

Ad Hoc Committee Library Report, November 1983

Lehigh Valley Health Network

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MEMORANDUM

Date: November 8, 1983

To: President of the Medical Staff

From: Dean F. Dimick, M.D., Chairman

Subject: AD HOC LIBRARY COMMITTEE REPORT

Introduction.

As you will recall, you charged me with the task of the formation of an Ad Hoc Committee to study our medical library and make recommendations to serve as guidelines to shape its short and long range planning. As you will understand when reading this report, the Lehigh Valley Hospital Center library could not be realistically considered alone without the Allentown Hospital library. In the process of its evolution, this report was aided and critiqued by the medical staff leadership and administration of the Allentown Hospital--as well as the administration of Lehigh Valley Hospital Center. In addition to the membership of the Ad Hoc Committee, I wish to particularly note the valued input of Dr. John Cogan (Head Librarian, Lehigh County Community College), Ms. B. Iobst (AH Librarian), Ms. C. Nippert (LVHC Librarian), Mr. H. Yorke (COO at AH), Mr. R. Cipoletti (Asst. Adm. LVHC)--and, of course, Dr. Charles Gordon, Chairman of the Joint Medical Library Committee.

I. Classification of Our Libraries

Currently there are two recognized systems to classify medical libraries--that of MLA (Medical Librarians Association) and that of the New York State Library. These classification systems are very similar and probably feed on one another, although only the New York State Library classification addresses multi-hospital libraries.

Regardless of the classification system employed, both the Lehigh Valley Hospital Center library and the Allentown Hospital library taken by themselves are "B"'s. Taken together they are an "A" and will remain an "A" even though closely integrated.

Conceptually and pragmatically such classifications of hospital libraries are important because they have well thought-out guidelines and recommendations for the services, resources, and personnel needed for the libraries. Both classification systems ought be studied if the reader requires more detailed understanding of these standards and practices for Health Care Libraries in hospitals.

II. Administrative Interrelationship of the Two Libraries

It is recommended that the two libraries be both functionally and administratively tied together to assure that the most appropriate services and resources will be available at the least cost--and to position these combined libraries to offer services and resources to other area hospitals and health care institutions for fees or return of services in kind that would help defray our libraries' operating costs.

While the libraries now have a common Library Committee, the necessary and cardinal required addition is the identification of a person to provide all over administrative review and recommendations to integrate the two libraries. The essentials of the job description of this "Co-ordinating Librarian" would be as follows: (1) represent no more than 0.2 FTE, (2) not have any direct line responsibility over the other librarian, (3) report to a combined administrative team as well as the Combined Library Committee, (4) monitor the two libraries as they relate to each other, and make recommendations for acquisition, weeding, combining, storage, security, services, outside contracts, etc. for both libraries.

III. A Proposed Computerized Decision Support System

The cost of library materials (journals, books, audio/visuals, etc.) continue to escalate--likewise do the salaries of library personnel, binding, etc. Library losses which exceed 10% of the collections are not only needless wastage but is detrimental to patient care and education if the information resources are not available when needed. Library space is also becoming an increasingly high-priced commodity as it must reside in an accessible part of an acute hospital whose every other square foot must be highly productive for the hospital to remain competitive. Clearly, what is needed is a system to assure the availability of needed information resources, minimize unnecessary duplication, reduce losses, and do this with the least number of personnel possible.

In this strategic planning the librarians require a computerized information system that will enable them to rapidly analyze their collections - traditional and nontraditional - and will enable them to develop an integrated plan for their holdings. The two collections should complement each other and should be easily modified in response to the changing informational needs created by the newly established two hospital system.

The following areas need be computerized to allow both facilities immediate access to information about the other's collection:

1. Card Catalog.
2. Unified list of eligible library users and borrowers.
3. Circulation system for checking out materials, generating overdue notices, and inventorying the collection.
4. Interlibrary loan requests between the two libraries.
5. Statistical information to generate management reports.

The system should be capable of interfacing with the hospitals' information system, be readily accessible 8:30 a.m.-10:00 p.m.

daily from remote terminals, and be easy to communicate with, to use, and to control.

The system should incorporate mechanisms for analyzing the strengths and weaknesses of the individual and combined collections and for projecting future information needs.

The libraries will work with Mr. Winner in investigating which available library packages can be interfaced with the hospital's computer center.

This project may require a grant to:

1. Evaluate existing computerized library packages for purchase.
2. Develop a system in-house.
3. Provide personnel to input the cataloging information for the existing collections.
4. Provide personnel to input the journal holdings information for the existing collections.
5. Provide the funding to interface the input from both libraries so that it can be viewed from appropriate areas within each institution including the nursing stations, pharmacy, etc.

IV. Overview of Issues and Approaches to Solutions

A. Journals

Journals represent the largest single and combined expenditure of the libraries. Combined, the libraries subscribe to 506 journals. Of those 344 are uniquely held by one library or the other. Information regarding cost, subject area, and use needs to be available within the system so that an analysis can be made to determine the best location for the title, the length of time for which the journal should be retained and the break even point at which it becomes more practical to purchase individual articles rather than subscribe to, bind and store the entire journal title.

There will always be a core list of selected journal titles to which each library should subscribe in support of its training programs, however, the overlap in specialty areas should be minimized in favor of adequately covering all departmental needs and new program development within the two hospital system. The journal collection is constantly changing and a need exists for a fast accurate way of documenting changes.

B. Books

Adequate development by subject area can easily be accomplished if the holdings by subject area are readily available. The copyright date of the book is an important factor in 95% of the subject categories. Analysis of the book collection by subject area and

copyright date reveal deficiencies and areas that require weeding or acquisition.

This type of analysis needs to be done on a monthly basis when preparing requests for purchase.

Decisions for book purchases are presently based on number of complaints--or physicians and department heads responding to publishers' advertisements.

C. Audiovisual Programs

This collection is costly to develop, and impossible to keep current. Their use requires scheduling and coordination. The book record can easily be modified for use with an audiovisual program.

D. Interlibrary Loans (ILL)

The ownership of material becomes secondary when the capability exists of readily borrowing the item or having a photocopy made of the article. A computerized ILL system within the two hospital system would handle the record keeping and automatically generate the statistics required to support the continuation or deletion of the journal title. It would also provide a means of quantifying the interdependency of the library staffs.

E. Document Delivery

Video and telefacsimile devices may provide instantaneous availability of documents housed in either library. While this may or may not be presently feasible, it will probably be both achievable and practical in the future.

F. Circulation of Materials

There is a need to know the status of materials and to verify eligible borrowers. 80% of the borrowers are common to both libraries but their eligibility is not permanent, i.e., student nurses are eligible borrowers at LVHC only during their clinical rotation at LVHC; medical students are eligible borrowers in either library but only during their clinical rotation. It is presently difficult to keep track of borrower status as neither library maintains a registry of borrowers and their permanent addresses. Signatures are difficult to decipher. Overdue notices are sent to borrowers on a very irregular basis, if at all.

The system should offer a way to verify borrowers and their length of eligibility and should provide for automatic generation of overdue notices when the borrower is late in returning materials. The

system should be capable of providing a status report regarding the expected return of the item and of generating a notice to the second requestor when the item has been returned to the library.

G. Inventory

Inventorying is a very time consuming chore and presently requires the use of two full time people for several days just to check what is missing. It is a very disruptive procedure and is done as infrequently as possible. The results take several weeks to compile and are then modified for several weeks thereafter as lost items suddenly appear.

The libraries holdings and the departmental holdings should be coded, i.e., bar code, etc. so that an accurate inventory can readily be done by one person and so that the results of the inventory can be easily modified. This component can evolve over time as a natural by product of the input records for collection development.

H. Coordination of Information Retrieval Systems

Database vendors such as DIALOG and BRS offer a wide variety of bibliographic retrieval systems and directory information services. These vendors are in the process of inputting full text of standard medical references on line for easy access in areas such as the emergency room and pharmacy. The purchasing of such systems for use in departments should be approved by the joint library committee to prevent a subscription to an independent system which may already be available from a vendor the libraries use.

The Ohio College Library Center (OCLC) is an extremely beneficial system that assists librarians in doing the following: a) cataloging books, b) maintaining periodical check-in records, c) locating books and journals for interlibrary loan purposes.

These systems are primarily available via telephone access and are outside of the scope of the hospital computer center. It is necessary to coordinate the purchasing of future hardware to ensure that the terminals can be used for these external functions as well as for in-house functions.

I. Conclusion

The libraries are interested in inputting records of their holdings into the hospital information system. The advantages would be the availability of on line, up-to-date information regarding the libraries holdings and their circulation status and the availability of analytical information that can assist the librarians in evaluating their present holdings and projecting future needs.

Access to library information should be available to all users of the system. Input capabilities should only be available to the librarians.

V. Information Storage

It is recommended that we do not go in the direction of the currently available microfilm technology to store our collection. They are costly and users do not like to use them. It is recommended that we wait a few years when interactive laser discs become of age along with the anticipated break through in new display screen technology.

In the interim period we shall stay with hard copy storage. Masterful decisions on what to keep and inventive concepts for on-site and off-site storage areas will be required of the Librarians and Library Committee.

VI. Computers in the Libraries

Computer(s) is/are required to be in each library for two reasons: 1) to improve the computer literacy of the Attending Staff, the House Staff and all hospital personnel, and 2) take advantage of the computerized learning programs.

It is recommended that the Medical Staff's Computer Committee study and make recommendations for this.

VII. Departmental Libraries

While justification for the existence of departmental libraries is often possible, historically these collections are often poorly catalogued, unavailable to the most library users, and often quite rapidly lost. It is recommended that if any hospital or medical staff funds are used to develop any part of a departmental library, the Department Head will be required to:

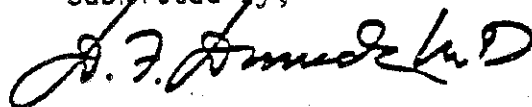
- a) Present to the librarian an acceptable plan for the cataloging and maintenance of the collection.
- b) If possible, arrange for the mechanism whereby these materials can be used by non-departmental, hospital users if they are the only source in the institution.
- c) To annually seek permission of the Library Committee for the purchase of any information materials.

VIII. Archives

It is recommended that selected members of the Library Committee be appointed along with members of the Administrations to form and ad hoc committee to establish guidelines for the following:

- a. What should be saved?--e.g.: minutes of which meetings and committees, publications such as Probe, Update, Stethoscoop, etc., newspaper clippings, directives, etc.
- b. How should they be kept?--binding, loose leaf, etc.
- c. Where should they be kept and which should have controlled access.

Submitted by,

A handwritten signature in dark ink, appearing to read "D. F. Dimick", with a stylized flourish at the end.

Dean F. Dimick, M.D.
Chairman
Ad Hoc Committee