

JOHILA



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Editorial – HTML and Friends

Daniel McDonald

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In 1994 my high school library hooked up a computer to the internet for the first time. A kindly librarian (as opposed to the other, much sterner, not-very-kind teacher librarian (life advice: be a kind librarian, and you may one day end up in a praiseworthy editorial)) let my friends and I access the internet, in exchange for shelving duties, and cleaning the overhead projectors, and stocktaking the many, many copies of "To Kill a Mockingbird". In retrospect maybe we were exploited cheap labour, but we did not care, because we had access to the internet. Netscape navigator was still months away, Google four more years. Mark Zuckerberg was ten years old. Yahoo was still named "Jerry and David's guide to the world wide web". Steve Jobs still worked for NeXT computers. But we did not care, because we had Microsoft Works and HyperText Markup Language. Glorious HTML, which, together with a tab key and a dial-up modem noisily handshaking its bits and bytes, allowed us to explore the profound delights of the nascent net. Delights like sound clips from the Simpsons. And sound clips from Monty Python. And sound clips from The Goon Show. And a picture of Mars which took an hour and a quarter to download. And pi to ten thousand decimal places. Which we may or may not have printed and bound and added an ISBN and catalogued into the library's collection. Ok, yes, I admit, we were nerds. But we did not care, because we had glorious HTML.

All of which is to say HTML is good. And JoHILA articles now come in HTML format, in addition to PDF format. Which is good.

Also, friends are good. And JoHILA has great pleasure in welcoming a new friend, Cassandra Gorton from Monash Health. Cassandra has come on board as an associate editor of JoHILA, and will be writing a regular feature on technology, starting with this issue.

Friends and HTML, what else is needed? Well, apart from medicine, irrigation, health, roads, cheese, education, baths, law, peace, and the Circus Maximus of course...

Convenor's Focus | August 2022

Gemma Siemensma

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It's amazing how quickly a year can fly when you are immersed in a busy hospital or university environment where the flurry of activity never ceases. HLA hasn't stopped either and continues to meet and prioritise activities. There are a few pertinent activities that I'd like to draw your attention to:

1. The *Guidelines for Australian Health Libraries – 5th edition* have now been published along with Live Literature searches that accompany them. They are accessible online: <https://hla.alia.org.au/guidelines-live-searches/>. Thanks go to Project Lead Ann Ritchie and The Guidelines Reference Group Members for their time and efforts in finalising this long-term project.
2. You may have seen over the last 18 months the work ALIA has been undertaking in regards to the Professional Pathways Project: <https://professionalpathways.alia.org.au/>. Read the article in this issue by Ann Ritchie highlighting some of the concerns the ALIA Health Libraries Australia Committee have on the proposed framework. Make a submission to ensure your thoughts are heard and your issues understood.
3. This issue includes a submission urging the U.S. National Library of Medicine to update their MeSH term to reflect the Australian Indigenous populations accurately. Updates occur each November and we are confident changes are afoot! Thanks go to Alissa McCulloch from the ALIA ACORD group and to those individuals who helped with the submission.

We are excited to announce that our Awards have been announced for 2022.

Congratulations to both recipients:

- **Anne Harrison Award:** Keren Moskal – Monash Health for *Design and implementation of an overarching evidence-based practice (EBP) syllabus*.
- **Medical Director Digital Health Innovation Award:** John Prentice – ANZCA for *Automated interlibrary loan/document delivery (ILL/DD) database for health libraries*.

Our online events have been well received this year and we have more scheduled so check out <https://hla.alia.org.au/> for details. Most excitingly we have a face-to-face event scheduled for November 10-11 at Westmead Hospital Sydney. A *Call for Abstracts* is open so check out the website and get submitting. The theme is **Transformations** and will explore how the health sector moves rapidly and how libraries must embrace challenges and continuously reinvent models of service delivery to meet ever-changing needs.

I hope to see you in Sydney soon!

Gemma

Will librarianship survive as a profession? Who and how will anyone become a “certified library and information professional” in the new ALIA Professional Pathways framework?

Ann Ritchie

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The survival of librarianship as a profession is at stake – it is now time to have your say in the Professional Pathways Framework consultations.

Twelve months ago, I wrote in *JoHILA* about ALIA’s Professional Pathways project¹, which is looking at alternative options for professional-level entry, and different routes to becoming an ALIA “certified library and information professional”:

This certified status would be achievable via pathways other than the current educational ones, which could see the control of the qualifications and criteria for becoming a professional, shift from the universities/TAFEs (accredited education providers) to the professional body (which is not, itself, a registered education and training provider).

The Project has now reached a consultation phase in which a new “prototype” framework² that would redefine the career pathways “into and within the profession”, is proposed. This is the link to the Consultation Paper, the prototype framework is on p11: https://professionalpathways.alia.org.au/wp-content/uploads/2022/08/PP_ConsultationPaper_formatted_proof-2.pdf

It is now time to have your say about the prototype framework – you can go to any of the workshops that are being held in all states and territories from August to November 2022, or attend HLA’s online workshop – date in mid-October to be confirmed. Or you can submit your feedback online here: <https://professionalpathways.alia.org.au/have-your-say/>

¹ Ritchie, A. 2021. National Manager Update – August 2021. *Journal of Health Information and Libraries Australasia*. 2(2), pp5-7. <https://www.johila.org/index.php/Johila/issue/view/9>

² Professional Pathways Frameworks Project Consultation Paper, August 2022. See Figure 1: Professional Pathways draft Framework, p11. https://professionalpathways.alia.org.au/wp-content/uploads/2022/08/PP_ConsultationPaper_formatted_proof-2.pdf

Important points to note

1. The first Recommendation of the Technical Report³ states that ALIA should develop a comprehensive framework of knowledge, skills and ethical behaviour and that:

“The framework should be developed **in consultation with people** across the sector, and draw from the **evidence** in this report and ALIA’s **Foundation knowledge for entry-level library and information professionals.**”
[emphasis mine]

The first piece of evidence documented as Key Finding number 1 in the Technical Report is that:

“Alongside **core professional knowledge**, values and ethics sit **at the centre** of professional practice and professional identity; these **differentiate** the library and information profession from other sectors.” [emphasis mine]

It is critical that this evidence as documented in the first Key Finding – that our **core professional knowledge** sits **at the centre** of professional practice and professional identity – be translated and represented accurately in the new framework.

To do otherwise would be to contradict the research evidence presented in the Technical Report.

2. ALIA’s own **Foundation knowledge** policy⁴ describes the distinctive areas of knowledge that are “**required for effective professional practice** in the library and information sector”.

It is entirely logical and correct that ALIA, as the professional association that sets, regulates and upholds standards of professional practice, should describe the knowledge that new graduates of LIS education should have before entering the profession and before being granted professional status.

³ Hallam, G. 2022. Professional Pathways Framework Project: Technical Report. p264.
<https://read.alia.org.au/professional-pathways-frameworks-project-technical-report>

⁴ Foundation knowledge for entry-level library and information professionals. 2020.
<https://read.alia.org.au/foundation-knowledge-entry-level-library-and-information-professionals>

Thus, it is an oxymoron to suggest that librarianship's distinctive areas of core foundation knowledge would NOT be "required for effective professional practice" – this would require a reversal in ALIA's *Foundation knowledge* policy. And it is even more unthinkable that ALIA would be happy to certify individuals for **ineffective** professional practice.

3. Therefore – using the methodology outlined in the Recommendation number 1, i.e. applying the evidence from the Technical Report and the stipulations of ALIA's *Foundation Knowledge* policy, and in consulting with people in the sector – we suggest that in the new framework, the **core professional knowledge** gained through post-secondary LIS educational qualifications, must be shown to be **central** to becoming a librarian or library technician, sitting alongside values and ethics, as a foundation domain.

BUT – in the prototype framework, **professional knowledge is NOT represented as "core", nor as "central"**; and professional knowledge does **NOT** sit alongside values and ethics, and the other three "Foundation Domains" as a foundational requirement for becoming a professional.

In effect, the prototype framework demotes our professional core knowledge base from being a central, foundational educational requirement for initial entry and professional recognition, relegating our complete set of "Professional Knowledge Domains" to the function of alternative specialised development pathways to Active Professionalism (i.e. ongoing Continuing Professional Development, CPD).

Without a professional knowledge base we are not a profession – this is why we are fearful for the survival of librarianship as a recognised and trusted profession.

4. The alternative pathways approach is, in fact, an apprenticeship model where unqualified individuals (i.e. those who don't have any recognised, accredited LIS qualifications) may learn library skills on the job.

The alternative pathways outlined in the scenarios in the Consultation Paper⁵ show that experience and on-the-job, skills-based training, with some library ethics and values units or other microcredentials (details yet to be provided) are the criteria that ALIA will use to confer professional status on individuals who wish to become ALIA-certified library and information professionals. Some may choose to do LIS

⁵ Professional Pathways Project Consultation Paper, August 2022. p26-31.
https://professionalpathways.alia.org.au/wp-content/uploads/2022/08/PP_ConsultationPaper_formatted_proof-2.pdf

qualifications along the way, but this is not a requirement for entry into the profession.

There is no entry-level requirement for core professional knowledge in the prototype framework. Studying for an accredited LIS qualification (to gain foundational knowledge) is an optional extra that may be picked up in the course of a career in libraries.

What can we do if we want to see our profession survive, and not:

- “dumbed down” and deprofessionalised, without a requirement for core, foundation knowledge and accredited LIS qualifications;
- turned into a skills-based occupational group;
- reclassified industrially into administration streams with consequent loss of pay and conditions?

We can be part of the consultation process, and participate in the co-design of the framework and specifically address Questions 3, 8 and 9 in the Consultation Paper – to make it into a framework that accurately represents the evidence, recommendations and key findings of the Technical Report, and retains our foundational professional knowledge and education requirements.

The redesigned framework should make it obvious that the core foundation knowledge (acquired through post-secondary LIS education) that defines librarianship as a profession, sits at the centre, alongside values and ethics, so that they both and together, differentiate the library and information profession from other sectors.

In summary – the new framework defining the career pathways *into and within the profession*, should make it clear that:

- The framework applies to librarianship as a whole profession, not simply any of the (sub)sectors or specialisations;
- Core professional knowledge is a central and foundation domain, and (together with ethics and values) differentiates librarianship from other sectors;
- Core professional knowledge must be gained before entering *into* the profession i.e. before an individual is granted professional status and recognition as a professional librarian or library technician;
- Career pathways *within* the profession may be pursued by means of specialised CPD programs or other equivalents that focus on particular Domains of Professional Knowledge. These may lead to specialist recognition

and “Active Professionalism” – see Figure 1, p11 in the prototype for descriptions of these Domains.

Please take the time to read the Consultation Paper and consider what you think professional librarianship should entail into the future. This is your chance to have your say, through any of the workshop or submission channels (see <https://professionalpathways.alia.org.au/have-your-say/>). And come along to our online HLA workshop consultation in mid-October.

References

1. Ritchie, A. 2021. National Manager Update – August 2021. *Journal of Health Information and Libraries Australasia*. 2(2), pp5-7.
<https://www.johila.org/index.php/Johila/issue/view/9>
2. Professional Pathways Frameworks Project Consultation Paper, August 2022. See Figure 1: Professional Pathways draft Framework, p11.
https://professionalpathways.alia.org.au/wp-content/uploads/2022/08/PP_ConsultationPaper_formatted_proof-2.pdf
3. Hallam, G. 2022. Professional Pathways Framework Project: Technical Report. p264.
<https://read.alia.org.au/professional-pathways-frameworks-project-technical-report>
4. Foundation knowledge for entry-level library and information professionals. 2020.
<https://read.alia.org.au/foundation-knowledge-entry-level-library-and-information-professionals>
5. Professional Pathways Project Consultation Paper, August 2022. p26-31.
https://professionalpathways.alia.org.au/wp-content/uploads/2022/08/PP_ConsultationPaper_formatted_proof-2.pdf

MeSH and Australian Indigenous Communities

The Australian Library & Australian Indigenous Communities urge the U.S. National Library of Medicine to update their MeSH term to reflect the Australian Indigenous population.

(National Library of Medicine response is included at the end of this article).

This proposal is supported by Health Libraries Australia, a group of the Australian Library and Information Association (ALIA), and the ALIA Community on Resource Description (ACORD). The proposal is informed by terminology guidance and usage from the National Indigenous Australians Agency, the Australian Institute for Aboriginal and Torres Strait Islander Studies and the Australian Capital Territory Council of Social Service (ACT CoSS), as well as Aboriginal and Torres Strait Islander stakeholders

The MeSH (Medical Subject Heading) term for 'Oceanic Ancestry Group', which 'Aboriginal Australians' and a host of other Australian Indigenous terms is mapped to, has been changed to 'Native Hawaiian or Other Pacific Islander' in the latest 2022 MeSH update (<https://meshb.nlm.nih.gov/record/ui?ui=D044468>).

This decision is confusing, as Australian Indigenous populations of an entire continent are parcelled up with 'Other Pacific Islanders', along with the numerous other national and ethnic population groups that this MeSH term spans. Australia is not a Pacific Island (though we have very close ties with various Pacific Island regional organisations and fora). To include the two major groupings of Australian Indigenous peoples (Aboriginal and Torres Strait Islander peoples) under this MeSH heading is not only inaccurate and a misrepresentation, but also deeply harmful.

Use of MeSH terms in Australian catalogues such as 'Oceanic Ancestry Group' and now even more unacceptably 'Native Hawaiian or Other Pacific Islander' is highly inappropriate and deeply offensive to Aboriginal and Torres Strait Islander people, with the potential to cause real distress to those encountering this term. It will also cause offence and confusion to library users of all backgrounds.

In 2021 Flanagin et al observed that *"terminology, usage, and word choice are critically important, especially when describing people and when discussing race and ethnicity. Inclusive language supports diversity and conveys respect. Language that imparts bias toward or against persons or groups based on characteristics or demographics must be avoided."*

Aboriginal and Torres Strait Islander populations have significant health problems that are poorly researched and are deserving of more focussed attention in their

assignment of MeSH indexing. We need to ensure they are more appropriately described in research databases that rely on MeSH indexing.

It appears the National Library of Medicine changed the MeSH terms for 'racial groups' in the 2022 release to match the terms used in the US Census, which probably makes some sense for Americans but is far less helpful for the rest of the globe, especially where our ethnic categories don't match those used in North America. Going by the US Census Bureau's own definition, Aboriginal and Torres Strait Islander Australians would not fit any of the listed categories.

The indexing of subject matter relating to Indigenous populations is problematic in several databases as indicated by Kelly et al (in the Canadian context) and by Sladek et al: *"The extent to which existing and future research can impact on reducing health disparities relates not only to the evidence available, but the ability to find that evidence"*. Sladek et al notes that even expert searchers struggle to find the relevant peer-reviewed Indigenous literature in MEDLINE. At the time of publication, the authors stated that the relevant MeSH term of 'Oceanic Ancestry Group' was neither intuitive nor specific. The 2022 MeSH term of 'Native Hawaiian or Other Pacific Islander' has further widened the gap.

We write to propose a MeSH term change that better describes Indigenous Australians. In doing so we note the precedent set when the MeSH term 'Indigenous Canadians' was introduced in 2021. A comparable international thesaurus Emtree uses the inclusive term 'indigenous peoples'.

However, feedback from local communities and stakeholders has indicated a firm preference for the term 'Australian Aboriginal and Torres Strait Islander Peoples' over 'Indigenous Australians'. The former term is proposed here as a new MeSH heading, with the latter term included as an entry term.

Proposed term

Australian Aboriginal and Torres Strait Islander Peoples

Scope note: *'The two groups of indigenous peoples of Australia. They include Aboriginal Australians and Torres Strait Islanders. These encompass many distinct peoples with unique histories, languages, cultural practices and spiritual beliefs.'*

Qualifiers

As per existing terms:

- classification (CL)
- education (ED)
- ethnology (EH)
- genetics (GE)

- history (HI)
- legislation & jurisprudence (LJ)
- psychology (PX)
- statistics & numerical data (SN)

MeSH Tree Structure

Directly under 'Racial Groups' [M01.686.508]

Narrower Concepts

- Australian Aboriginal Peoples
- Australian Torres Strait Islander Peoples

Entry Terms

- Native Hawaiian or Other Pacific Islander
- Oceanic Ancestry Group
- Ancestry Group, Oceanic
- Ancestry Groups, Oceanic
- Group, Oceanic Ancestry
- Groups, Oceanic Ancestry
- Oceanic Ancestry Groups
- Australoid Race
- Australoid Races
- Races, Australoid
- Australian Race
- Race, Australian
- Races, Australian
- Aboriginal Australians
- Aboriginal Australian
- Australian, Aboriginal
- Australians, Aboriginal
- Aborigines, Australian
- Aborigine, Australian
- Australian Aborigine
- Australian Aborigines
- Torres Strait Islanders
- Torres Strait Islander
- Indigenous Australians
- Australians, Indigenous

Additional Proposals

Additionally, we urgently and strongly request that the concept 'Australoid Race', currently a narrower concept of 'Native Hawaiian or Other Pacific Islander', have its scope note updated to reflect the outdated and highly offensive nature of this term,

and emphasise that it should no longer be used in active indexing. We are interested in the potential of deleting this heading outright.

We also propose a new narrower concept term 'Australian South Sea Islanders' be added to the existing term 'Native Hawaiian or Other Pacific Islander'. South Sea Islanders are not indigenous to Australia, but are the descendants of Pacific Islanders kidnapped or otherwise coercively brought to Australia in the late 19th century to work as indentured labourers on sugar plantations and in other primary industries.

References

ALIA Community on Resource Description (ACORD). (2021). ALIA Community on Resource Description. https://www.alia.org.au/Web/Our-Members/Board-and-Committees/ALIA_Community_on_Resource_Description.aspx

ALIA Health Libraries Australia (HLA). (2022). ALIA HLA. <https://hla.alia.org.au/>

Australian Capital Territory Council of Social Service. (ACT CoSS). (2016). Preferences in terminology when referring to Aboriginal and/or Torres Strait Islander peoples. <https://www.actcoss.org.au/sites/default/files/public/publications/gulanga-good-practice-guide-preferences-terminology-referring-to-aboriginal-torres-strait-islander-peoples.pdf>

Australian Institute for Aboriginal and Torres Strait Islander Studies. (2022). Indigenous Australians: Aboriginal and Torres Strait Islander people. <https://aiatsis.gov.au/explore/indigenous-australians-aboriginal-and-torres-strait-islander-people>

Flanagin, A., Frey, T., Christiansen, S. L., & Bauchner, H. (2021). The reporting of race and ethnicity in medical and science journals: comments invited. *JAMA*, 325(11), 1049-1052. <https://jamanetwork.com/journals/jama/article-abstract/2776936>

Kelly, L., & St Pierre-Hansen, N. (2008). So many databases, such little clarity: Searching the literature for the topic aboriginal. *Canadian Family Physician*, 54(11), 1572-1573. <https://www.cfp.ca/content/54/11/1572.short>

National Indigenous Australians Agency. (2022). Homepage. <https://www.niaa.gov.au/>

Queensland Government, Department of Children, Youth Justice and Multicultural Affairs (2022). Australian South Sea Islanders. <https://www.cyjma.qld.gov.au/multicultural-affairs/multicultural-communities/australian-south-sea-islanders>

Sladek, R. M., Tieman, J. J., Tyndall, J., & Phillips, P. A. (2013). Searching MEDLINE for Aboriginal and Torres Strait Islander health literature: questionable sensitivity. *Health Information & Libraries Journal*, 30(2), 138-148. <https://doi.org/10.1111/hir.12018>
World Health Organisation. (2013). Pacific Island Countries. https://apps.who.int/iris/bitstream/handle/10665/136831/ccsbrief_pci_en.pdf

National Library of Medicine response:

Thanks for your suggestion on MeSH content related to Australian indigenous population terms. As you noted MeSH terminology related to race/ethnicity has been in flux to better align with other US governmental sources. By doing so we also created some temporary oddity which we are addressing in MeSH 2023.

In summary we separated US-only from the rest of world population descriptors. In addition we created Australian Aboriginal and Torres Strait Islander Peoples per your request along with three other indigenous group terms: Maori People in New Zealand and Navajo People and Pima People in the US.

Your request came into NLM suggestion system right after close of annual descriptor review cycle but MeSH review team took up the request.

Once we are done with more QC activities over the summer we will announce our changes in November.

Thank you,

Dan Cho, Ph.D.
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Tech Showdown – Tango vs Scribe

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Tech Showdown is a new, regular feature of JoHILA. Novel products, software, and technologies will be compared against each other to determine who is the winner, based on available features, ease of use, and price. If you have an idea for *Tech Showdown*, or would like to see a comparison of two particular technologies, please email Cass.

Databases, content platforms, booking systems, and catalogues. Where possible, we try to integrate systems to provide a seamless experience for the user; one interface, one point of access. Where that is not possible, we provide instructions on how to connect, search, or download. However, instructions can be time consuming to make, screen recordings are too big to send, and screenshots can be too small to read.

Enter the automated procedure maker.

In the blue corner, we have [Tango](#). In the red corner, we have [Scribe](#). Both products work in similar ways. Download the application as a Browser extension, click 'Capture', and start going through the process you would like to record instructions for. For example, if you want to capture how to search your catalogue for a user, simply navigate to your catalogue in your browser, hit "Capture" on the tool and complete the steps you would like to capture. Click "End" when you would like to finish. Every time you click on something, the product captures a screenshot of where you clicked and records it as a step. Once you have finished, you can then edit and describe the steps and reposition or draw on your screenshots. When you are satisfied with your instructions, you can send it as a live link.

Let's compare the two in detail.

Round 1: Features

Below are the features for the free plans.

Tango:

- Available as a Chrome extension.
- Can be exported to PDF.
- Instructions can be embedded in websites, such as LibGuides.
- Able to redact information in a screenshot, such as emails and passwords.
- Draw on and zoom in on screenshots

Scribe:

- Available as an extension for both Chrome and Edge.
- Can be exported to PDF.
- Instructions can be embedded in websites, such as LibGuides.
- Enable comments from people who viewed the instructions.
- See how many users viewed your instructions.

Winner – Tango. Being unable to redact information in a screenshot seems like a huge oversight, although it is available for the paid versions of Scribe.

Round 2: Ease of Use

For capturing actions completed in a browser, both tools do so in identical ways. The problem is when you want to capture something that is not online. Then you would have to purchase a plan for either product to access their desktop application.

In terms of reading the instruction, Scribe offers the ability to have 'alert' text. This is displayed in red and can be very useful when you want to make the user aware of something important. However, in screenshots of instructions, the mouse pointer is a small orange circle. If you click on something equally as small, the circle obscures it, so the user may be unsure what you actually clicked on.

Winner – Tango. Clicked items in screenshots have an orange rectangle around it. Users can easily see what you clicked on in the instructions.

Round 3: Price

Tango used to be completely free. It was only in recent weeks that they changed their subscription model. Existing users were recently warned that they would have to delete some of their instructions if they had more than 25.

Tango:

- Free plan
 - Up to 25 instructions.
- Pro plan - \$16 USD/month.
 - Unlimited instructions.
 - Access to desktop application.
 - Custom branding.
 - Ability to invite others to edit your instructions.
- Enterprise plan – no pricing information available.
 - The Enterprise plan is listed as "coming soon" and promises security benefits.

Scribe

- Free plan
 - Unlimited instructions
- Pro plan - \$29 USD/month

- Access to desktop application.
- Custom branding.
- Customisable screenshots.
- Enterprise plan – no pricing information available.

Winner – Scribe by a knockout. The Scribe free plan has an unlimited number of instructions that you can generate. You could get away with having multiple Tango accounts if you needed more than 25 instructions, but who has the time to manage all those accounts?

Winner

Of course, it depends on the needs of your library and users, but Scribe wins by a technicality. By limiting the number of instructions you can capture for a free plan, Tango has forced users to delete existing instructions, or create more accounts. There's also a risk that if you ask members of your team to create instructions using their personal accounts, you won't be able to edit them once they leave your organisation. If you use Scribe, you can keep all your instructions in one place.

An investigation into health professionals' use of medication information resources: results of a health library survey

Margaret Purnell | NT Health Library Services, Darwin
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Marg has worked at the NT Health Library for the past 12 years and has been the team leader of the training and research support team for three years. Marg's qualifications are: MAppSci (Library & Information Mgt), Grad Cert (Public Sector Mgt), BN (Midwifery), DipAppSci (Nursing).

Mary Byrne | NT Health Library Services, Darwin
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Mary is a Clinical Librarian with NT Health Library Services. Mary's qualifications are: BA (Lib & Corp Info Mgt) Diploma (Lib & Info Services).

Acknowledgements: The authors would like to thank the other members of the project team – Amali Ford and Michelle Ramos as well as Trudi Maly, Director of Library Services, for her guidance and support throughout the project.

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Abstract

Introduction

Accurate and timely medication information is crucial for health professionals working in a hospital environment. This article focuses on the findings of a medication information resources survey undertaken in a northern Australian health service.

Objectives

To examine health professionals' usage and satisfaction of medication information resources available to them.

Methods

An online survey of staff was undertaken in May 2021.

Results

There were 206 responses to the survey. Eighty-eight percent of respondents were either nurses, pharmacists or doctors. The four most popular resources were: Australian Medicines Handbook, Therapeutic Guidelines, MIMS Online and Australian Injectable Drugs Handbook. Fifty-three percent of respondents use the resources daily or more than once per day. Doctors are more likely to use the app version and the Health Library's website is where the majority access the resource from. Eighty-one percent felt that it was extremely or moderately easy to access resources.

Discussion

Responses from the open-ended question indicate that there is a lack of awareness of a number of resources which supports the need for strategic promotion and education.

Conclusion

The results of this study have shown that health libraries subscribing to key medication information resources supports patient care and best practice.

Keywords

medication, information resources, health libraries, health professionals, Australia

Introduction

Accurate and timely medication information is crucial for health professionals working in the hospital environment. With the emphasis on evidence-based healthcare along with vast quantities of information available on the internet, it is important for clinicians to utilise high quality, reliable information resources to guide their day-to-day practice. In addition to this, given the pressure that health professionals are under they also need resources that are accessible and easy to use (Brennan et al, 2014). Examples of these include Australian Medicines Handbook and Therapeutic Guidelines. These are designed so that doctors, nurses and pharmacists can make the best decisions for patient care (Chang et al, 2016).

Hospital or health libraries and the resources they subscribe to can provide the support for correct prescribing, dispensing and administering of medications (Ndosi and Newell, 2010). Many do provide access to medication information resources but find they are a significant financial commitment (Chang et al, 2016). Health libraries not only provide access to this best available evidence, they have a key role and responsibility in the acquisition and management of information resources in financial climates that are scrutinised at the executive management level. It is important that libraries provide evidence to departmental executives for subscription renewal in addition to statistical usage data for securing and continuing funding (Addison et al, 2013).

In addition to this, these libraries are fundamental to providing resources needed for reducing the risk of medication errors. In Australia, this is in line with the National Safety and Quality Health Service (NSQHS) Standard 4 - Medication Safety (Australian Commission on Safety and Quality in Health Care, 2019). Health librarians are also always looking for ways to promote the availability of their electronic resources to staff who may be unaware of their existence.

Northern Territory (NT) Health Library Services expends a significant amount of their budget each year on medication information resources that includes MIMS Online and Australian Injectable Drugs Handbook. In addition to evaluating and

recommending resources, library staff also manage the procurement, licence agreements, payments, authentication and access. These resources are then highlighted on the library's website and a number of them are made available as mobile apps. Since a substantial portion of staff time and budget is allocated to providing this information, understanding how and why these resources are accessed is important in justifying their renewal.

This article reports on the findings of a recent workplace project targeting health professionals across the health department, known locally as NT Health. The purpose of the project was to determine which medication information resources staff find most useful, to gauge whether they meet the information needs of health professionals and whether there are any other resources the library could consider in its provision of evidence based medication information. This project has also been an opportunity to further promote the resources that are available via the Health Library's website.

The library serves a population of over 8000 staff (5000 are health professionals) who work across six hospitals and 50 other locations, including community clinics. With users in geographically remote places as well as hospital-settings it is essential for the library to facilitate access to online information resources (Younger, 2010). In 2020, resources containing medicines information were the most highly used on the library's website. All of these resources can be accessed via the Health Library's A to Z databases webpage as well as being promoted on a Medication Information page: <https://library.health.nt.gov.au/libraryservices/medicinesinformation>. A number of them are also listed on the homepage under "Popular Resources". The resources that are available as apps are: MIMS Online, Therapeutic Guidelines, Australian Medicines Handbook (AMH), AMH Children's Dosing Companion, Micromedex and UpToDate.

Two librarians worked on this project with a pharmacist and registered nurse from the Medication Safety team, based at Royal Darwin Hospital (RDH). This team was developed from the acknowledgement of the importance of medication safety in a fast-paced and challenging modern healthcare system (Adhikari et al, 2014). It provides guidance and support to hospital staff on medication safety and quality use of medicines, including education and training programs, audits and quality improvements. They also provide advice and evidence of compliance with the national medication safety standard to the health service executives.

Objectives

The aim of this study was to examine health professionals' usage and satisfaction of medication information resources available to them that support the safety and quality of clinical care. Other objectives were: to raise awareness and thereby increase usage of the medication information resources subscribed to by the library

and to assist the library's selection of electronic resources to best meet the needs of departmental staff

Methods

The medication information resources survey was developed using Survey Monkey to write the questionnaire. There were 14 questions; the majority were closed design with one open-ended question asking respondents if they had any comments or recommendations for alternative resources. A final optional question asked staff to submit their email address if they wanted library staff or the Medication Safety team to contact them with a response to their comments or suggestions. The survey is provided as an Appendix.

Approval to conduct this study was granted by the Human Research Ethics Committee of the Northern Territory Department of Health and the Menzies School of Health Research. The survey was piloted with a small group consisting of library staff and health professionals. Minimal changes were needed post-pilot. It was then open for four weeks in May 2021. A communication plan was developed for the marketing of the survey which identified key strategies for promotion and dissemination of results. These strategies included promoting the survey via the library's homepage, the staff intranet news feed and email lists. Posters were distributed throughout the health service at locations such as staff tea rooms, meeting rooms and lifts, with QR codes directly linking to the survey for ease of completion on mobile devices. Once closed, results were exported to excel to create charts and tables and cross-tabulation was used for analysis.

Results

Demographics

The number of respondents to the survey was 206. This exceeded initial expectation of 100 responses. The three main groups who responded to the survey were nurses/midwives (n=112, 54%), doctors (n=40, 19%) and pharmacists (n=33, 16%) (Table 1).

Which category best describes you?		
Answer Choices	Respondent Percent	Response Count (n)
Nurse	52%	108
Pharmacist	16%	33
Senior Doctor	12%	25
Junior Doctor	7%	15
Other	7%	14
Allied Health	3%	7
Midwife	2%	4
Total	100%	206

Table 1. Job Category of survey respondents

Staff responding to the survey were located across the NT with the largest group from Darwin (n=130, 63%) and the second largest from Alice Springs (n=52, 25%). This is reflective of where the majority of NT Health staff are located. The remainder were nine (4%) from Katherine, four (2%) from Gove/Nhulunbuy and two from Tennant Creek. Nine of the respondents were from other remote community locations.

Resources usage

Two questions were asked pertaining to the medication information resources used both in the past year and in the past four weeks. For both time periods, Australian Medicine Handbook was the number one used resource, then Therapeutic Guidelines, MIMS Online and Australian Injectable Drugs Handbook. See Table 2 for resources used in the past four weeks. A breakdown of the three most popular resources used by profession is seen in Table 3. There are a number of features utilised when accessing medication information resources. Respondents were able to select more than one feature. The most popular being drug administration information (n=180), drug interactions (n=158) and consumer information (n=81).

Which of the following medication information resources have you used in the past 4 weeks (please tick all that apply)?	
Answer Choices	Responses
Australian Medicines Handbook	138
Therapeutic Guidelines	112
MIMS Online	112
Australian Injectable Drugs Handbook	98
UpToDate	61
AMH Children's Dosing Companion	44
Renal Drug Database	40
Pregnancy and Breastfeeding Medicines Guide	37
Australian Immunisation Handbook	37
Other (please specify)	28
Paediatric Injectable Guidelines	27
Top End AntiMicrobial Stewardship	27
Micromedex	25
TOXINZ Poisons Information	12
Natural Medicines	9
Access Medicine - Drug Monographs	5
Answered	206

Table 2 Resources used in past four weeks

	Nurses/Midwives (n=112)	Pharmacists (n=33)	Doctors (n=40)
1	Australian Injectable Drugs Handbook (n=82)	Therapeutic Guidelines (n=33)	Therapeutic Guidelines (n=38)
2	MIMS Online (n=79)	Australian Medicines Handbook (n=33)	Australian Medicines Handbook (n=37)
3	Australian Medicines Handbook (n=77)	MIMS Online (n=32)	MIMS Online (n=19)

Table 3. Popular resources by profession

How often used

When asked how often respondents used the medication information resources, 53% (n=109) use them daily or more than once every day. Another 18% use these resources several times each week (Figure 1).

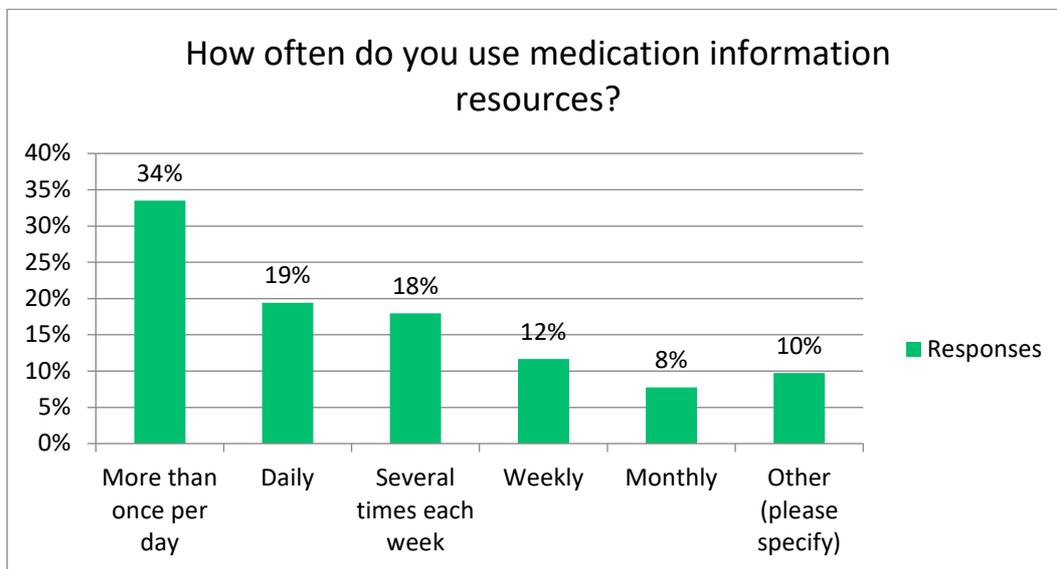


Figure 1. How often resources are used

Over 50% of respondents access these resources via the library's website, 20% via the intranet platform 'RefViewer' and 10% from a mobile device (Figure 2).

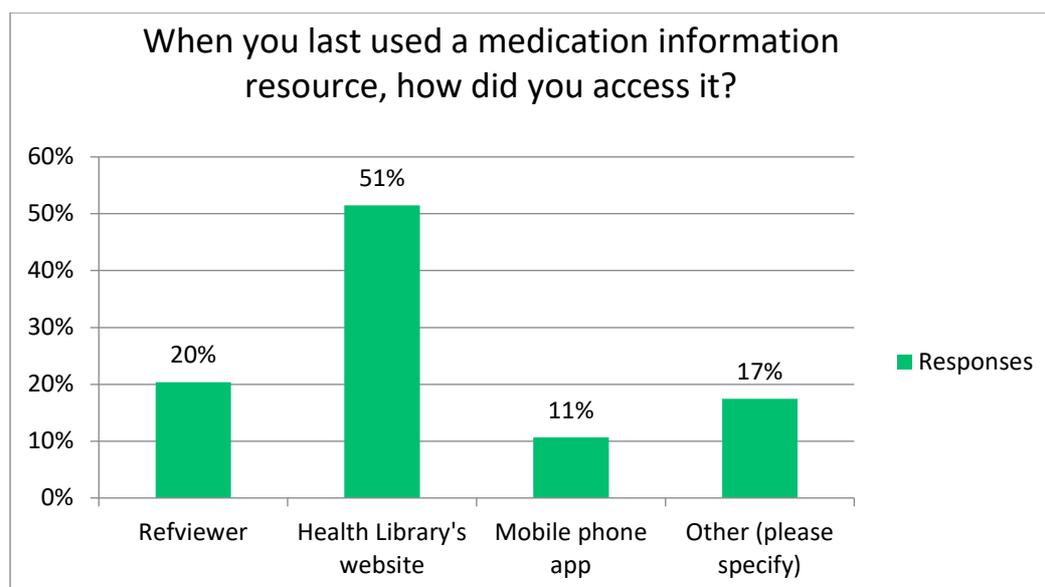


Figure 2. How resources are accessed

When asked whether they used any of the medication information resources as an app or viewed them on a mobile device 39% of respondents said "Yes". The three most popular resources used as an app were: Therapeutic Guidelines, Australian Medicines Handbook and MIMS Online.

When cross-tabulating app usage by profession, doctors were more likely to have used this method for access in comparison with nurses and pharmacists. Out of 40 doctors, 27 (68%) of them have used the resources as an app, 13(39%) of the 33 pharmacists have done this and 32 (29%) of 112 nurses/midwives have used an app to obtain medication information.

Why information was needed

The most popular reason for accessing medication resources was for direct patient and client care followed by updating knowledge (Table 4).

Table 4. Why information was needed

What have you used this information for (please tick all that apply)?	
Answer Choices	Responses (n)
For direct patient/client care	173
To update my knowledge	133
To provide consumer information	68
To find evidence to support a change in current practice	67
To develop a procedure or guideline	47
For research or project work	37
Other (please specify)	11
Answered	206

Satisfaction

When asked whether the medication information resources provided an answer to a query the last time the respondent used one, 65% (n=133) said it completely answered their query and 26% (n=54) said moderately.

When asked about ease of access, 167 respondents (81%) felt that it was extremely or moderately easy to access resources.

Open-ended responses

There were 64 responses received for comments or suggestions about the medication information resources. When grouped into themes, there were positive responses that did not require follow-up and others that did require a follow-up. These were broken down further to determine whether the responsibility to follow-up was with the librarians, the medication safety nurse or the pharmacist.

The following is a selection of the responses:

- *Fabulous resources. Have never felt so informed.*
- *I think this is a great survey. I have learnt what other medication resources are out there.*
- *Thank you for making these available*
- *Thank you for providing access to such wonderful resources*
- *Thank you for supporting clinicians with access to TG / AMH etc - this is very valuable*
- *The medication resources are the most useful in all the library- please keep all access*
- *I use this on a daily basis and is essential especially Micromedex despite its cost*
- *Keep up the good work*

Discussion

A total of 206 out of 5130 health professionals who work for NT Health (Northern Territory Government, 2019) responded to the survey resulting in a response rate of 4%. Therefore, this survey has provided a snapshot of the needs of health professionals involved in the prescribing, dispensing and administering of medications, their usage and satisfaction with the resources.

The three main groups who responded to the survey were nurses/midwives (n=112, 54%), doctors (n=40, 19%) and pharmacists (n=33, 16%). There have been other studies on access to general information tools in the literature (Barnes et al, 2020). However, there appears to have been no other published research exploring the use of medication information resources by these three major groups of health professionals. Staff responding to the survey were located across the NT with the

largest group from Darwin (n=130) and the second largest from Alice Springs (n=52) which is where the majority of NT Health staff are located.

The survey results suggest there are four key resources that staff use regularly. Australian Medicines Handbook was number one, then Therapeutic Guidelines, MIMS Online and Australian Injectable Drugs Handbook. UpToDate was the fifth most popular resource used, however it needs to be noted that UpToDate is also used for other clinical purposes, not just for medicines information. These results are similar to a previous Australian study of nurse practitioners that found in the four weeks prior to undertaking the survey the three most frequently used resources were: Australian Medicines Handbook, MIMS and Therapeutic Guidelines (Buckley et al, 2015). A result of note in the survey is that Therapeutic Guidelines was not in the top three results of nurses. This may be because this resource is aimed at prescribers so appears to be more popular with doctors.

Apps use was significant amongst the doctors who responded to the survey, but not in the other professions. This may be because at ward level in the NT hospitals there is at least one dedicated electronic medication management laptop and tablet on a trolley as well as computers at each nurses' station to access information.

The least popular resources from this survey will be examined further for possible deselection. These were: Access Medicine – Drug Monographs and Natural Medicines Database. These less popular resources contain specialised information that may not be easily accessible elsewhere so could be an area for future research to evaluate their value.

Unsurprisingly, medication information is used by staff to ensure patient care is as safe and effective as possible with 173 respondents (84%) recording usage for this purpose. Resources are also highly used as a method of increasing knowledge (n=133), providing information to consumers (n=68), for supporting changes to clinical practice (n=67), implementing procedures and guidelines (n=47) and for research and project work (n=37). These responses indicate that the department has a culture of continual improvement and innovation and medication resources provide the support and evidence required to facilitate the activities being undertaken by staff.

The survey found a high percentage of respondents discover the information they are searching for when using a medication information resource. Sixty-five percent (n=133) said it completely answered their query and 26% (n=54) said moderately. Responses from the survey also showed the majority (81%) find these resources extremely or moderately easy to access. However, this means that 1 in 5 respondents are having difficulty finding what they need which provides the rationale for future staff development and training via promotion and outreach activities.

Librarians are aware of the important need for outreach within their organisation in order to raise awareness of available resources (Clark, 2021). Within NT Health, library staff send out a monthly news alert to email distribution lists that reaches everyone. The team also makes use of the internal intranet page, and targets work units with tailored training. Since undertaking the survey, a communication plan has been developed to address gaps where some staff don't seem to know what the library can provide to them.

The communication plan will include liaison with stakeholders to provide additional training opportunities, improve visibility of the library with pop up stands at intervals to promote resources and to provide success stories from users in order to generate interest and acknowledgement of the library. A positive finding from this study and a recurring theme in the literature is ease of information access and its impact on the quality of clinical decision-making (Barnes et al, 2020). Nowadays, a large proportion of hospitalised patients have co-morbidities, so the number of medications and the information needed to dispense them safely and effectively is becoming difficult. Some of the potential risks due to gaps in knowledge include: preventable harm, sub-optimal therapeutic outcomes and the corresponding economic burden to the health system (Campbell et al, 2016).

In acknowledgment of the open-ended responses received, the library has implemented a number of positive changes that facilitate easier access to some resources. The Medication Safety team are addressing issues concerning IT access from the 'RefViewer' intranet platform.

The library is aiming to improve relationships with pharmacy managers and work more closely with them to ensure continued access to the most useful and appropriate resources. A number of additional resources were suggested in response to the open-ended question. Free resources were added to the medication information page on the library website. There were also resources suggested that the library already subscribes to. These will be promoted. The library has arranged trials for other suggested resources such as AusDi (an Australian medicines information resource) in order to gather insight into whether staff would use alternatives if they were made available. Trials are still in progress at this time. An infographic was created and displayed in the monthly news alert and on the library's homepage to highlight the results of the survey to staff across the Territory.

Limitations

The medication information resources survey has provided a snapshot of opinions and has thereby assisted the Health Library staff and the Medication Safety team to know who is using these resources and whether they are satisfied with them.

The great distances between health service locations, and the location of the project team all being within the major RDH campus may have been a reason for the low number of responses from regional locations.

Another limitation was the low response rate from non-nursing professions that could have influenced the outcomes noted in the survey overall. A balanced number of respondents across the professions would have given a more accurate picture.

Additionally, the experience level of individual staff was not explored, so it is difficult to tell from survey responses whether those who experienced any difficulty in using medication resources was a result of professional inexperience, user error or limited searching skills.

Further questions that could have been asked are whether staff have their own subscription or purchased an app to any medication information resources. This would have provided insight into any additional tools in use. Within the answer options for information resources, it may have been useful to include expert opinion such as 'consulting the pharmacist' or a colleague. This would have highlighted the reliance on other people in contrast to paid medication resource subscriptions. Additionally, having an open ended question asking how a resource may have failed to provide the required answer would have given useful information into any barriers or deficiencies users encountered when using a resource.

Conclusion

Health professionals have demanding jobs so require quick and easy access to medication information resources that can assist them in undertaking their day-to-day work and to ensure patient safety. The results of this survey have indicated that the library is subscribing to the key resources that enable pharmacists, nurses and doctors to keep up to date with latest medication information for a variety of purposes including direct patient care. The survey has also provided valuable information to help inform future renewals as well as the opportunity to plan for training and promotion activities.

References

Addison, J., Whitcombe, J., & William Glover, S. (2013). How doctors make use of online, point-of-care clinical decision support systems: a case study of UpToDate©. *Health Information & Libraries Journal*, 30(1), 13-22. doi:10.1111/hir.12002

Adhikari, R., Tocher, J., Smith, P., Corcoran, J., & MacArthur, J. (2014). A multi-disciplinary approach to medication safety and the implication for nursing education and practice. *Nurse education today*, 34(2), 185-190. doi:10.1016/j.nedt.2013.10.008

Australian Commission on Safety and Quality in Health Care. (2019) *The National Safety and Quality Health Service (NSQHS) Standards*. Retrieved from: <https://www.safetyandquality.gov.au/standards/nsqhs-standards/medication-safety-standard> [last accessed 22 December 2021]

Barnes, L., Freund, L., & Giustini, D. (2020). The information needs of Canadian midwives and their evidence-informed practice. A Canada-wide survey. *EBLIP*. 15(2). 23p.
<https://journals.library.ualberta.ca/ebliip/index.php/EBLIP/article/download/29616/22202>

Brennan, N., Edwards, S., Kelly, N., Miller, A., Harrower, L., & Mattick, K. (2014). Qualified doctor and medical students' use of resources for accessing information: what is used and why? *Health Information & Libraries Journal*, 31(3), 204-214. doi:10.1111/hir.12072

Buckley, T., Stasa, H., Cashin, A., Stuart, M., & Dunn, S. (2015). Sources of information used to support quality use of medicines: findings from a national survey of nurse practitioners in Australia. *Journal of the American Association of Nurse Practitioners*, 27(2), 87-94. doi:10.1002/2327-6924.12138

Campbell, C., Morris, C., & Braund, R. (2016). Medicines information in New Zealand: current services and future potential. *The New Zealand Medical Journal*, 129(1447). 21-28.

Chong, H. T., Weightman, M. J., Sirichai, P., & Jones, A. (2016). How do junior medical officers use online information resources? A survey. *BMC medical education*, 16(1), 1-6. doi: 10.1186/s12909-016-0645-x

Clark, H. (2021). Outreach marketing may be a successful strategy for NHS libraries. *Health Information & Libraries Journal*, 38(1), 61-65. doi:10.1111/hir.12357

Ndosi, M., & Newell, R. (2010). Medicine information sources used by nurses at the point of care. *Journal of Clinical Nursing*, 19(17-18), 2659-2661. doi:10.1111/j.1365-2702.2010.03266.x

Northern Territory Government. (2019). NT Health Workforce Strategy (2019-2022). Retrieved from <https://digitallibrary.health.nt.gov.au/prodjspui/handle/10137/7753> [last accessed 20 December 2021]

Younger, P. (2010). Internet-based information-seeking behaviour amongst doctors and nurses: a short review of the literature. *Health Information & Libraries Journal*, 27(1), 2-10. doi:10.1111/j.1471-1842.2010.00883.x

Appendix - Survey Questions

NT Health Library Medication Resources Survey

The Health Library and the Medication Safety team would appreciate your input about medication information resources to guide the future of the Library's online collection and to support the information needs of NT Health staff across the Territory.

By completing this survey you are consenting to information being used for the above purposes. Participant responses will remain anonymous.

The researchers may use some of the information to write a journal article for publication.

The following survey will take only a few minutes of your time.

1. Which category best describes you?

Nurse

Midwife

Senior Doctor

Junior Doctor

Pharmacist

Allied Health

Other (please specify)

2. Where are you located?

Darwin/Palmerston

Katherine

Alice Springs

Gove/Nhulunbuy

Tennant Creek

Other (please specify)

3. How often do you use medication information resources?

More than once per day

Daily

Several times each week

Weekly

Monthly

Other (please specify)

4. Which of the following medication information resources have you used in the past year (please tick all that apply)?

Therapeutic Guidelines

Australian Medicines Handbook
MIMS Online
Renal Drug Database
AMH Children's Dosing Companion
Australian Injectable Drugs Handbook
Pregnancy and Breastfeeding Medicines Guide
Micromedex
TOXINZ Poisons Information
Paediatric Injectable Guidelines
Natural Medicines
Australian Immunisation Handbook
Access Medicine - Drug Monographs
UpToDate
Top End Anti Microbial Stewardship
Other (please specify)

5. *Which of the following medication information resources have you used in the past 4 weeks (please tick all that apply)?*

Therapeutic Guidelines
Australian Medicines Handbook
MIMS Online
Renal Drug Database
AMH Children's Dosing Companion
Australian Injectable Drugs Handbook
Pregnancy and Breastfeeding Medicines Guide
Micromedex
TOXINZ Poisons Information
Paediatric Injectable Guidelines
Natural Medicines
Australian Immunisation Handbook
Access Medicine - Drug Monographs
UpToDate
Top End Anti Microbial Stewardship
Other (please specify)

6. *What have you used this information for (please tick all that apply)?*

For direct patient/client care
To update my knowledge
To find information to support or change practice
To develop or update a procedure or guideline
For research or project work
To provide consumer information

7. *When you last used a medication information resource did the information you accessed answer your query?*

- Completely
- Moderately
- Somewhat
- Slightly
- Not at all

8. *When you last used a medication information resource, how did you access it?*

- Refviewer
- Health Library's website
- Mobile phone app
- Other (please specify)

9. *Have you used any of the medication information resources as an app or viewed on a mobile device?*

- Yes
- No

10. *If you answered yes to the previous question, which of the following have you used on a mobile device (please tick all that apply)?*

- Therapeutic Guidelines
- Australian Medicines Handbook
- MIMS Online
- Renal Drug Database
- AMH Children's Dosing Companion
- Australian Injectable Drugs Handbook
- Pregnancy and Breastfeeding Medicines Guide
- Micromedex
- TOXINZ Poisons Information
- Paediatric Injectable Guidelines
- Natural Medicines
- Australian Immunisation Handbook
- Access Medicine - Drug Monographs
- UpToDate
- Top End Anti Microbial Stewardship
- Other (please specify)

11. *When accessing the medication information resources which features have you used (please tick all that apply)?*

- Drug administration information
- Drug interactions
- Drug calculators

Pill identification
Crushing/alternative dose form
Paediatric dose adjustment
Storage information
Consumer information
Other (please specify)

12. How easy is it to access medication information resources at NT Health

Extremely
Moderately
Somewhat
Slightly
Not at all

13. Do you have any other comments or recommendations for alternative resources so the Health Library team and the Medication Safety team can continue to support your patient care?

14. If you would like Health Library staff or the Medication Safety team to contact you please provide your name and email address (optional)

Name

Email Address

Australian Health Libraries and Resource Sharing – state of play and future directions

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Resource sharing between health libraries is in a state of flux. Systems are changing, sources are becoming more limited and change is on the horizon. The aetiology is multifactorial, best practice responses are unclear and the prognosis is uncertain.

This paper will outline the state of play, changes and challenges ahead, and possible futures.

There are varying numbers of health libraries reported in directories. 425 in the National Library of Australia's (NLA) Gateway site (*Australian libraries gateway*), 303 in NLA's ILRS Directory (*Australian Interlibrary Resource Sharing Directory (ILRS)*). Health libraries listed are from a range of organisations – not-for-profits, research centres, hospitals, health services, professional colleges, government departments, drug and pathology companies and universities with health libraries or collections.

The resource sharing environment

Health libraries use a variety of systems to request and supply. Resource sharing is guided by a national code and best practice guidelines (Australian Library and Information Association (ALIA) Interlibrary Lending Advisory Committee, 2019) Some charge cost recovery at rates set in the Interlibrary Resource Sharing Code (Australian Library and Information Association (ALIA) Interlibrary Lending Advisory Committee, 2022).

Nationally, libraries who are Trove Collaborative Services partners may participate in NLA's Document Delivery service (LADD) (*Resource sharing [LADD]*). There are around 73 health libraries using LADD and many more libraries from all sectors.

LADD infrastructure is based on VDX, interfaces with the Australian National Bibliographic Network (ANBD) (*About the Australian National Bibliographic Database (ANBD)*), has a payments gateway that collates data on supply and requests, and issues consolidated invoices and payments. Members may charge according to the national code or can choose to set lower or reciprocal free rates between partner libraries.

The national document supply network of health libraries, GratisNet, was established in 1982 and has 187 members. As the name suggests, copies are supplied on a free reciprocal basis. A limited number of GratisNet libraries collaborate in reciprocal lending arrangements. GratisNet is one of seven Inter-Loans Networks established and maintained by Prosentient Systems (*Inter-loans Network*). Members pay a modest annual fee for maintenance of the system and agree to comply with the code of conduct. Mechanisms are in place to try to balance the supply load across libraries, though imbalances remain. Some health libraries use the Inter-docs software from Prosentient to manage client requests and to log supply channels used.

Health libraries also use the National Library of Medicine (*NLM Interlibrary Loan (ILL)*), Subito, a network of libraries in Germany, Austria, Switzerland and Liechtenstein (*Subito Document Delivery*), and pay-per-view or publisher tokens to acquire articles. Subito supplies from journals and book chapters and some publishers levy licence charges over and above the standard charge.

Changes and challenges

The National Library of Australia has advised that support for VDX will cease in 2024 and there is no product in the market that has the functionality of LADD. That is, a resource sharing system with discovery provided by the ANBD which also has an activity reporting and payments gateway. At the time of writing, the NLA's strategic direction for resource sharing is not known, though NLA has begun consultations on resource sharing futures.

NLA has also revised the pricing structure to be a Trove Collaborative Partner so that it reflects the true costs of providing the infrastructure but this is proving prohibitive for smaller libraries.

The scholarly publications environment is changing rapidly. Libraries buy titles in publisher packages which increases accessibility. The push to open access in scholarly publishing has further increased access with reports indicating that anywhere between 30 and 50% of articles are freely available to read (Shah, 2022). Australia's Chief Scientist Dr Cathy Foley has made open access one of her goals for

her time in the role (Foley, 2021). Legacy print materials are not generally digitised or available.

It's interesting to contemplate if we could arrive at a time where there is so much available via open access that acquisitions in smaller libraries could be based on article level purchasing through sources such as Article Galaxy (*Article Galaxy*) rather than as subscriptions.

Of course scholarly publishing does have costs and these need to be met (Anderson, 2018). Transformative agreements to date have largely been negotiated by larger university libraries which means that at this point in time, smaller libraries are both 'free riders' for the open access articles but also perhaps paying more for an increasingly smaller paywalled collection. The Chief Scientist's drive to develop a new model to rearrange the existing expenditure happening across Australia so that the costs and benefits are fairly shared is an initiative to be welcomed, though the transition is likely to be contested and complex.

Licence conditions for online publications are often restrictive or prohibitive for resource sharing. In some library sectors, resource sharing activity has been steadily reducing with a rise in demand for other types of sharing such as controlled digital lending and digitisation from collections on demand. These are not such a focus in health libraries where loans and copies activities seems fairly constant.

In concert with an overall reduction in demand across some sectors, there has been further consolidation in the publisher and library systems markets (Breeding, 2022). There are fewer resource sharing systems and no new products apart from open source systems, some at early stages of development. CAVAL for example is implementing FOLIO and ReShare (*Folio + ReShare*). Resource sharing modules of larger systems such as Alma's Resource Sharing from ExLibris / Clarivate or WorldCat's WorldShare from OCLC seem to be filling the space for many libraries. There is a divide with options focussed on non-returnables (copies) compared to returnables (loans). Networks such as Subito and RapidILL handle copies but not loans for example.

One major strength of LADD is that it has the ANBD holdings for a wide range of libraries across the nation which are discoverable and integrated with the resource sharing platform. It handles traffic for copies and loans. The importance of holdings information was one of five key conclusions and recommendations for resource sharing from a landmark NLA study in 2001 (a study whose findings still resonate today) (National Library of Australia, 2006):

- Reduce handling of requests, improve workflows
- Automate - systems costs may seem large but are marginal compared to staff costs

- Use trained, expert staff
- Make holdings available
- Put in place cooperative agreements with key requesting and supplying libraries.

Australian health libraries are not alone in seeking options to improve resource sharing. NHS Libraries commissioned a market review and options appraisal in 2021 (Chad, 2021).

GratisNet libraries have an active developer in Prosentient prepared to reshape the hosted networks and systems to form a larger collaborative. Advantages would be affordability, capacity to integrate with a resource sharing system (*Inter-docs*); and with an open access resources discovery system (*HOARDS (Hybrid Open Access and Resource Discovery System)*). It's not yet clear how comprehensive the holdings coverage would be and if the system will be able / allowed to interface with systems from university libraries to get enough scale to meet the range of demands from clients in health libraries.

Other options are likely to be thrown up as linking technologies develop and new sources may well emerge over the next few years.

Possible futures

At the risk of sounding like a cut-price quotation machine, the future is not yet written and the future is what we make it.

We all have a role in contributing to the debate and in seeking a path forward that ensures we build the collections our clients need and collaborate with partner libraries to fill in the gaps.

References

- About the Australian National Bibliographic Database (ANBD)*. National Library of Australia. Retrieved 24/8/2022 from <https://trove.nla.gov.au/about-australian-national-bibliographic-database-anbd>
- Anderson, K. (2018). *102 Things Publishers Do (2018 Update)*. Scholarly Kitchen. Retrieved 24/8/2022 from <https://scholarlykitchen.sspnet.org/2018/02/06/focusing-value-102-things-journal-publishers-2018-update/>
- Article Galaxy*. Research Solutions Reprints Desk. Retrieved 24/8/2022 from <https://www.researchsolutions.com/products/enterprise>
- Australian Interlibrary Resource Sharing Directory (ILRS)*. National Library of Australia. Retrieved 24/8/2022 from <http://www.nla.gov.au/ilrs/>
- Australian libraries gateway*. National Library of Australia. Retrieved 24/8/2022 from <http://www.nla.gov.au/apps/libraries/>

- Australian Library and Information Association (ALIA). Interlibrary Lending Advisory Committee. (2019). *Interlibrary Resource Sharing Best Practice Guidelines*. Australian Library and Information Association. Retrieved 24/8/2022 from <https://read.alia.org.au/interlibrary-resource-sharing-best-practice-guidelines>
- Australian Library and Information Association (ALIA). Interlibrary Lending Advisory Committee. (2022). *Australian Interlibrary Resource Sharing (ILRS) Code*. Australian Library and Information Association. Retrieved 24/8/2022 from <https://read.alia.org.au/australian-interlibrary-resource-sharing-ilrs-code-0>
- Breeding, M. (2022). *2022 Library systems report. An industry disrupted*. American Libraries. Retrieved 24/8/2022 from <https://americanlibrariesmagazine.org/2022/05/02/2022-library-systems-report/>
- Chad, K. (2021). *NHS library resource sharing: market review and options appraisal. Executive summary*. NHS Health Education England. Knowledge and Library Services. Retrieved 24/8/2022 from <https://library.hee.nhs.uk/resources/inter-lending-and-document-supply/resource-sharing-market-review-and-options-appraisal>
- Foley, C. (2021). Unlocking the academic library: open access. *Australian Quarterly*, 92(4), 11-19. <https://aips.net.au/wp-content/uploads/2021/11/AQ-92.4-Oct-Dec-2021-FREE-ARTICLE.pdf>
- Folio + ReShare. CAVAL. Retrieved 24/8/2022 from <https://www.caval.edu.au/solutions/folio-reshare>
- HOARDS (Hybrid Open Access and Resource Discovery System). Prosentient Systems. Retrieved 24/8/2022 from <https://prosentient.com.au/discovery>
- Inter-docs. Prosentient Systems. Retrieved 24/8/2022 from <https://prosentient.com.au/interdocs>
- Inter-loans Network. Prosentient Systems. Retrieved 24/8/2022 from <https://prosentient.com.au/interloans/networks>
- National Library of Australia. (2006). *Evaluation of the 2001 Interlibrary Loan and Document Delivery Benchmarking Study*. National Library of Australia. <https://www.nla.gov.au/initiatives/meetings/documents/RSForumILLBenchmarking.doc>
- NLM Interlibrary Loan (ILL). National Library of Medicine. Retrieved 24/8/2022 from <https://www.nlm.nih.gov/psd/cas/illhome.html>
- Resource sharing [LADD]. National Library of Australia. Retrieved 24/8/2022 from <https://trove.nla.gov.au/partners/partner-services/manage/resource-sharing>
- Shah, S. (2022). *Open Access- What Percentage Of Research Is Published Open Access?* OA Publishing London. Retrieved 24/8/2022 from <https://www.oapublishinglondon.com/open-access-percentage/>
- Subito Document Delivery. Retrieved 24/8/2022 from <https://www.subito-doc.de/?lang=en>

Library and Information Week 2022

Library and Information Week was held from 25-31 July in 2022, with the theme of "Rewrite, Renew, Reimagine". Health Libraries celebrated the week in a variety of ways...

Health Libraries Australia ran a quiz from Monday to Friday on the ALIA Health e-list. The questions are below, with the answers at the end of this article. Daily prize winners received HLA-branded hand sanitizer and a library-themed face-mask, while an overall winner received a copy of the book "A history of medical libraries and medical librarianship: from John Shaw Billings to the digital era".



Question 1

In which journal was the following article originally published? Bigelow, Henry Jacob. "Insensibility during surgical operations produced by inhalation". Vol 35, No 16, 1846.

- New England Journal of Medicine and Surgery, and the Collateral Branches of Science
- The Lancet
- The Boston Medical and Surgical Journal
- The British Medical Journal
- New England Journal of Medicine



Question 2

The Google doodle in the image below was featured on April 6 2020. Who is it a tribute to?

- a) School teachers and school librarians
- b) Britain's National Health Service workers
- c) First Responders in the United States
- d) Public Health workers and researchers in the scientific community
- e) Dan Andrews, Annastacia Palaszczuk, & Mark McGowan



Question 3

Who in 1995 wrongly predicted that Elsevier would be "the first victim of the internet"? (Side note, in 2020 RELX, Elsevier's parent company, made 2 billion pounds profit on 7 billion pounds revenue).

- a) Forbes Magazine
- b) Wired Magazine
- c) The Atlantic Monthly
- d) The New Yorker
- e) The Wall Street Journal

Question 4

What was the 25th specialty to be added to UpToDate?

- a) Nephrology and Hypertension
- b) Anesthesiology
- c) Oncology
- d) Infectious Diseases
- e) Hospital Medicine

Question 5

Which of the terms below was **NOT** added to MeSH in 2022?

- a) Abdominal Core
- b) Respiratory Aerosols and Droplets
- c) Artificial Virus-Like Particles
- d) Persistent Infection
- e) Chronic Limb-threatening Ischemia
- f) Iron Deficiencies
- g) Body odor
- h) Weight Cycling
- i) mRNA vaccines
- j) Anosmia



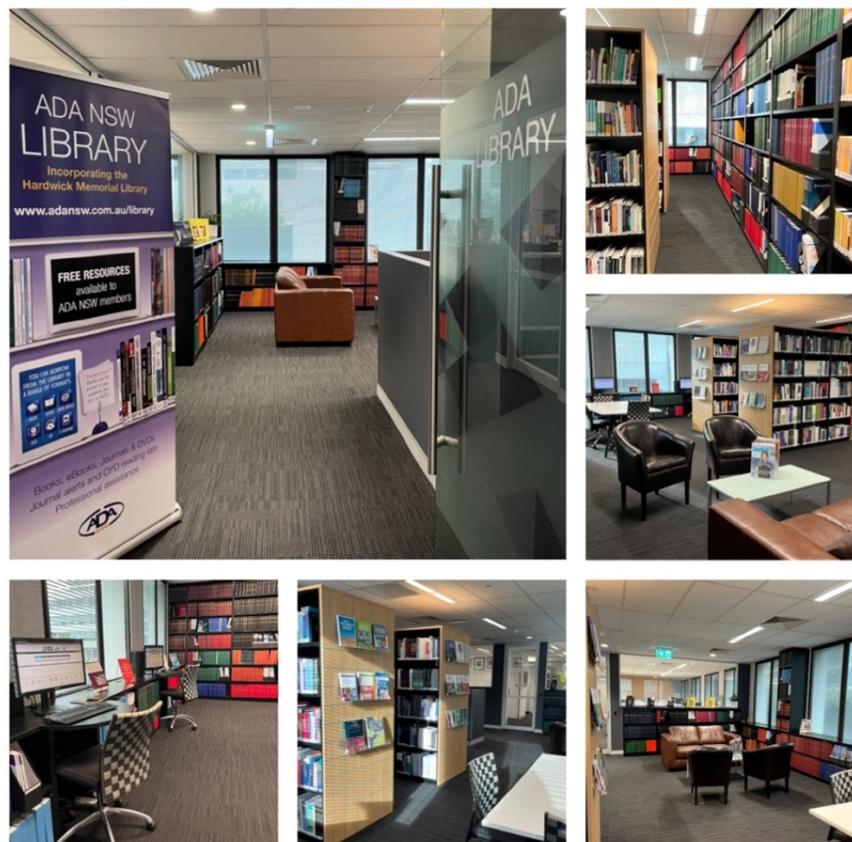
Wyong Pop-up Library

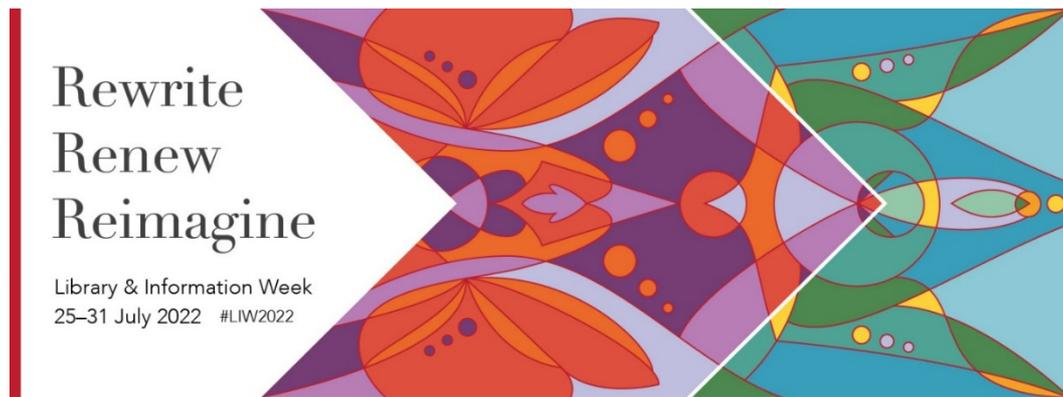


The Australian and New Zealand College of Anaesthetists library team “celebrating” LIW on the Friday. It was the first time we had all met together face-to-face this year so it was an excellent opportunity to workshop ideas. After completing the recommendations from a library review undertaken a number of years ago, we are at the next phase of a new library plan. So we felt we were very much on theme – Rewrite. Renew. Reimagine.



Australian Dental Association NSW Branch Instagram Page





Health Libraries are awesome! Help us celebrate in Library & Information Week the amazing work of

Grampians Health Library

Participate in our...

Online Treasure Hunt

There are two \$50 gift vouchers up for grabs. Answer the questions below for a chance to win. The first two correct entries drawn will be declared winners. Prizes will be drawn on Monday 1st August, 2022.

Rewrite the story of excellence in healthcare, **renew** your passion for learning and **reimagine** how Grampians Health can deliver on its promise to bring excellence in healthcare closer to home.

Library & Information Week TREASURE HUNT:

Find the answers to these questions on the [Grampians Health Library pages](#):

1. Under which tab, can you find past editions of the Current Awareness Bulletin [CAB] & have you signed up to get it in your inbox?
2. True or False? Talley & O'Connor's Examination Medicine is also available as an eBook.
3. OpenAthens registration instructions are found under which gold tab?
4. In your own words: Health Libraries are awesome because...

Your Name:

Mobile:

Email:

Your campus & department (e.g. Edenhope, OT):

Email your completed entry to library@bhs.org.au by 5:00pm Friday 29th July, 2022 or drop off at the Grampians Health Library in Ballarat or Horsham. Don't forget to ask how we can help you in your work!

Some great finds in local markets helped the librarian from Bayside Health Service in Brisbane celebrate in style.



They do things big and bold in Townsville, North Queensland.

Townsville Hospital and Health Service
37K followers • 50 following

Posts About Photos Videos

Intro
Do not use this page to report an emergency or to seek medical advice. In an emergency call 000

Page - Government organisation
100 Angus Smith Dr, Douglas, Townsville, QLD, Australia, Queensland
(07) 4433 1111
THHS-Feedback@health.qld.gov.au
townsville.health.qld.gov.au
Always open

Photos See All Photos

Townsville Hospital and Health Service
14 hrs

Did you know we have a trove of the latest medical research onsite at Townsville University Hospital?

The Townsville Health Library is open 24 hours a day for THHS staff and students from James Cook University to support their research and education and enhance the care we provide to our patients.

Our director of library services Louisa D'Arrietta and our amazing library staff are celebrating Library and Information Week and want to encourage you to renew your relationship with your local library.

"Libraries are an incredible repository of information and resources and I think it so important for the entire community to have access and to take advantage of the city's amazing libraries," she said.

Louisa said it was also a good time to remind Townsville Hospital and Health Service staff and students that the library team were there to help them find the information they needed for their research or patient care.

"Our Townsville Health Library, open to our staff and students, houses around 8,000 physical books and thousands and thousands of medical research journals online which are available at the click of a finger," she said.

"We're here to help navigate this wealth of knowledge and to make sure that the students and staff who visit the library know it is their library as well."

54 4 comments

Like Comment Share

Most relevant

Tip for Chrissie Lynn
Brilliant work and so welcoming Louisa and team- thank you.

Connect with Townsville Hospital and Health Service on Facebook

Log In or Create New Account



Showbags and content



Quiz Answers: 1)c | 2)d | 3)a | 4)b | 5)j

New Health Librarianship Specialist Course – an update

Ann Ritchie
HLA National Manager
Ann.Ritchie@alia.org.au

We are pleased to say that we are progressing with the development of our post-graduate health librarianship specialist course, which will lead to certification as a specialist health librarian or health library technician. The course is aimed at those who are new or recently recruited to health librarianship, as well as those who aspire to getting a job in a health library. For current practitioners, the units may be taken to learn from our health library experts, update or refresh your knowledge of contemporary issues and topics, and fulfil CPD requirements.

Our recently convened Course Advisory Committee has been meeting to oversee the transition from the previous *Essentials of Health Librarianship* and *Digital Health Information Services* units, into seven, newly constituted units that, in combination with the AEBPL Institute, will cover all eight health library competency areas.

An academic coordinator will be recruited, who together with our health librarian industry experts and ALIA technical education staff, will develop and present the units in a mix of synchronous lectures and tutorials, recordings and other learning materials, on the moodle platform.

The units will be assessable according to the HLA competency-based learning outcomes, and successful completion of all seven units' assignments will be required to achieve specialist certification (or specialist recognition). We will be launching the first new online unit – *Understanding the Health Environment* – early in 2023, with others to follow in subsequent months.

The units could be taken as standalones for any individual's informal CPD learning, or they could be "stacked" (to use the new microcredentialling jargon) as part of the health specialist certification program. Although LIS students and others may enrol in the units, they will not be eligible for certification as a specialist health librarian or health library technician until they have completed their LIS university or TAFE qualifications.

References

1. Australian Evidence Based Practice Librarians Institute
<https://sites.google.com/site/australianeibli/home>
2. HLA Competencies (2018). <https://read.alia.org.au/alia-hla-competencies>

Health Library Staff Member Spotlight

Kate Jonson
Librarian, Central Coast Local Health District (NSW)
kate.jonson@health.nsw.gov.au

When did you first start working in a health library?

I have been working in health libraries for about 25 years now. I first started working in health libraries all the way back in 1998, I was fresh out of school from doing the HSC and a quarter of the way through completing the Diploma in Library and Information Studies at Newcastle TAFE. The job was advertised as a Library clerk which at the time came out in our local newspaper. I started by doing basic library tasks including the shelving, photocopying of inter library loans requests and end processing of books. I then continued to work at Gosford Hospital as an Assistant Library Technician doing numerous roles until I completed my Bachelor of Arts (Communications) at the University of Technology, Sydney. After completing my degree, I landed my first professional librarian job at the College of Nursing in Sydney where I worked for 10 years. After commuting to work for all those years between Sydney and the Central Coast, I decided it was time to get a job locally, so I transferred back to Gosford Hospital as a Library Technician. With time and as staff moved on I was able to move back up into a Librarian position at Wyong Hospital, and then a few years ago moved up into my current position as senior librarian at the Wyong Hospital Library.

How did you join health librarianship?

I had not planned to work in health libraries, I kind of just fell into the role and have been working in health libraries ever since.

What was your previous employment background, prior to health libraries?

Previously to working in health libraries, I was at school and had no other experience apart from the odd after school job.

How do you describe your current position?

As with most small libraries you get to do a little bit of everything which makes the role interesting and varied. I work across both Wyong and Gosford Hospital Libraries. At Wyong I am responsible for the day to day running of the Library including information desk duties, looking after our Libguides, literature searches and training CCLHD staff in how use our electronic resources. In addition, I am also responsible for looking after the marketing and communication activities of the library service including managing the library presence on the CCLHD Intranet site and LibGuides.

What do you find most interesting about your current position?

I really enjoy working on our libraries marketing and promotional activities. Just recently my colleague and I setup a pop-up library outside the staff cafeteria to promote the Library for Library and Information Week. We took all our promotional material including giveaways, chocolates and the game Operation which the staff enjoyed trying their hand at winning a prize. Also, I enjoy creating posters and flyers to promote our services and marketing activities. It was very exciting to do some training on Canva so I could take our promotional material to the next level! Lastly, I really enjoy investigating and implementing new technology.

What has been your biggest professional challenge?

Dealing with anything IT related seems to be particularly challenging at times and I'm sure many of you will agree.

What would you do if you were not a health librarian?

I have always thought I have missed my calling to be a graphic designer.

What do you consider the main issues affecting health librarianship today?

Maintaining a library presence throughout the organisation is always challenging, and with COVID restrictions on face to face activities, it has become more difficult. Demonstrating our value to management is an ongoing issue.

What is your greatest achievement?

Receiving my ALIA Distinguished Certified Professional Certificate and getting my Grade 2 Librarian job.

Do you have a favourite website or blog?

I really like the 'Super Library Marketing' website, Angela Hurst has lots of great suggestions health library staff can use to promote their libraries.

What is your favourite non-work activity?

I play the violin and ukulele, and I like doing crafty things.

What advice would you give to a new member of HLA or a new graduate information professional?

My top tip for a new information graduate is to join the ALIA mentoring program which will help you to find your feet in the information industry. You will be matched up with a suitable mentor who is experienced in the area you would like to work in. Your mentor will be able to guide and give you valuable information and support to help kick start your career.

Anything else you would like to share about yourself?

I am an identical twin and no my twin sister and I do not experience telepathy. Though on occasions we do say the same thing at the same time and ring each other at the same time.



Sponsored Content: Eliminate the silos that inhibit evidence-based practice improvements



Editor's note: Health Libraries Australia receives sponsorship from vendors for various activities it undertakes, including JoHILA. Sponsorship helps to offset the sundry costs associated with hosting and maintaining the journal. Opportunity is made available for a sponsor to share with the readership information that may be of interest or relevance. As with conference presentations and the like this content is provided independently by the sponsor and Health Libraries Australia is not endorsing any particular company or product.

Look for a cohesive solution offering history, collaboration, and the right evidence.

With the ever-stronger focus on quality patient care and how hospitals or health systems administer it, professional staff must use a combination of its clinical expertise, patient values, and the best research evidence to drive improvement. They're all on the same page when it comes to wanting the facility to be the best place to receive and administer care. But despite that common goal, how often does the left hand know what the right hand is doing? When each department or quality improvement team functions in a vacuum, it's much more difficult for the entire organization to learn and improve. They need a single location where everyone can see the right evidence and apply it appropriately without starting from scratch.

Information silos are the norm — but shouldn't be

Generally, employees involved in evidence-based practice are well aware that they are functioning in an insulated environment. They may be working in a single department on one floor in one building of a large complex, on a project relevant only to that environment. They also recognize that they have little or no awareness of the hospital's other EBP efforts.

Why don't they know the history? Because it takes time and more than a bit of detective work to track down the last person knowledgeable about a related project and its results in the hospital. Teams often find it easier and less cumbersome to just start over between personnel turnover and information scattered in multiple locations.

Many quality improvement chiefs and C-suite executives are also aware of the information silos. They recognize that it actually requires all disciplines and departments to work together to implement and sustain most improvements.

Efforts to break down silos limited so far

Hospitals don't purposely choose siloed EBP; many do make efforts to share information. Spreadsheets, a channel in Microsoft Teams, and group meetings are just some methods for reducing or eliminating the lack of communication. But these tactics often lead to delays, and the shared information is not always evidence-based, detailed, or current enough to successfully implement EBP.

Implementation of evidence-based practice made easier

So how do you improve the quality of evidence-based practice? First, the CEO and executive team must promote a culture of change and value continuous quality improvement (CQI). It's the best way to increase influencer and stakeholder buy-in and drive advancements. Change management also takes communication, education, monitoring, and continued follow-up. If those in the C-suite aren't champions of change, the hospital's values will reflect that, and the silos will remain.

Next, find a single platform that establishes and coordinates EBP workflows — allowing everyone to see and learn from what has happened in the past, what's being done now, and what is planned for the future. With templates that all participants can easily access and use, it will drive a cohesive process previously unavailable to hospitals and health systems.

What else do hospitals need? More resources. This system provides historical data, the latest applicable research, and collaboration capabilities previously unavailable to quality improvement teams. It automatically does what employees once struggled to do by hand with no time and little context. Most importantly, it eliminates unnecessary duplication of effort.

Besides identifying, organizing, and filtering the evidence, our new application helps teams appraise it, collaboratively, and determine whether the findings support the project's objective by identifying critical takeaways. From dashboards offering real-time visibility to an automated assembly of evidence tables and a summary of findings, the right project management solution supports EBP implementation that benefits all stakeholders.

About the solution

Ovid Synthesis [Clinical Evidence Manager](#) is a cloud-based workflow management solution that offers healthcare organizations a unique, centralized dashboard view of all quality improvement (QI) research projects for easier tracking and collaboration among teams to ensure new clinical practice improvements are based on the latest medical evidence.

"Evidence-based research initiatives at health systems hold the key to better patient outcomes and financial performance, but these programs are time-intensive, making

it difficult to efficiently surface and implement new evidence into clinical practice,” said [Vikram Savkar](#), Senior Vice President & General Manager, Medicine Segment, Health Learning, Research & Practice business at Wolters Kluwer.

“In the wake of a pandemic that laid bare the weaknesses of our current delivery system, we are bringing to market an important evidence-based practice (EBP) workflow solution that aims to improve the cycle between identification of clinical problems and implementation of clinical solutions based on the evidence.”

Ovid Synthesis Clinical Evidence Manager was developed in collaboration with Duke Health and the West Virginia University Health System (WVU Medicine), among other leading healthcare institutions. The expert solution streamlines the literature review and evidence appraisal process with artificial intelligence (AI), increases communication and collaboration among departments, and facilitates decisions on implementation. The solution supports a range of stakeholders with varying levels of research experience through easy-to-use tools and features including:

- Executive and project level dashboards provide real-time visibility into projects across an institution
- Standardized workflows with configurable templates to reflect organizational best practices
- Integrated literature search directly within the system eliminates toggling between windows
- Collaboration tools to promote team member interaction across sites help to cut costs and timelines
- Built-in literature appraisal with configurable appraisal forms and AI-driven features to increase process efficiency
- Automatic document generation of project findings in Microsoft Word and PowerPoint formats, including dynamically generated evidence tables

Learn more about [Ovid Synthesis here](#) or scan QR code.

