

Victorian Health Libraries Update

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This paper is part of an ongoing commissioned series on health library updates from around Australasia. Please note information was correct at the time of writing, but some time has elapsed between then and the article being published.

Victorian Health Services

Queen Victoria is associated with the names of two Australian states (VIC, QLD); while the others are named after a Dutch explorer (TAS), a British country (NSW), prosaic directions (WA, SA, NT), and government (ACT). Rather than a royal review, this article will look at the state of health libraries, in the state of Victoria.

Victoria has Australia's second largest population and economy, whilst occupying just 3% of the landmass. Healthcare in Victoria operates under a devolved governance model that is unique to the state. It has many more health services (76) than any other state and a statewide clinical portal that offers the least number of resources (Victorian Healthcare Association, 2023). A recent analysis by Simensma et al. found that "clinicians in the state of Victoria have the least access to evidence-based information required to fulfil the [National Safety and Quality for Health Services] NSQHS accreditation criteria" (2023).

The devolved governance model means that each health service largely has to manage their own ICT infrastructure, electronic health records and much more, which is quite challenging as most of the health services are quite small with limited resources. While there is some "piggybacking" of smaller health services to larger ones, this is relatively limited. By way of contrast, Queensland uses one platform statewide for its health service intranets, and one platform for its electronic health record (Cerner), which offers benefits to both staff and patients. Additionally, the large number of small health services in Victoria means that most don't have access to a health library.

For health libraries themselves, the factors discussed in the preceding paragraph have an effect, but probably more impactful is the limited nature of the statewide clinical portal (discussed in more detail below). The practical effect of having the least well resourced clinical portal nation-wide, is that health libraries have to attempt to bridge this shortfall themselves. This requires both a larger budget to purchase resources, as well as additional staff time and expertise for resource procurement, authentication, evaluation, promotion, troubleshooting.

Victorian Health Library Collections: CHC

The Victorian Clinicians Health Channel (CHC) is a crucial digital resource designed specifically for healthcare professionals in Victoria. It is intended to provide access to a wide range of medical and health resources, including journals, databases, and clinical decision support tools. However, Victoria has a significantly smaller amount of state-supplied resources compared to other states and territories, despite having the second highest population (Siemensma et al., 2023). The CHC is also dominated by pharmacy and drug resources. This means that libraries at individual health services are required to spend more funding towards collection development, instead of directing it to other resources, such as staffing, space, or technology.

Recently, a decision was made by Safer Care Victoria, who currently oversee the CHC, to remove access to American Psychiatric Association (APA) resources, including the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and the *American Journal of Psychiatry*. This decision was made without consultation. An official, public statement regarding this decision has not been forthcoming, but health service CEOs were individually contacted regarding the decision.

Without access to the DSM, individual health services must now purchase these essential tools independently, which may strain already tight budgets, particularly given the timing of the decision post-financial year.

In response, many Victorian Health Library Managers are advocating on behalf of their psychiatric colleagues, including consulting with mental health units, relevant industrial unions, and discussing with the The Royal Australian and New Zealand College of Psychiatrists (RANZCP). Furthermore, Safer Care Victoria, as with many organisations and individuals only familiar with hospital library services on a surface level, may be operating under the mistaken belief that clinicians can access and use university resources indiscriminately. To remedy this misunderstanding, communications are also being sought from CAUL to clarify what clinicians can gain university affiliation and under what circumstances they can use their affiliation to access resources. It is hoped that this decision can be reversed.

Victorian Health Library Collections: VHLC

Recognising the challenges of the devolved governance model and a limited state portal, the Victorian Health Libraries Consortium (VHLC) was established to negotiate more favourable subscription deals with publishers.

The VHLC aims to leverage collective bargaining power to reduce costs and enhance access to crucial resources. In addition to traditional subscription models, the VHLC is actively exploring open access (OA) agreements as a means to further alleviate financial pressures.

This year, the VHLC took a significant step forward by publishing a set of principles [<https://vhlcblog.wordpress.com/wp-content/uploads/2024/04/vhlc-oa-principles-version-1-april-2024.pdf>] designed to guide health services and publishers in their conversations about open access (2024). These principles serve as a framework for negotiations, ensuring that the interests of Victorian health libraries are represented and that sustainable, equitable access to information is prioritised. By using these principles in discussions with publishers, the VHLC hopes to establish open access deals that could dramatically improve the availability of high-quality resources.

The consortium's efforts are part of a broader movement within the academic and health sectors to embrace open access as a viable and potentially transformative model for information sharing. If successful, the VHLC's initiatives could set a precedent for other regions and contribute to a more accessible and equitable healthcare information landscape in Victoria and beyond. The VHLC is committed to ensuring that all Victorian healthcare professionals, regardless of their institution's size or budget, have access to the latest medical knowledge, which is crucial for delivering high-quality patient care.

Post-pandemic library services

Nearly three years on from the end of the 2020-2021 pandemic lockdowns, health libraries in Victoria have adapted to new ways of working. Some of the changes made in March 2020 are here for good. Additionally, in many services there has been a renewed focus on the physical library space.

In 2021, JoHILA surveyed Australian health librarians on their predictions for post-pandemic library services. These insights have proven to be prescient, with accurate predictions including enhanced WiFi and charging ports, virtual orientations and training, and libraries compensating for lost office space with more desks, meeting rooms and soundproof spaces. Respondents also anticipated the need to invest more time into outreach efforts (Anderson and Ivacic-Ramljak, 2021).

When stay at home orders were put in place, libraries quickly moved to virtual library orientations, training sessions and one-on-one consultations. In 2024, with more health services running over multiple locations, and many library users working from home, this format continues to be a successful way of engaging users and meeting people where they are.

At the same time, there has been a renewed focus on the physical library space. With some libraries losing some or all their physical space, those services which have managed to keep this asset are holding on tight. Spaces have been repurposed to suit new ways of working, such as soundproof booths to accommodate online meetings. Group study areas and meeting rooms are important for collaboration but have become scarce resources in many workplaces. It is up to libraries to fill this gap.

After Austin Health installed new bookable consultation and meeting rooms in 2022, room bookings increased from an average of 95 per year to over 1,300.

Since the pandemic, employee mental health and prevention of burnout have become central to organisational priorities. Many strategic plans now include staff wellbeing as a key strategic outcome. With library users accessing resources, reference support and training online, their reasons for visiting the library in person have changed. Libraries promote the physical library space as a retreat from open plan offices and busy wards, providing a place for concentration or relaxation. Where tight budgets allow, spaces have been refreshed and made more welcoming with plants, comfortable furniture and fresh paint. Access to a library space and its services is a significant perk for staff and students – something that libraries could consider emphasising to decision-makers.

Another impact of the long lockdown period was the reduction of networking opportunities within organisations and with other libraries. Combined with staff turnover (library champions leaving organisations), this has made renewing outreach efforts and rebuilding networks a priority. Recent in-person gatherings - such as 2023's combined Health Libraries Inc. (HLA) and Health Libraries Australia (HLA) Conference - have proved that health librarians in Victoria are eager to reconnect face to face.

Future state: Local Health Service Networks

The Victorian Department of Health recently released its Health Services Plan [<https://www.health.vic.gov.au/research-and-reports/health-services-plan>], accepting the recommendation to establish Local Health Service Networks (LHSN) across the state (*Recommendation 4.6, Victorian Department of Health, 2024*).

The goal of LHSN creation is to provide access to health services closer to home and better ensure equity of service provision while also providing the state government with some cost savings. "Health services will be supported to reduce non-clinical duplication and double-up, while at the same time promoting stronger partnerships between our hospitals" (Allan, 2024).

This health service plan likely has implications for health libraries across the state as the Department of Health attempts to foster greater collaboration and ensure effective use of resources. The aim is to deliver consistent workforce support, including common approaches to professional development and training. Recommendations include shared use of resources such as ICT systems and administrative functions. Recommendation 8.3 considers the educational needs of the local health service networks and promotes improvement activities through evidence-based frameworks and promoting uptake of evidence-based care through building workforce capability for improvement activities.

Potential Benefits:

Currently most health libraries work in silos, supplementing the little that currently is provided by the CHC with electronic and print collections of their own. There is obvious duplication of spending across the state. Libraries that merge into a network could consolidate collections, reduce duplicate spending and increase potential breadth and usage of collections.

As it stands today, very small and small health services do not have health libraries and generally rely solely on access to the state portal, the CHC. Establishing LHSNs could provide more equitable access to point of care and research resources for all services and help close the evidence-accessibility gap

We can also see the benefit of networks by viewing what occurs in other states of Australia which already have defined local health districts. There is potential for scale economies, and the capacity to share funding, staff, collections and resources.

Spreading the workload across health libraries could reduce staff isolation, particularly for solo librarians, and provide more opportunities for professional development and leadership. There is also potential to standardise library training and education services across the network, reducing duplication of effort and ensuring all clinicians have access to this kind of support.

Potential issues or detriments:

The Victorian State Government is using the recent formation of Grampians Health as a model of health service regional mergers (Duckett, 2024). The library merger and expansion in this example was formed during a time of relative wealth. Staffing levels were able to be increased, and there were no external budget pressures. This was a growth opportunity for the service. Given the state government's current cost cutting focus there is unlikely to be a significant increase to library budgets. Regions merging now may find that it is not as positive for them as for the Grampians Health example.

Non-clinical administrative areas (such as libraries) have been earmarked as an area where most savings can be made. This will mean that libraries will need to negotiate with vendors to provide resources for a greater number of FTE or number of hospital beds (depending on individual vendors preferred method) without necessarily an increase in library budget. Added to this is the complexity of combining existing organisational arrangements with vendors. Catering for a larger network would likely mean a loss of flexibility and responsiveness to the smaller community's needs, and a loss of local focus. After the Victorian Health Service Plan is implemented there would still likely be an imbalance of access to content between regional and metro LHSNs.

A potential issue for library staff is the changing workload, which would be increased if current staffing levels are maintained or worse with staff redundancies. Staffing cuts may occur if libraries merge or centralise. Proposed LHSNs, formed where there is currently only one health library, could see a higher workload for that library as they may be expected to provide for a much larger number of supported staff. For some librarians there may be a loss of autonomy and control.

There is increased complexity in providing library services across a large geographic distance. Libraries are more than just their collection, currently libraries occupy a physical space. This is a place for staff and students to work, study, recharge and unwind. If there is a push to move all library services digitally to cater to a large geographic network there may be the view by some health services that the physical library space is no longer required and the real estate it currently covers could be reallocated.

Clinicians should have access to information to treat their patients wherever they are in Australia, not just if they are lucky enough to live near a metropolitan hospital. The creation and funding of LHSNs may work towards this goal. One way or another, health libraries in Victoria are going to be affected by the new Victorian Health Services Plan. Only time will tell if this will be as positive as hoped.

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