management	Staffing	A lot of us think, by the time these things change, we'll all be retired. That's a whole issue in libraries, because in this group, there's many of us who in the next five years are going to retire, and then the people would be retired, will the institution replace our position. Obviously they can't replace us, but what are they going to, I mean they're going to replace, or are they even going to replace our positions, so I think that, what is it called, succession planning, and so I think somebody has to start thinking about succession planning so that the librarians who retire don't just, the library just drifts away because they were such hard workers, the hospital decides, well this is an opportunity to not have a library, and I think this has happened, for sure, in lots of places.	5	3
Library Impacts	Management	Staffing	Yes, there are some things that I had to give up, like in summer I did a fifty plus consumer-based class for older people, how to find consumer related websites, and that's been taken over by the public library now because I just didn't have enough time to do it.	4	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Management	Staffing	From a library's point of view, what's happening to us is we're expected to serve more and more institutions, physicians, whatever with the same amount or less staff, so we're going to more and more and more electronic, that our audience grows, but the staff doesn't. [do more with less staff]	2	2
Library Impacts	Management	Staffing	Decreasing revenues. Increasing responsibilities.	3	2
Library Impacts	Management	Staffing	A lot of it really depends on, like you said, the time that's involved. I mean, we have grandiose plans too. We have a five year strategic plan, and it's been really helpful to us to make us focus on what is important, because sometimes you can really get bogged down in the day to day, and you're serving your patrons in the day-to-day, but sometimes you really have to carve out some time where you can go outside the library and really touch your users, but we haven't been able to deal with much of that because we did do a lot of promotion at the beginning of our strategic plan, which gave us more users, and more work to do, and so we've kind of fallen off a little bit on going out and doing all that promoting because now we're so very busy, but it's nice to know that the services are being recognized, that that promotion is so important to keep the library in the mind of your users, and to really connect with them, and hear back from them about what's working for them, what's not.	4	3
Library Impacts	Management	Budget	Less money.<Laughter>	1	2
Library Impacts	Management	Budget	I think [there will be] more [money] available than there has been before, so I'm not looking at it in the same way, the, that others are. I think, actually we're going to expand, our budget's actually going to expand, so...	1	2
Library Impacts	Management	Budget	Currently, I don't know of any upcoming changes [in institutional funding sources], but I would have to probably talk to our accountant a little bit more about that, because I don't know anything right now.	1	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Management	Budget	This is --- One thing that I decided to do was, even though bindery had been budgeted, I had seen some emails on the MedLib list serve about libraries no longer binding, and not experiencing more loss, so I decided to evaluate all of the journals and select those titles, weeklies, heavily used journals that we'd still bind, but all of the others, we're going to run this experiment this year to see if we do experience loss, and I do expect to save about \$4,000, so that way I can show my boss that, you know, I'm trying to cut corners and save money.	1	2
Library Impacts	Management	Budget	We're binding less because we have less in print, so that has just decreased normally, naturally. We're going basically to a lot of electronic, and we have less than one hundred, less than fifty journals now that we get in print anymore, so that budget has automatically decreased, but the ----- Medical Library's contract with --- Hospitals ends in 2012, so we're not sure what's going to happen.	1	2
Library Impacts	Management	Budget	Well, I would say the state economy really affects us directly, so if our economy is good, then the university is good, and the library budget is good, and the other way around.	2	2
Library Impacts	Management	Budget	Audience grows but .... the budget [does not]	2	2
Library Impacts	Management	Budget	Or the budget, right.	2	2
Library Impacts	Management	Budget	Well I think another look at resources is how we get our resources. New revenue streams for us, new funding sources, doing more fund raising, you know, working with our foundations to try to get new revenue streams. That's a huge thing.	2	3
Library Impacts	Management	Budget	[We] have done some work with our outreach group here at ---, and they do a lot of work in the rural areas of --- it might open it up to doing some contract work, so that there becomes some sort of a way to support ourselves.	2	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Management	Budget	...the --- Medical Center is a totally separate, legally an institution. It's our affiliate hospital across the street. Anyways, they have ---, which is its own stand alone health science college. They have nursing and so on. I was over in their gift shop, and the hospital auxiliary for ---, because before the hospital merges, there were two auxiliaries, and you know how that goes in hospitals, they have to keep their own separate little groups. Their hospital auxiliary, their project for 2010 is raising money for a new library at --- college. Their auxiliary is raising money ... they did a wonderful job, you know, marketing that to those fund raisers, and I really have to admire the director over there for getting that. I have never heard of that before, so I didn't know if your hospitals are that interested in your libraries, but I went wow.	2	3
Library Impacts	Management	Budget	They are, but ours is restricted to the auxiliary, it's restricted to buying clinical equipment.	2	3
Library Impacts	Management	Budget	So, you know, a new MRI is far more important to the hospital than the library. Although I do have a [donor] ... a few dollars every year because I help, he has a personal health issue, and he's fabulously wealthy, and .... money into my library fund every year for which I'm very grateful. And he's a spokesperson outside, he mentions this a lot to people ....	2	3
Library Impacts	Management	Budget	but we're also trying to tap into, we have a huge research agenda on our campus, and so it's tapping into that revenue stream of indirect cost money, I think is really important, and I think a lot of universities that have a research component like us, besides the clinical [areas are] trying to tap into that also. ... We get about \$180,000 for indirect cost that goes directly to the library.	2	3
Library Impacts	Management	Budget	That makes sense. And our librarians are doing their own grant writing, too, to bring in more money for projects that we're working on, and our own research, so we're tapping into that, into the grant resources also.	2	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Management	Budget	We get some money through the chancellor's office for things, and we're written into one specific contract that supports undergraduate science education in the state, I mean, specifically in their grant to give us money each year, but not, it's not like a line item, like we know we're going to get one tenth of a percent of the indirect cost, so that's something that is, I think is, a lot of libraries are looking at now because we are, we're a cost center, we're like IT, like business and finance, like the laundry, I mean we're a cost center, and so we're not here to make any money. We don't have clinical income, and we're not pulling in ... big dollars.	2	3
Library Impacts	Management	Budget	... the big dollars, I mean, when we get money for a grant, it's, you know particularly to help do a travel project, or something like that ... helps us do like extra little special things, but with the cost of electronic resources, you know, we have to stabilize that because we use a, we, I mean we get no money from the state for any of our electronic databases, not, I mean we spend way over what we get, and we have endowment, and that's how we can support our researchers, and if we didn't have our endowment, we wouldn't be able to do a lot things. We were lucky we had ... somebody that was really good and took care of us for a while. --- done a great job of try to, hammer that into people like, you know, we really have to work with our foundation to try to bring in resources, you know, from the outside, so that's how we can do things. We like to remind them, you know, we're not shy about it.	2	3
Library Impacts	Management	Budget	and I see so many opportunities in libraries and hospitals doing other things, too, which actually is marketing, and may provide a revenue stream eventually, like they asked me about nine or ten years ago to be the command center for the hospital for emergency preparedness	2	3
Library Impacts	Management	Budget	I do like the idea about this IRB. I'm thinking how many hospital librarians are on the IRB committee, and that might enhance opportunity to get some revenue flowing, because of those people doing research, and maybe we can get our foundation vice president to cough up a few dollars.	2	3
Library Impacts	Management	Budget	I think just the opposite, and that's how you have to do it in your organization, but my vice president has moved up in the company, but he is an advocate of libraries and librarians, said he believed 100% that the hospital should be responsible for the operational budget of the hospital library ...	2	4

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Management	Budget	echo everything... the availability of funds to help purchase new technology, because we don't get any money for that, and just keeping that up,	2	4
Library Impacts	Management	Budget	Alumni support.	3	2
Library Impacts	Management	Budget	Well we certainly are going to get a reduced budget to do all the things they want us to do, and I think we have to learn to be much more creative, and I think definitely have to be a whole lot more proactive.	3	3
Library Impacts	Management	Budget	so the budget definitely is a big issue (for e-resources)	4	3
Library Impacts	Management	Budget	I don't know [how changes will affect information resources]. I think that's a real budget issue, because our budgets are so strapped, and the resources, of course, the cost is going up. I really don't know where that's going to, what's going to happen to that.	4	3
Library Impacts	Management	Budget	I think we're really going to have to look at usage data, and really pick what is used, maybe not, no longer what's nice to have, or maybe even what we think we should have, even if it's something we think we should have, but nobody is using it, then I can't waste the money, or the space to have it, but I'm going to have to become more critical at looking at where I allocate the dollars to get what's needed most.	4	3
Library Impacts	Management	Budget	We're also looking at streamlining resources as well because everybody's asking for you to cut a certain percentage of your budget, and so we have to take a look at what all we're offering, and usage statistics are a huge indicator of what folks are finding, and what they're using, but we also have three advisory teams that we work with, one nursing, one physician, and one pharmacy, and so we try to also work with them to say, okay, pharmacy team, micromedics is not being used that much, what is being used? Are you find other resources out there, or is it just a matter of promotion and training of micromedics? What is happening here with this disconnect in the usage figures being so low?	4	3
Library Impacts	Management	Budget	Same thing here, too. I do have resources with the --- library here at the library, but it's not available to the whole hospital, so I have to ... watch what I order, so that it doesn't overlap the same thing, so we have to watch our budget again.	4	3
Library Impacts	Management	Budget	Well my budget was cut 28%...But I got it back this year. [Tell us how that happened.] <Laughter> Had a good champion as a department director...	5	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Management	Budget	And we're also dealing with budget problems here at --- Hospital, but we generally win the fight ... what we're looking into is trying to get direct research grant money, the hospital gets so much money from NIH to do research, and we've, in the future we'd like to actually be written in to some of these grants.	5	3
Library Impacts	Management	Budget	since I got cut last year it [previously budgeted ... this much for books, this much for journals, this much for databases but at this point] lumped everything together. [prepared alternate plans, tried to balance needs of user groups] What gives us the most bang for the buck.... I was ready... if money wasn't restored, to cut.	5	3
Library Impacts	Management	Budget	Especially with losing a staff member in the next couple years, I have a feeling our responses aren't going to be as fast as they currently are with the quick turn around, and yet, sometimes I think that we try too hard, and we don't make administrators aware that these cuts really result in cuts in service, because we just work harder and harder, and stay longer, and try to do everything that we've been doing, so we're not giving administration the right signs.	1	3
Library Impacts	Management	Budget	Kind of a librarian problem, I've only been in this for twenty years, but it seems to me that we all want so much to make what we provide look seamless, that no matter how the budget has, begins to shrink on us, we continue to offer, as much as possible, the same service, and don't let people know how much difference there is in how hard we're working to get that thing to them seamlessly.	1	3
Library Impacts	Management	Budget	money [budget] came to mind.	4	3
Library Impacts	Management	Budget	I think the economic changes are what's driving our problems because of the big economic downturn, we had major cuts in our budget and staff, and so we're just sort of trying to keep up with what we've always been doing. We have cut some programs, but it's very difficult to do that, and	5	3
Library Impacts	Management	Marketing, outreach	Marketing and advocacy.	1	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Management	Marketing, outreach	You know, if you're going to be able to survive in all of this, you're going to have show somehow what you can do, and so you're going to have to market, you're going to have to advocate. The MCMLA people were working on advocacy. Other regional groups are doing it, but it's very difficult because we're really are a lot of people who would have never thought we had to do that.	1	3
Library Impacts	Management	Marketing, outreach	Adding a problem to that is, at least in institutions like this one, or in systems like this one, people who make budget decisions are very far removed from what we do, and almost always are not library users. At this point, the person above me doesn't even make budget decisions, it's handed to her from somewhere else, and so it, we do advocate and we do, I think we're pretty well respected here, but another hospital in our system where you would have thought the same thing was the case, they just decided one day that they didn't need the librarian or the library and they closed it right down. And there were protests, and people saying, how are we going to get things, but the person who makes the decisions, or the entity that makes that decision is more worried about the bottom line, and I think that's pretty standard right now.	1	3
Library Impacts	Management	Marketing, outreach	But we need to be able to show our impact on the bottom line, and I think that's the difficult thing. You know, we're busy providing information. We're not very good at showing what the value of that information was to the person who got it, and it's a very complex issue, and yet, if you can make, give good information that allows the hospital overall to perform well, to get a good reputation with its insurance company because it moves people out faster because we know what we're doing, then there's a hell of an impact on the bottom line. Hard to show it.	1	3
Library Impacts	Management	Marketing, outreach	I don't have the details, but I think Barbara Jones is from the University of Missouri Columbia, she's seeking people to participate in a study to look at something like that, how physicians use the information.	1	3
Library Impacts	Management	Marketing, outreach	Yes, and I think we should all jump in and participate. ... but as soon as that (EMR implementation) is done I plan to participate in that study because that's one way we can show our administrators that we do offer a value to our institutions.	1	3
Library Impacts	Management	Marketing, outreach	I think in the near future I have to agree.... I think that advocacy and stuff is a big deal.	1	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Management	Marketing, outreach	No. I think, not particularly on that topic [RML support], but I think one of the main things that we really need is have our job cuts cut out for ourselves in terms of educating that UpToDate is not the final solution, and that the primary literature is important as are the medical libraries, and that's a whole area of educating the user and administrators.	1	4
Library Impacts	Management	Marketing, outreach	I think that we need to still give excellent customer service, and try to do as much turn around as possible, and to continue marketing to justify, you know, to make them realize we need these resources, particularly the librarian ones.	2	3
Library Impacts	Management	Marketing, outreach	Well in our system all the libraries are considered overhead. We don't, they don't, I can't think of the term now, we don't save money, but we're, I can't remember what the term is, but we keep them from losing money <laughter> providing evidence based information for patient care, so that nobody is making a mistake.	2	3
Library Impacts	Management	Marketing, outreach	Well, this isn't exactly on the question, but what we struggle with, and I'm sure, we're at a hospital so that's a little different, but what we struggle with is, you know, producing a web page with all those electronic links, and it looks easy to everyone else, and we struggle with, you know, letting people know that it takes our expertise and it takes a whale of a lot of time to produce that when all they do is go, oh click, click, and so when you used to have paper you had to label and shelve, you know, they could see that, but they can't see how much work and time it takes us to get all the electronic up, running, working. --- works on this one more than I do, to get it all done, and, you know, we're struggling with how to convey that sense to administration so that they understand why we need so much staff, because it's a huge time consumer.	2	3
Library Impacts	Management	Marketing, outreach	It's not magic, and it's not all free on the Internet either.	2	3
Library Impacts	Management	Marketing, outreach	one of the skills, going back to the technology versus people kind of thing is I think that we're doing much more schmoozing. We, thanks to our director who is wonderful at that, we're now having the university board, their meetings are here in the library. Tomorrow, we've invited the state legislators to the library for a meeting, and it was the university that invited them here, but it's being hosted in the library, and ... twelve of the librarians that are greeting the legislators and answering their questions and taking them on tours, so we're, we need to learn more of the politicking that we need to do, the schmoozing.	2	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Management	Marketing, outreach	Rubbing elbows with the right people to get the funding that we need.	2	3
Library Impacts	Management	Marketing, outreach	We talk at our libraries about how, what's really important, one of the most important things we do is get outside the library, and we go talk to people, we talk to people on the phone, and we go to other departments.... I think of catalogers who used to sit at their desk, the books would come to them, they'd catalog them, somebody else would do the cards. Those days are long gone. You have to be out there. You have to be the elevator speech. You have to keep the politics in mind all the time. And I don't know if it's more true of a hospital library of not, but you have to keep it in mind all the time.	2	3
Library Impacts	Management	Marketing, outreach	When I went up to one of our doctors this morning, and just reminded him about the library services, and he's going to get some new partners, and I said please remind them, too, and that type of thing, so it's really important. Take advantage of your situation, and get out. I always deliver a lot of articles ... very important.	2	3
Library Impacts	Management	Marketing, outreach	...second whoever mentioned this before, but just the changing role of librarians, and who we are, what we do, how we do it, and how do we market that to our users so that they know that they're really getting the best of a professional, as opposed to some fly by night company out there, or whatever other sources they're using.	3	2
Library Impacts	Management	Marketing, outreach	Kind of like supporting our work. I think that's a real critical area right now.<Agreement>	3	2
Library Impacts	Management	Marketing, outreach	But you know when you are so electronic, when you consider that a majority of our resources they can access 24/7, that is a real positive, but it does bring in to that other comment that I think is so critical, the education, I think --- brought that up that it's more critical than ever now to make sure that people know how to use the resources we have, and that they know that they exist, so I mean we run into not only educating, but promoting our services. We're constantly sharing what we do provide.	3	3
Library Impacts	Management	Marketing, outreach	Well I think that's curiosity because I find among the medical students that some of them [will] be seeing a patient and they'll say, "Oh, he's got that petechial rash and what do you think that is?" Oh, I don't know. Instead of saying are there any sites, are there any resources, what could you, it's so like, and that's just one small example, but it happens more often than I would like it to.	3	3

<b>Theme</b>	<b>Topic</b>	<b>Subtopic</b>	<b>Comment</b>	<b>Group Number</b>	<b>Question Number</b>
Library Impacts	Management	Marketing, outreach	I mean I fear for librarians sometimes because ... people just think you just get on Google and you can get everything you need, and you know that's not true, and I think we really have to work hard at pushing what we provide, the value we bring to an environment, and that's not always easy for librarians I don't think. I don't think our innate personality is always real good at that, and it's difficult sometimes. Anyways, I don't know if others agree with that, but that's some of the things I see.	3	3
Library Impacts	Management	Marketing, outreach	... you can't take this philosophy of if it's not electronic it doesn't exist. Being in an osteopathic school, I can use the example that not one major osteopathic textbook is available online, and that tends to a lot of times sell some of the arguments about going totally electronic, but also as things go electronic, there seems to be an anticipation among some that electronic databases are free, where of course the publishers take exactly the opposite stance that they're more widely available and therefore the electronic should cost more than the paper copy.	3	3
Library Impacts	Management	Marketing, outreach	Well, I'll tell you one of the biggest challenges I have is talking to our hospital administrators who, when they see a library budget going to electronics, they think that there isn't as much work involved with that, it's a matter of just throwing a link on a webpage, and that's it, and they don't understand the intricate work that goes behind subscribing, doing contracts, doing licenses, making sure that the access is there, and the content is there, and then promoting it to our customers, and training. Those are all things that have to be explained over and over again because what they see is, well we don't need to have a library over at this campus because we're going electronic. Well that's not necessarily true.	4	2
Library Impacts	Management	Marketing, outreach	They think that it's automation [and not a big job]	4	2
Library Impacts	Management	Marketing, outreach	Right. [institution thinks eresources is not a big job.]	4	2
Library Impacts	Management	Marketing, outreach	It's not really automation [that makes e-resources work]	4	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Management	Marketing, outreach	It isn't. And a lot of it is just educating them, and what it is all involved to get that magical, mystical webpage put together so that your users can use the content that is there, and it takes people to do that.	4	2
Library Impacts	Management	Marketing, outreach	Well, and to kind of go back to what --- was saying, I think, I don't know so much that a lot of departments are doing things that we would have done, but I definitely think they're doing things that we could do, and when I talk to people, I get so frustrated sometimes because they know who I am, and they know I work in the library, and at every meeting they'll say something that I go, well I can help you with that, and it just will have never occurred to them that the library could help them, be it our medical research people, we have a huge medical research institute that's bringing in the need, and I can think of maybe two of the researchers use us regularly, but the others are obviously doing stuff on their own, and I bet we can help them, but they don't need our help right now, or just aren't even thinking of us, and some things that the education department does, it's not really that we've done it in the past, but we could definitely help them with it, and it's hard to make those connections.	4	3
Library Impacts	Management	Marketing, outreach	You know, I think a lot of our customers, I've heard them say, oh, you know I just don't want to bother you, I should be able to do this on my own. No, this is our job. You have a job, and your job is to take care of our patients. You give this over to us, this is what we're supposed to do, and some of that is just making them feel comfortable with handing it over to you, and trusting that you are the best person at the hospital to do that particular job.	4	3
Library Impacts	Management	Marketing, outreach	... we took the Vital Pathway's Executive Summary points, and --- put up a Wiki for us all to add what we do fits into some of those different categories on vital pathways, and it's really been interesting to kind of think in terms, you know, we take for granted what we do so much. I mean, sometimes you don't stop and think about all the amazing things that you do everyday, and it was a nice way to do that.	5	3
Library Impacts	Management	Marketing, outreach	Something I didn't get around to doing is ... from our reimbursement people. We're cutting people, how much we pay, let's see, how many, how much we lose on unreimbursed, unnecessary tests, and point out that, keep track, the survey is based on the Rochester Study with everything I send out. To print an unnecessary test, as I can get a sense that the rest of the library save money in that respect.	5	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Management	Marketing, outreach	We heard Diane Johnson ... speak at a conference, and being me, I just copied what she talked about and made a FileMaker Pro database, but you could do it on a spreadsheet or access database, and we keep track of anything that we use our skills and talents and more than five minutes, or ten minutes, and then you keep track of who did what and what time, and then, so in like two years we've done 1500 things for people. That's 700 reference questions per year, but it's more than just reference questions. You don't have to just do, because we used to keep track of each literature search we did, which we still do, of course, but now we're also keeping track of advising people on <muffled> public health policy, advising people on how to access the resources of the university that they belong to, but all these advice things that we weren't keeping track of before. And it's not a time management thing, not a time billing thing would be nice, it's not that detailed, but, so not looking to look at every minute that we work, but we're looking at things we use our skills and expertise to do, so that we could then talk to people....	5	3
Library Impacts	Management	Marketing, outreach	One of the things, we're doing something similar.... It's actually a commercial product called Desk Tracker, and it's designed for reference desk type use, but it's very customizable. And we want to keep things out, keep track of a lot of different things that we're not keeping track of now through other means. We do keep our literature search database (Excel?) and we also, we get our ILO statistics and that sort of thing.	5	3
Library Impacts	Management	Marketing, outreach	But all of the current awareness things that we're doing, you know, sending people articles because we know they're working on something, we're just not keeping good track of that, and we want to do more than just a quick sheet type thing in terms of being able to look at the people that were [...inaudible] and what goals of the hospital that were there before, because that's the critical issue [...inaudible] what electronic journals are being used, but we can't differentiate what we're doing for people and what they're doing for themselves, and I think it's important that we try and figure that out.	5	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Management	Marketing, outreach	Something else on my... A) Catch up on [inaudible] ... searches, and B) remember to do it. Much of my [inaudible] ... a survey based on Rochester study [inaudible] ... so each impact is lined to [inaudible]... Most of those are based on one of our goals is great quality of care. But then I also have other benefits, so those can be tied to, remains nationally stable, partner with physicians over other goals, and so that gives us a way of cleaning out to the patrons, annotating the data, and putting out to powers, where the administration [inaudible] ...chapter. We're directly impacting system goals.	5	3
Library Impacts	Management	Marketing, outreach	Here ... one thing that we're doing is we're connecting with new managers, supervisors who are hired, and getting them to set up an appointment for library orientation. Then we can go over all the services that we provide with them, and set up any current awareness they may want and those sorts of things, so that's been working out pretty well.	5	3
Library Impacts	Management	Marketing, outreach	I just feel strongly that we have to run our libraries like a business, and I can't think of any other department than the library that relies on something for free from another hospital, so I just think they need to understand that this costs money, and that's our responsibility is to explain that to them. A very good friend of ours ... in this region used FreeShare and showed all the money she was saving, and she was crazed for it, then her library was closed.	5	4
Library Impacts	Services and resources	User interactions	Our clients contact us mostly by email anymore. I mean, you know, they'll shoot us an email and ask us something ... I check mine fairly frequently just because of that. We still get phone calls, but we get more email.	2	1
Library Impacts	Services and resources	User interactions	I think [services are] going to be more and more over the phone and by email ... here it's a community hospital, we don't have residents, and with hospital that's doing a lot of the work in the building, there are just fewer and fewer physicians coming in and the nurses are busy as I said earlier, so we secure fewer actual humans, but deal with more and more electronically.	1	3
Library Impacts	Services and resources	User interactions	And I think Groupwise, that's what we use here, can be made to be very efficient tool in our day.	2	1

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Services and resources	User interactions	yes we used to use that at ---, unfortunately we switched to Lotus Notes, but we live with it. But you're right. If I'm invited, if I'm supposed to go to a meeting, I want to know what the meeting's about beforehand. Don't hand me a packet of stuff beforehand. Let me see it before I show up, so I'm prepared.	2	1
Library Impacts	Services and resources	User interactions	The other advantage to email, and I prefer to talk on the phone, but of course the advantage to email is you have a paper trail. <Agreement> Whereas if I call somebody and talk to them and make notes, it's still not the same thing as having a paper trail from them, and back and forth, and, so lots of times when I want to call, I actually email them so that I have that [record].	2	1
Library Impacts	Services and resources	User interactions	yes we just started that with, we're testing out text messaging for reference, and it's really interesting, it's, when somebody sends us a text, it goes actually into our email system, so we don't have to use a phone, and I'm the last person that's getting, going to start texting, I can tell you that. I'll talk instead of text, but that's the whole new thing ... so we're going to see how that goes.	2	3
Library Impacts	Services and resources	User interactions	Also doing a PubMed search, and so I showed them how to just send me the PMID, and so they just text that over to me, and I've got it in...	2	3
Library Impacts	Services and resources	User interactions	Communication comes to mind, how we communicate with our users...I think it already has [changed] ... we have texting now, email as so many people have been saying, you spend half your day on the computer staring at a screen, and I think that's true. I think that personal contact, too, is not there like it used to be.	3	2
Library Impacts	Services and resources	User interactions	Well also, I'd say a lot of it is a development and trajectory that we're already on in that one, some of my best patrons are folks that I never see because they come in and get things electronically rather than physically,	3	3
Library Impacts	Services and resources	User interactions	I also see differences in that work does not occur just in the office 8 to 5, but our patrons need information at all times, so I see there needs to be ways to work that out, working different schedules, being available a wider variety of times and a wider variety of ways.	3	3
Library Impacts	Services and resources	User interactions	but I do agree that in some way we do need to be available when our members or patrons need us, however, I don't think I really want to be on call 24/7....what is the reality that we really need to be concerned about in terms of being available, and then the cost of that?	3	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Services and resources	User interactions	That's okay. I was just going to say there's a cost involved with having staff available whatever that time looks like, if it's 24/7 or whatever, 2:00 in the morning on Tuesday morning, I don't know.	3	3
Library Impacts	Services and resources	User interactions	we've already addressed a lot of the changes. We very clearly state on our reference emails that these are answered Monday through Friday, you're going to get an answer in a maximum 48 hours. We're not here on the weekends, we don't check it. We just try to make it clear to our patrons how long the wait is going to be because there is going to be a wait. There's not enough of us, and staff doesn't necessarily feel comfortable handling those kind of questions, so I think we're already doing that.	3	3
Library Impacts	Services and resources	User interactions	And I think that dovetails, too, and our users aren't coming in as much, and you're getting the literature search request via email, and it's a little harder to negotiate when you have to trade emails back and forth, but you're not seeing them directly, or interacting with them face to face, and that's a carry over from Web 2.0, and that'll evolve I think for libraries, how we interact with our users.	4	3
Library Impacts	Services and resources	User interactions	That is so true. We're seeing that more and more, less foot traffic, you know, a lot of people are like, oh the library is so quiet, there's nobody in there. We're as busy as we've ever been, and it's because we're getting those electronic requests for getting phone calls, and people are expecting their information to be where they are at the point of care, or wherever they are, and so the electronic environment definitely feeds into that, so there is a lot of that going on.	4	3
Library Impacts	Services and resources	User interactions	Well and I can't tell if people are expecting quick turn arounds either. I had a physician send me an email at like 4:05 on a Friday, and I wasn't sitting at my computer, and I didn't look at my email until 4:40, and she needed an article asap, and I was like, oh why didn't you call me? She sent an email just assuming I would be there, and so I don't fully yet have a grasp, you know we can do really quick turn around with document delivery, scanning things and emailing things out, but I still kind of wonder what are the expectations. Are they expecting it to be immediate, or is the email still the casual, and oh no, I would have called you if it was urgent. Everyone has a different concept.	4	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Services and resources	User interactions	Well, and part of it is teaching our customers, I know that we had a situation where they've submitted an electronic search request, and it was for patient care, and it was rush patient care. I mean they need it within the hour. Well we check our mailbox, we don't have anything that just pops up and says ding ding ding, this is for patient care, do it immediately, we rely on ourselves to check on it periodically, well there it was, sitting there thirty minutes later, so we had to let this customer know if you ever have something like that happen, call, because that is, we drop everything we do that first, and we just didn't see it until thirty minutes later....	4	3
Library Impacts	Services and resources	User interactions	Well, definitely I always have email requests, even from the students who are in the library all the time. A lot of times they email me, and always many, many times the physicians want things yesterday, so it's like it's almost like right away I have to take care of them.	4	3
Library Impacts	Services and resources	User interactions	Well, as a basically a one person operation, that's, if you look at it from a physician perspective, they come into the hospital, we have a physician's dining room that's separate, so we're kind of one stop shopping. They can manage to take care of a lot of things, if they've got problems with all their badges, I set them up with a, they can take care of all of their issues, and if they have a patient issue, that's one of the times they come, between 11 and 1, so it's my busiest time of the day.	2	4
Library Impacts	Services and resources	User interactions	Yes I think I made the mistake of ... I now check my email in the evening and on the weekends, and there is an expectation that they will get things immediately within an hour, and I think I've probably should not have started that, because now I don't know how to back off.	4	3
Library Impacts	Services and resources	User interactions	I've even thought about putting in an out-of-office [email response] that always shows up.... I'm only here from 8 to 4:30, if you send something after hours I may not be around.	4	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Services and resources	User expectations; information seeking skills	I'm not sure exactly how far I agree with this notion that we can educate [users to do database searching]. My experience has been that, maybe it's a generational issue, some people take to that searching and so forth very well, but I have plenty of other people whom I train who come back a week, a month later and say I'm sorry, I don't remember what you told me, but can you get me such and such....And I'm happy to do that, because they don't really want to do the searching. You know, they're doctors, they want to do doctoring. They're nurses, they want to do nursing. And they want some place to turn to, and ask for help, that somebody is going to willingly give them, with a smile on your face, and hopefully with a little knowledge in your head. Sometimes it's little tricky there, but I'm not sure that they want to do all that searching, or have time to do it.	1	1
Library Impacts	Services and resources	User expectations; information seeking skills	Sometimes I have the opposite experience. They want to do [searches], and then come back to me because their retrieval is not as fine tuned as mine. They want to get to meta-analyses, and clinical trials, and they come up with a lot of foreign language articles, and they really don't have the know-how to filter that information. So, ultimately I agree with you.	1	1
Library Impacts	Services and resources	User expectations; information seeking skills	Another angle on that is the people that you don't hear from who are using UpToDate, or Google, and absolutely satisfied with what they find, and maybe that's where education would come in.	1	1
Library Impacts	Services and resources	User expectations; information seeking skills	And I deal a lot with the veterinary students, and this could be, like I said, or like was said previously, a generational thing, but they are very keen and quick at learning Pubmed and everything. A lot of what they come back to me for is the manual searching for items in the library, the hard copies, the monographs, that's what they need help with, but the databases, they've very good at, and you know, once they learn at this age, they can use it their whole life, so.	1	1
Library Impacts	Services and resources	User expectations; information seeking skills	I do a lot of literature searches and inter-library loans. It seems that the last few years I actually do more article retrieval than I do literature searches, which I consider that to be least of what I should be doing, but it seems to be what the staff wants the most,	4	1

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Services and resources	User expectations; information seeking skills	One of the things I'd like to say is at this university level where you all work at, so you provide all these wonderful electronic resources, and databases, and online journals, and then you graduate these folks, and then they go out into the real world, and they don't have them, or it's very limited what they have, and it amazes me, you know, in the field of orthodontics, we're very much like you osteopathic people, there's I think one book online that's on orthodontics, there's nothing like an up to date for orthodontics, and even some of our journals are not online yet, so it's just, these folks graduate and then they're looking for where do I find this information, and how do I get it without paying anything, and I think at the university level, I don't think university librarians do a good job of saying, this is how much money this costs. We never, I came out of a university setting, we never stated that. We almost were to the point of not even saying, this is being provided by the library, but I think	3	3
Library Impacts	Services and resources	User expectations; information seeking skills	an interesting conversation with an area health education coordinator one time who said, I just don't know how I can get people to use these electronic resources. We have this huge group of databases, and they don't use them, so when they go out into practice, how do they stay current? Do they stay current?	3	3
Library Impacts	Services and resources	User expectations; information seeking skills	... gets to where I was talking about for alumni support, because basically we give them these databases, we tell them how important it is in modern medicine to be constantly looking up and finding new information and finding the best information, then we give them a diploma and kick them across the street, and they're no longer able to access it. There are two things we're doing here ... one is ... AHECs, for example, the North Carolina AHEC has a lot of money to be able to spent on something like that, but in --- what we've done is learn from the AHEC ... librarian has gotten together a group of resources and gotten the funding to offer them ... very, very reasonable costs to physicians in remote areas. [What?] the Missouri Digital Library, and it's a set of resources, for example, MD Consult and First Consult are on there. There's a collection of books on there, and it's a set of resources that the rural physician normally would not have, and what we're finding is that the physicians really want it....	3	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Services and resources	User expectations; information seeking skills	And I blame public libraries and academic libraries for that, because you get people in here, and they go with the old mindset that if they're coming from their academic library, well the librarian would never do this for me, they would help me find the database, or point me to the journal, but they would never get the article for me, or copy it for me. Or I think people just have this, like --- said, they want to do it on their own, but they really can't make the leap to a more corporate, special library that is there with specialized services to serve you because you have other things to do, they do feel like they have to do it on their own, so I think that's one kind of stereotype that is difficult to break. Even people come in and say, oh well I hate to ask you this, no that's my job. You know, finding the articles is easy, you still have to read them, but I can get them for you.	4	3
Library Impacts	Services and resources	User expectations; information seeking skills	That's true. I do tell some of the doctors, the new doctors that you're not a student anymore, you don't have to do that, that's my job.	4	3
Library Impacts	Services and resources	User expectations; information seeking skills	But they're getting paid way too much to do that.	4	3
Library Impacts	Services and resources	User expectations; information seeking skills	In my experience, the older physicians do use me a lot more than the younger ones, the ones who are good at maneuvering the web, but sometimes they don't know the databases, or how to use the databases, so it is true that the older ones will use my services at the library a lot more.	4	3
Library Impacts	Services and resources	User expectations; information seeking skills	Right, [they are more willing to say] I can't do it, can you find it for me? Can you get this article for me?	4	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Services and resources	Health care standards, requirements	Yes [Magnet status explicitly designates a library.] They actually ask to know what your library resources are, and they ask if they're electronic or not, and they do visit the library when they come, so, and actually that has been the biggest booster of library services, for me, probably the last three or four years, we got it I think three years ago. It also put me on the nursing research committee, which gives me some outreach, some notice ability to be on that, but they are very varied for libraries and resources.	4	4
Library Impacts	Services and resources	Health care standards, requirements	When, part of the process of getting Magnet [status] was making people more aware of what evidenced based practice really is, and in that case, some of them began to turn to, either more to better resources, or to the library to ask for help, because they realized what they've been getting maybe was lacking in some way.	1	1
Library Impacts	Services and resources	Health care standards, requirements	We support nursing, and nursing just got their Magnet status, so there's a lot of activity there	1	1
Library Impacts	Services and resources	Health care standards, requirements	I do kind of like a rolling need survey... We're trying to get Magnet status right now, for instance, in the nursing department,	1	1
Library Impacts	Services and resources	Health care standards, requirements	I'm not sure, for a hospital librarians, for especially us, our accrediting body is JCAHO [Joint Commission], and our administrators are going to pay attention to what JCAHO requires the hospital to have for them to have accreditation, and until there's a page in there that says you must have a library in, and library on site, I'm not sure how much advocacy can be done [by RML], besides our own grass roots promotion, and making connections with our users, and having a lot of support from our users who can then go back with administration.	4	4
Library Impacts	Services and resources	Health care standards, requirements	I'll tell you, people are tossing around the word evidence based all the time, and it's not me saying it, it's the physicians, it's got to be evidence based, and the nurse is saying that, so that's evidence based,	5	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Services and resources	Health care standards, requirements	To ---'s point about hiring those best physicians, the process now is pay for performance, and making sure that the physicians meet all of those standards for national patient safety goals for 2010 and 2011, those change all the time, so a greater and greater demands are made on our physicians, so their need for information becomes greater and greater. At least I feel that it's our obligation to provide them with the tools to do some of the work themselves, and when they can't find information, then they will come to you as the expert, and I'm by no means and expert, but I, when those physicians are coming at us with those synonyms, you know, or those keywords, we can help them find exactly what they want by fine tuning those needs so that they can get to their resources appropriately through Ovid or PubMed, or whatever they're using.	2	3
Library Impacts	Services and resources	Space	Also ... has been to try to position ourselves in the middle where an educational institution, we won't be in the middle of education, so we are not just books or journals, but we are also where people come together to our. We're providing learning spaces, we're providing the tools they need to learn, and in my case that's where I think the library here needs to be, is more the educational resource rather than the traditional phone booth, you know, library made up of phone booths where you don't talk to anyone.	3	3
Library Impacts	Services and resources	Space	... founding school for ---, and we also, as a matter of fact, we just had a new building built of which the library is two of the floors, trying to integrate different learning technologies. ... the library (campus in another state) and I have worked together before I came here, and behind the scenes we collaborate, but we think it's very important to keep a physical presence and important to carry a physical face to the students on both campuses if we were separate.	3	3
Library Impacts	Services and resources	Space	[you're talking about actually building a library that's going to sort of take things into the future then, mindful of how many things are online, but still people having the need to get together and talk to each other, and... collaborate?] I think especially with the healthcare climate now and the focus on teams, you know, not so much the independent practitioner, but it's teams that take care of patients, and so I think space for collaboration, and possibly having the library close to where there's a simulation lab for the people to do, you know, to practice their advanced life support skills, or other kinds of surgery skills that the residents have to learn. I would hope that it would be a real learning center that we would be part of.	5	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Services and resources	Space	I know they have been eyeing our space, it's a pretty nice space, and it's a large space, so we're not sure. No, we're expecting to lose space. Our contract ends in 2012. We're in a high profile area right now, and if they keep the library, it might go to another area that's not so high profile.	1	2
Library Impacts	Services and resources	Space	[Space question] We're doing a big change here at the VA in ---. They're changing, they're re-purposing the library space. We have a huge space for any hospital library, and especially a VA hospital library, but they're going to, we're going to re-purpose that and turn it into a clinical education laboratory, and I'm losing about, I'm probably losing about two hundred linear feet of shelf space, and we're rapidly moving from a print to electronic collection also, and that's all happening hopefully this year. We're moving towards that. So that's putting us into a position where the old paper warehouse model, which I've been railing against for the last five years is finally being dealt with by the people up in the medical chief of staff office by re-purposing this. They're spending a lot of money, spending a lot of physical money on it, but that's a good thing because that means that the library is going to stay up here where it's at, and it's in a high profile area also, and a high traffic area,	1	2
Library Impacts	Services and resources	Space	...and it's probably the one reason why it's [library] still alive today is because it's in a high traffic area.	1	2
Library Impacts	Services and resources	Space	Utilization of space and aging of facilities.	3	2
Library Impacts	Services and resources	Space	[library] space and money came to mind.	4	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Services and resources	Space	[T]alking about building a new hospital brings us all kinds of questions in terms of what kind of a library will there be in this new hospital, and I recently was fortunate enough to participate in the research study that the University of Missouri and the NNLM conducted, and so we asked questions of people about library space and library location that I think may be helpful because even with an electronic, you know, being more and more electronic, people still want a place to study, and we have so many people now going back to school, and requesting access after hours so that they can study in the evening, so I think we're going to try to still have a space, it may look different, we might have some study rooms rather than all the stacks that we have now, so I think it's going to be a really interesting challenge.	5	3
Library Impacts	Services and resources	Space	[How ... change services?] I don't know. I've been a little surprised at the library's physical usage. The document delivery is just sky high, but that people are just needing the space and stuff, I don't know, but I do know budgetwise, we're trying to run a whole lot leaner, and I'm really this year going to have to watch what I ask for. I don't have a very good answer, that's really all I have.	5	3
Library Impacts	Services and resources	Special services	One thing I would like to bring up, and it is kind of about resources, and it's also about services. As things are moving more online, and my library is certainly like that, but in other things, it's very interesting the new little print collections I'm collecting, which I find kind of fascinating. We have a clinical pastoral education program, and so they had a collection of books that they wanted us to house for them, and check out for their students. We have leadership bibliography that they wanted me to purchase so members of management could check out these leadership books that --- is promoting, and now education's going to have me check out a lot of their ACLS review books because they don't have the money to buy as many copies as they did in the past, so I find it very interesting ... I think the budget tightening is starting to kind of tip the other way again. People are remembering that the library can be a source where many people can use one resource.	4	3

<b>Theme</b>	<b>Topic</b>	<b>Subtopic</b>	<b>Comment</b>	<b>Group Number</b>	<b>Question Number</b>
Library Impacts	Services and resources	Special services	To go along with that, we ran into, a lot of our nursing units in the past have purchased certain procedural nursing books, like Perry and Potter's Delmar's Fundamental Nursing Skills, and purchased a book for unit, and so when we worked more and more with our nursing advisory team, they complained about how books would walk off, and leave the floor, they were constantly having to replace them, and so we looked at some electronic options, which never get lost, always accessible, and we ended up buying a couple of electronic books so that they could do away with purchasing their paper books for their units, and so that was a really interesting trend, and now they've gotten to the point where before they buy a book for the unit, they check to see if we could provide it, electronically or print.	4	3
Library Impacts	Services and resources	Special services	The same thing has been happening here, and one thing that I, that I do that I haven't done for years and years is I'm now buying some core book collections for the units, to be kept on the units, such as the annual things, like the nursing drug books and mainly drug oriented books, and so that I can do the whole hospital, one big order at once instead of each department trying to get their own, and they're really happy with that, so it's kind of gone back to developing for core unit based books out of my budget rather than, in the past, my budget would only be for internal resources.	4	3
Library Impacts	Services and resources	Special services	I'm doing the same thing ... I'm having departments call me with their book lists, and I can place the order for them, charge it off to accounting for them so it's a no brainer for them, they don't have to go through the crazy ordering system anymore, and they're seeing that as an added value, and it's easy enough for me to do....	4	3
Library Impacts	Services and resources	Special services	I do the same thing, too, that order books for the floors, but as --- was mentioning electronic books, and maybe I need to look into it more apparently, electronic books and see.	4	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Services and resources	Special services	Well I provide for consumers that come in, but I don't advertise. Physicians will send me their patients, and they find their way to the hospital library, but ... we have HIPAA issues, we don't have a separate area for that sort of thing, so we have it so that it's a wireless hospital, and we have a separate intranet where people can bring their own computers, but I can't give them anything except specific information, so I'm kind of paperless, but printable for anything a patient needs, but I always use Medline Plus, and our patients, we have a patient touch program now in the hospital, and we're developing a patient portal for patients, and Medline Plus, you should know, is the source that's being used by ---, so yes I always appreciate the consumer health piece because I have to squash that in. I came from public libraries where that's one of the things that I did for families in 1980 before ...	2	4
Library Impacts	Services and resources	Special services	With those partnerships and those collaborations comes the need for some sort of a community health information center that our region does not have, and I just see a huge need for that, and where's this going to lead us down the path, I don't know where we're headed there.... I'm talking about a library plus, because we're looking at what we're going to call hopefully a family resource center, a community resource center that will guide people through the myriad of services that are available to them, and will support that with literature and health information that they might need, too, and I can only hope that --- can be a part of that if I can't work that in collaboration with our hospital library, too, or what's existing there now, or hospital itself, but yes I see that as a community effort.	5	3
Library Impacts	Services and resources	Web access issues	I see a lot of social networking changing, the way we do things, too.	4	3
Library Impacts	Services and resources	Web access issues	Definitely those Web 2.0 technologies are showing up in lots of different places. For a hospital library, a lot of them are blocked, but I can see a trend where that might go away some day, so maybe more of those technologies can be used to reach our users.	4	3
Library Impacts	Services and resources	Web access issues	And of course every vendor has a different pricing model, so a lot of the electronic books that we purchase, we purchase from StatRef, and they are IP authenticating, and we're lucky enough to have one firewall for most of the health system. We're able to do IP authentication, and then if they're off campus, we can give them a user name and password, but we have it set up so that it's concurrent user by title, so it's a site license but there's a limit to the amount of users that can be in that book at the same time.	4	3

<b>Theme</b>	<b>Topic</b>	<b>Subtopic</b>	<b>Comment</b>	<b>Group Number</b>	<b>Question Number</b>
Library Impacts	Services and resources	Web access issues	yes, my problem was that on all, people didn't have access to computers, or all of them, and they are just beginning to do that, that all nurses would have access to the computers, so it might work better electronically since it's just one hospital, there aren't other hospitals involved in it...	4	3
Library Impacts	Services and resources	Web access issues	Well that is another good point, because we have the same issue. I mean, yes it's fine and dandy to say you're going electronic with everything, but when not everyone on the floor can even have access to a computer, you still have people that can't access the information, so that's still a big stumbling block for us, too, I mean even our education department is trying to push out educational videos, and they put them online thinking everyone can sit down and look at them on a computer. Well, they don't have any computers available, or they don't have speakers on their computer, or they don't have headphones, and so then they're still wanting to create a video to check out.	4	3
Library Impacts	Services and resources	Web access issues	There's a large learning curve from our staff nurses, and a lot of them still can't, or they don't spend time at computers, so they don't know them well.	4	3
Library Impacts	Services and resources	Web access issues	And we went into a situation here where our IT department, well our IT department has locked down some websites, so that they think that people are spending too much time on the computer playing around when they should be attending to the patients, so that was their whole jist behind that, but there are actually educational things on there that they need access to. I actually had a nurse come down and ask for me to advocate for her unit to have access to these certain websites, and we had to do that, it's some of it is an education that, you know, not everybody is wasting time when they're on the computer, they're actually looking up things for patient care.	4	3
Library Impacts	Services and resources	Web access issues	They were able to access internal systems that they use daily to do their work, but going outside to anything, even like Medline Plus, to provide patient education, or materials, and different languages, they were not getting access to, and that was not only just an IT directive, but it was actually coming from the nursing unit manager, who asked for that to happen, and so we had to go and talk to her about, okay, these are all the things that they are missing out on getting access to, and this is actually supposed to help patient care.	4	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Services and resources	Web access issues	Something that was announced at my department meeting yesterday (I report to IS), is that we now have a policy preventing Facebook use, well social networking, and it singled out Facebook for work purposed. And so now I don't have a library Facebook page [inaudible] ... word documents that I have around for library news.	5	3
Library Impacts	Services and resources	Web access issues	[Facebook] not for the library, no. The hospital has one but Facebook is actually blocked at the hospital, so...	5	3
Library Impacts	Services and resources	Web access issues	yes, ours too. [Facebook blocked]	5	3
Library Impacts	Services and resources	Web access issues	Ours too. [Facebook blocked]	5	3
Library Impacts	Services and resources	Web access issues	We use it as a marketing tool here at ---	5	3
Library Impacts	Services and resources	Web access issues	--- has a Facebook page, and it's not blocked, but the library doesn't.	5	3
Library Impacts	Services and resources	Web access issues	There was a comment, I heard something yesterday about this, that ten years ago if a business didn't have a website, it didn't exist. Now if you don't have a Facebook page, you don't exist.	5	3
Library Impacts	Services and resources	Web access issues	Or if you don't Twitter (business doesn't exist if not have)	5	3
Library Impacts	Services and resources	Web access issues	We do use a blog for news. We have a news blog, so we are using some Web 2.0 stuff. And we taught a course on Web 2.0 two summers ago based on the MLA spring Web 2.0 course, and 95 people signed up for it, and if they finished, their incentive was they were going to get a USB drive. Fifteen people finished, so a lot of people were enthusiastic, but they couldn't do all the work involved. It was a very interesting group of people, so it was a good experience for us, got us some publicity.	5	3
Library Impacts	Electronic resource management	Remote access	I have that same problem --- I can't use IP for anything, because we're just so big, I can't...	4	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Electronic resource management	Remote access	Yes, for a lot of [resources] we do user name and password. I can set referring URLs for some, but, and I'm probably not as honest with vendors about how many sites I actually have, but...	4	3
Library Impacts	Electronic resource management	Remote access	We're going through a whole other roll out, where there's a national initiative for --- system, where we're going to become a kinder, gentler, more patient centered library ... a lot of stuff in there that people are coming up with new needs ... so we're doing a kind of an ongoing survey, trying to revamp the old book warehouse model that we have with the library. I mean, the physical part of library that's here in ---, and trying to get into an electronic environment, so that everybody from ---, which is almost three hours away to here can participate in, you'll get to spend the funds that will be relevant to all three campuses	1	1
Library Impacts	Electronic resource management	Transition from print to e-resources	Print [resources cuts]. Mostly it was print when it first came in, but we have, we are moving away. I had about \$60,000 in print and about \$30,000 in electronics this year, as compared to about 80:20 last year, and this next, I think it's going to become a point where the electronics is 80% and the 20%. But I still think that \$100,000 is going to be about the same. I think that our coverage is going to be, our exposure to the material and stuff like that is going to be a lot greater though. The \$80,000 that we spend on electronic databases are going to give us a lot more coverage than the \$80,000 that we were spending on print, I think.	1	3
Library Impacts	Electronic resource management	Transition from print to e-resources	Well, our budget, I'm fortunate, has remained flat, so, but that still means with the journal and book increases that I've had to cut, you know, some titles. We have a number of e-books and e-journals, but the prices are so high, I've been very creative, but I don't know how much longer I can remain this creative, and unless my budget increases, I'm going to have to do some major cutting.	1	3
Library Impacts	Electronic resource management	Transition from print to e-resources	My budget has the electronic and print resources in the same place, so what I've been doing since I got here is as the electronic resources cost more, and we get more of those, I've cut journals every year, but I don't want to cut a lot them because that's my wiggle room. But I do think we'll be going to more electronic stuff.	1	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Electronic resource management	Transition from print to e-resources	I'd say also, definitely the electronic versus print environment, and of course the budget to be able to, because I can see all of our customers are asking more and more for the electronic, but that also comes at an added cost ... Agreed.	4	3
Library Impacts	Electronic resource management	Limitations	One big thing that's currently happening is a lot of our print copies of journals are starting to go all electronic, and although that has worked well for some libraries, being, you know, a medical library, a lot of the times they need to see the pictures as they are, in color, published in the hard copy, and so that's kind of an issue that we have going on today with everything going electronic.	1	2
Library Impacts	Electronic resource management	Limitations	I also, in terms of changes, I'm finding that a lot of publishers are putting up papers or graphics that are for e-publication only, so if you have the print, you cannot get a copy of this e-publication, and we're receiving so many requests right now that we can't fill because of these e-publications, and we've actually got a fair amount of electronic journal subscriptions	1	3
Library Impacts	Electronic resource management	Collection management	Well I was just going to say, you know, in a way the publishers are making the job easier for me because since they're all consolidating and all of my titles are, you know, being consolidated within four or five companies, it's easier from trying to manage a periodical collection. It's becoming easier I think, less complicated because you can deal with publishers one on one and not necessarily have to deal with a, an aggregator anymore to the extent that I used to anyway.	1	3
Library Impacts	Electronic resource management	Collection management	And yet I really love my aggregators. They take a lot of the pressure off [of journal collection management]	1	3
Library Impacts	Electronic resource management	Collection management	We just bought into Ebsco databases this year, and we're going to be expanding that and stuff. We're getting away from specific titles and subscriptions, so our budget for that sort of thing I think is going to stay pretty static. It has stayed static since I've been here. The five years I've been here we've had to cut a lot of research journals and stuff off.	1	3
Library Impacts	Electronic resource management	Collection management	does the serials, I do the books, and we do have e-books also, so there is that. [Are you talking about collection development?] Yes, for books, yes, and we're working on a new policy right now, because we're trying to sort out all the e-book vendors, and who carries what,	2	1

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Electronic resource management	Different interfaces	and I don't know if anybody else has this issue, we have two vendors right now, but the problem is the more vendors you pick up, the more different interfaces there are, which is...	2	1
Library Impacts	Electronic resource management	Different interfaces	yes, same thing, so people get confused, and the interface is not the same, and all the vendors don't have all the books we want, so we're working on a brand new collection development policy for e-books.	2	1
Library Impacts	Electronic resource management	Time consuming	Well and the publishers, you know, because they, just keeping up with the publishers and the various electronic platforms, and what's included in packages, and what goes away, just tracking all of that is a constant change.	2	2
Library Impacts	Electronic resource management	Time consuming	Yes. And do more with less money ... every year I cross check to see what journals, and then try to drop the ones in the print if they're in the electronic, and go back and forth, so it takes a lot of management.	2	2
Library Impacts	Electronic resource management	Time consuming	That's the most time consuming thing for me is what journals am I getting from where, and how much of the overlap, and who has an embargo, and I'm double paying for something every year that frustrates me to no end that I don't see until later. It is a never ending cycle. -That's so true.	4	3
Library Impacts	Electronic resource management	Time consuming	I think ----- was saying earlier about how much time it takes for librarians to manage electronic resources. It really is a considerable commitment of time, not to mention, and we're not even talking about ordering new ones necessarily.	4	3
Library Impacts	Electronic resource management	Time consuming	Just the ones you have, let alone trialing. [managing electronic resources] We have a lot of folks who will ask us, you know it would be really great if we had this certain database. Well, that's a whole load of work all by itself because we're not only going to evaluate the database, we're going to set up a free trial, we're going to promote it, we're trying to gather statistics, and get the support to add that purchase for our budget, then look at other things within our collection that we can do away with to make that database possible, and it's just, that is an insurmountable amount of work.	4	3
Library Impacts	Electronic resource management	E-books as well as journals	Our book budget is way down. We hardly get any new books. We have electronic books, and I think that's a direction we're going to be going.	1	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Electronic resource management	E-books as well as journals	yes, we're using MD Consult base as a reference book base. A lot of our basic reference stuff and things are being used that way, so yes, our print reference collection is pitiful as far as being out of date and everything, and so, I'm always making apologies for it, but I do show them, I do show the patrons that we do have a significant list of titles on MD Consult. But I think that's where we're going to go.	1	3
Library Impacts	Electronic resource management	E-books as well as journals	Well I think we're going to be looking more at the resources that are all inclusive, like the full text databases, rather than going out there possibly to publishers and purchasing title by title.	2	3
Library Impacts	Electronic resource management	E-books as well as journals	Another thing, we just talked about this this morning in one of our meetings. We're trying to develop a book collection development policy, and we're really struggling with the electronic versus print, and part of our struggle is we're not as knowledgeable about the electronic book environment as we are about the electronic journal environment because the electronic journal environment's been around much longer ...	4	4
Library Impacts	Electronic resource management	Publishers	What's going to happen with the open access?	2	2
Library Impacts	Electronic resource management	Publishers	but publishers, that's another adversarial relationship that I haven't heard anyone mention today.	1	3
Library Impacts	Electronic resource management	Publishers	I really don't deal with that aspect of it, but just things that I've heard, it sounds like things are getting consolidated, and we're going to be not having many choices. We either have to pay the price for electronic subscriptions, or not have them, and it just seems like there is less and less over the years, that we're getting very few choices.	1	3
Library Impacts	Electronic resource management	Publishers	... licensing agreements ... our local group has a, started a series of buying consortias, and so we've been very successful with that, and I think that's another way to go. That's in the states of ---, our health science library group in ---, the metropolitan area, but I, really if we didn't have those, we wouldn't be able to afford it unless you started a long time ago on electronics, and electronic library databases.	2	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Electronic resource management	Publishers	Well, in ---, we're all separate campuses ... we've got four campuses that are all totally separate, but we're under the same president, and so we work with a couple to collaborate for pricing, and we're involved with the ---, and these buying consortiums that have given us some advantages to purchasing power, but, and so that's really helped a lot, you know, for us,	2	3
Library Impacts	Electronic resource management	Publishers	Cost of electronic resources.	3	2
Library Impacts	Electronic resource management	Publishers	Something that I see happening is that the publishers have a great deal of control over what happens to the librarian environment, the library environment. For example, taking the cost of UpToDate as an example, if that goes through the roof, we may go to another product, one that's more affordable, but up to date seems to focus their pricing on the individual physician, so what would stop the medical students from getting a huge discount on up to date accounts, and saying, this is good enough, we don't need to go use the library resources, we have up to date, and what's to stop BMJ or JAMA from doing a business model like that where they market to the students and the individuals, instead of to the library. So we sort of sit on a very, very, on the top of a volcano I think.	3	3
Library Impacts	Electronic resource management	Publishers	Now you articulate that well, I agree, I think that competition, it's out there. -It definitely is.-It definitely is.	3	3
Library Impacts	Electronic resource management	Publishers	They also need to be, to play real hard ball with these publishers and databases, both in doing consortiums that drive the price down, and then ... if it's not UpToDate, there's DynaMed out there, and ACP and a few other providers. That gives real leverage to librarians to kind of keep those prices down.	3	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Electronic resource management	Publishers	The other thing is how do we offer, even to our alumni. Currently we're doing one experiment where we got permission from one publisher to let our alumni have access to their medical resources, and we're following the statistics now, and trying to decide exactly how to use that. [Are those resources that your institution is paying for, licensing already and you're just adding this particular group, or are these resources being purchased just for that group?] -No. It's a resource that, it's a collection of books that we already purchase, and the publisher is letting us experiment and offer this to alumni, and right now it's an experiment, it's been very successful by the numbers, and we're trying to decide is that something, well, anything from that we could decide how much it costs and pass the cost to the alumni as a group purchase for our alumni on the street, to the school paying it with the idea that that builds good alumni relations, which of course leads to more endowments being given to the school, but it's very much a question if our physician is supposed to have this constant barrage of information and constantly learn the best information, how do we get it to them.	3	3
Library Impacts	Electronic resource management	Publishers	what I'm seeing is a lot of the vendors, even that the library pays for UpToDate, UpToDate wants to bypass the library and go to, directly to the IT department to work with them, which is their area. I mean, they handle electronic medical records, they're going to handle some of the integration, but then again, the library also pays for that database and the content, so I can see a trend where they're working less with the library because of the electronic medical record environment, even though the library is paying for the contents.	4	2
Library Impacts	Electronic resource management	Publishers	It's a hard thing to work with them if you're going across a state line because some vendors will only have their sales reps within a state, and that is a very difficult issue to deal with.	4	3
Library Impacts	Electronic resource management	EMR, point-of-care tools	It's very complicated. So they're going to have, if they don't subscribe to journals and just do secondary resources, the doctors who are practicing better medicine will be dummied down to those who are practicing less good medicine. My opinion, sorry. Not that any doctors are not practicing good medicine, right?	5	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Electronic resource management	EMR, point-of-care tools	...but it reminds you how they used to talk about cookbook medicine, you know. But I think --- was talking earlier about evidence based resources, and it's true they throw that around I think sometimes not using it correctly, but that was one of the issues in picking the resource for our integration, was something evidence based, and basic DynaMed.	5	3
Library Impacts	Electronic resource management	EMR, point-of-care tools	[What about the electronic medical records? Are your institutions using the electronic medical record? Or, is that something that's coming up for you?] Our institution moved to an electronic medical record in August of last year, and as a result of that I was asked to serve on a systemwide committee to select point of service reference tools for integration with the medical record, and I have been allowed to be completely involved in that development, so that was a very positive experience.	1	2
Library Impacts	Electronic resource management	EMR, point-of-care tools	I don't have any knowledge about that. (implementation of electronic medical records.<Laughter>	1	2
Library Impacts	Electronic resource management	EMR, point-of-care tools	My hands are tied right now because of the electronic medical record implementation,	1	3
Library Impacts	Electronic resource management	EMR, point-of-care tools	Point of care. Evidence-based medicine resources.	3	2
Library Impacts	Electronic resource management	EMR, point-of-care tools	so there's definitely a change to products that can be delivered electronically, especially if they can be delivered point of care	3	3
Library Impacts	Electronic resource management	EMR, point-of-care tools	The electronic medical records, you asked about that, I don't know where you would find the librarians. I read the information about those everyday to help student services. LinkedIn has an electronic medical records group working industry. I read those things and I think, where in the world could I fit into this picture. I'm always thinking where can I fit into this picture? Well I think you need to. It's hard. It's frightening sometimes.	3	3
Library Impacts	Electronic resource management	EMR, point-of-care tools	I would also say the concept of electronic medical records and integration of information. - And that's something we're just beginning to touch on here. I don't even know where it's going to go.	4	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Electronic resource management	EMR, point-of-care tools	We are too. I don't know where it's [electronic medical records and integration of information] going to go either. I can see more and more of the vendors, especially at the point of care databases, wanting to go that direction, and I'm not sure, I think some of the vendors are kind of working around the library to go there, working more with IT so they can integrate with the electronic medical records, and I'm not sure where that's going.	4	3
Library Impacts	Electronic resource management	EMR, point-of-care tools	yes, we have the same thing here, and I feel especially that it's hard to get the library resources into that electronic medical record, and they do seem to go to IT and other departments to decide those products.	4	3
Library Impacts	Electronic resource management	EMR, point-of-care tools	we have just ventured into the electronic medical record. In fact, it's not really internal. They're starting out with our clinics, and doing electronic medical records with them, and hoping to trial a certain software and bring it back into the hospitals if that works out well with the clinics, and they're always looking for information that they can integrate with that. They've look at Zinks, they've looked at DynaMed. What we have here at the library is UpToDate ...	4	2
Library Impacts	Electronic resource management	EMR, point-of-care tools	Our health system is, most of the hospitals have the EMR now, they're still pushing it out, but they, and I'm part of a larger ---- Health System, which has hospitals that go from [state to state], so you're talking about a huge, huge health system, and they push the EMR out to all of them, and then they went through a process like that ----, where they were looking at a product integrate, and they did select UpToDate, and so it was purchased at a, what we call a corporate level, and while our librarian in --- was involved in that, none of the other facilities really had an input, and so I think that's going to be the norm for us is these kinds of integrations are going to come down from corporate. I don't know if those librarians will be able to get any input on that, but, I mean we had UpToDate before, but it never came out of our budget, so we didn't have to worry about it, but even I've had other people call and say, well we'd like to get this link within our EMR, and some of them have been successful	4	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Electronic resource management	EMR, point-of-care tools	we're looking at integrating the patient education, I mean patient information databases with MD Consult, and UpToDate, and our literature databases. So we're talking with the health information department to start integrating that, and in fact, one of the staff here is actually going to potentially get a part-time job, a different part-time job actually doing that. [Do you want to expand on that just a little bit in terms of what you mean by integrating?] You'll be looking at a patient's chart, and click on, I think, I'm not the one involved in it, but I think you're looking at the patient chart, you can click on a diagnosis, or a condition, or various things, and hook in to the library databases directly from the patient record.	5	3
Library Impacts	Electronic resource management	EMR, point-of-care tools	We've been working on that a --- also, and we were involved in providing the tools for them to evaluate some of the different reference resources such as DynaMed and UpToDate and FirstConsult. I think there are about five of them, and what they wanted to do was link to these reference resources from the physicians problem list within Epic, so that the link goes directly from whatever the problem is that the patient has, that the physician is working on, to the right article in the reference resource. They can link to anything really, any of our resources, from Epic, but this is a tighter integration with the physicians problem list. [And you're talking about point of care kinds of resources?] Exactly.	5	3
Library Impacts	Electronic resource management	EMR, point-of-care tools	And resources that are already meeting the HL7 standard [standards for interoperability of health information technology] so that the integration can take place more smoothly we hope. They haven't finished doing this yet, so I'm eager to find out if it's really going to work as they envision it.	5	3
Library Impacts	Electronic resource management	EMR, point-of-care tools	Something I also keep trying to sell our EMR people on ... I'll say it's been successfully done ... presentations on this at MCLA in Salt Lake, and at an MLA ... and not only the link from full diagnoses on the problem list, but also drops in the drug list ... goes to a choice of UpToDate, MDConsult ... and probably MicroMedix for the drugs.	5	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Electronic resource management	EMR, point-of-care tools	I think the whole issue, the EMR is very critical to the libraries today. It came up in one of our --- meetings that one of the librarians at this meeting was a, worked for a point of care resource company, and she suggested that they have been talking about the fact that once their products are quote unquote perfected or working, well, that they won't need hospital librarians because the doctors will get everything at the point of care, so then we tried to take that in stride, and talked about the threats and opportunities of these point of care resources, and the biggest threat, as she said, is that it's going to replace, and so the opportunity is always so dang complicated. It's so complicated that we need to figure out what our role is, and we need to be knowledgeable of not just about the content of the database which is what we have always been confident in, but also all of this HL7 and the integrations, we need to be able to talk to the people that are talking this high tech stuff, and I think that's one of the difficult parts of our jobs today is to go to these meetings and know that you're going to be confronted with things you've never heard of.	5	3
Library Impacts	Electronic resource management	EMR, point-of-care tools	That's real interesting ... because there was just something how these EMRs are going to replace the medical transcriptionist, but I have not thought about the librarians piece	5	3
Library Impacts	Electronic resource management	EMR, point-of-care tools	And they'll think that's a quick library, could hundred thousand, oh yes yes. [e-resources linked to EMR]	5	3
Library Impacts	Electronic resource management	EMR, point-of-care tools	But then if the doctors use these point of care resources for all of their information, most of us consider them secondary sources of information, and they, <muffled> a lot of them, even though they appear to be evidence based, there's still somewhat the opinion of the people who are putting them together, and they need to make sure that all evidence is included, and I don't think they have the funds to do that, and you're going to be paying huge amounts of money for these point of care resources like UpToDate is trying to charge everyone, so that they can actually be a quality client care resource. So it's really a complicated economic thing, and we hope that the doctors go beyond the point of care resource, and then, so if they have a link at the bottom of the monograph, or whatever, hopefully it will go to a journal that the institution owns, and how is the institution going to own that without the librarian negotiating to buy it.	5	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Electronic resource management	EMR, point-of-care tools	Exactly. [need library resource beyond pt svc]	5	3
Library Impacts	Electronic resource management		My problem with electronic products, or electronic books is because we're part of a bigger organization, I run into licensing issues, and IP address issues, so that if I want to put an electronic book up, I have to buy a license for several hospitals. There are eight hospitals, so that causes issues that I can't always do that.	4	3
Library Impacts	Electronic resource management		Everything going online.	4	3
Library Impacts	Institutional relations	Support	I'm a one staff librarian, and one thing I've always, and full time, but I've had a volunteer for a while, but now I don't, so that is something that is always hard to juggle your day, and of course then it's a smaller situation than the academic librarians, but it is hard to, you know, kind of juggle and get everything together, and we have to, I have to prioritize, but one of the things I rely heavily on is the other departments, and I try to utilize them, like the environmental plant and management. I've been think about that, how I survive, and I think that's one of the ways of a lone person, so, and they've been very cooperative and helpful, so, I just wanted to mention that. [expand] ... Well, that kind of came up in this class I was taking, because I wondering, you know, how do I survive? That, like, our management information, they help me a lot like they help me set up the webcam, and do that, and I'm part of, like the med staff. If I'm giving presentations, they set up the presentations	2	3
Library Impacts	Institutional relations	Support	the two departments we actually, which is environmental care and safety, we actually buy things for each other, you know, that help me during the week before, or awaiting a disaster that hasn't happened yet, so we have higher levels of technology in the library ... if you engage other departments, you may be able to help one another budgetarily.	2	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Institutional relations	Test platform	Well I think it's important for libraries to also volunteer to be test sites for new devices, so when we were looking at clinical applications our physicians tested iPhones, and T700 phones, and palm pilots, and now I'm testing virtual desktops for putting in the new wing of the hospital, which if that works out nicely, and we don't have any problems, then it'll save the hospital tons and tons of money because the cost is about \$300 per PC versus what you're paying now, plus the software. The software resides on a server elsewhere, and so if you need to reboot, they can reboot the server, or if there's a problem with the device, you get another one out of the closet, plug it in, and your computer's ready to go (muffled) to your desktop. Savings, the desktop team doesn't have to come out and figure out what's wrong with the computer, you just go get a replacement, and then they sort out the problem elsewhere, so it's like a just in time server for each one of the computers, so.. We're testing an iPhone with a	2	3
Library Impacts	Institutional relations		Well, this ... has been a perennial issue in librarianship. It's always the thoughts of the thinking profession. I do have some thoughts on where libraries need to be evolving with things. I think instead of kind of thinking in traditional roles, I think librarians need to be involved in the evaluation and design of many of these products.	3	3
Library Impacts	Institutional relations	Relations with IT	[-Do you have one in mind?] -no, actually a few years ago the local library association studied several of them, brought the vendors in and had sessions with them, and there are several who are very good. What I was hoping to do was to recreate some of those sessions here where the staff and the physicians could get a sense of what they were and how they best fit with their practices, but the ITS people said I was not allowed to do that.	1	2
Library Impacts	Institutional relations	Relations with IT	[challenges with their hospital information service people, or the equivalent name?] Well I, for me I don't have anything on a daily issue, anything like that because they're so isolated from what I do in the library, so I don't have any kind of, I have issues with IT because, and again it's because of pipes, it's basically, you know, well if I get this server based resource then people have to go out of the hospital to the server, and then back, how much bandwidth is that going to take, and those are the kind of things I deal with, but I don't deal with turf wars between health information and library.	1	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Institutional relations	Relations with IT	[relationship with IT?] Highly adversarial. I think that's the best way to put it. I come to them with requests and they have the power to either grant my request or not grant it, and basically that's the extent of our relationship.	1	2
Library Impacts	Institutional relations	Relations with IT	It's pretty much the same relationship here (adversarial with IT).	1	2
Library Impacts	Institutional relations	Relations with IT	Our relationship is pretty good. We have our own servers, so we have our own company that supplies our equipment, and they deal with our IS department, so the only thing is our IS department is so swamped because they're doing service for several hospitals that we try not to bother them.	1	2
Library Impacts	Institutional relations	Relations with IT	and technology. I feel that one is so nebulous, too, because we've all got these crazy IT departments that you can or can't do things with, and I can learn about all these new fangled things, but I may or may not be able to implement it, and so I don't tend to pay attention to a lot of that stuff sometimes.	4	4
Library Impacts	Institutional relations	Relations with IT	Well I was just thinking, as opposed to this place where they don't invite the librarian to discuss any of that. The information technology people have stolen the word information, and are using it rapidly and widely, and it's very hard to get my nose into those discussions. [Note: time spent on committees etc. in Section A.]	1	2
Library Impacts	Institutional relations	Relations with IT	Well, not to sound like Al Gore, but the VA invented the electronic medical record, and much like --- just got through saying, the library is very much outside of, it's outside, there's actually three different components here at our local VA, there's IT, which, and then there's HIMS, which is the Health Information Management System, and then there's the library, and the three of them don't speak to each other. I mean, you know, it just, that's just the way it is, and you can't, you know, I tried when I first got here to initiate conversations across those barriers, and...	1	2
Library Impacts	Institutional relations	Relations with IT	My involvement with the EMR didn't happen over night. I volunteered to come to certain committees. Some of those were in the evenings. I spent a couple of years just going to medical informatics meetings, and just showing people my face and letting them know I existed, and eventually I was asked to become involved.-That's great advice.	1	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Institutional relations	Involvement with the larger institution	... is part of the ----, and I think there's something like eight hospitals statewide here in ----, and the IT people sit at a separate location for many of the hospitals. They have Meditechs electronic medical records system in place, but not the doctor, not the physician ordering portion of it yet, that's going to be coming in in the next year or two I guess, and they just set up some evidence based practice, clinical effectiveness groups is what they call them, with various representatives from around the state in each one of these things, and they totally ignored the fact that there were some libraries working in the system, librarians working in the system, so I sent a note on behalf of all of us to the people putting these together as a doctor and an RN in quality up at the corporate headquarters, and they said they would put us on their steering committee agenda to discuss that issue, so I thought that was maybe a step in the right direction, or maybe a step backwards, I'm not sure.	1	2
Library Impacts	Institutional relations	Involvement with the larger institution	And if you're not on the committee, ask to be on it. That's the kind of thing that we do.	2	3
Library Impacts	Institutional relations	Involvement with the larger institution	... we try to do committee meetings. We try to do things outside the library. The more the better, I think actually, and we, as a group of librarians, have really been pushing that, and you do need a supervisor that encourages that. I'm sure there are some places where they say, I used to have one like that, would say your time is to be spent in the library. They weren't a librarian, by the way, but...	2	3
Library Impacts	Institutional relations	Involvement with the larger institution	I think ... the need for librarians to be very active on their campuses, or in their hospitals ... being on curriculum committees, or like you mentioned that the medical records being part, if there's a way to be a part of some of those committees, but getting out of the library per say and becoming more an integral part of the faculty of the campus. ... that is really critical today.	3	3
Library Impacts	Institutional relations	Involvement with the larger institution	Yes, that's exactly what happened here at ----, and we are also part of a bigger organization ----, and those decisions are now kind of being made from the corporate level, and so I usually only know when something, a product is brought on after it's already live. It's very hard to get into those focus groups that make those decisions.	4	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Institutional relations	Involvement with the larger institution	Ours is a small, ours is the only hospital not affiliated with any other, I don't, I haven't had the same problems as you guys do, and they always ask me before they would request, even at the corporate level, or at the CEO level. If they want something, they'll ask my input before they subscribe to it, even if the library is not subscribing to it.	4	2
Library Impacts	Institutional relations		One thing I do every year for doctors, we have doctor's day in the hospital, which is March 30 <sup>th</sup> , and I take up the whole hallway and the physicians lounge, and we do a technology fair there, and so you show what's coming with all the clinical applications and other experts. It shows, what it demonstrates is the relationship that the library has with all of these other departments, so it's a subtle thing, but it's, it just shows that you're part of the game, you're not just somewhere.	2	4
Library Impacts	Institutional relations		I think competition comes into play. A lot of people compete for what we do.	3	2
Library Impacts	Institutional relations		Relationships with other groups who are involved in the medical school process, or medical school environment. [And are you mentioning those as things that you expect will be changes?] -I think they're ongoing needs in that area.	3	2
Library Impacts	Institutional relations		Do you think that other departments are taking maybe services that you were doing, and they're being moved under departments? I sometimes think that our IT, or our education department is starting to get the FTE that, get to do things like web based instruction that I was doing, and that those FTE, or that service is being moved into other departments, and.. [what do you mean by web based?] -Well, like designing learning modules, and sure point sites for education, classes, and something that I enjoyed and used to do in the past, but couldn't keep up, so I see that popping up in other departments. Some of the things that I like to pursue, but can't, so, because of FTE.	4	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Institutional relations		Well I was thinking the same thing that I think we have to basically, I think some of these changes are that we have to push ourselves into other areas like for instance, I am in the education department, but I integrate more with people in the IT department, so that if they make these decisions on, I mean we currently have an EMR, and when I ask about it after the fact because I was not involved, the particular one they chose does not allow, we can't integrate our library resources into this particular EMR, but had I been more forward thinking, or had I even known they were doing this at the time, that would have been an opportunity, so I think we need to continue to be on different committees, get out to our VPs, this is what I can do, please include me, even though it looks like I'm a long shot.	5	3
Library Impacts	Institutional relations		Right. Make ourselves visible and indispensable.	5	3
Library Impacts	Institutional relations		That's what we're doing here, we're, you know, we find out about things that are going on in the hospital and then sort of offer to provide information. For instances, there's some quality goals, quality and patient safety goals that are in the official goal plan, and I don't know if you're familiar with this GPS system of personnel planning, but anyway, you can take these goals like directly from the CEO and put them in your basket, and what we did here in the library was one of us adopted each of these goals, and got in touch with the committee members and just started giving them information without even asking for it, we just said, well we're here, this is my goal, who are your people, and we're just going to spend a year helping on these quality committees, so we're making ourselves indispensable.	5	3
Library Impacts	Institutional relations		[Let me get back to another question. What was this called? You didn't say GPS did you?] It's called GPS. Goal Performance System, or something, it's a hospital-wide thing were you develop your own goals for the year, but then the managers goals are similar to the hospital goals.	5	3
Library Impacts	Institutional relations		yes we do the same thing. It's called Global Path to Success.	5	3
Library Impacts	Institutional relations		We do something like that as well. (institution-wide goal setting)	5	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Library staff characteristics, skills	Interviewing	but I also think one of the things that I'd like to do is go back into, and we were talking about this earlier on the phone call, about doing some more course work on reference question, interviewing and trying to define what customers, what patrons are really trying, really asking for and what their interests really are in, and that sort of thing because I think the customer satisfaction is the driver there. I mean, if, that's one thing that you can measure qualitatively is whether the person walks out of the library with a smile on their face, or whether they walk out, stomp out of the library, that sort of thing, and I think the ability to, you know, the ability to discern what people are really asking for when they're doing stuff and things like that would be helpful. And that, you know and again I think that we'd be going back to just, you know, trying to dissect reference interviews	1	3
Library Impacts	Library staff characteristics, skills	Interviewing	I think that's excellent. Also, it's really, I think a lot of the things I have to remind myself is doing that good interview. What we learned is asking the right questions so you can do the right searching and all of that, and we forget that, and then when we're not finding anything we remember, well I need to go back to that person and find out what I am looking for, because I didn't ask enough questions. That's true, that the people skills, I think that's our basic librarian training. <Agreement>	2	3
Library Impacts	Library staff characteristics, skills	Subject knowledge	Staffing is going to have to be available to work in new ways. I see, instead of the past, a much greater need for knowledge in the subject discipline, such that these, the reference librarian can intelligently apply appropriate filtering of the information, as opposed to just providing a list of articles and letting the patron choose what they want out of that.	3	3
Library Impacts	Library staff characteristics, skills	Subject knowledge	But I think there's still such a role for expertise, particularly with the really difficult stuff, the blast searches and the genetic stuff and things. I think it's going to be more Bioinformatics that is going to rule.	3	3
Library Impacts	Library staff characteristics, skills	Subject knowledge	Probably it wouldn't hurt to be a good researcher too.	3	3
Library Impacts	Library staff characteristics, skills	Subject knowledge	That's what I was going to say. You need to understand the research process because so much of medical practice comes from what's published in the research, and if you can't discuss that with the students and the faculty that you serve, you are at a great disadvantage.	3	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Library staff characteristics, skills	Technology - translation	[Technology ... what kind of changes, or how do you think that's going to affect staff?] Well right now my two professional librarians are both from the older mode. One doesn't even have a home computer, for example, and I just can't see that going in the future.	3	3
Library Impacts	Library staff characteristics, skills	Technology - translation	That's right. And Skype, I know folks have been using Skype for the MCLA meetings, and that's a wonderful tool, I mean not just to see your grandchildren, but to interact with people on meetings and to save phone calls.	2	3
Library Impacts	Library staff characteristics, skills	Technology - translation	And at the same time we have to keep up with, I don't know, social networking and those kinds of things that even our hospitals are taking part in right now, and you want to be a part of that, and so you want to stay on top of that.	2	3
Library Impacts	Library staff characteristics, skills	Technology - translation	I want a chip embedded every day. [to keep up with new technologies] <Laughter>	2	3
Library Impacts	Library staff characteristics, skills	Technology - translation	My hat's off to them. I've not started Twittering yet.	3	2
Library Impacts	Library staff characteristics, skills	Technology - translation	Well I haven't taken it [Twitter] up either, and I think they are embarrassed by their lack of connection.	3	2
Library Impacts	Library staff characteristics, skills	Technology - translation	...with technology changing so rapidly, I just saw that MySpace has just fallen out of vogue, and it was the hottest thing three years ago, and dealing with that type of world, the library is going to have to be, even though it's delivering information and still doing that service, it's going to have to be extremely nimble, proactive ... to be on the front of the wave of technology.	3	3
Library Impacts	Library staff characteristics, skills	Technology - translation	They need the technology. There's no denying that 90% of my day is spent doing something with some sort of technology or other, but they also need the ability to translate that technology into terms that someone who doesn't understand it, can understand, because that's where I think we get a lot of our tension with the IS systems, and the technical systems, is that they know that stuff, but they aren't able to explain it in a way that anyone who isn't one of them can understand, and I think the librarian is much better at doing that role, and so you really need to have someone who can still talk to people.	3	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Library staff characteristics, skills	Technology - translation	...but I also think they [staff] better like technology. I mean, I do know people that they don't want to learn anymore, and it's like, well then you shouldn't be in this field, because it constantly changes. I think you have to feel comfortable with change. I think you have to be creative.	3	3
Library Impacts	Library staff characteristics, skills	Technology - translation	A balance of providing services to a wide spectrum of folks who have different abilities with technology.	3	2
Library Impacts	Library staff characteristics, skills	Generational differences	and I sometimes think that's missing with the millenials, and since none of us are millenials I guess I can say that because they're so much online, and they're so much on the computer, or their phone and everything, that they forget how to act with other people ... I see that in my students, because I do small group stuff with family medicine, and you have to remind them that it's the personal touch, that's what's going to make you a good physician, it's not the use	2	3
Library Impacts	Library staff characteristics, skills	Generational differences	Well I lost a, one FTE a number of years ago, and I've put in for an FTE every year, and every year they'd shoot me down. It's because, probably because of how I would socialize it as a person, because of my age, we learned to suck it in and do it. It's unfortunate because I see youths cutting out earlier than I do, and coming in later. Fortunately, I love what I do,	2	3
Library Impacts	Library staff characteristics, skills	Generational differences	it's taken me a while, at first I go, no, I don't want to learn this, but then once you get into it, I think, oh this is kind of cool, I don't mind doing time card, but everything is on line, and of course our younger generation has an advantage, they've been on computers since they were about a year old, or something, so as older ones it is an adjustment, but I think that it's fun, but the people aspect is important, too.	2	4
Library Impacts	Library staff characteristics, skills	Generational differences	I also think there's the relationship that librarians have with other librarians as we deal with people who are not in our, I want to say our same age bracket. Our cohort. Right now I have a library student who's doing a practicum here at this library. It's very interesting to see the differences between me and her. Very, very different. And that's going to play out in libraries where you have staff members that run through different cohort ages.	3	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Library staff characteristics, skills	Generational differences	... some of the people we hired. The things that are important to them versus what I think is important. I think how they communicate with each other, what they value. Yes, I think there are differences, absolutely... Well one of the things I've noticed, I don't know if anybody else has caught on to this, but I don't see them value or want to move up as much. I think it's harder to find leaders. Sometimes I think they're just more the 8 to 5 type of person. They come in, do their job, go home and that's the end of it. I think right now we're in such a situation where we have to be so creative and think out of the box, that you're kind of hoping you get people that can be more problem solvers rather than just doers of what you tell them to do, I don't know. Then I find others that are frustrated by the older generation, should I say. They don't think we want to be quite as innovative, so I've seen it both ways. I just find it kind of an interesting dichotomy right now.	3	2
Library Impacts	Library staff characteristics, skills	Generational differences	My experience has been, everything is much more quickly done. There is, there tends to be a not paying so much attention to the quality, it's get it done, get it out there fast. The resources that they choose to use, not really being, it's almost like if it's not on the computer, it's not worth it. I've experienced that, which I find very interesting, but I'm really aware of just how quickly they work, and how the errors ... someone else down the way will fix it. And I'm going ... let's talk about quality now. [Is your focus on staff or patrons with the question?] You mean in terms of the generational differences? [Yes.] I guess it seems initially we were talking about staff.	3	2
Library Impacts	Library staff characteristics, skills	Generational differences	Staffwise, on the generational thing, I guess I haven't experienced what some of my colleagues have with the generational thing. I've, the embrace of technology and the issues of either precision or lack of precision in work doesn't seem to be age specific. I work with some old codgers who are more connected than some of the young folks, and vice versa, so it's less age specific, and I really wonder what the variable is. My parents, for example, are in their eighties, and half the time they're online or on their cell phones, or Twittering, and stuff like that, so...	3	2
Library Impacts	Library staff characteristics, skills	Generational differences	...goes back to maybe that generation. I don't know. They think its..	3	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Library staff characteristics, skills	Generational differences	...and I think we have to be willing and able and trained in a lot of senses to keep up with all that technology. We see more of this Gen X Gen Y generation coming in for it so familiar with technology. Those of us who are the other generations are going to have to keep up, and keep an open mind to it, and learn to work in a multigenerational situation.	5	3
Library Impacts	Library staff characteristics, skills	Educational preparation	I would comment on some of the librarians that I've worked with recently that are... recent graduates from new library, from good library schools. I'm surprised that the lack of course work that's required in what I would consider classic discipline, subject analysis and even cataloging. We've had folks come in here from library schools that have not even had a basic class in cataloging.	3	2
Library Impacts	Library staff characteristics, skills	Educational preparation	You know, I was wondering while --- were talking, if part of the influence of that might be that as education is changing to an emphasis on collaborative learning, and if you start reading all the futuristic novels of how collaborative work, working in groups regardless of background or discipline, I was wondering if that might be a major input in that the breaking away and leading they talked about, in a lot of ways, leading by a traditional manner is breaking away from the collaborative style, the same was with getting something out fast, so somebody else can fix it. Now I'm not saying that I like that. As a matter of fact, especially with patrons that are happy to go with any article they find, no matter how discredited it might be, seems to frustrate me, and I just wonder if part of that might, if that collaborative emphasis on collaborative learning and style might be a major input to what you were talking about.	3	2
Library Impacts	Library staff characteristics, skills	Educational preparation	I think it could be. I really don't know. I'm also real aware, especially since I'm dealing with a --- library student, a lot of stuff she's done has been online, and not in a formal classroom anymore. I do think you lose some of that, just the connections you make when you are in a classroom as opposed to an online setting, and I could tell you my husband is a cataloger, and he does teach the cataloging class for the University --- system, and he says that students, he's running into students who they just don't take the time to really look at what they're doing, and he is constantly commenting on the errors that are found in the records, so I think it's a different environment than when we went to school, and what we learned about quality librarianship.	3	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Library staff characteristics, skills	Educational preparation	Well you know one thing, I don't know if all of you would agree with that, but one of the things that I think is too bad is that when I first got into the medical library profession, and that was a long time ago, we were given a lot of good training on how to search the databases, how the databases were created, how you could refine searches. Well now everything has gotten so dumbed down, that I see new librarians coming in the field that, they don't know how to search very well, and there again I don't think they know how to ask the questions, they don't have the knowledge base. I think that's too bad. ... You kind of have to learn it on the job and if you don't have a mentor to teach you, I don't know how well you'll, how good you are at it.	3	3
Library Impacts	Library staff characteristics, skills	Staff development	We don't have really any budget to send people places and go to meetings, maybe one or two a year, so we're going to be doing more like these kinds of meetings online and picking up our continuing education credits online, but as needs arrive we'll be trained in whatever it is, so I just see little things in the future.	1	3
Library Impacts	Library staff characteristics, skills	Staff development	I do, but I think it's changed that now education is like, if you, well I'm not talking about library school programs, but I'm talking about when you do get on the job, it's like I don't understand how to do this, I need to go back and learn that, so I need to find opportunities, it's out there somewhere, there's so many opportunities, and I need to fill that in for myself because I see the need, and that's how I think you have to these days evolve as a worker, and as a librarian too.	3	3
Library Impacts	Library staff characteristics, skills	Staff development	Well it's kind of like when we first became a librarian, everything was print, you know you'd pull the books off the shelf and study them. Sometimes I'm intrigued that we get new resources and people don't really know what they do, and I think, well how are you going to teach anybody else if you don't know what they do? I find that kind of interesting anyway.	3	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Library staff characteristics, skills	Staff development	One thought I had as I was listening to my colleagues talk, that every one of the people I see on the screen up here, I wish I could hire them to work in the library with me, and I was listening to --- when she was talking ... I wish I had her at the reference desk up here. I think that it's incumbent on those who direct libraries... here's how we handle it. We have five missions for the library, and the big mission is to provide information for the students and things, but when we break that down, the first thing at the top of the list is not collection development, it's not development of a system of delivery, it is staff development, and we put that at the top of the list, and we insist on staff development, we think, and we fund staff development, and then we really ask, what do they need to do to best serve the students and medical profession and things.	3	3
Library Impacts	Library staff characteristics, skills	One-person libraries - variety	I have to agree with ... talking earlier about our duties, and we're both pretty much one person librarians, and I like the variety.	1	1
Library Impacts	Library staff characteristics, skills	One-person libraries - variety	[one person library] I mean, so there's so much variety that my days do go fast, thank goodness.	2	1
Library Impacts	Library staff characteristics, skills	One-person libraries - variety	once again I'm a one person library, and so this is a great example of what happens when the one person librarian goes on vacation, which happened this past week, and I, you know, to think that my organization thought an IT guy could do PubMed searches effectively was ... that kind of put a little dagger in my heart, but I still went on vacation, and I don't know if he had any search requests or not during the week that I was gone,	3	3
Library Impacts	Library staff characteristics, skills	One-person libraries - variety	I've been where you're at in a one person library, and I don't know that there's any librarians that I respect more than the one person librarian. I mean you have to do everything, and how you manage those skills is just beyond me.	3	3
Library Impacts	Library staff characteristics, skills		No, I think at our library, I mean just any library, it's recruiting good new libraries, new librarians. New staff. Recruiting staff is hard.	2	2
Library Impacts	Library staff characteristics, skills		yes that's a big one here, recruiting staff, because --- is so little. We've got a good university, but a lot of people don't want to move to a town that's pretty secluded, so recruitment yes, definitely.	2	2

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Library staff characteristics, skills		Think the pace of change that's happening is going to affect everybody because the strategic planning of five years is no longer possible. It's this year next year, it's going to be so phenomenally different within five years than, I think the hiring process will have to include those staff that can, and do have the ability to change quickly and learn learn learn.	2	2
Library Impacts	Library staff characteristics, skills		[ do you need a new set of skills?] You know, I don't think it's necessarily that we need new skills because we are learning as we go, but I think what's really important, especially for new staff, is that you don't forget about the old skills you need, like how to work a meeting, how to deal with the public, with so much on technology, it's, and everything moving so fast, it's important to remember ... the civility ... we have to learn how to be people, too, and work as a person with other people, and not just use the technology to get a job done	2	3
Library Impacts	Library staff characteristics, skills		I think that drawing people to the profession is something that's getting increasingly difficult to do. I don't know what the figures or statistics are on that, but I don't know if people are just satisfied with being in a paraprofessional role, where they don't have the responsibility of being an MLS librarian where they do have the career ladder, so to speak.	3	2
Library Impacts	Library staff characteristics, skills		Well it's interesting, I often present to a group in town, our special libraries, and that's always a question, what characteristics do we look for? ... they need to know how to teach. I do think that's really important for our librarians today, especially those working with the public. You do need to be able to explain that adequately to the users to know how to use certain materials, .... I think you have to be a good communicator, be it on texting, or emailing, or on the phone, or in front of a group. I think you have to be comfortable in that kind of environment,	3	3
Library Impacts	Library staff characteristics, skills		...and I think you have to be somewhat of a problem solver because there again things change, you can't always go whine about it, you have to figure out how to fix it and make it work, so I think that we need librarians like that. Those are the kind of things I look for, enthusiasm, willing to learn, self starters, but also all those other things that I mentioned.	3	3
Library Impacts	Library staff characteristics, skills		so we look for good people that we hire, that have good communication skills, that have the first professional degree and things like that,	3	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
Library Impacts	Library staff characteristics, skills		A lot of are going to come to new skills and new training in order to be able to run the [library]	5	3
RML Support	Education and training	Topics	[Are there classes that you might be interested in?] I would like some more classes because I think I've taken just about everything. I haven't taken the, no I did take the thinking like an MBA, so when I go to MCMLA, and I look at the classes that are offered, the ones that are offered by the liaisons, I've taken all of them. So I would like to see some additional classes developed. That doesn't mean that more, there are, I'm sure there's librarians out there who haven't taken all of them, it's just that I'd like to see more of those. What areas, I don't know.	2	4
RML Support	Education and training	Topics	[what can RML do to support?] -Well I appreciate the education that's made available (electronically). That's a big help for me because I don't have a budget to go anywhere to get the extra education.	1	4
RML Support	Education and training	Topics	I've taken some courses, and I'm taking one right now and it really is helpful to stay current on things without being able, without having to go anywhere and find the money for it.	1	4
RML Support	Education and training	Topics	I think the consumer health area is always an issue. I know they offer some, but I think that's an area that needs to be picked up on.	2	4
RML Support	Education and training	Topics	I have been taking the Docline courses. I've noticed that that's drawing librarians from all over the country, so that's pretty interesting.	2	4
RML Support	Education and training	Topics	I think if I could say anything, I wish NLM would come back to providing better training, because we need to provide that unique part to accessing medical information, and I don't think we get that anymore.	3	4
RML Support	Education and training	Topics	I'll tell you, one thing that we've found helpful is all the organizations that have provided free training. We've had folks from the National Library of Medicine, funded by them and others who come to do training, and there's ample opportunities out there, but anything that can add to that, I think is just a great bonus.	3	4

Theme	Topic	Subtopic	Comment	Group Number	Question Number
RML Support	Education and training	Topics	I would like to commend the RML for its training, especially I've taken a couple of their online courses, and found them to be excellent, and they're also heavily involved with MCMLA to help them with their annual meetings, classes that they're trying to make them relevant, and I think that just benefits the entire profession, so I do applaud that.	3	4
RML Support	Education and training	Topics	I've taken a few courses out of either, it might have been the MLA, or NLM, or a national network or something, but the few I've taken have been extremely good, and mainly what I'm looking for is a much broader offering there....in other words, there are topics that might be specific to one or two people, because say somebody at the library needs to learn Java for the webpage, and mainly that'd be very small, so I wouldn't see that being particularly provided by the NNLM, however somehow getting reduced price access to someone who was providing that online would be excellent.... asking for the moon and stars....	3	4
RML Support	Education and training	Topics	Well I think their training and new technologies is really key for me. I've gotten, I've learned that all my learning from the RML what's happening with the new technology.	4	4
RML Support	Education and training	Topics	[Let's talk about training just a little bit more. I know it sounds as though, perhaps all or most of you have experienced some of the webinars, and the online training that the RML has provided.] Is there any training that you need that you haven't received yet with the changes and things going on, less staff, more things to do, trying to work on greater efficiencies, licensing e-content, managing e-content, all the things that you're doing, are there skills that you would like to develop that you don't have yet? ] -I guess, going back to what we had discussed earlier about electronic medical records, I'll admit I don't know as much as I should about the electronic medical record environment, and how library services can integrate with that environment since that seems to be the way things are going. It would be nice to learn more about what that whole new world is going to look like.	4	4
RML Support	Education and training	Topics	I guess I, I don't know if this is technology, but right now I'm trying to write a corporate copyright policy, procedures for web based, digital based products, and I know that there are a lot of courses out there on copyright, but I seem to have endless questions about it, so anything on copyrights, perhaps in non-library, in an academic, or non-academic setting would be of value to me.	4	4

Theme	Topic	Subtopic	Comment	Group Number	Question Number
RML Support	Education and training	Topics	I was going to say, for me, I think the things that are the most helpful are all of the training opportunities, not only in our own regions, but the fact that those are many times open from another region. There's just all kinds of things out there, and I think the RML staff are very savvy about what, they're forward looking. A lot of times, they have training or they're offering things almost where I know I need it.	5	4
RML Support	Education and training	Topics	I would say the training also is invaluable. There's a class coming up on statistical literacy that looks just excellent, so I signed up for that, and it's nice because it's spaced out so you won't have to try to deal with all these statistical things in one fell swoop.	5	4
RML Support	Education and training	Format	yes, I thought it was good in that it seemed that most people were comfortable sharing and talking, and it doesn't seem to restrict people too much, the fact that we're all doing it electronically.	1	4
RML Support	Education and training	Format	[Was the fact that you could see me, but I couldn't see you, was that odd at all?] No. Not for me, no. <Laughter> Okay.	1	4
RML Support	Education and training	Format	And the series that the liaisons are doing, the different series, is also very good. You tune in, and it's free, and those have been very interesting. I haven't been able to tune in to a lot of them, but I can do some more of that this year.	2	4
RML Support	Education and training	Format	The time when those classes, the breezing classes are over the, in the lunch hour basically, and that's my busiest time, so... So that's, could be an issue to those squeezing it in between somethings, but I, and so if I get a physician who needs something, then I can't attend. I can sign up for it, but then I can't visit it, so...	2	4
RML Support	Education and training	Format	[Is there a better time for classes?] Maybe middle afternoon, later afternoon. I mean first thing in the morning would... see I'd be up though, I think first thing in the morning is worse, because I come in, I want to get caught up, layout what I need to do for the day, etc. So actually I like towards the end of the day better.	2	4
RML Support	Education and training	Format	Lunch time for hospital libraries is a really busy time because that's when others have time to come to the library, so probably, maybe something around that time, either before that lunch time period, or just after, 1:30, 2 o'clock. Like Cam was saying, middle afternoon. That might be a better time for at least hospital librarians.	2	4
RML Support	Education and training	Format	I've attended webinar and in person. (RML class)	2	4

Theme	Topic	Subtopic	Comment	Group Number	Question Number
RML Support	Education and training	Format	the RML, I think, is great on the technology with the, well this technology today, the meetings that we can access, such as the Docline training classes, the Thinking like an MBA, that kind of software that's provided to the instructors, and then the classes on like Gateway Senior Health. So, all of these, I think, are getting us opportunities to learn and go forward, and	2	4
RML Support	Education and training	Format	I've run the whole gambit myself. [RML class]	2	4
RML Support	Education and training	Format	And the social networking class was a total online class. We communicated by email and Wiki. [RML class]	2	4
RML Support	Education and training	Format	That would be nice. I think we all deal with these financial restraints, and it isn't going to get any easier, so I would like to commend the RML, I think they've done some really good things educationally with their breezing along, some of those things, I think that's been a real credit to the RML. I wish I took more advantage of it, I try, but I think that's a real plus.	3	4
RML Support	Education and training	Format	the ability to get technical training at either free or even a very reduced cost online, and much wider range of technology I would say. Basically I'm almost asking you to invent your own university, which seems a little bit large, but as long as we're talking among friends, but basically anything to help my training budget stretch further, I would greatly, greatly acknowledge.	3	4
RML Support	Education and training	Format	[what about using this kind of technology, the Adobe Connect for a focus group?] I love this Adobe connect. Great. Wonderful.	3	4
RML Support	Education and training	Format	Meetings, too, are really great [as alternative to web conference]	3	4
RML Support	Education and training	Format	And I think this has a lot of possibilities, this kind of technology, for not only RML type of activities, but even MLA chapter activities, too.	3	4
RML Support	Education and training	Format	Don't you think the day's going to come we're going to have less meetings, and there will be more things like this? ... Oh, yes, less travel.	3	4
RML Support	Education and training	Format	How much would it have cost to hold this meeting if you had to fly us all in and put us up overnight?	3	4

Theme	Topic	Subtopic	Comment	Group Number	Question Number
RML Support	Education and training	Format	Exactly, good point.	3	4
RML Support	Education and training	Format	Not to mention, I wouldn't have been able to do, I'm too busy right now.	3	4
RML Support	Education and training	Format	yes, you're right, it is much less expensive, and of course much less of a time commitment as well.	3	4
RML Support	Education and training	Format	It has been [online], or it's been in web based instructions, or classes.	4	4
RML Support	Education and training	Format	I agree. Those webinars have been fantastic. A lot of our continuing education for myself and the librarians I work with have been provided for free by the RML, and in a time of budgets and constraints, and also the fact that they're by webinar, so we don't have to budget for travel for some of these classes, it's been really great.	4	4
RML Support	Education and training	Format	Same thing with me, too. Most of my library continuing education is coming from the website and the webinars, and things like that, so it's been very helpful.	4	4
RML Support	Education and training	Format	yes I would agree with that, too. I think they're doing the education piece really well.	4	4
RML Support	Exposure to new technology		yes. Not only was I having a bad hair day, but I can't sit still, I'm very distracting, so this was good for me to have another picture up because I just have to move around, so...	2	4
RML Support	Exposure to new technology		[skills and training that are going to be needed for those staff?] I think more knowledge of technology, like what the National Library of Medicine, like the focus group today, I think is a wonderful experience for all of us, and doing the webcams and having them offered to our libraries for this purpose.	2	3
RML Support	Exposure to new technology		It's just kind of like email has become just second nature to us, you know, I think it's just going to continue on, and like --- said, this meeting, I'm sure all of us are thinking how we can use this type of meeting. Those of us that serve several campuses, you know, this would be a great thing, you know, for that purpose.	2	3
RML Support	Exposure to new technology		and having those technology fairs. I think that's a great thing that I think the RML has done is sponsoring technology fairs, so you could do one in a city so people that are all in that city could attend it, so you could get vendors there, and so on. So I think that's the good thing about technology with the RML, because it's all about funding.	2	4

Theme	Topic	Subtopic	Comment	Group Number	Question Number
RML Support	Exposure to new technology		technology.	2	4
RML Support	Exposure to new technology		[Well, what did you think about the use of this technology for a focus group?] Wonderful. I think it's great. I love it.	2	4
RML Support	Exposure to new technology		[Use of this technology?] Too fidgety. Well, it's kind of hard to sit still, yes.	2	4
RML Support	Exposure to new technology		And it allowed me to learn how to use a different kind of technology, which is important. I didn't really know how to, so this is good.	2	4
RML Support	Exposure to new technology		yes this was new for me as well, and I think the challenge for me dealing with the last focus group was how to sit still.	2	4
RML Support	Exposure to new technology		And setting up the webcam was pretty nice.	2	4
RML Support	Exposure to new technology		Alright. [using this technology for a focus group]	4	4
RML Support	Exposure to new technology		I think it's great.	4	4
RML Support	Exposure to new technology		I think it works well.	4	4
RML Support	Exposure to new technology		yes, I think it worked really well, too. I'm kind of surprised and impressed.	4	4
RML Support	Exposure to new technology		This is my first experience with using AdobeConnect at all, and so it's been, for me, very interesting. Of course, I mentioned the problem with trying to sit still. I finally got a pillow on my back, so that I'm more comfortable.	4	4
RML Support	Exposure to new technology		Well, I'm moving a lot, so it's okay.	4	4
RML Support	Exposure to new technology		I think you have to, because we're actually sitting in one spot for an hour plus, so..	4	4
RML Support	Exposure to new technology		I was going to say, this is really great for those of us who can't get away to be able to go somewhere and do this, and this allows us to have a voice, and participate in the way we all want to, so it's great.	4	4

Theme	Topic	Subtopic	Comment	Group Number	Question Number
RML Support	Exposure to new technology		I think our particular RML, we have those breezing along monthly ... and they're monthly PE really, and they last for an hour, and they're both on the same day, so you can know they're going to happen, and so I think those are useful for the technology that they show, and also the NLM resource, but also they have some very interesting technology training that I think everybody needs.	5	4
RML Support	Exposure to new technology		I agree. We found an NLM training on Web2.0 really helpful, and there's so many young residents at the hospital that we figure at some point we're going to need to know how to put together Wikis, and blogs, and podcasts, and stuff like that, so those kind of technology CE is very helpful.	5	4
RML Support	Interaction with RML and networking with others		I think it's [web conferencing technology for focus group] great because I don't always have the opportunity to talk to other librarians, and it's really interesting for me to hear what others are doing, and what they're thinking, and it's also stimulating.	1	4
RML Support	Interaction with RML and networking with others		I think it's been really wonderful, particularly this group that's been in command, I think they've done an excellent job. I think the previous group did an excellent job, too, but we've been going forward, and I think,	2	4
RML Support	Interaction with RML and networking with others		I think the RML breezing has been a real plus, too. I really like the connection There, not only with the RML, But with other librarians who tune in to that, And I would certainly like to see that, make sure that that continues.	2	4
RML Support	Interaction with RML and networking with others		Yes. I'd like to add that I really like having [RML staff] in our library. I mean I think it's great when we have, with the liaisons in the physical library, and they're not just all in an office. I really like that, and most of us have lived through both models, and I really like this model.	2	4
RML Support	Interaction with RML and networking with others		I agree. yes, having --- here is, he's a great resource. I really appreciate this particular model.	2	4

Theme	Topic	Subtopic	Comment	Group Number	Question Number
RML Support	Interaction with RML and networking with others		I wanted to add that ... --- is our liaison in Kansas, although she's not in the same facility, she still is extremely helpful, and yesterday walked me through the webcam, and worked with me, and so she's always very available and accessible, so I think the model is good, as --- said, too.	2	4
RML Support	Interaction with RML and networking with others		I think --- has hit on a key phrase here, and that is funding, and while he has resources to fund continuing education, opportunities for his staff, the reality is many libraries are cutting back on that to the point where folks can't go to conferences, and I think one of those other skills besides rolling with the changes and everything ... I think libraries really really need to network with each other, not only personally just maybe because you might need a job down the road, but even, you know, how to build those relationships, and networking, so maybe we could form the consortiums that we need that --- talked about to get better prices from vendors, and in a one person library, it's extremely important because I have no colleagues here who know what I do, so it's always nice to know that there are other ones out there who I can always talk to about problems that I'm encountering here in this library, so I think once that funding is gone, a lot of librarians don't have the disposable income to attend meetings	3	3
RML Support	Interaction with RML and networking with others		the ability to network with other librarians, and other groups outside the library	3	4
RML Support	Interaction with RML and networking with others		I really like our liaison in Nebraska.	3	4
RML Support	Interaction with RML and networking with others		I actually did think of one other thing that the RML could do. I know that the local chapters, something like having this connect to run a meeting, but if you could somehow focus that on down to even below the local chapters, like if you could get a discount price for local networks to use it, something like that. I'm particularly thinking of our HSL in KC because we now have members in Wichita and St. Louis and it would be great if they could attend using something like this.	3	4

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RML Support	Interaction with RML and networking with others		We sit down for an hour and talk about the future, and we have a blog that we post so other people can see it in the group, but it's been very interesting because we just needed first to show what our own identity is as librarians and medical librarians, and then we need to see how that's changing, and where we fit within other disciplines like knowledge management and are we knowledge services or library services, do we need to go into Web2.0 or do we not need to, something like that. [local group that's meeting?] ...we meet for breakfast once a month now ... have a blog	5	3
RML Support	Interaction with RML and networking with others		I just feel fortunate we're in a region, they seem to push us, and I have to say professionally, just sitting here by myself, I sometimes need somebody to push me professionally, and with the grants and different things they send out an IDO, or just offer these things, and I need that, and I do appreciate that, so I'd never want that to go away, and I faithfully read those bulletins when they come out, because somebody is seeing things that I haven't seen...	5	4
RML Support	Interaction with RML and networking with others		Love their RSS feed too, because that makes it so easy to keep up.	5	4
RML Support	Interaction with RML and networking with others		Well just thank them [RML] because I think that we just were very fortunate in this region, the quality of the staff, and here in Colorado we have really a terrific person, Abby, that does consumer health, and I think that, and also she helps with anything else you might need.	5	4
RML Support	Interaction with RML and networking with others		I mean I think they're just terrific. I just took a course from Marty McGee from our region. It was excellent.	5	4

Theme	Topic	Subtopic	Comment	Group Number	Question Number
RML Support	Interaction with RML and networking with others		I would like to say that the Mid Continental RML has distributed staffing in each state, and having been in the business here for 38 years, I've been on an RML advisory committee twice, and I think that the RML, a model that Utah has put out here, is way superior to the past, because I feel much more connected to the RML because I know Dana, she comes to our meetings, and I can walk down, well I can't walk down the street anymore, but I can go visit her, and she's coming over here in a few weeks, for instance, to do something with me, and I also understand that the specialties of each of the RML workers, so that, whatever their title is ... and they, I can feel I can call any of them. I've called Marty McGee on education. I've called Betsy on statistics. I've called John Bramble on technology. And before, if I called the RML office, I never really knew who I would get to talk to, or whether they really, what their different expertise were, but now it's very definite, and I think this model is excellent.	5	4
RML Support	Interaction with RML and networking with others		I was speaking just yesterday. Actually something I need to get to after lunch is finishing I think it's down to fifteen doc requests for the public library, and but [inaudible] public library [inaudible] cross perspective to become an affiliate member of the network, and so I was able to tell her both Dana, Abby is Colorado's liaison, and John Bramble is the membership liaison. Of course I turned out to actually know Dana.	5	4
RML Support	Interaction with RML and networking with others		This is --- and I, too, I've not worked under another model, but, or very shortly under another model, but definitely feel that connection, and feel that connection not only because we have somebody in our state, but because I feel like they're so available to us, and in so many ways.	5	4
RML Support	Advocacy		Maybe network with other groups of librarians, and even with groups outside of the library profession, and see how we can work with other people who have the same needs for education and interest in information that we do, and...Like with those who have the technology for the electronic medical records, with groups of associations for public health networks, maybe with medical associations, physicians associations.	3	4

Theme	Topic	Subtopic	Comment	Group Number	Question Number
RML Support	Advocacy		Yes, I think the RML can be our spokesperson, if you will, in terms of advocacy to communicate to hospital administrators the value of libraries, and also to make more CE's available like the one Betsy Kelly and Barbara Jones taught on the return on investment calculator. I thought those kinds of things are very useful because they can help us talk to our administrators. .... I took those results. I used that calculator. I took them to my administration, and they were really impressed. It was just a very good thing for me to show them.	1	4
RML Support	Advocacy		Definitely. I would like to see the RML as I would like to see MLA play a role in advocacy, explaining the value of libraries, and I think that's of utmost importance, so I think that the notion exists that it's all on the Internet and with Google, you know, what more do their users need?	1	4
RML Support	Advocacy		I think the RML has been great on the advocacy because, especially when a librarian has been let go, they do write ... and follow up on that	2	4
RML Support	Advocacy		Well, of course that's just changing now, so we'll have to see, but I think that the RML as an advocate for hospital libraries and hospital budgets is a key thing, so that there's kind of a consistent message across the country, and that how crucial it is information overload for hospital libraries, to help filter that information for nurses and our staff, and for our patients. We also know how best to find out what somebody really needs, and to get that for them as quick as the hospital library, or actually academic center, how quick they can find that information.	2	4
RML Support	Advocacy		And I was going to say with advocacy, I would like to see more to the, some way to market to the hospitals that have closed their libraries, to those, to administrators, maybe they're not the ones that actually close the library, but to keep getting the word out that the hospital still needs librarians, it's not for free on the Internet.	2	4
RML Support	Advocacy		... advocacy, I have to say in the current health care debate, I hear very little coming out of the library world, and I was looking towards the NLM and NNLM to kind of help focus what I might be able to do to make sure information stayed in there. Admittedly, it's a highly political process, but I admit I'm looking for a little more direction there, I think would be very helpful.	3	4

Theme	Topic	Subtopic	Comment	Group Number	Question Number
RML Support	Advocacy		I have seen on the website, pointers how to do advocacy in the hospital library, and I've used some of the techniques, and so I always like the ideas that they put on the website about advocacy, because some of the things I've not taught about, and they have given me ideas how to do it, make my library more valuable so that when there's a budget cut, they don't automatically close the library.	4	4
RML Support	Advocacy		Well, and I think they're kind of hampered, well, the fact that it's the RML with the National Library of Medicine government entity, that restrains them from being able to, I think, take a stand and do some things that say, the Medical Library Association can do, kind of association to association, so I do recognize that there are some limitations to what they can do in terms of advocacy, and making a case. I feel like they're kind of restrained a bit.	4	4
RML Support	Advocacy		In terms of advocacy, I think they're doing a good job about educating and getting information out on that, too, but I kind of feel that stalls there. I don't know how much more help they can be to us, the hospital librarian, in helping us advocate to our administrators or whatever, I think there's kind of a limitation to that. I don't know if there can be some new thoughts on that about what they can do. I feel right now it's just more getting information out, kind of trying to pump yourself up about what you can do, but I don't know if they can take a more proactive role in directly communicating with administrators, I don't know about that one,	4	4
RML Support	Advocacy		I don't know if promoting the librarians to associations, like nursing associations, or some of their meetings if there is an avenue to do that for the RML. Maybe instead of just going to the hospitals, maybe going to some of those groups, and if that would help add anything, I don't know.	4	4
RML Support	Advocacy		Well this is ... and I've got to say again that my library was the way of the buffalo, and just the fact that we need to preserve and save our hospital libraries, and your continued advocacy is important. I'm hoping that here in this community, with a change in administration there may be a change in attitude, but that continued advocacy, that continued getting the word out about the important work we do.	5	4
RML Support	Advocacy		I would like to piggy back a little bit on what --- talked about advocacy. I think it's just critical. I think it's not always easy to know how to do that in the most effective way.	5	4

Theme	Topic	Subtopic	Comment	Group Number	Question Number
RML Support	Advocacy		...one thing that came to mind for me was, I know that we have used the tool that Betsy Kelly was part of developing here, as far as giving value to all your services, and what you have in the library, and we've used that , and it's been kind of a good tool for us, so those types of things, again, it kind of goes along with advocacy, have been a positive thing for us.	5	4
RML Support	Advocacy		I was going to say that, too. All of this leads back to that advocacy that is so important, even talking about the FreeShare, and how I had to use that at certain times. I had to because I didn't have the support of my administration. I had to find ways to get information, and just helping them to understand what it is you're providing, that is so important.	5	4
RML Support	Advocacy		something maybe the RML could do would be, I think about going to kind of the source and promoting more within medical schools, and the academic health sciences libraries, making sure that they get the word out to students, to up and coming nursing students and physicians about the benefits of the hospital library because if they get that exposure in school, and it becomes innate in them, then I would think and hope that when they get out to practice, and they're choosing a place of employment, I would hope one of the things they would ask is, well, where's your library, I want to see your library, what kind of sources do they have, so maybe that would be another avenue for the RML to focus on. I totally agree. Indoctrinate them early. Yes.	4	4

Theme	Topic	Subtopic	Comment	Group Number	Question Number
RML Support	Resource sharing		And finally, one very specific project that I see coming is that universities have been around, like my own, for quite some time, have back falls of journals which are now being moved to off-site storage facilities which basically, a lot of us are under directors who basically think you just put it in a building somewhere that's not climate controlled, cover it with some tarps or something, and I'm not quite that bad, but a lot of the older institutions have the older materials that were still inter-library loaning very heavily that people are looking for, and so I would love to see some sort of regional repository to take those materials and that would save us our storage cost tremendously by working together, but projects where we can work together like that, I would say would be the other area. [everyone's not trying to store their things separately?] ...everything from the folks who are start ups cannot get these materials, and for that matter, do not have the inclination to obtain the older materials.	3	4
RML Support	Resource sharing		I also would urge the RML to really look at the whole subject of inter-library loan and document delivery because I think for small libraries it has become such a burden, and while it's important that we get the articles for our clientele, for us, the time that some libraries have to spend instilling other articles for other libraries, I think, again I think it's anachronism today to have the same kind of system that we've had for the last thirty years in terms of the networks, so I've talked about this all the time, so it's really, you don't have to take notes, I think they know my opinion on that.	5	4
RML Support	Resource sharing		[I guess the question I have for you is, what are your thoughts on how it could be different?] I think that the National Library of Medicine should be a document delivery resource for everyone, like the British Lending Library, and that the library across town from me is my library's last resort.	5	4
RML Support	Resource sharing		-What we're doing now is lending things that are older than 1986, a majority of the things that --- is lending are coming from our print collection because people can't get them online, and so once I throw out my print collection, which I'm thinking of doing, like everybody, the last resort will be the National Library of Medicine, or large university libraries. I think that this needs to be perhaps subsidized better than it is, not have to pay that [inaudible] ... but I think that having us do all this work is not, like --- (said) it's not good.	5	4

Theme	Topic	Subtopic	Comment	Group Number	Question Number
RML Support	Resource sharing		Actually, if we're wanting to get into these other areas of support for our organization, and real professional work that we want to do, I just think the whole things needs to be looked at differently than it's been all these years, and I really feel, this is just now my personal, like everything else I've said, but something like FreeShare, I don't think has done any favors for any library, because it just hides the cost of document delivery. That's all I'll say <chuckles>	5	4
RML Support	Resource sharing		I would agree because we're paying \$11 to the universities, and I'm sure they're losing money on that (transaction) but when I lend, if I were on FreeShare, if I were lending out these things, I'm spending \$11 to give this to this person free? And so it's costing me money I don't charge, but, and people find it's because of our specialty, but I can't imagine being part of FreeShare because I don't want to spend my staff so that they get something for free, their hospital should pay for them to get this information. It's my opinion, again.	5	4
RML Support	Resource sharing		Something I take every opportunity to print out [to administration] is that [institution will benefit] ... I get them on the understanding that if those libraries need something that we have... [You're talking the FreeShare agreement kind of?] Yes. We belong to FreeShare, I get ... a couple obscure titles that are donated to the library, and I get (a message from another librarian) ... I've been questing all over the world for those two articles, or for those two journals. Another one of those projects is calculate the actual cost of a free interlibrary loan in terms of what we pay and pay by lending out of our collection. [As being something that the RML might be able to assist with?] Well, that's achievable. I once	5	4
RML Support	Resource sharing		I do think that the issue of the FreeShare is that it is different in different hospitals, so if you are a general hospital like ---, certainly the rest of FreeShare could supply you with a lot of information, but in my case, since we're such a specialty hospital, most of our inter-library loans are for our esoteric research things. We're not going to get them from the FreeShare people, they're all going to the universities. They're not going to be owned by the FreeShare, so that's one reason that we don't participate.	5	4
RML Support	Resource sharing		I remember a time, even within, long before FreeShare, they just had the CCML network. -- - Hospital would charge \$3 for articles if they were going anywhere but another pediatric hospital because there wasn't as much reciprocity.	5	4

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RML Support	Resource sharing		So I think we have this moral imperative to do all these things [reciprocal lending], which is admirable, but I don't know that in the end it's really helped our case at all, so, but you know, people do look at it differently, and I appreciate that.	5	4
RML Support	Resource sharing		Well, this is --- and I just want to make another comment about how I operate as a member without having an actual library, but I do have a little library now, but I'm the Lonesome Doc borrower, and I borrow from a VA library because it's free, and if I weren't able to do that, I would not be able to provide services to my non-profit healthcare partners. I just want to add that.	5	4
RML Support	Resource sharing		I guess I would like to see you perhaps get more involved with the consortial idea. The health sciences library network of Kansas City, we have a pretty sweet deal with some of the big publishers, and we get a pretty big discount for our members, but it would be nice if maybe you guys could assist us with finding other resources out there that we could tap in to. I don't know, that just kind of came off the top of my head, but...	3	4
RML Support	Resource sharing		Kind of like consortial agreements among the mid-continental region, too.	3	4
RML Support	Resource sharing		Well there were several things I was thinking about, very much definitely agree consortial purchasing is a big thing that could be applied,	3	4
RML Support	Resource sharing		As a matter of fact, I personally, politically would hold that we need to do something similar to the mid-60s, and you know, make a government national library of medicine to get the information to physicians in these electronic formats. Now that being said, I would say that if a trucker needs new tires on his truck, the government doesn't buy that for him, and I would regard an information resource as just another tool for the trade of our physicians, but as far as that actually occurring, I think it's probably going to take some sort of national impetus for providing health care information, and really beefing that up.	3	3

Theme	Topic	Subtopic	Comment	Group Number	Question Number
RML Support	Resource sharing		r the point that these e-publications are coming out (additional costs). What they're doing, because they don't have money. They're trying, they (publishers) think somehow that we have money, which we don't have, and so what it forces us to do is it forces us to go out on free share, and suck off all those institutions that actually have enough money that they can afford to have it. They're making it so that, you know, we spend as much as we can and we try to reciprocate, but I've got nothing to lend, and so, you know, I'm out there on free share whenever these things come up, and getting it from them, and a lot of small libraries are doing exactly that, so, you know, they're not getting any more money from us, and those big libraries who are staffed by people who are traditional, good hearted, everything should be free librarians, are allowing us to do that.	1	3
RML Support	E8. NLM svc, resources		yes, I think the political aspect that you bring up, I think the librarians would do well to make information access a moral and ethical issue in practice, and a push for things like they have in England in Canada, where the Cochran Library is available, right across the border, but not in the United States, because it hasn't been made priorities for those kinds of things, so... [do you mean those are available free of charge?] -As part of the UK medical system. In fact, Cochran's probably the most widely available throughout the world for free, but I don't have hard figures on that, but that would be my guess right at the beginning.	3	3
RML Support	Other	NLM services, resources	In a one person library, my thing is, I need PubMed, I need it to be reliable, I need DOCLINE, I need it to be reliable, and if those things go away, I would be really concerned. I know that PubMed is out there through funding from, through the MLN, but boy if they ever took that away, and I had to go back to searching the old way, it's just not feasible in this day and age, so I would not want to see those kinds of resources go away.	3	4
RML Support	Other	NLM services, resources	And I'm glad that you didn't get rid of single citation matcher. <Agreement>	3	4

Theme	Topic	Subtopic	Comment	Group Number	Question Number
RML Support	Other	NLM services, resources	[Even though you've struggled with a new interface, haven't you?] -Yes. ...I'll take the minority view here, and say I actually kind of like the new interface.... I'm getting used to it.... I hear a lot of complaints about it, but I thought, it's got some neat things, so-Uh oh, time to change it.<Laughter>-yes, I'll get used to it, then it will change.-Right, don't get too comfortable.-The change won't actually happen until you're getting ready to teach it.<Agreement>	3	4
RML Support	Other		[Is there anything that the RML could do for you regarding technology?] Learning about technology is really good, however I think one of the best things the RML, well, let's see, maybe I'm not talking to the right part, is helping us pay for technology. We can learn all we want, but if a hospital is not paying for it, the grants are extremely helpful for that kind of thing. We have one in right now, well we have two in right now, and probably the hospital would not have paid for us, the next step would be our foundation, but learning about it is helpful, but what's really helpful is having a way to get it, and get it paid for.	2	4
RML Support	Other		I'd like to thank the --- consortium which has made it possible for to buy more resources by having a group work together and negotiate with the vendors, and I don't know whether nationally something can be done, or regionally something can be done like that, that would provide all the evaluations this group has done for me, so it's more collaboration across the country.	2	4
RML Support	Other		We are always looking for grant opportunities, so I would like to continue to see if they could provide those kind of opportunities for us where we could receive funding to do some of the things we just can't afford with our current budget, so that would be nice.	3	4
RML Support	Other		free materials for training	3	4
RML Support	Other		we were thinking, well is there anything out there that would let us know what all the electronic book vendors are, what their price models are, just to kind of give us all of our options when we're trying to make our decisions about electronic versus print?	4	4