BRIEF COMMUNICATIONS

Partnering to promote service continuity in the event of an emergency: a successful collaboration between two interlibrary loan departments

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INTRODUCTION

Much of traditional library disaster planning focuses on recovery of facilities and collections, while relatively little planning focuses on preparing libraries to continue to offer selected services to their patrons throughout a disaster [1]. This article reports about a service continuity plan developed by two academic health sciences libraries' interlibrary loan (ILL) departments, who have established an effective partnership for continuing selected services when normal functioning is compromised. Corporations have long prepared for disasters by implementing what is referred to as business continuity planning (BCP), and libraries can benefit by taking a lesson from the corporate sector in this area. While corporate BCP is driven by basic cost-benefit principles (e.g., the longer a company is shut down, the less revenue is generated), a service continuity plan among libraries can ensure that core services remain available to patrons during times of emergency or disaster, perhaps when they are needed most.

In an academic health sciences library environment, ILL services can be essential. Whether the patron is a health care professional in a hospital, medical school, or private practice, the need for information can be urgent, especially during a disaster when normal health care staffing routines are disrupted. Yet ILL services are more vulnerable to disruption than some other library services. Two factors that contribute to this vulnerability are a lack of depth of coverage in many ILL departments and the high level of expertise required to effectively access and transmit information across the various platforms used in ILL procedures.

Recently, the National Network of Libraries of Medicine (NN/LM) developed its National Emergency Preparedness & Response Plan to address preparedness and response, specifically service continuity, among its members. The NN/LM plan strongly encouraged its network members to seek out and establish partnerships, or ''back-up'' relationships, with other members: ''Network members are encouraged to partner with a back-up library and to develop a Memorandum of Understanding (MOU), specifying services that would be provided by the back-up library to the affected Network member in the event of a disaster'' [2].

In the spirit of the NN/LM plan, the Claude Moore Health Sciences Library at the University of Virginia (CMHSL at UVA) and the Health Sciences Library at the University of North Carolina at Chapel Hill (HSL at UNC-CH) have collaborated to establish procedures for continuing each others' essential ILL services in the event of some type of service disruption. For the purposes of this initial phase of a possibly ongoing project, the two libraries have defined ''essential ILL services'' as requests for materials not owned by the borrowing library for its patrons from another library. The scenario of an influenza pandemic was one of the driving forces behind developing the partnership between the two ILL departments. The prospect of an avian influenza pandemic has been looming for the past several years and is being monitored closely by the Centers for Disease Control and Prevention <http://www.pandemicflu.gov>. Three influenza pandemics occurred in the last century (1918, 1957, and 1968), and public health experts generally agree that another is likely in the near future. Although no one can predict when the next pandemic might happen, some experts believe we are already living on borrowed time [3].

A pandemic is likely to occur during a typical flu season, fall through early spring, and the likely scenario for a pandemic presents some special problems for service continuity. To reduce the spread of the pandemic, public health officials might request that universities, businesses, and other institutions take social distancing measures, such as suspending classes and closing areas that are open to the public, to reduce the spread of disease. Social distancing strategies may cause classes to be suspended for seven to ten weeks and would likely close libraries, which offer space to students, employees, and the public. During this time, health sciences libraries would strive to continue to provide services to their patrons, whether the physical building is open or closed. Localized emergencies—such as wildfires, storms, or flooding—might also cause library buildings to be closed or staff to be evacuated to other locations. Contingency plans that have been developed in advance can lead to a seamless transition in providing services from off-site.

BACKGROUND

The ILL department at the HSL at UNC-CH has three staff members: one full-time lending specialist, one full-time borrowing specialist, and the ILL librarian, plus about seventy hours per week of student work. Each full-time member of the department is cross-trained to do all jobs, in case another staff member is absent. ILL staff at the HSL at UNC-CH are also responsible for retrieving items from an off-site storage facility for any UNC-CH affiliate as well as for lending activities.

The annual average number of ILL requests borrowed by the HSL at UNC-CH patrons is 2,200. The annual average number of requests filled by the HSL at UNC-CH for other libraries is 19,742. Document

delivery requests filled for distance students, students on rotation, and Loansome Doc customers fluctuates, but for the calendar year 2007, it was 3,985.

The ILL department at the CMHSL at UVA has two staff members: an ILL supervisor, who is responsible for lending activities, and an assistant, who is responsible for borrowing. In addition to full-time staff, a student assistant is hired at ten hours per week to photocopy and a staff member from the collection management unit assists with scanning. At the CMHSL at UVa, items stored off-site are not available for ILL lending.

The annual average number of ILL requests borrowed for CMHSL at UVA patrons is approximately 3,000, and the annual average number of requests filled for other libraries is 12,500.

A COLLABORATIVE EFFORT

The CMHSL at UVA and the HSL at UNC-CH have had a strong and longstanding relationship. Both ILL departments are committed to providing the best possible service to their patrons, some of whom are on-campus and some are off-campus.

Both libraries use ILLiad ILL software <http://www.atlas-sys.com/products/illiad/>, which facilitates the collaboration between the two libraries. As a result, the ILL staff members at both institutions are proficient in the mechanics of the system and the functionality of ILLiad in an academic health sciences library environment.

HOW IT WORKS

If ILL staffing is compromised at either institution due to a pandemic or other emergency, ILL staff at the unaffected site can log in to a designated ILL workstation at the affected library and perform ILL borrowing functions on behalf of the affected library from their site. Access to the partner's systems was managed by information technology staff at both institutions, who collaborated to set up log-in systems for the partner libraries' departments. In each case, information technology staff members identified a workstation in their home library's ILL department and enabled it for Remote Desktop. Remote Desktop enabled the other library to connect to that workstation and gain access to the library's ILLiad application. Information technology staff also created an account for the other library, so that they could successfully log on remotely. It should be noted that to enable the helping library to access the requests of the affected library, the workstation at the affected library must be powered up and logged into its network. Given the necessity for availability of electricity and an intact dedicated workstation, this plan works best for situations in which ILL staff are not available, but the building and equipment are not compromised (i.e., staff illness, evacuation during a weather emergency or other impending natural disaster, or social distancing in the event of a pandemic). The result of the remote access plan is that ILL staff at each library have been given access to critical ILL tools at the partner library—such as DOCLINE, OCLC, and ILLiad—from off-site. The whole process is transparent to patrons at the affected institution, as they continue to request and receive requests through their normal channels, while behind-the-scenes, their requests are handled by the ILL staff at a remote site.

The two libraries arranged a test of the process in the spring of 2008, when the staff of the ILL department at the HSL at UNC-CH attended a three-day conference. At the CMHSL at UVA, the ILL supervisor, who was also planning to attend the conference, worked with the HSL at UNC-CH ILL department in advance to test connections and access. During the conference, the ILL assistant at the CMHSL at UVA handled all of the borrowing activities for both libraries.

It is important to note that the above plan includes temporarily suspending lending functions of the library requesting back-up services, by having the requests to lend automatically forwarded to the next institution, again a process transparent to borrowing libraries. During an emergency that forces the closing of an ILL department, tools needed for lending activities and for provision of other document delivery functions would not be available.

ODYSSEY-SCANNING SOFTWARE

During the testing of continuity of services, articles were delivered to patrons using Odyssey <http://www.atlas-sys.com/products/odyssey/> and Ariel. Odyssey is a free electronic delivery system developed by Atlas Systems and is included as part of the ILLiad package. Using Odyssey, requested articles can easily be delivered directly to a patron's desktop. Odyssey is easy to use from a remote site and does not present some of the problems that would be created by using a licensed product. Another important aspect of Odyssey's functionality is that it maintains network security, while allowing the delivery service function of the software to run on a server or workstation that may or may not be located in the ILL office.

COST

Both libraries have agreed in advance that there would be no reimbursement of staff time for provided work, within specified parameters of time and volume of work, in the event that the above system were activated. According to the agreement, and as is the standard for ILL procedures, there will be no charge if either the CMHSL at UVA or the HSL at UNC-CH can fill the request from its own collection, however, charges will be incurred if another lending library fills the order and charges a fee.

EXPERIMENTAL OUTCOME

While the ILL departments at each institution share many of the same policies and procedures as well as

their focus on customer service, they did discover several nuances in policies that will be addressed as part of the continuing development of the arrangement. For example, because the ILL staff at the HSL at UNC-CH have procedures in place to retrieve items from an off-site storage facility and CMHSL at UVA staff do not, the staff at the CMHSL at UVA found it necessary to refer several requests to other libraries when the requests were for materials that were not available on-site. Clearing new patrons was another challenge. At the HSL at UNC-CH, staff check the library patron record to make sure the patron is affiliated with a health affairs department and does not owe any fines to campus libraries. Verifying patron status would be impossible for the staff at the CMHSL at UVA to do because they do not have access to the patron database at the HSL at UNC-CH, but in the three days that the CMHSL at UVA handled requests for the HSL at UNC-CH, no patron problems arose as a result of the procedural difference. These two examples illustrate that despite some differences in policies and procedures, an effective partnership in emergency response can be developed.

CONCLUSION

Overall, the experiment in providing continuity of ILL service was successful: 38 out of 49 (77%) of patron requests made through the system at the HSL at UNC-CH were filled from the collection of the CMHSL at UVA, and 23% were referred on to other libraries. What the authors learned was that, in the event of an emergency situation, patron access to information via ILL can continue seamlessly from a remote location and remain transparent to the library's patrons.

KEYS TO SUCCESS

Several factors were key to the success of the project:
1. Working relationships between the ILL departments: The two ILL departments in this case had already worked together often on ILL-related issues, and the people involved knew each other personally. While having a good working relationship between the departments is probably not absolutely necessary to the success of such a project, it does facilitate the planning and implementation process.
2. Cooperation between the information technology departments: The willingness of the information technology staff at the two libraries to enable the implementation of this project was the lynch pin of the project. Their understanding and knowledge of the pertinent applications and networking needs of the partner libraries was essential to making the plan work.
3. Flexibility and adaptability in the application of policies and procedures: In this situation, most policies and procedures were the same or differed only slightly. Where differences occurred, it was important to be able to accommodate them by adopting modified strategies when necessary to provide the seamless service that was the goal of the project.

FUTURE PLANS

1. Because the existing plan is informal in nature and depends largely on personal relationships, the authors will explore creating an official MOU to provide sustainability over time. The MOU will specify parameters for cost-recovery and timeframe as well as designate responsibilities by position rather than person. The MOU will need to be endorsed by the administration of each of the partner libraries.
2. The departments will continue the collaboration to become better acquainted with each others' policies and procedures and will schedule further testing in order to improve the existing functionality.

Finally, the success of this project has led both institutions to explore similar relationships with ILL departments outside the region in the event of a major regional disaster. In keeping with the recommendations specified in the NN/LM National Emergency Preparedness & Response Plan, both institutions continue to work toward providing service continuity whenever routine services are disrupted, whether caused by an influenza pandemic, a wildfire, or a flood.

ACKNOWLEDGMENTS

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