

RML Annual Report

Region: MidContinental

Period Covered: May 1, 2013 – April 30, 2014

Contractor Name: University of Utah

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Executive Summary

PERSONNEL

At the beginning of the year, Matt Steadman, web developer, was reduced from .5 FTE to .25 FTE. Mr. Steadman also works for the National Library of Medicine Training Center and they picked up the additional quarter of his time. Mr. Steadman was originally hired to work on Drupal migration. He will continue to maintain the MCR web site and work on enhancements to the MCR game.

Two of the MCR Resource Libraries had a change in leadership. Nancy Woelfl, Director of the McGoogan Library of Medicine at the University of Nebraska Medical Center, retired at the end of June. Marie Reidelbach served as Interim Director until Emily McElroy started as Director in December 2013.

Upon the departure of Karen Cole in the summer of 2013, the University of Kansas Medical Center Dykes Library had an interim dean, Vince Loffredo, Vice Chancellor of Student Services. In December the library began reporting to Michael Harmelink, Associate Vice Chancellor for IR /Chief Information Officer. The library director position will not be filled.

ASSESSMENT & EVALUATION

The primary assessment and evaluation activity for this year was the contract site visit in the first quarter. Preliminary activities included recruiting Network members for a focused discussion. Volunteers who could not be accommodated were asked to provide written feedback on the questions that were asked during the focused discussion. A bibliography of URLs and documents was compiled to provide the site visit team with an overview of the accomplishments of the NN/LM MCR. In addition, photos from the resource libraries were integrated with Google earth to produce a video

tour of the RML. The site visit was held on July 17, 2013 from 12:00-3:30 MT using Adobe Connect. The session with Resource Library Directors started late and those who could not stay were invited to provide written comments. The RML had four follow up questions. The site visit report was very complimentary and in its report wrote that the region is "... characterized by innovation, creativity and enthusiasm."

MCR staff also participated in the New England Region and the Outreach Evaluation Resource Center site visit teams.

The annual Spring Questionnaire was distributed to all subscribers of the MCR's listserv. We have approximately 500 subscribers; 98 (20%) responded. Responses to this questionnaire helped us to determine whether we met the indicators we set for the year.

A questionnaire was developed to assess who was reading and subscribing to Bringing Health Information to the Community blog and their interests. The questionnaire was distributed to the 403 subscribers to the digest version of BHIC and was completed and returned by 105 (26%). The analysis has been completed and shows that the majority of responders work in an academic setting. Responses indicate that most of the readers are interested in posts on continuing education, funding opportunities, and health information literacy. The full report of the results will be issued early next year.

This year the MCR set for itself 90 indicators to achieve. We met 47, partially met 17, and did not meet 26. Twenty-six of the indicators were associated with changes that would impact access to health information. Of the 26 access indicators, we met 14.

<p>Outcome: NN/LM MCR collaborations are valuable.</p> <p><u>Indicator:</u> National Network Office (NNO) identifies information shared by MCR that makes a positive contribution to NNO operations.</p> <p><i>Indicator Met. MCR librarians served on the site visit teams for the Outreach Evaluation Resource Center and the NN/LM New England Region. Comments from both their reports were included in the final report written by NNO staff.</i></p>
<p>Outcome: Resource Libraries are partners in carrying out the NN/LM 2011-2016 contract.</p> <p><u>Indicator:</u> All Resource Library Directors who respond to a questionnaire rate the overall partnership with the RML positively or very positively.</p> <p><i>Indicator Not Met. No questionnaire was distributed to Resource Library Directors asking them to rate their partnership with the RML.</i></p>
<p>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.</p> <p><u>Indicator:</u> 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.</p> <p><i>Indicator Not Met. The advisory board was not reconstituted in time for coordinators to make their four contacts.</i></p> <p><u>Indicator:</u> Each RAB member works at least one time with a coordinator at an exhibit when the meeting is within reasonable proximity to the RAB member's location.</p> <p><i>Indicator Not Met. The advisory board was not reconstituted in time for members to assist in an exhibit booth.</i></p>

<p><u>Indicator:</u> 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.</p> <p><i>Indicator Not Met. The advisory board was not reconstituted in time to meet this indicator.</i></p> <p><u>Indicator:</u> 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.</p> <p><i>Indicator Not Met. The board has not operated long enough to assess their experience.</i></p> <p><u>Indicator:</u> The RAB 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 Met. The board includes representatives from each state, the Center for Patient Safety, the Associate Dean for the University of Wyoming Libraries, and the current Chair of MCMLA.</i></p>
<p>Outcome: Evaluation data demonstrates the effectiveness of MCR programs.</p> <p><u>Indicator:</u> MCR coordinators report in the ARS on conversations with at least 25% and not fewer than 10 Network members from their state per year.</p> <p><i>Indicator Partially Met. State coordinators met this indicator in all but two states. Four state coordinators exceeded the 10 member minimum. It is important that coordinators talk to Network members to increase our awareness of what is happening in their institutions, to help us determine what programming would be useful, to establish a relationship, and to promote our services.</i></p> <p><u>Indicator:</u> 60% of at least 75 respondents from the target cohort to a questionnaire indicate that they learned of consultation services from MCR communication tools.</p> <p><i>Indicator Not Met. 32% of 92 respondents said they were made aware of consultation services from MCR communication tools.</i></p>

Indicator: 60% of at least 75 respondents from the target cohort to a questionnaire rate at least 3 communication tools from the MCR as positively or very positively contributing to their ability to support access to health information resources.

Indicator Met. The three communication tools that were rated positively or very positively by at least 70% of the 92 respondents were:

- NN/LM MCR Weekly News
- Plains to Peaks Post Newsletter
- NN/LM MCR web site

Indicator: 60% of at least 75 respondents from the target cohort to a questionnaire rate at least 3 MCR services or programs as positively or very positively contributing to enhancing their ability to support access to health information resources.

Indicator Not Met. This question was missed and not asked of our membership.

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 Met. 84% of 98 respondents agreed or strongly agreed that the MCR is effective in improving awareness or access to biomedical information resources in the region.

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

Indicator Met. The MCR identified indicators that would affect access to information. Out of 26, we achieved 14 of the indicators. The following activities are how we improved access to information in the region this year:

1. Training items were shared via the MLA Educational Clearinghouse.
2. K-12 staff provided feedback on how resources/information we provided supports their curricula.
3. MCR's internal continuity of service drill was successful.
4. MCR supported Network member librarians experiencing organizational restructuring.
5. 53% of 90 Network members reported that they are involved in health literacy activities.
6. One new Full Network member joined the NN/LM.

7. Four community colleges were recruited as members.
8. Four K-12 schools were recruited as members.
9. DOCLINE reports were used for program decision making.
10. Participants in the CBO Underconnected Project identified ways that the project increased access to health information.
11. Refugee coordinators reported back on the usefulness of resources.
12. State Library contacts reported that their collaboration with the RML supported access to health information resources.
13. At least 70% of 92 responses identified communication tools that contributed to their ability to support access to health information resources.
14. 84% of 98 members responded that the MCR is effective in improving awareness or access to biomedical information resources in the region.

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 82 in-person and online classes reaching 1,543 participants an increase over last year. Where we could ask for the feedback (in-person, synchronous online classes), participants responded that we met class objectives for 72 of the 82 classes. Ten of the classes were recorded. A total of 823 people viewed our class recordings. About 600 views were for "Packing Your Disaster Go-Bag." We partnered with the NLM Disaster Information Resource Management Center on this session and the recording is linked on their national page. In addition we recorded 12 presentations that received 515 views.

Marty Magee, Nebraska/Education Coordinator, and Monica Rogers, Health Information Literacy Coordinator, both served as Core Committee members of Health Literacy Nebraska (HLNE).

They participated in strategic planning, and subsequently established a quarterly webinar series (utilizing NIH Adobe Connect), and coordinated all aspects of the sessions. Each webinar included a presentation on NLM resources, a national speaker (such as CDC), and a description of a local health literacy project. Attendance at each session averaged more than 40 people. This ongoing series represents not only collaboration with HLNE, but also public health agencies, hospitals, and community-based organizations in Nebraska.

Outcome: NN/LM MCR collaborations are valuable.

Indicator: 10 new or updated training items will be posted to MLA Educational Clearinghouse.

Indicator Met. Twelve trainings were posted this year to the MLA Educational Clearinghouse.

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

Indicator: 1 class on expert searching is held.

Indicator Not Met. "MesH for Searchers" was offered at the annual chapter meeting, but there were not enough registrants for it to be held.

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

Indicator Not Met. Since the class was not held, we did not meet this indicator.

Indicator: There are 350 E-Book hits during the year.

Indicator Not Met. Only 107 books were accessed during the year. The MCR no longer funds this program; this is the final year that we will track usage.

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

Indicator: Teach at least 4 technology classes.

Indicator Met. Three "Research Lifecycle" classes and one "Cool Creative Communication" class were held.

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

Indicator Met.

Indicator: Lead at least 4 Sandbox Sessions.

Indicator Met. Sandbox sessions were conducted on Mendeley, Wordle, PowerPoint posters, and PowerPoint photo editor.

Indicator: 90% of Sandbox attendees state that the session was fun.

Indicator Met.

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

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

Indicator Met. "Breezing Along with the RML" sessions were held monthly except for July, because of a conflict with the site visit, and December, when we took a break for the holidays. Eleven "Spotlight! on NLM Resources" sessions were taught this year.

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

Indicator Met. For all but two of the classes, 100% of the participants responding indicated that class objectives had been met. The two classes met the 90% standard.

Indicator: Hold 3 DOCLINE class series.

Indicator Met. A series of classes were held in July, November, and March partnering with Middle Atlantic, Greater Midwest, and Pacific Northwest Region coordinators. Each round consists of a class on Beginning DOCLINE, DOCLINE Borrow/Lend, Routing Tables, and Serial Holdings. The number of attendees has increased and members from the Greater

Midwest Region made up the largest number of participants. Last year most attendees came from the Middle Atlantic Region.

NN/LM Region	Participants
Greater Midwest	116
Middle Atlantic	89
Southeastern Atlantic	78
New England	52
South Central	45
Pacific Southwest	38
MidContinental	36
Pacific Northwest	29
Total US	483
Canada	30
Total Attendees	513

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

Indicator Met. For all of the DOCLINE sessions at least 90% of participants responding indicated that the class met learning objectives.

Indicator: Hold 3 licensing electronic resources classes.

Indicator Met. "Vendor/Library Relations," "Negotiating the License," and "Licensing E-Resources" were held.

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

Indicator Partially Met. For two classes this indicator was met. The instructors for the third class did not establish learning objectives.

Indicator: Offer 12 points of in person or online sessions for CHIS certification.

Indicator Met. "Health and Wellness @ the Library" worth 12 points toward CHIS certification was taught online.

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

Indicator Met. Ten people completed the class and said that the learning objectives had been met.

Indicator: Teach 1 EFTS class.

Indicator Met. Jola Sliwinski, EFTS Coordinator, co-taught "EFTS/DOCLINE Q & A" for us.

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

Indicator Not Met. The guest instructor did not establish learning objectives for this class.

Indicator: Teach 1 LinkOut class.

Indicator Met. "Linkout for Libraries" was taught.

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

Indicator Not Met. The instructor did not establish objectives for this class.

Indicator: Teach at least 2 classes per state for public libraries.

Indicator Met. Thirteen classes were taught. Most classes were conducted at state library association meetings and online in partnership with state libraries.

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

Indicator Partially Met. Two instructors did not ask the participants whether the objectives had been met. One class did not meet the 90% standard.

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

Indicator: 4 sessions will be offered for faith community nurses.

Indicator Met. Two classes were held online working with Faith Community Health Network. Two classes were held in-person in Colorado.

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

Indicator Met. The average rating for the four classes was 95%.

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

Indicator Not Met. Coordinators presented at eight of the 37 events where they exhibited.

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

Indicator: At least 4 articles will be written and distributed to the parish nurse audience.

Indicator Met. Articles on multi-language resources, veteran's health resources, elder abuse resources, and limiting PubMed searches to a parish nurse subset were distributed to parish nurses through their social media sites. These included national organizations, state, and regional organizations. Comments of appreciation from readers were posted for the elder abuse article.

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

Indicator: Spotlight and Breezing sessions are promoted 4 times each and dates are listed on the MCR's Google Calendar.

Indicator Met. Each session was promoted at least four times, three times in the RML News and once as a reminder on the day of the event. Events were added to the calendar.

HEALTH INFORMATION LITERACY

Barb Jones, Missouri/Library Advocacy Coordinator, worked closely with the Society to Improve Diagnosis in Medicine to develop a national program called Expert Health Search. This is a patient service offering literature searches and information delivery by health sciences librarians. Ms. Jones recruited librarians nationwide to pilot this project. The project was launched on April 17, 2014.

MCR supports the Health Care Educators Association (HCEA). The Technology Coordinators manage the three listservs of the organization. Dana Abbey, Colorado/Health Information Literacy Coordinator, has established herself as a resource for the HCEA. She was interviewed for eBlast, the member newsletter. In October, upon their invitation, she presented, "The Language Game: Connecting

Patients and Providers to Health Information" at their annual conference in Cincinnati, Ohio. She was also asked and now serves on the HCEA Communication Committee where she has worked on compiling information resources for members. Ms. Abbey continues to respond to posts on the HCEA listservs requesting information about health information resources.

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. Coordinators exhibited at a minimum of four exhibits per state for five out of the six states. MCR exhibited at all of the state library association meetings, except Colorado. Colorado decided not to invite exhibitors this year.

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

Indicator: 50% of responses to posts on the Health Care Education Association (HCEA) listservs are judged useful by recipients.

Indicator Partially Met. The MCR responded to 20 posts on the three HCEA listservs. Eight (40%) of the posters indicated that the response was useful.

Indicator: 2 examples are shared with state coordinators about how resources/information we provide supports the curriculum.

Indicator Met. We learned of four examples this year about the usefulness of NLM resources. Ms. Abbey heard back from three contacts that the resources she shared would be used in STEM, nutrition, and health curricula. The resources shared by Ms. Jones were linked on the Missouri Department of Elementary and Secondary Education web page for career education.

Indicator: At least 4 potential collaborations between a K-12 entity and a library in the region are identified.

Indicator Partially Met. Three collaborations were identified in Colorado: between the Denver Public Library and Denver Public Schools, between Vail Public Library and Eagle County Schools, and between Douglas County Libraries and Douglas County Schools. Denver Public librarians work with school science teachers to develop STEM programming which runs year round. Vail Library children's librarian works closely with the classroom teachers and offers instruction on resources to support school curriculum including health and science. In Douglas County, each librarian is assigned 3-4 schools. The librarians provide library training, and database training.

Indicator: At least 4 state awards will be given in the region for K-12/Library partnerships.

Indicator Not Met. Although the award was promoted in each state, no applications were received.

Indicator: 80% of 150 BHIC readers responding to questionnaire rate the resource content positively or very positively.

Indicator Partially Met. 100% of 105 BHIC readers rated the content positively or very positively.

Indicator: Clicks per year will increase by 10% (BHIC)

Indicator Not Met. Clicks to obtain more information on the posts appearing in the BHIC blog decreased this year by 6%. Last year readers clicked on 41,964 posted items. This year they clicked on 39,816 posted items. This decrease may be due to fewer content days. One of the contributors reduced her days by half. Another reason may be due to fewer readers. The notification system has been broken since the beginning of April 2014. WebSTOC is working on fixing this.

Indicator: Coordinators working with refugees report to MCR coordinators that resources were useful.

Indicator Met. Three MCR coordinators promoted resources to state coordinators working with refugees. Two coordinators heard back from their contacts that they had shared the resources with their staff members and

that staff and patients found the multi-language resource useful.

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

Indicator Met. Coordinators provided 17 consultations on outreach programs, training topics, collection development, health literacy resources, and ACA resources. Fourteen (82%) indicated that the consultations were beneficial.

Indicator: 4 of 6 State Libraries responding to a questionnaire rate their collaboration with the RML in supporting access to health information resources positively or very positively.

Indicator Met. Eight state library contacts, with whom coordinators had partnered in six states, were asked about the collaboration. All responded positively or very positively that their collaboration with the RML supported access to health information resources. Some of the contacts took the time to compliment the helpfulness of their coordinator.

LIBRARY ADVOCACY

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

Indicator: Goal, methodology, and participating institution are defined for the research project to investigate the value of librarian services in the cost of patient care.

Indicator Not Met. The goal of the research project has changed. We decided to address the project in increments. The current goal is to develop a methodology that will determine the impact librarians have on the cost of patient care. We have identified an individual who is qualified to be the project manager and individuals from the University of Utah's CTSA program who are qualified to act as advisors.

Indicator: 5 Network members publish articles provided by the RML in hospital newsletters, etc. about library success, value, or experiences.

Indicator Not Met. No articles were written or distributed to Network members about library success, value, or experiences.

Indicator: At least 1 coordinator offers support to or responds to a request from a Network member librarian affected by organizational restructuring.

Indicator Met. Ms. Jones consulted with and provided information to six members in three states who were experiencing organizational restructuring.

Indicator: The MCR will communicate with administrators concerning continued health information access during and after organizational restructuring that affects the library.

Indicator Met. The MCR met with Overland Park Regional Medical Center and sent letters to Medical Center of Aurora South Campus and Campbell County Memorial Hospital following their decisions to downsize or close their libraries. We were unsuccessful in reversing their decisions.

Indicator: 60% of at least 65 respondents from the target cohort to a questionnaire rate the usefulness of at least one of the business practices resources made available positively or very positively.

Indicator Met. 61% of 88 respondents agreed or strongly agreed that at least one of the business practices resources was useful.

Indicator: At least 10 libraries from the region enter their data into the Library Valuation Calculators.

Indicator Not Met. Coordinators encouraged using the calculators at consortia meetings. Members may have used the calculator but did not submit their data—an extra step. We have no data for libraries from the region this year.

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

Indicator: 5 Network members share stories about their use of and the impact of the Politics Pathway checklist.

Indicator Not Met. The Politics Pathway checklist was not developed.

Indicator: 50% of at least 50 Network members responding to a questionnaire indicate that they are involved in at least one health information literacy activity.

Indicator Met. 53% of 90 respondents said they are involved in health information literacy activities. We provided the Institute of Medicine definition of health information literacy, "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions." Examples of health information literacy activities were also listed:

- *Conducting trainings on MedlinePlus and other consumer health web sites,*
- *Operating a consumer health library,*
- *Providing a resources sheet or libguide for patient health information,*
- *Promoting the Information Rx program, or*
- *Working with EHR programs.*

Indicator: 60% of at least 75 respondents from the target cohort to a questionnaire indicate that the patient safety resources provided by the RML have increased awareness of opportunities for librarian involvement.

Indicator Partially Met. 53% of 89 respondents agreed or strongly agreed that the resources we provided increased awareness of opportunities for librarian involvement in patient safety. We met the minimum number of respondents for this question and came close to meeting the percentage of positive responses.

Indicator: At least 1 patient safety class will be held in the Region.

Indicator Met. "Applying Information Expertise to the Challenge of Diagnostic Error Reduction" was taught at the MLA chapter meeting.

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

Indicator Met.

MEMBER SERVICES

We provided two kinds of funding this year. Members were invited to apply for Professional Development Funding. This year we required applicants to discuss their plans with an administrator who is organizationally above the library. A summary of the discussion had to be included in the application. This requirement was implemented in order for the applicant to become better known in their institution and to show upper level administration that the applicant wanted to contribute to the institution, as well as the library. Four members were funded; two attended the Harvard Leadership Institute for Academic Librarians, one attended the Systematic Review Workshop sponsored by the University of Pittsburgh, and one attended Brick and Click (cutting-edge technology) hosted by the Northwest Missouri State University. Recipients of the funding shared what they learned and their experiences in a webinar.

To encourage participation in EFTS, the MCR notified non-EFTS members that it would provide \$150 in start-up funding for new EFTS accounts. MCR has over 60 members who could participate in EFTS, but do not. In return for the subsidy recipients agreed to promote EFTS and report the benefits of using EFTS. Although we promoted the subsidy throughout the year, only two members took advantage of our offer. Other non-EFTS members may have decided against participation because they receive most of their interlibrary loans through local reciprocal agreements or Freeshare.

Changes in Network Membership

The national initiatives opened up new institutions for us to recruit as members. During this year we gained 16 Affiliate and one Full member. Four full members dropped to Affiliate status; one Full member closed its library; and

one Affiliate member closed its library. Overall our Affiliate membership increased by 20 and our Full membership decreased by three.

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

Indicator: At least 60 individuals from member institutions are involved in NN/LM activities.

Indicator Met. Sixty-eight individuals from member institutions were involved in NN/LM activities. These activities included presenting in a webinar, partnering on a project, participating on a work group, or submitting an article for our newsletter.

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 Not Met. Sixty-five individuals needed to respond affirmatively, only 39 individuals responded that their involvement had benefited or enhanced their ability to support access to health information resources or their professional development.

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

Indicator Not Met. The MCR had three workgroups, two in technology and one in education. The Internet Access Barriers Work Group published strategies to address institutional barriers on the MCR web site. (<http://nmlm.gov/mcr/technology/barriers.html>) There were no usable outputs from the other two groups.

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

Indicator: 1 new full Network member will be enrolled.

Indicator Met. Southwest Baptist University in Missouri joined as a full Network member.

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

Indicator Not Met. No members started offering Loansome Doc service this year. We had one library withdraw this service.

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

Indicator Met. Pueblo Community College (CO), Pikes Peak Community College (CO), Otero Junior College (CO) and North Central Missouri Community College joined the Network.

Indicator: 4 K-12 schools will become Network members.

Indicator Met. Four schools in Utah (Mountain Crest High School, Wilson Elementary, Ben Lomond High School, and Clearfield Job Corps Center) joined the Network.

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

Indicator Partially Met. We needed 105 members meeting the 75% fill rate to achieve this indicator. We had 98 (70%) members meet the 75% fill rate.

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

Indicator Met. The Library Support for Researchers Advisory Group made a decision based on a regional scan of academic libraries using DOCLINE reports. EFTS awards were partially based on the applicants' DOCLINE borrow/lend reports.

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

Indicator Partially Met. There were three new EFTS users in the region: Platt College (CO), St. Louis College of Pharmacy (MO), and Immanuel Medical Center (NE).

TECHNOLOGY

Due to the success of last year's CBO Underconnected Project, coordinators enlisted three community-based organizations from three different states to participate in this year's project. Participants were Kansas Children's Service League, the Nebraska AIDS Project and Comunidades Unidas (UT). Each organization was provided an iPad, a data services subscription for the year, and instruction on using the iPad and how to access NLM's consumer health resources. Examples of how having the iPad enabled the CBOs to increase their access to health information were:

1. Increased their ability to find and provide specific contact information for referrals during client visits.
2. Increased their ability to address unanticipated questions and issues during client visits at the time of need.
3. Enabled them to show clients how to access online resources.
4. Enabled them to provide Spanish versions of health information resources.
5. Enabled them to provide access to information resources in remote areas or at community events with no Internet access.
6. Allowed them to provide individualized information about the Affordable Care Act: navigator counselors near their homes and subsidy amounts depending on their income and family size.

Checking back with the CBOs who participated in last year's project, we learned that one of the CBOs had expanded the project by purchasing 15 tablets with a 2-year data plan included.

It took a long time to set up Moodle and to develop the game policies and procedures but finally Mission I'mPossible was launched in September 2013, at the annual chapter meeting. Agents (game participants) received points during

the meeting before the game was announced to the rest of the region. Missions were developed for advocacy, emergency preparedness, and health information literacy. Increased points were awarded as the member progressed through the learn it, do it, and teach it phases of the mission. Points were also awarded for attending MCR webinars. Fifteen players signed up although some were not active following their initial annual meeting activity. One of the hospital librarians from Kansas became the high scorer completing all three phases of the health information literacy mission. Two agents completed two out of three tasks for one of the other missions. Most players gained points by attending our webinars.

After two years of tracking our followers on Facebook and Twitter and changing the types of messages we distributed through these two social media outlets in order to increase the number of readers, we stopped maintaining the two sites. Our communication audit conducted at the end of the 2006-2011 contract informed us that members preferred to receive professional information through email. We thought that time and perhaps making the postings unique to each social media would increase our followers. We provided content through Twitter that members could re-post through their institutional communication channels. We tried to engage members to interact with us on our Facebook page. Neither purpose was fulfilled. We decided to end posting on Twitter and Facebook mid-year.

Outcome: NN/LM MCR communications mechanisms are effective.

Indicator: 65% of at least 75 respondents to a questionnaire rate positively or very positively that MCRs social media content supports their work.

Indicator Not Met. Few members followed our Twitter and Facebook posts. We ended contributing to these social media sites mid-year.

Indicator: MCR staff contribute to MCR social media communication plan.

Indicator Partially Met. Staff contributed to the social media sites for half of the year.

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

Indicator Partially Met. At the end of the year, MCR decided to use Evernote, but has not yet implemented it.

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 Partially Met. 61% of 93 respondents agreed or strongly agreed that the MCR web site is usable and easy to navigate.

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

Indicator: One article addressing e-science current librarian practices is submitted for publication.

Indicator Met. An article on current practices in e-science librarianship was published in the Plains to Peaks Post.

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 Partially Met. 36% of 83 respondents indicate that they adopted at least one new technology showcased in a Plains to Peaks Post article. The technologies they adopted were:

- A blog
- Altmetrics
- HRSA Find a Health Center App
- EHR patient education portal

Indicator: Submit 1 technology article per-month to the RML Weekly News and 1 technology article per Plains to Peaks Post newsletter issue.

Indicator Partially Met. This indicator was met for the newsletter. We posted technology items in the RML Weekly News in 7 out of the 12 months.

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 Partially Met. At the beginning of the year the MCR posted on its web site strategies to assist members who encounter barriers to Internet access, especially to social media. The MCR consulted with four Network members. They all indicated that the strategies covered were helpful in addressing barriers to access.

Indicator: At least 1 player meets the minimum requirements to win the MCR Game.

Indicator Met. The minimum requirement to win the MCR game was to score more points than anyone else. A hospital librarian won the game this year.

Indicator: Results from CBO Underconnected Project are processed and reported.

Indicator Partially Met. The results for the two years of the project were analyzed. A report on the project will be presented as a paper at MLA 2014, and a written report will be issued at the beginning of next year.

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

Indicator Not Met. Three community organizations were selected for the CBO Underconnected Project. One CBO (NE) will continue funding the data plan for its iPad; the other two (UT, KS) are still considering it.

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

Indicator Met. All three organizations identified two ways in which participating in the CBO Underconnected Project contributed to increased access to health information for themselves and their clients.

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. 29% of 97 respondents agreed or strongly agreed that the NN/LM supported their work with institutional EMRs.

Network Infrastructure

Table 1: Annual Infrastructure Data

	Current Year	Previous Year
Network Members - Full	140	143
Network Members - Affiliate	229	209

MedPrint – Medical Serials Print Preservation Program

An article on MedPrint summarizing participation in the region was published in the *Plains to Peaks Post* newsletter. Five libraries are participating; two of the five had not submitted their agreements to NLM.

Regional Emergency Preparedness and Response Plan

In the summer of 2013, Colorado experienced wildfires and flooding in communities served by our Network members. We were in communication with members who could have been impacted. During the wildfires, none of the libraries were closed, although they were all affected by the smoke. One of the libraries had flooded although the water did not reach the collection. The collection was boxed up while the library was cleaned up. Members were all appreciative of our offer of assistance should they need it.

We shared our revised emergency preparedness plan with the NER, our RML buddy, and reviewed the communication steps they would follow should they need to back us up.

Jim Honour, Wyoming/Members Services Coordinator, devised three disaster scenarios for our December table-top exercise. One occurred at the RML in Salt Lake City, another at a resource library, and the third at a primary access library. Staff came up with a response plan for their given scenario.

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

Indicator: MCR internal continuity of service drill is successful.

Indicator Met. Staff held a table top exercise and concluded that it was successful in identifying processes that worked and processes that need to be changed in order to address the needs of members when they report to us that they have an emergency.

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

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

Indicator Met. "What's Your Emergency Plan?" was presented.

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

Indicator Met. 90% of participants who evaluated the class responded that the learning objectives had been met.

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. Information was obtained about one consortium, the Health Sciences Library Association of New Jersey. They were not prepared to accept additional participation outside of their current group.

Identifying Unique and Historical Collections

Articles describing the history of medicine collections at Washington University and University of Kansas were published in *Plains to Peaks Post*.

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: Each state coordinator has published in a public library and/or K-12 publication, or posted to NN/LM MCR web site and linked via a listserv, information on History of Medicine Resources from NLM.

Indicator Partially Met. An article was distributed in five of the six states. The article was published in state library or state library association newsletters or listservs.

Cross-regional Collaborative Efforts

Mr. Honour led the efforts of coordinators from the NN/LM Middle Atlantic, Pacific Northwest, and Greater Midwest Regions to teach the national DOCLINE series three times this year.

Ms. Rogers managed 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
- Lori Tagawa, NN/LM PSR

Claire Hamasu, Associate Director, co-chaired the Community College Task Force.

Coordinators represented the region on the K-12 Task Force, the Community College Task Force, the MedlinePlus Connect Task Force and the ClinicalTrials.gov Task Force.

Betsy Kelly, Assessment & Evaluation Coordinator, partnered with Andrew Youngkin, Emerging Technologies Evaluation Coordinator from the NN/LM Southeastern Atlantic Region, to teach “Measuring Your Impact.”

Outreach

Number of major (\geq \$15,000) projects funded in contract year:	0
Number of regional/state/local exhibits conducted by RML:	37
Number of regional/state/local exhibits conducted by subcontractors:	0

Information Technology and Transfer

Rachel Vukas, Kansas/Technology Coordinator, contributed to the work of the MedlinePlus Connect Task Force. During the year she taught two classes on the electronic health record including MedlinePlus Connect as part of the content. Coordinators promoted MedlinePlus Connect to staff at community colleges, health clinics, and to exhibit hall attendees. MedlinePlus Connect was described in webinars and classes when covering the resources of NLM. A banner for MedlinePlus Connect for the Kansas Academy of Physicians web site was purchased.

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

Indicator: Teach 2 Classes on EHR/EMRs or PHRs.

Indicator Met. Two classes were taught on electronic health records and MedlinePlus Connect.

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

Indicator Met. 100% of participants responding indicate that the class met learning objectives.

Attachments

Attachment 1

Annual AR summary data: RML staff activities

Attachment 2

Annual AR summary data: Subcontractor activities