

RML Annual Report

Region: MidContinental

Period Covered: May 1, 2012 – April 30, 2013

Contractor Name: University of Utah

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Executive Summary

PERSONNEL

Mathew Steadman was hired as the web developer for the MCR at .5 FTE. He also served as the multimedia developer for the National Library of Medicine Training Center at .5 FTE.

Jessi Van Der Volgen, NLM Associate Fellow, joined the library in September for her second year fellowship. She was involved in several RML projects:

- Participated on the ClinicalTrials.gov Task Force
- Reviewed curricula developed for HIT programs in community colleges
- Helped plan the March e-science forum entitled “Research Lifecycle: Partners in Success”

All staff participated in an exercise to address issues about working together. Six questions were discussed and recommendations for action developed.

LIBRARY ADVOCACY

The Library Advocacy project area led by Barb Jones, Missouri/Library Advocacy Coordinator, made progress in three areas—business practices for librarians, new roles for librarians, and working with the Medical Library Association.

The NN/LM MCR believes that for health sciences librarians to advocate for themselves, they need to present an argument in the business terms that are familiar to their administrators. Coordinators promoted the calculators to produce library specific cost benefit analysis and return on investment data. Ms. Jones coordinated a book group that carried out

exercises outlined in “Winning the Story Wars” by Jonah Sachs. Participants in the book group experienced formulating a story about themselves and their library for stakeholders. In addition, classes were held to give members skills in measuring impact, improving print media, and benefiting from institutional politics. A new class was developed, “Business Communications: Library Style.”

Activities encouraged and supported members to take on new roles in e-science, health literacy, patient safety, and knowledge management. Events were sponsored for e-science, knowledge management, and health information literacy. Marty Magee, Nebraska/Education Coordinator and Monica Rogers, Health Information Literacy Coordinator, were key organizers for the first Health Literacy Nebraska Summit. The MCR solicited members to initiate a new service in their institution using Health Literacy Advisor to help improve the readability of materials produced for patients.

Ms. Jones joined the Missouri Patient Safety Advisory Council and the Education Committee of the Society to Improve Diagnosis. As a member of the committee she recruited librarians from around the country to perform searches for the committee on ten topics. She is an editor for a soon to be published book on patient safety. Ms. Jones also co-authored a chapter in a book on knowledge management and was a panelist discussing knowledge management implementation at the Special Library Association 2012 conference.

The MCR staff worked with MLA and MCMLA on several advocacy initiatives. Claire Hamasu, Associate Director, helped write and shepherd

several motions through the voting process asking both organizations to be more active in advocating for health sciences librarians regionally and nationally. Ms. Jones, as a member of the MLA Hospital Library Section Executive Committee, lent her support when the activities requested in the motion were delegated to the section.

Ms. Hamasu and Betsy Kelly, Assessment & Evaluation Coordinator, were asked and wrote an editorial, "Assessment and Evaluation is Not a Gut Feeling: Integrating Assessment and Evaluation into Library Operations" published in the April 2013 issue of *JMLA*. The editorial takes the position that integrated assessment and evaluation is needed to obtain evidence on the value of the library.

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

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

Indicator Not Met. Five librarians from the states of CO, KS, MO, and WY used the library calculators. None of the members reported back to the state coordinators on how they used the results.

Indicator: At least 1 librarian facing organizational restructuring uses RML support before a final decision is made by the institution.

Indicator Met. A librarian from Kansas consulted with Ms. Jones about monitoring metrics that would be meaningful to her administration.

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

Indicator Partially Met. The question was not phrased for a likert scale response; instead we

asked whether the respondent would recommend the materials to a colleague. We did not achieve the response rate that we had set. We had 50 responses to this question. 31 (62%) would recommend the materials.

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

Indicator: At least 10 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 Partially Met. Seven participants in the MCR's Health Literacy Advisor project successfully promoted health information literacy support as a service of the library. Five work in an academic health sciences library and 2 work in a hospital library.

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

Indicator Not Met. We did not achieve the response rate that we had set. We had 52 responses to this question. 37% agreed or strongly agreed that at least one of our patient safety materials was useful.

ASSESSMENT & EVALUATION

The major assessment and evaluation activity for this year was the Network Member Questionnaire, distributed in January 2013. This activity is carried out at least once a contract to learn about member activities and needs. The questionnaire was issued for the first time in fall 2002 and was administered again in 2005, 2008, and 2013. Two hundred eighteen questionnaires were distributed; 118 (54%) responses were received. The data is being analyzed and a report will be issued next year.

The annual Spring Questionnaire was distributed through the MCR's listserv. Responses to this

questionnaire help us to determine whether we have met the indicators we had set for the year.

Ms. Kelly, Ms. Hamasu and Ms. Jones published the article, “Applying Return on Investment (ROI) in Libraries,” in the August 2012, issue of *Journal of Library Administration*. This article reviewed the use of ROI in libraries, focusing on health sciences libraries.

This year the MCR set for itself 81 indicators to achieve. We met 31, partially met 13, and did not meet 37.

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| <p>Outcome: NN/LM MCR collaborations are valuable.</p> <p><u>Indicator:</u> NNO identifies information shared by MCR that makes a positive contribution to NNO operations.</p> <p><i>Indicator Met. The MCR received feedback from the NNO that suggestions for the new activity report would be implemented.</i></p> |
| <p>Outcome: Resource Libraries are partners in carrying out the NN/LM 2011-2016 contract.</p> <p><u>Indicator:</u> Coordinators responses to a questionnaire indicate that all Coordinators have the resources and support needed to carry out their responsibilities.</p> <p><i>Indicator Not Met. A questionnaire was not developed to assess the resources and support needed by MCR coordinators.</i></p> |
| <p>Outcome: The Regional Advisory Board (RAB) effectively advises the RML on outreach and programming for Network involvement and access to health information for health professionals and public.</p> <p><u>Indicator:</u> 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.</p> <p><i>Indicator Not Met. The Regional Advisory Board was not reconstituted this year.</i></p> <p><u>Indicator:</u> Each coordinator will have at least 4 contacts (email, visits, phone calls,</p> |

videoconference), concerning RML work per year recorded in the ARS with board member in addition to the annual meeting.

Indicator Not Met. The Regional Advisory Board was not reconstituted this year.

Indicator: In addition to participation in the annual RAB meeting 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 minutes or ARS.

Indicator Not Met. The Regional Advisory Board was not reconstituted this year.

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

Indicator Not Met. The Regional Advisory Board was not reconstituted this year.

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

Indicator: MCR coordinators report in the ARS on conversations with at least 50% and not fewer than 10 Full Network members from their state per year.

Indicator Not Met. This indicator was met in only 2 states (CO and MO) and not met in the other 4.

Outcome: Evaluation data demonstrates the effectiveness of MCR programs.

Indicator: 60% of at least 75 respondents from the target cohort to a questionnaire rate at least 50% of MCR services or programs as contributing to enhancing their ability to support access to health information resources a 4 or 5 on a likert scale.

Indicator Met. Using the Network Member Questionnaire, the MCR gathers extensive data on its members once every 5 years. The MCR received 118 responses to the questionnaire distributed in 2013. The following services and programs were listed and the percentage reflects those who responded that they agreed or strongly agreed that the service was useful in providing services to users or supporting library staff professional development. This

data was used to determine whether we met the indicator above.

| | |
|--|------|
| Access to e-books collection | 100% |
| Online classes | 100% |
| Information updates about NLM products | 100% |
| Introduction to and assistance with using new technologies | 98% |
| Resources for advocating for your library | 98% |
| Funding for professional development | 98% |
| In-person classes | 97% |
| Opportunity to provide input on NN/LM programming | 92% |
| Free promotional materials (pens, posters, bookmarks) | 88% |

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

Indicator Partially Met. We did not achieve the response rate that we had set. We had 57 responses, 83% of whom agreed or strongly agreed that the NN/LM MCR is effective in improving awareness or access to biomedical information resources in the region.

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

Indicator Met. The MCR monitored 8 markers and compared 2012 and 2013 data to determine improved access to health information in the region. The proxies were:

1. Member participation in the MedlinePlus Consumer Health Directory
2. Updated institutional records in DOCLINE
3. Subscribers for Bringing Health Information to the Community blog
4. Number of members
5. Members providing services to unaffiliated health professionals
6. Members accepting unaffiliated Loansome Doc users
7. Unaffiliated Loansome Doc users
8. Members contributing to NN/LM MCR infrastructure or outreach activities

There was at least a 2% increase for the following four proxies:

- +6% Updated institutional records in DOCLINE
- +4% Number of members
- +5% Unaffiliated Loansome Doc users
- +203% Members contributing to NN/LM MCR infrastructure or outreach activities

Indicator: Reports based on data from the MCR's Activity Reporting System (ARS) describe activities that contribute to improved access.

Indicator Met. Nineteen indicators from the MCR logic model were identified as improving access to health information. Nine of the indicators were met. The activities that contributed to improved access in the region were:

1. Increase by 2% in the proxies measured for improved access,
2. Feedback from members that services and programs offered by MCR support their ability to provide access,
3. The use of DOCLINE reports to affect programming,
4. Increase in school members,
5. Increase in community college members,
6. Feedback from state libraries that the MCR is supporting access to health information,
7. Results from CBO connectivity project that the project has increased their access,
8. A successful table top exercise with the MCR coordinators assisting members reporting a disaster,
9. Training items were added to the MLA Educational Clearinghouse.

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

Indicator Met. The target cohort identified the following as new roles they had assumed in their institution. Some of these are new responsibilities or roles for the respondent rather than a new role for the librarian profession.

Archives
Committees
Continuing education (medical, nursing, etc)
Data

- Education
- Electronic health records
- Emergency preparedness
- Evidence based medicine
- Grants
- Health information literacy
- IT
- LMS
- Nursing research
- Outreach
- Patient safety
- Patient satisfaction
- Publishing
- Quality assurance
- Readmission issues
- Regulatory compliance
- Simulation
- Web master

EDUCATION

[Note: Data for our educational activities was pulled from the MCR Activity Reporting System and other sources since the new NN/LM Activity Report is still under development.]

This year MCR offered 98 in-person and online presentations reaching 1,434 participants. In addition, 23 of the presentations were recorded. We have viewing statistics for 19 of them. A total of 579 people viewed our recordings. Participants provided feedback that we met class objectives in 31 of the 37 sessions where we asked for evaluations.

Ms. Hamasu, Ms. Jones, and Ms. Kelly wrote an article summarizing the activities and ideas that were generated during during a discussion following e-science events co-sponsored by the NN/LM MCR and the Spencer S. Eccles Health Sciences Library in February 2012. The article, “Discussing ‘eScience and the Evolution of Library Services’,” was published in the *Journal of eScience Librarianship*.

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

Indicator: 3 sessions on the Exhibitor and Presentation Toolkit are presented.

Indicator Not Met. Three sessions on the Exhibitor and Presentation Toolkit were offered, but due to no-shows, only 1 was held.

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

Indicator Met. The class taught participants how to use the exhibitor toolkit. One person took the class and she indicated that the learning objectives were met.

Indicator: 3 presentations are made where the RML is not an exhibitor.

Indicator Met. MCR staff presented at the Fitness and Health Bloggers Conference (CO), the Colorado Academic Library Association Spring Meeting, and the Health Science Education Summer Conference (UT).

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

Indicator Met. This indicator was met for all 3 presentations.

Indicator: Hold 4 DOCLINE class series.

Indicator Met. The DOCLINE series consists of Beginning DOCLINE, Serial Holdings, Routing Tables, and Borrow and Lend sessions. The series was offered quarterly. Participants represented every region. This table shows the breakdown of participants by region for the year.

| NN/LM Region | Participants |
|-----------------------|--------------|
| Middle Atlantic | 135 |
| Southeastern Atlantic | 131 |
| Greater Midwest | 85 |
| MidContinental | 33 |
| South Central | 33 |
| Pacific Southwest | 19 |
| Pacific Northwest | 12 |
| New England | 12 |
| Total | 460 |

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

Indicator Not Met. No objectives were set for the sessions, so this indicator was not met.

Indicator: 75% of at least 8 librarians participating in at least 1 journal club rate the experience an A or B on the MLA evaluation form.

Indicator Met. A journal club was organized around "Winning the Story Wars" by Jonah Sachs. Twelve members completed the series and 100% rated the experience an A or B on the MLA evaluation form.

Indicator: Teach at least 2 library values classes.

Indicator Met. "Measuring Your Impact" was taught by Ms. Kelly and Ms. Jones in St. Louis. "Institutional Politics – Earning Trust and Respect with Your Peers and Executives" was taught as an online class by Pat Wagner.

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

Indicator Met. The MCR held 11 "Spotlight! On NLM Resources" and 11 "Breezing Along with the RML" webinars.

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

Indicator Not Met. The MCR wanted to attract participation from public library, public health, community based organization, and health professional audiences. We identified the audiences we wanted for each of the "Spotlight! On NLM Resources" webinars. We had participation from the public health workforce for 3 of our sessions and health professionals for 1 of our sessions. Three of the 11 (27%) sessions included participants representing the targeted groups.

Indicator: Spotlight and Breezing sessions are promoted 4 times each [3 in RML News and 1 in MCMLA listserv] and Google Calendar dates are listed on web page.

Indicator Met. Ms. Magee promoted the sessions in the designated venues for the required number of times.

Outcome: NN/LM MCR collaborations are valuable.

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

Indicator Met. Fifteen training items representing MCR "Spotlight! On NLM Resources" and the "Cool Creative Communications" classes were posted on the MLA Educational Clearinghouse.

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

Indicator: Options identified for librarians to become expert searchers are shared with Network members.

Indicator Not Met. A MeSH CE was identified for the annual meeting but this information was shared with Network members in June 2013, too late to meet this indicator.

Indicator: 1 NTC training is held in the region each year.

Indicator Met. "PubMed for Trainers" was offered as part of the MCMLA annual meeting in October 2012.

Indicator: There are 350 EBSCO (NetLibrary) hits during the year.

Indicator Not Met. There were 141 hits to the EBSCO eBook Collection. Use of this collection has continually declined over the past few years. Since the MCR "owns" the collection and it is still being used, we have decided to maintain the collection but not add new materials.

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

Indicator: Teach at least 2 e-science sessions.

Indicator Partially Met. One session was held, "Research Lifecycle: Partnering for Success." This event took place in March 2013 at three locations (Salt Lake City, Seattle, Portland).

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

Indicator Partially Met. 89% of the Salt Lake City participants agreed that the objectives for the event had been met.

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

Indicator: Lead at least 4 Sandbox Sessions.

Indicator Met. Sandbox sessions introduced members to Trello (project management), Info.gram (dashboard), SlideRocket (presentations), and Evernote (organizer).

Indicator: Teach at least 4 technology classes.

Indicator Partially Met. Three sessions of "Cool Creative Communications" were taught. One session was cancelled due to low enrollment.

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

Indicator Met. All sessions of "Cool Creative Communications" met this indicator.

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. MCR staff exhibited at 37 meetings. Nine (24%) were proposals to present were accepted; 14 proposals were submitted. Five (14%) proposals were submitted too late. Fifteen (40%) meetings were not accepting proposals from outside speakers.

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

Indicator: A majority of participating MCR librarian complete a knowledge sharing project and share their results with the region.

Indicator Partially Met. Two teams from the MCR attended the knowledge sharing workshop held in Chicago. The team from the University of Missouri-Columbia participated in the post-workshop discussion. The recording of their presentation was shared with the region.

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

Indicator Not Met. Efforts to encourage the region's refugee health educators to add materials to open source venues did not materialize. In Colorado, there was contact with a refugee health educator and in Nebraska with a member of the Refugee Task Force, but the contacts did not lead to materials being submitted.

HEALTH INFORMATION LITERACY (HIL)

The MCR reviewed applications and awarded fourteen librarians Health Literacy Advisor software to offer a new service to lower the reading level of materials written for patients. The purpose of the project was to support librarians in becoming change agents and contributors to the health information literacy initiatives of their institution. The project had uneven results. The software did help lower the reading level of materials; however, there was dissension about its usability. Some thought it was wonderful; others thought it was frustrating. A major problem was that the software could only be loaded on a single computer unless the institution had a Microsoft server; most participating institutions did not have a separate Microsoft server.

There were some positive outcomes. The availability of Health Literacy Advisor gave participants an opportunity to promote library services. This was a different kind of service (not a database or published content) but one that had the librarian assisting authors. Due to project accountability and requirements for promotion, health information literacy was on the participants' radar. They looked for people who worked in health literacy and forged new relationships with them.

The MCR is a founding member of Health Literacy Nebraska. During the year Ms. Magee and Ms. Rogers contributed to the development

of its strategic plan and helped coordinate the Health Literacy Nebraska Summit held on January 30, 2013. A number of the ideas generated at the summit involve NLM products such as MedlinePlus and Information Rx.

Dana Abbey, Colorado/Health Information Literacy Coordinator, has been monitoring the Health Care Education Association listservs for the past three years. There are three listservs one for patient educators, one for staff educators and one for pediatric educators. Ms. Abbey responds to questions that pertain to information resources. As a result of her contributions she was asked to present on health literacy at their next national conference.

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

Indicator: Each state person in charge of health curriculum would inform State Coordinator with 2 examples of how resources/information we provide supports the curriculum.

Indicator Not Met. State coordinators contacted the state person in charge of health curriculum for CO, WY, NE and introduced them to the resources available from the NLM. No further contact was made.

Indicator: 50% of individuals receiving information on the HCEA listservs respond that the information was useful.

Indicator Not Met. Ms. Abbey monitors the 3 listservs for the Health Care Education Association the professional organization for patient, staff, and community educators. As appropriate she provides information on resources to respond to questions that appear on the list. During the year she responded to 28 questions; 10 individuals (35%) informed her that the information she provided was useful.

Indicator: Readership of the BHIC blog will increase by 100.

Indicator Met. Readership of the BHIC blog continues to increase. By monitoring new

subscribers to the digest list and individual subscriptions we estimate that the numbers of readers grew by at least 111 this year.

Indicator: 6 librarians receive Training Health Professionals stipends.

Indicator Not Met. The MCR offered members funding to exhibit and/or present at health professional conferences. No one applied for this stipend.

Indicator: 80% of at least 15 HIL consultees indicate that the consult was beneficial.

Indicator Not Met. Staff provided 12 consultations and 10 of them were beneficial. Consultations were on community partnerships, on improving library services, providing health information to the community, and proposal writing.

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

Indicator Met. Five of the state library contacts (CO, KS, MO, NE, WY) who have been working with state coordinators strongly agreed or agreed that the RML supported access to health information resources. Comments were very complimentary and mentioned the state coordinator by name.

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

Indicator: 6 MCR Network members, one per state, indicate the toolkit was useful in their exhibiting.

Indicator Not Met. Only 1 member, from Wyoming, used the toolkit and she found it useful when exhibiting.

Indicator: At least 2 RAB members will exhibit for the MCR.

Indicator Not Met. No Regional Advisory Board members were invited to exhibit for the MCR. The Regional Advisory Board was not reconstituted this year.

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. Only 11 Information Rx users were recruited from 2 states (NE, MO).

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

Indicator Not Met. Four of the 11 (36%) reported that they were using the materials with their patients.

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 exhibited at 32 meetings this year. We met this indicator in all states except Missouri and Wyoming. We did not attend the Missouri state library association meeting because it conflicted with the MCMLA annual meeting. We exhibited at 3 meetings in Wyoming. The MCR started working on outreach to the new audiences identified by the national initiatives. We exhibited at school library and nursing conferences and at a meeting for HOSA students from community colleges.

MEMBER SERVICES

The good news this past year was that two affiliate members became full members and our affiliate membership continues to grow. We had seventeen libraries join as affiliates. However, the MCR continues to experience attrition among its full Network members. Nine members moved from full to affiliate status or closed.

Professional development stipends were awarded to twelve members. We were hoping to evenly split the funding between academic and hospital librarians, but only two hospital librarians applied. Most of the awardees

attended conferences. All of the awardees shared their experiences with colleagues in the Region by writing an article for the *Plains to Peaks Post* or presenting during a webinar.

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

Indicator: Individuals representing 10% of member institutions are involved in NN/LM activities.

Indicator Met. We needed the involvement of 59 members to meet this indicator. 63 members were involved in NN/LM activities this year. Involvement included presenting a webinar, writing an article, contributing as a member of a work group, or participating in the MCR disaster drill.

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 or their professional development.

Indicator Partially Met. Coordinators followed up with 50 (79%) members, who all agreed that their involvement benefited their professional development or their ability to support access to health information.

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

Indicator Not Met. Only 1 member was certified to exhibit for the MCR this year.

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

Indicator Not Met: The MCR had 3 working groups this year. The Wyoming Symposium working group was the only one that produced a project that was used by developing and holding the 2012 meeting.

The Hospital Internet Access Barriers working group developed a collection of resources to assist members who are restricted by hospital policy to access social media. It was not finished in time to meet this indicator.

The MCMLA Education Committee (also serving as the MCR education work group) recruited an

instructor to teach MeSH at the annual chapter meeting. The class will not be held until September 2013.

Indicator: Net total of full Network membership does not decrease in the region.

Indicator Not Met. The MCR started the year with 150 full Network members. Although 2 of our members moved from affiliate to full status, we had even more members close or move from full to affiliate status. By the end of the year our full Network members numbered 143, 7 less than when we started.

Indicator: 4 new or reactivated community college libraries will become Network members.

Indicator Met. MCR coordinators recruited a total of 4 community college libraries from Kansas, Nebraska, and Wyoming to join the NN/LM.

Indicator: 4 new or reactivated school libraries will become Network members.

Indicator Met. The Colorado Coordinator recruited 4 school libraries to join the NN/LM.

Indicator: 75% of full Network members meet the minimum requirement of 75% fill rate.

Indicator Partially Met. The region came very close to meeting this indicator; 71% of our members met the 75% fill rate in DOCLINE.

Indicator: MCR DOCLINE reports produced by NLM influence at least 1 RML decision or affect at least one RML activity.

Indicator Met. The DOCLINE reports were used to decide to implement the EFTS incentive funding in option year 2.

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

Indicator Not Met. The region has 31 Loansome Doc providers. No additional Network members offered Loansome Doc services to unaffiliated health professionals this year.

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

Indicator Not Met. The region added 1 new EFTS participant this year from Missouri. We now have 83 members using EFTS.

Indicator: 10 Network members will receive Professional Development Awards.

Indicator Met. Twelve Network members were funded to attend professional development activities. All but 2 came from academic institutions. This was a reflection of who was applying.

Outcome: NN/LM MCR communications mechanisms are effective.

Indicator: Results of a questionnaire show that 60% of at least 75 respondents from the target cohort rate communications from the MCR as contributing to their ability to support access to health information resources at 4 or 5 on a likert scale.

Indicator Partially Met. We did not achieve the response rate that we had set. We had 38-45 responses depending on the communication tool we were asking about. However, 72-85% of the responses strongly agreed or agreed that our communications contributed to their ability to support access to health information resources.

TECHNOLOGY

We provided three community based organizations (CBOs) with iPads and a data services subscription for the year. We were very pleased that the iPad offered mobile access to information while out in the community, the way that we hoped it would. Here are examples of how the CBOs were able to improve their services by having access to information while working in their communities.

1. Answering questions about services, information and resources that are not included in their resource guide especially for clients who live outside of their service area.
2. While out in the community, used to verify that individuals have not yet been recruited

into a study by checking the participant database, then recruiting the individual into the study.

3. Being able to show reputable information that reinforces the message. For example, a pregnant client smoked marijuana during her pregnancy. She was not willing to accept that it was not good for the baby until seeing the information on the iPad. “Seeing the words of a ‘professional’ sometimes means more than hearing the words from me.”
4. Information is accessible when attending meetings and coalition events.
5. Used it to process donations at a gala fundraiser.

The staff implemented a social media communication plan based on the feedback from the communication audit completed at the end of the last contract. This plan was developed in response to members telling us that they did NOT want the same messages being distributed on all of our communication tools. We came up with different purposes for the RML News (blog and news compilation), the BHIC blog, our NN/LM MCR Facebook page, and the NN/LM MCR Twitter feed. The RML News continues to distribute messages for librarians interested in health information and health sciences librarianship. The BHIC blog continues to distribute news items of use to community based organizations and those who work with these organizations. The Facebook posts are meant to provoke discussion among our Network members. The tweets are news items that are meant to be re-tweeted or re-distributed by Network members to their own constituencies. We knew going into this plan that the Facebook and Twitter were not popular among our members, but we thought it was worth a try. After more than a year of implementation, we will reassess how we use social media with our members.

Work began in earnest to adapt Moodle for gaming. WebSTOC agreed to support the server for using Moodle in this way. The game, with a theme (yet to be decided) will be open to all members in the region. Coordinators submitted tasks that they want included. Members will receive points for carrying out these tasks. The MCR hopes that this will be a fun way for members to improve their knowledge and skills in MCR project areas. A leaderboard will be created for members to track their points in comparison to other players.

Outcome: NN/LM MCR communications mechanisms are effective.

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

Indicator Met. MCR implemented 2 new communication mechanisms this year. Mr. Steadman, our web developer, wrote programming to add rotating graphics for the front page of the MCR web site. This allows us to prominently feature upcoming events, posters, important news, and makes the page more attractive by breaking up the text. This programming was adopted by other regions. The MCR and PNR staff working on the e-science forum adopted Trello as our project management and collaborative tool.

Indicator: 85% of at least 75 respondents from the target cohort to a questionnaire rate the MCR web site usability and navigability a 4 or 5.

Indicator Not Met. We did not achieve the response rate that we had set. We had 54 respondents and only 70% of them agreed or strongly agreed that our web site was usable and easy to navigate.

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 one new showcased technology per year.

Indicator Not Met. We did not achieve the response rate that we had set. We had 54 responses to this question. 13 (24%) of the

respondents adopted at least one of the technologies we promoted. The MCR showcased 8 technologies during the year: Evernote, Infogr.am, SlideRocket, Trello, MedlinePlus Connect, NLM mobile apps, data visualization resources, and social media communication tools.

Indicator: 60% of at least 75 respondents from the target cohort to a questionnaire rate the usefulness of the social medial tools that the MCR uses to disseminate information a 4 or 5 on a likert scale

Indicator Not Met. We did not achieve the response rate that we had set. We had 45 responses to this question about our 3 social media tools. We asked respondents whether they agreed or strongly agreed that the following social media tools were useful. The highest percentage was given to RML News Blog; 86% gave it one of these ratings. Facebook and Twitter received very poor ratings on usefulness.

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. The MCR intended to develop strategies that address barriers to Internet resources that are blocked at some institutions, especially hospitals. These strategies would then be used by coordinators to consult and assist members to obtain access. The strategies were not developed in time for the required number of consultations to take place. However, 1 consult was held with a Network member in Kansas who thought that it was helpful.

Indicator: The community based organization identifies 2 ways the project contributed to increased access to health information.

Indicator Met. The MCR provided 3 community based organizations with an iPad, connectivity to the Internet, and training on its use and on NLM resources. Each of the organizations identified at least 2 ways in which this mobile access increased their ability to obtain health information.

Indicator: The community organization continues to fund the project after its completion.

Indicator Not Met. Funding by the community organization would require assuming the cost of the cellular data plan. One of the CBOs lost its funding at the end of the project and is being closed. The other two will not be picking up a data plan, although staff will continue to use the iPad.

Network Infrastructure

Table 1: Annual Infrastructure Data

| | Current Year | Previous Year |
|------------------------------------|--------------|---------------|
| Network Members - Full | 143 | 149 |
| Network Members - Affiliate | 209 | 192 |

MedPrint – Medical Serials Print Preservation Program:

Two Resource Libraries, Creighton University Health Sciences Library and University of Wyoming Libraries, signed agreements to officially retain selected print journal titles. Three additional libraries in the region have marked in DOCLINE the titles that they are willing to retain, however agreements have not yet been signed. DOCLINE shows that 60 titles held by these five libraries will be retained until 2036.

Regional Emergency Preparedness and Response Plan:

A table top exercise was conducted with members of the Region. One member from each state was asked to call her state coordinator during a specified week, present a disaster scenario that had just hit her library, and ask for assistance. Members came from both academic and hospital environments and presented both natural and man-made disasters. We realized some unexpected outcomes from the drill:

- Network members updated their emergency plans. Members were put in the position of having to think about what would happen if... and what would they do to keep things running. This process identified gaps in their plans.
- Members realized that the RML was available for support.
- Members used the drill to show involvement of the library in emergency preparedness to their administration.

Outcome: NN/LM MCR customers are satisfactorily served in time of a disaster.

Indicator: Members report after the drill that the state coordinator satisfactorily covered the issues needed to help them address their emergency.

Indicator Met. All 6 members confirmed that the coordinator met their libraries' needs and covered all issues unique to the emergency scenario they were "experiencing."

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. MCR, GMR, and Dan Wilson from the NN/LM Emergency Preparedness Toolkit jointly sponsored the "Disaster Communication Summit" in Chicago, March 7-8, 2013. Continuity of service was one of the classes offered.

E-Licensing:

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

Indicator: The MCR will inform Network members of any e-licensing consortia willing to accept their participation.

Indicator Not Met. There are two e-licensing consortia in the region one in Kansas and the other in Colorado. Information was not obtained about whether they would accept participation from others outside of their affiliated group.

Indicator: Hold 3 licensing electronic resources classes.

Indicator Partially Met. Two "Licensing Electronic Resources" workshops were held this year.

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

Indicator Met. At least 90% of participants in each of the workshops agreed that the class had met its learning objectives.

Identifying Unique and Historical Collections:

Articles were published in the *Plains to Peaks Post* by members from the Health Sciences Library - University of Colorado Denver and the McGoogan Library of Medicine about their history of medicine collections. An article was also published in the newsletter on the events surrounding the “Changing the Faces of Medicine” exhibit at the Spencer S. Eccles Health Sciences Library.

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: 60% of 75 respondents from a target cohort to a questionnaire respond that their awareness of history of medicine collections in the region was increased as a result of MCR efforts.

Indicator Not Met. We received only 57 responses to this question. Of those responses only 28% agreed that the MCR had increased their awareness of history of medicine collections in the region.

Indicator: Each State Coordinator has published in a public library publication/ listserv, information on History of Medicine Resources from NLM.

Indicator Partially Met. An article on NLM history of medicine resources was published in state library association publications in Colorado, Nebraska, Utah, and Wyoming.

Cross-regional Collaborative Efforts:

The MCR staff worked successfully on cross regional efforts ranging from teaching a class for another region to collaborating with other regions on developing events and initiatives.

Classes - Ms. Jones and Ms. Kelly taught “Measuring Your Impact” for the NN/LM Southeastern Atlantic Region. Ms. Jones was one of the instructors for “Diagnostic Error: A Multidisciplinary Approach” that was presented for both the NN/LM Southeastern Atlantic and Pacific Southwest Regions.

Jim Honour, Wyoming/Member Services Coordinator, led the effort of coordinators from the NN/LM Middle Atlantic, Pacific Northwest, and Greater Midwest Regions to begin teaching the national DOCLINE series once a quarter.

Ms. Abbey and Ms. Rogers collaborated with coordinators from all regions to update the “Health Information on the Web” section of nlm.gov. They updated the multi-languages and health literacy resources.

Ms. Hamasu co-chaired the Community College Task Force. Coordinators contributed to the K-12 Task Force, the Community College Task Force, the MedlinePlus Connect Task Force and the ClinicalTrials.gov Task Force.

The “Disaster Communication Summit” and “Knowledge Management in Hospitals” were planned with the NN/LM Greater Midwest Region.

“Research Lifecycle: Partnering for Success” was planned with the NN/LM Pacific Northwest Region.

Ms. Rogers manages the contributors from four regions who post news items to the BHIC blog:

- Michelle Burda, NN/LM MAR
- Pat Devine, NN/LM PNR
- Michelle Eberle, NN/LM NER
- Kate Flewelling, NN/LM MAR
- Gail Kouame, NN/LM PNR
- Monica Rogers, NN/LM MCR
- Lori Tagawa, NN/LM PSR

Outreach

| | |
|---|----|
| Number of major (≥ \$15,000) projects funded in contract year: | 0 |
| Number of regional/state/local exhibits conducted by RML: | 27 |
| Number of regional/state/local exhibits conducted by subcontractors: | 0 |

Information Technology and Transfer:

As a member of the MedlinePlus Task Force, Rachel Vukas, Kansas/Technology Coordinator, interviewed health information technology faculty at community colleges about including MedlinePlus Connect in their curriculum. The federal funding for this initiative has ended and there is no mandate to include information about a patient portal in the curriculum. Reception of the HIT program is cool to learning more about MedlinePlus Connect.

Ms. Vukas wrote a letter to each (except Nebraska) state's Regional Extension Centers (REC) promoting MedlinePlus Connect. Four of the state coordinators followed up on the usefulness of the information, only one REC (Colorado) replied.

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. Only 17% (7) of the 42 respondents agreed or strongly agreed that the MCR supports their work with institutional electronic medical records.

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: 1 REC reports that information from the MCR about MedlinePlus Connect and HL7 was helpful to their program.

Indicator Met. The Regional Extension Center for Colorado, Colorado Regional Health Information Organization, reported that the information provided on MedlinePlus Connect was helpful.

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. At the end of 2011-2012, the MCR had not established a relationship with librarians or faculty in community colleges with HIT programs. Jessi Van Der Volgen, the NLM Associate Fellow, reviewed the curricula for the HIT programs and concluded that the curricula were very tightly structured and any needed resources were already incorporated. Personnel involved in the curricula who were interviewed by the MedlinePlus Task Force voiced the same opinion.

Attachments

Attachment 1

Annual AR summary data: RML staff activities

Attachment 2

Annual AR summary data: Subcontractor activities