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Where Are We? Providing Information for the Clinical Enterprise (17th Health Sciences Lively Lunch)

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Presenter Information

Ramune K. Kubilius, Jean Gudenas, Laura Schimming, Jonathan Shank, Vida Vaughn, and Neal Nixon

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Ramune K. Kubilius, Northwestern University

Jean Gudenas, Medical University of South Carolina

Laura Schimming, Mount Sinai School of Medicine

Jonathan Shank, Northwestern University

Vida Vaughn, University of Louisville

Neal Nixon, University of Louisville

Abstract

If the past is prologue to the future, where are we today? Though they are diverse, most academic health sciences libraries have historically described and continue to outline their missions as being directed to serving the education, research, and clinical information needs of their user populations. Over the years, Charleston Conference Health Sciences Lively Lunches have covered many themes, and in 2012, the focus was on the point of care information tools landscape. The 2017 17th Health Sciences Lively Lunch focused on issues and challenges of providing clinicians and clinical affiliates with access not only to point of care tools, but in general, to varied types of online information resources, often in a changing or volatile marketplace.

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About four dozen attendees gathered for the 17th Health Sciences Lively Lunch. After a welcome by Wendy Bahnsen (Executive Director, Library Services of Rittenhouse Book Distributors, Inc.), the lunch host, Ramune Kubilius (Northwestern University) shared a brief overview of trends and developments that occurred since the 2016 lunch. There were several publisher anniversaries, mergers and acquisitions, expansions of products. Announcements about discipline-specific science preprint archives were noticeable this past year.

Moderator Jean Gudenas (Medical University of South Carolina) introduced the no-holds-barred

session panelists who work at the health sciences libraries of three different institutions: Laura Schimming from Icahn School of Medicine at Mount Sinai, Jonathan Shank from Northwestern University, and Neal Nixon and Vida Vaughn from University of Louisville.

Each addressed demands, challenges, and best practices of issues that include but were not limited to users' information needs as well as academic and hospital administrators' expectations; expanding clinical affiliate networks; budgets—projected, desired, and actual; publishers' and consortia partners' licensing models, guidelines, and restrictions. Ample time was left for Lively Lunch attendees to join the discussion with questions as well as shared insights and experience.

Laura Schimming described how the Levy Library has addressed the clinical information needs of its expanding network in the past four years. In 2013, a merger created a Mount Sinai Health System, with five new hospitals and four hospital libraries reporting to the academic library, each having separate e-journal collections. Levy Library responded by offering two tiers of library access with continued prioritized provision to the original academic health-affiliated audience, with the addition of a second tier, a small collection geared to serve nursing and allied health staff at the hospitals. Two years later, in

2015, new clinical affiliations were added, and library access was promised in the affiliation contract. The library's communication with business leadership resulted in budget support enabling the library to work with publishers and vendors and provide provisional remote access to faculty and residents. The past academic year, 2016–2017, brought a change in thinking and resource management. Equity in the form of information access was sought on behalf of all employees, and the library implemented this through streamlining. The library's response to management of IT infrastructure changes was to dismantle the "second tier" collection, providing remote access and site-wide access to all Mount Sinai sites. The changes in priorities and licensing challenges necessitated a separation from the NYU library affiliation. Lessons learned by the library included the ability to negotiate with newly affiliated institutions to obtain needed financial support and lead time to extend library information resource access. It is essential for the library, senior business leadership, and stakeholders to engage in communication, to set guidelines for licensing and collection development, including a differentiation of "must have" resources and "nice to have resources." It was necessary to create a "new affiliation" licensing workflow. Most importantly, it was necessary to be adaptable, while continuing to assess usage and licensing structure.

Jonathan Shank provided background on the academic health center served by Galter Health Sciences Library, which serves approximately 4,000 faculty members and 3,349 students, residents, and fellows of the Feinberg School of Medicine on Northwestern University's Chicago campus. The library is administratively separate from the university library on the Evanston campus. The libraries participate in some cost-sharing big deal and other large package agreements, and Galter Library has stand-alone subscriptions and a medical-specific collection with a majority of resources licensed for system-wide access to the university community. Lastly, Galter Library cooperates with affiliated hospital libraries on some clinical medical resources. The affiliated hospitals are Northwestern Memorial Hospital, the primary teaching hospital for the medical school, and Lurie Children's Hospital, the primary pediatric teaching hospital. Most physicians of these two hospitals are medical school faculty. Northwestern Medicine is the name for the academic health system, which includes over 100 diagnostic and ambulatory sites across Chicagoland. While some aligned physicians have medical school faculty appointments, others do not, nor do staff. Sites beyond the downtown

campus are not currently included in information licenses managed by the university library or Galter Health Sciences Library. The complicated information patchwork and the need to keep good records in this landscape is well illustrated by the example of Elsevier resources currently licensed by libraries of Northwestern University, including Galter Health Sciences Library, as well as the libraries of affiliated hospitals. Resources from this publisher range from journal packages and e-books to basic science and clinical information resources.

In their presentation, "The University of Louisville Experience Serving Hospital Libraries," Neal Nixon and Vida Vaughn described four models of information resources support provided in the past 20 years. Initially, the Louisville Medical Center purchasing consortium provided easy opportunities for collaboration and compromise, using the university's buying power to leverage deals for members, helping them build collections that consisted mostly of clinical journals, reference books, and standard databases. Another phase involved management of the university hospital library, building collections with significant input from hospital staff, having an electronic/print balance, and emphasizing clinical, ready reference, and consumer health. Later, management of a virtual library for hospital staff remained focused on clinical and ready reference resources, was all electronic, but involved no hospital staff input or assessment. The library's contract services to a substantial regional health system in Kentucky provided various services, such as document delivery using University of Louisville collections, but there was little interest in collections. The corporate hierarchy supplied hospitals with some access to major resources; there was not much interaction with the library administration at the University of Louisville. The information resources needed and requested came primarily from hospital staff/clientele, who provided suggestions for what resources would be most useful to them. Lessons learned? Hospital administrators care about the bottom line (budget) and facilities, and rarely about library collections. However, the academic library needs to have a seat at the table to effectively provide services and information to affiliated hospitals. At hospitals, the nursing staff typically are and can be a driving force for discussions about library collections. But it must be recognized that in working with various hospitals there are different cultures.

In their concluding remarks, Schimming indicated anticipation of still more changes in the new year,

Shank indicated that Galter Library too prepares and braces itself for the next changes, while Neal and Vaughn indicated that based on recent inquiries, the University of Louisville regional service model seems to have resonated with libraries in other states.

Audience questions and session discussion included topics such as licensing for tiers of users and campuses (access for the complete community is optimal), and challenges of providing document delivery to affiliated hospitals through the academic library. Discussion also revolved around other scenarios, including planning for the information resources of a new medical school that will be served by an

existing academic library, and how to best serve a nursing school's educational information needs and mission when the university does not have an affiliated hospital (is there still justification for clinical, evidence-based or point-of-care information resources?). Responding to these and other audience member queries about selection criteria in the health sciences, session participant Susan K. Kendall of Michigan State University shared news that a forthcoming book she edited will address this topic and more: *Health Sciences Collection Management for the Twenty-First Century* (to be published in 2018 for the Medical Library Association by Rowman & Littlefield).