

COMMUNITY SHARING LIBRARY RESOURCES

Community Hospital

Grand Junction, CO

Janet Nelson

Community Hospital Library

2021 N. 12th Street

Grand Junction, CO 81501

jnelson@gjhosp.org

970-256-6209

970-256-6526 (fax)

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Summary

The project was to purchase and implement software and hardware to create an online catalog on the hospital/library website to make the library collection of consumer health materials more visible to people living in our region as well as local public and school library staff members. Our objective was to make our materials available to as many consumers in our region as possible.

We hoped to increase our circulation by 40% in the first year after completion. Since the bar coding process has not been completed, we are not certain that the time frame planned was realistic, but still have increased our circulation of library materials and have increased our referrals from the local public library reference staff.

We also hoped to improve library relations, network with other small libraries, and make our resources available to them so they were aware of our collection and able to focus their development on other areas of genre, which we think were accomplished through sharing with the local public library reference staff and networking with other small libraries at workshops in our region.

Training

We made a presentation at (2) staff meetings of Mesa County Public Library's reference staff and to our hospital nursing staff to demonstrate their ability to access our catalog and demonstrate ease of use.

We still plan to train our school district library media staff members and the staff of Marillac Clinic and the Women's Resource Center to help demonstrate the availability of our materials to their clients. As our library circulation has increased and we have had much more traffic in our own library in the past year, it is increasingly difficult to schedule time away from our library for demonstrations, but this is still one of our long-term goals for the project.

Bookmarks and posters have been printed with information about our library catalog and the website address, as well as information about the grant funding.

1110 items have been entered into the catalog. Our 2005 circulation increased 17% over the previous year. Since the project is not yet complete and all publicity planned has not occurred, we will continue to track our use/circulation statistics for increases. Our number of cardholders has increased by 197 since the beginning of the project.

The first quarter of 2006 statistics indicate a continual increase of approximately 7% over the previous year. The total increase in circulation has been 24%. We had planned on an increase of 40% in the first year after the project's completion, so we believe we are still within reach of that original goal.

Geographic Region

We serve the Western Slope of Colorado, and a geographic region of six counties. Our main population base is in Mesa County, which has a population of over 129,000, but we also serve patients in a six county region with an approximate population of 250,000. Grand Junction is the largest city, centrally located between Denver, Colorado and Salt Lake City, Utah.

We have made contact with a librarian in Glenwood Springs, Colorado, who is using the same catalog product, and shared some tips with each other, as well as having a visit by her to our library and then traveling to the same ILL workshop for our state library system. We intend eventually to make our catalog accessible on the state ILL system, but at this time that is a work in progress and not something we budgeted for in the original grant application. Another library in town at the Veteran's Administration is interested in the product and this may be something we can eventually work into a union catalog for all hospital libraries in our region that are using the same software.

Training

- Six training sessions were held as part of the project
- Total number of participants in the project's sessions was around 100
- Four of the sessions were to healthcare providers
- Two were to reference staff of our local public library
- None were to the general public, and none had half or more of the participants from minority populations
- Training sites were our hospital's conference room for (4) sessions, and the local public library's meeting room for (2) of the sessions.

Exhibits

Exhibits were given at the Family Health Fiesta, targeting underinsured or uninsured members of our community, a Women's Health Expo at a same-day surgery center, and a local lupus support group. A Diabetes workshop with approximately 237 in attendance was also an exhibit area. Our hospital dietician and chef have had several cooking demonstrations at local schools and public buildings in the county, and promotional materials regarding the library project were distributed at each of these demonstrations.

Resource materials

Posters and bookmarks were developed for promotion/marketing, as well as a list of reputable nutrition websites for the cooking demonstrations, and reputable consumer health websites for our nursing personnel, all of which mentioned the library's project and MEDLINEPlus.

Enhanced access has been made available to patrons unable, (because of illness or other reasons) by mailing information about their disease/health-related question and has included materials about the catalog project and the access availability online to MEDLINEPlus by our hospital library website link.

Approaches to Interventions

We attempted to contact the majority of nurses on our hospital staff by presenting information about the project at our nursing skills days, which is a yearly training offered at our hospital. We also scheduled the sessions for the local public library's reference staff by planning at their monthly staff meeting.

Evaluation

Our project continues to be evaluated by increased usage statistics. Our timeline was not really accurate, as we anticipated input beginning sooner and being faster, but since we utilized (2) regular library employees as a portion of their staff time (not dedicated to only this project), we felt like the time it took was more realistic than what was originally proposed. The short survey of library services is still being collected by visitors to our library and mentions the library catalog project. Increased usage and library cardholders have increased as expected. The counter on the website is on the hospital's website, so is not a true reflection of the library websites visits (only).

Problems or barriers encountered

We choose Cybertools and Marchive as vendors based on other librarian's recommendations and the fact that they had worked together on previous projects (the librarian on staff at Cybertools recommended Marchive as a vendor for barcodes). We had not anticipated the difficulty they would have in exporting the sections of data needed by Marchive and the format needed, which delayed the production of our barcodes and is part of the reason our project is not yet complete, though that portion is now in process. We hope that this "glitch" will be worked through and make is easier for libraries planning projects in the future with these (2) vendors in connection.

Another barrier is one we had not anticipated. Since we participate in the state of Colorado's SWIFT Interlibrary loan system as a borrower, we had hoped to be able to make our collection available as a lender. At this time, the hospital library staff in Glenwood Springs and our library staff are attempting to make this a joint project for the future. We had understood that if a system was Z39.50 compliant, it would be able to communicate with the state library's system. There is some problem involved in allowing these two software systems to "talk" to each other, so we are hoping that this will be possible in the future as more small libraries migrate to the Cybertools system. At this time, it is not feasible for us to justify the cost of making this happen, and it was not something we had anticipated being a cost issue.

Continuation Plans

Our hospital has funded the access to Cybertools for the coming year, and will be an expense in our budget for coming years. We hope to work with other small medical libraries in our region who utilize the Cybertools database, and perhaps have a union catalog, which several medical libraries in the state of Arizona that use Cybertools are now participating in. Our hospital will continue to provide the staffing and we will look into future grant funding for a union catalog.

Impact

The impact has been increased usage in our library materials, increased traffic to our hospital website, and we hope has improved the knowledge of our library patrons on their health-related concerns. We also hope that we have given our local public library staff another tool to use in helping their patrons access our collection as an outreach effort.

We will do a follow-up with their staff at a future meeting to ask if they have been referring more of their patrons with in-depth medical questions to our library and the catalog.

Recommendations for Improvement

Would like to spend more time marketing our project and our library services to more varied groups in our community, but we feel like with our very small library staff, we have made a good start and plan to continue this year. I would still like to present a poster session to a regional meeting of our state medical libraries group, and would like to help others implement the same type of project for a small library.

Follow-up questions

We think the goal of improving library relations and networking with other small libraries was met. Our original goal of increasing circulation by 40% was not met, but the project has not yet been complete for 1 year. Making our holdings more easily viewed and accessible has been met. We do offer interlibrary loan on our materials without use of the SWIFT system (our state library ILL system), but that is still a long-term goal for this project.

Significant lessons learned - these were addressed on page 4

Strategies most effective in implementing the project were choosing a database with good technical user support. The staff at Cybertools has been very responsive to our needs.

If we were to start all over again, with the same staff we have (1.6 FTE), we would probably make the timeline for implementation longer. Our original timeline was a "best guess" estimate, and did not take into account that the increase in library usage would affect the amount of time we had to devote to the project.

Recommendations to others considering a similar outreach project - don't give up! My original grant proposal was for a much larger project – a joint catalog for all of the medical libraries in Grand Junction. This project was not funded, but some of the feedback I received from that helped me be successful in this project proposal. I would like to offer my thanks to a liaison, Stephanie Weldon who was our regional liaison from the RML at the time of my first proposal. I met her at a library conference, and she really listened to my library's needs. She remembered the things I had told her, and then told me of possible sources of funding. She was very encouraging and continued to offer her support. I remain very grateful to her for her help - anyone who contemplates a project like this when they have limited resources should be as fortunate as I was to have a great liaison.