Achieving quality together: a University/Health Organization partnership to create a province-wide library service

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Abstract:

Introduction *Alberta Health Services (AHS) is responsible for providing all healthcare services to the residents of the province of Alberta, Canada, from pre-hospital emergency response to acute inpatient care. AHS was created in May 2008 when Alberta merged twelve health authorities into one province-wide health region. Prior to this merger, library services were delivered in a variety of ways and were not consolidated. Before moving forward to create a province wide service, Alberta Health Services needed to determine what services were needed, and then identify the best approach to delivering those services.* ***Methods*** *An environmental scan was conducted to describe the current state of library services. A representative sample of key stakeholders were identified and interviews conducted. An eighteen question survey was distributed to all healthcare practitioners and physicians in 2011, asking demographic, usage, resource preference and impact questions to determine what services were important province wide.*
Results *Consultations with key stakeholders emphasized the importance of access to evidence based information and library services to support healthcare practitioners and administrators. 1195 practitioners and physicians responded to the survey. Libraries were identified as a valued resource, with 77% of respondents indicating they were library users. Respondents also identified electronic resources, and ease of access to these resources as most important.*
Discussion *The survey and consultations provided evidence of the value of library services to Alberta healthcare practitioners and that these services needed to be provided equitably across the province. The collaboration with the University of Calgary was providing many of the services that practitioners were requesting. Building on the existing relationship with the University of Calgary, an innovative collaboration is being developed, to fulfill the common vision of delivering high quality information services equitably to healthcare practitioners in Alberta Health Services*

Background

In Canada, provincial autonomy and responsibility in the delivery of health care has created a situation where "equitable access for Canadian health professionals to health information and information services is at best fragmented, at worst, short-sighted, un-planned, and costly. Unlike the United States and the United Kingdom, Canada lacks nation-wide public policy and nationally coordinated processes to ensure access to evidence-based health information needed to compliment the publicly funded, privately delivered Canadian health care and public health systems."(Anon., Starkco Consulting for the Canadian Health Libraries Assocation 2008) The " institutional affiliation of the health care worker determines which library service he/she has access to… as does professional designation". Some health care providers have joint affiliations with universities and health regions, and are often multi-licensed for a broad array of information resources. Others, due to region and location have access to very little. (Stieda, Colvin 2009) This paper describes the partnership between two library services, from the University of Calgary (UCalgary) the Alberta Health Services (AHS) to deliver equitable information access across the entire health region.

The province of Alberta has a population of 3.6 million, two major cities, Edmonton and Calgary, and two research intensive universities, the University of Alberta, located in Edmonton and the University of Calgary.

In May 2008, Alberta Health Services was created by bringing together 12 formerly separate health entities in the province including three geographically based health authorities, Alberta Alcohol and Drug Abuse Commission (AADAC), Alberta Mental Health Board and Alberta Cancer Board. Prior to amalgamation library services, where available, were delivered independently resulting in inequities in information access between rural and urban areas. In particular access to electronic resources and trained information professionals was limited in the majority of sites except in the Calgary Region, now the Calgary Zone, where services were provided through a contract with the University of Calgary.(Powelson, Reaume 2012)

With the creation of AHS, responsibility for library services was moved initially (2009-2010) into the Human Resources department, and then realigned in January 2011, with the Quality and Healthcare Improvement portfolio, under the Knowledge Management (KM) Department. The Knowledge Management department works collaboratively to enable the use of diverse forms of evidence (experience, evaluation, research and context) for informed decision-making and action. The Knowledge Resource Service unit within KM was tasked with transforming library services including contracted services in the Calgary Zone, to provide AHS and its partners with equitable access to knowledge services and resources to support quality care and evidence-informed decisions.

The Calgary Zone had developed a collaborative contractual agreement with the University of Calgary in 2005, creating the Health Information Network, Calgary (HINC). HINC, through five Knowledge Centres, provided reference, research, education, access to electronic and print collections, and outreach services to meet the information needs of health professionals, patients, their families, and consumers in Calgary and surrounding areas. The

Knowledge Centre spaces were renovated to allow for the inclusion of small computer labs to support ongoing instruction provision. The Knowledge Centres are satellites of the University of Calgary and provide access to the same electronic resources available at the University of Calgary Health Sciences Library.

The University of Calgary Library managed both print and electronic resources for HINC, including ordering, cataloging, processing print materials, and negotiating electronic licenses. Desktop access outside of the Knowledge Centres, was to those resources that are specifically licensed for the Calgary Zone. Remote authentication was supported through EZproxy managed by UCalgary.

With the realignment to the Knowledge Management (KM) department and the mandate to provide equitable health information resources and services across AHS, a thorough scan and assessment of current library services was required. The assessment included evaluating needs, and laid the foundation for a new service model to deliver evidence-informed resources and services across AHS.

Methodology

In March 2011, an environmental scan was planned and conducted. A literature review was completed by a 2nd year student in the School of Library and Information Studies from the University of Alberta working for AHS. Interviews were held with library staff and key users. A cascade approach was used and interviewees identified additional stakeholders and sources. Interviews were conducted by Knowledge Management department consultants, in person with library staff and by telephone with users and other stakeholders. Interview notes were transcribed and summaries returned to interviewees for review and validation. Two Knowledge Management Consultants themed the interviews and the summaries of the themed interviews were reviewed and validated by interview participants. (Anderson, Moland 2011)

Building on the results of the environmental scan a survey was developed and piloted with individuals recruited by the survey planning team. The pilot group included healthcare practitioners, management and Knowledge Resources staff from acute care and community care environments in both rural and urban centres. The resulting survey had 18 questions, including 3 on demographics.(Moland et al. 2011)

The survey was distributed electronically using the Select Survey tool July 24, 2011-August 8, 2011. It was advertised broadly through the library websites, AHS internal website, newsletters and posters. An email was sent to senior executives requesting that they cascade the survey link through their divisions and departments.

Data was analyzed by totalling results from each question. Open ended comments were reviewed and themes were identified. (Moland et al. 2011)

Results

Forty interviews were conducted for the environmental scan. Library staff and users recognize the value of library services. Users identified inequitable access to resources as an issue, echoing the Stieda and Colvin findings (Stieda, Colvin 2009). Users specifically noted the greater access to resources available to the Calgary Zone through the collaborative contractual agreement with the University of Calgary. The need for direct interaction with

library staff was also noted. Users wanted to develop relationships with library team members which would result in more effective and efficient services. The differences in access depending on location were confusing to users who needed to navigate through different web pages to determine what resources were available.

The environmental scan highlighted the need for an equitable service delivered across the province. The literature review component of the scan provided background on the directions libraries, including public libraries, were adopting to meet client information needs. The role of changing technology and social media was identified as influencing the uptake of information and supporting evidence informed decision making within health care organizations. (Curtis 2010, Flake 2010, Parker, Baldwin 2008, Wu et al. 2008)

The Survey built on and quantified these issues. There were 1195 responses with 446 (37%) identifying as clinicians. More staff proportionally responded to the survey in the Edmonton and South zones.
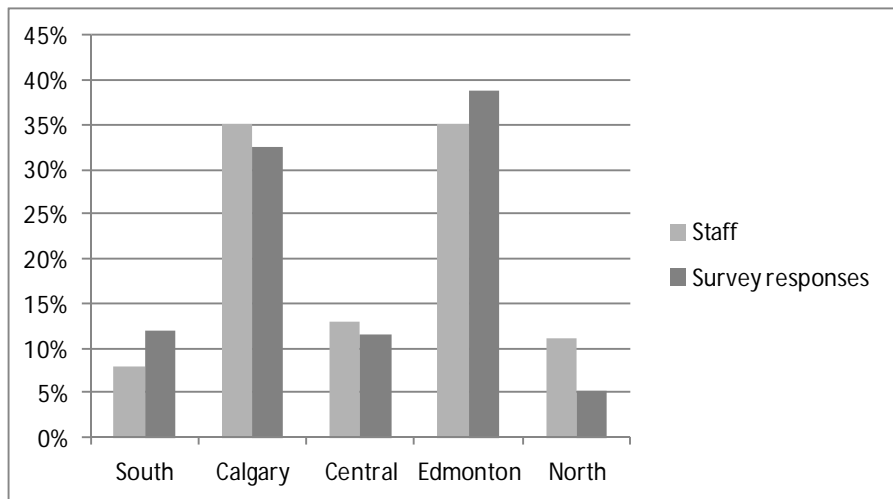

Chart 1. Percentage survey responses compared to percentage of total staff in each zone.

921 (77%) of the respondents indicated that they were regular library users. Of those indicating that they were not library users, 62% reported that they did not use the library because they were not aware of the services or resources.
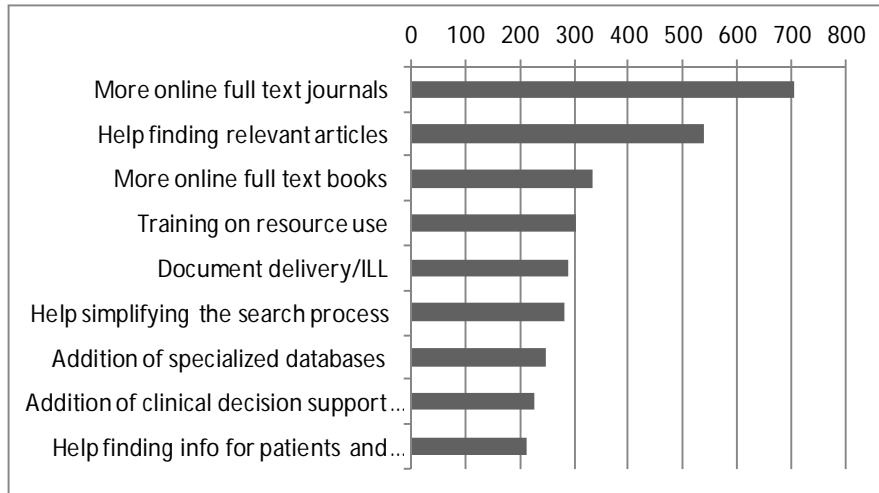
Chart 2. Most important services

Respondents were asked to select the 5 most important options from a list of 25. In Chart 2 the four most important are a mix of electronic resources and staff mediated services. The first and third choice highlighted the critical role Library staff play in providing instruction on the use of the electronic resources.

Service impact results are significant. 66%(574) indicated that library resources and services helped to make an evidence informed decision. 49% (421) reported that library services and resources improved patient care decisions.
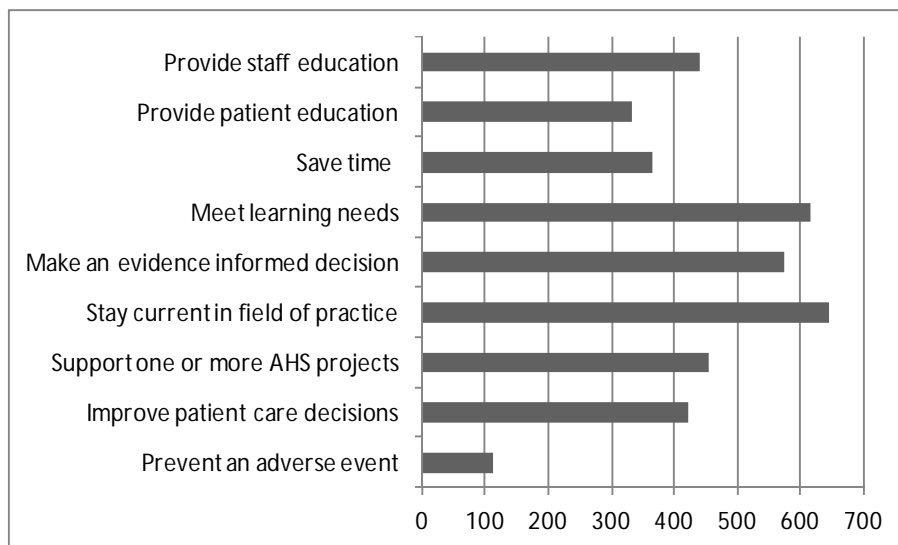

Chart 3. Impact of library services and resources

Discussion

The environmental scan and the survey revealed that AHS staff valued library services and that these services were having an impact on patient care. However, these services needed to be delivered equitably across the province, eliminating the current situation of information haves and have-nots. Services in the former Calgary Zone had been identified in as providing high levels of access to resources and staff.

Partnerships or collaborations to deliver library services have become increasingly more common. Giesecke states that one way for libraries to thrive is to develop partnerships that advance the goals of the organization.   Working with other libraries provides economies of scale and create efficiencies for operations.(Giesecke 2012) These efficiencies were the foundation for the initial contract in Calgary, leveraging the university expertise for technical infrastructure and creating capacity of front line staff to deliver direct client services, including instruction, reference and research. At the University of Central Florida, collaborations raised library services to new levels in tough economic times.(Tong, Kisby 2009)

Brown and Kaste found in 2009 that there is very little written about the relationships between academic libraries and their clinical partners. Their survey revealed there are many different systems of governance as well as services and resources offered.(Brown, Kaste 2009)

AHS decided to leverage the existing successful relationship with the University of Calgary to develop an AHS-wide Knowledge Resource Service (library service).

Saarti describes processes to integrate two university library systems, a public public partnership that is similar to our university and health organization collaboration. Creation of a new management culture and the ability to think about services across the two institutions are critical.   Unifying these services, reconsidering resource allocation and re-evaluation of position descriptions were initial steps. Saarti makes the important point that time to grieve for the old system must be embedded in the creation of the new and that cultural change takes time.   Communication, both within the library team and with the clients is critical and sometimes challenging. (Saarti, Juntunen 2011)

Working within the governance structure outlined in the contract between AHS and the University of Calgary, the management teams for Knowledge Management/ Knowledge Resource Service (KM/KRS) and the Health Information Network Calgary (HINC) began meeting biweekly to discuss how to move forward. Cross functional teams were created to develop processes for AHS wide reference, instruction, collections and metrics. Each team was co-chaired by a team member from KRS and a team member from HINC. In June, 2012 the first all staff meeting was held to encourage team building, improve communication and prioritize tasks.

Given the demand for more electronic resources and simplified access to those resources, a unified website needed to be created. The University of Calgary developed a proposal that was accepted and implemented in January 2013. A team was pulled together from KM/KRS and HINC to develop the new website, with UCalgary's Information Technology and Discovery teams providing the technical expertise for implementation. Springshare's LibGuides CMS was selected as the website content management platform with Serials Solutions providing the A-Z lists for ebooks and ejournals , SFX the linking solution and LibAnswers, also from Springshare, for capturing reference and research questions and a chat reference solution.

The website will also play a critical role in the rebranding and communication strategies. AHS Libraries was rebranded to Knowledge Resource Service and HINC became Knowledge Resource Service (University of Calgary). A detailed communication plan was developed to announce and celebrate this change.

A new organization chart reflecting a functional, collaborative structure was developed and communicated to staff in an all team web conference.

Work began on rationalizing and streamlining collections. This is a complex undertaking that will require more than one year. Province wide licenses were negotiated through the Health Knowledge Network for a core suite of resources. Work is ongoing to rationalize print collections to electronic holdings.

Contract negotiations between the University of Calgary and Alberta Health Services continue. A schedule of services to be delivered was developed reflecting the goal of delivering standardized equitable services and resources to clinicians both virtually and from all physical locations. AHS requested that copyright consultation be added as a service and centralized electronic and print acquisitions within AHS. A new budget is being developed for the services provided by the University of Calgary.

Our case study, supported by evidence from an environmental scan and a user survey describes a unique public-public contractual collaboration to deliver Knowledge Resource Service (library services) across a province wide health organization and contributes to the literature by describing the relationship between a university and it's clinical counterpart. Although healthcare in Canada is provincially funded and therefore each province is unique, our model could be successfully implemented in a variety of different settings between hospitals, health regions and universities. The survey and environment scan demonstrate that library services contribute to quality and have a positive impact on patient care.

Next steps
There is still much work to do. The new website will be launched in the summer, heralding the beginning of equitable access to resources and services across AHS. The website will incorporate a single point of intake for reference questions, an initiative that has been in pilot since January 2013. An instruction curriculum is being developed to deliver a common set of information literacy sessions both in person and through the web.

In addition to operational improvements, the Knowledge Resource Service is learning from other University and AHS departments and embedding knowledge management practices to move information into action and evaluate its value and effect on patient care.

Further research around the results of these changes and the success of these relationships needs to be conducted.

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