From library to knowledge centre: evolving a responsive hospital library service for Far North Queensland health services

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Introduction

In 2008, my partner and I relocated to Cairns looking for a relaxed tropical lifestyle and new options for fulfilling work. That journey was fraught with challenges and mixed feelings. I left a well-paid Information & Knowledge Management principal project manager role in the South Australian (SA) public sector to relocate. Prior to being seconded to that role, I was Manager of the Department of Health Library & Information Services, with many years of experience in providing library services for the rural health workforce.

I was fortunate enough to win a permanent Library Technician position with the Cairns Hospital Library in September 2008, but this was a step backwards in my career. However, it was a chance to knuckle down and learn about the issues faced by the Cairns & Hinterland and Torres & Cape hospital and health services workforce, of which there were many.

Familiar with the challenges of providing services to rural and remote health library services from my early library career in SA, I learnt about Queensland Health systems and unique problems faced in this part of the world – surprisingly, some issues were not too different. Reliable technology was still a major barrier for rural and remote health workers despite all the technological progress I had seen in my profession. It was obvious from the beginning that I needed to improve the library's online presence on the intranet and travel around the region to provide face-to-face training in the use of online evidence-based information resources. Training had been provided previously on an ad hoc basis but did not really seem to be core business for the library.

Those early days provided me with practical everyday experience in how to deliver more responsive library services to a workforce that was geographically distributed and varying widely in their information needs and digital literacy skills. Aboriginal and Torres Strait Islander health, and tropical public health issues were main areas in which my medical and health knowledge expanded as I travelled to Weipa and Cooktown, driving and flying, and around the Cairns and Hinterland region. I remember clearly experiencing the first wet seasons and how that impacted on the

library service – work related travel ceased when the rains arrived, and flooding occurred.

In 2011, I experienced my first serious natural disaster - Tropical Cyclone Yasi. This was a massive learning opportunity for me personally in terms of managing library business continuity and risks, but also a major threat to Cairns Hospital. The Hospital was fully evacuated in preparation for the category 5 storm, a massive logistical undertaking during which the Library space was commandeered as an emergency management hub for building and engineering services staff. The LKC Disaster management specialty guide has many papers listed by staff who published their experiences following Yasi. Fortunately for Cairns, but sadly not our communities further south, we were spared a direct hit.

The Cairns Hospital Library service

The Cairns Base Hospital (CBH) Library was established in 1990 with a Federal Government "Library Enhancement Grant" to serve far north Queensland health services, including Torres & Cape. In 2003, a service agreement with James Cook University (JCU) was signed for CBH Library to provide services to JCU medical and health students on clinical placement at the hospital.

Cairns Base Hospital was renamed Cairns Hospital in 2012, with the Library renamed the "Library & Knowledge Centre" (LKC) under the sponsorship of the then Chief Executive officer, and management responsibility shifting to the Executive Director of Nursing & Midwifery. This was also the year that the then Library manager undertook long service leave with a view to retiring to New South Wales. I was fortunate enough to be appointed permanently as Manager in January 2014. In 2019, the library came full circle when line management responsibility shifted again to the Executive Director of Medical Services, similar to the earlier years of the Library. The LKC provides services to all staff across the Cairns & Hinterland (CHHHS) and Torres & Cape (TCHHS) Hospital and Health Services. In addition, Cairns Hospital is the clinical teaching hub for JCU medical students on placement from years 4 to 6. We also provide library support to other health sciences and nursing students from JCU and other universities on clinical placements within CHHHS. I had not previously been involved in providing library services to students, so this was a new experience for me.

When I took over as manager, I wanted to improve our reach and ensure that all staff across the health service were aware of the services available via the LKC while meeting our obligations under the JCU service agreement. I also desired more extensive and robust service performance data to demonstrate our value.

Strategic planning and key performance indicators

The first step in my role as Manager was to articulate how the Library would operate differently as a "knowledge centre" and following consultation with our clients across the region, I undertook a planning process to capture the new LKC's directions for 2012-14. The key focus of my first business plan was to clearly articulate the mission and objectives for the service using a balanced scorecard approach, looking at service improvements from our client's perspective and addressing issues raised by them during our consultation process. The key issues at that time were lack of awareness of the library service, and access to LKC via the internet and the library space, while appreciated by clients, needed substantial upgrading with additional computer access and WiFi required.

The key performance indicators (KPIs) developed in the first plan focussed on measuring service success from several perspectives – demand, relevance, client satisfaction, and value (cost effectiveness). The LKC KPIs have been refined over time to reflect more realistic targets.

Other tools used to measure service effectiveness in each planning cycle were a regular 3-5 year library client survey and regular evaluation of value-add services such as mediated literature searches and client training program. Standard questions regarding client's purpose for request and how they intended to use the information provided by LKC were implemented. It was also important to develop and collect more detailed data to ensure the LKC was fulfilling its obligation to JCU under the service agreement terms.

I developed a framework for service data collation and service performance monitoring to ensure that the LKC team was taking a systematic approach. I opted for gathering too much data rather than less, although how the data was presented would evolve.

In 2019, I took the LKC team through a planning process to focus on our staffing levels and skill mix with the process incorporating: a review of skills and knowledge based on future library trends, a skills gap analysis, task tracking exercise and literature review including identifying existing standards or guidelines for staffing ratios. This document also identified the key strategic drivers for CHHHS in the next 5-10 years which included stronger research priorities and the development of the Cairns University Hospital model. Following this exercise, the team agreed that the existing staffing levels needed to increase, but more importantly, the LKC needs to shift the skill mix to encompass more professional level roles – to support research by providing more clinical librarian expertise.

Physical vs online and accessibility

From 2014, the LKC team and I spent considerable time improving our online presence. This was critical to ensuring that all our client groups spread out across Far North Queensland would have information about, and access to, our services. We implemented:

- LibGuides (CMS) & LibAnswers.

We used LibGuides software to develop a website in addition to creating subject (specialty guides). It was an iterative improvement process with updates to both intranet and websites shifting to graphics driven navigation. Specialty guides were developed with local champions who ensured the content we provide on the guides was authoritative and were so successful that nurse educators requested specialty guides to support their clinical learning programs.

- Koha, LKC borrowing app and self check-out.

The LKC transitioned from Voyager to Koha in 2014, and following client feedback, a self-borrowing app for Apple and Android mobile phones was developed for LKC by FE Technologies. One of the biggest challenges, although seemingly simple, was to implement a self check-out station at the reception desk to facilitate after hours borrowing (rather than a manual hand-written sheet) and during busy times.

- EBooks.

LKC clients demanded access to eBooks as well as print / physical resources, not just those titles available via the Clinical Knowledge Network (CKN) state-wide portal. After investigating several options, the LKC joined the Queensland Health Library Network purchasing arrangement with Proquest which meant we could purchase eBook titles on demand and share access across the state.

- Trialling EDS.

A universal search product by EBSCO – EDS EBSCO Discovery Service was trialled but later pulled as the integration with CKN was causing user experience confusion (ie what was available and badged as CHHHS vs CKN). Essentially, the LKC did not purchase enough unique local product to make this feasible

- Promoting CKN

CKN provides statewide access to a whole range of evidence-based practice resources, databases, ebooks & ejournals, point of care and medications resources. It was important for LKC to promote its use and support our clients (staff) in effective searching techniques.

- Tailored, packed information and evidence updates.

We know that clinicians are busy caring for patients and overloaded with information. We rebadged our current awareness services and called them "evidence updates". We produced monthly updates for several topics which are shared with our QH Library colleagues (such as Patient Safety, Stroke, Integrated care). To respond in a timely manner to issues that arose in the health service we also created quick evidence updates for topics and used these to raise awareness of LKC services. This impacted on the demand for literature search services.

In parallel with the focus on improving our online access and presence, onsite improvements were implemented in a staged approach with new ergonomic furniture and chairs, recarpeting and painting and improved professional signage implemented during a two-year period, undertaken within the limits of the existing infrastructure and budgetary constraints. This included increasing computer access for clients which has steadily grown in demand over the years.

Improving our visibility
To address the lack of service awareness that was identified through our surveys, we implemented regular marketing and promotion activities. From weekly LKC news snippets focussed on topical issues for the service or health awareness events, to special events such as Library Lovers Day and Australian Library and Information Week – we ensured that we were using all available opportunities to increase our visibility within the organisation.

Some other improvements including being invited to attend face to face at generic staff orientation programs where previously we just provided handouts; offering LKC pop-up sessions to interested work groups; attending discipline specific orientation programs (eg Intern orientation or Nurse education transition programs). We accepted any offer to present to our clients, when and where it was convenient to them.

The other important tool we used to promote our service achievements was the use of infographics – presenting our annual report data simply grabbed people's attention.

Moving outside the library walls
It was important for the team and I to look beyond our walls and ensure that we capitalised on any opportunities to participate in activities or forums to contribute our knowledge and expertise. I was invited to attend the Patient Care Committee which oversaw the Accreditation preparations for 2018 implementation of the new NSQHS 2nd edition standards.

In late 2019, Tablelands Regional Council Library Services representatives approached us to jointly provide a "words for wellbeing" website (like the service implemented in Ipswich where they worked with the West Morton health services Librarians to provide access to clinician approved consumer health information). The LKC and TRC Library Services launched the Far North Wellbeing website at the end of January 2020. It was a wonderful opportunity to work with our local public libraries to provide reliable consumer health information.

More recently, the LKC team worked with other clinical areas to progress the Therapy animal procedure which had stalled at previous attempts and the development of a

site access agreement with Delta Dogs. While I didn't lead this process, I was keen for members of my team to work on this project and it has resulted in strong ties with the clinical areas and an understanding of contract development.

During my time as Manager of LKC, I was privileged to be nominated as the Prevocational Medical Education Committee chair after having attended as a member previously.

All these opportunities were important in raising my profile and that of the library across the organisation, and also resulted in opportunities for skill development for myself and my team.

Pandemic learnings

Like all other Library staff across Australia and the world, the COVID-19 pandemic has created many challenges. I learned a lot during this time, including:

- Essential hand hygiene and infection control measures. We implemented more stringent cleaning practices because we provided access to shared resources such as computers and study areas. Enforcing compliance with social distancing measures was a key struggle.
- Retaining a presence during lockdown was important. The Team and I were keen to ensure we kept providing a service during the lockdown and not undo years of work in promoting our services. We were fortunate not to have a prolonged lockdown in Queensland, but for a period of six weeks we made major changes including restricting access to the Library spaces rather than closing completely, and implementing a working from home roster with allocated tasks to minimise exposure for LKC staff.
- Transitioning to online LKC training delivery. The pandemic was the biggest impetus to change from face to face training and provide only online training options. We had always offered online training, but adoption was low or non-existent. Now, as COVID-19 has made using MS Teams and Zoom a normal way of conducting meetings, our clients are accepting online training delivery as the norm.
- Impact of Covid-19 on the university sector. The LKC was fortunate to re-negotiate a new service agreement with JCU in early 2020 with an increase in the funding amounts based on growth of student numbers and usage, just as the pandemic lockdown was occurring. It will be interesting to see how the pandemic impacts on the university sector, eg lower student numbers and subsequent financial challenges will affect the library services we provide to the JCU students and their usage.

The future

Looking forward, the main issues I see for LKC are:

- Seamless access through a more responsive discovery service. This will need to be tackled in the future given the online world we live in and the need for our clients to access relevant information quickly.
- Changes to LKC staffing and skill mix. How the LKC can grow (in staffing levels and skill mix) to meet the new service delivery opportunities that the Research strategy and University hospital initiatives will bring.
- Long term survival of the service relies on visibility and being able to demonstrate the LKC's contribution to patient care and health service strategic objectives, particularly in times of fiscal constraint and expectation of financial efficiency.
- A real-time service data dashboard that enables accurate library service performance reporting would be ideal. Making service data visible and public in real-time would create transparency with our clients and provide LKC team with tools to support timely decision making and reporting to senior management and executive.

Conclusion

Success in my role has been as a result of several factors:
- A small and highly functional team where collaboration, respect and trust underpin all our work and relationships; and the willingness to change, even if it's scary, is strong
- Line reporting directly to executive director level has been invaluable in increasing our visibility
- High onsite usage and increased online usage shows that our clients need both physical and virtual access to the library services and library staff expertise.

Personally, the most difficult part of living and working in Cairns, despite the stunning scenery and environment, has been the distance from family in Adelaide, particularly with ageing parents. The Covid-19 pandemic has spotlighted the difficulties of this distance.

The highly specialised nature of our clinical librarian roles brings with it an opportunity to work very closely with health practitioners and clinicians. I will miss the extraordinary relationships I have built with dedicated staff across the health service, who not only valued my skills, but those of my highly professional team, and they valued how library services could effectively support them in their roles. I will miss being part of the library community, not just in FNQ but within Queensland Health and nationally. Health Librarians, all librarians, are brilliant at networking and sharing. I will miss the amazing team I worked with, and the stunning landscapes of Far North Queensland from the beautiful rainforest and mountains to the Coral Sea.