

Submitted to: Royal Society of Canada Panel on the Status and Future of Canada's Libraries and Archives

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The Future of the Health Sciences Library

Libraries in Canada are the sources for all types of information, for all types of purposes (research- personal and work-related; education – both formal and informal; recreation) for Canadians from all socio-economic and educational backgrounds. Libraries are the valued points-of-access to all the resources that reside within their collections -- whether physical or virtual, whether subscription or open-access. It is getting increasingly difficult to provide quality information and quality services.

Canadians are probably not aware of the existence of Health Sciences Libraries because we do not have a visible presence in their communities therefore, they are not aware of the role health sciences libraries play in their health and well-being. Then, many health care professionals and hospital administrators are not aware of our presence in their institutions either.

The major issue Health Sciences Libraries are facing is becoming extinct because of lack of funding and support from decision-makers; loss of positions and libraries; increasing cost of materials; license and copyright restrictions and lack of training opportunities for existing, and new, health sciences library professionals.

The amalgamation of hospitals in Ontario (Drummond Report) has resulted in a significant decrease in the number of health science libraries. To make matters worse budget cuts have resulted in further decreases in staffing levels, hours of service and the quality of their collections. For example, in Sudbury the hospital system went from four sites to a single hospital with several outpatient clinics. The library services went from multiple sites to one site resulting in loss of library positions and budget cuts – fewer library professionals providing services such as literature searches for the same, if not larger, number of health care professionals. Windsor's health sciences libraries have experienced the same decrease in the number of sites and loss of staff when their four hospitals merged into one acute care hospital and one healthcare center for non-acute care. This merger resulted in the closure of three of their four health sciences libraries and loss of several of their professional staff, but no decrease in the volume of work. The staff in the one health sciences library they have been able to hold onto to continue to provide the same standard of exceptional service to all the doctors in the city who have privileges at the remaining hospital.

Staff in health sciences libraries are concerned that as hospital administrators observe the federal and provincial governments shutting down libraries and research facilities they may start to question why their hospitals need to continue funding health sciences libraries. The administrators do not see the positive effect libraries and librarians have on patient care. Studies by Joanne Marshall** et al have proven the value of libraries and librarians on patient care in decreasing mortality, increasing quality of life, decreasing unnecessary testing and medical treatments, increasing the right treatment for the appropriately diagnosed condition.

Health sciences libraries are constantly fighting to maintain current staffing and funding levels. They, along with their Associations, have been advocating strongly making their presence and the value of their services known to funders and decision-makers such as hospital administration and politicians (municipal, provincial and federal) as

well as to their non-users in their hospitals and communities. Receiving acknowledgement from these decision-makers has been very difficult.

With the demise and closure of so many government funded, publically accessible medical and scientific libraries health sciences libraries have had their access closed, or barred, to information that is used by health care practitioners and researchers to positively change patient outcomes. A great loss to Health Sciences Libraries was the demise of AMICUS's interlibrary loans service and the access to their collections. While there may be "discussions" to digitize the collections at Library and Archives Canada and other federal departments/research facilities, and provincial ministries, the materials in these "to-be-digitized" collections are virtually inaccessible. Digitization requires not only the funding but also the experts with the knowledge to collect, to catalog, and to store the materials. Library professionals are these experts.

The Ontario Health Libraries Association (OHLA) has partnerships with the Ontario Library Association (OLA) and the Canadian Health Library Association (CHLA). On behalf of its members, OHLA has been negotiating consortium purchasing of e-resources and print materials for years to keep costs down. Ontario's Health Libraries not only collaborate amongst themselves they collaborate with academic, public and special libraries throughout North America, even worldwide, to provide materials to their users. At Windsor General, the librarian not only has partnerships in Ontario but also in Michigan (Detroit). At Health Sciences North, the librarians belong to consortiums and partnerships with Laurentian University, NOSM, Sudbury & District Health Unit, Occupational Health Clinics for Ontario Workers, Inc. (OHCOW), Collège Boréal, Cambrian College, North Bay Regional Health Centre, and the Sault Area Hospital.

As more people retire or leave the profession or do not enter the profession, and positions disappear the pool of librarians/library technicians with the necessary skill set (experience), knowledge, training (schooling) to collection, to catalog, to store (print and electronic formats) and to provide access to stored data continues to dwindle. There are fewer schools and fewer experienced instructors to train new health sciences library professionals. The opportunities to learn how to apply the theory via hands-on experience are harder to find. Most Health Sciences Libraries are one-person libraries hence there is no opportunity to pass on the current librarian's knowledge and experience. New library professionals entering the field of Health Sciences Librarianship are entering a vacuum.

Another important issue with regards to education and professional development is the lack of government funded (or any for that matter) training for Medical Librarians on the use of Medline, PubMed, Docline, QuickDoc, SERHOLD, etc. The National Library of Medicine (NLM) on a regular basis provides librarians in the United States of America with FREE training accredited by MLA. Canadian librarians **are not** allowed to attend these sessions even if they can afford to travel to the training sites. The Canadian government does not fund this type of education, training, professional development or accreditation opportunities for Canadian medical librarians.

References and Supplementary Comments:

From the CHLA website (<http://chla-absc.ca/conference/>) on February 11, 2014:

“Get the evidence. Read the following articles and bring them to your administrator, along with statistics or comments from library users: [Evolving Role and Value of Libraries and Librarians in Health Care](#) (*JAMA*) and [The Value of Library and Information Services in Patient Care: Results of a Multisite Study](#) (*JMLA*). Both articles demonstrate your **impact on patient care**. *December 2 update*: also check out [The Value of Library and Information Services in Patient Care: Canadian Results From an International Multisite Study](#) (*JCHLA*). “

** Marshall JG, Sollenberger J, Easterby-Gannett S, Morgan LK, Klem ML, Cavanaugh SK, Oliver KB, Thompson CA, Romanosky N, Hunter S. (2013). The value of library and information services in patient care: results of a multisite study. *Journal of the Medical Library Association: JMLA*. 101(1):38-46. doi: 10.3163/1536-5050.101.1.007.

Marshall JG . Linking research to practice: the rise of evidence-based health sciences librarianship. *J Med Libr Assoc*. 2014 Jan;102(1):14-21. doi: 10.3163/1536-5050.102.1.005.

Marshall, JG. The impact of the hospital library on clinical decision making: the Rochester Study. *Bull Med Libr Assoc*. 1992 Apr; 80(2): 169-178.

Bartlett, Joan C. (2013). The Impact of Library and Information Services on Patient-Care Outcomes: A Canadian Perspective. In: *International Congress on Medical Librarianship (ICML) 2013*, Boston MA, (). 3-8 May 2013. <http://espace.library.uq.edu.au/view/UQ:319000> accessed February 5 2013.

Comments from OHLA members:

Member #1:

“1. Feeling by most hospital admin that what we do is easy, anybody can do it and it’s free on the internet. They have no idea how much we (medical librarians) save them in shortened patient length of stays, better outcomes, etc. We are able to join for group electronic licensing purchases that save them bundles – but they (the admin) assume that they do not need to do anything to keep these group memberships going or see our value for what we do. They also seem to think any computer user can complete literature searches that are evidence based to provide the best patient care. Most Physicians and nurses do not perform comprehensive searches using controlled vocabulary or use MESH in their search strategies. Librarians do it better, cheaper, faster, and with much better results.

2. When librarians retire, they are seldom replaced.

3. Reduction in the number of hospital libraries and the number of staff per library as hospitals merge.”

Member #2:

“ I am concerned about the recent developments of Health Canada

http://www.huffingtonpost.ca/2014/01/20/health-canada-library-scientists_n_4630421.html . Is this going to be a trend in health libraries especially with CVHL (Canadian Virtual Health Library) project for journal purchasing failing? Is ILL eventually going to disappear with all the restrictions from licencing agreements? I even had a

journal that said on the subscription renewal that personal paper subscriptions could not be donated to a library. I heard some have time periods before they can be donated, 1 year for example. It seems the direction for journal articles is going towards a pay for use from the publisher. Small health libraries cannot afford institutional subscriptions in most cases and even pay per use can be a strain on a limited budget. The CVHL's idea of equal access to health information to all health professionals was so promising. Most health libraries are non-profit. What ever happened to freedom of information. It seems we are going back to the dark ages when only the rich had access to information."

Member #3

"The online environment is increasingly complex and from the user's point of view there are too many barriers – silos between vendors and between institutions, copyright and license restrictions on use, lack of provincial or national platforms to offer from a single web site, multi-library service.

A single user served by a hospital library could be a health consumer, a student/medical learner, teacher/faculty, clinician, care-giver and researcher. In each of those roles they have access choices between public, university and hospital libraries. Silos. Different logins. Different levels of access.

User lacks time and skills to navigate multiple websites and select and access everything they need.

This emphasizes the role of the professional librarian, and the value of the library service, where appropriate resources are selected and organized, and where assistance and expert search services can be found."