

Innovations, Challenges & Opportunities Within Regional Health Libraries in British Columbia

Faced with continual change, British Columbia's regional health and ministry libraries must innovate in order to survive. To understand how these libraries are evolving, this study: 1) describes and compares the libraries, 2) analyzes how they are changing and innovating in order to deliver value, and 3) identifies gaps and opportunities in the current landscape.

Authored by:

- Elisheba Muturi-Kihara
- Shannon Long
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INTRODUCTION

Faced with continual change, health libraries must innovate in order to succeed. A bench-marking survey of Canadian health libraries reported in JCHLA made that clear.¹ Health Authority (HA) and Ministry of Health (MoH) libraries are no exception, but they likely face unique challenges and opportunities, not reflected in the report on the entire health library sector.

Study objectives

To characterize how BC libraries deliver innovative services to their geographically spread users, this study had three main objectives:

- 1) describe and compare the regional HA and MoH libraries,
- 2) analyze how these libraries are evolving and innovating in order to deliver value, and
- 3) identify barriers, gaps and opportunities in the current landscape.

Our research questions were linked to eight themes drawn from the literature:

- library environment,
- research services,
- instruction and training,
- centralized vs distributed service delivery models,
- patron and service prioritization,
- needs assessment and evaluation,
- innovative services, and
- the provincial landscape.

To our knowledge, this is the first snapshot of BC HA and MoH libraries, which includes the newly formed First Nations Health Authority.

Research methodology

Our study population included representatives from the five geographically based HA libraries, and four libraries with province-wide mandates.

We utilized a qualitative research design, including an online survey, telephone interviews and a focus group. The interview and focus group provided additional clarification to the data captured in the online survey. The qualitative dimension added valuable insights beyond what could be captured using a quantitative approach alone. The data collection instruments were developed and refined with the input of four experienced librarians, outside of the study population. The data collection instruments are in the [Appendix](#).

When we submitted our study to UBC Behavioural Research Ethics Board (BREB), we were advised that our study did not require a formal BREB review as respondents were employees governed through professional practice standards.

Data collection and analysis

The online survey was sent out and interviews administered in February and March 2016, respectively. The interviews were recorded, transcribed and analysed for overarching themes. We succeeded in getting a 100% participation rate by engaging the participants in advance and asking for their input regarding themes of interest. The findings were presented as a poster at the joint Canadian Health Libraries Association (CHLA)/Medical Libraries Association (MLA) conference and during a Health Libraries Association of BC (HLABC) meeting in June 2016. The focus group was facilitated by a private contractor in December 2016. The findings were subsequently shared as a contributed paper at the CHLA conference in 2017. Selected findings are reported in the next section. The detailed results are outlined in the [Appendix](#).

¹ Ducas, Ada, Lisa Demczuk, and Kerry Macdonald. "Results of a Survey to Benchmark Canadian Health Facility Libraries." *Journal of the Canadian Health Libraries Association* 36.1 (2015): 3-10.

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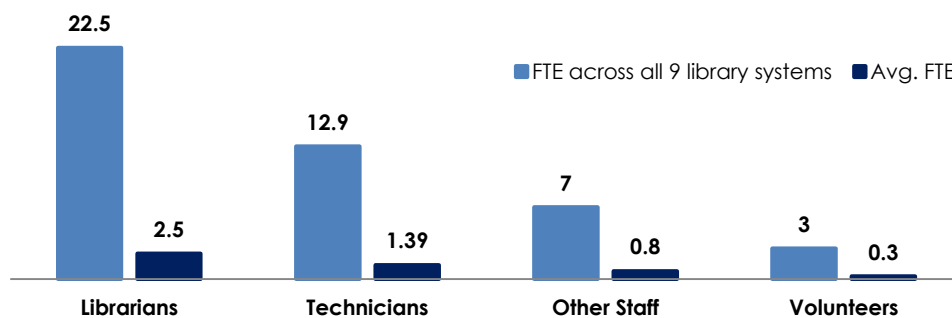
FINDINGS

Library Environment

Library environment entails an overview of the reporting structure, staffing and recent changes within the participating organizations. The libraries are well positioned within their organizations, reporting to departmental areas such as learning and development; performance and quality initiatives; professional practice; innovation and strategic planning; evaluation and research; and IT/Information Management portfolios. From the focus group discussion, it emerged that some libraries are better integrated into the HA's knowledge management strategy than others. To help libraries advocate for a stronger position relative to knowledge management and translation, it would be helpful for the different library systems to share ideas and build strategic partnerships with other organizations, such as universities.

Of the nine library systems surveyed, the number of staffed physical library locations ranged from one to thirteen sites. Most had three or four locations and almost half were staffed by at least three FTE librarians and/or library technicians. Clerical staff and volunteers were also utilized to a lesser degree. 80% of the systems were managed by MLIS librarians. Respondents with multiple sites had some locations that were either staffed part-time or unstaffed. There was an apparent inverse relationship between geographical size and the number of sites as geographically expansive HAs had fewer locations and staff.

How many FTE staff in each of these categories work in your LIS, including managers if they participate in library oriented work?



Many libraries reported recent or upcoming changes, including library moves to new sites, organizational structure and service delivery models, and an increase of electronic resources relative to print formats. Over 50% saw increases in literature search requests, document delivery/interlibrary loans and reference questions. 44% reported a decrease in staff while a third experienced a decrease in gate counts.

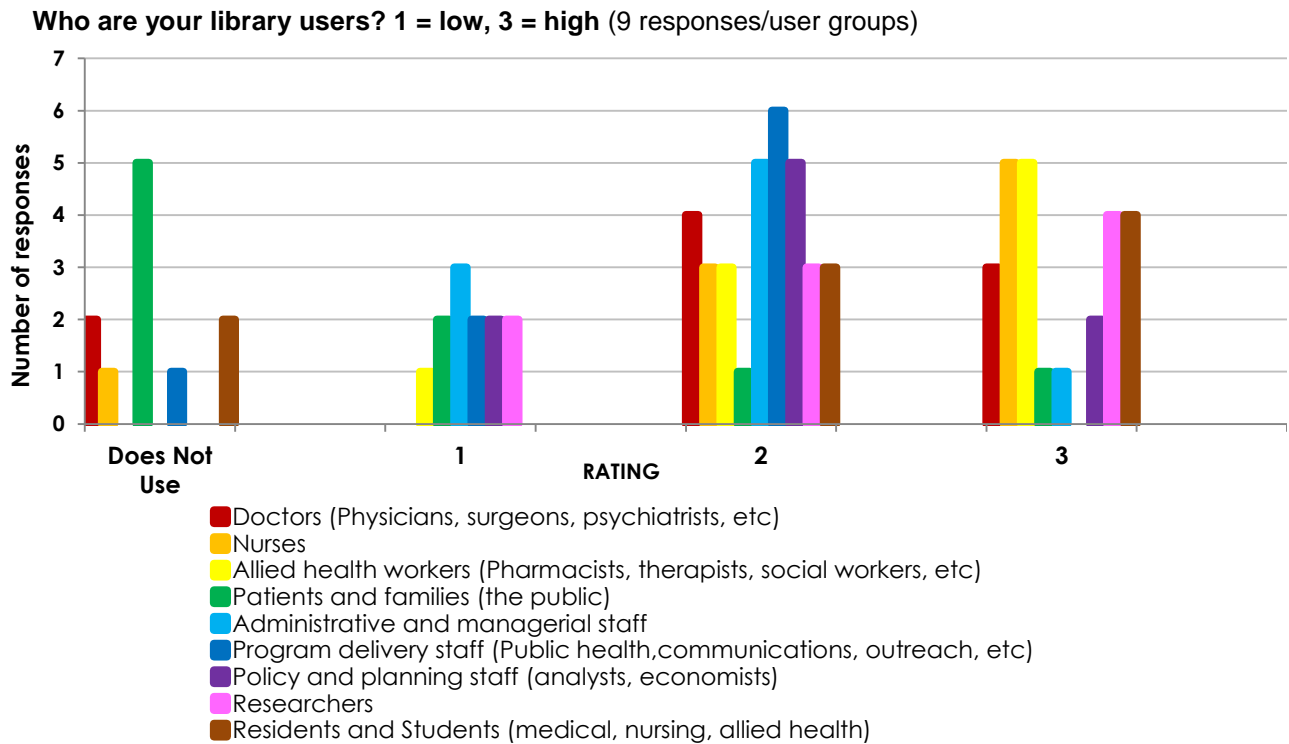
Some changes in reporting structures and organizational locations had a positive impact, resulting in a higher library profile. Three libraries reported having a more embedded clinical role. Senior leadership changes and budget pressures have negatively impacted services in some cases.

Users

We wanted to characterize library users and how libraries prioritized their services between these different user groups. Lacking the capacity to target all potential users, most libraries serve only their affiliated staff, clinicians and students; with only a minority serving patients and the public. In fact, one respondent stated that “consumer health does not belong in a hospital library”... For libraries focused on health literacy or education, there was a seeming gap in service to clinicians and researchers in patient care. This illustrates the challenge of balancing and prioritizing the competing demands of different user groups within staffing constraints.

As illustrated below, libraries reported that nurses and allied health professionals are among their highest user groups. It was noteworthy that actual users may be different from targeted users based on the organization's strategic priority.

Location is a factor that drives library accessibility and use; shifts in user base were reported as a result of libraries moving to a new location within hospitals or campuses. Despite the increasing transition to digital resources, the physical library location is still important and influences who uses the library.



Service prioritization

In the online survey, we asked which services were offered by the library and their relative importance. The importance of each service was ranked on a scale from 1 to 5, with 1 being lowest and 5 being highest. The graph below shows the services identified as being a 4 or a 5.

All libraries stated that research, reference and literature searching are the most important services they provide to patrons. Document delivery and article retrieval were also rated highly. While over half the libraries do not offer consumer information services, those that do rated it as very important.

Instruction to students and residents was not a high priority as would be expected with non-academic libraries. Surprisingly, liaison services seems to be a low priority overall as only two participants ranked it as important. Service prioritization is driven by the team to which the library reports as well as the organization’s overall strategic direction.

Research and reference services

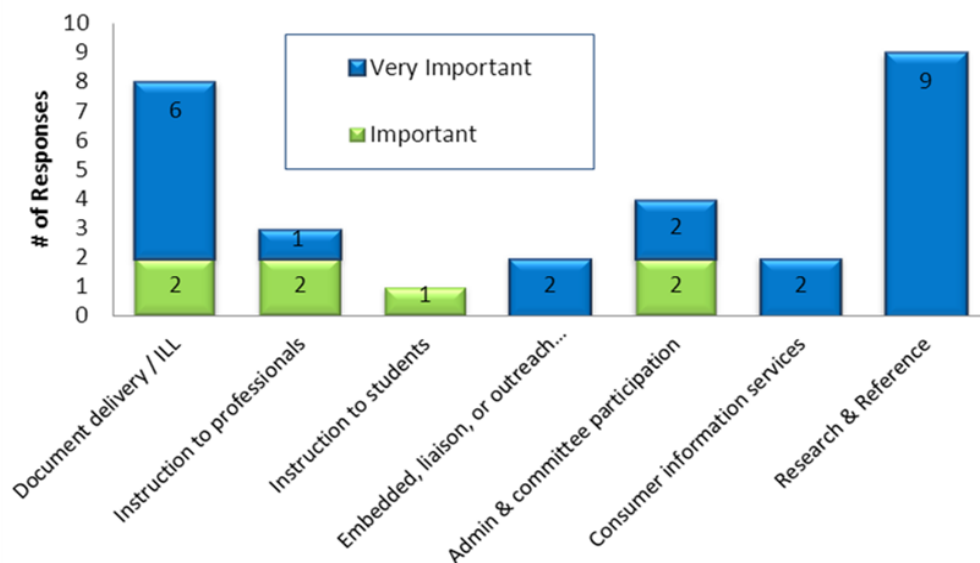
Our survey and interview included multiple questions about research and reference services. Libraries reported that their requests for research assistance and literature search services are prioritized by urgency and purpose, with direct patient care-related requests taking top priority. Requestor’s role and rank are also important considerations.

All of the libraries receive a mix of clinical and administrative requests, and have experienced a noticeable increase in the number of in-depth research requests. These were typically related to strategic planning, program or service planning, and the development or revision of policies and guidelines. A decline was reported in direct patient care questions and quick-reference questions. This is likely a result of available point-of-care tools and patrons’ abilities to find quick information on their own.

We asked specifically about the demand for systematic reviews. Responses indicated that librarians felt that while they had the expertise to be involved in systematic reviews, it was not a high priority for their patrons. Some reported that they would like to support systematic reviews but lacked the necessary staffing capacity to do so.

Librarians typically provide critically appraised lists/bibliographies but one library reported synthesizing and summarizing literature search results.

Services provided and rated importance



Instruction

All libraries offer instructional services, mostly on an informal and ad-hoc basis. Training sessions are typically customized for different user groups or health teams and may be linked to specific initiatives or projects where ability to effectively use library resources is of particular importance. Except for one HA with a successful set curriculum to support a research challenge program, generally, respondents reported little up-take of set curricula or generic classes that people can sign up for. Promotion of instruction is done through staff communication channels including staff newsletters, staff orientation, library websites, and outreach to specific groups or departments.

The instruction content seems focused on general orientation, navigation and basic searching skills rather than advanced techniques. This is consistent with the tendency to offer mediated searching rather than the “teach users how to search” philosophy, more characteristic of academia.

In order to carry out training to rural and remote clients, a handful of libraries use technology to offer web-based 1:1 instruction, including the use of Skype, WebEx, or shared desktop/Microsoft Lync. Not all libraries in our survey had the technology to offer this kind of live training. In some areas, Internet connection was spotty, and information technology services and equipment were inadequate or outdated.

The need to offer training to remote users in underserved areas is highly challenging due to geographic distance and technological limitations. For example, in one HA, the librarian must provide instruction to health professionals working in small remote communities, spread out across more than half of the province. Despite the geographical challenges reported by all respondents, no libraries reported using pre-existing online tutorials or creating their own in-house recorded video tutorials to reach remote user groups. It appears there is a gap in technical infrastructure, skills and capacity needed to train remote users in some areas.

Liaison

Almost all the libraries engaged in some degree of liaison support, which we described as linkages and involvement with specific teams, departments or initiatives with the goal of providing enhanced library and information services.

Librarians also reported contributing to their organizations by serving on various committees such as ethics, research, patient education, professional practice, continuing medical education, quality and innovation, and electronic health records. Their roles in these committees included conducting literature searches, creating awareness, acting as knowledge brokers, chairing committees, serving as editorial experts, and providing content.

Librarians indicated a desire to offer more liaison, outreach and embedded services. However, the online survey findings indicated that liaison ranked low in priority. This may be an indication that while librarians see the value in these services, they are limited by capacity and staffing constraints.

Service delivery models

Seven of the nine libraries included in the study have multiple branches and service locations, sometimes hundreds of kilometers apart. We were curious about how their reference and research services were organized and managed. All libraries surveyed, including those with only a single branch, have a central intake or generic email address to which their patrons can send requests. Patrons were also able to send requests directly to a specific librarian based on geography or expertise. It was reported that most clinicians prefer to routinely deal with the same library staff member rather than submit requests to a central intake email. This demonstrates that the personal relationship between library staff and their patrons is very important.

Nevertheless, librarians recognized the importance of ensuring equitable access to all patrons regardless of whether they work across the hall or two hundred kilometers away. Libraries are seeking to strike a balance between the convenience and necessity of a central intake model for their remote patrons, and the option for clients to connect directly with specific librarians for personalized service.

We also asked the libraries with multiple service locations if collection development, inter-library loans and article requests were managed centrally or primarily run by each local site independently. For the most part, these services were managed at site or branch level.

Responses were inconsistent on the need to standardize how requests are filled and delivered, or if there were concerns about service quality variations across multiple sites. According to one respondent, since all sites in that health region had proficient librarians, strict standardization across sites was not necessary. Meanwhile, another respondent expressed a desire for more standardization in services and evaluation both within their own library system and with other libraries across the province.

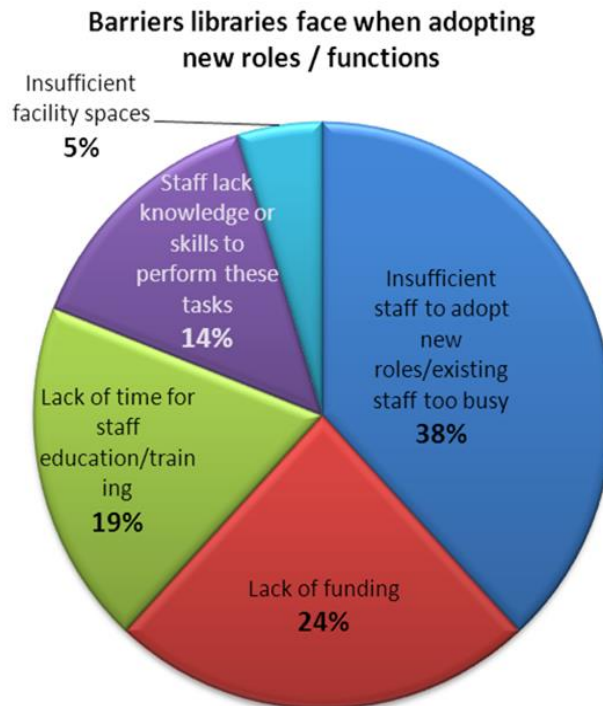
Innovations

Use of social media tools and support for mobile technologies varied significantly across library sites. Several libraries did not use these tools at all, whereas others used them for current awareness, marketing, promotion, reference and information services. While mobile devices were acknowledged as being important, only a minority of library systems had optimized their website and catalogue for mobile access. One library reported using mobile devices to deliver clinical information. Some libraries offer training and technical support for mobile devices but there is an opportunity to do more in the mobile device arena.

Almost all participating organizations were considering the purchase of an Electronic Health Records (EHR) system and linking it to knowledge based resources. As EHRs were identified as a key innovation across the board, this is a concrete opportunity for librarians to add value.

Top innovative roles recently added or planned within two years were authorship support (56%), support for systematic reviews (33%) and mobile devices (33%). What changes are catalysing innovative roles? A reduction of walk-in traffic, less time spent on collection development, an interest in automating labour intensive tasks of questionable value, and increasing inquiries related to apps and technology.

The most commonly cited barrier to innovation was limited staff capacity due to existing workload. Most mentioned that lack of support to attend conferences hampered librarian participation in continuing education and professional development, a key enabler of innovation (see figure below).



Needs assessment

Half of the libraries either conduct their own needs assessment surveys or participate in these as part of a larger department every 3-5 years. All libraries gather information or obtain constant feedback on an informal basis. Respondents saw the value of needs assessment in informing collection development decisions, shaping the library's direction and increased marketing and promotion. This raises a question on the potential benefit or interest in all HAs using similar needs assessment surveys and methodology. Some libraries have explored more formal ways to solicit input through advisory committees with varying success. Only one library had an established advisory committee. Others had considered them but experienced challenges, including lack of buy-in, a committee taking on a censorship role and caution about setting up unrealistic expectations due to budgetary constraints.

Evaluation - library services

We asked about the tools libraries are using to evaluate their services on a regular or annual basis to ensure alignment with institutional priorities and strategic directions such as enhancing patient safety; reducing readmissions; improving patient satisfaction scores; and supporting evidence-based policy making. Libraries are evaluating and tracking many aspects of their services and resources. To do this, participants mentioned using tools such as Key Performance Indicators, annual reports and Return On Investment (RoI) metrics.

As reference was considered the most important service, we asked how libraries track and classify their reference inquiries. We observed great variation in how reference and literature search requests are statistically tracked and measured by the library systems. Some tracked great detail for example, on topic, requestor and purpose of information while others kept minimal information. Many libraries with multiple sites lacked consistent approaches to their tracking.

Regarding what meaningful reporting is being done with these metrics, one library submitted their search topics list to a larger Quality and Innovation team while another compiled these into an annual report.

Tracking has not kept pace with the changes in reference/research question types and their complexity. Some libraries initially tracked more detail but later simplified, moving away from the systematic tracking of time spent and purpose of the information. As a result, complexity is not being captured; a concern, given the increase in the number of in-depth questions. Only two gathered feedback on the literature searches and only one library carries out evaluation of their instructional activity. This highlights a need to investigate methods to map, capture and meaningfully present metrics that matter to upper management. There is recognition that some traditionally collected metrics may no longer be useful (eg. gate counts).

As all libraries considered reference and research as the most important service they provide, perhaps there is room for improvement in tracking the service if we are to demonstrate its value and organizational impact.

Evaluation - institutional alignment

Most libraries reported success in aligning their short term goals with organizational priorities. However, evaluating how library services contribute to broader organizational success proved more challenging. Libraries reported difficulty structuring or fitting their assessment into larger organizational strategic reporting frameworks (eg. balanced score card) and demonstrating their library's contribution through concrete indicators. All recognized how valuable this is.

Evaluation – demonstrating value

A key issue was inconsistent approaches to evaluation across the HAs due to different data collection and reporting requirements. It would be beneficial to have consistent reporting measures, data collection tools, ROI calculators and messaging formats in reports aimed at decision-makers. Only one reported a robust evaluation framework that went beyond outputs (number of searches) to outcomes (impact of the information). Many participants expressed a desire to improve data collection and reporting on beneficial outcomes linked to library services. Standardizing metrics for value-added services is more challenging than simple process measures, such as number of literature searches. A way of determining the impact of literature searches on patient diagnosis or treatment would be most beneficial.

Meaningful evaluation needs to keep pace as the work continues to evolve. For example, traditional value assessment is based on clinically relevant outcomes such as time saved for clinicians, impact on safety, and readmissions. With declining direct patient care requests as reported by some respondents, there is a need to devise more meaningful impact measures. This suggests a need to identify the ideal metrics and meaningfully present them to upper management. Participants expressed an interest in highly-visual executive reports, limited to one or two pages.

Challenges, barriers and opportunities

Key barriers and challenges that emerged from the study included lack of awareness, technological limitations and inconsistency of tools. Awareness of library services is a key barrier, particularly for geographically remote locations. Road shows where a librarian visits a remote location were mentioned as effective in building awareness and leveraging valuable partnerships; however, they are challenging due to logistical and budgetary constraints. The use of tools such as WebEx supports engagement with off-site locations but have less impact on long-term awareness and usage than in-person visits. In addition to site visits and virtual visits, some participants reported success in leveraging HR communications to engage staff. Participants suggested that there would be value in the HAs sharing effective outreach strategies and tools (eg templates).

Technological limitations present another key challenge in service provision. These include lack of consistent internet access and printers in some remote sites; outdated technology and incompatible browsers with library software. To address this, participants suggested strategic problem solving to help users access services, such as printing and mailing materials to users with poor internet connectivity. IT restrictions pertaining to network security and protecting confidential data, while necessary, create barriers to service provisions.

The HAs use different library software and systems, raising the issue of inconsistency in software tools. It may be useful to explore a business case for standardization of software tools and systems across the HA systems. This has already been done successfully by two HAs who share the same catalogue system. There may also be some value in investigating the potential for group negotiations or purchasing in the future.

Provincial landscape

Uneven access to library services across the province may hamper professional practice and impact the quality of patient care. While the majority of health professionals in the province have access to library services and resources, vast geographical areas are isolated and underserved. Service gaps also exist for some agencies and health regions who were previously served by UBC library.

Despite all health authorities and province-wide agencies having access to e-resources through the Electronic Health Library of BC consortium (e-HLbc), some lack dedicated librarians or technicians, library facilities or print collections. Remote areas may experience technological challenges that hamper access and usage of consortium e-resources available to them. In addition, one HA reported that their nurses occasionally work alongside nurses hired by a different agency which does not provide access to e-HLbc resources.

These challenges raise a plethora of questions: Is there a provincial collaboration that can address the needs of such professionals whose organizations are not part of e-HLbc consortium? How can the library community advocate for increased library services for organizations with consortium access only? To address these gaps, there is need for broader strategies on how to reach underserved regions or centres within each HA, and how to support agencies or locations currently without any access to health library services.

An apparent gap is the health literacy implications of these findings. Over half the libraries do not offer consumer health information services. If “consumer health doesn’t belong to a hospital library”, where does it belong? Do public libraries have the expertise and capacity to address this need? If not, do health libraries have a role and obligation to support health literacy efforts at a broader level?

CONCLUSIONS

Underpinning the value of collaboration, a key theme expressed by library representatives during the focus group was the need for knowledge sharing. It was clear that participants were eager to share strategies that worked for them, to talk about the tools they use (or would like to use), and to commiserate about common challenges and opportunities.

A key finding was that innovative roles are not necessarily linked to Web 2.0+ tools or mobile usage; but are essentially about facilitating improved access to valuable content. The optimization of library websites and catalogues for mobile access emerged as an innovation opportunity that more libraries could embrace. The use of recorded video tutorials also represents an opportunity to bridge the geographical distance and engage remote users.

Liaison and collaboration are happening but seem to be of low priority. More emphasis on such activities would promote visibility and generate more value-add roles such as rounding and embedding in clinical teams.

Reporting and evaluation gaps were identified, particularly for reference, the most important value-add service. Reference questions have increased in complexity but this is not properly captured using existing metrics. There is a decline in direct patient care requests with implications for a shift in impact measures since traditional value assessment is based on clinically relevant outcomes tools. Sharing and standardization of RoI calculators and similar tools would improve efficiencies as well as the ability to communicate on a broader scale about the value of library services.

Significant challenges and barriers identified within and between HAs include lack of awareness and technology limitations. Technological challenges present an opportunity for strategic problem solving to ensure that the users are able to access the services they need.

Given that HA libraries across the province agreed on the value of more opportunities to collaborate and share with each other, the next step would be to identify and set up suitable forums for regular knowledge sharing. This could take the form of informal and formal moderated discussions, regular conference calls or a special email group.

Through regular knowledge sharing, it may be possible to explore the feasibility of a working group to chart out a strategy for addressing provincial landscape challenges such as uneven access to library services. Such a group could be set up as an interest group within the Health Libraries Association of BC (HLABC). The findings in this report provide valuable base-line information that can be used to support the advocacy needed for this work.

We are pleased to report that the study has already had impact. Since the completion of the study, the findings catalyzed some discussion around metrics and evaluation tools. One project includes developing, and trialing a literature evaluation tool to obtain standardized, and sharable service metrics between a handful of BC health authorities. A broader conversation has also been initiated beyond British Columbia whereby issues of health library standards, services, and metrics are now being discussed with neighbouring Alberta and Saskatchewan health authorities

STRENGTHS AND LIMITATIONS

The first strength is robust data collection methodology. The use of three data collection instruments: online survey, in-depth interviews and focus group strengthened the findings and the qualitative focus added rich insights. Secondly, the study captured the perspectives of all the Health Authority libraries due to the 100% participation rate. The limitations include heterogeneity as some libraries differed in their mandate and duration of existence. Also, due to time pressure, it was not possible to properly pre-test the online survey questions.

While the findings provide a valuable snapshot of the BC landscape, they may not necessarily be generalizable elsewhere. Nevertheless, the information can help librarians across Canada share successful innovations and best practices, and identify opportunities for future collaboration in research and practice. We hope that a future study will reveal further progress in BC regional health library innovation.

Acknowledgements

The authors acknowledge the contributions below with gratitude:

- The leadership in all the participating libraries in the Health Authorities and Ministry of Health
- Health Libraries Association of BC (HLABC) for their generous funding of the focus group
- D. Greyson, D. Giustini, R. Melrose, R. Raworth, B. Bonsu (UBC SLAIS student) for their input into the development and review of data collection instruments

APPENDIX: Methodology & Results

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Appendix 1 – Invitation to Participate

[Date]

Dear [Library Director],

Faced with continual change, health libraries must innovate in order to succeed. The recent benchmarking survey of Canadian health libraries reported in JCHLA² made that clear. Health Authority and Ministry of Health Libraries and Information Services (LIS) are no exception, but they may face special challenges and opportunities that may not be reflected in the report on the entire health library sector.

We invite you to participate in a study of BC Health Authority and Ministry of Health LIS, in order to generate a focused and in-depth look at these services for information sharing and benchmarking purposes within the health library community.

Purpose of the study

To understand how libraries are evolving to deliver innovative services to geographically spread users, this study aims to: 1) describe and compares Health Authority and Ministry of Health LIS, 2) analyze how these LIS are evolving and innovating in order to deliver value, and 3) identifies gaps and opportunities in the current landscape. This information can help LIS and librarians across Canada share successful innovations and best practices, and identify opportunities for future collaboration in research and practice.

What is involved?

Taking part in this study will involve completing an online survey and an individual interview. The survey will take approximately 15 minutes of your time to complete, and will ask for information about your library staff, services, and environment. This survey will allow us to generate an overview of Health Authority and Ministry of Health LIS in BC. After you complete the survey, we will contact you to schedule a 60-90 minute telephone call for an in-depth interview, so you can tell us more about your unique LIS situation, including opportunities and challenges, innovations you and your colleagues have attempted, and your approach to teaching, research support, and other core services you provide. At a later date, we may organize a focus group to build on the results of the survey and individual interviews.

How to participate?

If you are willing to consider taking part, we will gladly provide you with more information about the study so that you can make an informed decision. If you would like more information about the study, or have any questions about participation, please reply to this email.

If you do not need more information and would like to proceed to the survey, simply click on this link <http://surveys.vch.ca/Survey.aspx?s=919c3a40e49149c7a26bd927666b7d8e> which will take you to the consent form and online survey.

Sincerely,

Chantalle Jack

Librarian, Vancouver Coastal Health

Shannon Long

Librarian, Vancouver Coastal Health

Elisheba Muturi Kihara

² Ducas, Ada, Lisa Demczuk, and Kerry Macdonald. "Results of a Survey to Benchmark Canadian Health Facility Libraries." *Journal of the Canadian Health Libraries Association* 36.1 (2015): 3-10.

<https://ejournals.library.ualberta.ca/index.php/jchla/article/view/24356/18043>

Appendix 2A – Consent Material: Online Survey

PARTICIPANT INFORMATION AND CONSENT FORM: ONLINE SURVEY

Title: Innovations, challenges and opportunities within BC Health Authority and Ministry of Health Libraries and Information Services

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INVITATION

You are being invited to take part in a research study that uses a survey and interviews to generate a focused and in-depth look at BC health authority library and information services (LIS) for information sharing and benchmarking purposes within the health library community. This document explains the study so that you can decide if you want to take part. It is up to you whether you would like participate, so feel free to ask us if anything below is not clear. If you want to take part you will be asked to check boxes to indicate that you understood this form and consent to participation in this study. If you later change your mind you can withdraw at any time without giving any reason.

WHO IS DOING THE STUDY?

This study is being done by librarians at Vancouver Coastal Health and a program analyst / librarian at the BC Ministry of Health.

WHY ARE WE DOING THIS STUDY?

The recent benchmarking survey of Canadian health libraries reported in JCHLA made it clear that, faced with continual change, health libraries must innovate in order to succeed. Health Authority and Ministry of Health libraries and information services are no exception, but they face special challenges and opportunities that may not be reflected in the report on the entire health library sector.

WHAT IS THE PURPOSE OF THE STUDY?

To generate a focused and in-depth look at BC health authority libraries for information sharing and benchmarking purposes within the health library community.

WHO CAN TAKE PART IN THIS STUDY?

You can take part in this study if you are:

- A librarian or staff member responsible for library and information services (LIS) within a health authority or the ministry of health in British Columbia.
- Available for a 15 minute online survey, and a 60-90 minute follow-up telephone interview

Note: For organizations with more than one LIS site, we need one response on behalf of the whole library system by the manager, their designate or other appropriate staff. You may wish to get input from your staff and colleagues.

WHAT HAPPENS IF I SAY “YES” TO THE STUDY

If you decide to take part in the study here is what will happen:

- You will proceed from this consent page to a 15-minute online survey about your library.
- You will be contacted by a researcher to schedule a phone interview, and interviewed by the research team member on the telephone.

WILL ANYTHING BAD HAPPEN

We do not expect any risks to you taking part in this study.

WILL ANYTHING GOOD HAPPEN

Taking part in this study will help librarians and library planners and advocates understand the current challenges and opportunities facing Health Authority and Ministry of Health Libraries. The findings will promote information sharing on innovative best practices and highlight collaborative opportunities to address existing gaps.

WILL THE STUDY COST ME ANYTHING?

There will be no costs to you to take part in the study. You will not be paid to take part.

HOW WILL YOU KEEP MY PERSONAL INFORMATION PRIVATE AND PROTECT MY ORGANIZATION'S INFORMATION?

If you decide to be in this study you can expect that:

1. Any information you share with researchers will be kept confidential.
2. All survey data will be stored in a secure Canadian server.
3. Only members of the research team will have access to your personal and organizational information.

YOU CAN EXPECT THAT

1. Information collected will be kept private and only used for research.
2. Unless required by law, no personal or organizational information will be given to anyone outside the study.
3. Your name or other information that identifies you or your organization will not be in any publications or reports.

WHAT HAPPENS IF I WITHDRAW FROM THE STUDY?

You can withdraw from the study at any time without any consequences. Information about you collected prior to your withdrawal will be used in the study report. Indicating consent after reading this page in no way limits your legal rights against the investigators or anyone else.

PROJECT OUTCOMES:

The findings will be shared with participants prior to dissemination through conference poster presentations, oral presentations to the health librarian community and journal articles. Participants will have the opportunity to review findings to ensure that their privacy is maintained (e.g., we will not use quotes that may disclose your identity).

WHO CAN I CONTACT IF I HAVE QUESTIONS OR CONCERNS?

Study Coordinator: Elisheba Muturi, en_muturi@yahoo.ca, 604 760 3726

CONSENT:

Giving your consent to participate in this study means:

- I have read and understood the information in this Consent Form
- I have had enough time to think about the information, and have been able to ask for advice if needed
- I have been able to ask questions and have had satisfactory responses to my questions
- I understand that all of the information collected will be kept confidential and that the results will only be used for scientific purposes
- I understand that my participation in this study is voluntary and that I am free to withdraw from the research study at any time without explaining my decision to do so
- I understand that I am not waiving any of my legal rights as a result of consenting to participate
- I understand that there is no guarantee that this study will provide any benefits to me
- I voluntarily consent to take part in this research study

I have read and understood this consent page and agree to participate in this study:

Yes

Checking yes is equivalent to your signature

Click here to proceed to the survey:

<http://surveys.vch.ca/Survey.aspx?s=04a64411a4a64d158bb7b3aeb551b807>

In designing this instrument we consulted with the UBC ethics office.

Appendix 2B – Online Survey Materials

Innovations, Challenges and Opportunities within BC Health Authority and Ministry of Health Libraries and Information Services

We request that you complete the survey by Friday, Feb. 26, 2016.

If possible, please submit your responses using the online version of this survey, which can be accessed here: <http://surveys.vch.ca/Survey.aspx?s=919c3a40e49149c7a26bd927666b7d8e>

Or, if you prefer, send completed responses to Elisheba Muturi by email: Elisheba.Muturi@gov.bc.ca

A. INSTITUTIONAL PROFILE AND LIBRARY & INFORMATION SERVICE ENVIRONMENT

1. To which area or department does the library and information service report?

2. Is the person who manages the library and information services (LIS)?
 - Senior staff without formal library training
 - A librarian with an ALA accredited master's degree
 - Staff with a library technician diploma
 - Other (please specify) _____

3. How many physical sites or branches does your LIS have? _____

4. How many of these sites are:
 - a. Staffed full-time: _____
 - b. Staffed part-time: _____
 - c. Unstaffed: _____
 - d. Other (please specify) _____

5. How many FTE staff in each of these categories work in your LIS including managers if they participate in library oriented work?
 - a. Staff without formal library training: _____
 - b. Librarians with ALA accredited master's degrees: _____
 - c. Staff with a library technician diploma: _____
 - d. Other (please specify) _____

6. Who are your users?

a. Please indicate the degree of LIS use by these groups on a scale from 1 (lowest) to 3 (highest).

Population	1 lowest use	2 medium use	3 highest use	Not Applicable
Doctors (physicians, surgeons and psychiatrists)				
Nurses				
Allied health workers (pharmacists, therapists, social workers, etc.)				
Patients and their families (the public)				
Administrative and managerial staff				
Program delivery staff (public health, communication, outreach...)				
Policy and planning staff (analysts, economists)				
Researchers				
Students and residents				

b. Please specify any additional user group(s) you serve: _____

7. Please enter the total number of FTEs in your institution _____

B. LIBRARY AND INFORMATION SERVICES

8. Which of the following services does your LIS provide and how important are they on a scale from 1 (lowest) to 5 (highest) ?

Service	1	2	3	4	5	Not Applicable
Document delivery/ interlibrary loan						
Instruction to professionals						
Instruction to students						
Embedded, liaison, or outreach services						
Administrative and committee participation						
Consumer information services						
Reference						

Other (please specify) _____

9. Does the LIS provide organizational support to the parent institution for the following? Please check all that apply:

- Organizational public website or internal intranet
- Organizational newsletter
- Organizational records and information management
- Organizational archives maintenance
- The LIS does not provide organizational support
- Other (please specify) _____

C. CHANGE AND INNOVATION

10. How has your LIS changed in the past five years?

	Increased	No Change	Decreased	Unsure	Not Applicable
Budget					
Staff					
Document delivery / interlibrary loan					
Literature search requests					
Reference questions					
Library visits / gate count					
Library facility space					
Other (please specify)					

11. In the past 5 years, has one or more of your LIS locations:

- Relocated
- Merged with another library
- Closed
- Neither relocated, merged, or closed

12. Which of the following social media tools do you use in your LIS?

Please check any that apply:

- | | |
|--|---|
| <input type="checkbox"/> Library blog | <input type="checkbox"/> Podcasts |
| <input type="checkbox"/> Instant messaging | <input type="checkbox"/> Pinterest |
| <input type="checkbox"/> RSS feeds | <input type="checkbox"/> Instagram |
| <input type="checkbox"/> Twitter | <input type="checkbox"/> YouTube |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Other (please specify) _____ |

13. How are you using the above social media or web 2.0 or 3.0 applications in your LIS?

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Providing reference (virtual reference) | <input type="checkbox"/> For creating current awareness |
| <input type="checkbox"/> Teaching clients how to use them | <input type="checkbox"/> Don't use |
| <input type="checkbox"/> Library marketing and promotion | <input type="checkbox"/> Use not permitted |
| <input type="checkbox"/> As a teaching tool | <input type="checkbox"/> Other (please specify) _____ |

14. What mobile services have been developed or are being developed for your LIS?

Please check all that apply:

- Mobile version of library website I don't know
 Mobile version of library catalogue Other, (please specify) _____

15. Are staff in your LIS using mobile devices to deliver the following services?

Please check all that apply:

- Reference services
 Clinical information services/embedded library role
 Instruction delivery
 Other (please specify) _____

16. Does your library provide training, technical or other support for patrons' personal or institutional mobile device use?

- Yes
 No
 I don't know

17. Does your organization have, or is it considering purchase of, an Electronic Health Record system?

- Yes I don't know
 No Not applicable. Our organization does not offer direct patient care.

18. In your organization, are there plans for linking or integrating knowledge-based resources within an Electronic Health Record (EHR)?

- Yes I don't know
 No Not applicable

19. In your organization, are there plans for providing patient education information within an Electronic Health Record (EHR)?

- Yes I don't know
 No Not applicable

20. If not previously captured, please indicate below any non-traditional roles / functions / positions that your LIS has added within the last 2 years or plans to add in the next 2 years:

- Data management (data mining, data curation, database design)
 Development of ontologies or taxonomies
 Portfolio analysis (tracking of research impact in an agency or institution)
 Support for systematic reviews
 Support for primary research such as clinical trials
 Support for bioinformatics (beyond traditional librarian functions)
 Analysis or enhancement of user experience

- Support for social media
- Support for mobile devices
- Support for grant writing
- Supporting faculty/staff with authorship issues
- Service as public health informationist (beyond patient information)
- Service as clinical informationist/embedded librarian
- Knowledge translation/broker role
- Other (please specify) _____

21. What barriers does your library face when adopting new roles/functions?

Please check all that apply:

- Staff lack knowledge or skills to perform these tasks
- Lack of funding
- Insufficient facility spaces
- Lack of time for staff education/training
- Insufficient staff to adopt new roles/existing staff too busy
- Other, please specify _____

22. What kind of support or training do your LIS staff have to take on innovative roles?

Please check all that apply:

- Continuing education courses
- Self-directed learning
- Mentoring with another librarian
- Other (please specify) _____

23. How has, or will, your library find time and resources to support new roles/functions? Please check all that apply:

- Spend less time on traditional tasks
- Add additional staff/FTE
- Collaborate with staff in other departments/units in the organization
- Assign new tasks to existing staff without reducing their workloads
- Not applicable – my library has not added any non-traditional roles/functions and does not plan to add any in the next 2 years
- Other (please specify) _____

D. COMMENTS

24. If you have additional comments you would like to add to explain or contextualize any of your survey responses, please do so here:

E. FOLLOW-UP

In order to conduct part 2 of this study, the telephone interview, please provide your phone number. This information will be kept strictly confidential and will be used only for the purpose of your interview.

Your phone number _____

Thank you!

If possible, please submit your responses using the online version of this survey, which can be accessed here: <http://surveys.vch.ca/Survey.aspx?s=919c3a40e49149c7a26bd927666b7d8e>

Or, if you prefer, send completed responses to Elisheba Muturi by email: en_muturi@yahoo.ca

Appendix 3A – Consent Materials: Telephone Interview

PARTICIPANT INFORMATION AND CONSENT FORM: TELEPHONE INTERVIEW

Title: Innovations, challenges and opportunities within BC Health Authority and Ministry of Health Libraries and Information Services

Investigators: Chantalle Jack, BA, MLIS
Librarian, VCH Library Services
Phone Contact: 604.984.5844 | Email: Chantalle.jack@vch.ca

Shannon Long, BA, MLIS
Librarian, VCH Library Services
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Elisheba Muturi, MSc, MLIS, MAS
Phone Contact: 604.760.3726 | Email: en_muturi@yahoo.ca

INVITATION

You are being invited to take part in a research study that uses a survey and interviews to generate a focused and in-depth look at BC health authority library and information services (LIS) for information sharing and benchmarking purposes within the health library community. This document explains the study so that you can decide if you want to take part. It is up to you whether you would like participate, so feel free to ask us if anything below is not clear. If you want to take part you will be asked to check boxes to indicate that you understood this form and consent to participation in this study. If you later change your mind you can withdraw at any time without giving any reason.

WHO IS DOING THE STUDY?

This study is being done by librarians at Vancouver Coastal Health and a program analyst / librarian at the BC Ministry of Health.

WHY ARE WE DOING THIS STUDY?

The recent benchmarking survey of Canadian health libraries reported in JCHLA made it clear that, faced with continual change, health libraries must innovate in order to succeed. Health Authority and Ministry of Health libraries and information services are no exception, but they face special challenges and opportunities that may not be reflected in the report on the entire health library sector.

WHAT IS THE PURPOSE OF THE STUDY?

To generate a focused and in-depth look at BC health authority libraries for information sharing and benchmarking purposes within the health library community.

WHO CAN TAKE PART IN THIS STUDY?

You can take part in this study if you are:

- A librarian or staff member responsible for library and information services (LIS) within a health authority or the ministry of health in British Columbia
- Have completed the 15 minute online survey, and are available a 60-90 minute follow-up telephone interview

Note: For organizations with more than one LIS site, we need one response on behalf of the whole library system by the manager, their designate or other appropriate staff. We will send you the questions ahead of time so that you can consult with your staff and coworkers in advance of the interview taking place.

WHAT HAPPENS IF I SAY “YES” TO THE STUDY

If you decide to take part in the study here is what will happen:

- You will be interviewed by the research team member on the telephone.
- This interview will take about 60 minutes and will be audio recorded and some written notes may be taken.
- We will type up the words from the audio recording and keep the transcript, for use in research.

WILL ANYTHING BAD HAPPEN

We do not expect any risks to you taking part in this study.

WILL ANYTHING GOOD HAPPEN

Taking part in this study will help librarians and library planners and advocates understand the current challenges and opportunities facing Health Authority and Ministry of Health Libraries. The findings will promote information sharing on innovative best practices and highlight collaborative opportunities to address existing gaps.

WILL THE STUDY COST ME ANYTHING?

There will be no costs to you to take part in the study. You will not be paid to take part.

HOW WILL YOU KEEP MY PERSONAL INFORMATION PRIVATE AND PROTECT MY ORGANIZATION'S INFORMATION?

If you decide to be in this study you can expect that:

1. Any information you share with researchers will be kept confidential.
2. All audio files, study notes and transcripts will be stored in a secure location.
3. Only members of the research team will have access to your personal and organizational information.

YOU CAN EXPECT THAT

1. Information collected will be kept private and only used for research.
2. Unless required by law, no personal or organizational information will be given to anyone outside the study.
3. Your name or other information that identifies you or your organization will not be in any publications or reports.

WHAT HAPPENS IF I WITHDRAW FROM THE STUDY?

You can withdraw from the study at any time without any consequences. Information about you collected prior to your withdrawal will be used in the study report. Indicating consent after reading this page in no way limits your legal rights against the investigators or anyone else.

PROJECT OUTCOMES:

The findings will be shared with participants prior to dissemination through conference poster presentations, oral presentations to the health librarian community and journal articles. Participants will have the opportunity to review findings to ensure that their privacy is maintained (e.g., we will not use quotes that may disclose your identity).

WHO CAN I CONTACT IF I HAVE QUESTIONS OR CONCERNS?

Study Coordinator: Elisheba Muturi, en_muturi@yahoo.ca, 604.760.3726

Participant Information and Consent Form (Participant Copy)

Study Title: Innovations, challenges and opportunities within BC Health Authority and Ministry of Health Libraries and Information Services

My signature on this consent form means:

- I have read and understood the information in this Consent Form
- I have had enough time to think about the information, and have been able to ask for advice if needed
- I have been able to ask questions and have had satisfactory responses to my questions
- I understand that all of the information collected will be kept confidential and that the results will only be used for scientific purposes
- I understand that my participation in this study is voluntary and that I am free to withdraw from the research study at any time without explaining my decision to do so
- I understand that I am not waiving any of my legal rights as a result of signing this consent form
- I understand that there is no guarantee that this study will provide any benefits to me
- I will receive a signed dated copy of this consent form for my own records
- I voluntarily consent to take part in this research study

Print Full Name _____ Signature _____

Date: Day _____ Mon _____ Year _____

In designing this instrument we consulted with the UBC ethics office.

Participant Information and Consent Form (Researchers' Copy)

Study Title: Innovations, challenges and opportunities within BC Health Authority and Ministry of Health Libraries and Information Services

My signature on this consent form means:

- I have read and understood the information in this Consent Form
- I have had enough time to think about the information, and have been able to ask for advice if needed
- I have been able to ask questions and have had satisfactory responses to my questions
- I understand that all of the information collected will be kept confidential and that the results will only be used for scientific purposes
- I understand that my participation in this study is voluntary and that I am free to withdraw from the research study at any time without explaining my decision to do so
- I understand that I am not waiving any of my legal rights as a result of signing this consent form
- I understand that there is no guarantee that this study will provide any benefits to me
- I will receive a signed dated copy of this consent form for my own records
- I voluntarily consent to take part in this research study

Print Full Name _____ Signature _____

Date: Day _____ Mon _____ Year _____

In designing this instrument we consulted with the UBC ethics office.

Appendix 3B – Telephone Survey Materials

Innovations, challenges and opportunities within BC Health Authority and Ministry of Health Libraries and Information Services

Researcher Telephone Interview Guide

- Thank you for agreeing to have an interview with our study today.
 - This interview will take approximately an hour, and will ask you to tell us, in your own words, about your library's experiences, successes, and challenges in today's changing environment.
 - We are especially interested in your experiences with trying out innovative practices and new roles for libraries / library staff as well as your approaches to evaluation.
 - Most of this interview is open-ended questions. There are no right or wrong answers, and you can skip any question that you are not comfortable answering for any reason.
-

General Library and Information Service

1. Thank you for agreeing to do an interview with our study. Why don't we begin by you just describing your library and information service (LIS) for me? (length of time since inception, size, number of library locations, physical/virtual, focus, geographical catchment...)
2. Thank you. Now, can you tell me about your users?
 - a. How do you prioritize serving your user groups?
 - b. Are there any challenges related to this?
 - c. Are your target primary and secondary user groups using your services as expected? In other words are your target users the same as your actual users?

Research and Reference

3. What types of research and reference services do you provide?
 - a. For whom? (Students? Residents? Clinicians? Policy-makers? Other?)
 - b. On what topics? (Clinical care, program or policy topics, etc.?) Can you give us a sense of the proportion of clinical/direct-patient care vs program/policy type questions?
 - c. Do you get requests for systematic review searching? If so, how do you handle these, and why?
 - d. Do you have the expertise and capacity to support the requests you receive?
 - e. Have there been opportunities for research collaboration with nonclinical and administrative departments (e.g. development and grants office; program, departmental, and outside partnership planning)?
 - f. Do you regularly synthesize and/or critically appraise the findings, or simply provide reference lists?
4. Does your LIS provide any consumer health information services? (e.g., reference, mediated searches, resource lending, pamphlets/brochures, Internet search assistance, community health outreach, etc.?)
 - a. If so, which services, and how was that decision made?
 - b. If not, why not and who provides consumer health services in your region?

5. How do you track and classify your reference inquiries?
 - a. Do you categorize them by
 - i. Complexity/length of time spent _____?
 - ii. Subject matter _____?
 - iii. Purpose _____?
 - iv. Client group (physicians, nurses, etc.)? _____
 - v. Other _____?
 - b. Has this changed over time?

6. If you have multiple LIS sites, how do you distribute reference and research requests that your organization receives? Do you have a centralized intake procedure for all requests or does each site receive requests individually?
 - a. If services are handled at site level, how do you ensure standardized services?
 - b. If services are centralized, how do you maintain or enhance personalized services to local patrons?
 - c. What are the trade-offs or pros/cons in your approach?
 - d. Has this changed over time?

Teaching

7. Does your LIS provide instruction or training on the use of research resources?
 - a. If not, why not? Do your users get library instruction elsewhere?
 - b. If so, which staff provide this service?
 - c. To which types of users? Do you serve medical students on rotation? Healthcare staff? Remote users? Others?
 - d. How do you promote your instructional services?
 - e. What topics are offered? How often do you change your offerings? Why do you change them?
 - f. Is there a set curriculum (pre-packaged presentations) or is the curriculum customized depending on user needs?
 - g. How is the instruction delivered? (via workshops? online? orientations?...) If you have multiple sites, how do you deliver instruction across sites?

Embedding, Liaison, and Outreach

8. Are your librarians involved in any liaison roles or activities such as clinical informationist/attending rounds, being embedded in a program or department, acting as a member of a research team, embedded in courses or co-teaching, liaising with a particular subject area, program or department?

9. Do LIS staff serve on any organizational committees (e.g., Evidence Based Practice, information management, Quality Assurance, Research, Patient safety, Patient education, Ethics board, etc.)? Which ones?
 - a. How did this library involvement come about?
 - b. How does your LIS contribute to these committees?

Collection development and document delivery

10. If you have multiple sites, do you:
 - a. handle collection development centrally or site by site? Do you have a central collection development policy? What are the trade-offs in your approach?
 - b. do you handle document delivery/interlibrary loans centrally or by site? What are the trade-offs in your approach?

Needs assessment

11. Does your LIS engage in needs assessment with respect to your users, collections and services (research, teaching, liaison) in order to guide services?
 - a. If so, how often do you survey existing and potential users, and what mechanisms do you use? (survey, focus group, etc.)
 - b. Does your LIS have an advisory group or committee?
 - c. How has the needs assessment informed your collections, services and training programs?

Evaluation

12. How is the LIS aligning its services to institutional priorities and strategic directions (such as enhancing patient safety, reducing readmissions, and improving patient satisfaction scores, supporting evidence-based policy making)?
 - a. Has the LIS devised measurable ways its services help accomplish those goals?
 - b. What specific measures have you used?
 - c. Has the library made any significant changes in past 2-3 years in this regard?
13. How has your LIS developed, structured and used evaluation or assessment methods within your institution's strategic reporting contexts (eg. balanced scorecard) and fiscal accountability frameworks?
14. What tools does the LIS use to evaluate its services on a regular or annual basis? (Former user consultation, Annual reports to institutional management, Key performance indicators or ROI figures, Formal framework of service standards, Critical incident surveys, none, something else...?)
 - a. How have your evaluation practices and tools changed over time?
 - b. Which evaluation tools do you feel are working very well? Why? Have any of them allowed you to measure impact or outcome of work (e.g., time saved, decreased costs, patient outcomes)?
 - c. Have you been able to make changes based on your evaluation results?

Innovative roles and change (if further clarification is required from online survey response):

15. What value-added, innovative, or non-traditional roles and services has your library developed? (*may include organizational support for records/archives management, intranet/website*)
 - a. How did these come about?
 - b. If your LIS is reducing or eliminating traditional tasks to make time for new roles, which traditional tasks/functions are you eliminating?
 - c. What marketing was involved in the initial development or is involved in the ongoing provision of these services?
 - d. How are they being evaluated?
16. What kind of support or training has equipped LIS staff in your organization to take on innovative roles?
17. How has or will your LIS find time and resources to support new roles/functions?
18. What barriers does your LIS face when adopting new roles/functions?
19. In the last five years, what changes has your organization experienced? What is driving the change? How have these changes impacted the library and information service?

Provincial landscape

20. What gaps do you see in the provision of library and information services across the province? Are there underserved geographical areas? Are there health professions in your region that are not getting served? Is your LIS able to collaborate with other institutions to address some of these gaps? Can you think of untapped collaboration opportunities that could be explored?

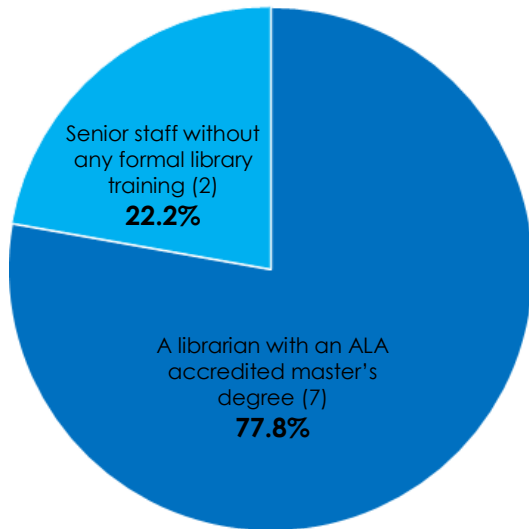
21. Is there anything else you think is important for us to hear about challenges and opportunities for library innovation, based on your experience?

Appendix 4 – Online Survey: Results

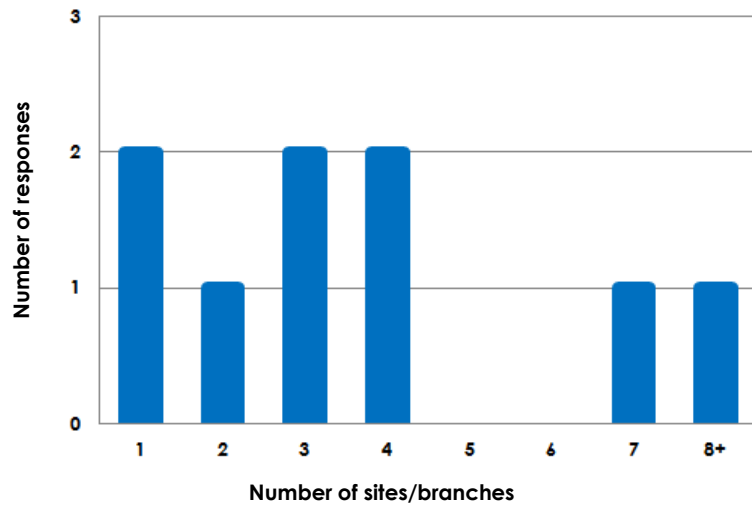
1. To which area or department does the library and information services (LIS) report? – 9 responses

- BC Government, Ministry of Health
- Evaluation & Research Services
- Information Management Services
- Interim Chief Operating Officer. Within the past year, the Library has also reported to the to the Senior Director for Operations
- Learning & Development
- Learning & Performance support
- Professional Practice
- Quality and Innovation
- Strategic Initiatives, part of the Hospitals and Communities Portfolio

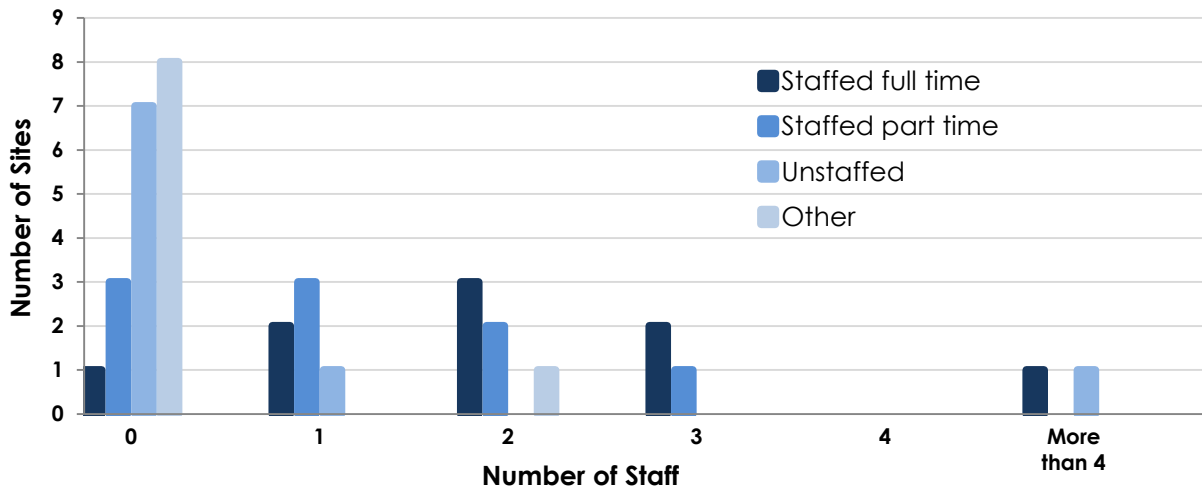
2. Is the person who manages the LIS department: (9 responses)



3. How many physical sites or branches does your LIS have? (9 responses)



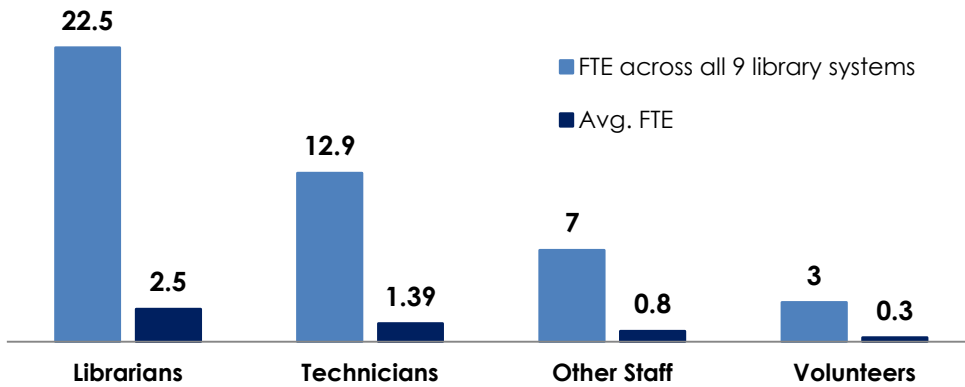
4. How many of these sites are: (9 responses)



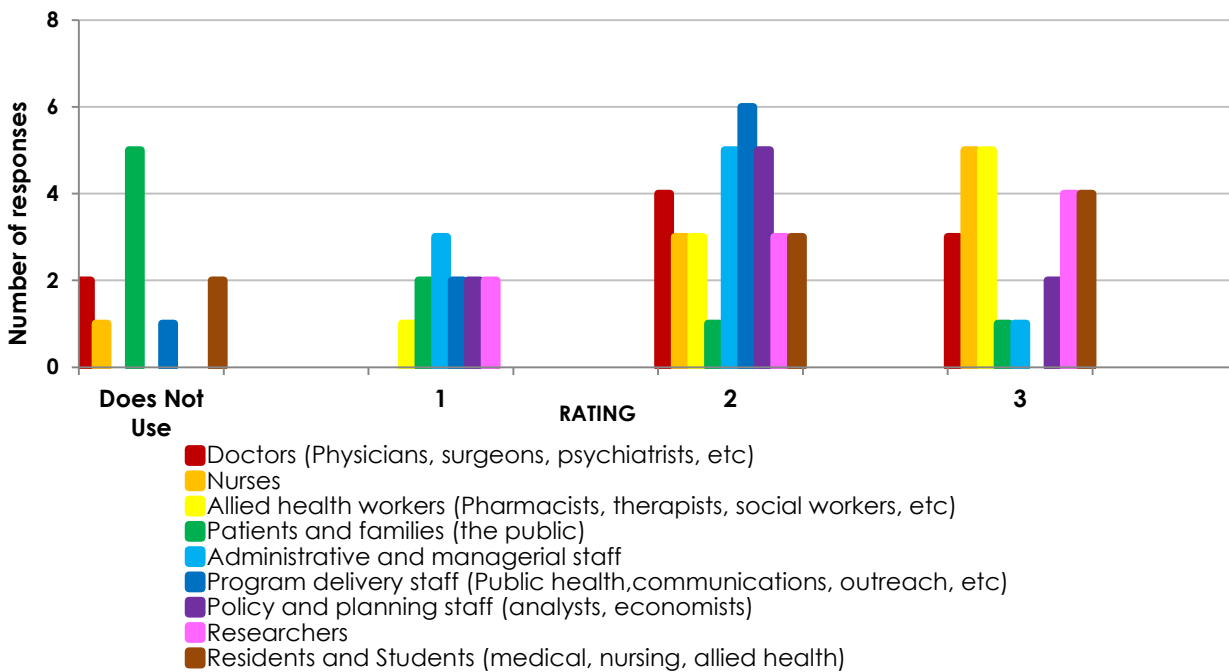
* One site indicated that they have 2 sites staffed part-time by volunteers

* One site said staff share time between library and other departments.

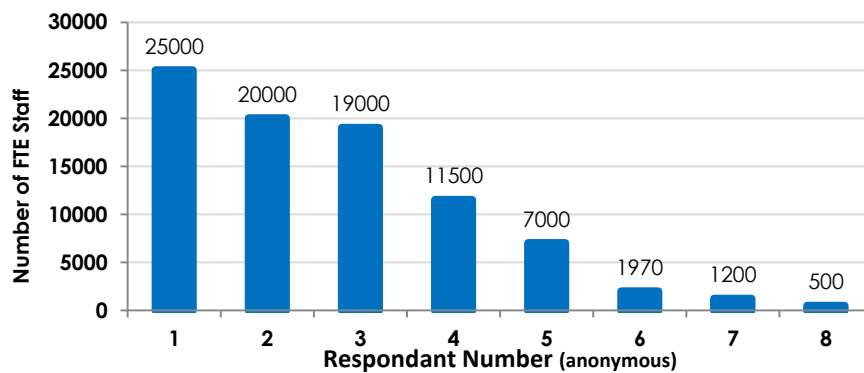
5. How many FTE staff in each of these categories work in your LIS, including managers if they participate in library oriented work? (9 responses)



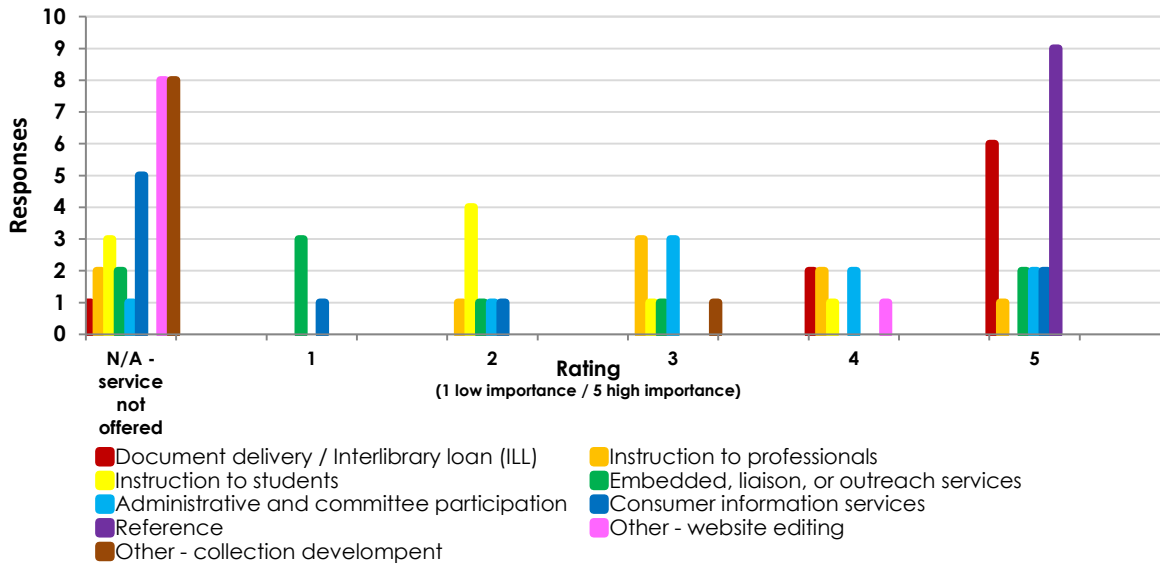
6. Who are your library users? 1 = low, 3 = high (9 responses/user group)



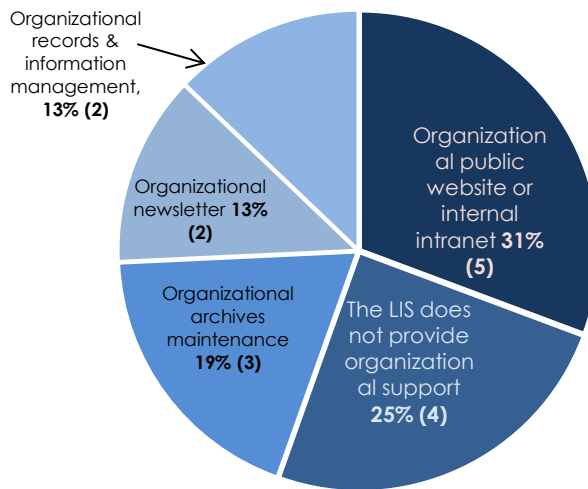
7. Please enter the total number of FTEs in your institution (8 responses – BC C&W did not answer)



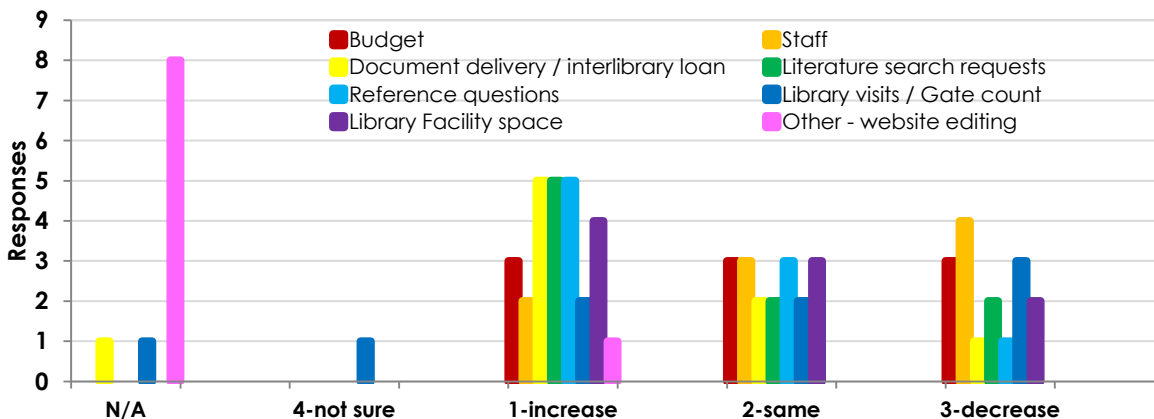
8. Which of the following services does your LIS provide and how important are they on a scale of 1 (lowest) to 5 (highest)? (9 responses/service)



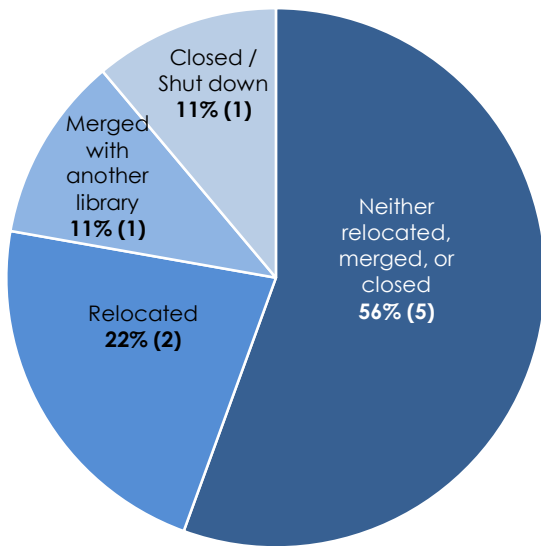
9. Does the LIS provide organizational support to the parent institution for the following? Check all that apply (9 responses / 16 answers)



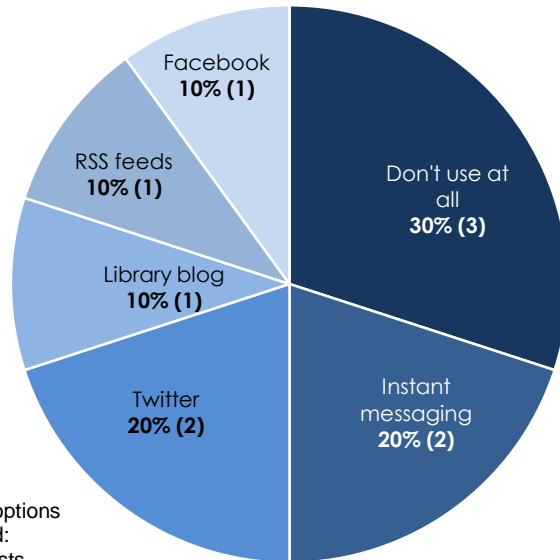
10. How has your LIS changed in the past 5 years? (9 responses)



11. In the past 5 years, have any of your LIS locations: (9 responses – check all that apply)



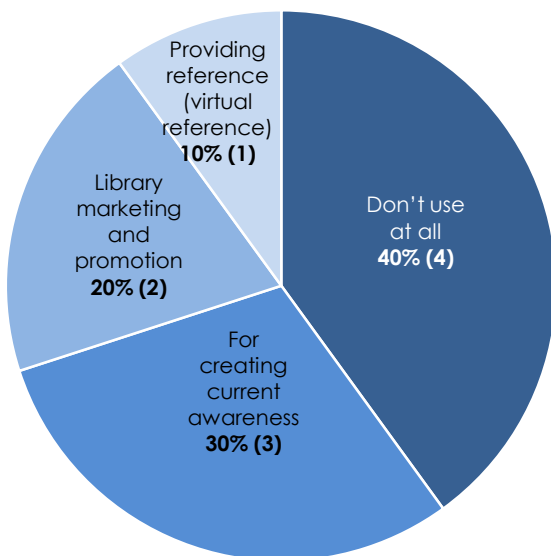
12. Which of the following social media tools do you use in your LIS? Check all that apply: (7 responses/10 answers – No response from Interior or Northern Health)



*Other options included:
 - Podcasts
 - Pinterest
 - Instagram
 - Youtube

There were zero responses for those social media tools.

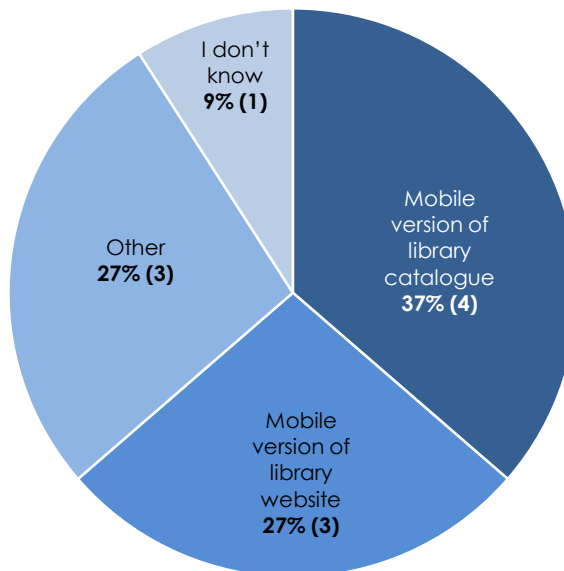
13. How are you using the above social media or web 2.0 or 3.0 applications in your LIS? Check all that apply: (8 responses – No responses from Northern Health / 10 answers)



*Other options included:
 - Teaching clients how to use them
 - As a teaching tool
 - Other
 - Use not permitted

There were zero responses for those social media tools.

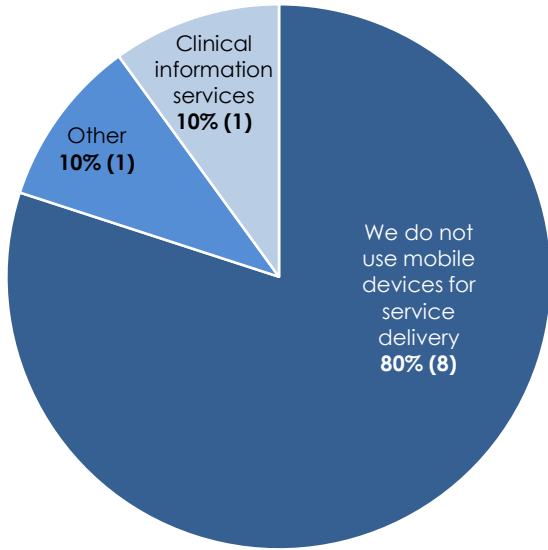
14. What mobile services have been developed or are being developed for your LIS? Check all that apply: (8 responses – No responses from Fraser Health / 11 answers)



*For Other, 2 libraries Indicated "none"

1 library said "promotion of mobile app services and tethered tablet access onsite for library resources"

15. Are staff in your LIS using mobile devices to deliver the following services? Check all that apply: (9 responses / 10 answers)

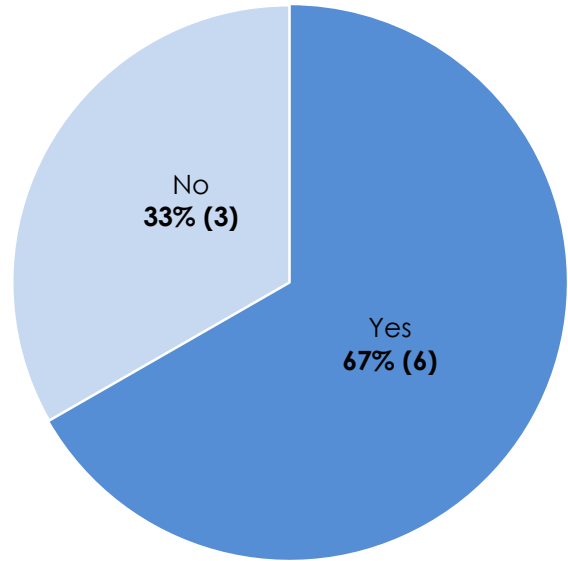


*Other options included:

- Reference Services
- Instruction Delivery

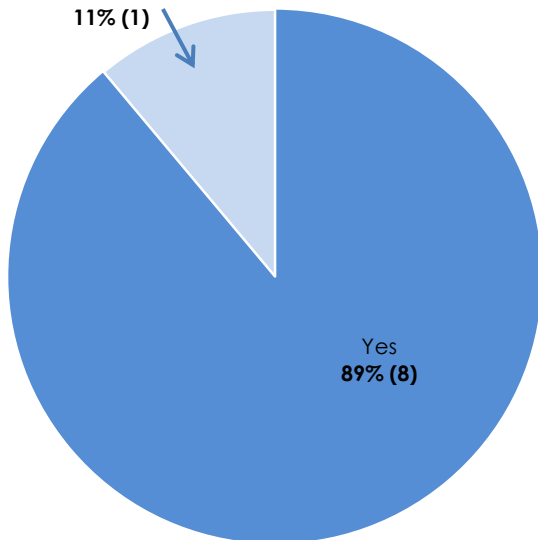
There were zero responses for those options.

16. Does your LIS provide training, technical, or other support for patrons' personal or institutional mobile device use? (9 responses)

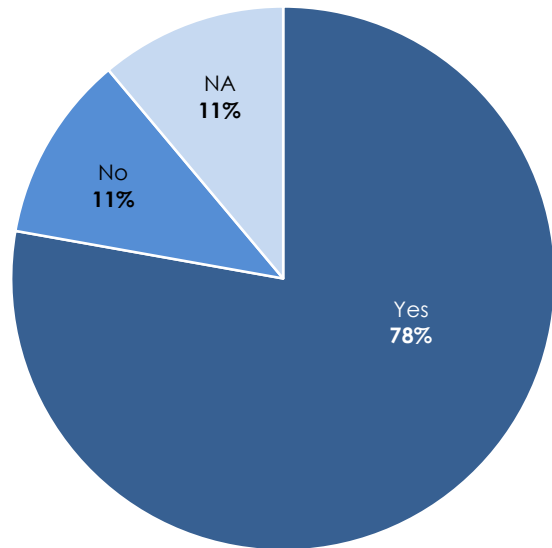


17. Does your organization have, or is considering purchase of, and Electronic Health Record (EHR) system? (9 responses)

N/A. Our organization does not offer direct patient care.

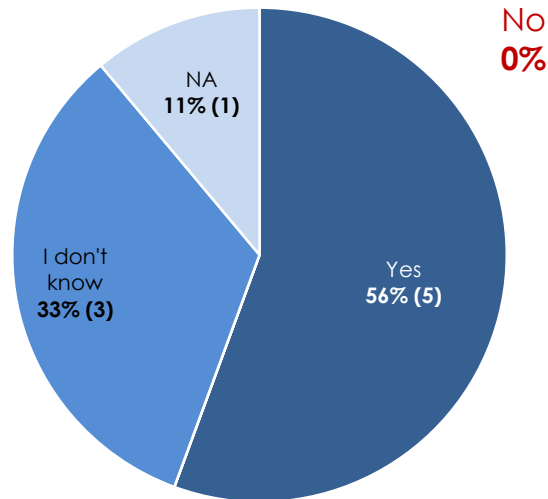


18. In your organization, are there plans for linking or integrating knowledge-based resources within an (EHR). (9 responses)



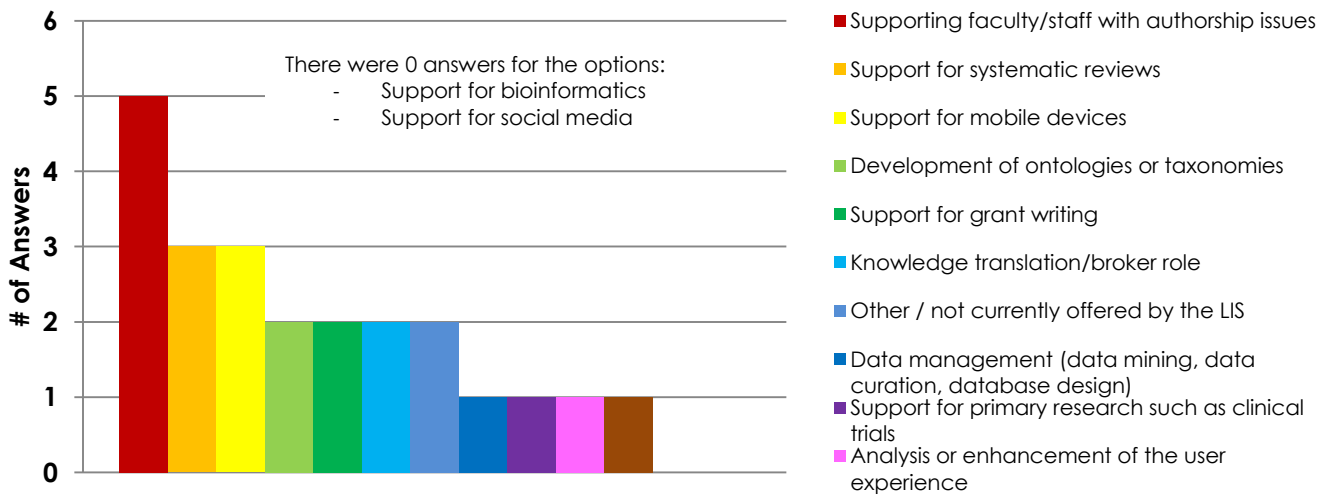
19. In your organization, are there plans for providing patient education information within an EHR?

(9 responses)



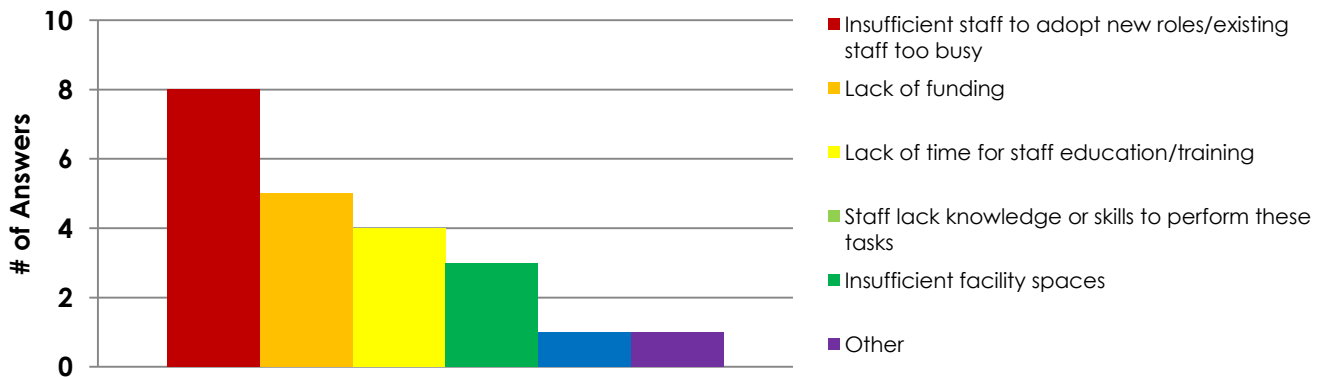
20. If not previously captured, please indicate below any non-traditional roles / functions / positions that your LIS has added within the last 2 years, or plans to add within the next 2 years. Check all that apply:

(9 responses, 25 answers)

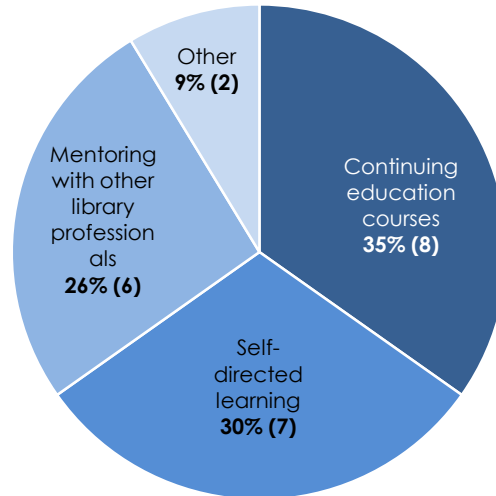


21. What barriers does your library face when adopting new roles/functions? Check all that apply:

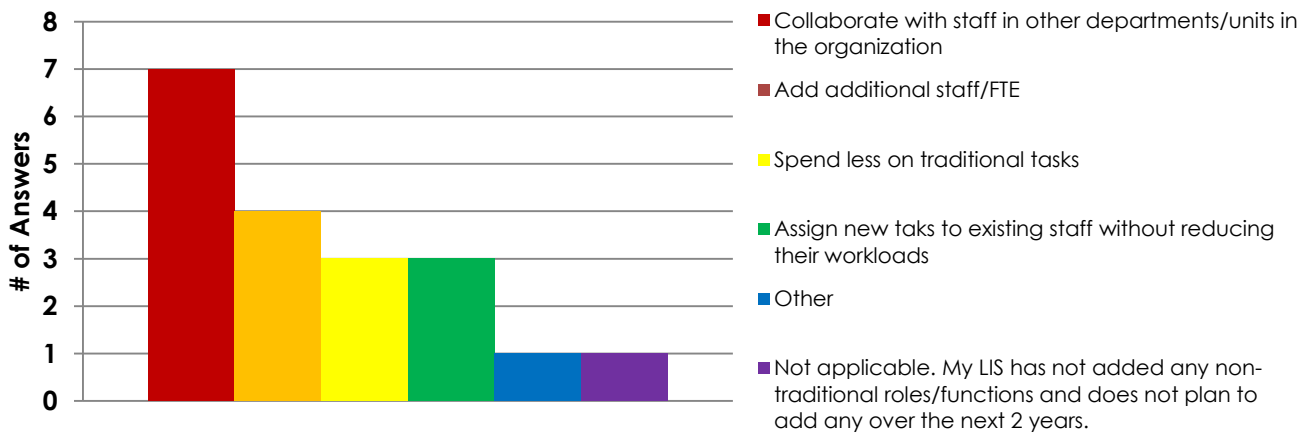
(9 responses, 22 answers)



22. What kind of support or training does LIS staff need to take on innovative roles? Check all that apply: (9 responses, 23 answers)



23. How has, or will, your LIS find time and resources to support new roles and functions? Check all that apply: (9 responses, 18 answers)



23. Additional Comments: (provided by 4 libraries)

- We are limited by the technological constraints, and funding limitations with our environment.
- We have taken on management of access to policies, procedures, pre-printed orders and other high use information. This involved working with consultants to design and launch a new databases, and development of taxonomy to manage the information.
- Our library is in the formational state. It was only created 1 year ago. We work in collaboration with Research, Knowledge, Evaluation and Exchange team to provide reference services. The IM team provides operational support, cataloging, promotion, instruction on resources, and manage online resources. We are involved in professional engagement with eHLbc and other health librarians.
- This was a very difficult survey for me to answer because I manage a consumer health library but I also provide technical support to a Resource Centre (part consumer health, part professional library) as well the Study & Learning Commons (which is a library aimed at providing services to staff, physicians and students). Each of these spaces operate differently with different levels of service and support. Hopefully, this can be clarified during the more in-depth interview. thanks.

Appendix 5 – Telephone Survey Results

(Identifying library sites have been replaced by number and letter combinations)

General Library and Information Service

1. Describe your library and information service (LIS) (length of time since inception, size, number of library locations, physical/virtual, focus, geographical catchment...)

Library ID	Responses
1	Records and Info Mgt program started with the inception of the org in 2013 - primarily focused on records and info mgt and then started the library function about 2014. Has 2 physical locations: head office in [1a] and [1b]. Staffed by a total of 6 staff - 2 at one site and 4 at the other. Only 1 MLIS who is primarily a records and info analyst but is taking on a librarian's role. There's no dedicated FTE for library oriented services - all the staff chip in. Both locations have a secure file room and shelving for print holdings with the online material on the intranet.
2	[2a] branch opened 1976. [2c], [2d] and [2b] opened in the 1980s. [2e] in 2008. Prince george 2011. [2f] is staffed by volunteers, but one of the librarians from [2a] goes up there once a month. All other sites have librarians and library techs.
3	[3a] was started 20 yrs ago by volunteers as a family support resource library and grew to become a province-wide resource. [3b] established two years ago in a space meant for an academic institution's library which was closed in 2013. A few years ago the collections were merged to two health topic areas. [3c] provides both consumer health and reference resources for staff 1 FTE mgr/librarian with oversight 1 unfilled FTE librarian position 2 education assistants (1 at [3c] and at [3b]) [3a] is staffed by 10-12 volunteers Intermittent help from library students
4	Previously 13 physical library spaces: 12 in acute sites, one consumer/staff facility. Currently 9 staff members, and in the process of shutting 7 spaces down so that there will be only 6 staffed facilities at the larger, main acute sites - moving towards more virtual services.
5	1960's [5a] only. 1980's [5b]. Early 1995 [5c] library started. 2001 the health authorities and library sites came together formally. 2012 opened branch in [5d]. 2018 New library slated for [5e].
6	3 hospital-based libraries. 2 in [6a, 6b]. 1 in [6c]. 3FTE Librarians. 2.6 FTE technicians
7	- Collections: 30,000 books, 26 hard copy journal subscriptions, eHLBC online databases + own online subscriptions - Staff: 4 Librarian FTE, 3 Lib Tech FTE - Facilities: 1
8	1 library site. 40+ years. Health professionals very spread out throughout the area. 1FTE Librarian. 1 FTE technician
9	Total of 4 sites: 3 physical sites [9a, 9b and 9c], in existence for at least 20 yrs in each location. [9d] provides consumer health information with no print resources. 2 FTE librarians, 2 technicians and 1 volunteer.
Conclusions	Reviewer 1: Libraries located in urban areas / major cities throughout province, and also offer services via outreach to rural / remote catchment areas. All have ehlc resources / consortium members. Libraries range from very old (1960s) to very new (2015). Reviewer 2: Two libraries have one site only; the others having 2-13 sites. Two libraries reported having unstaffed sites. The largest system will be closing half the sites which are unstaffed. Two have added new sites in the last five years, indicating a recognition of the

	value of library services. Staffing ranges from 2 for [8] to 9 at [4]. It is notable that the library serving the largest geographical area has the fewest staff. [2] and [3] libraries, who are part of the same health authority depend on volunteers to run their consumer health services.
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2. Tell me about your users

- a. How do you prioritize serving your user groups?
- b. Are there any challenges related to this?
- c. Are your target primary and secondary user groups using your services as expected? In other words are your target users the same as your actual users?

Library ID	Responses
1	<p>a. Service is only for [1] staff at the moment – particularly the departments that handle research for [1] , followed by policy planning and strategy primarily. Nurses working in the community mainly use the online resources as they have no access to the physical collection.</p> <p>b. [1] staff may work alongside agency nurses and also nurses working in the same centre but are not [1] employees [from other HAs or the local service area] while materials are only licensed for use by [1] staff</p> <p>c. Yes but would like to increase the reach particularly to staff in the regions who are currently underserved</p>
2	<p>Researchers/Clinicians/healthcare professionals AND patients/public.</p> <p>a. Most \$\$ goes to collections and services for clinicians. Have to apply for grants to support consumer resources.</p> <p>b. No challenges</p> <p>c. No longer providing services to healthcare professionals who are not [2] staff.</p>
3	<p>The [3b] serves health authority staff and physicians, and faculty, staff and students, providing some reference materials.</p> <p>[3a] serves patients and [3c] serve patients, families, caregivers, community service providers and other professionals (social workers, educators...) that are work with families by lending materials to them free of charge, irrespective of their location in BC. [3c] serves both consumers and clinicians.</p> <p>b. Prioritizing is quite challenging at the moment due to a vacant position. Consumer services have priority over lit search services for [3] staff. Maintaining the shipping of requested materials (with the help of volunteers) is a key priority, so other services that have suffered include consumer health reference services , outreach and promotion which have led to decline in the use of materials. Librarian is responsible for technical services for [3c] and that has suffered too.</p>
4	<p>Physicians, UBC students and residents, allied health, nurses.</p> <p>a. have liaison areas by specific disciplines (ex. Physio, OT, palliative care, etc) but don't prioritize in terms of these user groups. Work on establishing relationships and connections and putting a lot of effort into serving high use groups. When people request help, there is a drop down they can select to denote urgency. However, patient care = urgent.</p>
5	<p>Services staff, physicians, students. Do not serve the public.</p> <p>a. Prioritization: patient care comes first, not user groups. It's the use of the information that is apt. Inquiries aren't divided or prioritized by profession but by purpose.</p> <p>b. no challenges. Has been supported</p> <p>c. Yes</p>
6	<p>Physicians / clinicians and admin / policy.</p> <p>a. Try to process all requests quickly, but need/time (urgency) and status contribute to triaging requests.</p> <p>b. No</p> <p>c. No target users they aren't able to serve. Commented that consumer health does not belong in the hospital library.</p>

7	<p>- Users: serves employees of [7].</p> <p>a. Prioritization: Generally, first come, first serve basis, though clients can indicate rush requests. Executive requests take top priority.</p> <p>b. no challenges.</p> <p>c. User groups are targeted with education but can't identify who is really using online resources.</p>
8	<p>Serves acute, community, public health, remote health.</p> <p>a. Prioritize services based on "drivers" from higher up (rather than patron groups per se). Sets 3 main goals per year. Services also dictated by the strategic planning of the larger "quality and innovation" team to which the library reports and the health authority's larger entire strategic plans and priorities.</p> <p>b. <i>interviewer did not specifically ask this question</i></p> <p>c. Day to day users / actual users are not necessarily those who are targeted based on organization's strategic priority. No time or capacity to expand services to target all potential users.</p>
9	<p>[9a], [9c] and [9b], primary users are [9] staff: clinicians, allied staff in the community, administrators, the other [9d] is mainly consumer based; in [9a] and [9b], families can browse the print materials but can't use computers, database...etc</p> <p>a. Priority mainly based on first come, first served; when the literature is needed by ie. urgency (deadlines); requestor - high level administrator will be prioritized and also direct patient care</p> <p>b. Prioritization is not a problem because workload is shared as needed</p> <p>c. Target user groups using services as expected but in [9a], user base has shifted because the new location is less accessible to clinicians; previously served consumers (mainly patients and family members who came to use the computers) but now only serves occasional walk-ins;</p>
Conclusions	<p>Reviewer 1: Most libraries serve only their affiliated staff, clinicians and students. A minority of libraries also offer services to public/patients on top of serving staff. Requests for services are prioritized by urgency / purpose, with direct patient care taking top priority. Some libraries also consider requestor's role/position/rank. Serving consumers is a mandated priority for a small minority.</p>

Research and Reference

3. What types of research and reference services do you provide?

- For whom? (Students? Residents? Clinicians? Policy-makers? Other?)
- On what topics? (Clinical care, program or policy topics, etc.?) Can you give us a sense of the proportion of clinical/direct-patient care vs program/policy type questions?
- Do you get requests for systematic review searching? If so, how do you handle these, and why?
- Do you have the expertise and capacity to support the requests you receive?
- Have there been opportunities for research collaboration with nonclinical and administrative departments (e.g. development and grants office; program, departmental, and outside partnership planning)?
- Do you regularly synthesize and/or critically appraise the findings, or simply provide reference lists?

Library ID	Responses
1	<p>Context: No reference/lit search service at the moment. Due to limited staff, there is no dedicated staff to manage the library and offer reference services since the library function has only been recently established. Since the team doesn't have the capacity, another group is assisting with research/lit review requests and creating reports. Only a few basic reference requests may have been handled, not aware of the team taking on a detailed research query. There is a plan to request HR for a 0.5 FTE to handle reference and research – can't justify a full time position right away, with competing HR needs, until they start small and build up the service and demand for it.</p> <p>a. Staff in general. A policy group, the main consumers of research services do their</p>

	<p>own searches – haven't reached out asking for assistance. Nurses use the online resources but without reference/research services</p> <p>b. Most of the requests are for historical research and there are no clinical questions. There is no demand for point of care resources as in the other health authorities. A records analyst has handled a few basic queries, requests for specific articles...pointing people to the right resources.</p> <p>c. No</p> <p>d. Not applicable</p> <p>e. Implementation of online resources was a collaborative project with the policy planning (because they were key users and it was coming from their budget) and research knowledge teams. There is potential to build linkages with nursing on the clinical side and with the Chief Medical Office but marketing is needed.</p>
2	<p>a. Researchers, clinicians and healthcare professionals; administrators; residents. Information for patients can include short lit searches, but nothing in depth.</p> <p>b. Most requests are for research and services that are clinical. Few policy or strategic type questions.</p> <p>c. Systematic reviews. Yes (but not many). Ask for \$\$ from departments for this service</p> <p>d. Yes</p> <p>e. Lots of collaboration with other departments, but not for actually doing clinical research</p> <p>f. Reference lists include critically appraised /high quality articles. No summaries or synthesis provided.</p>
3	<p>a. offer very limited reference and lit search services to staff. For consumer health, they contract library students once in a while to offer reference services but mostly depends on volunteers to answer questions from families and is concerned about the quality. Dissatisfied with the level and quality of reference services provided due to serious capacity issues.</p> <p>b. Consumer health topics for families and professionals who work with them</p> <p>c. No</p> <p>d. No</p> <p>e. Unable to pursue due to lack of capacity but was able to obtain Federal grants for French collections.</p> <p>f. Not applicable</p>
4	<p>a. [xxx] number of users across the authority. UBC students have other resources and assistance. Lit searches aren't performed for any students</p> <p>b. Getting more and more inquiries from admin and management - estimate 30% of inquiries</p> <p>c. Get requests but do no systematic reviews - no capacity. Just one staff has expertise and she has done some as special projects</p> <p>d. Yes.</p> <p>e. Collaborations with the Dept. of Evaluation and Research as the library reports to them. Anybody who applies for a grant needs to sign off with the library and have a library lit search done by them too.</p> <p>f. Do not provide lit reviews or do critical appraisal. Just provide reference lists.</p>
5	<p>a. Full reference services for everyone except if it is for coursework</p> <p>b. Everything. Clinical care, program planning policy, housekeeping. Can't yet give a proportion regarding types of inquiries asked and answered as the libraries just started tracking this</p> <p>c. No systematic reviews</p> <p>d. Yes.</p> <p>e. Collaborations with the professional practice office and their research arm.</p> <p>f. Do not provide critical appraisal services nor evaluate the lists sent. Relevance is screened.</p>
6	<p>a. All users except for consumers / patients. Wide spectrum of search requesters, including residents.</p> <p>b. Seeing an increase in requests from directors / policy people, increase in more in-depth and difficult searches. Incredible variety of topics.</p> <p>c. No. Library would not have time to be involved in true systematic reviews.</p> <p>d. Might have skills (Library director has taken some CEs on this) but demand isn't there.</p> <p>e. No collaboration. [6] research department is good. Library helps sometimes but nothing formalized.</p>

	f.No synthesis, but does critical appraisal when determining which articles to include in the list.
7	a. Offer training to staff, occasional public b. 25% quick and 75% in-depth reference. Health and social sciences. c. No systematic reviews d. On occasion, some questions are out of scope of what the library can answers, but they are within capacity. e. No f. Yes. Provide both reference lists and synthesized/appraised findings (50/50)
8	a. Largest user group is RNs in leadership roles. Next are managers/leaders/directors of care. b. Most searches related to decision making that impacts clinical care, program development and policy. Direct patient care searches are minimal. c. NO - not currently a priority d. Yes e. Supports researchers who are applying for grants (as referred by a research coordinator) f. No synthesis. Reference lists only contain items that have been pre-appraised. Librarian starts searches at the top of evidence pyramid then works her way down.
9	a. research and reference for most users, can help students with reference but don't do research for them; no searches for staff that are going back to school b. A trend in more program development and policy types of questions. Directors use the library a lot for strategic planning and when designing and developing new programs and evaluating services. Topics depend on the location: [9a] has seen a decline in direct patient requests but [9b] still gets a lot of these while [9c] gets a lot of community oriented requests. [Possible that clinicians are finding quick factual direct patient care info on their own through UpToDate which has been well promoted] c.d. There isn't a demand for supporting systematic reviews but the expertise is there e. [9b] librarian is part of the clinical systems transformation team working, gathering evidence required for the standardization of clinical practice tools across the organization in support of VCH's new electronic health record. f. Mainly provide a reference list but will screen the results to provide the most relevant articles
Conclusions	Reviewer 1: Mix of clinical and admin/program/policy/strategic planning. Seeing increase in in-depth requests. Will do searches for everyone except if it is for coursework. Systematic reviews are not a priority / no capacity. Library role in collaboration with research is only for lit searches - not truly embedded in research teams. Only 1 library synthesizes/summarizes literature search/ research finding. All others give lists/bibliographies. Librarians use critical appraisal skills to determine which references to include. Reviewer 2: Some libraries reported declining direct patient care questions and an increase in questions of an administrative/policy nature for strategic planning and decision making. It is notable that senior leadership is seeking the evidence just as much or perhaps more than clinicians are (but it's possible that they are accessing point of care tools on their own?) Library location may be a factor as one library reported that topics varied by site with more clinical questions received where clinicians are in close proximity to the library. Staffing constraints are hindering some libraries' capacity to offer literature searches - and without demonstrating this value, the services can't be staffed (chicken and egg scenario)

4. Does your LIS provide any consumer health information services? (e.g., reference, mediated searches, resource lending, pamphlets/brochures, Internet search assistance, community health outreach, etc.?)

- If so, which services, and how was that decision made?
- If not, why not and who provides consumer health services in your region?

Library ID	Responses
1	Not a part of mandate at this time.

2	YES - Consumers are a major user group and is part of the library's mandate. Basic reference, resource lending, pamphlets/brochures and community outreach.
3	<p>[3a] and [3c] provide a wide variety of consumer oriented materials on health topics: books, pamphlets, DVDs, board games, curricula and various educational props and materials designed for people with disabilities (over 5,000 items). [3c] has very specific materials and props to accommodate a number of communication barriers and alternate learning styles experienced by some individuals with disabilities. This is a uniquely needed service for patients, families and professionals that are working with them eg. resources in plain language for teaching people with disabilities about sexual health... Some are very expensive kits (more than \$1000) that would be out of reach for individual families, professionals, schools etc. Professionals working with these client groups can include a wide range of professionals in diverse settings– ministry staff, community groups, schools...etc. seeking resources to help their clients and being able to get them free wherever they are located in BC is a highly valued service</p> <p>Recently obtained funding from federal government to purchase 500 French consumer health materials based on an identified need. Will be hiring a Francophone coordinator to catalogue these materials.</p> <p>To promote the services, outreach is done through participating in conferences and events but on hold due to lack of capacity</p> <p>A recently upgraded online catalogue provides access to all the pamphlets created as patient handouts – providing access this way is better than putting out a lot of print materials that are usually recycled whenever a new version is created.</p> <p>To increase access to the online library and catalogue , kiosks are situated throughout the buildings so that users can search for and request for resources. A map of kiosk locations is available outside the [3a].</p>
4	[4d] is the only site that provides consumer health - it's in the mandate. Partnership with [2e] and the library interfiles [2e] materials with their own general health collections. No consumer health ILL, but provision of books and reference, and 12-13 computers. All other sites do not provide consumer health and are not open to the public.
5	Public is not allowed to use the library due to privacy laws. Work has been done with the public libraries so that [5] can confidently refer the public to go to their local libraries for consumer health info. [5] Library Services also provides and makes available several sources of patient education for clinicians to use.
6	<p>Limited. Library director does not believe that consumer health should be a focus of a hospital/healthcare library system.</p> <p>A. Will provide some information to patients if asked, but special materials are not purchased. No public terminals or kiosks. Not even any wifi.</p> <p>B. Does not know how well public library collections or services meet this need.</p>
7	No consumer health information services. The public can come in but are not encouraged. Service not denied if asked, though. Members of the public are referred to a local academic or public library for consumer health needs.
8	<p>Not presently supporting consumer health /patient health..</p> <p>Prince George Public library has won awards in this regard.</p> <p>Patient information will be a NHA priority in the future, so anticipates library will have a role.</p>
9	<p>Consumer health library located centrally within [9d] to provide information to patients and clients, no pamphlets and print materials but helps them navigate to useful information and provides computer access for them to find info on their own. They have a LibGuide both for patients that self-refer or are directed.</p> <p>In its previous location, [9a] was more centrally located and actively served patients and family members but they rarely asked health type questions, mainly using the computers to Facebook with friends so there isn't necessarily a resulting gap. Now that the hospital provides free wifi and most people have hand held devices they can use to access wifi,</p>

	reducing their reliance on computers. Doesn't appear to be a major gap since public libraries have a good consumer health focus so have good collections
Conclusions	<p>Reviewer 1: Big differences in this regard. Some libraries actively serve consumers as part of their mandate (or sole mandate) while others are very clear that their libraries are for staff/clinicians/students ONLY. Some linkages between health libraries and public libraries. There is a distinction between general consumer health and clinician-provided/e-resource provided patient information.</p> <p>Reviewer 2: For [2] and [3], consumer health is a mandate, perhaps reflecting the imperative to provide province-wide service for specialized resources.</p> <p>Two regional HAs offer consumer health services at one of their sites. Some have formed explicit linkages so as to refer clients to public libraries but there are likely gaps where this is not the case. One library anticipates taking on a bigger role as patient information is becoming a strategic priority at HA level.</p>

5. How do you track and classify your reference inquiries?

- a. Do you categorize them by
 - i. Complexity/length of time spent_____?
 - ii. Subject matter_____?
 - iii. Purpose_____?
 - iv. Client group (physicians, nurses, etc.)?_____
 - v. Other_____?
- b. Has this changed over time?

Library ID	Responses
1	There is very basic tracking of requests – the enquirer and what was found for them, not the subject matter. Would be interested in learning about more robust tools to help justify their services.
2	<p>Library does not maintain a central list of topics searched. Each library staff may keep their own records, but nothing standardized across the board.</p> <p>a. Library director has a sense of how much time searches take, but not tabulated or tracked systematically Not tracked by subject Purpose may be part of reference interview but not tabulated or tracked systematically Client group not tracked.</p> <p>b. Library director indicated that time spent per search used to be tracked but it is no longer done.</p>
3	Does not track reference enquiries due to lack of capacity and time.
4	<p>a. Review stats once/year. There is a master for every site that everyone at each site inputs into. Track brief reference; long reference; # of books, articles retrieved, ILL; literature searches (about 900+/year); lit search subjects, topics, and client requester group.</p> <p>b. Just started tracking the purpose of research/reference questions.</p>
5	<p>a. Count article requests, reference questions (up to 15min), research questions (15min+), purpose of request, table of content alerts that are set up, subject alerts, individual research training, group education sessions, # of education sessions and their attendees, # of exam invigilants, client groups, geographic regions. Subject matter of reference/research searches NOT tracked.</p> <p>b. Used to track way more but now simplified the process and now collect very basic info. Don't do gate counts</p>

6	<p>Each librarian maintains their own logs. No centralized spreadsheet or agreed upon tracking system. Library director saw no need to establish controls in this regard.</p> <p>a. The director's own spreadsheet includes: Estimated hours to do search, plus number of days to complete Subject matter is tracked but not classified Name, role, department and location</p> <p>b. Recently started to do lit search feedback survey, but not on a regular basis or by all library staff.</p>
7	<p>a. A stats sheet is maintained. Variables tracked include: the questions asked, length of time taken to complete inquiry (complexity not tracked).</p> <p>b. Stats are fine-tuned over time. Recently started tracking help-desk type calls related to e-resource collections and how much training and orientations the library does</p>
8	<p>a. Categorization. Anything taking more than 30 minutes is tracked. 30 mins plus additional 15 minute intervals Library submits list of lit search topics to larger Quality and Innovation team members. Uses their pre-existing classification system to categorize searches by user, topic, and purpose/impact.</p> <p>b. Change - new librarian's tracking system is different than previous librarian.</p>
9	<p>a. complexity of different categories: in depth or ready reference, based on the amount of time spent; Subject matter - used to do but proved to be too complicated, track the search question, listed on spreadsheet by topic without categories; use info for annual report, hours spent, examples of questions. Client group tracked, whether clinicians, educators, management, research challenge participants Purpose: General broad categories such as direct patient care, guidelines, policy or program development, service evaluation Complexity of enquiries has definitely increased over time, searches now can take days to do compared to before when they typically took 30 min to an hour, there are virtually none that take such a short time</p> <p>b. Used to track subject matter but proved too complicated. Have feedback mechanism about literature search service - ask what requestors are using the information to gather this useful info which can further be integrated into report, tweaked from the evaluation tool used by customer service to show how they are doing and where improvements could be made. Always ongoing refinement of evaluation tool by adding more categories over time</p>
Conclusions	<p>Reviewer 1: Lots of variation in responses, some track great details, some very minimal information kept. Also inconsistent how libraries with multiple sites do tracking (separate/no tracking versus centralized).</p> <p>Is there value in tracking and/or categorizing research requests by subject/topic, requestor role/position and purpose/intended use of information? As this was considered by ALL libraries to be the most important service provide, perhaps there is room for improvement in tracking - so we can demonstrate the worth/impact of this service to our employers. This service is what distinguishes the HA libraries and some academic libraries who do not provide reference services in this way. Health facilities/organizations who do not receive this service due to lack of libraries or dedicated librarians are at a severe disadvantage.</p> <p>Reviewer 2: there is recognition that some metrics are no longer useful eg. gate counts but overall, tracking doesn't seem to have kept pace with the changes in reference/research question types and their complexity. Some initially tracked more detail but later simplified and moved away from the systematic tracking of time spent, purpose...but this means that complexity is not being captured. Balance is needed to get enough useful detail without getting bogged down. One library reported that search topics list are submitted to larger Quality and Innov team and another creates an annual report - perhaps the question arises</p>

	as to what meaningful reporting is being done with these metrics
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6. If you have multiple LIS sites, how do you distribute reference and research requests that your organization receives? Do you have a centralized intake procedure for all requests or does each site receive requests individually?

- a. If services are handled at site level, how do you ensure standardized services?
- b. If services are centralized, how do you maintain or enhance personalized services to local patrons?
- c. What are the trade-offs or pros/cons in your approach?
- d. Has this changed over time?

Library ID	Responses
1	they have a centralized generic email address used for both reference/research and records management requests for servicing all the requests across the organization. Based on the request, they will forward it to the available staff to handle. As they get more established and volume of requests increased, they will look into a more sophisticated intake/distribution model and perhaps create a dedicated email for library services
2	Library staff normally receive requests directly (except [2f]). Central intake/email for research requests is also available for people without a preferred library contact / vacation relief, and [2f] workers. Central intake is also used by [2a] to distribute workload <i>A. interviewer did not ask this question</i> B. Despite a central intake option, most clinicians prefer to deal with the same librarian repeatedly. Personal relationships are very important. C. Central intake is great, especially for [2f] and for vacation coverage. <i>D. interviewer did not ask this question</i>
3	Has a generic email address for consumer questions which is usually monitored by the volunteers who lack the skill level to provide good responses. Library students occasionally help provide professional services.
4	A. Centralized intake via an online queue that's run through Sharepoint. Librarians pull searches (typically within their subject area). Clients have the option of selecting which librarian they would like to help them. B. Librarians are subject specialized and build relationships with related client groups, go to site meetings, etc. Try to individualize people. As mentioned, there is an option where clients can specifically request a librarian of choice. C. Formerly an ad-hoc service. Search queue implemented a few years ago.
5	Services (and most programs) are centralized and headquartered in [5c], though [5a] maintains a parallel library services. There is one email address for Kelowna et al, and a separate email for just [5a]. Somebody is always watching for messages coming into the general email inbox (at either site) and they are handled in a standardized way - identified by timeline. Everyone gets personalized service. Both [5c] and [5a] keep the same statistics, except for the new research request form which identifies the purpose of the research. [5a] does not use this form or track purpose, thus, not everything is done the same and this has proven to be frustrating.
6	Most requests are sent to corresponding librarian by location. Also have a generic email address. A. No standardization or attempt to make things similar across sites / between librarians. B. N/A C. Director states that all three librarians get consistently good feedback so no need to formalize and make everyone do the same thing. <i>D. Interview did not specifically ask this question.</i>

7	Only one library site. All inquiries go through the front desk are put into an electronic folder that librarians pull from. Staff work closely. No standardized template for research deliveries. Librarians meet once a week and talk about questions and how things can be handled.
8	Not applicable.
9	Mainly receive requests individually but also have centralized intake so have a combination of personalized service vs generic service. For the most part, services are divided geographically and emphasis is on the personalized service and library staff have built very good relationships with their clients. Assignment of question may be based on expertise. For example there's a member of staff who has rehabilitation experience and will typically be asked to handle questions on this topic. In [9c] there are many searches to do with marginalized clients. This has been the case since the beginning and hasn't changed much over time.
Conclusions	Reviewer 1: All libraries have central intake / generic email, although ½ of libraries also enable patrons to send requests directly to a specific librarian based on geography or expertise. Not clear from interview responses if there are attempts to standardize how the requests are filled and delivered, or any control over quality.. Reviewer 2: It is evident that libraries are seeking to strike a balance between the convenience of central intake for remote patrons and the option for patrons to connect directly with specific librarians for personalized service

Teaching

7. Does your LIS provide instruction or training on the use of research resources?

- If not, why not? Do your users get library instruction elsewhere?
- If so, which staff provide this service?
- To which types of users? Do you serve medical students on rotation? Healthcare staff? Remote users? Others?
- How do you promote your instructional services?
- What topics are offered? How often do you change your offerings? Why do you change them?
- Is there a set curriculum (pre-packaged presentations) or is the curriculum customized depending on user needs?
- How is the instruction delivered? (via workshops? online? orientations?...) If you have multiple sites, how do you deliver instruction across sites?

Library ID	Responses
1	<p>b. LIS staff, particularly the MLIS records analyst/librarian because she has the skills</p> <p>c. Onsite staff during quarterly lunch and learn sessions to raise awareness and interest in the library resources and services. Would like to participate in new staff orientation and is in discussion with HR for the library to be added to the orientation agenda once staff orientation time will be increased from one to two days</p> <p>d. Through staff newsletter issued by HR for internal communication</p> <p>e/f. How to access the catalogue and navigate to the resources on the intranet. Considered doing a more advanced research workshop (eg. how to optimize your search results when using the online databases) but haven't had time to develop that. Specific research workshops detailing search methodology may be provided in future if there is capacity.</p> <p>g. One hour in-person workshop</p>
2	<p>Lots of training, but not as much as in academia.</p> <p>b. Librarians</p> <p>c. Generally focused on specific groups of people, teams or practice groups. Some presentations. Many 1:1 sessions.</p> <p>d. <i>interviewer did not ask this question</i></p>

	<p>e. General orientation and navigation of resources. More indepth training for reworks, ovid, etc. New hire orientation done in person and via video conference to other sites (remote).</p> <p>f. No set curriculum. This was tried in [2d] and [2a], but not much uptake. Better to offer training on demand when requested.</p> <p>g. Training done in person and using shared desktop / Link program (remote). No webinars or webcast videos. Librarians travel to [2f] offering lunch'n'learns and other 1:1 sessions as requested.</p>
3	<p>a. There is no arrangement to offer formal teaching sessions, just one to one sessions on an adhoc basis on how to locate the catalogue. Is unable to teach comprehensive sessions on how to do literature searches due to lack of time.</p> <p>b/c. Library student has been offering short (10 min) sessions to nursing staff stations on how to access the catalogue and search for pamphlets to share with their families.</p> <p>d. When librarian/manager started her position, she was able to attend nursing meetings, education groups and show the resources there so she would be eager to expand such offerings when she has more capacity.</p> <p>e. catalogue and website for the most part. Librarian offers training and support to the department re: SharePoint, spreadsheets...as a senior leader in the department</p> <p>f. no set curriculum</p> <p>g. Brief minute in-person sessions and one-to-one as requested - no capacity to do more</p>
4	<p>b. Librarians mostly, but some techs sometimes do individualized instruction on how to search databases</p> <p>c. All FH staff and clinicians. Students</p> <p>d. Promote to individualized groups and departments. Marketing campaigns.</p> <p>f. Have a regular scheduled program offered from Sept-May but not attended well. Have stock workshops but they are tailored to each group.</p> <p>g. Librarians visit each site, go out to community, and attend meetings.</p>
5	<p>b. 3 Librarians perform instruction, and one lib tech takes on tech teaching. The manager of [5c] goes to [5d] 3x/year.</p> <p>c. Staff and clinicians, medical students.</p> <p>d. Promotion is on all library literature and websites.</p> <p>e. Instruction on anything people want. Nursing and med school orientations</p> <p>f. Instruction changes, and is customized depending on who they teach.</p> <p>g. Instruction used to be delivered in computer labs but those classes have lost popularity and now most training is done via WebEx by request</p>
6	<p>b. Librarians to the teaching.</p> <p>c. All local patrons. No regular teaching or instruction to remote users.</p> <p>d. Widespread promotion and advertising are not a priority. Will sometimes do articles for staff newsletter.</p> <p>e. Prefers to offer brief overviews, orientation to e-resources, demonstrations of websites and tools.</p> <p>No real emphasis or focus on teaching in-depth searching skills to patrons.</p> <p>f. Flexible. Will do 1:1 and small groups when requested</p> <p>g. Potential is there to do webex / shared desktop for remote patrons, but has not explored or actively pursued this option. Used to do traveling roadshows to remote sites and clinics but little uptake or interest in learning. Travel is no longer done. Director stated that people in the remote areas will find a way to contact the library if they need service.</p>
7	<p>b. Librarians perform instruction</p> <p>e. Regular series (4-6 sessions) that goes on throughout the year, plus outreach to various groups throughout the province via Link. Instruction to promote library resources, how to search systematic reviews, LibGuides, general library orientations. New offerings dependant on if there is anything new to promote.</p> <p>f. Some set curriculum instruction that is tailored to the group being trained.</p> <p>g. Online through LINK, and in person.</p>

8	<p>YES. Librarian does the teaching</p> <p>c. staff, physicians, residents and students. Sessions are usually booked in advance and address specific learning needs. Teaches group workshops (team by team).</p> <p>d. Has an automated email link/request form from the library's website for those wishing to book training sessions. Also speaks at orientation, produces newsletter, attends brown bag lunches and other meetings/sessions where she will be visible. Good promotion!</p> <p>e. Basic searching and how to use point of care tools on mobile devices. Other topics as requested.</p> <p>f. Most teaching is customized, but has also developed a 2-hour basic searching class.</p> <p>g. In-person teaching for locals. Uses skype to do 1:1 sessions with remote users. No webinars or screencapturer videos.</p>
9	<p>b.c. All library staff, including technicians offer teaching sessions to any staff, and incoming students regardless of their institution. No standardized training for the students when they come in, just give them an orientation and quick overview of things.</p> <p>d. promotion is through various orientation sessions for new staff, on website and promotional brochures and literature.</p> <p>e. Topics: how to navigate to available resources, how to use databases, basics on types of evidence information, how to get to online journals, Offerings will change according to what new databases are acquired.</p> <p>f. Most of the instruction is tailored to what is required or requested.</p> <p>Have created a curriculum specifically for the research challenge (competition for frontline members who are working as a team to come up with and carry out a research project and the library helps staff with the skills necessary to do the literature review), a basic template which can be customized according to what topic the team is working on</p> <p>g. New staff orientation has changed format as of this year. Used to present a 5-15 min overview to groups of cohorts at the various locations but this has changed this year to a marketplace orientation where the library has a booth where people visit the table and talk one on one, which is a rather limited opportunity to provide orientation to new staff, compared to a dedicated library overview. With students, it's a little different as they actually come to the library for an overview, intranet, print resources, not in depth.</p> <p>Instruction is mainly through face to face workshops with teams. Can be over the phone with individuals. Sometimes invited to talk to certain depts, eg. Demonstrating cinahl to a nursing cohort. Over the years, have considered doing web casting of tutorials in order to post things on the website for remote users but that hasn't happened yet</p>
Conclusions	<p>Reviewer 1: 4 libraries use technology to offer 1:1 instruction to remote/rural patrons using Skype, WebEx, or shared desktop/Microsoft Lync. No recorded video tutorials. Some dog and pony shows...GAP in ability and lack of interest in training remote users in some areas. Most training happens during orientation and face to face -on demand to individuals, or targeted toward small groups or teams/departments with flexible offerings. Little interest in having set curriculum / generic classes that people can sign up for.</p> <p>Reviewer 2: Customized training on demand clearly has more uptake than set offerings. One HA reported a successful set curriculum for research challenge participants, customized to topic as needed. For content, emphasis seems to be on general orientation and how to navigate to resources, rather than actual searching (perhaps reflecting the "search for users" rather than "teach users how to search" philosophy, more characteristic of academia. A surprising lack of recorded video tutorials, given the geographical spread and remote users. Promotion is through staff newsletters, staff orientation, library website, marketing to group/depts. One reported having a training request form on the library website</p>

Embedding, Liaison, and Outreach

8. Are your librarians involved in any liaison roles or activities such as clinical informationist/attending rounds, being embedded in a program or department, acting as a member of a research team, embedded in courses or co-teaching, liaising with a particular subject area, program or department?

Library ID	Responses
1	No
2	Librarians are part of different [medical area] groups. Some librarians have specialized knowledge because of their [medical area] collaborations. Want to do more of this in the future - liaisoning is in development.
3	There may be opportunities for embedding and liaison but librarian is not able to take advantage of them due to capacity constraints. She knows that there would be interest but is hesitant to bring this up because she wouldn't be able to cope with the demand.
4	Don't consider the librarians to be embedded - not the [4] model. Librarians may act as a member of a research team and do co-teaching with larger departments and work with groups but act as liaisons, not in an embedded role.
5	Embedded as a program support for the Family Practice Residency program in [5c] and [5d]. The library works with clinical faculty who are expected to do research. The library teaches them how to do basic research and critical appraisal.
6	Some collaboration with research and quality departments, as adjust support piece. Director thinks there is potential to increase this.
7	Library has representation on the Metadata Committee for all of government, and the Research Advisory Committee. Librarians aren't mandated to be associated with committees/groups but it is expected that librarians participate in an outside group.
8	Librarian is heavily embedded in the HA-wide activities of the Quality and Innovation Team (includes quality improvement staff, community evaluators, policy and practice standards, and research staff). Librarian's role is to provide them with information or resources so they can easily facilitate linkages to the library - reduce service gaps at the point of need.
9	Liaison in clinical system transformation (CST) is a new initiative over the past year in the design stage, where teams have been set up to gather info and tools on standardized instrumentation. Role will be clearer once the design phase/process takes off the ground, but there to help should teams need info on evidence to create or evaluate practice guidelines and standards that will be rolled out with respect to EHR. Research challenge participation is also liaison as librarians partner with teams and work with them throughout all the phases of their research process. Their previous manager was an excellent champion had the foresight to create such valuable linkage opportunities No subject specific areas of focus
Conclusions	Reviewer 1: Most libraries have staff who provide liaison support in some capacity - mostly to provide enhanced support for research teams. [2] librarians liaise with [medical area] groups. [4] used to liaise when "program model" was used for service organization. Reviewer 2: In addition to research teams, there was a mention of involvement in a metadata committee, quality and innovation team and Electronic Health Record initiatives

9. Do LIS staff serve on any organizational committees (e.g., Evidence Based Practice, information management, Quality Assurance, Research, Patient safety, Patient education, Ethics board, etc.)? Which ones?
- How did this library involvement come about?
 - How does your LIS contribute to these committees?

Library ID	Responses
1	Only committee involvement is with eHLBC. Not yet at a point where they can represent the library at a departmental level in committees as there isn't yet enough recognition of library services; given that the emphasis has been on the provision of records management services. This status reflects the formative status of [1] as an organization
2	Many committees. Ethics, patient education/translation/counselling, newsletters and various research committees. a. interviewer did not ask this question B. Librarians often chair committee meetings. Librarian skills are well suited to help manage and run the committees. Librarians proactively and reactively provide lit searches and articles to committee members. Librarians are editorial experts (actually providing content) for various newsletters.
3	There are potential opportunities such as the Evidence Based Practice committee at [3c] which would be a good fit for a clinical librarian when one is hired. Librarian is interested in setting up a joint academic-health authority library committee bringing together some residents, physicians, etc. to figure out a direction for [3b]. This hasn't been possible yet due to time constraints
4	Reports to Research so is on the Research Committee. Librarians on the Communications Committee, Education Committee, Professional Practice, involved with the Emergency Department working with Quality. Participation is a lot about awareness and instruction. Sometimes project based.
5	The library leads and manages the Team Site Steering Committee which identifies how to make high use information found and accessible and the processes and procedures to do that. Use AndORNot to facilitate the cataloguing of such materials.
6	Library director participates in physician CME committee, and the committee for their reporting area (learning and performance support). A. CME committee - 10-15 years ago, Library Director had a good relationship with one of the doctors B. Librarians act as knowledge brokers and help to connect people in the organization together
7	The library has always been in the forefront of web initiatives. The library maintains their own website (they don't have to go through a web services department), and maintains various internal websites and the Knowledge Exchange/Translation website, and contribute library information and material on those sites.
8	No committee involvement (previous librarian was on a few, new librarian not yet active in this regard).
9	There are research advisory and promotion committees specific to geographic locations ([9b] and [9a]) - in which librarians are involved. Research committee - more of being liaison and being aware of upcoming research projects out of a recognition that librarianship provides important support to research endeavors. Librarians specifically invited to join these committees in order to provide information support. [9a] librarian sits on Ethics committee- gets ref questions that come out of meetings, gather info and bring to the next meeting.
Conclusions	Reviewer 1: Responses too varied to draw any conclusions. Reviewer 2: Five of the respondents are involved in committees including Ethics (2), research (3), patient education/translation, professional practice, physician CME, Emergency dept and Quality. Two reported involvement in facilitating organizational knowledge management through managing Sharepoint Team sites and internal website initiatives. Roles

	included providing literature searches, creating awareness, acting as knowledge brokers, chairing committees, serving as editorial experts, providing content.
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Collection Development and Document Delivery

10. If you have multiple sites, do you:

- handle collection development centrally or site by site? Do you have a central collection development policy? What are the trade-offs in your approach?
- do you handle document delivery/interlibrary loans centrally or by site? What are the trade-offs in your approach?

Library ID	Responses
1	Collection development has been very ad hoc and there isn't a formal policy in place yet – have had some preliminary thoughts and it is on their to-do-list for this year. Organizations have been contacting them with publications to donate and they have been responding to specific requests for journals. They have just been getting donations and have only been allocated a limited dedicated budget within the last 6 months. ILL/ Document delivery service is not offered – the catalogue would be useful to allow such resource sharing
2	<p>a. Librarians in [2b, 2c, 2d and 2e] manage their own local collections and may make recommendations for items to purchase. All purchasing (placing orders, doing cataloguing and processing) is centralized in [2a]</p> <p>b. All requests for ills are centralized (central intake email) and handled by a [2a] technician. Requests may be facilitated by [2b, 2c, 2d and 2e] librarians but articles are sent directly to patron. Works very well.</p>
3	<p>There isn't a collection dev policy as such: The consumer collection at [3c] and [3a] is well supported by the auxiliaries donations. Unlike the consumer collection, there is no specific funding for the professional resources in [3b] except for the UBC budget towards purchasing the list of books required for the residents and students. At the fiscal year end, if there is a budget left over in the health authority's budget, money may be provided for books on leadership training – which are of interest to staff. There was a group that was offering Lean training and had was lending materials on this topic to staff and the librarian was able to take over this collection and integrate it into the library.</p> <p>UBC provides daily document delivery services for UBC residents. Books can be delivered to [3b] for pick up. Articles will be delivered via email. There is no fee for delivery between UBC campuses.</p> <p>The processing and shipping of consumer health resources in response to online requests is mainly done by volunteers. For consumers, depends on volunteers to process online requests for materials.</p>
4	<p>a. Both central and site by site collection development. Each site compiles a list that goes to the library manager and the library technician who does the acquisitions. No central policy. Collection development is suggestion based - too hard to implement a policy.</p> <p>b. ILL and Docline done site by site.</p>
5	<p>a. For print resources, site by site, with some duplication in effort. [5a] has a mental health facility so the focus of their collections is aligned to that topic - library's collect locally. [5c] manages the collections of [5c, 5b and 5d]. Regarding Collection Development, all locations work from the same principles but respond to local requests, and input also obtained from the health authority-wide library committee. Electronic resources are centrally managed.</p> <p>b. A lot of material is on the road all the time circulating through interoffice mail so it doesn't really matter where things sit. As for ILL, [5c] looks after [5c, 5b and 5d]. [5a] looks after its own.</p>

6	a. Collections are managed separately by each region/site librarian. Technicians in each region do their own cataloguing. b. ILLs are separate for each region/site. Technicians do ILLs.
7	Everything done centrally at the one site. The library has a broad collection development policy that doesn't need to be updated often.
8	Library has only one site. Books are not a high priority. Interlibrary loans and document delivery to remote areas is a well utilized service.
9	Institution has central collection devt policy but it's broad and therefore not used much operationally, very small budget so a detailed collection devt policy is not that useful. Collection is driven by the budget as medical schools provide a budget along with a list of what is required and so library obliged to buy updated resources for the students No central ordering process. Document delivery and ILLs are all done at site level
Conclusions	Reviewer 1: Most libraries with multiple sites have site by site collection development. With one exception, ILLs / document delivery is all done locally. Reviewer 2: 3 libraries suggested that while a broad central collection development policy is in place, in practice, decisions are driven by requests and available budget

Needs Assessment

11. Does your LIS engage in needs assessment with respect to your users, collections and services (research, teaching, liaison) in order to guide services?

- If so, how often do you survey existing and potential users, and what mechanisms do you use? (survey, focus group, etc.)
- Does your LIS have an advisory group or committee?
- How has the needs assessment informed your collections, services and training programs?

Library ID	Responses
1	a. no formal mechanism, still evolving b. Consultation was done informally when establishing online service and afterwards, an advisory group was set up. It's still at formative stage, having held 2 meetings. They canvassed the organization for anyone who wanted to join and got response from earlier keen users as well as others that joined when a request was sent out through the weekly newsletter by internal communications (the library submits articles and updates). Have representation from nursing and policy staff. Participants are asked if there are resources that they recommend and these are added to a wish list that will be used for acquisitions. This is also an opportunity for two way communication updates from the library and vice versa. Happy to have had buy-in from the areas that have been using their services. c. Too early for feedback to shape the services but a wish list is maintained for materials requested.
2	a. No regular systematic needs assessment is performed. Get feedback and meet with departments, but no surveys or tools are used. Library director recognized the need to do more in this area. b. No advisory committee.
3	Simply asks families and also staff to suggest what they need. Will ask staff with the expertise in the subject area to review the collection and provide feedback, recommend new books...etc Tried an advisory group but found it challenging when some members wanted to exclude material on wholistic/alternative perspectives.

4	<p>a. Lots of surveying just prior to 2011 strategic planning (including focus groups), and not much since then, though thinking of doing it again. Supposed to be every 3 years, but have had lots of staff changes and flux. Currently, the Library's larger department is undertaking an awareness survey and there are a few library questions in that.</p> <p>b. No library advisory group or committee</p> <p>c. Past survey got the library on a different track and illuminated how people use and seek info, and how they want it. That people use the library more virtually.</p>
5	<p>a. Yes, as often as needed, though not going to do a survey anytime soon. [5c] librarian mostly spoke about evaluating resources</p> <p>b. Yes, the library has a health authority-wide library committee.</p> <p>c. The library committee assists in evaluating new products for purchase.</p>
6	<p>Nothing formal. All feedback and needs are determined by information conversations. In years past the needs assessment was more formal.</p> <p>b. No advisory committee</p> <p>c. <i>Interviewer did not specifically ask this question.</i></p>
7	<p>a. Last needs assessment project about 7 years ago and was contracted out and no other evaluations done since then - due to budget pressure. Library manager didn't think the library would fulfill any of the needs that would come out of another evaluation (no point in surveying if you can't respond to it). Currently in the process of repeating it.</p> <p>b. No advisory committee, though have tried to set one up - just no interest from client groups based on their time.</p> <p>c. The last assessment set the goals that guided the years after. It assisted in obtaining new library technician staff and solidifying the library in its current location.</p>
8	<p>No survey just for the library, but the library is part of larger organization surveys done by the Quality and Innovation Team.</p> <p>a. Bases need on previous years' activities and data from previous librarian's need assessment surveys. Sets three main priority areas / goals each year that are very aligned with organizational goals.</p> <p>b. No advisory group but would like to have one in the future.</p> <p>c. see response to question a.</p>
9	<p>a. Every 3 years, an online survey tool is administered across all of the health authority to find out whether the library is meeting their needs</p> <p>b. No advisory group or committee</p> <p>c. Found out that people were not aware of the library services at all and were able to increase marketing promotional activity in response to the needs assessment.</p>
Conclusions	<p>Reviewer 1: Half of the libraries either participate in (as part of a larger org department) or conduct their own needs assessment surveys every 3-5 years in order to assist with strategic planning. All libraries also do informal information gathering / obtain constant feedback. Only 1 library had an advisory committee. Could there be a benefit or interest in all HAs using the same needs assessment survey and methodology?</p> <p>Reviewer 2: Two mentioned trying to set up advisory committees but one had no buy-in while the other found that the committee sought to censor the collection by excluding certain perspectives. One was concerned that carrying out a needs assessment may set up expectations that cannot be met due to budgetary constraints. Respondents reported that the value of needs assessment included: a wish-list to inform collection development decisions, providing input that changed the library's direction, supporting a case for hiring new staff and increased marketing and promotion.</p>

Evaluation

12. How is the LIS aligning its services to institutional priorities and strategic directions (such as enhancing patient safety, reducing readmissions, and improving patient satisfaction scores, supporting evidence-based policy making)?

- Has the LIS devised measurable ways its services help accomplish those goals?
- What specific measures have you used?
- Has the library made any significant changes in past 2-3 years in this regard?

Library ID	Responses
1	General sense that library work aligns very well with the organizational corporate goals and overall strategy but the staff haven't been able to dedicate the time to validate this in concrete ways. Would be interested in giving this some more thought as part of making the case for resourcing and establishing the service further.
2	Goals for the year are aligned with organizational priorities, but no emphasis on evaluation or reporting in this regard. Library director would like to find a way to link user stats to library impact and organization goals. This is hard. Director recognizes the need to improve in this area. b. Receives feedback from orientation and other training sessions. No formalized feedback mechanisms for searches. c. <i>interviewer did not ask this question</i>
3	Due to the busy nature of the portfolio, librarian hasn't had much time to think about this issue but is eager to have the new librarian who gets hired look at this. What is the library's goal and how does it fit into the overall organizational mission and strategy?
4	Do performance planning and the all goals is related to the strategic directions of the organization. Return on Investment figures are generated every year - how many lit searches done, articles downloaded
5	There are no measurable ways but the library has specific measures and target their collections and products. The library has created about 12 subject guides over the past year, in consultation with departments and by departmental request.
6	Expressed difficulty in demonstrating how library services are aligned with and support organizational goals and strategies. a. no measurable method b. Uses ROI (return on investment) c. <i>Interviewer did not ask this question</i>
7	There is a library framework that lists all of the different parts of the library's services: inputs, outputs, incomes, and how they all align with the organization's mandates. b. The library looks at its services and resources, and the reference question topic areas that are asked and how they all align with the organization's mandates. c. No changes within the past 2-3 years.
8	Library is very well integrated and aligned with institutional priorities. This is very important to them. a. Library must report on specific outputs and outcome measures. These are rolled up into larger Quality and Innovation Team reports and discussed monthly. b. Current and ideal outcome measures include: Evaluate quality of librarian provided services including whether or not the questions received are answered (lit searches); Evaluate use of library provided information on clinical decision making such as treatment or diagnosis; Evaluate whether clinician time is saved; Evaluate the quality of the information retrieved; Asses future uses/impact of the information within the health authority system. Related specifically to orientation: Value of time spent in orientation How they see library services supporting their work; Rating of importance for access to library services for their work c. <i>Interviewer did not specifically ask this question, although with change in librarian there was likely to have been some revision to what is evaluated and reported on.</i>

9	<p>Strategic library framework in line with organizational goals, recently updated start planning doc to make sure it fit into the organization's overall strategy During monthly staff meetings, receive updates on the organization's priorities are and what to anticipate down the line that may have implications for the library eg accreditation requires best practice resources, to expect requests from certain groups...etc</p> <p>Built in evaluation mechanisms for the library training we offer related to the research challenge. We assess learning / retention of learning at 2 and 6-8 week intervals, and also ask if the library training was of value, and if as a result of taking the training, folks are more likely to continue using the library's services.</p>
Conclusions	<p>Reviewer 1: Most libraries create their short-term service goals and strategic planning to align with organizational priorities. However evaluation of how library services contribute to org success is more challenging. No consistent or recognizable indicators/outputs/outcomes demonstrate the library's contribution. This is most challenging.</p> <p>Reviewer 2: Only one seems to have a robust evaluation framework that goes beyond outputs (number of lit searches) to outcomes (impact of info).</p> <p>For reflection: Since traditional value assessment is based on clinically meaningful outcomes such as time saved for clinicians, impact on safety, readmissions...given that the direct patient care requests are declining as reported, what would be more meaningful impact measures?</p>

13. How has your LIS developed, structured and used evaluation or assessment methods within your institution's strategic reporting contexts (eg. balanced scorecard) and fiscal accountability frameworks?

Library ID	Responses
1	Not at this point because [1] itself is a newer organization, still formulating its organizational reporting frameworks. There is an organizational reporting tool that all departments fit into but it's still under development. It is challenging to make sure that all services and operations can easily and accurately fit within the broader framework. This is partly because of the way the library developed in an organic manner – evolving in response to a need.
2	Stats used to be compiled and rolled up into larger system. This process is no longer in place within organization.
3	Librarian hasn't had much time to think about this issue but is eager to have the new librarian who gets hired look at this. What is the library's goal and how does it fit into the overall organizational mission and strategy?
4	Constantly evaluating services and do ROI every year. No process in place for constant evaluation
5	They have not
6	No.
7	No answer.
8	NHA library is very well integrated and aligned with institutional priorities. This is very important to them. See reponse to question 12 above.
9	None
Conclusions	<p>Reviewer 1: Not well developed by any library except perhaps [8]. This may be dependent upon whether or not the org has a mechanism to do this kind of rolling up. Variations could also be due to which area / to whom the library reports.</p>

14. What tools does the LIS use to evaluate its services on a regular or annual basis? (Former user consultation, Annual reports to institutional management, Key performance indicators or ROI figures, Formal framework of service standards, Critical incident surveys, none, something else...?)

- a. How have your evaluation practices and tools changed over time?
- b. Which evaluation tools do you feel are working very well? Why? Have any of them allowed you to measure impact or outcome of work (e.g., time saved, decreased costs, patient outcomes)?
- c. Have you been able to make changes based on your evaluation results?

Library ID	Responses
1	<p>Currently using a basic Key Performance Indicator (KPI) framework, reporting the number of literature requests, searches, resources loaned out. These stats are rolled into an overall departmental report, which is important as a way for the library to connect into the organizational reporting</p> <p>Not yet had the opportunity to make changes based on the evaluation results received since they only started doing this six months ago.</p>
2	<p>Library director compiles an annual report. Includes basic stats (clinician and patient use), circulation, use of e-resources, number of searches, etc. Report is sent to direct report and then distributed to leadership team.</p> <p><i>a.b.c. interviewer did not ask these questions specifically.</i></p>
3	<p>Over the years, has been tracking metrics such as loans per year, ILL borrowers by health regions - to see the trends, who comes into the library, how long they borrow materials for, how they contacted the library; book store statistics.</p> <p>Tracks the revenue from the media services which are offered on a cost-recovery basis and in the bookstore what sells the most, what revenue is raised and how much of it goes back to the department for use in creating more educational resources.</p> <p>Uses key performance indicators approach.</p> <p>With media services, went from 2 to 5 people when she developed a revenue generation proposal.</p>
4	<p>Wants to do an annual report similar to that developed by [3]. The larger department does an annual report that has bits of library info that gets distributed internally, and to a few external stakeholders.</p>
5	<p>Sends an annual report to institutional management.</p> <ul style="list-style-type: none"> a. Yes, making things up as they went along. c. Make collection decisions based on their tools and stats collected
6	<p>Writes and annual report, including ROI.</p> <p><i>a.b.c. Interviewer did not specifically ask these questions</i></p>
7	<p>Have all types of awareness programs: 2 newsletters, monthly new movie day, new book lists, new materials lists, announcements when new products/resources arrive, themed open house events (every 2-3 years), pamphlets, widely distributed annual reports, bookmarks.</p> <ul style="list-style-type: none"> a. Evaluation has moved towards electronic resource usage and away from paper resources. Try to get a sense of how materials are being used, what kind of products clients are creating and the library finds that out by talking to them. b. Everything is tracked on paper but the best info is from speaking to people. c. Able to vet the librarians in specific committees, and know when it's time to pull out and move onto a new project.
8	<p>Recently started to evaluate lit searches with a feedback mechanism.</p> <p>Evaluates (post-test) training and orientation sessions. Tool is used organization-wide and is not specific to the library.</p> <p><i>a.b.c. New librarian in position (14 months). Too early to tell if new evaluation initiatives will have an impact.</i></p>

9	<p>Indexed and searchable Spreadsheet which tracks when query was received, response was provided, type of urgency, counts types of enquiries in a year by type, user type eg. clinicians, special projects such as CST, can share with team to see what types of questions are coming in and how they did. Side q: is this used as a knowledge mgt tool to help reuse strategies etc. Measure effectiveness of literature search service which demonstrates a contribution to best practices, design and evaluation of services...this is an online survey done when're a lit search request is completed. Two weeks after the results are provided, A canned email is sent to the requestor with a link to the survey. The delay allows the user time to assess if the results were useful. Survey asks what the research is to be used for (very helpful for mgt), if search was completed on time, whether the user is a first time or repeat user and how they are learning about the service, to assess whether promotion is working, and comments on what worked or not, which is considered very valuable - uses critical incident survey/framework</p> <p>Additional Side q: response rate to this survey tool</p> <p>Annual report: interesting stats presented on how the library did in a few pages.</p> <p>Built in evaluation mechanisms for the library training we offer related to the research challenge. We assess learning / retention of learning at 2 and 6-8 week intervals, and also ask if the library training was of value, and if as a result of taking the training, folks are more likely to continue using the library's services.</p>
Conclusions	<p>Reviewer 1: Libraries are evaluating and tracking many aspects of their services (teaching and research) and resources. Key Performance Indicators, annual reports and Return On Investment figures were mentioned.</p> <p>Reviewer 2: Only two [8 and 9] reported tracking the literature search feedback and only one does a meaningful evaluation of their training.</p> <p>(Need to investigate methods to map what we evaluate/measure/include in annual reports, and ensure the information is presented in a way that is meaningful to upper management).</p>

Innovative Roles and Change

(interviewer asked for more information to supplement responses from online survey)

15. **What value-added, innovative, or non-traditional roles and services has your library developed? (may include organizational support for records/archives management, intranet/website)**

- a. How did these come about?
- b. If your LIS is reducing or eliminating traditional tasks to make time for new roles, which traditional tasks/functions are you eliminating?
- c. What marketing was involved in the initial development or is involved in the ongoing provision of these services?
- d. How are they being evaluated?

16. **What kind of support or training has equipped LIS staff in your organization to take on innovative roles?**

17. **How has or will your LIS find time and resources to support new roles/functions?**

18. **What barriers does your LIS face when adopting new roles/functions?**

Library ID	Responses
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1	<p>15. Electronic Health Record: [1] will definitely be going that way but is not there yet. By virtue of being responsible for Records and Information Management function, the staff are in touch with the developments on eHealth in the organization. The eHealth strategy has been identified as a priority area for [1]. The library is not directly involved or impacted at present but will likely be involved in the future.</p> <p>There is currently no responsibility for Archives but this will likely change with time. The dedicated library position will likely also take responsibility for archives management.</p> <p><i>Generally, the issue of new/innovative roles is a moot point because the organization is new and the library services have only been established in the last year but we could make the point that Records and Info Mgt is a somewhat unique/innovative and value added role because traditional libraries typically don't take on this role. It's easier to justify resourcing the RIM function because organization's records are unique compared to the library function of managing published material (Reviewer 2)</i></p> <p>16. The staff member with an MLS has been offering internal library training to other staff to increase their capacity to take on LIS responsibilities and deliver the services. There is a learning and development budget within the organization for accessing external training opportunities – for individual staff members to negotiate and access</p> <p>17,18. Barriers include: lack of capacity due to staff shortage; highly stretched as a team with library services being an extra function that's not properly resources. A request has been made for a 0.5 FTE position. No proper library catalogue yet - just an inventory of publications on a SharePoint list which is getting unwieldy; they are getting ready to put out an RFP to obtain software that can interface with Sharepoint/online portal as well as an RFP for an electronic records management system. Continues to operate using the Health Canada system for physical records management</p>
2	<p>15. Non-traditional roles: Library helps create the content for the public website, provides info based on national guidelines. For internal site, there is no webmaster, so all departments contribute. Uses a dreamweaver to create topic-specific folders (like lib guides). Different pages are maintained by different library staff. Appears as a desktop icon on all networked computers. Highly valued and well used resource. Library contributes to and helps edit committee / tumor group websites. Library manages archive of old and historic in-house publications, pamphlets, books, photos, newsletters. One library site has had success with information prescription pad service. Will be expanded to other libraries. Library recently involved in promoting, educating and facilitating data management (repositories for research data). b. Less time on collection development, book and patient pamphlet reviews/evaluations. No longer maintaining pamphlet/news clipping filing cabinet. Few lit searches (get fewer requests). 16. Lots of support available for local CE and online courses. Out-of-province travel ban hinders conference attendance 17. See response to question 15 above. 18. Lack of funding to go to conferences and professional development - options for learning about innovations are restricted. Inertia and unwillingness / disinterest in change may also be a factor.</p>
3	<p>Funding: - Leveraging federal funding for French materials. -Has good relationship with their hospital's auxiliaries, volunteers who fundraise for the hospital, and they provide a generous and consistent budget every year for consumer health resources -Discovered there was an interest in not just borrowing the resources but also buying some resources, particularly those developed by [3], such as a very popular workbook on anxiety</p>

	<p>for children.- so opened a book store component 12 years ago in order to generate revenue rather than always asking for money. At first, they were only willing to fund a half time position but she was able to make the case for a full time position since it was generating revenue.</p> <ul style="list-style-type: none"> -Significant multi-tasking and juggling of responsibilities - does operations and budgeting for learning and development for the whole department not just the library; administration; managing media services as well; does technical services for [3c]. - Shares catalogue with [2] which was recently upgraded to the latest version of InMagic - owing to how short staffed she is, she cannot afford to catalogue to the same standards but is satisfied with providing basic enough info to help users locate the records rather than doing all of the detailed MARC records. Important to recognize what's needed. - Initiated the knowledge management function within the learning and development group. She manages websites/Sharepoint team sites, project team sites, calendars.... work to facilitate collaboration rather than the tendency to work in silo so that all the materials pertaining to a project can be found in one place. Has been proactive in streamlining work processes in the work place even with respect to financial tracking. - leverages existing technology to reduce costs to the organization while remaining innovative. For example, with team site, uses the calendar as a data collection tool - offering media services on a cost recovery basis and was able to justify increasing the staff complement from 2 to 5 people - Will be implementing EHR services in the hospital - considering how to link to UptoDate so that clinicians can have quick access to evidence based resources - Using social media for marketing but due to staffing challenges, hasn't been able to do much recently - uses kiosk computer terminals to facilitate access to the catalogue throughout the building - Offered to establish a study and learning space in the physical space that was previously slated for an academic library - Collaborated with a local academic library to provide virtual reference: The plan is to reserve a room within [3b] that has telehealth equipment where a sign can be put up saying that a UBC librarian is available during set hours – and a user can go into that room at that time and connect with an academic librarian. <p>16. Innovative roles and approaches appear to be more of a function of librarian's personal initiative, resourcefulness and aptitude rather than acquired through training, support...etc</p> <p>17. Due to the lack of capacity [resources and time] the quality of even standard services like consumer reference services is suffering. Most key services have suffered significantly as a result; feels immensely pressured to deliver a lot of services with less. Depends on volunteers to serve patients and families and they offer substandard services because they work short shifts and lack enough exposure to develop the required skills and competence. Despite investing considerable time training them, there is high turnover and lack of continuity</p> <p>18. Hampered in maintaining current level of service and innovating further due to lack of capacity.</p>
4	<p>15. Do many consults on a wide range of topics (ex. For non-standard resources such as RefWorks, or on copyright). People just ask and the library sees what it can do to answer those inquiries.</p> <p>16. Big proponent of professional development. CHLA, BCLA.</p> <p>17. Have a healthy budget, and want innovative and engaged staff so try to keep budget for prof. Development.</p> <p>18. Barriers include infrastructure and technology. 15 year old intranet puts constraints on plans to create an amazing portal.</p>
5	<p>15. Team Site Committee participation.</p> <p>a. [5b] librarian was at the forefront of web development when it evolved so saw the opportunity to organize online resources for the authority when the need became obvious.</p> <p>b. Doesn't know if they're reducing tasks or that over time, things are getting reduced. Ex.</p>

	<p>Walk in traffic has changed and lots of app and tech questions now.</p> <p>16. Being flexible and open all the time as there little support to travel to anything.</p> <p>17. When [5e] opens, new full time and some kind of part time staff will need to be hired.</p> <p>18. Don't see barriers, see challenges instead.</p>
6	<p>15. One librarian has developed expertise in creating ontologies and taxonomies to help with indexing and meta-data for better searching of policies and procedures on the sharepoint platform.</p> <p>Library director helps patrons /researchers with authorship tasks. Suggests where to publish and provides impact factor for different journals</p> <p>b. Believes that traditional services (research and document delivery) are still very important so should not be reduced or eliminated.</p> <p>16. Well-funded for CE of librarians. Encourages learning and professional development via online courses, webinars and workshops</p> <p>17. Not a priority. Service emphasis is on research/reference and document delivery</p> <p>18. Workload.</p>
7	<p>15. Evidence flash newsletter (current awareness newsletter) that comes out monthly. Use instant-messaging (via Lync chat) for quick reference.</p> <p>B. Moving from paper based services to electronic. Used to have Hot-Topic pages in the past, now have 25 subject-based LibGuides with canned searches that are linked to UpToDate.</p> <p>16. Web-based staff training.</p> <p>18. Barriers include high cost of the US \$ and staff capacity.</p> <p>17. Will have to shuffle people to support new emerging roles as currently at capacity (staff time and energy levels are maxed out)</p>
8	<p>15. Helped with project to get tablets/ipads with available to practitioners (personally owned or mounted in patient wards). Preloaded with point of care tools and e-resources that are needed in different units. Library aided in the promotion of this project and created information toolkits on the table use.</p> <p>b. Wants to reduce and automate some tasks that are labour intensive but not necessarily providing value.</p> <p>16. Funds in the budget for staff training and development</p> <p>17. Wants to reduce and automate some tasks that are labour intensive but not necessarily providing value.</p> <p>18. Time and money. Reality of heavy day to day work... Would like to have another 0.5 FTE librarian.</p>
9	<p>Support for mobile apps provided for personal / institutional devices with respect to library licensed resources that have mobile apps eg UptoDate has a mobile app, how to download; unable to support use of apps outside of what the library provides. Any tech issues that hinder their ability to download such apps are referred to IT as needed</p> <p>No immediate need, operating at full capacity.</p>
Conclusions	<p>Reviewer 1: Innovative roles are not necessarily linked to Web 2.0+ or mobile usage, but are all about facilitating improved access to valuable content. . Common barrier mentioned is staff capacity/high existing workload. Most mentioned CE and professional development as key enablers but out-of-province travel ban hampers some librarians from attending conferences.</p> <p>Reviewer 2: Innovative roles mentioned include involvement in data management, revenue generation through running a book store, knowledge management, authorship support, indexing of organizational (clinical?) policies and procedures</p> <p>Some of the changes catalysing these roles: reduction of walk-in traffic, less time spent on collection dev, book reviews, not maintaining clipping cabinets, interest in automating labour intensive tasks of questionable value, more questions on apps and technology.</p>

19. In the last five years, what changes has your organization experienced? What is driving the change? How have these changes impacted the library and information service?

Library ID	Responses
1	<p>Has only been around for 3 years but has undergone significant change, having started off as a Society, interim health authority and now a recognized, full-fledged Health Authority taking over the delivery of services from Health Canada. The RIM staff have grown from 2 at inception to 6. The library services were added along the way and are still developing.</p> <p>The total staff have grown from 60 in 2012 to 500 in 2016. Many processes are still at formative stage, shifting and evolving with time; as the organization matures, the library services should also grow to keep pace.</p>
2	<p>Change in past 5 years - opening of 2 branches with no dedicated library space and limited money for staffing. Relying solely on outreach for [2f], and collaborations with [8] and [4] to house book collections.</p> <p>Budget pressures like this are new. Concerned that library will lose librarian positions due to attrition.</p>
3	<p>Significant changes at senior leadership level may be impacting the decision to replace the vacant position but she's hopeful that new leadership will support the staffing necessary for both consumer health services and clinical component to support [3b].</p> <p>Merger of collections happened a couple of years ago and [3c] will eventually merge with [3a] when they move into their new space</p>
4	<p>Went from a program management model to not, which affected mostly geography of where people do their daily jobs - mainly clinicians and not library.</p>
5	<p>New CEO hired 5.5 years ago and he restructured the health authority - rather than geographic organization, those divisions were eliminated and instead implemented program divisions. Thoughts that this change is better as it brings up the standards.</p>
6	<p>Library changed reporting structure 5-6 years ago. New report to "learning and performance support" is a very good fit. Lots of support for electronic resources.</p>
7	<p>The strategic direction of the parent organization has changed and that has changed the focus of the collection.</p>
8	<p>Library moved to a different area of the hospital. New location is well embedded in org development/ admin/education/program development and has resulted in increased library use by people with leadership responsibility. Has raised profile of the library.</p> <p>Loss of previous librarian with 25+years of experience. Loss of continuity with users / personal relationships between users and librarian.</p>

9	<p>Changes in the org: [9b] librarian will be moving to a more embedded role within clinical groups - within the professional practice/clinical education/research committee - excellent opportunity, very complementary but her new role will mean that she will be geographically distant from physicians and will likely see a drop in her interactions with physicians as a client group. due to locational proximity. She's currently right next to the physician lounge and has built rapport with them, so that they are a key client group (may explain why her direct pt care requests have remained steady)</p> <p>Moving to a brand new building means that the space is more of a collaborative work space with fewer shelves for print holdings; library is to be the centre hub where you encourage a collaborative space where people can converge to share information...UBC med school will be adjacent to the library, more opportunity to engage; library participated in all the planning meetings to configure the new space design and layout.</p> <p>Purchase of journals and periodicals has gone down since there is less need for print journals as More and more are available through the consortium.</p> <p>[9b]: 5-6 print journal subscriptions; [9a]: 4 only</p> <p>Some are available in both print and online format but a few are only in print.</p> <p>Print books are still in use but not the use of print journals has really dropped off.</p> <p>Savings in physical space allow more collaborative space.</p> <p>Have had a change in managers hence the need to educate her a lot on what the library can do. Reporting to professional practice is good fit.</p>
Conclusions	<p>Reviewer 1: Changes includes library moves / new sites, organizational structure (program versus local), increased resources in electronic versus print.</p> <p>Reviewer 2: Positive: reporting structure or organizational location has led to a higher profile, increased users and a more embedded clinical role in 3 libraries</p> <p>Negative: senior leadership changes and budget pressures negatively impacting services within one organization.</p>

Provincial Landscape

20. **What gaps do you see in the provision of library and information services across the province? Are there underserved geographical areas? Are there health professions in your region that are not getting served? Is your LIS able to collaborate with other institutions to address some of these gaps? Can you think of untapped collaboration opportunities that could be explored?**

Library ID	Responses
1	<p>Given the location of the two sites in [1b] and [1a], services have focused on Vancouver based staff so there is a need to market the services to regional staff across the province and the nurses in the communities. Underserved groups: [1] staff occasionally work with nurses that are not employees - they may be employed by other agencies. These nurses would like access to the online resources but they are only licensed for use by [1] staff, based in their FTEs. Is there a provincial collaboration set up that can address the needs of such professionals that are not affiliated with any organizations that subscribe to these resources.</p> <p>Connectivity issues hinder remote access for some regional staff based in the community – which is a barrier to accessing the resources on the intranet.</p> <p>Currently collaborating with a specialized academic library – have discussed pooling resources, exchanging donations because they have similar collection interests.</p> <p>The organization is young so there are many opportunities ahead:</p> <ul style="list-style-type: none"> *Dedicated staffing *Software *Expanded online resources – need a proper catalogue for growing holdings; integrated

	<p>services</p> <p>When these are in place, it will be possible to build the library as a more valuable and visible part of the organization – so that the library is not just an add on to the RIM responsibilities.</p> <p>Highly appreciate collaboration with eHLBC which has been instrumental in providing access to the resources they subscribed to as well as networking with/and knowledge gathering from other librarians. Contacted other HAs of similar size to ask how they were delivering their services. Interested in more collaboration opportunities with other librarians, participate in events.</p>
2	<p>Northern half of the province is not receiving adequate service (no professional library staff for specialized clientele).</p> <p>Very concerned about gaps in service within their larger health authority. No overarching library services or strategy to provide information services. Many agencies have no or inadequate library services. Frustrating for staff who have no support and for the [2] librarians who have to refuse to serve them.</p>
3	<p>Provincial coverage: because they mail out print resources across the province, they are doing their best to cover the whole province and have established an online presence that allows users to view pamphlets online and search their catalogue from wherever they are, v.</p> <p>Gaps: Aware that Ambulance Services is not served; received a call from someone on the island saying they were unable to borrow materials from libraries on Vancouver Island and yet [3]'s library does not have such materials</p> <p>Feels confident that she has done well in addressing the gap that was left by the closure of a previous academic institution library at that site. Continues to collaborate with that institution so that they offer training onsite, has been in discussion about offering virtual reference services, offering off-site librarian office hours.</p> <p>The document delivery and library card service is a valuable service for the clinicians and residents with faculty status, saving them a trip to another library.</p> <p>The gap is currently in lit reviews and consultation – she's able to refer university affiliated folks to university librarians but is not able to do this for health authority staff.</p>
4	<p>Big gap is that there are no standards and that each HA operates differently from each other. Staffing levels differ, service and resources are inconsistent. Commented that [8] is underserved as very understaffed.</p>
5	<p>Untapped collaboration opportunities.</p>
6	<p>Library Director does not think there are gaps within [6] library services. People in remote areas simply need to know what services and e-resources are available to them. If they want service they know how to contact the library. Network and internet access in remote areas is generally quite good.</p>
7	<p>Health Authorities can work more closely together and make sharing of resources more equitable. HA's borrow from the [7] library all the time but not vice-versa. Licensing would be a big issue if resources are shared. Can't tell which areas are underserved, it's outside of the Library's scope.</p>
8	<p>Within Health authority, some geographic areas and users are underserved. Technology (wifi, basic data plans) are lacking in areas making it hard for staff to get resources.</p> <p>Mental health professionals across the HA are particularly underserved / low library users. Plans to target this group in the future.</p> <p>Health literacy of the public needs improvement.</p>
9	<p>There are underserved areas, mostly outside of the central urban area, because they don't interact with the librarians much. There is a definite need to increase the library use among such communities as they are not using the services much at this point</p> <p>They are not only underserved with library services but also other services, professionals are overworked and lacking the, supportive structure, resources or time to access library services. Many of the nursing staff work out in the community all the time, very rarely in the office. Attempts to organize workshops or online seminars on how to access these resources do not usually work because they can't get to offices, overworked, no time for collaboration,</p>

	<p>no staff to facilitate meetings... Their practice may be substandard as a result. Ability to access computers in order to connect to the resources is also a problem. Two fold problem: access to technology and and also qualified library staff</p> <p>Provincially, there's a gap for another nearby health authority as there are no library staff in the entire HA to provide services even though they have access to resources via eHLBC. They keep asking for help with lit searches from [9] but they are not able to help out. Mgr proposed to help this nearby health authority, offering support if they were willing to pay for a position but they were not interested at the time.</p> <p>Some staff have joint positions across multiple health authorities so they use their [9] affiliation to access services</p>
Conclusions	<p>Reviewer 1: Lots of areas (geographically) that are isolated and underserved. Remote areas may experience basic internet/technology challenges that hamper usage of e-resources that could be available to them. Easy to ignore these people? Large gaps (no services available) to many province-wide agencies and one health authority. Yes, they have ehlbc access but no dedicated librarians or technicians, or print collections. How to advocate for increased library services for these areas? Administrators don't yet see the value and need to have properly funded libraries after an academic institution pulled their sites out.</p>

21. Is there anything else you think is important for us to hear about challenges and opportunities for library innovation, based on your experience?

Library ID	Responses
2	Library director has realized there is a need within her library system to do more formalized and systematic evaluation of services..
4	Libraries should look for opportunities and staff that are not entirely introverted but engaging and constantly promoting the library and building awareness. Also, staff mix of expertise and wide breadth of experience and skills.
5	Covered everything.
7	Always market upwards as you need strong support at the executive level - build relationships with those at higher levels.

Appendix 6– Focus Group Results

HLABC
Health Libraries Association of BC
Focus Group Discussion Report

February 17, 2017

Prepared by:
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HLABC Focus Groups

Background and Research Objectives

- The Health Library Association of British Columbia (HLABC) has been interested in understanding the functionality of various health libraries across the province.
- To this end, HLABC has conducted some initial phases of research with librarians.
- The first phase of research was conducted via online survey and in-depth telephone interviews in the spring/summer of 2016.
- Key findings from the preliminary phases of the research included:
 - There is a lack of robust evaluation of the most important value-add services;
 - Direct patient care requests are declining;
 - Liaison is happening, but is of low priority overall;
 - There are considerable challenges reaching geographically remote clients;
 - Innovative roles can be but are not necessarily linked to web 2.0+ or mobile usage; and,
 - Electronic Health Records (EHRs) in all health authorities present an opportunity for a librarian value add.
- These findings were presented prior to the focus group sessions, as a presentation and as a research poster (see appendix for poster).

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HLABC Focus Groups

Focus Group Details and Participants

- To follow up on these preliminary findings, HLABC organized a focus group discussion among librarians. This focus group discussion was facilitated by Kim Scott of NRG Research Group on December 6, 2016.
- Participants were recruited by HLABC from among health librarians practicing in British Columbia. In all, nine librarians participated in the focus group session.
- Participants represented each of the five regional health authorities (i.e., Vancouver Coastal Health, Vancouver Island Health Authority, Fraser Health, Interior Health, and Northern Health), as well as the First Nations Health Authority, the Ministry of Health/Ministry of Children and Family Development (MCFD), and the Provincial Health Services Authority (PHSA).
- The focus group session was arranged to coincide with other scheduled meetings during regular working hours; participants were not provided additional incentives for their participation.
- Most participants attended the session in person, while one participant participated via conference call.

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HLABC Focus Groups

Challenges, Barriers, and Opportunities

Awareness of Library Services

- Awareness of libraries and the range of services available is a key barrier identified by participants.
- It appears that potential users who have a physical library on site tend to have greater awareness of the library, and tend to make more use of library services. On the other hand, those who do not have a library on site tend to be less aware and less likely to make use of library services.
- This seems to be a particularly strong challenge when it comes to geographically remote locations. “Road shows” where a librarian visits a remote location can help to build awareness and engagement; however, budgetary or travel restrictions make this an unlikely option for some.
- Road shows also have the challenge of being a lot of work to coordinate, and typically require the cooperation of managers and other staff resources locally. That said, this also provides the potential benefit of allowing for partnerships with local resources or other service providers looking to coordinate efforts (such as knowledge coordinators or policy experts), and allows these people to act as advocates for library service and spread awareness.

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HLABC Focus Groups

Challenges, Barriers, and Opportunities

Awareness of Library Services

- In some cases, tools such as WebEx can allow for engaging with offsite locations. That said, these do not seem to have the same impact in long-term awareness and usage as physical visits.
- In addition to site visits and virtual visits, librarians make use of a handful of other communication tools to build awareness. The use of these other avenues is not always consistent or possible in all regions, but there may be opportunity to borrow strategies between health authorities.
- For example, reaching new users around the start of their employment appears to be a reliable strategy for creating a baseline of awareness of libraries. Some participants are able to make a short presentation about library services during new staff orientations. Others have made arrangements to leverage the human resources info system to send welcome emails a short time after the user’s first day, and some also use privileging reports to identify new physicians to reach out to in the same way.

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HLABC Focus Groups

Challenges, Barriers, and Opportunities

Awareness of Library Services

- In the same vein, there may be notable value in collaborating or sharing tips and resources when it comes to ongoing engagement beyond the initial contact with potential library users.
- For instance, it appears that most health librarians are likely to have access to regular communication briefs distributed to all users in their catchment area. Some users are currently making use of such broader communications, submitting updates and news blurbs on a regular basis. There may be a good opportunity to share notes on what kinds of updates and news generate the most interest among users.
- There seems to be value in having consistent content in all of these outreach strategies, though it is unclear whether this can come at the library level or whether this overarching strategy would have to come from above.

Challenges, Barriers, and Opportunities

Awareness of Library Services

- Additionally, many librarians note that users may not be aware of licenses and subscription services provided by the libraries, even if these services are indeed used.
- For instance, a user might have access to a library's PubMed subscription from their computer at work and not realize that the library has provided this subscription for the health authority. This may have the effect of undervaluing the library's contributions, and preventing further engagement with library staff and services.
- In the same way, there may be value in consistent messaging in the promotion of linkout services (such as Google linkouts) provided by the libraries. This would also help to reinforce an understanding of the libraries providing these services, which in turn may lead to further investigation and awareness of the other services provided.
- Sharing tips on how to tailor such messaging to experienced versus novice users also seems valuable. For instance, messaging for novice users might focus on assistance from library staff while more experienced users might need messaging on direct linkouts.

Challenges, Barriers, and Opportunities

Technological Challenges

- Another key challenge in service provision is technological limitations among service users.
- Particularly in remote locations, some sites do not have consistent internet access or cell phone service.
- Other sites might have outdated technology that does not interface well with library software, while still others may not have easy access to items such as printers to distribute materials from the library's collections.
- Areas with technological challenges might present an opportunity for strategic problem solving in terms of how librarians can ensure that the users are able to access the services they need.
- In some of these locations, librarians might be able to retrieve and send materials as large PDF files; however, for some of these locations it may be necessary to advertise that the library can print and mail materials if need be (for example, in areas with poor internet connectivity, or with challenges in accepting large files electronically).

Challenges, Barriers, and Opportunities

Technological Challenges

- Technical limitations are also an inherent challenge in terms of how libraries and their users interface with library services.
- Participants mention outdated browsers (such as Internet Explorer 8) being the mandatory default browser for all users within the health authority. In many cases, these browsers are not supported by the tools being used, or do not provide full functionality.
- The provision of server space has also been a problem for some participants. One mentioned a particular case where it took a year and a half to secure a server that would allow their library to work around IT restrictions.
- Broadly, participants understand why these IT restrictions are in place, particularly as it pertains to network security and protecting confidential data. There is, however, a sense of frustration that the restrictions make it more challenging to offer services to end users. One example is the provision of ebooks, which cannot be done without access to the appropriate software. Library clients expect to be able to use ebooks and are disappointed they cannot.

Challenges, Barriers, and Opportunities

Inconsistency of Software Tools and Subscriptions

- Most health authorities appear to make use of different library software, systems, and subscriptions from one another. Similarly, upgrades are being done on an ad hoc basis, in ways that are inconsistent between health authorities.
- Even among those librarians using the same systems, their relationships with suppliers are all different. There may be some value in investigating the potential for group negotiations or purchasing in the future.
- There may also be a business case for standardization of software licenses between health authorities. In fact, this has been done on a limited scale between agencies within the PHSA, driven in part by the bookstore in Women's and Children's hospital (which acts as a revenue centre). This system has now been merged with VCH, meaning that all health libraries within the Lower Mainland are using the same software tools but with access to the authority's own collection. Naturally, it follows that this may be worth pursuing with other health authorities within the province.

Challenges, Barriers, and Opportunities

Inconsistency of Reporting and Evaluations

- This challenge is broad, as data collected as well as reporting requirements and procedures tend to differ for each health authority. Most track number of literature searches and users engaged, an area of significant overlap, while not all track hours spent on tasks such as literature searches and training.
- That said, the need to track progress and measure success is universal between health authorities. In some cases, the processes that require measurements should be fairly consistent between health authorities, and these present simpler opportunities for standardization (or at least enhanced consistency).
- There may be more of a challenge with standardizing other measures, particularly as it pertains to value added services, but these might provide the most eventual benefit.

Challenges, Barriers, and Opportunities

Inconsistency of Reporting and Evaluations

- Some librarians noted the inherent challenge in reporting for different groups, some of whom may be much more engaged with library services and therefore much more likely to be aware of the value and necessity of library service. Consistency in the messaging and content shared in such reports may serve to underscore each other's value as well, especially at the highest levels of decision-makers.
- There was also some discussion involving suggestions on how these reports might be formatted and presented in order to maximize engagement and understanding. In particular, many librarians indicated either personal success or admiration of highly-visual executive reports, limited to one or two pages.
- Many librarians also expressed a desire to improve data collection and reporting on the eventual outcomes of the library services offered. For example, it would be extremely useful to indicate how many lit searches are done in the service of direct patient care, as well as share stories about how these searches might have impacted a patient's diagnosis or treatment plan. However, it seems like the most impactful of this information is currently anecdotal, while statistics are harder to collect.

Challenges, Barriers, and Opportunities

Inconsistency of Reporting and Evaluations

- To that end, many of the librarians make use of web survey tools such as Fluid surveys in order to try to track more meaningful statistics. These are typically deployed upon completion of a lit search, and include questions on why the search is being conducted (e.g., for direct patient care, policy, research, etc.).
- That said, each health authority who uses such surveys is doing so individually, so there may be a good opportunity to standardize this data collection tool between health authorities with minimal investment of time or resources.
- There may also be an opportunity to standardize the collection and storage of preliminary information used in setting up a lit search. Many librarians reported receiving some information upon the initial request and following up as needed; this could be tied back to the post-search surveying if captured consistently.
- Similarly, calculation tools based on data collected by all or most health authorities (such as number of searches conducted) could also be shared and standardized fairly easily.

Challenges, Barriers, and Opportunities

Positioning Relative to Knowledge Management Strategies

- Different health authorities also position libraries differently in relation to the authority's knowledge management strategies. For some health authorities, library services are directly integrated into knowledge management; for others, libraries are currently not given a seat at the table for such discussions.
- There is likely little opportunity to create direct standardization in this regard, as these strategies tend to be organized at higher levels within each health authority. Even so, there may be an argument for working collaboratively on education and messaging in this regard.
- In particular, the library might be positioned as a consultant, an expert in knowledge translation. In many cases this role appears to be unfilled by other service areas within the health authority.
- In a sense, the opportunity here might be to share knowledge and strategies rather than to standardize per se. Strategic partnerships between health libraries and other organizations (such as universities) might be helpful in this arena.

Challenges, Barriers, and Opportunities

Other Gaps and Challenges

- While most health facilities in the province are served by one of the health authorities represented in this focus group session, there are some (e.g., Providence facilities as well as some under the PHSA umbrella) that do not have access to an internal health library. Other libraries are focused on health literacy or education rather than serving clinicians and researchers in patient care. Is there a way to bridge this gap?

Executive Summary

Key Takeaways and Action Items

- It is obvious that each participant has a passion for the work that they do, and does their utmost within their unique situations to make sure that they are offering valuable services to end users within their health authorities. That said, there are significant challenges and barriers within and between health authorities including awareness, technology, and inconsistent approaches to reporting and evaluation.
- One major learning from this focus group session is that libraries across the province would benefit greatly from more opportunities to share with each other. During the session, it became clear that participants were excited to share strategies that had worked for them, to talk about the tools they use (or would like to use), and to commiserate about the challenges and opportunities faced in each person's practice.
- It is strongly recommended that following this focus group session, regular opportunities for knowledge sharing should be implemented. This may take the form of formal moderated discussions, but may also take the form of a regular conference call or email group to share challenges and strategies.

Executive Summary

Key Takeaways and Action Items

- Outcomes of this ongoing communication and engagement are expected to include tactical strategies for working around technology issues or the implementation of library tools and software solutions.
- Other likely outcomes include broader strategies for how to best reach under-served regions or centres within each health authority, and how to cooperate with agencies or locations who do not currently have internal access to health library services.
- There may also be additional service gaps not yet identified in the research to date that arise, where librarians in different health authorities are able to provide information and guidance on how to minimize those gaps or highlight the gaps to other agencies who might help.
- Additionally, there is ongoing work to be done around standardization of evaluation and reporting. There seems to be notable overlap in the data being collected between most participants, and most do include this data in their ongoing tracking and reporting in some way.

Key Takeaways and Action Items

- That said, some participants mention using tools such as Return on Investment (ROI) calculators that might be useful to all participants; if possible, sharing and standardization of these tools would improve efficiencies as well as the ability to communicate on a broader scale about the value on library services.
- This, in turn, leads to the possibility of some standardization or consistency of messaging in communication between health authorities. This would likely be helpful both in communications out (i.e., to improve awareness and usage of library services) and communications up (i.e., to demonstrate value and make business cases for additional resources).
- For instance, communication about awareness targeting end users or potential users of library services could base templates off of communiqués that have proven effective in the past; communication about library performance and value could be more resonant, especially at higher levels, if the message is reinforced by the message from other health libraries from across the province. Additionally, as “communication up” tends to rely on evidence-based practice, the comparison of evidence gathered by each library service might serve to highlight additional efficiencies or requirements that are universal, as well as highlight the unique challenges faced by library services in each health authority.

Appendix Moderator's Guide

Appendix – Moderator's Guide

Moderator: Kim Scott

Client: Health Library Association of BC

Project: Innovations, Challenges & Opportunities within Health Libraries

Focus Group Date: December 6, 2016

Focus Group Location: NRG Research Group Vancouver focus group facility (Suite 1380, 1100 Melville Street, Vancouver, BC.)

Focus Group Time: 10:30am to noon

Primary Objectives:

This focus group is a part of a larger project which aims to describe and compare Health Authority and Ministry of Health Library and Information Services (LIS); analyze how LIS are evolving and innovating to deliver services; and identify gaps and opportunities in the current landscape. The focus group builds on preliminary findings and will cover the following objectives:

- ✓ Understanding value and challenges to standardization of service, processes, evaluation, and reporting;
- ✓ Describing gaps in existing service and possible solutions;
- ✓ Understanding remote user experience issues and development of solutions; and
- ✓ Enhancing the communication of service value to users and stakeholders.

The group discussion will focus on finding commonalities that will allow the LIS providers to increase and highlight their role, value and innovation to stakeholders while providing those on the ground with useful systems for implementation, monitoring and reporting.

Top-line Moderator Guide:

1. Introduction (5-10 Minutes)

a. Moderator Intro:

- i. Introduction of self
- ii. Welcome/thank you for participating

b. Round Table Intro:

- i. First Name only
- ii. Where/what area of LIS you work in

c. Things to cover today:

- i. Purpose of the project overall
- ii. How we will accomplish our goals today and why they are here
- iii. Basic introduction:
 - a. WE WANT YOU TO DO THE TALKING.
 - We would like everyone to participate.
 - I may call on you if I haven't heard from you in a while.
 - b. THERE ARE NO RIGHT OR WRONG ANSWERS
 - Every person's experiences and opinions are important.
 - Speak up whether you agree or disagree.
 - We want to hear a wide range of perspectives.
 - c. WE WILL BE AUDIO RECORDING THE GROUP [RECORDING IS OPTIONAL]
 - We want to capture everything you have to say.
 - This will NOT be available to anyone outside of my team.
 - d. CONFIDENTIALITY/ANONYMITY
 - We don't identify anyone by name in our report. You will remain anonymous.
- iv. Cell phones off/vibrate

2. Background on research findings to date (5-10 minutes)

The Health Library Association of BC has completed two phases of research, some of which you may have participated in. These were a Survey and In Depth Interviews.

Highlights:

- lack of robust evaluation of the most important value-add services
- direct patient care requests are declining
- liaison is happening, but is of low priority
- challenges reaching geographically remote clients
- innovative roles can be but are not necessarily linked to web 2.0 or mobile usage
- EHRs in all health authorities present an opportunity for a librarian value-add



Appendix – Moderator’s Guide

Brief summary of findings on key topics:

- Environment: considerable variation in reporting structure, staffing
- Change: lots of change over the past 5 years, including moves or new sites, increase in electronic versus print resources, increase in service request but decrease in staff hours or gate counts
- Users: nurses and allied health workers make up majority of users, along with researchers and residents/students.
- Service Prioritization: Research & Reference seen as the most important service provided, followed by document delivery. Other functions seen as less critical.
- Research and Reference Services: Searches done for all users except for coursework, direct patient care requests take priority, and experience exists for systematic reviews but is rarely prioritized
- Instruction: broadly ad hoc and informal, on-demand training has higher uptake than set curriculum, mostly basic skills, almost exclusively face-to-face with little ability to offer training remotely
- Liaison: most libraries offer liaison support, with more than half involved in committees on various topics and scopes, mostly as knowledge keepers
- Service Delivery Models: lots of challenges with organizing between sites, standardization, ability to provide service to rural and remote patrons
- Innovation and Barriers: Innovations include online/mobile/social media, support with authorship issues, support for systematic reviews, etc.; barriers to taking on new functions include limited staff hours, limited funding, no hours for staff education and training, staff lack of knowledge for implementing innovations, and insufficient library space
- Evaluation and Needs Assessment: many libraries do internal needs assessments every few years, most of which are more informal, and those who do them find them useful in informing collection development and future direction of the library, as well as better marketing and promotion; can this be standardized?
- Provincial Landscape: vast areas are isolated and underserved, some remote areas may experience basic tech challenges that limit available modes of info exchange, gaps in service availability to some province-wide agencies.

As you can see there were a variety of topics covered, and the topics we are covering today build on the information that came out of these first two phases of data collection – those gave us the ‘what’, now we are looking for the ‘why’ and ‘how’.

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3. Gaps in service (25 minutes)

a. Remote Users (10 minutes)

PROBE: Are remote users seeking the same services as central users? What are their primary needs?

PROBE: Are there particular locations that are especially remote or underserved? Where?

PROBE: What are the barriers to improved service?

PROBE: What can be implemented to overcome barriers? What needs to happen before these changes can be made? Money, time, approval, infrastructure?

PROBE: How will improvements be measured?

b. What needs are currently not being met for all library clients? (5 minutes)

PROBE: What needs are you aware of that are not being met?

PROBE: Are there commonalities across locations?

PROBE: Can existing resources be re-directed and or re-allocated?

PROBE: What are the barriers to provision of these services?

PROBE: We’ve heard of great innovation in our primary data collection - what have you already implemented successfully?

PROBE: What else can/should be implemented? What needs to happen before these changes can be made? Money, time, approval, infrastructure?

PROBE: How do we make these first steps happen?

PROBE: How will improvements be measured?

c. What gaps exist across the province? (10 minutes)

PROBE: What about Health Authorities with no library service at all?

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Appendix – Moderator’s Guide

4. Standardization (20 minutes)

a. What does successful standardization look like and how do we get there?

PROBE: Is standardization even a goal we should be aiming for?

PROBE: How does this look big scale versus small scale (e.g., within your own health authority versus externally)?

PROBE: What does successful standardization look like? Service Delivery, Evaluation, Reporting? Where would it be most useful?

PROBE: What aspects/characteristics of LIS services would lead to successful standardization?

PROBE: What services have these characteristics?

PROBE: What challenges exist in the system that makes standardizing difficult?

PROBE: Are there services/area that just can't be standardized right now, so we can remove them from immediate consideration?

PROBE: As new projects or evaluations are started, what would be the possible best practices to implement that would allow for easy comparison or standardization?

PROBE: Who needs to be involved/what kinds of approvals are necessary for changes that would lead to successful standardization?

PROBE: What kind of timelines are we looking at to implement various stages of standardization?

5. Communication of Service (15-20 minutes)

a. What do you do?

PROBE: What are the key messages or values you are communicating?

PROBE: Is there a priority list overall? What factors influence this?

PROBE: How does this vary by location?

b. Who needs to know about what you do?

PROBE: Based on the information above, who do you need funding or approval from to make the next steps?

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PROBE: What do they need from you to be your champion?

c. Do you have the information you need to communicate to them? How do you get it?

PROBE: Do you need support in putting together collateral such as handouts or info sheets? Do you expect that these kinds of materials will be available to you?

PROBE: Are there standards or methods of gathering and collecting this information? Is it consistent across locations? Does it need to be?

PROBE: Who does the collecting and analysis?

PROBE: What value did it add to the communication to stakeholders?

d. Who is responsible for getting and applying the information?

PROBE: Who is in the best position to communicate this information?

PROBE: Who has the resources to put it together?

PROBE: What type of delivery would be most useful?

PROBE: What is the priority in terms of delivery options?

PROBE: Can marketing or outreach endeavours be used to push for funding in areas with service gaps?

6. Wrap Up (5 Minutes)

a. Are there any last comments about the LIS role or strategy going forward?

b. Thank you!

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Appendix 7 – MLA, CHLA/ABSC, ICLC Toronto 2016: Poster Presentation

Innovations, Challenges and Opportunities within Regional Health Libraries in British Columbia, Canada

Chantalle Jack, Shannon Long and Elisheba Muturi

Background

Faced with continual change, regional health libraries must innovate in order to survive. To understand how these libraries are evolving to deliver innovative services to geographically spread users, this study:

- 1) Describes and compares the libraries
- 2) Analyzes how they are evolving and innovating in order to deliver value
- 3) Identifies gaps and opportunities in the current landscape

Librarians representing eight regional health authority libraries and one Ministry of Health library in British Columbia completed an online survey and telephone interview about their library system's practices regarding these key themes:

- Overview of the library environment
- Centralized vs distributed service delivery models
- Research and instructional services
- Innovative services
- Service evaluation and needs assessment
- The provincial landscape / geographic challenges

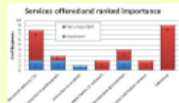
Service Delivery Models

Seven of the library systems surveyed have multiple service locations or branches. Organizing either central or local service delivery between geographically distant sites can be very complex.

- For reference and article delivery requests, all libraries have a central intake email address, but also enable patrons to send requests directly to particular librarians based on geography, expertise or personal preference.
- The degree of standardization of how the requests are filled and delivered in libraries with multiple branches varied considerably and merits further investigation.
- Libraries must seek to provide the same level of service to rural & remote patrons with those who work in closer proximity to a library.

Research Services

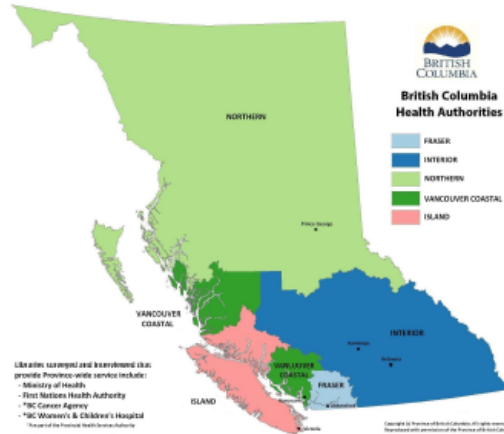
Every library ranked reference and literature searches as the most important service they provide to patrons.



All receive a mix of clinical and administrative requests, and have experienced a noticeable increase in the number of in-depth research requests for organizational strategic planning purposes. We observed great variation in how reference and literature search requests are statistically tracked and measured by each library system.

Librarians recognized the need to demonstrate the worth and organizational impact of this value-added service.

The Provincial Landscape



Health region and Ministry of Health libraries are located in a small number of cities throughout the province, leaving a great expanse of geographic areas whose care providers are isolated and underserved. These remote areas may experience basic internet/technological challenges that hamper usage of libraries' electronic resources and other virtual reference services.

Innovative Organizational Services

All libraries engage in some degree of liaison support, described as linkages and involvement with specific teams, departments or initiatives with an intention of providing enhanced service. Librarians also contribute to their organizations by serving on various committees such as ethics, research, patient education, professional practice, continuing medical education, quality and innovation, and electronic health records.

Use of social media tools and support for mobile technologies varies significantly across library sites. Several libraries do not use these tools at all, while others use them for marketing, promotion, reference and information services, and current awareness. Mobile devices are acknowledged as being important but only a minority of library systems provide training and technical support.

Most librarians indicate that they would like to offer more innovative non-traditional services and provide enhanced outreach to remote areas.

Additional time, resources and improved technical capacity are needed in order to facilitate this.



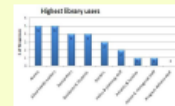
Contact the authors: Chantalle.Jack@vch.ca Shannon.Long@vch.ca EN_Muturi@yahoo.ca

Library Environment

Of the nine library systems surveyed, the number of staffed physical library locations ranged from one to thirteen sites. Most had three or four locations that were staffed by librarians and library technicians. Clerical staff and volunteers were also utilized but to a lesser degree.

The size of geographic area served was not related to the number of library sites or library staff available.

Libraries report that nurses and allied health professionals are among their highest user groups.



The libraries are well positioned within their organizations, with most reporting to departmental areas such as learning, performance and quality initiatives, professional practice, strategic planning, research or information management.

Instructional Services

Instructional services are offered by all libraries, mostly on an informal and ad-hoc basis. Training sessions are typically customized for different user groups or health teams, and may be linked to specific initiatives or projects for which knowledge of library resources and the ability to utilize them effectively is of particular importance.

The need to offer training to remote users and those in underserved areas is very challenging due to geographic distances and technological limitations.

Some libraries have had success using Skype, WebEx and sharing desktops. Recorded video tutorials are not used by any library system.

Evaluation & Needs Assessment

Most libraries have engaged in large needs assessment surveys within the past 3-5 years, either on their own or as part of their reporting department. These are used in preparation for strategic planning, to inform collection development, shape the library's direction and increase marketing and promotion.

The library systems are also tracking and evaluating many aspects of their services and resources on a regular and yearly basis. Frameworks include: key performance indicators, annual reports and return on investment.

The need to develop and utilize indicators that prove the worth and demonstrate value of library and information services and resources was often mentioned. There may be a benefit or interest in all libraries using the same needs assessment surveys and sharing methods to collect service and resource metrics. This merits further investigation.

Regional health libraries in BC differ significantly in size, staffing and service models but share the challenge of delivering innovative services to geographically spread users



Appendix 8 – CHLA/ABSC Edmonton 2017: Presentation

INNOVATIONS, CHALLENGES and OPPORTUNITIES within Regional Health Libraries in British Columbia

Elisheba Muturi-Kihara
Shannon Long

May 17, 2017

OUTLINE

- Study objectives
- Research methodology
- Findings
- Conclusions
- Acknowledgements

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Study objectives

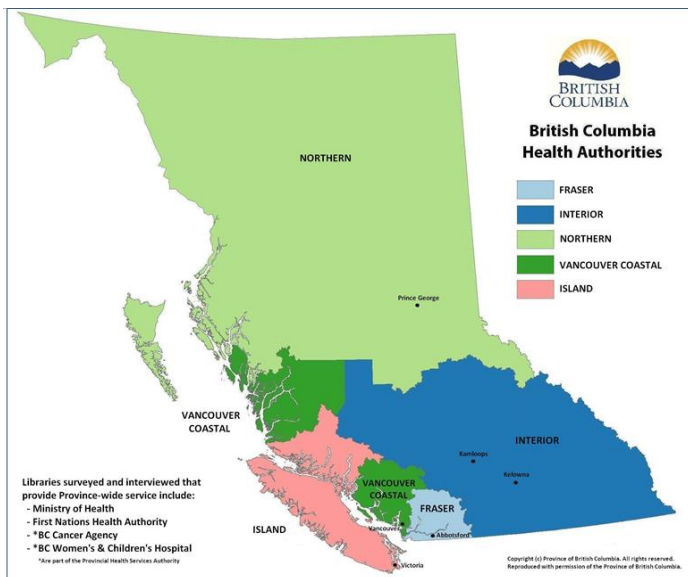
- 1) Describe and compare Health Authority and Ministry of Health Library and Information Services (LIS)
- 2) Analyze how these LIS are evolving and innovating in order to deliver value
- 3) Identify gaps and opportunities in the current landscape

3

Methodology

- Research design: online survey, telephone interviews and focus group
- Population: all Health Authority and Ministry of Health Libraries
(Island, Vancouver Coastal, Fraser, Interior, Northern, Cancer Agency, Children's & Women's, First Nations, Ministry of Health)
- 100% participation rate!

4

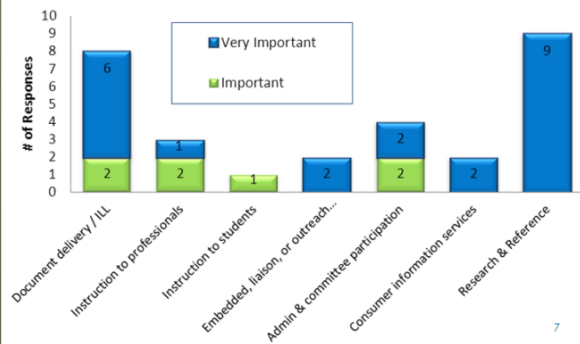


Key findings

- **Service prioritization**
- Research and reference services
- Instruction
- Liaison
- Service delivery models
- Innovations and barriers
- Evaluation and needs assessment
- Barriers and opportunities

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Services provided and rated importance



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Key findings

- Service prioritization
- **Research and reference services**
- Instruction
- Liaison
- Service delivery models
- Innovations and barriers
- Evaluation and needs assessment
- Barriers and opportunities

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Research and Reference

- Requests for services are prioritized by urgency and purpose, with direct patient care taking top priority
- Direct patient care questions ↓
Administrative/policy topics ↑ In-depth requests ↑
- Systematic reviews expertise there but not a priority

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Key findings

- Service prioritization
- Research and reference services
- **Instruction**
- Liaison
- Service delivery models
- Innovations and barriers
- Evaluation and needs assessment
- Barriers and opportunities

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Instruction

- Methods and means of offering instruction & training to remote clients was a universal challenge
- Some libraries use Skype, WebEx, or shared desktop/ Microsoft Lync to reach remote clients
- No use of recorded video tutorials despite the geographical spread and remote users.

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Key findings

- Service prioritization
- Research and reference services
- Instruction
- **Liaison**
- Service delivery models
- Innovations and barriers
- Evaluation and needs assessment
- Barriers and opportunities

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Liaison and outreach

- o Most libraries provide liaison support.
- o Over half are involved in committees:
 - o conducting literature searches
 - o raising awareness
 - o knowledge brokers
 - o chairing committees
 - o editorial experts
 - o providing content

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Key findings

- o Service prioritization
- o Research and reference services
- o Instruction
- o Liaison
- o **Service delivery models**
- o Innovations and barriers
- o Evaluation and needs assessment
- o Barriers and opportunities

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Service delivery models

- o Seven of the nine library systems have multiple sites.
- o Service requests sent to central intake email or directly to specific librarians based on location, expertise and preference.
- o Collection development mostly done at site level.
- o The degree of standardization in multi-site libraries varied considerably and merits further investigation

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Key findings

- o Service prioritization
- o Research and reference services
- o Instruction
- o Liaison
- o Service delivery models
- o **Innovations and barriers**
- o Evaluation and needs assessment
- o Barriers and opportunities

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Innovative services

Organizational website (4)
Organizational newsletter (2)
Archives management (3)

Social media for :
• current awareness(3)
• library marketing and promotion (2)
• providing reference (1)

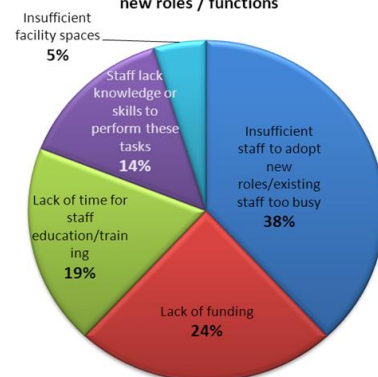
Twitter and instant messaging (2)
Library blog, RSS feeds, Facebook (1)
No social media use (3)

Mobile library website (3)
Mobile catalogue (4)
Mobile devices used for clinical info services (1)
Training/tech support for mobile device use (6)

Considering purchase of an EHR system (8)
May link EHR to knowledge based resources (7)
May link EHR to patient education/consumer information (5)

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Barriers libraries face when adopting new roles / functions



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Key findings

- Service prioritization
- Research and reference services
- Instruction
- Liaison
- Service delivery models
- Innovations and barriers
- **Needs assessment and evaluation**
- Barriers and opportunities

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Needs assessment

- Half of the libraries either conduct their own needs assessment surveys (or participate as part of larger department) every 3-5 years.
- All libraries do informal information gathering / obtain constant feedback
- Is there a benefit or interest in all HAs using the same needs assessment survey and methodology?

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Evaluation of services

- Libraries are evaluating and tracking many aspects of their services and resources
- Tools include: Key Performance Indicators; annual reports; Return On Investment calculators
- Only two track literature search feedback

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Evaluation - reference/research

- Great variation in how reference and research requests are tracked, ranging from great detail to minimal information
- Many libraries with multiple sites do not have consistent, centralized approaches to tracking
- Complexity is not being captured
- As reference was considered by ALL libraries to be the most important service, there is room for improvement

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Evaluation – institutional alignment

- Most libraries align their short-term service goals with organizational priorities.
- It is more challenging to demonstrate library's contribution to org success through concrete indicators/outputs/outcomes.
- Only one has a robust evaluation framework that goes beyond outputs (number of searches) to outcomes (impact of info).

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Key findings

- Service prioritization
- Research and reference services
- Instruction
- Liaison
- Service delivery models
- Innovations and barriers
- Evaluation and needs assessment
- **Barriers and opportunities**

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Barriers and opportunities

Limited awareness of library services	Collaborating on engagement and outreach strategies
Technological limitations	Creative problem solving
Inconsistent approaches to reporting and evaluation	Enhanced consistency and sharing where possible
Participants identified a need for regular knowledge sharing	

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Conclusions

- Lack of robust evaluation of most important value-add services
- Direct patient care requests declining
- Challenges reaching geographically remote clients
- Innovative roles are not necessarily linked to Web 2.0+ or mobile usage
- EHRs in all HAs present an opportunity for librarian value-add
- Knowledge sharing is key in addressing identified gaps and barriers across the HAs

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Acknowledgements

- The leadership at the Health Authority and Ministry of Health libraries
- Health Libraries Association of BC for focus group funding
- Development and review of data collection instruments: C. Jack (co-researcher), D. Greyson, D. Giustini, R. Melrose, R. Raworth, B. Bonsu (UBC library student).

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