Guidelines for Australian Health Library and Information Services 5th edition to be launched in 2022: National Manager report December 2021

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Much has changed in the 13 years since 2008, when the fourth edition of the *Guidelines for Australian Health Libraries* (the *Guidelines*) was published. (Health Libraries Australia, 2008)

In the intervening years, digital technologies have transformed the way health, research, education, and information services are delivered; and contemporaneously, the Covid-19 pandemic is continuing to affect nearly every aspect of our home, work, professional, and community lives.

2008 was the year the Global Financial Crisis peaked. From an economic perspective, special libraries are always subject to the vicissitudes of organisational politics and finances, and in times of economic downturn, they are especially vulnerable. It is a signifier of the relevance and value of health libraries that most have survived organisational restructures, re-shaped boundaries, alternately centralised/decentralised governance arrangements, corporate mergers and shifting affiliations. Some libraries have combined to constitute wider systems and networks; some have extended their remit to provide services to previously underserved populations; and some have temporarily disappeared only to re-emerge in response to a realisation that they are, indeed, essential services.

By the mid-2000s onwards, digital technologies and telemedicine had been transforming models of clinical care; AARNet (the founder of the internet in Australia) had been around for more than a decade, and the delivery of online education and programs of e-research, were increasingly accepted ways of working. Health libraries were early adopters, implementing innovative and cost-effective solutions for the benefit of their online and mobile clients.

Most recently, during the repeated waves of the Covid-19 pandemic, health libraries world-wide have adapted rapidly, collaborating with colleagues to contribute to public health initiatives to ensure that good quality information is available to health professionals on the front lines of care, as well as to policy makers, and consumers. (a. Anderson, A., & Ivacic-Ramljak, T. (2021); b. Anderson, A., & Ivacic-Ramljak, T. (2021).

To realign with the far-reaching micro and macro effects of these global movements - in the economy, in technology, and in public health, a substantial revision of the fourth edition of the *Guidelines* was needed.

What stays the same?

Inclusiveness

As with previous editions, the fifth edition of the *Guidelines for Australian Health Library and Information Services* aims to cover all types of health library and information services in all sectors – in hospitals (public and private, metropolitan, regional, and remote health facilities); in not-for profits and government funded healthcare and health information services; in universities and research organisations; in professional associations and colleges; and in commercial, health-related industries. Wherever there is a health library and information service, the *Guidelines* may be applied.

Reference Group

Our Reference Group was re-constituted to comprise representatives from all the main sectors and regions. And hats off to some of our more tenacious members who have been on the *Guidelines* committee for a number of previous iterations! From September 2019, we met almost monthly to oversee the governance process, testing and refining the literature searches that guarantee the criteria are based on the latest research evidence, and to do the detailed work of revising the content. The health library community is indeed indebted to the diligence, perseverance and scholarship of this indefatigable crew, and my sincere thanks to them all.

Structure

The structure remains substantially the same. There are four broad Guideline Areas – Planning and Strategy; Organisation and Governance; Resource Management; and Information Service Provision.

There has been, however, some re-shaping of content to elevate topics of strategic importance, and improve the logical connections between the Guideline Areas; and there have been significant changes made to update the detail of the content according to the evidence.

What has changed?

'Living' Guidelines and updated content

In this edition, we have instituted a new model for updating the evidence underpinning the specific criteria. Modeling evidence-based decision-making for policy development, a research librarian was contracted to design the expert searches to update the evidence-base in all Guideline Areas.

Members of the Reference Group selected their Guideline Area of interest, and worked with the research librarian to refine the topic-focused search strategies, conduct the searches, review the literature, and update each of the specific criteria and related appendices – all according to the best available evidence. A peer review process was organised between the Area groups to support the reliability and validity of the research.

Where there was a lack of evidence, a consensus approach within the larger Reference Group was adopted. Many a discussion was had, teasing out the issues and deciding the best approach to making the statements practically applicable to the diverse range of libraries!

The 'live' literature searches are currently available in a google doc (https://sites.google.com/view/hlaguidelinessearches2021/home); we intend to make them publicly accessible to enable health librarians to continually update their knowledge on the topics covered by the *Guidelines,* making them, in effect, 'living' Guidelines.

Content revisions
Changes to the content have been made to make the *Guidelines* more strategic and to update the evidence base of the specific statements. For example:
- Guideline Area 1: Planning and Strategy, in addition to Criterion 1.1 Strategic planning and to strengthen the links with a library's overall strategic direction, now contains:
  - Criterion 1.2 'Marketing, communications and client engagement planning', relocated from Guideline Area 2: Organisation and Governance to create the platform for advocacy at the core of a library's operations, and to encourage all staff to be visible and proactive;
  - Criterion 1.3 'Financial management' (previously in Guideline Area 3: Resource Management), relocated to elevate the need for more broadly based financial analyses to support advocacy, and underpin budget decision-making and resource allocation.

A significantly strengthened appendix with many examples of various types of planning documents supports this Guideline Area.
- 2.6 'Clinical, health organisation, and information governance' is a new criterion added to Guideline Area 2: Organisation and Governance. (This Area has been renamed from the fourth edition's 'Organisation and Philosophy', and prior to that 'Organisation and Administration'.) It is timely that we elevate the concept of 'governance', given the heavy price that is being paid (including the decline in trust in public institutions) for the proliferation of misinformation and disinformation – this is a crisis of good governance. Being

a trusted profession is part of the essence of librarianship; and health libraries are the <u>only</u> dedicated, secure, permanent and trustworthy source of authoritative, evidence-based information, critical and fundamental to their organisations' information governance structures.

- Guideline Area 3: Resource Management has a number of important revisions.
  - The criterion 3.1 'Human resources' now refers to the Appendix 3. 'Recommended staffing for health library and information services', reproduced with the permission of the Canadian Health Library Association, and referencing their recently released Standards. (Frati, F., Oja, L. A., & Kleinberg, J. 2021). Covering all types of health libraries, the Canadian calculations are more comprehensive than those in our previous *Guidelines*, using a formula that takes into account organisational size, as well as basic, medium and advanced levels of library services.
  - We have removed the previous edition's appendix on requirements for physical space, relying on the criterion 3.2 'Space, facilities and equipment' to outline the detail. Underpinned by an extensive research project undertaken during the course of the *Guidelines* revision, this criterion relates the concept of 'library as place' to the delivery of quality resources and services, applying a fundamental principle of good architectural design - 'form follows function' (<u>b. Anderson, A., & Ivacic-Ramljak, T., 2021)</u>
  - The newly named criterion 3.3 'Data, information and knowledge resources' recognises that a library's information management remit, responsibilities and expertise extend at both ends of the continuum into the related areas of data and knowledge management.
- The introductory comments and supporting literature for Guideline Area 4: Information Service Provision, have been strengthened, to substantiate the value statement that a 'library' of resources without the professional expertise of librarians embedded in the work of their organisations, is merely a 'collection' and not a real library service.
- 4.3 'Evidence-based practice services for health professionals' has been added in Guideline Area 4: Information Service Provision, recognising our unique role and competencies in delivering client-focused information services that underpin our users' evidence-based decision-making and policy development.

Statement of Purpose

For this edition of the *Guidelines,* the Reference Group decided at the outset that to guide their decision making regarding both the structure and the content of the *Guidelines*, while achieving the goals of being aspirational rather than minimum standards, inclusive and practically applicable in a diverse range of settings, and becoming more evidence-based, an explicit statement of purpose was needed. The following statement was drafted:

The *Guidelines* provide a strategic framework for the planning, development and delivery of services, and for quality improvement of health Library and Information Services (LIS) across sectors. Health LIS enable their organisations to deliver sustainable, quality, safe, evidence-based:

- patient/client-centred care;
- health system policy, planning and programs;
- data, information and knowledge management;
- research, innovation and development; and
- education, teaching and learning.

Not simply a functional statement about how the *Guidelines* may be used, this Statement of Purpose places health libraries firmly in the context of their parent organisations' core business, key to their organisations' achievement of their strategies, goals and operations.

Aspirational and prescriptive, but not minimum 'standards'
The *Guidelines* are prescriptive in that they provide a statement of best practice that, where possible, references the evidence in the research literature. The *Guidelines* are not, however, minimum 'standards', which (to achieve a goal of practical applicability) would place the baseline at the lowest common denominator.

There are currently no processes for accrediting health libraries; nor are there accompanying regulations that could be used to drive compliance. In a library review, it would be possible to use the *Guidelines* to assess a library's performance on a continuum: some criteria may be met well, some may be met partially, and some may not be met at all. In the latter two circumstances, the *Guidelines* are 'aspirational' and could be used to guide a quality improvement strategy, and as a planning tool, for setting strategic goals and designing short term projects.

Where to next?
In 2022 we will publish and launch the new *Guidelines*. We will have a targeted communications and advocacy program, to ensure that we are providing a platform and a tool for all health librarians to be advocates in their own organisations, as well as for HLA and the broader Association, to advocate on their behalf.

The *Guidelines* may be used as a tool or a checklist (similar to the one provided for use in conjunction with the fourth edition's Guidelines) for libraries to self-assess, conduct audits of their own performance, develop quality improvement projects, or engage in external reviews. It's early days yet, but the longer-term goal is to set up an accreditation program to emulate the accreditation of hospitals according to the Australian Commission on Safety and Quality in Health Care's hospitals' accreditation program – see https://www.safetyandquality.gov.au/standards/nsqhs-standards. It is envisaged that an accreditation program will be established by ALIA/HLA to enable a

health library to apply, be assessed, and gain accredited status, using the *Guidelines* as the basis of the assessment. Areas for improvement would be recorded and a regular cycle established as part of a continuous quality improvement strategy.

Finally a Guidelines sub-committee of HLA will be established to continually review the literature generated from the 'living' Guidelines expert search strategies. (The searches are temporarily located at https://sites.google.com/view/hlaguidelinessearches2021/home and will be moved to a permanent 'home' on the new HLA website.)

My concluding words of acknowledgement and thanks – to the members of the Reference Group (listed below) who have seen the job through with good humour and professionalism; to our Canadian Health Library Association colleagues who have allowed us to reproduce their staffing recommendations from their recently revised standards; and to all who have contributed to previous editions of the *Guidelines*, and most significantly to the author of the previous edition, Melanie (Kammermann) Foti whose intelligence and foresight set the strategic direction embodied in the previous edition, and motivated me to follow in her footsteps and drive this project.

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