

Site Visit Report
NN/LM Mid-Continental Region (MCR)
University of Utah, Salt Lake City, UT
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Sheldon Kotzin MLS
Renee Leasure PhD, RN, CCRN
Darlene Parker- Kelly MSLS
Barbara Platts MLIS, AHIP
Mary Piorun MSLS, MBA

NN/LM MidContinental Region Mid-Contract Site Visit Report

Region: NN/LM MidContinental (MCR)

University of Utah

Spencer S. Eccles Health Science Library

Date of Site Visit: July 17, 2013 (Virtual)

1. What are the strengths of the RML?

The National Network of Libraries of Medicine (NN/LM) MidContinental Region (MCR) is characterized by innovation, creativity and enthusiasm. The distributed model works through the interpersonal qualities of the MCR staff, active teambuilding and the use of technology such as Skype to connect the MCR staff. It also brings the Regional Medical Library (RML) closer to its constituents, works well within its six-state region. Most of the states are rural with few urban centers. The majority of the states have one or no medical school. Each state has an Outreach Coordinator at a Resource Library (RL). The Coordinators are also responsible for programmatic goals, such as library advocacy or technology. As a result of the distribution of tasks, about 51% of each budget year's funding will go to the RLs. The RML provides a good rationale for RL selection and they seem to communicate effectively by Skype.

The Coordinators, located at the RLs, can handle the implementation of fairly large subcontracts. It was good to learn that RL directors are committed to the Coordinator positions as demonstrated by their agreement to cover a portion of the Coordinators' salaries during the recent budget crunch. This demonstrates a strong, institutional commitment and value to these positions. The Regional Advisory Council is a broad-based body, made up of a diverse group of Network members, whose discussions tend to be more programmatic in nature.

The leadership shown by Jean Shipman and Claire Hamasu is perfect for this distributed Network. Each received strong endorsements from RL Directors. The MCR, the Spencer S. Eccles Health Sciences Library at the University of Utah and the Resource Libraries staffs are qualified, dedicated, passionate and committed, all important factors contributing to RML successes. The Coordinators are viewed as local partners who can be called upon by Network members. They provide specialized services that meet local needs.

Overall, the scope, breadth and depth of the MCR services and the involvement of the Resource Libraries represents a strong yet unique model in providing access, training and promoting the awareness of NLM resources. The MCR is committed to fulfilling the three goals established by NLM. The RML imposes on itself a fourth goal which is to support the assessment and evaluation of their programs.

The RML measures its progress by carrying out quarterly assessments and annual program reviews. It believes that improving skills leads to behavioral change, which, in turn, leads to better awareness and, ultimately, to access. Library advocacy is clearly a concern, based on the focus discussion comments given. The MCR is the only region with a specific coordinator assigned to this function. Its Return on Investment (ROI) calculator has been used beneficially by MCR libraries and beyond to show that library services reduce hospital costs. The MCR offers sessions of the nationally recognized, "Measuring Your Impact" course introducing librarians to institutional business practices. Due to the high demand for the course a "Train-the-Trainer" program was created.

Besides more traditional approaches to library advocacy, the MCR emphasizes activities that pair librarians with health professionals. The University of Utah researchers and librarians, for example, are determining how library services reduce patient stays, patient safety, and other cost factors. The MCR also trains librarians to write proposals seeking funding awards.

Member services of the MCR succeed through a combination of promoting member involvement in working groups and task forces; online presentations; publishing in the regional newsletter; and co-teaching various classes.

The MCR collaborates with the University of Utah and its National Institutes of Health (NIH) Clinical and Translational Science Award (CTSA) at the University of Utah. This affiliation increases the visibility of both the NN/LM and the academic health sciences librarian. Such partnerships provide librarians with the opportunity to participate in and to lead inter-professional teams.

Marty Magee, the MCR Education Coordinator, described libraries as organisms—i.e. growing organizations. This results in greater use of social media, monthly Webinars, and exhibits to break new ground for librarians.

There are several examples of strong regional efforts to improve health information literacy such as translating information resources into Spanish and presentations of NIH SeniorHealth for aging veterans. The Network program hosted by the MCR with two other regions participating, known as Bringing Health Information to the Community, has 975 subscribers.

There are also excellent examples of outreach to faith-based and refugee organizations, including some where the MCR information is placed on community websites. The increase in public library network members in recent years has been noteworthy. It is an extremely important step for reaching many medically underserved areas with reliable health information. The MCR surveyed PL members to help determine their training needs and interests. There is a collaboration involving public libraries and K-12 educational institutions to make health information Websites more understandable to the population that lacks college level education. Parents of K-12 students also are an important constituency.

The MCR has done an outstanding job emphasizing the value of MLA's certificate in Consumer Health Specialization among librarians as 45 individuals in the Region have completed coursework. Surprisingly, the region still makes effective use of NLM's InfoRx note pads as promotional items.

The MCR keeps librarians abreast of technology through training. The Technology Coordinators try to research new developments and share them with Network members. Classes are held on e-research, social media, data visualization, and related topics. Efforts are being made to focus more on library-centric technology. Positive comments were made by focus discussion attendees about the Sandbox sessions in which specific technologies or apps are presented in a hands-on class. The iPad project was identified as being particularly helpful.

The MCR has been successful in using a variety of communication mechanisms while trying not to make users receive redundant messages. The Website logically emphasizes program descriptions. It is also informative, comprehensive and up-to-date; the Plains to Peak Post blog features full-length articles; weekly news contains time-sensitive short articles; Facebook posts items asking for feedback; and Twitter is geared for information that can be retweeted.

2. *What are the challenges and what recommendations or suggestions would you offer the RML for dealing with the challenges to improve/enhance the program?*

The goals and objectives of the MCR are clearly linked to Healthy People 2020. To help their constituency connect the MCR activities to the Healthy People initiatives, the MCR should identify the relationship between the Healthy People goals and RML activities. MCR should also ask individuals submitting proposals to link their project goals and objectives to related Healthy People goals.

The MCR has adopted K-12 outreach, promotion of MedlinePlus Connect, and promotion of ClinicalTrials.gov as regional initiatives. However, there was little evidence of the latter two goals in the site visit program review. Perhaps they are planned for years 4-5. Even with emphasis on Library Advocacy, closures of libraries and the inability to fill some vacant positions still rests heavily on the minds of Network members. This crisis needs much more attention from the professional associations. NLM might more forcefully advocate for health administrators to understand the value of libraries. The region's policy of sending letters to hospital administrators when it receives word of an imminent closing seems too little too late. There should be better alignment of advocacy work being done with state hospital associations. There seems to be a conflict between what the state is doing and what the MCR is doing.

One area of focus has been on engaging public libraries and growing that sector of the membership. There was not, however, much discussion on hospital libraries and how to engage and grow this sector. It also may be that regional emphasis on public library collaboration and Network membership may be done at the expense of new roles for hospital librarians and increasing their Network participation. More emphasis should be placed on developing tools and services for hospital libraries that allow them to leverage existing resources in order to demonstrate their direct impact on patient outcomes. Many of the initiatives developed by the MCR could be replicated by other RMLs.

A positive note was the report of the results of a 2011 survey that asked regional librarians who had taken the course, "Measuring Your Impact" to give some examples of what they had done to improve or measure library services. About 212 librarians responded and half gave clear examples of the ways in which they illustrated their impact. Still additional resources are

needed to support hospital libraries and assist in redefining the role of hospital libraries.

There are several good initiatives involving Network members serving on committees, composing Web articles, and the like, but Wyoming seems to lag behind other states in member involvement. E-books are still not widely used throughout the region. Many MCR libraries continue to maintain print collections that are stagnant. This trend appears to be national as well as regional. None of the specific types of health literacy consultations mentioned by the Site Visit team were being carried out in the Region, however, the MCR provided some examples where it successfully encouraged member involvement at their respective institutions.

It appears that programming for returning military veterans has not been emphasized, although the University of Colorado will soon host NLM's Life and Limb exhibit with the university developing programming around it for vets. Four Corners regional outreach, a once thriving program that included the MCR and two other RMLs, is now stagnant due to the lack of funding. Internet access behind firewalls is still a problem for some hospital libraries, but the MCR recently formed a new working group to address the challenge.

One of the challenges facing the MCR includes technology and making sure the RML stays connected with Network members and vice-versa. The MCR, however, is aware of some of the restrictions and/or limitations and are investigating ways to bridge this gap. While Facebook and Twitter are used for Network communications, their effectiveness has not yet been proven. As revealed by the survey and focused discussion, some Network members felt excluded and unimportant because they were not contacted, visited, nor included in RML programs. Outside of being a Resource Library or a member of the RAC, Network members have no way of taking ownership of RML programming. Members are recipients of programs and services as opposed to contributing actively to the development of programs and services. The only activity in which they participated was the survey. The MCR should reach out to inactive and/or new members to build relationships and get more people involved in regional programs and activities.

Opportunities exist in the remainder of the contract for educational efforts to provide librarians with the skills needed for the implementation of EHRs. It is not clear that the MCR or NLM knows exactly how to address these at the regional level.

3. *What recommendations do you have for NLM?*

In addition to the comments above, NLM would be wise to:

- Revisit the policy that prohibits most fiscal year funding to be carried over when not used. Allow more flexibility in spending funding.
- Rapidly bring the Activity Report System up and running.
- Provide more MedlinePlus health topic information at the high school reading level.
- Continue DOCLINE, but do not make it a centerpiece of regional service.
- Hold another symposium on the future of the library, although it should not be promoted as the “building-less” library as some espouse.
- Be more cognizant of the impact of funding limits and the reduction in the NIH budget on the RML’s ability to carry out programs. In Colorado, outreach to parish nurses and refugees could not be accomplished without NLM funds.
- Engage hospital administrators in dialogue regarding hospital librarians as a joint venture with the Medical Library Association. Or independently promote the value of hospital libraries and their role in the delivery of healthcare at the national level, not in conjunction with MLA.
- Develop clear and concise metrics related to hospital libraries that demonstrate value added services that impact patient outcomes.
- Recommend continued funding and the provision of any additional funds possible to support the endeavors of the MCR.
- Design promotional materials that can be read by a greater number of consumers including those with low literacy levels and offer “how-to” training to librarians. The skills and experience from performing this activity may also be applicable to the development and distribution of patient education information. Hospital librarians could utilize such skillsets in their clinical settings.

4. *Other observations, comments or recommendations.*

The MCR invited its RL Directors to share thoughts about the MCR's achievements, challenges, and unmet needs. They were also asked to address the value of the RL partnership and changes in the environment of which NLM should be aware. Some of the directors commented in writing after the site visit. Although Jean Shipman did not participate, and some of the Directors had other commitments, this proved to be a candid, worthwhile discussion. The Directors were concerned about new roles for librarians and an aging workforce. They felt that some people do not understand the value of librarians and are skeptical of their ability to contribute. The need to convince others of their worth requires librarians to be better at identifying and measuring their value. Opportunities mentioned included clinical librarianship, embedded librarians, involvement in institutional repository efforts, and partnering with PLs to better serve immigrant populations. Librarians need to be an important resource on all cross-disciplinary teams. There is a perceived role for the MCR in promoting the library as a center for faculty and student interaction.

The RL Directors fully support the distributed model as it brings their institutions closer to the users and more involved in regional planning. One called it a "win-win" arrangement. Another said that the users in her state consider the coordinator to be the face of NLM products and services. Coordinators appear to receive positive feedback. In Wyoming the Coordinator has partnered with the State Library to answer health questions and conduct training. Wyoming health education, in the absence of a medical school, is critical in attracting physicians to a rural environment. The Directors look to the MCR to facilitate more consortia buying and are concerned that vendors now reach out directly to end users. The cost of acquiring books and journals cannot be put on the backs of students.

One Director referred to the NIH Public Access policy as the greatest savings for institutions as it has led the effort for more free articles. The Directors also alluded to some specific challenges for NLM, including:

- Defining the library of the future
- Defining future Network priorities and directions
- Addressing the importance of physical space for library services
- Preparing the population for health insurance reform and the emerging health insurance marketplace

In sum, pockets of innovation and partnerships are going on in libraries, but administrators are not always aware, due in part to the “silo” affect. Administrators must be part of future conversations.

Although the innovative activities created by the MCR may be known within the library community, the information should be distributed more broadly. The MCR should consider publishing in peer-reviewed journals, as well as, presentations to non-library professional groups. Others would be interested in the creative activities and successful outcomes of the MCR.

Great thought and preparation went into the preparation for the mid-contract review. The presentation was well developed, logically organized and highlighted the individual nuances of the region. The “conversations” with the constituents was beneficial in highlighting the success of the MCR.

Library Advocacy is a major concern among MCR Network members. The MCR should keep Network members abreast of Library Advocacy activities. The MCR continues to provide an extremely invaluable service to its Network members. It is encouraging to see the amount of dedication that goes into the planning implementation of the goals of the NN/LM.

The right people did not participate in the focused discussion. The information gathered on the call may not represent the opinions of many in the Region. Comments made such as, “It’s not the RML’s job to teach PubMed” or “I’m new to the Region,” made the representation of the participants questionable. The low number of responses to the survey was not useful and again did not seem representative of the Region.

The distributed model works for the MCR. It would be good to demonstrate formally the success of this regional model in some way.

Team Members:

Sheldon, Kotzin, Chair
Consultant and retired NLM Associate
Director for Library Operations
National Library of Medicine
Rockville, MD

Renee Leasure, PhD, RN, CCRN
Associate Professor
University of Oklahoma
College of Nursing
Oklahoma City, OK

Darlene Parker-Kelly, MSLS
Director,
Health Sciences/Learning Resource Center
Charles R. Drew University
Los Angeles, CA

Barbara Platts, MLIS, AHIP
Knowledge Management Services
Munson Healthcare
Traverse City, MI

Mary Piorun, MSLS, MBA
Associate Director,
NN/LM New England Region
Lamar Soutter Library
University of Massachusetts
Medical School
Worcester, MA