

# **RML Annual Report**

**Region: MidContinental**

**Period Covered: May 1, 2011 – April 30, 2012**

**Contractor Name: University of Utah**

**Contract Number: HHS-N-276-2011-00006-C**

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# Executive Summary

## PERSONNEL

This was the first year since the 2001-2006 contract when the MCR had multiple staff vacancies. Sharon Dennis, Technology Coordinator, transitioned to be the first Assistant Director of the NLM National Training Center. The Kansas/Technology Coordinator position based at the University of Kansas was vacant from August to April, when Rebecca Brown joined the NLM National Training Center. The Health Information Literacy Coordinator position based at Creighton University was vacant from September until January, when Siobhan Champ-Blackwell became a contractor for the NLM Specialized Information Service. John Bramble, Utah/Member Services Coordinator transferred into the Technology Coordinator position.

The Utah/Member Services Coordinator position based at the University of Utah was vacant for eight months. After an unsuccessful recruitment the position was split. Suzanne Sawyer reduced her time as the MCR's Project Coordinator to assume the Utah Outreach responsibility. The Member Services responsibility was transferred to the University of Wyoming's coordinator and the fte was increased from .75 to 1 fte. Due to federal budget constraints the Director and Associate Director predicted that the budget could not sustain staffing as originally proposed. The Utah Outreach position became a temporary position that ended April 31, 2012. In the second year of the contract the outreach responsibility will be added to the Technology Coordinator position reducing librarian positions by one.

Lin Chen, Financial Analyst, took another position in January 2012 and Robert Millsap

was recruited to fill the position. He began in February 2012.

Due to cuts in the budget the MCR worked closely with the Resource Library Directors on priorities for staffing, projects, and budgets for option year 1.

## ASSESSMENT & EVALUATION

Resource Library feedback was facilitated by Betsy Kelly, Assessment and Evaluation Coordinator. At the beginning of the year, Resource Library directors received a questionnaire to assess their perspective on the library/RML partnership. Directors were also sent a questionnaire to forward to their librarians to gain feedback on their experience with having a staff member dedicated to RML work. The six Resource Library directors who responded continue to be supportive of the distributed model; appreciative of the level of communication that is maintained; feel their ideas are welcomed and listened to, whether or not they result in program changes; and find benefit in having an RML coordinator on their staff. They expressed more concerns about funding issues than in the past.

The majority of Resource Library staff respondents were very positive about having a coordinator in their library and having the opportunity to work with the coordinator. They feel they are informed about RML programs and services and several have had the opportunity to collaborate with their RML librarian. They provide feedback both formally and informally on RML issues and feel their ideas and concerns are taken seriously.

Additional assessment and evaluation activities:

- 2010 Focus group report completed and submitted to NLM.
- Spring survey covering technology and library advocacy activities and resources was distributed.
- Information needs assessment was distributed to attendees at the Westberg Parish Nurse Symposium.
- MCR staff used the recommendations of the communication audit and revised the communication plan.

This year the MCR came up with eighty-six indicators. We met thirty nine, partially met fifteen, and did not meet thirty two. We planned forty-six activities for the year. We carried out or expended much effort on twenty-eight, spent some effort on ten and did not carry out or spent little effort on eight.

**Outcome:** NN/LM MCR collaborations are valuable.

**Indicator:** NNO responds to a questionnaire that Member input shared with NNO is valued.

*Indicator Not Met. No questionnaire was sent to the NNO because it would conflict with the federal assessment of the NN/LM.*

**Outcome:** Resource Libraries are partners in carrying out the NN/LM 2011-2016 contract.

**Indicator:** All Resource Library Directors responding to a questionnaire rate the overall partnership with the RML a 4 or 5 on a likert scale.

*Indicator Met.*

**Indicator:** Coordinators responses to a questionnaire indicate that all coordinators have the resources and support needed to carry out their responsibilities.

*Indicator Not Met. The questionnaire was not distributed to the coordinators.*

**Outcome:** The Regional Advisory Board effectively advises the RML on outreach and programming for Network involvement and access to health information for health professionals and public.

**Indicator:** Each coordinator will record at least 4 contacts (email, visits, phone calls, or videoconference) with their board member concerning RML work, in addition to the annual meeting.

*Indicator Not Met. Most coordinators contacted their board member at least once.*

**Indicator:** In addition to participation in the annual RAB meeting each advisory board member will either make at least 1 suggestion or provide advice once a year to the RML or will facilitate RML contact with their constituent group as recorded in minutes or ARS.

*Indicator Not Met. There was no annual meeting and staff did not have much contact with the advisory board. The board had few opportunities to contribute to the RML.*

**Indicator:** RAB members responding to a questionnaire addressing their RAB experience report at least 1 way they believe they had an impact on NN/LM MCR programs.

*Indicator Not Met. We decided that a questionnaire assessing the board experience would not be worthwhile, since the board was rarely used this year.*

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

*Indicator Not Met. The board was not reconstituted this year.*

**Outcome:** Network members and other organizations are better able to support access to health information resources.

**Indicator:** Member input obtained during MCR assessment activities and shared with NLM and NN/LM is acknowledged and valued.

*Indicator Met. The MCR shared the conclusions of the 2010 focus group report with the NNO, who found value in the description of changes health sciences librarians are facing and shared appropriate sections with other divisions of NLM. The NNO also suggested that this information be used as a starting point for a discussion on changes that are being remarked upon in other regions.*

**Outcome:** Evaluation data demonstrates the effectiveness of MCR programs.

**Indicator:** 60% of at least 75 respondents from the target cohort to a questionnaire indicate that they learned of consultation services from MCR communication tools.

*Indicator Not Met. 74 members responded to this question, 20% (15) indicated that they learned of consultation services from MCR communication tools.*

**Indicator:** 60% of at least 75 respondents from the target cohort to a questionnaire rate at least 2 MCR services or programs as contributing to or enhancing their ability to support access to health information resources a 4 or 5 on a likert scale.

*Indicator Partially Met. The MCR's communications was the single service that was identified as contributing to or enhancing member ability to support access to health information resources.*

**Indicator:** 60% of at least 75 respondents from the target cohort to the Network Member Questionnaire rate the MCR as effective in improving awareness or access to biomedical information resources in the region.

*Indicator Not Met. The Network Member Questionnaire was not distributed this year. It is planned for next year.*

**Indicator:** At least a 2% increase is seen in 2 or more proxies for improved access.

*Indicator Met. An increase occurred for 4 of our proxies:*

- Increase in BHIC blog readers - 48%
- Increase in members serving unaffiliated health care professionals - 6%
- Increase in members providing Loansome Doc to unaffiliated health care professionals - 6%
- Increase in unaffiliated Loansome Doc users - 9%

**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:*

1. Proxy increases: BHIC readership,

*members serving unaffiliated health care professionals, and Loansome Doc libraries serving unaffiliated health care professionals.*

2. iPad sandbox sessions, consultations, and the iTest iPad project supporting use of mobile technology by members.
3. Introducing or updating members, public libraries, community based organizations, and public health departments on NLM resources and NN/LM services.
4. Teaching a workshop and distributing information to address parish nurses' information needs.
5. The webinars, "Tornadoes and Earthquakes and Floods OH MY! Librarians and Disasters" and "The 10 Step Approach to Service Continuity Planning," encouraging members to develop plans so that they can continue to provide information in time of a disaster.
6. Programs encouraging member involvement in e-science to make data available, the workshop "Developing Data Services to Support e-Science/e-Research," the Priscilla M. Mayden Lecture, and the follow-up discussion on the two events.

**Indicator:** Responses from the target cohort establish baseline data on new roles of librarians in their institution.

*Indicator Met. New roles that librarians have assumed or will assume include involvement in disaster preparedness, computerized physician order entry, electronic medical records, social media, grants, knowledge management, mobile technologies, systematic reviews, and learning management systems.*

## EDUCATION

Marty Magee, Education Coordinator, managed our education activities. This year MCR offered ninety-one presentations reaching 1,798 participants. 44% (40) of the presentations were conducted in person with 949 participants and 56% (51) were conducted online with 1,426 participants. We continue to capitalize on the presentation reach that Adobe Connect provides. Of the online participants, 849 attended live sessions and 577 viewed recordings.

Twenty-five members were funded through the MCR’s professional development award to attend conferences and workshops. All but one of the members came from an academic library and most awardees elected to attend a technology related event. Upon their return they either presented a webinar or wrote an article summarizing what they had learned.

Budget cuts reduced staff travel this year. To compensate, we implemented a new effort to diversify the audience attending our “Spotlight! on NLM Resources” sessions. We decided to focus our promotion to increase attendance from public libraries, the public health workforce, community based organizations, and health professionals to Spotlight! sessions relevant to their interests. This plan was implemented at the beginning of 2012.

**Outcome:** Network members have the necessary skills to develop projects and programs.

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

*Indicator Met. The exhibitor toolkit consisted of training and presentation materials to be used by Network members at exhibits. Taking the workshop on how to use the toolkit certified members and made them eligible to apply for a Training Health Professionals Stipend. Two sessions were held and 90% of attendees indicated that the class objectives had been met.*

**Indicator:** Hold 10 Spotlight! and 10 Breezing sessions per year.

*Indicator Met. 11 “Spotlight! On NLM Resources” and 10 “Breezing Along with the RML” sessions were held this year.*

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

*Indicator Partially Met. Only Spotlight! sessions were evaluated. Eight of the 11 sessions met the indicator for meeting learning objectives.*

**Indicator:** At least 50% of the Spotlight! sessions include participants representing the targeted groups.

*Indicator Not Met. Four of the 11 Spotlight sessions attracted participants representing targeted groups. We had most success with the public library population. Other groups we tried to attract were public health workforce, staff from CBOs, and health professionals.*

**Indicator:** Hold 4 DOCLINE class series.

*Indicator Met. The DOCLINE series consisting of “Beginning DOCLINE,” “Serial Holdings,” “Routing Tables,” and “Borrow and Lend” were held once a quarter. Attendance totaled 269. Although attendance has dropped, each session still attracts an average of 20 DOCLINE members. Breakdown of attendance by region:*

NN/LM Region	Participants
Middle Atlantic	52
Greater Midwest	50
Southeastern Atlantic	41
MidContinental	38
Pacific Southwest	32
Pacific Northwest	18
New England	18
Canada	11
South Central	9

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

*Indicator Partially Met. All but the series held in the first quarter met this indicator.*

**Indicator:** Hold 4 online classes for public librarians on NLM or NN/LM resources or tools.

*Indicator Met. 6 online sessions were held for public librarians on NLM resources for mental health, medication safety, alternative and complementary medicine, emergency preparedness, and environmental health.*

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

*Indicator Met. All classes met their learning objectives.*

**Indicator:** Teach at least 3 library values classes.

*Indicator Not Met. Although 4 classes on library values were taught, only 1 was offered in the region, so we consider this indicator not met. Classes outside the region were sponsored by MLA, the Pacific Northwest and Northeast MLA chapters.*

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

*Indicator Partially Met. Of the 4 classes, 1 did not meet this indicator.*

**Outcome:** NN/LM MCR collaborations are valuable.

Indicator: 5 new training items will be posted to MLA Educational Clearinghouse.

*Indicator Met. 10 new training items were submitted to the MLA Educational Clearinghouse. The majority of them were developed for the "Spotlight! On NLM Resources" series.*

**Outcome:** Health professionals, librarians, students, and members of other organizations have increased skills to use resources for health information.

Indicator: 2 NTC trainings are held in the region each year.

*Indicator Met. Training was held at the University of Colorado Denver Health Sciences Library and as part of the CE offerings for the MCMLA annual meeting in St. Louis.*

**Outcome:** Health sciences librarians are integrated in the conduct of e-science.

Indicator: Teach at least 2 e-science sessions.

*Indicator Met. 2 sessions were held at the University of Utah. Dr. Jian Qin taught "Developing Data Services to Support e-Science/e-Research." and the Priscilla M. Mayden Lecture, "Evolution of Library Service" was delivered by Bart Ragon followed by a panel discussion.*

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

*Indicator Partially Met. The indicator was met for Dr. Qin's workshop. No evaluation was conducted for the Priscilla M. Mayden Lecture.*

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

Indicator: Teach at least 6 technology classes.

*Indicator Not Met. We taught 1 class this year on QR Codes. Part of the reason for not meeting this indicator was the unfilled position in the technology project area.*

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

*Indicator Met. 100% of the attendees to the class indicated that the learning objectives were met.*

**Outcome:** Health professionals, librarians, students, and members of other organizations have increased skills to use resources for health information.

Indicator: There are 400 NetLibrary hits during the year.

*Indicator Partially Met. During this year, EBSCO bought NetLibrary and for a time members could not access the e-books from the MCR web site. EBSCO is not able to provide usage statistics for the first half of the year. Even though for the final 6 months, November through April, over half (227) of the titles needed to meet our indicator were "borrowed," for the reasons stated above, we consider this indicator to be partially met.*

**Outcome:** Librarians, health care providers, and consumers in the MCR are more aware of health information resources, services, and programs.

Indicator: Coordinators present at 50% of events where they exhibit.

*Indicator Not Met. We exhibited at 3 national exhibits and presented at 1. We exhibited at 25 local exhibits and presented at 3.*

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

*Indicator Partially Met. Of the 4 presentations, 3 met the indicator. An evaluation was not distributed at the presentation made at the national meeting.*

**Outcome:** Network members and other organizations are better able to support access to health information resources.

**Indicator:** 1 staff member from each state's refugee or coordinators office has attended a presentation.

*Indicator Not Met. Presentations were made to individuals working with refugees in the states of Colorado and Nebraska.*

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

*Indicator Not Met. No evaluations were distributed at the presentations to refugee office staff.*

**Indicator:** At least 3 items created by the refugee or state coordinators will be added to open source resources.

*Indicator Not Met. Only 1 brochure from the Refugee Health Education Resource Center in Denver was added to RHIN.*

## HEALTH INFORMATION LITERACY

The MCR continues to develop a relationship with the Westburg Parish Nurse Symposium held annually in St. Louis, Missouri. We have been successful in getting on the program and have exhibited for the past three meetings. This year we presented "Finding the Evidence with PubMed" as a pre-conference session. We collected data from attendees to the exhibit booth on health information needs and followed up with articles on the results and on topics that were identified in the needs assessment.

The MCR has been a founding member of Health Literacy Nebraska from June 2011. Founding partners also include public health, community based organizations, and public libraries. With a little funding from the regional public health office based in Kansas City they have set up a web site and promoted the organization in a poster at the October 2011 Public Health Association of Nebraska meeting.

Health Literacy Nebraska has become an Affiliate member.

The Exhibitor and Presentation Toolkit developed last year was tested and approved by the Collaboration Work Group. Members are trained on the toolkit in order to be certified as an exhibitor and to be eligible for the Training Health Professionals Stipend. Using this stipend members are funded to exhibit and present at health professional conferences. Unfortunately no one who was certified applied for the stipend.

At the end of the year we offered *Health Literacy Advisor* to our Network members to support them in their health information literacy role. Fourteen librarians submitted successful applications. This software enhances Microsoft Word to help edit English and Spanish health materials for different reading levels.

**Outcome:** Network members and other organizations are better able to support access to health information resources.

**Indicator:** 1 CBO per state will promote MedlinePlus to their clients.

*Indicator Partially Met. A CBO in 4 of our 6 states (CO, MO, NE, UT) promoted MedlinePlus to its clientele.*

**Outcome:** Network members have the necessary skills to develop projects and programs.

**Indicator:** 5 out of 6 (83%) of the people who tested the toolkit indicate it is useful.

*Indicator Met. The 6 members of the Collaboration Work Group tested the toolkit. All of them scored it as being useful.*

**Outcome:** Health professionals, librarians, students, and members of other organizations have increased skills to use resources for health information.

**Indicator:** Each State Coordinator will sign up 6 health care team members for the Information Rx program.

*Indicator Not Met. Three health professionals health professionals in Colorado and 11 school nurses in Missouri were signed up for Information Rx this year.*

**Indicator:** 50% of new health care team member Information Rx participants report that materials are used in patient care.

*Indicator Not Met. Participants in Colorado responded that they were not using the Information Rx materials. Contact information was not collected for Missouri participants and so no follow up could be made.*

**Outcome:** Librarians, health care providers, and consumers in the MCR are more aware of health information resources, services, and programs.

**Indicator:** The MCR will have an exhibit presence at 4 events per state, including the state library association meeting.

*Indicator Partially Met. The MCR designated the following meetings this year to meet this indicator: state library association, community health, public health, and physicians assistants. We met the indicator in 4 states (CO, NE, UT, WY). The Physicians Assistants group in Missouri did not respond to our request to exhibit. The Kansas outreach position was vacant for most of the year so we were only able to schedule the Kansas State Library Association meeting.*

**Outcome:** Network members and other organizations are better able to support access to health information resources.

**Indicator:** There will be an increase of 200 readers of the BHIC blog.

*Indicator Met. During the year, 340 new readers subscribed to the BHIC blog. BHIC became a national blog with contributions from most of the regions.*

**Indicator:** 80% of at least 15 Health Information Literacy Project development consultees indicate that the consult was beneficial.

*Indicator Met. The MCR staff consulted with 16 people concerning health information literacy. Fifteen (94%) of the consultees indicated that the consult was beneficial.*

**Indicator:** 40% of at least 150 Parish nurses complete the questionnaire administered at the exhibit to identify health information needs

*Indicator Met. 135 attendees responded to the questionnaire on their health information needs. The 2 primary topics were medications and alternative medicine. The primary way they wanted to receive this information was as a brochure.*

**Indicator:** 50% of articles submitted to parish nurse organizations will be disseminated.

*Indicator Met. Three articles were written on:*

- *The Results of the Questionnaire*
- *Medication Safety*
- *Alternative and Complementary Medicine*

*The MCR was unable to get the articles published in regular publications and so posted links to them on 4 parish nurse organization Facebook pages. In this way we reached 461 readers of the Facebook pages.*

**Indicator:** 4 of 6 State Libraries responding to a questionnaire rate the contribution of the RML to supporting access to health information resources a 4 or 5 on a likert scale.

*Indicator Met. A questionnaire was distributed at the end of the year to at least 1 State Library contact in each state. Kansas was not included since the Kansas position had been vacant for most of the year. Five of the 5 responses from the state libraries agreed or strongly agreed that the RML contributed to supporting access to health information resources.*

## **LIBRARY ADVOCACY**

The healthcare environment is becoming more unhealthy for members in the hospital setting. Barb Jones, Missouri/Library Advocacy Coordinator, and other MCR staff consulted with librarians at eight facilities who were facing reorganization, downsizing, or closure. Unfortunately, we were informed after a decision had been made and were unable to reverse the decision on three hospital library closures this year.

The J. Otto Lottes Health Sciences Library completed the final hospital valuation study reports for hospital libraries in the region and sent them to the participating librarians. “Do Clinicians Rely Upon Health Sciences Libraries for Patient Care? - Data from Six MidContinental Hospitals” was based on the study data and presented as an MLA poster.

The MCR promoted new roles for librarians in a number of ways. We offered presentations during our “Breezing Along with the RML” sessions. Ms. Jones spoke at different events such as the Health Literacy Missouri Summit and the VA librarian’s webinar. Ms. Jones was an instructor for the patient safety class at MLA. Full and Affiliate members were invited to pilot a software program that helps to edit patient and consumer materials for different grade levels following different health literacy standards.

**Outcome:** Network members and other organizations are better able to support access to health information resources.

Indicator: 2 librarians from each state will use the library valuation calculators and report to the state coordinator on their application in support of the library.

*Indicator Not Met. 10 librarians in 3 states (CO, MO, UT) used the calculators. Only 2 librarians in Colorado shared the calculations. The hospital librarian used the information in 2 situations. She shared it with a new supervisor who came to the hospital from a corporate setting and didn’t know what the library did. The supervisor appreciated that the library saved the institution money. She also calculated the cost and savings for a research institute that was a heavy user of the library. The research institute increased their donation to the library.*

*The academic librarian included the data in a report. It helped to show that the library contributed to the retention and graduation rate of students, a metric that is important to academic institutions.*

Indicator: Necessary intervention(s) occurred

*Indicator Met. Letters were written to administrators after the decision had been made to downsize (staff, collection, or space) or close libraries at the Via Christi Hospitals, VA Rocky Mountain Network, Swedish Medical Center, Exempla Lutheran Hospital, and AORN in support of maintaining library services. The MCR was not successful in reversing the decisions.*

**Outcome:** Network members, especially hospital librarians, participate in emerging practices to promote evidence based health information in the institution.

Indicator: At least 10 Network member librarians in the region share ways in which they are influential in increasing health information literacy and awareness of the importance of health information literacy in their institutions.

*Indicator Not Met. Only 3 Network members shared what they were doing to improve health information literacy. The experience of the St. Louis County Library was published in the Plains to Peaks Post and the work of Creighton University Health Sciences Library was featured in a “Breezing Along with the RML” session.*

**Outcome:** Network members and other organizations are better able to support access to health information resources.

Indicator: 60% of at least 75 respondents from the target cohort to a questionnaire rate at least 1 of the patient safety materials made available a 4 or 5 on a likert scale.

*Indicator Not Met. The availability of patient safety materials was not promoted to the region.*

Indicator: 60% of at least 75 respondents from the target cohort to a questionnaire rate the usefulness of least 1 of the business practices resources made available a 4 or 5 on a likert scale.

*Indicator Partially Met. 73 members responded to this question, almost reaching our quota of 75. The “Breezing Along with the RML” sessions focused on advocacy topics was the 1 resource that was rated by 68% of the respondents as being high in usefulness.*

## MEMBER SERVICES

The once-a-contract Network member renewal was completed with certificates ready for distribution at the end of the year. Follow up phone calls were required, especially for Affiliate members. Some Full members moved to Affiliate status; they were unable to meet the responsibilities required for Full members. Although many Affiliate members did not renew, our Affiliate member numbers did not go down due to the Full to Affiliate transitions and to new Affiliate members.

Staff reviewed and discussed the recommendations from the communication audit completed last year. We decided that each communication tool would carry different content and implemented the following changes:

- RML News (weekly digest) moved from the chapter listserv to Constant Contact
- Twitter feed contains news that members can distribute to their patrons
- Facebook posts are meant to engage members
- Plains to Peaks Post (newsletter) published using the blog infrastructure.

**Outcome:** Network members and other organizations are better able to support access to health information resources.

**Indicator:** 10% of individuals listed in the DOCLINE institutional record are involved in NN/LM activities.

*Indicator Not Met. We wanted to involve 62 members in NN/LM activities. We were able to involve only 26 in activities such as presenting, publishing articles in our newsletter, exhibiting, workgroup membership, or program planning.*

**Indicator:** 95% of Network members and other individuals involved in RML activities indicate their involvement in RML activities benefited or enhanced their ability to support access to health information resources.

*Indicator Met. 25 (96%) of the 26 involved members stated that their involvement benefited or enhanced their ability to support access to health information resources.*

**Indicator:** 75% of working group members contribute to development of exhibitor toolkit.

*Indicator Met. All (100%) of the working group members contributed to the development of the exhibitor toolkit.*

**Indicator:** RML working groups produce a product or program that is used.

*Indicator Met. The Collaborations Working Group produced the Exhibitor Tool Kit and the MCMLA Education Committee (used as the working group for the education project area) produced the CE program for the chapter meeting.*

**Indicator:** 6 Network members will be certified during the contract year to exhibit for the MCR.

*Indicator Met. 11 members were certified as MCR exhibitors by taking the exhibitor tool kit training.*

**Outcome:** NN/LM MCR communications mechanisms are effective.

**Indicator:** 60% of at least 75 respondents, from the target cohort, to questionnaires administered during the year rate communications from the MCR as contributing to enhancing their ability to support access to health information resources a 4 or 5 on a likert scale.

*Indicator Partially Met. The questionnaire asked members to rate our 5 communication tools (web site, newsletter, weekly news compilation, Twitter, and Facebook). Eighty-eight members responded. Three of the tools met the indicator. Twitter and Facebook did not.*

**Outcome:** Network members and other organizations are better able to support access to health information resources.

**Indicator:** 2 additional Network members will provide Loansome Doc services to unaffiliated health professionals each year.

*Indicator Met. We started the year with 29 Loansome Doc libraries. During the year we gained 2 more in Wyoming for a total of 31.*

**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. The performance standards for our members are: subscribe to 25 or more serials and have a fill rate of 75% or better. To meet this indicator fewer than 15 members had to be poor performers.*

*We met this indicator for the holdings report with only 2 (1%) members subscribing to less than 25 serials. We did not meet this indicator for fill rates. Forty nine (33%) members had a fill rate of less than 75%.*

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

*Indicator Not Met. Our Full membership dropped from 164 to 149 due to change in membership status or closure.*

Indicator: Reports data are helpful in understanding how Network members and other organizations are better able to support access to health information resources.

*Indicator Met. Using DOCLINE reports the MCR identified Full members who were not meeting member criteria in order to consult with them. The reports also allowed tracking of services to unaffiliated health professionals and the public in order to determine the level of service to the region and where staff needed to encourage more activity.*

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

*Indicator Not Met. EFTS participants decreased from 83 to 80 due to library closure or change to affiliate member status.*

## TECHNOLOGY

As a result of our communication audit and Google Analytics review, staff weeded web pages that received few visits from individuals in our region. This effort prepared us for the Drupal migration.

To support adoption of a new technology in the region we offered iPads to Full Network members. Forty-seven members participated in the project. From their participation in this project we wanted to learn:

- the impact that mobile technology would have on their services
- their access to resources that may be prohibited because of security policies
- whether they would share their experiences through a social media (Facebook).

We offered a new format for introducing technology to our members. The sandbox is an online session that has no objective except to provide members a chance to play with a new technology. Sandbox sessions were offered for Prezi, Doodle, iPad basics, and Facebook.

**Outcome:** NN/LM MCR communications mechanisms are effective.

Indicator: 6 online communication and collaboration tools are tested or re-tested.

*Indicator Met. The tools that were tested or retested this year were:*

- Epiphan VGA adapter
- Hootsuite
- Constant Contact
- Embedding media in Survey Monkey
- Unite
- iPad apps
- QR codes

Indicator: MCR implements at least 1 new communication mechanism per year.

*Indicator Met. The MCR implemented 2 communication mechanisms this year: Constant Contact and Hootsuite.*

Indicator: 60% of at least 75 respondents from the listserv report that the MCR web site is usable and easy to navigate.

*Indicator Met. 75 members responded to this question on our questionnaire and 64% agreed or strongly agreed that our web site was usable and easy to navigate.*

**Outcome:** Health sciences librarians are integrated in the conduct of e-science.

Indicator: 60% of at least 20 respondents from the target cohort to a questionnaire rate the e-science web pages a 4 or 5 on a likert scale.

*Indicator Partially Met. 51% of 73 respondents agreed or strongly agreed that the e-science web pages were useful.*

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

Indicator: 60% of at least 75 respondents from the target cohort to a questionnaire indicate that they adopted at least 1 new showcased technology per year.

*Indicator Partially Met. We had 73 responses to this question and 43 (60%) answered that they had adopted 1 of the technologies we showcased this year.*

Indicator: 20 Network members attending the sandbox sessions report that they have adopted at least 1 new technology featured in the sandbox sessions.

*Indicator Met. 37 members attending the sandbox sessions reported that they had adopted 1 of the 4 technologies featured.*

**Indicator:** 60% of at least 75 respondents from the target cohort to a questionnaire rate the usefulness of the resources found via MCR social media tools a 4 or 5 on a likert scale.

*Indicator Not Met. We inquired about Twitter and Facebook. 12% of the 74 respondents answered that Twitter resources were useful in supporting health information access. Thirty four percent of the 73 respondents answered that Facebook posts were useful in supporting health information access.*

**Outcome:** Network members and other organizations are better able to support access to health information resources.

Indicator: 5 Network members indicate that strategies that come out of the consultation have been helpful in addressing barriers to access

*Indicator Not Met. This indicator was based on the strategies that the technology advisory group was to develop. The group was never assembled and the strategies never formed.*

## Network Infrastructure

**Table 1: Annual Infrastructure Data**

	<b>Current Year</b>	<b>Previous Year</b>
Network Members - Full	149	164
Network Members - Affiliate	192	190

### **MedPrint – Medical Serials Print Preservation Program:**

The MCR published information about MedPrint in the January issue of *Plains to Peaks Post*. The topic was also discussed at two Resource Library Directors meetings. The results of those discussions were shared in the questionnaire that NLM asked each of the RMLs to complete. Two of the Resource Libraries intend to participate, two cannot participate because they do not have complete issues, and

four of the library directors have decided not to participate or are undecided.

### **Regional Emergency Preparedness and Response Plan:**

**Outcome:** NN/LM MCR communications mechanisms are effective.

Indicator: Disaster exercise demonstrates NER's ability to provide continuity of service to MCR customers.

*Indicator Not Met. The MCR and NER did not conduct a disaster exercise to determine whether NER could provide continuity of service to MCR members.*

Indicator: MCR internal continuity of service drill is successful.

*Indicator Met. The MCR conducted a drill in conjunction with Utah's Great Shakeout. We identified communication issues that we need to address and ideas on how to improve the drill. As a learning exercise the drill was a success.*

**Outcome:** Network members have the necessary skills to develop projects and programs.

Indicator: Hold at least 1 continuity of service training for Network members.

*Indicator Met. Dan Wilson, Coordinator for the NN/LM National Emergency Preparedness & Response Plan, offered his workshop "10-Step Approach to Service Continuity Planning" to the region.*

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

*Indicator Met. 100% of participants indicated that the class met its learning objectives.*

## **E-Licensing:**

**Outcome:** Network members have the necessary skills to develop projects and programs.

Indicator: Hold 3 licensing electronic resources classes.

*Indicator Not Met. One class, "Licensing e-Resources: Vendors/Librarians," was offered this year.*

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

*Indicator Met. All of the participants attending the licensing electronic resources class responded that class objectives had been met.*

Indicator: Participants receiving licensing electronic resources consultations responding to questionnaire or poll rate the helpfulness of the session a 4 or 5 on a likert scale.

*Indicator Not Met. This service was not promoted, so there were no consultations to evaluate.*

## **Identifying Unique and Historical Collections:**

**Outcome:** Librarians are aware of and have access to historical collections within the region as well as those from the National Library of Medicine.

Indicator: 90% of participants responding indicate that the class on NLM digital resources met learning objectives.

*Indicator Met. The January "Spotlight! On NLM Resources" featured History of Medicine resources. 100% of attendees indicated that the session had met its objectives.*

## **Cross-regional Collaborative Efforts:**

The MCR actively collaborated with other regions during the year. The partnerships included the *Bringing Health Information to the Community* blog with four regions, a training series for HUD Neighborhood Networks with the Pacific Southwest Region, the *Providing Ubiquitous Access to Public Health Departments* project with the New England Region, reviewing subcontract proposals for the South Central Region, a mental health webinar with the Greater Midwest Region, and planning two events for the next year with the Pacific Northwest and Greater Midwest Regions.

**Outcome:** NN/LM MCR collaborations are valuable.

Indicator: The MCR will collaborate on projects or programming with 2 other regions.

*Indicator Met. The MCR collaborated on 7 activities with 6 regions.*

# Outreach

Number of major ( $\geq$ \$15,000) projects funded in contract year:	0
Number of regional/state/local exhibits conducted by RML:	32
Number of regional/state/local exhibits conducted by subcontractors:	0

## Information Technology and Transfer:

We are challenged to gain a toe hold with the Regional Extension Centers (REC), Health Information Exchanges (HIE), and Health Information Technology (HIT) funded community colleges in the region. Our most successful efforts have been with the Missouri REC and the Nebraska HIE. The Missouri REC included MedlinePlus Connect brochures in the orientation packet sent to participating health care providers and clinics in rural Missouri and the Nebraska HIE published an article on MedlinePlus Connect in their newsletter. Two presentations on MedlinePlus and MedlinePlus Connect were made to Health Insight, the REC for Utah and Nevada.

**Outcome:** Network members and other organizations are better able to support access to health information resources.

**Indicator:** Each State Coordinator participates in a community health information exchange agency.

*Indicator Not Met. Contacts were initiated with the HIEs in Colorado and Nebraska. The Nebraska HIE published an article on MedlinePlus Connect in their newsletter. Finding the message that will resonate with HIEs is difficult and we have so far been*

*unsuccessful in establishing a working relationship with the 2 HIEs we have contacted.*

**Outcome:** RECs and health IT programs are aware of the value of incorporating personal health information and access to evidence based medicine resources in EHR systems.

**Indicator:** 2 of 5 librarians or faculty from the community colleges indicate, when asked, that as a result of RML support they shared information about resources for HIT.

*Indicator Not Met. The MCR was not successful in establishing a relationship with librarians or faculty in community colleges with HIT programs.*

**Outcome:** Network members, especially hospital librarians, participate in emerging practices to promote evidence based health information in the institution.

**Indicator:** 60% of at least 25 respondents, from the target cohort, to a questionnaire rate NN/LM support for their work with institutional EMRs a 4 or 5 on a likert scale.

*Indicator Not Met. 21% of the 52 responders agreed or strongly agreed that the MCR supports their work with institutional EMRs.*

# Attachment 1

## Annual AR summary data: RML staff activities

### Activity Summary

**Total Outreach**

Region 04 = 82

**Total Number of Estimated Participants**

Region 04 = 1,563

**Average Number of Participants Per Activity**

Region 04 = 19

**Average Length in Hours**

Region 04 = 1

**Under 1 Hour**

Region 04 = 8

**Between 1 and 2 Hours**

Region 04 = 63

**Over 2 Hours**

Region 04 = 11

**Hands-On Practice**

Region 04 = 38

**Conducted Remotely**

Region 04 = 51

**Offering Continuing Education**

Region 04 = 17

**Significant Number of Minorities**

Region 04 = 5

### Type of Organization Involved

**Health Sciences Library**

Region 04 = 75

**Public Library**

Region 04 = 4

**Government**

Region 04 = 15

**Hospital**

Region 04 = 1

**Clinical/Health Care**

Region 04 = 1

**Academic**

Region 04 = 81

**Community-Based**

Region 04 = 4

**Faith-Based**

Region 04 = 8

**Public Health**

Region 04 = 11

**Other**

Region 04 = 5

### Session Content

**PubMed**

Region 04 = 20

**MedlinePlus**

Region 04 = 36

**ClinicalTrials**

Region 04 = 8

**NCBI**

Region 04 = 4

**NLM Gateway****TOXNET**

Region 04 = 5

**Other Technology**

Region 04 = 42

**Other Non-Technology**

Region 04 = 32

### Significant Number of Minorities

**African American**

Region 04 = 4

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

Region 04 = 1

**Hispanic**

Region 04 = 1

**Native American**

Region 04 = 2

### Participant Summary

**Completed Participant Information Sheet**

Region 04 = 1,018

**Health Care or Service Provider**

Region 04 = 179

**Health Science Library Staff**

Region 04 = 451

**Public Health Worker**

Region 04 = 47

**Public/Other Library Staff**

Region 04 = 286

**General Public**

Region 04 = 58

# Attachment 2

## Annual AR summary data: Subcontractor activities

### Activity Summary

**Total Outreach**

Region 04 = 6

**Total Number of Estimated Participants**

Region 04 = 186

**Average Number of Participants Per Activity**

Region 04 = 31

**Average Length in Hours**

Region 04 = 13

**Under 1 Hour**

**Between 1 and 2 Hours**

Region 04 = 3

**Over 2 Hours**

Region 04 = 3

**Hands-On Practice**

Region 04 = 6

**Conducted Remotely**

**Offering Continuing Education**

Region 04 = 2

**Significant Number of Minorities**

Region 04 = 2

### Type of Organization Involved

**Health Sciences Library**

Region 04 = 5

**Public Library**

**Government**

**Hospital**

**Clinical/Health Care**

**Academic**

Region 04 = 5

**Community-Based**

**Faith-Based**

Region 04 = 1

**Public Health**

Region 04 = 1

**Other**

Region 04 = 2

### Session Content

**PubMed**

Region 04 = 3

**MedlinePlus**

Region 04 = 3

**ClinicalTrials**

**NCBI**

**NLM Gateway**

**TOXNET**

Region 04 = 1

**Other Technology**

Region 04 = 2

**Other Non-Technology**

### Significant Number of Minorities

**African American**

Region 04 = 2

**Alaska Native**

**Asian and Pacific Islander**

**Hispanic**

Region 04 = 1

**Native American**

### Participant Summary

**Completed Participant Information Sheet**

Region 04 = 58

**Health Care or Service Provider**

Region 04 = 1

**Health Science Library Staff**

Region 04 = 9

**Public Health Worker**

**Public/Other Library Staff**

Region 04 = 32

**General Public**

Region 04 = 12