

JOHILA



Journal of Health Information and Libraries Australasia

Volume 5, Issue 1, 2025

Table of Contents

EDITORIAL

| | | |
|---|--------------|-----|
| Standards in Health Library Infrastructure for Post-Graduate Medical Training Accreditation | Dr Shyan Goh | 2-3 |
|---|--------------|-----|

REGULAR FEATURES

| | | |
|---------------------------------|------------------|-----|
| Convenor's Focus 2025 | Gemma Siemensma | 4 |
| Tech Showdown – AI Search Tools | Cassandra Gorton | 5-8 |

ARTICLES

| | | |
|--|---|-------|
| Vale Bill Parks | | 9 |
| Request Management System Three Years On | Katie McKnight; Geraldine Marsh; Barry Nunn | 10-13 |
| Creating a user-centric library evaluation tool | Jackie Edwards | 14-17 |
| Taking a structured approach to problem-solving: A case study in Open Access retrieval | Sue Bethune; Megan Giles | 18-21 |
| Western Australia Health Libraries Update | Em Zwart; Glynis Jones | 22-24 |
| Futureproofing the SA Health Library Service: a transformative approach | SA Health Library Service Management Team | 25-28 |
| Victorian Health Libraries Update | Amy McKenzie; Hannah-Lee Obst; Robert Penfold; Cassandra Gorton | 29-35 |
| NSW Health Libraries Update | Barry Nunn; Rolf Schafer | 36-37 |
| New Zealand Health Libraries Update | Peter Murgatroyd | 38-39 |

MEMBER SPOTLIGHT

| | | |
|--|-----------------|-------|
| Central Queensland Hospital and Health Service | Kathryn Ritchie | 40-41 |
|--|-----------------|-------|

Editorial – Standards in Health Library Infrastructure for Post-Graduate Medical Training Accreditation

Dr Shyan Goh

Orthopaedic SMO, Logan Hospital

<https://orcid.org/0000-0001-8580-2624>

Editor's Note

While health librarians are excellent advocates for their position, their profession, and their proficiency, sometimes it is very nice when others share the heavy lifting. The following letter is written by an orthopaedic surgeon in Queensland Health, in response to an article recently published in the Medical Journal of Australia, about health libraries providing crucial support for Australian medical training programs.

I support Siemensma et al's¹ call for standards in health library infrastructure for post-graduate medical training accreditation.

For too long the health library has been seen as a low priority in hospital budgets when competing with clinical and environmental services. During my training and locum work visiting many hospital libraries, I found the physical space and staffing of library are unrelated to hospital sizes, although libraries in smaller hospitals tend to be lacklustre and often a small room at the far end of the campus, with limited opening hours. The Canberra Hospital library with its impressive and accessible resources is the quintessence of a health library.

Many clinicians nowadays access information via the internet, downloading contents online through hospital or medical college portals; this appears to support the viewpoint that healthcare libraries no longer need to have a sizeable physical presence in the hospital compound, if at all, since many online supports can be delivered offsite in a commercial building.

This, however, is a fallacy.

Recent graduates rely on google searching to collect information more than state health library resources or medline portals. The role of library staff in educating new staff in utilising services is ever more important for clinicians' future careers.

The Royal Australasian College of Surgeons library services are exemplary. However, many other medical colleges and associations, despite their core duties in specialty training, provide very poor access to educational resources beyond position statements and limited selection of articles. Trainees can only rely on state health library resources and hospital-affiliated university libraries for access to journals and

books; this can be highly variable and no better than those of non-training doctors, nursing and allied health staff.

Health libraries also provide Inter-Library Loan services and fulfilling document requests. These are mostly achieved through electronic sharing of online resources between state health libraries and tertiary institutions, though some still need access to physical journal prints in library collections. With physical space available to hospital libraries at constant risk of downsizing, access to classic but highly influential papers and sentinel articles is going to be lost through bureaucratic rationalisation.

Libraries can also be a conducive space for learning, away from clinical areas and family homes.

Reference

1. Siemensma G, Griffith A, Anderson A, Smith A. Time to set a standard for the standards: health libraries provide crucial support for Australian medical training programs. *Med J Aust.* 2024 Jun 17;220(11):544-545.

Convenor's Focus | 2025

Gemma Siemensma

Library Manager, Grampians Health | HLA Convenor

Gemma.Siemensma@gh.org.au | <https://orcid.org/0000-0002-2817-1528>

Has your 2025 been as fast paced as mine? It seems health libraries are more in demand than ever before with staff being asked to contribute across their organisations to new and exciting initiatives embedding evidence-based practice and highlighting the essential roles of health librarians.

ALIA HLA has also been extremely busy. After a hectic 2024 with a fabulous face-to-face-conference in Queensland and a myriad of online events, award presentations and projects it feels like we haven't stopped! The strength of HLA is its volunteers who give tirelessly to help our profession. Thank-you! We must also thank our speakers for sharing their work and our fantastic vendors who support us throughout the year. Vendors play an essential role in the work we undertake and library-vendor relationships are imperative to ensure clinicians are getting access to the right information, where they need it to make patient outcomes better.

We love passionate health librarians. Last year we held an event that focused on "Why I love being a hospital librarian" which was inspired by our friends at MLA. You can watch both the US and Australian recordings here: <https://hla.alia.org.au/why-i-love-being-a-hospital-librarian-recording-transcript-courtesy-of-mla/>

If you are after more PD to upskill also check out events page to find the most current information: <https://hla.alia.org.au/>

A review is underway to align the existing ALIA HLA Competencies with the new ALIA Skills, Knowledge and Ethics Framework. If you have feedback on the current competencies and how they might need updating or readjustment please reach out: <https://hla.alia.org.au/publishing-and-communications/#guidelinescompetencies>

HLA has been continuing on with its advocacy efforts which included a submission to the National Health and Medical Research Council (NHMRC) consultation on the draft Good Institutional Practice Guide to highlight and promote hospital librarians' contributions to research culture and research quality. You can find a copy of the submission here: <https://read.alia.org.au/alia-hla-submission-national-health-and-medical-research-councils-consultation-draft-good>

We are also working on some other initiatives behind the scenes so hope to share these with you in the coming months. Many of these ideas come from members external to the HLA committee so please do send through anything that you think may be of relevance via hla@alia.org.au

Gemma

Tech Showdown – AI Search Tools Special Issue

Cassandra Gorton

Manager, Access & Discovery | Monash Health

Cassandra.Gorton@monashhealth.org | <https://orcid.org/0000-0002-7438-8218>

Tech Showdown is a 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.

New digital tools for literature searching are emerging almost weekly, making it challenging for librarians to stay updated. Imagine how overwhelming it must be for our patrons, who balance clinical responsibilities, research, and professional development alongside this constant influx of tools. How can we keep up with these tools? How can we identify and meet user needs? How can we recommend digital tools effectively?

With these questions in mind, Monash Health librarians began exploring various tools during collaborative learning sessions. To ensure that the knowledge and skills gained in these sessions could benefit library users, they introduced a plan to evaluate and rate these tools. The initial category selected for assessment was citation mapping tools, which was discussed in the last special issue of Tech Showdown. This issue will focus on AI search tools.

AI search tools are advanced software applications that use artificial intelligence to enhance the process of finding information. These tools leverage technologies such as machine learning, natural language processing, and data mining to promise more efficient, accurate, and relevant search results.

AI search tools enhance the search experience through several advanced features. Natural Language Processing (NLP) allows them to understand and interpret human language, enabling users to input queries conversationally. They can learn from user behaviour to provide personalised search results and grasp the context of queries to deliver more relevant results. Other features include predictive search capabilities that help anticipate user needs by suggesting relevant queries or results in real-time and semantic search, which enables these tools to understand relationships between different concepts, offering results that are semantically related to the query.

Additionally, they provide enhanced filtering and sorting options and can integrate with other software and databases for easier information management.

22 AI search tools were assessed and ranked. These tools included:

- Consensus.app
- Evidence Hunt
- Lens.org
- Semantic Scholar
- Elicit
- Litmaps
- OpenAlex
- Scinapse
- Dimensions
- Scite
- Perplexity
- Textero.io
- LitSense
- ResearchRabbit
- MirrorThink
- CoPilot
- Phind
- ChatGPT
- SciSpace
- OpenRead
- Google Gemini
- Claude

A rating out of 10 was developed to provide library users with a quick overview of the benefit of the tools. Factors included in the rating were:

- Cost: Cost is a barrier to researchers and the optimal tool would be free to use.
 - 0 points if the tool had a price to use all features.
 - 1 point if the tool had a free account option, but limited features.
 - 2 points if the tool is completely free to use.
- Source: AI search tools should draw from academic or scholarly sources to provide relevant and accurate information. Tools should be transparent about their source of information.
 - 0 points if the tool does not specify what its source is.
 - 1 point if the tool used websites to source its information.
 - 2 points if the tool used an academic or scholarly source, such as journal articles.
- Interface: The tool should have an easy-to-use and uncluttered interface, with key features that are easy to locate.

- 0 points for a tool with a confusing and cluttered interface that is difficult to use.
- 1 point for a tool that requires some training to use.
- 2 points for an interface that is easy to navigate and does not require extensive knowledge to use.
- Help information and guidance: The tool should offer on-demand, clear, and plain language supporting documentation or help desk assistance.
 - 0 points for no help information.
 - 1 point for limited or confusing help information
 - 2 points for extensive help information, or a contact for further assistance
- Full Text: The optimal tool will have inbuilt workflows for accessing full-text PDFs of the citations. This can include links to citations in PubMed or the DOI.
 - 0 points if the tool does not specify a citation or provides a hallucinated citation.
 - 1 point if the tool includes accurate citations but does not link to full-text. A tool may also score 1 point if the citation or link it provides is to a website or other source of varying quality.
 - 2 points if the tool includes a link to a PDF, publisher, or other database (such as PubMed) for a scholarly citation.

Using this rating, we determined that Consensus.app, Evidence Hunt, Lens.org, and Semantic Scholar were the most useful tools, having a ranking of 9 out of 10. Elicit, Litmaps, OpenAlex, and Scinapse closely followed with 8 out of 10.

Following this assessment, a one-page matrix was developed that listed key components of the rating that were identified as useful to library users, as well as a "best for" field. We were not able to provide information for all tools on a one-page guide, so the decision was made to present detailed information for the top ranked tools, while also having a 'honourable' and 'dishonourable' mention section to demonstrate that a variety of tools had been assessed. It was theorised that library users will have four main questions regarding AI search tools that we hoped the matrix would anticipate and answer, namely:

- "I have heard of this particular tool; is it good?"
- "I have heard of this particular tool; can you tell me more about it."
- "What else can this tool do?"
- "Where does this tool source its information from?"

This matrix is now available within Monash Health Library's literature searching guide [https://monashhealth.libguides.com/systematic_searching/expand] and a webinar regarding AI search tools, highlighting the matrix, was recently presented to Monash Health employees, researchers, and librarians. The matrix has the Creative Commons BYNC-ND license, allowing re-users to copy and distribute the material in any medium or format in unadapted form only, for non-commercial purposes only, and only so long as attribution is given to Monash Health Library.

Acknowledgements

Cass Gorton would like to acknowledge the work of Monash Health librarians that contributed to the matrix's development, including Madeleine Beer and Hannah Bertoli.

Vale Bill Parks

William Angus Parks (Bill) was born 7 October 1946 in Carlton, Victoria and sadly passed away 16 August 2024, aged 77 in Brisbane, Queensland.

Parents: James Parks and Ann Stewart-Dobbie

Sister: Mary Butcher

Bill is survived by his wife Robyn Parks, his two sons Andrew and John Parks. Soon to be daughter-in-law Ellen Wilson, his brother Alex Parks and his granddaughter Quinn Rose Parks.

Bill married Robyn in 1978 in Rockhampton and lived in North Dandenong, Victoria until 1986 before moving to Middle Park in Brisbane where he took up a position at the University of Queensland medical library at Royal Brisbane Hospital. Bill had a short stint working at the Courier Mail before getting a position as librarian at The Park circa 1997 where he worked for approximately 17 years for the remainder of his career. ("The Park" is a centre for mental health treatment, research and education and is a part of West Moreton Health in Queensland). Bill graduated with a Bachelor of Economics from Monash University and a Graduate Diploma in Librarianship from RMIT in Melbourne.

Bill Travelled considerably over his lifetime to various places such as England, South Africa, New Zealand, and throughout Europe.

In his retirement, Bill enjoyed a number of trips to Canada and the USA with John and later with Robyn to visit John after he moved to Vancouver, Canada, where John still resides.

Bill had a strong interest in history, his own family's military service history, astronomy, science fiction, family time, and throughout both of his son's schooling, was always a keen supporter of their sporting pursuits which included rugby, volleyball and cricket. Bill embraced technology and loved his iPad and laptops and the endless amount of knowledge he could gain from reading things online. In these past couple of years, Bill was thoroughly enamoured with his granddaughter Quinn Rose. Bill was also incredibly proud of Andrew's recent promotion to Sargent with the QPS and John's career advancements working in construction in Canada.

Bill thoroughly enjoyed his years at The Park and the time spent with his wonderful colleagues who continued to maintain contact beyond his retirement.

Vale, William Angus Parks. A truly wonderful man and a beloved husband, father, brother and grandfather.

Request Management System Three Years On

Katie McKnight | eServices Librarian | Northern Sydney Local Health District
hobst@swh.net.au | <https://orcid.org/0000-0002-0985-8973>

Geraldine Marsh | Macquarie Mental Health Librarian
<https://orcid.org/0009-0008-0193-8232>

Barry Nunn | Manager, Library Services | Northern Sydney Local Health District
<https://orcid.org/0000-0001-5902-5796>

Abstract

This article presents an update on NSLHD Libraries' journey with implementing the Reftracker customer management system amidst the challenges of the Covid-19 pandemic. Originally adopted just before the pandemic, Reftracker was integrated to streamline client requests and workflow, encompassing various forms such as literature searches, article and book requests, reference inquiries, and training consultations. Three years on, Reftracker has become an indispensable tool within NSLHD Libraries, deeply ingrained in both client interactions and internal operations. This article explores how Reftracker has facilitated evidence-based decision-making and enhanced teamwork within the library, reflecting on its evolution and impact post-Covid.

Introduction

In December 2020 we published an article about NSLHD Libraries experience with implementing the Reftracker customer management system over the Covid pandemic period. This brief article is an update on the system and how we have embedded this within our work practice 3 years on.

Just prior to the start of the Covid pandemic NSLHD Libraries purchased Altarama's Reftracker to assist with client requests and workflow. Reftracker was originally setup with Client forms comprising of Literature Search requests, article and books requests, reference requests, training, and research consultations. The administration side included desk statistics, including daily head counts, marketing records including evaluation of the event or moment and training statistics.

After three years Reftracker has been fully embedded into our workflow for both clients and library staff and it has become important tool underpinning evidence-based decision making and teamwork within the library.

Internal Task expansion

Internal tasks are those which clients aren't involved in but is important for staff workflow and engagement.

Since going live with the product, the team have been creative in how to use Refracker for recording information, enhancement of workflows and to assist with reminders of ongoing tasks, creating transparency and visibility to the team. Expanding on our marketing records in the initial phase of the project, additional internal tasks were added.

NSLHD Libraries Library guide workflow cycle

Libguides take time to create and edit for NSLHD Libraries staff. To evaluate and keep track of time spent on the creation and maintenance of our 55 plus guides, we have an internal task in Refracker which provides allocation of the libguides to each team member. Guides are allocated to team members through Refracker's Internal Task feature which allows for the tracking of time spent working on guides, provides reminders when six monthly guide reviews are due, and ensures that this work is visible across the team. The library manager can then access a statistical dashboard to assist with decision making and analyse return on investment.

Generic tasks

Weeding

With 5 physical library sites across the NSLHD and a sizable print collection of 8900 books, a project was put in place to ensure regular weeding was shared amongst the collection development team, alongside the acquisitions programme. This information is collated within an internal task so that time spent can be calculated and finished tasks can be reallocated, keeping the cycle visible for staff.

Regular Work Health and Safety Hazard Management

NSLHD Local Health District has a regular monthly schedule of specific workplace safety inspections. These have been allocated as Internal Refracker tasks to team members for completion, ensuring the workload is shared evenly and helping us comply with WHS requirements.

General ad hoc tasks including invoice follow up and overdue item follow up have also been entered into Refracker to ensure communication with stakeholders, clients and documents are kept within Refracker for auditing purposes.

Document delivery and print holding reporting

As with all hospital libraries – space is of a premium. Some years back, our collection of hard copy journals was discontinued, and a print journal consolidation project was undertaken to ensure that all legacy print journals came across to our flagship library – Douglas Piper Library at Royal North Shore Hospital. Print journals that were at other sites were investigated and decisions made on their benefit to the collection – including holdings within the Gratis network and availability through the National

Library of Australia. With the implementation of Reftracker, we worked with the provider, Altarama on enhancements to ensure that we could obtain information to make more informed decisions about the maintenance of the print collection and purchasing of online archives.

The document delivery officer notes information in the system on what has been used for document delivery for internal requests. For example, whether the request has been made via a paid supplier, through our Gratis network, or via our print collection.

Tracking this data in Reftracker provides us with evidence to make decisions about collection development, for example, deciding whether to purchase an online journal archive or whether a particular print journal can be withdrawn.

Macquarie Mental Health Library Case Study

Quarterly reporting – stakeholders and marketing

Macquarie Mental Health Hospital library has a service level agreement with NSLHD Libraries, operating as part of the NSLHD Libraries service but maintaining a separate reporting line to the MHDA Executive.

The Macquarie librarian can use reftracker independently to obtain statistics on the number and type of services delivered and analyse the effectiveness of marketing activities. Client feedback on literature searches is also available within Reftracker and provides an important source of qualitative evidence on the value of this service. The librarian can quickly access this data to pull together documentation for quarterly reports and accreditation.

Accreditation

Reftracker houses comments, feedback, and ratings of service delivery. Reports are available when required to ascertain service quality, feedback, and the usefulness of library services for reporting to the Library Advisory Committee and for additional feedback at accreditation time.

Priority Search Implementation

The Priority Search Service was launched on March 20, 2023, following a collaborative review and redesign of NSLHD Libraries literature search services. Library staff who would be providing the service were engaged in its design to ensure shared decision making and commitment to the final product. Development of marketing material and promotion upon the launch of the service was also a collaborative effort. Using Reftracker statistics analysis of marketing outreach, repeat client usage and information on how the service was used was garnered to create a

submission for the NSLHD Quality and Improvement awards 2024. Having Reftracker made the application process straightforward for extracting data and downloading this into a usable format to submit the application.

What is in the pipeline?

Further development using Altarama's strategy for our systematic reviews will give workflow tips to the librarian when conducting a systematic review. This will help guide the librarian to ensure information is provided to the client and provides guidelines for the librarian to ensure that library staff comply with the workflow set out.

What learnings?

Updating work instructions and training materials are important for new staff who come on board.

It is important to regularly check data on a schedule to ensure that information is being correctly added. Particularly if a staff member is acting in a role that they may not be familiar with.

Reftracker Enhances Teamwork and Prioritisation

Reftracker is a valuable tool that facilitates collaboration and work prioritisation across our large local health district team. Like many library teams, our staff includes both full-time and part-time employees. Reftracker allows us to maintain an overview of the work allocated to each team member. When staff have other pressing duties, they can easily set their profile to indicate unavailability. This helps ensure work is prioritised and distributed evenly and effectively across the team.

Overall, Reftracker has proven to be a powerful solution for enhancing teamwork, work prioritisation, and staff availability tracking within our large local health district. Reftracker has continued to allow us to make evidence-based decision with data for collection management, service provision and return on investment for resources. It has also allowed us to provide flexible working options for library staff whilst still ensuring that work is completed in a timely manner.

References

McKnight, K., & Nunn, B. (2020). These are not normal times... implementing a customer relations management system during a pandemic. *Journal of Health Information and Libraries Australasia*, 1(3), 13-18.

Acknowledgements

The authors would like to acknowledge Bonnie Cheng, Librarian at NSLHD who provides ongoing support for NSLHD Libraries Reftracker and develops forms for the team.

Creating a user-centric library evaluation tool

Jackie Edwards | Murrumbidgee Local Health District

Jackie.Edwards@health.nsw.gov.au

<https://orcid.org/0000-0003-4223-3606>

Biography

I am Library Manager at Murrumbidgee Local Health District based at Wagga Base Hospital. I have extensive experience in both health and university libraries. My interests include user experience, digital resources, data and developing teaching resources for health care professionals.

Conflict of Interest Statement

The author certifies that they have no affiliations with or involvement in any organisation or entity with any financial interest, or non-financial interest (such as personal or professional relationships, affiliations, knowledge, or beliefs) in the subject matter or materials discussed in this manuscript.

No funding was sought for this project.

Abstract

Understanding the user's perspective is vital for effective health service delivery. How can we, as library professionals, give our users a voice? How can this voice be recorded and presented? Can we create an evaluation tool that reflects users' needs to key decision-makers in our organisations? MLHD Library embarked on a User Journeys project mid-2023. We observed and recorded the journeys, feelings and "thinking out loud" of participants. The main objective was to create a user-centric evaluation process that can be replicated. Additionally, we aimed to create a visual tool to demonstrate critical issues to our colleagues, directors, vendors, and IT staff.

Keywords: Hospital, Libraries, User experience

Key messages

Reflecting changing user needs to key decision-makers in organisations.

Improving the hospital library experience from a user perspective.

Creating collaborative pathways for solutions.

Background

Murrumbidgee Local Health District (MLHD) Library embarked on a User Journeys project in mid-2023. MLHD covers over 125, 000 sq-kms in southern NSW. MLHD has 33 public hospitals, 12 community health centres and employs over 3,800 staff. Statistics show a marked change in user behaviour. Fewer print books were being borrowed and fewer training sessions were being delivered. Several long-term

collaborations had come to an end and relocations had been finalised. The project sought to improve hospital library experience from a user perspective. We aimed to create a visual tool to demonstrate critical issues to our colleagues, directors, vendors, and IT staff. We observed and recorded the journeys, feelings and “thinking out loud” of participants. We hoped to add User Journeys to the toolbox of library evaluation such as surveys, statistics and testimonials. Additionally, we wanted to create a resource which is easily replicated. This paper describes our journey.

Methodology

Four stages of User Journeys:

1. selecting participants and conducting the sessions
2. collating and presenting the data
3. analysing the User Journeys
4. recommending changes and improvements

The Journeys

Each personally recruited participant had the same type of goal though varied to suit their experience. The participants were a Clinical Education and Training Unit staff member, a novice user, a Clinical Nurse Specialist, and an Allied Health staff member. All users were on-site and using an NSW (New South Wales) Health PC. We collected journey responses to the task, goal completion, satisfaction and verbal feedback.

The Tasks

Join the hospital library
Find a selected journal
Find a book about communication skills in nursing
Find an eBook about leadership
Book a training session

Stage 1: Selecting participants and conducting the sessions

The scope of the project involved both clinical and non-clinical healthcare staff across the district. Many staff were approached by email and through various channels to participate. However, in person contact was more successful in attracting participants. The Librarians’ role was to be a scribe and not aid searches in any way. We emphasised the session was not a test. A short session was preferable to all, with no more than thirty minutes allocated. All users needed prompting to speak aloud during the session. Sessions were not recorded.

Stage 2: Collating and presenting the data

How to collate feelings and “thinking out loud” of our users at each point of their journey proved challenging. Creating a visual presentation of the journey step, pain

points, user expectations and frustrations took some time and many fails. PowerPoint proved to be the best way to visually capture the information and provide screenshots. This template below demonstrates issues to non-health library staff like IT, departmental directors, and vendors.

Creating a template for presenting the data involved:

- using colour to identify staff roles
- emoticons to visualise feelings of the participants
- screenshots identify problem areas
- arrows for satisfaction ratings
- space for notes

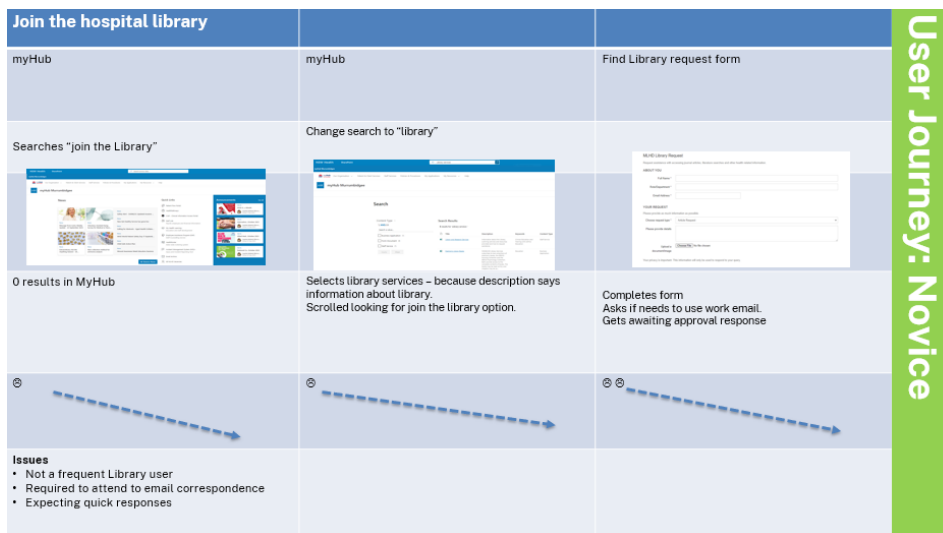


FIGURE 1: Example of PowerPoint slide recording a User Journey

Stage 3: Analysing the journeys

The complexity of multiple access points for Library resources confused all users in the project. Many tasks were abandoned due to multiple layers of navigation, waiting for a response and a requirement to fill out forms. Recommendations were included in a final report, using scores to evaluate the success rates of the tasks.

Find a book about communication in nursing

| User success | Findings | Recommendations |
|--------------|---|---|
| 2/4 | Information regarding registering for a library account is missing in myHub | Enable MLHD staff to Self-Register for a Library account |
| | Staff didn't know they could join the library | Promote Library access to all staff |
| | Library membership currently requires 2 registrations | Provide clear instructions for Library registration to borrow print books |

Request a training session

| User success | Findings | Recommendations |
|--------------|---|--|
| 0/3 | Users unwilling to fill out forms | Create online request forms |
| | Form uses library jargon | Reduce library jargon in forms |
| | Users abandoned task to request a training session | Provide clear outline of sessions offered in myHub |
| | Users expected training calendar to select training options | Provide training calendar and clear information |

Main navigation issues

- multiple access points for library resources are confusing
- information is text based and requires detailed reading
- users prefer communication with clear response times
- users prefer online forms

Stage:4 Recommendations and improvements

It was encouraging that SharePoint is consistently the first starting point when logged on to a NSW PC. Many of the findings point to clear solutions which can be easily implemented at no cost. Changes were made by reducing confusion, distractions and simplifying instructions. Limiting the amount of text for users to read, using less library jargon, creating visuals, developing online forms are simple to address.

Summary

This tool reflects changing user needs to key decision-makers, who are less immersed in the Library world and short on time. It clearly identifies staff roles, their feelings and frustrations. Specific applications are named, and screenshots added. Importantly this tool focuses on pathways for solutions. A formalised Quality Improvement approach will benefit future user experience evaluations.

Taking a structured approach to problem-solving: A case study in Open Access retrieval

Sue Bethune

Sunshine Coast Hospital and Health Service | Sunshine Coast Health Institute
Susan.Bethune@health.qld.gov.au | <https://orcid.org/0000-0002-9494-3709>

Megan Giles

Sunshine Coast Hospital and Health Service | Sunshine Coast Health Institute
Megan.Giles3@health.qld.gov.au | <https://orcid.org/0000-0002-9755-3239>

Acknowledgement

The authors would like to acknowledge the participation and support of the Queensland Health Libraries Network.

Statement of conflicts of interest

Nil

Funding source

Nil

The challenge

It is important that health professionals have timely access to contemporary literature as it is used to inform patient care, research, education and guideline development (Harnegie, 2020). Healthcare organisations provide access for staff via a subscription-based online information portal (OIP) and for many health professionals, especially those without a university affiliation, this is commonly the most reliable source of access to full-text scholarly literature (Logullo et al., 2024). That said, Open Access publishing models are evolving and an increasing number of health science journal articles are being made freely available in full-text on the web (Logullo et al., 2024). The challenge is that OIPs cannot always adapt their algorithms as quickly as journal publishing models change. As a local library team, we experienced frequent instances where the OIP did not retrieve freely available full text articles from credible sources, such as PubMed Central. As a result, two search engines (the OIP and Google) were required to retrieve the desired article.

By nature of their roles, library staff are prepared to search thoroughly to retrieve articles of interest, but we theorised that health professionals may not have the time nor inclination to search beyond the OIP. They may instead accept a less targeted or less contemporary article that can be more easily retrieved (Laera et al., 2021). Given the importance of evidence-based practice in healthcare, we sought to better understand and respond to this challenge for health professionals.

As strong advocates for our OIP and the resources contained within, we proposed to gather data to share with our OIP provider as a means of enhancing the portal's capabilities. We felt it was timely to explore how a health service OIP can best leverage Open Access content to provide health professionals with easy, direct access to contemporary resources for the benefit of patient care and service delivery.

Our goal

Within this article, our goal is to share our approach to collecting data to understand and quantify a challenge, and to work with key stakeholders to respond to this challenge in a meaningful way. We want to encourage our colleagues in other libraries to take action based on an initial 'hunch' to effect change and provide better service delivery.

What we did

We noticed multiple instances in which Open Access material could not be retrieved via the OIP. This prompted us to ask:

- Is it just us?
- Is it just our OIP?
- Could this be a challenge more broadly?

Our standard operating procedure is to report individual errors to the OIP helpdesk, such as broken links or technical problems. Recognising the frequency of reporting this challenge we proposed it would be more helpful to collect a broader dataset that could help quantify retrieval gaps, and thus identify specific opportunities for OIP enhancement.

In line with this, we tested our anecdotal experience with our statewide network of health libraries to understand if others experienced this challenge, and if it was an initiative for the statewide network to progress. We received great support from the network, particularly as we offered to take carriage of the process.

Importantly, we also engaged the OIP provider in the planning stage. One of our underlying principles was that we wanted to work with the provider and gain their insight to help enable meaningful OIP retrieval enhancements and thus the client experience. As such, it became more than just an idea. Improving the retrieval of Open Access content via our OIP became a project.

How we did it

Our network of health libraries is fortunate to have access to a statewide, professionally managed OIP containing a broad range of research, point-of-care, medicines and other databases relevant to healthcare delivery. The data we aimed to capture for this project related to instances in which our OIP did not retrieve Open Access full text resources. To demonstrate this, citations of instances were sourced

during business-as-usual activities such as PDF requests from clients, or articles for literature searches conducted by library staff on behalf of clients. At this point, contact was also made with the OIP provider to invite their input with the aim that their comprehensive product could be made even better.

To encourage libraries within our network to participate in the project and to make data collection easy we prepared an Excel template that included columns for each data point populated with a couple of example citations. The data points included (a) the full citation, (b) permalink URL to the OIP entry, (c) URL for the freely available full text online, and (d) optional comments. The data collection period was 19 working days and we emailed weekly encouraging reminders during that period. Seven libraries within our network opted to participate.

Once each library's data had been collated to a master spreadsheet, we verified each data point. During this process we also collected additional data for each citation including (e) whether the journal was available via the OIP, (f) type of Open Access model used by the journal, (g) source of the freely available full text, and (h) journal quartile rank sourced from SCImago Journal & Country Rank website (SCImago, n.d.). We chose to collect this additional data ourselves to reduce the workload for participating libraries.

A descriptive analysis of this data was then conducted to summarise the information, gain insights, and identify trends. This methodology was chosen as it is relatively straightforward to do and appropriate for the data collected. The descriptive analysis was incorporated into a formal report that was sent, along with the full dataset, to the OIP provider. Their team re-verified the data and offered a meeting to discuss the findings.

Action points from the project

We were delighted that the OIP provider engaged so positively with the report. We were interested to learn of the challenges experienced by the OIP provider relating to the evolving level of publisher metadata detail that can make retrieval difficult. Another challenge for the provider was balancing the need of librarians and researchers to retrieve all relevant citations regardless of full text availability, with the desire of some clinicians for immediate full text access only. The provider was keen to continue ensuring that articles with potentially problematic copyright, such as those provided by ResearchGate or Academia, be excluded from results lists but hoped to tweak their algorithms to improve access to PubMed Central and some hybrid Open Access journals. The provider was also investigating improved use of a third-party link resolver to increase Open Access retrieval. This positive, collaborative approach to problem-solving and improved service provision will result in better outcomes for clinical staff and library teams alike.

What we learnt for next time

- It is worthwhile acting on your hunch to improve client experience
- Use data to identify and describe the challenge as this can lead to more focused solutions
- Include your colleagues or network to improve the data set and encourage participation
- Take a structured approach as this will be better received by stakeholders who may then be more willing to explore and help resolve
- If we can do it, so can you!

Conclusion

This case study detailed a structured approach for improving access to Open Access articles through an OIP used by healthcare professionals. Our exploration highlighted trends in the difficulty retrieving some full-text Open Access articles via OIPs. It also demonstrated that improvements could be achieved by creating a simple yet well-constructed dataset to identify and report trends, and working collaboratively with the OIP provider. Seemingly small challenges can be a catalyst for change, which in our environment contributes to better patient care.

References

Harnegie, M. P. (2020). Hospital libraries – A center for institutional problem-solving and solution mediation. *Journal of Hospital Librarianship*, 20(2), 156-165.

<https://doi.org/10.1080/15323269.2020.1738856>

Laera, E., Gutzman, K., Spencer, A., Beyer, C., Bolore, S., Gallagher, J., Pidgeon, S., & Rodriguez, R. (2021). Why are they not accessing it? User barriers to clinical information access. *Journal of the Medical Library Association*, 109(1), 126-132.

<https://doi.org/10.5195/jmla.2021.1051>

Logullo, P., de Beyer, J. A., Kirtley, S., Schlüssel, M. M., & Collins, G. S. (2024). Open access journal publication in health and medical research and open science: benefits, challenges and limitations. *BMJ Evidence-Based Medicine*, 29(4), 223.

<https://doi.org/10.1136/bmjebm-2022-112126>

SCImago. (n.d.). *Scimago Journal & Country Rank [Portal]*.

<https://www.scimagojr.com/>

Western Australia Health Libraries Update

Em Zwart | Library Technician

Library and Information Service | Women and Newborn Health Service

Glynis Jones | Team Leader/Librarian

SMHS & EMHS Library and Information Service

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

For those of you located on the east side of our country, throw your glances about 3500 km to the west and you see the very friendly library staff in the WA Health Libraries waving hello. So, what has been happening over here in the west? We consulted with our colleagues and offer the following with humour and haiku.

MIMS to AusDI

At the beginning 2024 the WA Health subscription to MIMS was cancelled and replaced by AusDI. This subscription provides access to this drug index for clinicians working across WA Health, including all public hospitals and country health services. It also feeds information into the State Drug Formulary. Whilst library staff working within WA Health were not directly consulted on this decision we were certainly referenced as the source of support for clinicians during and beyond the transition. With enthusiasm and energy, library staff swung into action preparing communications and guidance to assist staff to let go of their often very long relationship with MIMS and embrace the quirks and idiosyncrasies of AusDI.

A Review of Library Services

In early 2023 the WA Health Chief Executives Committee (HEC) employed an external consultancy to undertake a review of WA Health Libraries and make recommendations for a sustainable model of service delivery into the future. The review made a clear recommendation to merge the WA Health Libraries into a combined library service. In June 2024 HEC agreed to a modified version of this recommendation. Whilst details have not yet been released, we understand that the model will offer opportunities for improved efficiencies in collection management, better purchasing power, and a better and more sustainable workforce structure. Watch this space.

A library on the move

The KEMH Library started with a donation of medical journals and books in 1956, and the first qualified librarian was employed in 1977. The other part of the library service at KEMH, the Women and Newborn Health Library for patients, was established in

1993 in a demountable in the KEMH car park and was relocated in 1999 to its current position in the main corridor. For many years the 2 libraries were co-located until in 2013 the staff library was moved 'temporarily' to a demountable to make way for the MRI. Nearly 11 years later, the staff library has moved back into the special, heritage listed part of the hospital, directly above the front entry on the second floor. Patrons really love the new library space for its bright and airy feel and central location.

*New staff and setting,
Change of layout, same order,
Fresh view, rapt patrons.*

The welcoming of new team members

In the past 12 months we have been very fortunate to have some great staff join our health libraries.

Em Zwart joined the team at the Women and Newborn Health Service Library in January as a library technician, having recently graduated from TAFE. Vanessa Murphy joined the Department of Health Library in December 2023, making the transition across from public libraries. Rugare Paradza, Catherine Monk and Clare Hew all joined the East and South Metropolitan Health Services Library in recent times as Client Services Librarians, and Sophie Moynihan joined the team as a librarian in Content & Access Services. Catherine moved across from the State Library of WA, Rugare from the Department of Justice and Clare moved from the Federal Court of Australia, as did Em! Sophie relinquished a role managing library systems in the public library sector to join the Health Library sector. As you can imagine, they came with a great wealth of skills and knowledge that will strengthen the quality of our library services.

Are our new staff enjoying their move to the health libraries sector? We asked them this question, and this is what they said:

"I'm enjoying working in the fast-paced health industry and providing research information to the health policy and clinical guideline decision makers."

"A public hospital is an interesting workplace, literature searches sometimes intriguing, and it's great to play a role in connecting health professionals with information that helps them provide patient care."

"Joining Health Libraries has been an exciting adventure. With a background in Corporate and Legal environments, I'm thrilled at how my skills set are growing each day in my role."

"After the slightly daunting task of studying, I was fortunate to complete an industry placement at the library that has become my permanent posting. I'm really enjoying

finding my footing with a great team and two great libraries that bring rewarding challenges my way."

"I've worked in various libraries for over 15 years; mainly public but also academic, and state. Making the switch to health libraries has been a game-changer for me, with so many new and exciting things to learn!"

And in Haiku:

From law libraries

To the world of health research

No more tax law, yay!

And with humour:

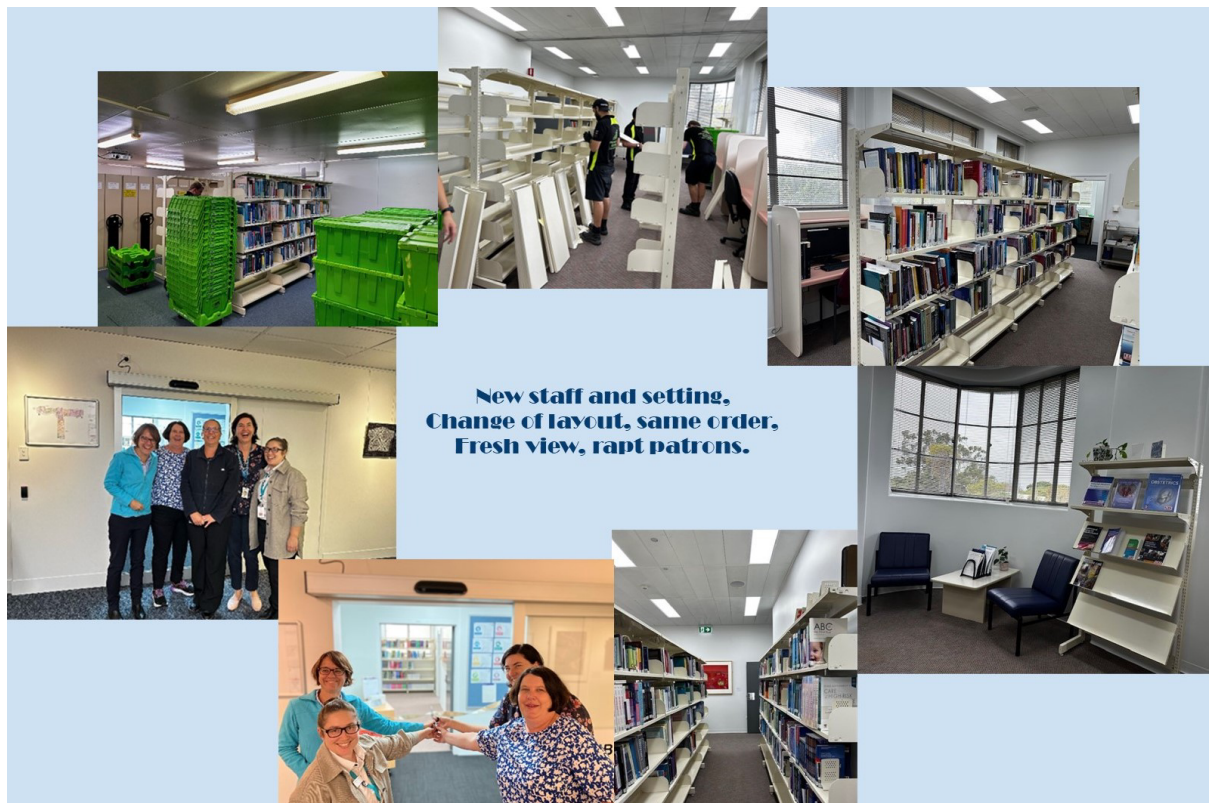
"Why did the health librarian always carry a stethoscope?

Because they loved checking out heartwarming stories!"

And not forgetting our academic health librarian colleagues

Our health librarian colleagues in the academic sector report business as usual and although inundated with requests for research support from academics during the semester break still managed to create a reflection to share with you:

*In semester break,
the health librarian toils,
for the researcher.*



Futureproofing the SA Health Library Service: a transformative approach

SA Health Library Service Management Team

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

In recent years, the SA Health Library Service has undergone significant change within our workforce. We have faced a situation familiar to many in the library sector, with a substantial portion of our staff reaching retirement age simultaneously. As of 2024, following an extensive recruitment effort, most of our management team and over half of our reference librarian team have been in their current roles for less than two years.

Alongside this workforce shift, our patrons' needs have also evolved. Whereas our reference queries once primarily focused on medical issues stemming from individual clinicians, requests now primarily originate from departmental divisions, governance units, and improvement managers; and are concerned with service redesign, patient flow, safety, and clinical improvement. Additionally, there is a growing emphasis within our local health networks on fostering an active research culture across their own workforce.

An external presence that is also being felt by our service is the growth of Artificial Intelligence; the library is receiving numerous enquiries into the appropriateness of using AI tools for clinical practice and research purposes, as well as fielding approaches from vendors who are rapidly developing new products in this space. More concerning however is the direct marketing of new AI products directly to clinicians, particularly those who are involved in managing electronic medical record systems.

While these changes present challenges, they also offer the SA Health Library Service with a valuable opportunity to leverage the new skills within our team, reassess our current services, and strategically plan for the future. From May until July 2024 the SA Health Library Service Management team undertook a library planning exercise to develop a strategic plan for the next two years, the process we followed will be outlined in this article.

The SA Health Library Service benefits from direct senior executive leadership, so to kick off our strategic planning project, we held a management meeting with our divisional lead SA Health's Chief Medical Officer (CMO). During this meeting our

CMO shared his vision for the library service, emphasising the need to prioritise 'push' services, enhance agility, and anticipate evidence needs before they arise. He also highlighted the importance of embracing Artificial Intelligence (AI) and preparing to integrate this emerging technology into our operations.

Next, to enable the project team to understand the wider library industry challenges and identify gaps within our own service, an environmental scan was undertaken by our reference librarian team. The findings of the environmental scan were then correlated with our own library experiences through undertaking a SWOT analysis.

We then carried out a SA Health wide information needs survey, to determine the current and future information needs of our patrons. We also asked our clients questions relating to barriers they encounter, as well as current satisfaction levels with the library service to elicit benchmark consumer satisfaction metrics.

Building on all these initiatives the next stage of the planning process was for the management team to work on creating new vision, mission, and values statements for the SA Health Library Service. After finalising these elements, the team moved on to establish measurable objectives for the next 3 years, that encompass our existing services as well as any gaps that had been identified through the planning process.

Finally, a new library portfolio plan was developed to incorporate both our existing and proposed new service areas and designate management leads.

Our reference librarian team undertook an extensive environmental scan of the health library sector in a horizon scanning effort. In summary this highlighted that health libraries are undergoing a digital shift, integrating technologies and digital resources to enhance service delivery. Innovations and automation are optimising resource management, improving efficiency, and streamlining operations. Physical and virtual spaces are being redesigned to better facilitate user interaction and engagement. Effective adoption of these changes presents challenges and requires careful planning, ongoing evaluation, and a focus on both user and staff needs. This shift is accompanied by an evolution in roles, with functions becoming increasingly specialised to support users more effectively. Libraries are focused on providing comprehensive research support, commitment to evidence-based practice and education, and promoting information and health literacy. Health libraries play a pivotal role in capacity building and service enhancement through strategic partnerships with key stakeholders. By addressing barriers and investing in key areas, libraries can significantly impact research support, education, and clinical settings. Health libraries must align with organisational objectives and demonstrate value through stakeholder engagement. We are hoping to synthesise this research into a publishable form in the future.

Looking more specifically at our own service; with the transition to a SA Health statewide service in 2010, our reference librarians' roles have narrowed in scope, with a focus on providing mediated literature search services and patron training sessions. While there are some local site services and tasks undertaken, professional tasks have been reduced, and workloads are high because several experienced librarians commenced their transition to retirement.

Likewise interlibrary loans and document delivery requests have diminished, with significant changes in the resource sharing landscape. We believe this is a result of increased availability of open access and breadth of our eResources.

To attract and retain professional staff, we will be undertaking a skills and knowledge audit and creating a whole of service staff training plan. Coupled with the new library portfolio plan, this will provide increased number of career pathways within the service and hopefully impact positively on staff satisfaction.

The SA Health Library Service plays a critical role at SA Health in combatting misinformation and disinformation. We are recognised experts in information literacy and have existing extensive strong relationships across our state network. Leveraging these connections through outreach and educational initiatives is crucial for ensuring high level digital health literacy for our health workers and consumers, particularly in this rapidly evolving environment.

Introducing any new initiative presents its own set of challenges. We face constraints due to our current staffing levels, skills, and knowledge. Additionally, our library budget is under continual financial pressure led by rising vendor costs and fluctuations in the US dollar. Supporting our organisational medical and health research agendas or introducing any outreach clinical librarian programmes will require innovation and agility.

SA Health is experiencing multiple approaches from our publishing vendors who are developing AI additions to their existing products. As we are sure is the case with all health departments worldwide much of this approach is targeted towards our clinicians and electronic health system departments, rather than towards the library itself. SA Health Library Service is extremely fortunate in that we have a strong relationship with our senior executive and are located within the same department as these teams and are being included in these initial conversations. Our initial impression of these products is that they are still very much in their development phase, with product development conducted overseas. Our key concerns at this point surround localised evidence, currency, data privacy, and source data. However, we are primarily concerned with the clinical risk of embedding one single resource into our electronic management systems as a presumed 'source of truth'. Whilst the vendors are very clear that their evidence is only one part of the clinical decision

process which can only present a “global evidence” context to be used alongside local guidelines and frameworks; the tone of these products is quite decisive and does infer to our busy clinicians that it is the authority answer.

Bringing this discussion together, our library planning project has identified a number of areas that our service has not strategically addressed, particularly in the areas of marketing, outreach, and research support. Many of these specialties have been partially addressed in the past by our site managers and reference librarians, but they have been managed in an ad hoc fashion, with no direct planning or strategy. Similarly, there are areas where we already have a strong focus such as our highly popular Current Awareness Service. This service helps address the challenge set by our Chief Medical Officer to be more proactive in anticipating evidence needs, with additional planning we could further expand and enhance this service. Additionally, it is evident that we are not engaging fully with our stakeholders when making decisions, an issue which we are keen to resolve.

The health library industry is currently undergoing significant change, driven by technological advancements and evolving user expectations. Awareness of emerging trends is essential for libraries to remain progressive, relevant, and effective. The current trends in health libraries reflect a dynamic shift towards digital transformation, user-centred services, and innovative resource management.

There are several initiatives we will undertake over the next six to 12 months that will position the SA Health Library Service to meet these identified challenges, these will include:

- Implementing the SAHLS Portfolio Plan. This model will give all staff an opportunity to learn and grow in their preferred health library pathway and ensure there is a strategic approach to all aspects of our service delivery
- Establishment of an internal Professional Development Model to help staff foster development of new skills to meet our changing environment and evolving user information needs
- Develop an ongoing service performance evaluation framework with clearly defined key performance indicators underpinned by real-time performance or usage data
- The internal publication and dissemination of the SA Health Library Service Business Plan 2024-2027

Victorian Health Libraries Update

Amy McKenzie | Austin Health Sciences Library
Hannah-Lee Obst | South West Healthcare
Robert Penfold | Peninsula Health
Cassandra Gorton | Monash Health

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

Victorian Health Services

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

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

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

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

Victorian Health Library Collections: CHC

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

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

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

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

Victorian Health Library Collections: VHLC

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

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

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

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

Post-pandemic library services

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

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

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

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

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

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

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

Future state: Local Health Service Networks

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

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

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

Potential Benefits:

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

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

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

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

Potential issues or detriments:

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

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

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

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

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

References

Allan, J. (2024, 8 August). Delivering a better health system for Victorian patients. State Government of Victoria. <https://www.premier.vic.gov.au/delivering-better-health-system-victorian-patients>

Anderson, A., & Ivacic-Ramljak, T. (2021). Health library spaces and the COVID-19 pandemic: Insights from the Australian healthcare sector. *Journal of Health Information and Libraries Australasia*, 2(2), 13-17.

Duckett, S., Grenfell, R., & Sykes, S. (2024). The creation of Grampians Health – a case study focusing on lessons learned from a health service merger. *Australian Health Review*, 48(3), 235-239. <https://doi.org/10.1071/ah24059>

Siemensma, G., Anderson, A., & Gorton, C. (2023). Government-supported clinical knowledge and information resource portals are key to ensuring quality, safe health care and evidence-based practice - the Australian context. *Australian Health Review*, 47(5), 596–601. <https://doi.org/10.1071/AH23101>

University of Technology, Centre for Local Government. (2015). Regional library management models: Summary paper. https://pls.sl.nsw.gov.au/sites/default/files/2023-09/regional_library_models_report.pdf

Victorian Department of Health. (2024, 8 August). Health services plan – Final report of the Expert Advisory Committee. <https://www.health.vic.gov.au/research-and-reports/health-services-plan>

Victorian Healthcare Association. (2023, November). Health service reform : Policy insights. <https://www.vha.org.au/public/184/files/VHA-policy-insights-Health-service-reform-November2023.pdf>

Victorian Health Libraries Consortium. (2024, 16 April). OA principles to guide negotiations. <https://vhlcblog.wordpress.com/>

New South Wales Health Libraries Update

Barry Nunn | Hospital Library Professionals

Rolf Schafer | Chair, HSU Library Staff Industrial Advisory Committee

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

Professional Development in NSW

NSW health librarians have been sharing information and ideas via Hospital Library Professionals (HoLP), an association of NSW Health Libraries. Northern Sydney LHD (NSLHD) manages the HoLP Teams channel which provides a forum for discussion and action about issues affecting Health staff in New South Wales. The group shares best practice and has established a professional network to foster quality improvement across the health library service of New South Wales. Amongst other activities, we have the HoLP Professional Development Series, which facilitates team-based learning delivered by vendors covering resources we all have access to or are interested in. NSW Health Libraries access a range of resources provided by NSW Health via the Clinical Information Access Portal (CIAP).

Recently Lippincott® Advisor Australia and New Zealand and Lippincott® Procedures Australia were added to CIAP. NSLHD Libraries hosted a webinar in March about Lippincott Solutions under the heading of the HoLP Professional Development Series. 37 library staff from across NSW Health attended a presentation by the vendor who demonstrated how to use the product and answered questions. As a result, library staff can assist their patrons with the use of these valuable resources.

EBSCO gave an hour-long presentation about the new EBSCO interface in April 2024 and shared the development path, which gave us the opportunity to ask questions and provide feedback on the new interface and its implementation. Several important features such as bulk download of selected articles are currently unavailable in the new interface. 27 library staff attended this session and as a result of the information provided by EBSCO, most NSW Health Libraries have decided to delay transition to the new interface until certain important features are available.

BMJ presented at the HoLP Professional Development Series in June 2024 on another CIAP based resource, the UTD Lexidrug and Formulary. 17 library staff attended this session. MIMs also presented in June, with a presentation demonstrating the new portal and app. Library staff are now prepared to assist staff in the use of the new

eMIMS. The vendor indicated they were also happy to do inservices to staff within our various LHDs.

We thank the vendors and others who have made these sessions possible, which have been recorded for HoLP members who were unable attend.

Barry Nunn, HoLP

NSW Health Library Staff Award Reform Update

Objectives

1. To negotiate new Awards for Health Professionals, which result in increased real wages, improved career progression, safe staffing, and workloads, and improve conditions.
2. To improve the operation and effectiveness of Awards through amalgamation and use of plain English, consistent wording.

In order to achieve these goals, the Health Services Union (HSU) established a number of Industrial Advisory Committees in May 2023 to review and update existing profession specific awards. For NSW Health Library staff, a Library Staff Industrial Advisory Committee was formed with representatives comprising librarians, library technicians and library assistants from across the state. The Library Staff IAC meets monthly with an HSU Industrial Officer.

Achievements to date:

- Endorsement of the principle of amalgamation of Awards. NSW Library staff will be included in a combined Clinical, Health and Associated Professionals Award
- Award descriptors for each grade of the existing library staff classifications were reviewed, updated and enhanced with features of related interstate awards that were considered useful additions. In the case of Library Technicians, a Grade 2 classification was proposed.
- The HLA Competencies (2018) were mapped against the existing award descriptors and incorporated where appropriate
- The TAFE Library Technician competencies were reviewed and incorporated into the award descriptors where appropriate
- Interstate pay comparison for all Library staff classifications
- Endorsement of the Core Conditions Log of Claims

Tasks to complete:

- State-wide roadshow presentation to all NSW Health Library Staff on the award reform
- Compilation of a Works Value statement incorporating examples of changes in work value

Rolf Schafer | Chair, HSU Library Staff Industrial Advisory Committee

New Zealand Health Libraries Update

Peter Murgatroyd | Group Manager Library and Knowledge Services
Health New Zealand Te Whatu Ora

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

The New Zealand health library landscape is undergoing a far reaching and disruptive transformation. Following a lengthy consultation period the publicly funded New Zealand hospital network was restructured and a single national entity, Health New Zealand Te Whatu Ora, created in 2022. The restructure brought together 20 separate hospital Boards into one entity with the aim of reducing duplication and enabling equity of access to services across New Zealand. During the consultation process the New Zealand Health Librarians Group prepared a submission outlining a vision for a single national health library service with a national approach to procurement and access and the creation of a single national library digital discovery platform. This proposal was accepted by the Executive Leadership Team and in September 2023 the new national health library service model came into being with the appointment of the first national Group Manager for Library and Knowledge Services, Peter Murgatroyd.

The new structure includes the appointment of three regional Team Leaders to provide leadership and support for the local Libraries that comprise the new national network.

A model of national procurement has been initiated to identify a national library collection that will be accessible to all employees of Health New Zealand Te Whatu Ora via a single digital library portal commencing January 2025.

All current suppliers of library resources were asked to pro rata existing contracts and subscriptions with each of the former hospital district libraries so that they terminated on 31 December 2024.

Suppliers have been invited to submit expressions of interest and indicative pricing for their resources for consideration. Decisions on the new national collection will be made in October 2024 following the review of expressions of interest received from all suppliers. A new national digital library discovery platform will be launched in January 2025. The new platform will also include access to a suite of resources to support the knowledge needs of our primary and community care workforce.

More than just a new system for procurement and digital access, the new library embeds a national team structure. Projects have been initiated to create new processes for managing workflows and supporting service delivery across the organisation. Local lines of authority and financial delegation have been nationalised. Governance and financial and management responsibility for all aspects of the library service is under the leadership of the Group Manager, Library and Knowledge Services with support from the three Regional Team Leaders. The Library and Knowledge Services team is a portfolio within the Evidence, Research and Clinical Trials directorate.

Following a change in government in New Zealand in November 2023 and the appointment of a Health Commissioner to oversee more sweeping changes to the sector in July 2024, Health New Zealand is currently undergoing a period of budget austerity across the organisation with significant cuts signalled for both operating budgets and staffing levels. Within that context it is anticipated that the procurement budget for library resources will be constrained and that current and future vacancies that arise across the library team are likely to remain unfilled in the short/medium term. To this point no currently filled staff positions across the team have been disestablished and no libraries earmarked for closure. Nevertheless it has been an unsettling and difficult time for the wider library team navigating a period of unprecedented organisational change and it is a testament to their resilience, professionalism and commitment to their work that library services continue to be a beacon of excellence across the organisation.

Health Library Staff Member Spotlight

Kathryn Ritchie

Health Librarian | Central Queensland Hospital and Health Service

Kathryn.Ritchie@health.qld.gov.au

When did you first start working in a health library?

In 2017 at Western Health library in Victoria.

How/Why did you join health librarianship?

I was working for Western Health at the time, and I had heard that the Grade 1 Librarian position was becoming available. I was in my final year of my degree so went for it and the rest is history as they say.

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

In my previous life prior to health libraries, I worked in physiotherapy for over 25 years.

How do you describe your current position?

Changing and evolving each day, and not without its challenges.....in a good way!

What do you find most interesting or enjoyable about your current position?

I honestly love working in the health sector. It was a big step changing my career path, but I still wanted to be involved in supporting clinical research and working with clinical staff. My job allows me to that. As Dolly Parton said, "Find what you love doing, and do that!". I have definitely found what I love doing and have had some amazing opportunities to collaborate with clinicians who have been undertaking incredible research.

What has been your biggest professional challenge?

Changing careers and slowing down. The pace of working in the clinical environment is obviously very different to working in a health library and I have found that change to be challenging even to this day. I need to remind myself at times to slow down and enjoy the journey.

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

The lack of awareness and knowledge on how we can support health professionals in providing evidence-based services to our communities and support their ongoing professional development.

What would you do if you weren't a health librarian?

An Astronaut of course.....but now that we have 2 stuck up in space, I might have to rethink that!.....lol

What is your favourite non-work activity?

Gosh!.....why do the simple questions have to be so hard.....lol Recently I have enjoyed grabbing a cuppa and sitting on my patio. Just sitting and listening to the world around me. Sometimes it's quiet and other times it's traffic noise, kids in the neighbourhood, or kookaburras having a good old laugh, but I am really enjoying just taking a moment to stop. Yep, that would be my favourite thing to do these days.

Anything else you would like to share about yourself?

Now living in Queensland, I miss the change of seasons and snow. Gosh, I miss snow!

