

# **RML Annual Report**

**Region: MidContinental**

**Period Covered: May 1, 2014 – April 30, 2015**

**Contractor Name: University of Utah**

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

**Date Submitted: September 22, 2015**

# Executive Summary

## PERSONNEL

Rachel Vukas, Kansas/Technology Coordinator, resigned as of September 20, 2014, to take a position at Dykes Library as the Health Sciences Librarian for the School of Medicine. The first recruitment effort to fill the position was unsuccessful and the job was re-posted. The new coordinator will start at the beginning of May 2015. Due to the seven month vacancy, many of the activities and indicators that required Kansas participation were not met. This also affected the activities and indicators of our technology project area, since the Kansas Coordinator co-leads this project.

Marty Magee, Nebraska/Education Coordinator, resigned from her position to take a new job as the Instructional Designer at McGoogan Library of Medicine. Her last day was January 16, 2015. Recruitment for her position is underway.

In the fall of 2014, Jameson Watkins was appointed Director of the A. R. Dykes Library by Michael Harmelink, Associate Vice Chancellor for Information Resources.

Viswanath Reddy Atlu, a student, was hired for four months to integrate gaming features into Moodle.

## ASSESSMENT & EVALUATION

This year the NN/LM MCR set for itself 46 indicators to achieve. We met 21, partially met 16, and did not meet nine. Nineteen of the indicators addressed changes that would impact access to health information. Of the 19 access indicators, we met 11 (58%). This is a small increase over last year when we met 54% of our access indicators.

The Network Member Questionnaire report was completed for the questionnaire that was distributed in 2013. The last activity to complete the report was for staff to come up with an action plan in response to the results. Four items make up our action plan:

1. *Professional development needs assessment.*  
Use formal and informal methods to assess the professional development needs of the different librarian audiences we serve: health sciences, public, school, and community college.
2. *Promote NLM resources and programs.*  
Inform members about updates to NLM resources. For resources that are infrequently used, identify why the different librarian audiences or those they serve would find them valuable. Share links to NLM online or recorded programs.
3. *Share training resources.*  
Provide resources for members who teach what RML coordinators teach. Make available PowerPoints and handouts.
4. *Continue advocacy focus.*  
Provide training and support for mid-level management skills. These include succession planning, reporting, statistics, and marketing.

The report is available on our web site.  
<[http://nmlm.gov/sites/default/files/atoms/files/2013\\_network\\_member\\_questionnaire\\_final\\_report.pdf](http://nmlm.gov/sites/default/files/atoms/files/2013_network_member_questionnaire_final_report.pdf)>

The annual end-of-year questionnaire was distributed in April 2015 to gather data that would give us feedback on the year's programming and on meeting our indicators.

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

Indicator: NNO identifies at least one thing shared by MCR that makes a positive contribution to NNO operations.

*Indicator Met. At the 2014 RML Directors meeting, the NNO identified the calculators as a positive contribution.*

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

Indicator: All Resource Library directors contribute to discussions about the current and future needs and services of health sciences libraries.

*Indicator Met. At the bi-monthly meetings, Resource Library directors contributed to discussions on providing services to health care providers whose institution had closed their library and on skills that were needed in academic health sciences libraries.*

**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 the public.

Indicator: Each RAB member contributes at least one suggestion or piece of information that is incorporated into programs on access to health information.

*Indicator Partially Met. All board members except one participated in discussions and made contributions. One of our board members did not attend any of the meetings scheduled. Agendas for RAB meetings focused on questions of concern to the RML such as how to improve communication with our region, how to increase the number of members who have continuity of service plans, and conveying the message that NLM and NN/LM resources are lifelong learning tools.*

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

Indicator: MCR state coordinators report in the Activity Reporting System (ARS) on conversations with at least 25% and not fewer than 10 Network members from their state per year.

*Indicator Partially Met. This indicator was met for the states of Colorado, Nebraska, and Utah, but not met in Missouri, Wyoming, and Kansas. The intention of this one-to-one communication with Network members is to increase our awareness of what is happening in their institutions, to help us determine what programming would be useful, to improve member relationships, and to promote our services.*

Indicator: Network members who complete module(s) on assessing their environment report that they used at least one new skill to share evidence of the positive impact of library services and resources in the institution.

*Indicator Not Met. This year's module on assessing environment focused on SWOT analysis. One participant completed the module and used her analysis to form a partnership with her local public library. At the time of this report, she had not yet shared the positive impact of library services and resources in her institution using SWOT analysis.*

Indicator: 65% of at least 65 respondents from the target cohort to a questionnaire indicate that at least three NN/LM programs/services contribute to their ability to support access to health information resources.

*Indicator Met. One hundred thirty-six individuals responded to our questionnaire. Six NN/LM MCR products or services met the indicator we had set as contributing to their ability to support access to health information resources:*

- *Breezing Along with the RML (86%)*
- *Discover NLM and More (84%)*
- *RML News (79%)*
- *Visits or conversations with their state coordinator (74%)*
- *Funding opportunities (69%)*
- *Plains to Peaks Post newsletter (66%)*

**Indicator:** Reports based on data from the ARS describe at least 12 activities that contribute to improved access.

*Indicator Met. ARS reports provided data that the activities addressing the following indicators improved access to information in the region this year:*

1. All Resource Library directors contribute to discussions about the current and future needs and services of health sciences libraries.
2. 65% of at least 65 respondents from the target cohort to a questionnaire indicate that at least three NN/LM programs/services contribute to their ability to support access to health information resources.
3. Reports based on data from the ARS describe at least 12 activities that contribute to improved access.
4. 80% of at least 10 Health Information Literacy consultees indicate that the consult was beneficial.
5. 100% of MCR staff indicate continuity of service drill is successful.
6. One new Full Network member will be enrolled.
7. Four community college libraries will become new or reactivated Network members.
8. Four K-12 school libraries will become Network members.
9. MCR DOCLINE reports produced by NLM influence at least one RML decision or affect at least one RML activity.
10. Two out of three Network members who consulted with the MCR about access barriers indicated that the consultation was helpful in identifying strategies to increase access to NLM and NN/LM resources and services.
11. At least 75% of the Mobile App Sharing Project participants rate positively or very positively that their participation in the project was a benefit to their program.
12. Each RAB member contributes at least one suggestion or piece of information that is incorporated into programs on access to health information.

## EDUCATION

Although we had two staff vacancies, we delivered all but two of the 63 classes and presentations we planned for the year. We reached 1670 participants through our sessions. The most popular webinar was presented by a scientist who serves on the leadership team for the Nebraska Biocontainment Unit. This session was scheduled in the midst of the Ebola outbreak and the 140 participants represented all types of professions. Twenty-one classes and presentations were recorded; there were 1360 viewings of the recordings.

In addition to classes and presentations, we held other activities to increase the knowledge and skill level of Network members. For the first time we coordinated with health sciences library consortia to offer the MLA webinar series. The NN/LM MCR paid for site licenses for consortia to host two webinars in each state. We facilitated a discussion series on It's All Politics: Winning in a World Where Hard Work and Talent Aren't Enough by Kathleen Kelly Reardon. We awarded professional development subsidies to nine members; two were from hospital libraries. They in turn shared what they learned with members in the region by presenting a webinar or publishing an article in *Plains to Peaks Post*.

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

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

*Indicator Partially Met. MCR staff held 63 classes during the year. For 58 of the classes 90% of respondents indicated that the learning objectives were met.*

**Indicator:** At least 50% of the synchronous or asynchronous *Spotlight on NLM Resources* sessions are attended by at least one participant from each of the targeted groups.

*Indicator Not Met. Two of the 10 Discover NLM and More (previously Spotlight on NLM Resources) included a participant from one of the targeted groups. The intent of this indicator is to increase the skill level of public librarians, public health workforce, community based organization staff, community college librarians, and health professionals.*

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

**Indicator:** Coordinators will present at 25% of events where they exhibit.

*Indicator Met. NN/LM MCR coordinators presented at 26% of the 42 conferences where they exhibited. Presentations included overviews of NLM resources, NLM's mobile apps, and health literacy.*

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

**Indicator:** At least four articles about access to health information resources will be written, distributed, and published within each state.

*Indicator Partially Met. Four articles were published in all states except Kansas and Wyoming. Most articles were published in state library association newsletters. Three articles appeared in Missouri, Utah, and Wyoming publications reaching non-librarian audiences.*

## HEALTH INFORMATION LITERACY

The NN/LM MCR funded two K-12 projects in Utah that concluded successfully. For funding we required that a library work with a school on a project that involved health information and funded the projects for a maximum of \$1,500.

*Kearns Library and Farnsworth Elementary Health Literacy Project* used a flat screen TV in a highly trafficked area to promote health

information resources among parents. The library provided promotional screens and also participated in a STEM family event to demonstrate the principles of health information literacy and evaluating health information resources to students and parents using a jeopardy-type game. *Visualizing the Human Body to Empower Better Health Choices*, a collaboration between Holladay Library and Olympus Junior High School, used 3D human body models to enhance the health curriculum. The librarian and teacher co-taught a class on health science resources and students presented on a research project using skills they had learned. Students used the models to teach their peers about the disease they selected. Student research projects improved their research skills and students learned where to find reliable health information.

Monica Rogers, Health Information Literacy Coordinator, continued managing the *BHIC* blog and coordinated staff from the other regions who contribute items to the blog. This year we lost a contributor but recruited a replacement. We focused on the number of clicks on posts, which indicate that readers clicked through to get additional information. Ms. Rogers presented the poster "A Look at the Clicks Before vs. After" on *BHIC* link click data trends from 2012-2014. The before and after referred to changes made to content following feedback from the readership. There were technical problems with the *BHIC* blog. The email distribution server was blocked by other institutions due to a virus attack. The distribution list was moved to another university and mailing was resumed to *BHIC Digest* subscribers.

**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 listserv are judged useful by recipients

*Indicator Met. We responded to 26 posts and received feedback from 18 (70%) posters that the information provided was useful.*

**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 four events per state, including the state library association meeting.

*Indicator Partially Met. The NN/LM MCR exhibited at all state library association meetings and exhibited at a minimum of four conferences in all states except Kansas. We exhibited at 42 events this year.*

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

**Indicator:** BHIC Blog will have a 10% increase in link clicks.

*Indicator Partially Met. The BHIC Blog had a 7% increase in link clicks. Readers clicked on 31,458 links to obtain more details on a news item. This is, on average, 111 clicks per link.*

**Indicator:** At least one organization per state working with Limited English Proficiency (LEP) populations report to MCR coordinators that resources were useful.

*Indicator Partially Met. Nineteen representatives from different organizations in all states, except Kansas, were introduced to LEP resources. All thought that the resources would be useful to them.*

**Indicator:** 80% of at least 10 health information literacy consultees indicate that the consult was beneficial.

*Indicator Met. Ten consultations were given during the year and all consultees indicated that the consult was beneficial. Coordinators' consultations included: forming a statewide*

*health literacy organization, health literacy projects for K-12 and the public health workforce, and activities for a statewide health literacy organization.*

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

*Indicator Partially Met. State library contacts in all states, except Utah, rated their collaboration with the RML positively or very positively.*

## LIBRARY ADVOCACY

The NN/LM MCR supported participation in value driven outcomes through a number of different efforts. Staff facilitated a book club series of discussion on It's All Politics: Winning in a World Where Hard Work and Talent Aren't Enough by Kathleen Kelly. One of the *Breezing Along with the RML* sessions focused on how librarians are using the results of the Value of the Library Study to show their value. "Whoos Says" columns in the newsletter focused on building teams, marketing, and networking in committee work. Training sessions in Nebraska taught librarians how do financial advocacy by using the library calculators.

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

**Indicator:** Data is collected for the research project to investigate the value of librarian services in the cost of patient care.

*Indicator Not Met. The year was spent looking for a health economist to consult on this project. Although we used our librarian network to locate a health economist, it was by posts to economist organization web sites that resulted in responses where a qualified consultant was finally found. This happened at the end of the year, so there was not time to collect data.*

**Indicator:** At least three coordinators offer support to or respond to a request from a Network member librarian affected by organizational restructuring.

*Indicator Met.*

1. *The Missouri/Library Advocacy Coordinator consulted with a Mercy Hospital librarian about the impact of the closure of a sister library and with another librarian about the closing of her organization, Forest Institute of Psychology.*
2. *The Nebraska/Education Coordinator consulted with Little Priest Tribal College library regarding budget cuts.*
3. *The Colorado/Health Information Literacy Coordinator and the Wyoming/Member Services Coordinator consulted with the librarian at Dorsey Medical Library about the downsizing of her library.*

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

*Indicator Met. Letters were sent to administrators of North Kansas Hospital, Kansas City, Missouri and the VA Medical Center in Grand Junction, Colorado regarding the closures of their libraries.*

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

**Indicator:** Three examples of successful librarian involvement in patient safety will be documented and promoted to the region.

*Indicator Met. An article was published in Plains to Peaks Post sharing the patient safety activities of librarians at Intermountain Healthcare, St. Louis Children's Hospital, and the University of Missouri-Columbia.*

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

**Indicator:** 50% of at least 60 members responding to a questionnaire agree that at least one of the RML materials/programs to show efficiencies and/or effectiveness of librarian involvement in institutional teams improved their ability/opportunities to support access to health information.

*Indicator Partially Met. The response rate for this question was not met; the response rate ranged from 39-56 respondents. However, over 50% of the responses indicated that the following six activities improved members' ability to support access to health information:*

- *Three "Whooo Says" columns on building teams and demonstrating the usefulness of library services to committee members.*
- *Two Breezing Along with the RML sessions on Eccles Health Science Library's transition from collection management to connecting people and on their lean projects.*
- *CE on the librarian's role in addressing diagnostic errors.*

## MEMBER SERVICES

Our members were supportive of our programming. This was evidenced by the almost 60 members who were involved in NN/LM MCR infrastructure and outreach.

We had a successful recruitment of new members among target audiences. We added one Full member library, and met our recruitment goals for school and community college libraries. We also provided many, many consults with members and provided training on DOCLINE, LinkOut, and EFTS.

We had another successful year of DOCLINE training. Coordinated by Jim Honour, Member Services Coordinator, three series of four classes ("Beginning DOCLINE," "Routing Tables," "Borrow & Lend," and "Serial Holdings") were taught by a team made up of trainers from four

regions. We added two additional sessions specifically for our region on EFTS and LinkOut.

**DOCLINE Training by Region**

| Region                | Number of Participants |
|-----------------------|------------------------|
| Southeastern Atlantic | 74                     |
| Middle Atlantic       | 68                     |
| Greater Midwest       | 50                     |
| Pacific Southwest     | 36                     |
| MidContinental        | 24                     |
| South Central         | 20                     |
| New England           | 17                     |
| Pacific Northwest     | 16                     |
| <b>Total</b>          | <b>305</b>             |

**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 Partially Met. The NN/LM MCR successfully involved 57 individuals from member institutions in our activities. They included serving on our Regional Advisory Board, writing articles for our newsletter, presenting in webinars, advising us on our gamification efforts, and contributing to the evaluations of mobile apps.*

Indicator: 75% 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. Thirty-one (53%) individuals involved in our activities responded that they had benefited from or enhanced their ability to support access to health information resources or their professional development.*

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

Indicator: One new Full Network member will be enrolled.

*Indicator Met. Centerpoint Medical Center Library (MO) joined as a Full Network member.*

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

*Indicator Not Met. No libraries initiated Loansome Doc service this year and the number of libraries dropped. We started the year with 31 Loansome Doc libraries and at the end of the year had 25 libraries offering this service.*

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

*Indicator Met. Five community colleges joined the Network this year, four in Colorado and one in Nebraska: Lamar Community College; Front Range Community College - Boulder County Campus; Everest College; Arapahoe Community College; and Central Community College.*

Indicator: Four K-12 school libraries will become Network members.

*Indicator Met. Five K-12 school libraries joined the Network this year, four in Missouri and one in Utah: John Burroughs School; Rich Hill Memorial School; Rich Hill R-IV School District; Bosworth R-V School; and Olympus Junior High.*

Indicator: Five new EFTS users will be enrolled in the region.

*Indicator Not Met. No new EFTS users enrolled this year.*

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

*Indicator Partially Met. Ninety of 137 members (66%) of the libraries in the region met the standard of a 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 NN/LM MCR used the reports to compile a list of libraries not providing Loansome Doc to unaffiliated health professionals. This list was used to distribute a feedback form to better understand members who do not offer this service.*

## TECHNOLOGY

When we realized filling the Kansas/Technology Coordinator position would not be accomplished quickly, we reviewed the technology logic model and gave priority to those activities supporting indicators that would affect a change in access. Most of the indicators not met are a result of this decision to prioritize our efforts.

There is expertise among Network members and one way to share this expertise is to document it and make it available. Staff decided to pilot using video as the documentation method and publishing on YouTube as a distribution method. Three respected librarians in the region were asked to talk about their top effective practice in health sciences librarianship by telling a story about how they developed the practice and what impact it has had. The recording equipment consisted of an iPad, lapel microphone, and a tripod. The recordings were then edited to take out bloopers and uploaded on YouTube.

<https://www.youtube.com/playlist?list=PLrKiLh4Ol8utkId7doMnKRNEPQOY9EoQ8>

In order to overcome the barrier of cost and expand the use of mobile apps, the NN/LM MCR accepted applications from Network members to participate in the Mobile App Sharing Project. Thirteen members started the project and 11 finished. Each participant was sent a \$50 purchase card to explore health and productivity apps. They were required to share their experience with at least four apps by submitting evaluations that were then published in the *Plains to Peaks Post* newsletter. Members enjoyed checking out apps without worrying about cost.

The coordination of the online classes under our gamification effort continued this year. Two advisors, a hospital librarian and an academic health sciences librarian, were recruited to

provide a participant perspective to the activity. The new theme was “Librarians in the Wonderful Land of Oz.” GameMaker software was purchased. Programming added features to Moodle so that the interface became more interactive and more game-like. Three new challenges were promoted, emergency preparedness; SWOT analysis; and using ROI, CB/A, and retail value to explain the financial benefits of a library. There were 36 registrants from all across the county; 18 actively earned points. One of the players completed all three challenges, earned 12 MLA CE points, and became the winner of “Librarians in the Wonderful Land of Oz.” There was interest in the gamification of online training and John Bramble, Utah/Technology Coordinator, presented at the NN/LM Outreach/ Education Coordinators teleconference and the Middle Atlantic Region’s TechTime Webinar.

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

**Indicator:** Investigate and implement at least one new or new use for an existing communication technology.

*Indicator Met. The MCR staff adopted new or new uses of technology to keep our technology edge. We switched from Unite to Sharepoint as our collaboration space. We introduced consultation hour over Adobe Connect and used Outlook to invite and schedule members to Regional Advisory Board meetings. We decided not to replace Skype with Google Hangouts, because the Google product offered no improved features.*

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

**Indicator:** The interest group will share information on current e-science practices for librarians through either a presentation or an article publication.

*Indicator Not Met. The e-science interest group was not established.*

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

**Indicator:** 70% of 40 individuals from full Network member institutions agree or strongly agree that they have increased their awareness from the technology developments disseminated.

*Indicator Partially Met. We addressed this indicator by asking questions in our end-of-year questionnaire. We met the response rate we were seeking--64 to 94 respondents answered the questions. We partially met the percentage for nine of our efforts: four of nine blog posts, all (three) of the articles published in the newsletter, and a webinar on Google Glass. For these postings and articles 35% to 59% agreed or strongly agreed that their awareness of technology developments had increased.*

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

*Indicator Met. One Sandbox session was held on Lucidchart and all attending stated the session was fun.*

**Indicator:** At least two participants from each Sandbox session share how they see themselves using the session's tool in their work.

*Indicator Met. One Sandbox session was held on Lucidchart and all attendees stated that they could see themselves using this tool to show the steps needed for a project.*

**Indicator:** Each Just-Enough-Learning vignette will be viewed by at least two Network members who report that they learned something helpful or useful.

*Indicator Not Met. Just-Enough-Learning vignettes were not produced this year.*

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

**Indicator:** Two out of three Network members who consulted with the MCR about access barriers indicated that the consultation was helpful in identifying strategies to increase access to NLM and NN/LM resources and services.

*Indicator Met. We contacted five members who responded to the 2013 Network Member Questionnaire that they had access barriers and discussed their situation with three of them. All three reported that the consultation was helpful.*

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

*Indicator Met. The minimum requirement to win "Librarians in the Wonderful Land of Oz" was completing two challenges. Shelly White, from the Van K. Smith Community Health Library (MO) completed all three challenges and earned 12 MLA CE credits.*

**Indicator:** Each effective practice video will be viewed by a least two Network members who report that they learned something helpful or useful.

*Indicator Met. Staff identified three librarians to be interviewed on their effective practices. The interviews were recorded and published on YouTube. Members were asked to view the recordings and provide feedback. Six members (at least two per video) responded that the interviews were helpful—some indicating that they too were carrying out the practices described, others appreciated the character traits that made the librarian effective, and hearing about the tricks of the trade was helpful.*

*<<https://www.youtube.com/playlist?list=PLrKiLh4OI8utkId7doMnKRNEPQOY9EoQ8>>*

**Indicator:** At least 75% of the Mobile App Sharing Project participants rate positively or very positively that their participation in the project was a benefit to their program.

*Indicator Met. Nine (81%) of the Mobile App Sharing Project participants positively or very positively rated the project as a benefit to their program.*

**Indicator:** Each of the Mobile App Sharing Project participants submits an app evaluation report form as required in their agreement with MCR.

*Indicator Met. All 11 of the participants submitted app evaluations as required by their agreement with the NN/LM MCR. They were required to evaluate at least four apps.*

# Network Infrastructure

Table 1: Annual Infrastructure Data

|                             | Current Year | Previous Year |
|-----------------------------|--------------|---------------|
| Network Members - Full      | 136          | 140           |
| Network Members - Affiliate | 258          | 229           |

## MedPrint – Medical Serials Print Preservation Program

No Activity

## Regional Emergency Preparedness and Response Plan

All NN/LM MCR staff collaborated on a review to update the regional emergency plan and in our table top exercise to test our readiness in an emergency.

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

**Indicator:** 100% of MCR staff indicate continuity of service drill is successful.

*Indicator Met. The NN/LM MCR staff held a table top exercise testing our ability to respond to an emergency taking place at the University of Utah, a Resource Library, and a Network member library. We identified sections of the MCR emergency plan that required updating.*

## E-Licensing

No Activity

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

**Indicator:** 90% of Network members, who have consults with MCR about e-licensing consortia willing to accept their participation, will make at least one membership inquiry with a consortium.

*Indicator Not Met. Information about the availability of e-licensing consortia was not collected or distributed.*

## Identifying Unique and Historical Collections

Articles were written on NLM’s History of Medicine resources and services. State coordinators distributed them for publication. A *Breezing Along with the RML* session highlighted how a traveling exhibit could be used to work with other departments in the institution and bring attention to the library. The same *Breezing* webinar focused on local history of medicine collections at the University of Nebraska Medical Center and the University of Missouri-Columbia.

**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. Articles were published in state library association newsletters for all states except Wyoming. "Who Says You Can't Learn from History" was published in Colorado, Kansas, Missouri, Nebraska, and Utah. An additional article on the NLM exhibition program was published in Colorado and Utah.*

## 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.

- Pat Devine, NN/LM PNR
- Michelle Burda, NN/LM MAR
- Irene Williams, NN/LM GMR

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, the ClinicalTrials.gov Task Force, and the Education Task Force.

Ms. Rogers managed the contributors from different regions who post news items to the *BHIC* blog. Coordinators who contributed to the *BHIC* blog in 2014-2015:

- Michelle Burda, NN/LM MAR
- Pat Devine, NN/LM PNR
- Kate Flewelling, NN/LM MAR
- Naomi Gonzales, NN/LM SCR
- Carolyn Martin, NN/LM PNR
- Terri Ottosen, NN/LM SEA
- Lori Tagawa, NN/LM PSR

The NN/LM MCR worked with the National Library of Medicine Training Center to offer a "Toxnet Changes" webinar for the region.

# Outreach

|   |    |
|---|----|
| <b>Number of major (≥ \$15,000) projects funded in contract year:</b>       | 0  |
| <b>Number of regional/state/local exhibits conducted by RML:</b>            | 42 |
| <b>Number of regional/state/local exhibits conducted by subcontractors:</b> | 0  |

## Information Technology and Transfer

When Ms. Vukas left her job as the Kansas/Technology Coordinator, Barb Jones, Missouri/Library Advocacy Coordinator, replaced her on the MedlinePlus Connect Task Force.

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

Indicator: 70% of 40 individuals from full Network member institutions agree or strongly agree that the information provided by MCR increased their awareness of EHRs.

*Indicator Partially Met. The NN/LM MCR published two posts in the RML News on the use of the Blue Button in EHRs. 33% of the approximately 90 responses agreed or strongly agreed that the postings increased their awareness of EHRs. We met the response rate we were seeking, but not the awareness rating.*

# **Attachments**

## **Attachment 1**

**Annual AR summary data: RML staff activities**

## **Attachment 2**

**Annual AR summary data: Subcontractor activities**