

EAHIL Workshop

Implementation of quality systems and certification of biomedical libraries
Palermo, June 23-25, 2005

Informing our Quality Systems and Standards

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Earlier this year it was reported that there was to be a cutback in subject librarians at one of the British Universities. The reason given by the University authorities was that they did not deliver “value for money”. It was claimed that they had largely been superseded by the internet.

I am sure that this University (no medical school) had strategic plans, business plans, performance indicators and quality systems in place that aspired to meet accreditation and international standards, but it seems that this was not enough.

So where are the weaknesses – what has gone wrong.

There are misconceptions about the role and work of a librarian, but we need to look trends in information flow and the competition that has been generated as a result.

In the developed world the trend is strongly:

- towards electronic distribution of information
- one-stop shopping – integration of different kinds of information
- and empowering the client

In the U.K. national resources such as:

- Biome, indexing and assessing the reliability of web resources
- The National electronic Library for Health – delivering core resources to our National Health Service
- Regional web resources which include relevant local information and policies demonstrate the above trends.

I can understand how our objective of “empowering the client” might lead to a decision that these are not only electronic superstores but they are DIY – do it yourself stores into the bargain.

On the face of it DIY is cheaper than employing a professional – provided that you can do it as well or better and if you have the time.

Such perceptions are encouraged by the efficiency and ease of use of search engines such as Google and Google Scholar.

Our clients may also share this perception. Where the infrastructure is efficient, they can access the information they want from a computer and sometimes from a hand held PDA Personal Digital Assistant.

In summary what our clients want and what electronic technology is increasingly able to give them is information that is:

- Timely – but this can be time consuming, especially if you are not familiar with the database or website

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- Relevant – again time consuming if you need the most relevant or all the relevant literature for research
- and Reliable – at a macro scale librarians can and do recommend reliable sites to which access is available – does it extend to others? (Global Health)

Ought not our quality systems, performance indicators and the like address this situation. Some of us are, some of the time, but setting targets, monitoring performance and evaluation are time consuming in themselves.

Much of what we do now – business planning, performance indicators were the product of performance management in industry, where a count of the finished product is directly related to the value of returns from sales.

To say that I, for instance, as a subject librarian (which I am not) have answered so many enquiries and done so many literature searches or teaching sessions may show that I have used my time efficiently, but does not show if my time has been spent effectively.

I fear that libraries, certainly in the past, have tended to monitor performance by recording numbers and rarely gone beyond such measures.

If we are to demonstrate value, then the effectiveness of the advice or service provided – did it or will it save their time, increase their information skills, was it what they wanted, was the format and medium of delivery acceptable etc. etc. – did they use it?

Did they use it? – what was the impact?

This is the most difficult and most valuable measure.

A recent systematic review on library impact by Alison Weightman and Jane Wilkinson in *Health Information and Libraries Journal*, has demonstrated that though difficult, such research has been undertaken and the indications are that in health services at least libraries and library services can influence patient outcomes in various ways particularly in time savings and cost-benefits. The LKDN Quality and Statistics Group is working with librarians in and beyond the U.K. to develop a pragmatic but high-quality user survey instrument to measure the effect of the impact of a library service on its users.

What is to be done?

My understanding of the situation is one of an outsider. I am no longer involved with the day to day running of a library service. I now work with libraries in developing countries and their problems are very similar to ours except that their problems are very much greater.

I have deliberately underplayed the importance of figures. They are, of course, important. If usage figures fall, as they did in many African Health Science Libraries in Universities largely because they were unable to buy up to date materials, the University Authorities cut the budgets still further (even to zero)

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because the library was not being used – especially by academics who had travel bursaries to travel abroad to use libraries. It is not the same as the situation at the U.K. but there are similarities in that the authorities believed that the money would be better spent in some other way – to get value for money.

Nevertheless (I think I am speaking to the converted at this conference), librarians need to realize that we are in a changing situation which has threats to our profession as well as real opportunities. We need to be seen to be efficient, effective (provide value for money) and make an impact on health – research, practice, teaching, learning (whatever our contribution to the aims of our institution might be)

1. I don't think we can stand still in evaluating the contribution that libraries and librarians make to health. There may be some hard choices to make, but management and performance management in its broadest sense should not be so time consuming as to straight jacket innovation and creativity.
2. Not only are we creating DIY superstores of information, but we are outsourcing (to use a business term) much of what had to be done by professional librarians locally i.e. buying in cataloguing records, self issue systems. This ought to give at least some of us the opportunity to develop more professional information/ knowledge roles rather than management.
3. We shall increasingly have to justify our salaries.

So how do we go about informing our quality systems and standards?

Innovation and creativity are absolutely necessary in a rapidly changing situation which may be either to our detriment or benefit.

Evidence based librarianship is the mainfunction that I consider necessary to inform our quality systems and standards – we need to have facts about different client groups information habits, their needs/wants - selection of cost effective materials – new methods of evaluation to demonstrate (or not) impact and value for money.

Engaging in information research has a number of benefits to oneself and to others, including our fellow professionals

- insight into other people's problems
- benefit the community,

There is plenty to do, but good research design, whether for qualitative or quantitative studies, is essential.

We also need to read and assess other people's research –

- assess it – determine its relevance
- put into practice
- monitor trends

Professional development is also undergoing change and this will have to be reflected in what we monitor and regard as standards. Differentiation of our professional role is becoming more important.

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- Management – MBAs already recognised as a good qualification for running libraries – may be educational qualifications will be necessary in the future
- More health subject specialization e.g. statistics, epidemiology – informationists (in USA biomedical background), be able to respond more knowledgeably to request
- Summaries and abstracts – this might be a more appropriate format

Marketing & Promotion

If we do all this we need to ensure that our stakeholders including the institutional budget holders – get the message.