



JOHILA

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Editorial – Plus ça change, plus c'est la même chose

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"The more things change, the more they stay the same" goes the proverbial cliché. Sometimes this is a good thing. This is the first issue of JoHILA's third volume and enhancements are slowly being incorporated. JoHILA content is now included in the open access journal collections of Informit and Ebsco, and will be indexed in CINAHL. As well, JoHILA is now a member of CrossRef and as such DOIs will be assigned to each article. All of this will improve reach and discoverability. However, what has not changed is the quality of submissions, which continues to be excellent, and this issue is no exception. It remains a delight, three volumes in, to be showcasing all of the wonderful things health libraries are doing in this region and beyond.

Of course, things staying the same while giving the appearance of change is sometimes a terrible outcome. In the first issue of the third volume of the "New England Journal of Medicine", published in January 1814, a British surgeon writes about gun shot wounds which, despite 208 years passing, continue to be a problem for American society. Perhaps even more unsettling, in an issue of the "Bulletin of the Medical Library Association" published in 1962, Elizabeth Beyerly of the World Health Organisation compares new American and Soviet medical subject heading lists. Though extremely tangential to the realpolitik of the cold war, such an article does seem strangely emblematic of the competing world views of the time. It would be a historical curiosity of little note were it not for the heartbreaking recidivism currently occurring in Ukraine. Would that things stayed changed sometimes.

Meanwhile, in lighter tones, some arguments seem immutably to stay the same despite the details ostensibly changing. In an editorial published in "JAMA" in 1967 LS King laments the proliferation of paperbacks and the diminishment of second-hand bookstores, decrying that "in the old second-hand bookstore we could easily be high browsers but in the paperback emporia we feel more and more like low browsers". Quite what he would make of e-books and kindle readers and i-watches one could only guess.

And then there are those things that stay the same, but really should change. Like politics. As the federal election campaign lumbers on there is no discussion of, much less concrete proposals for, information literacy and health literacy. This despite a near ubiquitous focus in the last two years on keeping one another healthy, on the fundamental importance of a population that understands disease processes and mitigation strategies. We sigh with weary resignation, acknowledging the rocks of constrained budgets and the hard places of competing priorities, but would it not be

remarkable if things actually changed? If lawmakers and decision takers and money spenders declared that every primary school in the country would have a professionally staffed library because information literacy was of foundational importance. That evidence-based care was integral to countering the demands of an aging population so every tertiary hospital in the country will have a properly resourced and staffed clinical library, and a properly resourced and staffed patient library where users of the health system can be assisted in understanding their illness and its treatments. That scholarly communication has been price-gouged for too long, and profits should be returned to those responsible for research outputs, not shareholder value. That clean and clear information is as important as clean and clear water.

Plus ça change...

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Convenor's Focus | April 2022

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It is exciting to be in 2022 with life getting back to some semblance of normality. HLA continue to tick off priorities and we eagerly seek input from our members to ensure we are speaking with a unified voice for health libraries. Please review the below and provide feedback:

1. The draft *Guidelines for Australian Health Libraries – 5th edition* <https://hla.alia.org.au/draft-hla-guidelines-automated-searches/> are now available for review.
2. The new HLA website <https://hla.alia.org.au/> was released recently – please look over it and send any feedback and comments to our webmaster Rob: Rob.Penfold@health.qld.gov.au

Our online events have kicked off again and we encourage you to attend, learn new skills and grow as health information specialists. Add these dates to your calendar and register early to avoid missing out:

- May 4th & 24th - Citation analysis workshops (SOLD OUT – held over from 2021)
- May 12th – Informal networking event. Zoom details will be on e-list.
- May 24th – Search design for systematic searching (2nd session).
<https://www.alia.org.au/EventDetail?EventKey=HLA0008B>
- June 8th – HLA Awards – updates and Q&A.
<https://www.alia.org.au/EventDetail?EventKey=HLA0010A>
- June 9th & 16th - Identifying Unpublished Trial Data: Trial Registers, Clinical Study Reports and Other Information Sources.
<https://www.alia.org.au/EventDetail?EventKey=HLA0011A>

Also to come...

- More informal networking events
- Advocacy - lunchtime session
- Artificial intelligence - lunchtime session
- Library spaces – lunchtime session

- Visual Design for Beginners course
- Searching workshops – with national and internal speakers
- A small face to face conference and networking event on the east coast in November if possible! (Factor it in to your budgets and planning)

One of the things I value most about health libraries is the amazing professional networks (and friendships) that I have made. There are many health library related Communities of Practice that are driven by passionate health librarians and library technicians. Details are listed below so make contact if you are interested in growing your own network and learning from your peers:

1. Are you a Manager? Join the **Australian Health Library Managers Collaborative** – contact Cheryl.Hamill@health.wa.gov.au
2. Are you a Hospital Librarian? Join the **Hospital Librarians' CoP** – contact Keren.Moskal@monashhealth.org (please note this group is suitable for mid-career librarians and non-managers. Managers are encouraged to join the Australian Health Library Managers Collaborative)
3. Are you a Library Technician? Join the **Health Library Technicians Community of Practice Group** – contact Helen.Rowe@monashhealth.org

The HLA Executive is also looking to expand as we continue to work through our strategic priorities. In particular we are after people who might be keen to look after our social media channels, help with our professional development / events, maintain our archives, someone with design skills, an early career health librarian, someone to offer university sector insights, librarians from states not already covered (ACT, SA, NT, TAS) and anyone who wants to contribute to the wonderful health library sector. If you are keen please email gemma.siemensma@bhs.org.au with a brief paragraph about yourself and what you feel you can bring to the HLA Executive. Don't forget to include your personal ALIA membership number too.

Have a fabulous year and may we meet in person soon.

ALIA Fellowship awarded to Melanie Foti

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Sometimes in your professional life you meet people who seem wise beyond their years. They often show an intuition and a conviction that others are willing to trust and follow. They seem to have an uncanny ability to just 'know' the most incisive questions to ask; to be able to grasp a situation and decide when it is better to act swiftly and when it is better to hold; when to stay the course and when a change of direction is needed; when to be pragmatic and when to stick to a longer-term vision. Melanie Foti is one of these people.

Career

Melanie Foti (nee Kammermann) graduated in 1994 from the University of Melbourne with a Graduate Diploma in Information Management, following on from a Bachelor of Science from Deakin University, in 1992.

Melanie's career in health librarianship culminated in her role as Chief Librarian, Royal North Shore Hospital, Sydney, a position she held from 2000 to 2004. Prior to that, for 2 years she had been the Deputy, and for the previous 6 years, had held positions in Victoria as Library Manager in the Department of Health, and Librarian at North West Hospital, Melbourne, and at the Repatriation Hospital as a library assistant.

Amongst her peers, Melanie was a role model and mentor, a natural leader and coordinator, highly regarded by professional colleagues, as well as library and hospital staff. At Royal North Shore, she collaborated with a senior clinician to establish early remote access to the library's subscribed e-resources. As a manager she supported her staff and others in the NSW local health district, as well as in the wider state and national networks, organising many professional development and training events; and as HLA Convenor, she ensured that continuing professional development was one of the committee's top priorities.

Melanie now lives in Hong Kong, where she has maintained her connection with ALIA and HLA and her strong interest in health librarianship. She has continued her career in librarianship, and has forged a new path as a school librarian. She is co-coordinator of the Association of Librarians in English Speaking Schools (Hong Kong) and is an active contributor to the network.

Role in HLA

Melanie made a substantial contribution to ALIA's health library membership in a variety of roles. In 2001 she became the inaugural convenor of the newly established national ALIA Health Libraries Australia (HLA) Group, where for around a decade she drove the group's strategic direction. She led the Executive's initial strategic planning activities, helped to draft HLA's vision, and navigated a pathway through the volatile early stages of ALIA's structural transitioning of local, state-based, sectoral and special interest groups, into self-nominated, national groups¹. She was largely responsible for setting up the HLA Executive's portfolio structure identifying the committee's key areas of activity which remain the focus of our work today.

Melanie recognised the value of research and evidence to underpin HLA's advocacy for health librarianship as a profession amongst the various health, clinical, and information professions. This set the strategic direction for HLA's research portfolio. Most notable was her drive and perseverance in establishing the Workforce and Education research project² (2009-2011). In the concluding stages of the project, she set up communications and developed the relationship with Health Workforce Australia (the then national agency for health workforce strategy), to facilitate the recognition of health librarians as one of the 'self-regulating' professions in the national health profession's framework.

In 2014 Melanie received the Anne Harrison research award to conduct a census³ of Australian health librarians. This produced the most accurate picture of our profession to that date, and the resultant data have been used as the basis of nearly all our advocacy submissions, campaigns, and research articles.

Melanie was *HLA News* editor from 2005-2012, a voluntary role which she fulfilled with professionalism and dedication. Under her guidance *HLA News* developed into a high-quality publication which not only fulfilled its original brief of keeping HLA members informed of news in the Australian health library sector, but also aimed to include original, research articles. She had a strong commitment to seeing the publication develop into a more scholarly journal, a vision which, under the stewardship of subsequent editors, came to fruition in 2020, when HLA's *Journal of Health Information and Libraries Australasia* (JoHILA) was launched.

Melanie was the author of the 2008, 4th edition of *the Guidelines for Australian Health Libraries*, which, for almost fourteen years, have served the profession well. In reviewing and updating the previous edition, Melanie was able to incorporate a more strategic and future orientation, recognising the importance of aligning with overarching healthcare accreditation and quality improvement frameworks and organisational strategic planning processes.

I have worked in many professional forums and on a number of research and other library projects with Melanie, and known her as a colleague and a friend for nearly all of our years in librarianship. From my observations, Melanie was the leader who set HLA on the path to achieve a unifying vision for health librarianship that seemed beyond reach for the more fainthearted. On behalf of the HLA membership and librarianship at large, please accept our congratulations on your achievements and recognition conveyed in the ALIA Fellowship award.

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Don Keast chats with Jocelyn Morris

Don Keast recently retired after a long career in health libraries, most recently at the George Hatch Medical Library, Dubbo Health Service. He sat down for a chat with Jocelyn Morris, formerly Charles Sturt University campus librarian at Dubbo.

Tell us about your educational background.

I attended Punchbowl Boys' High School in the western suburbs of Sydney, followed by a Bachelor of Arts at Sydney University, followed by studying Librarianship at the University of NSW, graduating in 1973.

So as a new graduate, how and where did you start in health libraries?

I started as a solo Librarian at Bankstown Hospital (close to home) in early 1974. It was part time, but after 3 months I accepted an arrangement where I also organised a library for Sutherland Hospital. At the end of the year, I was promoted to full-time at Bankstown.

You worked in the days of printed Index Medicus, with a card catalogue and typed borrowers' cards. There is one story about a surgical inquiry that you say could not be done with modern computers. Can you give the details about that?

In a time in the 1970s when medical libraries had the gargantuan monthly volumes of the printed Index Medicus and nothing else (no Medline, no Internet, no fax), I was approached by Dr. Michael Aroney, later Chairman of the Australian Association of Surgeons, with an interesting query. He was a thoracic surgeon of considerable experience. The problem with chest surgery is access: when the chest is open the ribs have a tendency to close and retractors at the time were inadequate for the job. Michael had visited a ship chandler at Circular Quay and bought a length of ship's chain and some hooks which he rigged over a lithotomy pole. This enabled the ribs to be held open for the duration of the surgery. Michael believed that "some European bloke" had described something similar "in the sixties". My job was to find this original reference. A few problems here:

1. Medline didn't exist.
2. MESH headings did not include "Retractor".
3. I had no year, no author and not the faintest idea where this reference might be.
4. Ship's chain was a VERY unlikely surgical accessory.

I decided to search for review articles on thoracic surgical technique in the hope that one may actually give a reference to the retraction problem. I worked my way through the available few years Index Medicus, but reviews of thoracic technique were few and articles were scarce. However, our affiliated University was happy to supply some articles (this was even pre-interlibrary loan charges).

One of the articles cited a 1960s review article so I obtained that too. In that was a reference to an out-of-print French language surgical treatise which discussed retraction, and miraculously our University contacts had a copy. Nailed the book chapter with a remarkably similar retraction technique!

I honestly believe that with another 50 odd years of separation, and an explosion of medical literature and book chapters not being indexed in our databases that I could not find this today. At the time, I was pleased to accept Michael's printed acknowledgement.

Resource sharing in health libraries has been facilitated by the Gratis network. You were one of the founders of the group. How did this come about?

In 1979 University libraries and other major libraries tired of supplying inter-library loans for free, and brought in a \$1 fee. This was generally regarded as reasonable, but really it was inadequate for the cost of supplying items. In 1982, the fee was trebled.

Small health libraries with limited budgets found this \$3 impost far harder to cope with. Most had knock-for-knock arrangements with other health libraries, but nothing was formalised. On 6 December 1982, 11 health librarians met at the University of NSW and resolved to make a formal free network for supply of inter-library loans. There were 14 founder members of the GRATIS network, and 28 by the end of the first month. I was the first Chairman. Though GRATIS was a name which embodied the central concept of the network, I must admit to a fondness for the most euphonious of the suggested alternatives, FRILL.

Developments followed quickly: many more members, the first union list (on photocopied 5x3 cards!), the first sponsor (Uni. Coop Bookshop 1983) and the first inter-state network (Gratissa 1984).

Searching the National Library of Medicine database with an acoustic coupler, squealing modem and unreliable phone connections was quite a challenge. What do you remember about the early days of database searching?

All very strange, very noisy and very new, but such a huge advancement on the cumbersome Index Medicus. The National Library, with Sandra Henderson and her dedicated team, provided tremendous support, but really we were all on a huge learning curve together. One GRATIS contribution was that Annette Benson and myself worked out how to limit a search to our own holdings by using the hidden parameter of 2-letter journal codes.

One of your activities has been contributing to three versions of the Health Libraries Standards. In your opinion, what is the role of these standards? Why did this participation matter to you?

Health Librarians often report to administrators who are unfamiliar with library professional practice and who look to the librarians for guidance on what the library needs to be an efficient and valuable service. The Standards provide an authoritative resource on such matters. Frequent editions are important as technology and standards of practice move on at an increasingly rapid pace. The 2022 edition of the *Guidelines for Health Libraries* are quite different to previous additions, reflecting the vast changes in technology social media, and the way we perform our jobs.

Health libraries differ in size, function, staffing and objectives. The change of the title to *Guidelines* reflects the fact that one size does not fit all. In my case, I have worked rurally for the last 18 years of my career, and in one person libraries for a large part of my career. In small libraries, it is the job of the Librarian to represent the library service, and the standards/guidelines need to be a document which can be used confidently and authoritatively in all situations. That is why I have worked on 3 editions of the document with my peers. I have learnt a lot from my like-minded peers and would recommend participation on such a committee to others.

You supervised the merger of the Lidcombe Hospital Library with the Bankstown Hospital on the new Bankstown Hospital site.

This was an exceptionally busy mutli-faceted operation. Lidcombe Hospital at its height was the largest geriatric medicine hospital in the southern hemisphere. The decision was made in 1993 to close the hospital (and library) and merge into a new hospital on the much smaller Bankstown site. For the library it was a rather fun and chaotic time. While it might look straightforward, the library part of this was rather crazy:

- Lidcombe Hospital reached its Centenary in 1993. The Librarian picked up the task of writing an official history.
- There was a patient library of several thousand volumes at Lidcombe that had to be found a good home.
- The powers-that-be decided to automate the library during the merger in concert with 5 other libraries, all of which were using different manual systems.
- The Bankstown Library had been moved to an ill-lit basement, appropriately under the psychiatric unit.
- One library used Dewey, the other NLM. One needed to be reclassified totally.
- Some services moved to Liverpool Hospital. Another location for material to be sent.
- The Bankstown Hospital was being rebuilt from scratch WHILE the old hospital was to operate through the process on the same site.
- When the program was well under way, The Lidcombe Library hosted the Synergy in Sydney Conference Program Committee.

- Lidcombe Hospital was haunted. My historical endeavours obtained eyewitness descriptions of at least 4 ghosts!

This was the only time in my career when I had 3 people reporting to me, plus a volunteer or two. They did a great job, despite a few builder-induced glitches (the security door installer who took all the keys back to his Adelaide home is one of my favourites). The final result was good and the library quickly became very busy.

One of the libraries you managed was at the University Department of Rural Health in Broken Hill. How did this vary from a standard medical library? Who used that library? What were the kinds of inquiries that you received there? Did you have any other roles in that organisation?

Broken Hill provided a diverse and inspiring 8 years. It is a unique but isolated environment with the nearest major town (Mildura) being 300km away. The library had all the usual clinical medicine content, but had some unusual features. 3 Royal Flying Doctor Service conjoint lecturers provided some unique student experiences and some interesting flight medicine queries. There was also a heavy focus on Aboriginal Health and Barkindji culture. Social determinants of health are also a major theme in isolated remote communities. A combined medical program from University of Adelaide, University of Sydney, and the University of Wollongong was a unique feature. The DVD collection had several movies on outback themes for student and staff use.

Other librarian roles frequently popped up. CIAP and research training in Menindee and Wilcannia found remote, appreciative audiences. Bus driver, entertainment director, television location scout, and helping with vice-regal receptions just seemed par for the course. I even wound up on a panel with acting PM Tony Abbott.

You retired from a hospital library with a senior medico who told you that the library was not needed, and everything is on the Internet these days. How do you respond to this idea?

I think we have all heard this at one time or another. The Internet is like a large chaotic library with no effective catalogue. The veracity of the source, and the currency of the web resource are all important. The librarian's job has changed from merely finding information to finding reliable information from a huge variety of sources. Clinicians do not always have the time or skills to trawl through the huge resources of the 'net and the librarian's interpretative skills are more valuable than ever. ***Besides it ain't all on the Internet anyway!!***

Your involvement with the library profession continues as you are a mentor within the ALIA Mentoring Program. How do you think this formal structured program is beneficial, rather than just the informal networking that everyone does as part of their job?

The ALIA Mentoring Program provides on-on-one dedicated time between mentor and mentee. It provides a forum where a mentee can seek guidance on any topic. This is backed up by regular seminars and online resources. I have been fortunate to have had many informal mentors in my career, but ad hoc discussions in a busy working day cannot provide a similar level of dedicated regular one-on-one mentoring.

The colleagues who have mentored me in one way or another are too numerous to list but I thank them all. The ALIA Mentoring Program perhaps enables me to return their kindnesses to others in a small way. Recommended, both for mentors and mentees.

Just in time: integrating library services for literature searches in a hospital library setting

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Conflict of Interest Statement

The authors certify 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.

Abstract

Providing timely and comprehensive literature searches is a core service for hospital libraries. These expert searches are mediated across multiple databases and platforms. NSLHD Libraries have pivoted services which were largely site based, to services for staff not just off-site, but when working in isolation across the district. Immediate access to literature searches has been achieved by integrating multiple library services.

Background

Northern Sydney Local Health District (NSLHD) has a community of almost 1 million residents (HealthStats NSW, 2022). Five libraries support a workforce of more than 10,000 staff which includes nurses, allied health staff, medical professionals, community health centers and health service managers. By adopting a strategy of continuous improvement using technology to reduce barriers, NSLHD Libraries supports the NSLHD Strategic Plan vision to be "Leaders in healthcare and partners in wellbeing."

NSLHD Libraries

In 2020 NSLHD Libraries implemented several new resources, Springboard (OVID Discovery) Reftracker (Altarama), and Single Sign-On authentication through OpenAthens. After some months embedding these systems into library workflows, Covid-19 changed the workplace. By early 2021 it became apparent that NSLHD libraries needed to find agile ways to support staff. These new technologies enabled a pivot from services which were largely site based, to services for staff who required access not just off-site, but when working in isolation across the district. As Scott (2021) suggests services need to be re-engineered to meet the needs of staff who struggle to be released from their clinical duties. NSLHD Libraries resolved to implement an improved remote service for clinicians.

Changing environment

NSLHD Libraries staff are able to deliver services and adapt to a rapidly changing environment. In doing so this supports the main themes that underpin the NSLHD Strategic Plan (2017-2022) - Evidence Based Decision Making, Responsive & Adaptable Organisation, and an Engaged and Empowered Workforce. All NSLHD Libraries remained open during the pandemic delivering access onsite whilst simultaneously rapidly expanding service delivery offsite and for staff no longer located in their usual place of work. The messaging across the district has been clear and proactive (Haugh, 2021) resulting in a substantial increase of visits to both the NSLHD's 5 Libraries and offsite access via Springboard.

Year	Onsite visits	Offsite visits
2019	71124	578
2020	65,372	4060
2021	80,203	5195

Literature search service

Providing timely and comprehensive literature searches is a core service across the district. These expert searches are mediated across multiple databases and platforms. They contribute to patient care, clinical guidelines, publications, Quality Improvement projects and evidence-based healthcare. In 2020, 423 searches were completed. This increased by 13% to 478 in 2021. 306 of the searches received in 2021 were for clinical research, policy/guideline updates or patient care.

Workflows

Reftracker, a customer relationship management database (CRM) enables customised forms which clients use to request and receive responses to services such as literature searches. Library staff can respond to patron requests whilst onsite or working from home (McKnight & Nunn, 2020). Completed literature searches are returned via the same form with access instructions and an attached Word document. This created several barriers to obtaining articles in full text, and also

created work flow bottle necks. Firstly, users needed to log into the system to download articles or request an article through NSLHD Libraries document delivery service. Any new users needed to create a Springboard account onsite, an additional barrier to accessing the full text. Citation information needed to be copied and pasted into the Discovery search box to locate the required articles.

Removing barriers

Time is one of the 8 pain points identified by Laera et al. (2021) when users are accessing clinical information. With staff offsite, furloughed, upskilling, or taking on extra tasks, time is even more compromised. How could some barriers be removed to provide immediate access to search results? NSLHD Libraries set out address these issues.

Literature service review

NSLHD Librarians reviewed 5 completed literature searches in a range of topics and databases for patient care for the NSLHD. This amounted to 300 references in total. The aim of the sample was to address the following issues: Firstly the number of articles available as full text via NSLHD Springboard; secondly articles requiring the document delivery service; and thirdly any technical issues.

Results

Results were encouraging, 70% of the articles were available immediately in full text. The remaining 30% were conference proceedings and results from obscure journals. These results indicate depth in the NSLHD Libraries collection and reflects the expertise in the selection of relevant journals. Of the 60 citations in an X-Ray search for example, 52 articles were available as full text and only 8 required document delivery (ILLs). No access or authentication issues were identified.

To assist in the design of a study to look at the effect of a chest X-ray interpretation tool in the Emergency department.	60 (total citations)	52 (NSLHD holdings)	8 (ILLs required)
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Solutions

NSLHD Library staff set out to identify and remove barriers such as the need to fill out an additional form, copying and pasting citations, and the need to contact library staff for assistance. Library staff created a new EndNote output style incorporating Springboard URLs for literature searches. Then by activating the "Auto format" in Microsoft Word the citations could be hyperlinked, ensuring that the user receives direct hyperlinks into Springboard.

Trial of the new service

NSLHD Libraries set up a trial of hyperlinking literature searches in July and August 2021. A short survey for users was added to our library forms for feedback. Survey results, though small, were positive, with no issues reported. Additionally no questions or queries were received via the NSLHD's phone and email address. Training sessions for the Library team were set up via video call and work instructions provided. In September 2021 the new hyperlinked search results were implemented across the district.

Conclusion

Hyperlinking citations directly to Springboard gives immediate access to articles. For articles not held at NSLHD, an article request form pops up. Details are prefilled using OpenURL functionality through Reftracker. The implementation of single sign-on to our library systems, including our Discovery Service, has meant the complex process of remembering additional logins and passwords are no longer required. Users are familiar with their institutional staff logins and use these to obtain access. This integration represents significant time saving for users and library staff.

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Health libraries innovation and the Gratisnet network

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Introduction

Gratisnet is a network of special libraries in Australia that commit to document exchange at no charge to each other, and without certainty of balance in supply. Over 250 special libraries in health and allied fields are members of the network, many of which are too small to participate in the national Inter-library loan (ILL) network. Careful distribution of workloads helps to facilitate participation among large and small libraries. This co-operative model has subsequently been adopted by law, emergency services, transport and government library networks in Australia and New Zealand. This paper looks at the current state of play in Gratisnet and the co-operative factors that distinguish Gratisnet from the national ILL service.

Origins of GratisNet

In December 1982, ten hospital librarians from New South Wales met at the University of NSW. They developed a scheme for co-operation in inter-library loan lending on a fee-free basis. By the end of January 1983, membership had grown to 28 libraries (Keast, 1985). The name GRATIS was adopted in March 1983. For a period of 17 years a microfiche-based union list was maintained in conjunction with the Co-op bookshop and the membership grew to over 100 libraries (Hook, 1992).

In 1998 a partnership with Prosentient systems (an open source library software service provider) and the Co-op bookshop led to the development of a web-based union list as a successor to a centralised union catalogue. This marked a significant transition to self-management of the union catalogue in a web-based environment, and provided greater statistical input to the ranking process to evenly share the workload. When the Co-op bookshop closed its subscription division, Prosentient Systems continued both hosting and software development of the system, and extended the functions for ranking and resource distribution in the system. Prosentient Systems has continued its commitment to progressive enhancement of the system, with a portion of the annual fee reserved for service enhancement each year. With the growing national character of the network, Western Australia (which had a long-standing formal network) made GratisNet truly national when WAGRATIS joined in 2001.

The web-based GratisNet service remains the largest interlibrary loans network outside the national document delivery system (ALIA, 2018).

Features of GratisNet

The development of GratisNet is an example of inter-library cooperation at its most effective. The network exemplifies the achievement of health libraries working in a voluntary context and often in 1-person libraries to provide a mutual resource at national scale. GRATIS has gained amongst its members many small libraries who do not participate in national schemes such as Libraries Australia. They are often one-person libraries (Dartnell, 1998) and operating with a service that achieves well beyond their financial means.

By marshalling the resources of many health libraries whose holdings are otherwise not represented at all in the national union list, GratisNet has built a collection of impressive size and strength which is a major resource for Australian health libraries. Special libraries are also nimble suppliers of documents. A five-year analysis in 2002 estimated that GratisNet suppliers were, on average, at least two days quicker than all other sources (Due, 2002). While electronic means of delivery has narrowed this gap in recent times, GratisNet is probably still a good deal quicker in actual supply.

Before GratisNet many health libraries worked in relative isolation. Joining GratisNet gave them a much larger network of colleagues who could be approached about topics far removed from inter-library loans. The GratisNet list-serve of modern times sorts ILL queries, distributes duplicates lists, and carries many problems for general comment. The mutual support and problem-solving functions of specials networks are extremely valuable, especially in one-person and rural or isolated libraries.

GratisNet now has over 250 small research libraries in a network to provide distributed intelligent-agent inter-library loan services optimized for lowest-cost provision of health journals that are otherwise expensively or poorly supported in traditional inter-library loan services. They achieve this at an annual cost per library of \$195 per annum. This annual fee funds the operation of a focussed inter-library network that shares print and electronic holdings. This model has been taken up by four other library networks, creating an integrated resource database comprising over 500 libraries. The low service cost (per library) emphasises the potentially low cost and accessibility of distributed networks to small institutions. The networks are also important in illustrating approaches to resource balancing in such a fee-free transaction environment.

Economics of Demand Balancing in a fee-free network

Collaborating, resource sharing networks in a fee-free environment pose risks that are common to voluntary and collaborating communities. There is the "free-loader" phenomenon, or those who take the benefit of membership of a collaborating community but provide no or little contribution of resources.

However, imbalanced resource distribution, if unmanaged, can also create imperfect resource management through inequitable distribution of demand resulting in a reluctance to supply (a form of compliance failure), and through inequitable distribution of demand resulting in a delay in supply (a queuing problem). A longer-term issue in the management of distributed resource collections is the potential for degradation of individual resource collections through reliance on networked collections (a collection building problem).

Prosentient Systems has leveraged an open-source change management approach to building a solution model for the collaboration problem. Where balance is not achieved through fee-based supply, the supply versus demand equation must be mediated by other, behavioural elements. Examples of charge-free economics include: motivational ladder-based (for example bulletin boards that give increasing capability based on activity/involvement in community), recognition-based – through community status or power/control over the inner elements of the service (for example joining the inner-core managing open-source projects).

The GratisNet library communities collaborate to achieve a cooperative benefit – all community members gain access to a larger resource by sharing their own resources and thus accessing a wider network of resources. The challenge is to achieve equilibrium in supply and demand that remains equitable to the members of the community despite unequal distribution of resources. Game theory describes a number of behavioural models that can describe fee-free collaboration in such an environment. The GratisNet communities represent an example of large-scale collaboration where a relative equilibrium in supply and demand is achieved through computer-aided ranking of resources through the funding of a centrally managed intelligent agent for facilitation of resource distribution. Participating libraries commit to supplying ILL requests at no charge and with no specific reciprocity, on the basis that they can be confident that an increase in demand on their library will be balanced progressively with a lower ranking in search results.

While the GratisNet approach illustrates the benefits that arise from effective collaboration among small libraries as they face the challenge of cost-efficient resource sharing, the behavioural elements of fee-free resource sharing must be addressed to establish a stable economic model in a fee-free environment.

One model would be to look for a “knock-for-knock” equitable balancing over time. While attractive in principle, this approach would fall foul of the Australian Goods and Services taxation rules. A services tax deems this as a taxable supply and so would apply a tax even to a freely supplied item, at its deemed value. The network could only remain fee free in a taxation sense if the supply is provided without certainty of return in exchange.

The model chosen in the GratisNet networks is a variant of a "relative egalitarianism" viewed not at the individual transaction level but at the cumulative level of transactions over time. Each individual transaction represents a win/lose in the sense that a resource request represents effort on the part of one library to the benefit of another with no immediate return. Egalitarianism would indicate the selection over time of the approach that gives the highest combined utility to participating libraries. However, with unequal resource distribution, relative egalitarianism models the utility that each participant will derive relative to the overall utility aiming to achieve the utility benefit for each participation that has the lowest level of frustration (Moulin, 1988).

The ranking algorithm in the system offers a ranked list of potential suppliers based on

- a) An overall distance algorithm (at the state level)
- b) A dynamic ranked list of suggested libraries based on a weighting of their effort from which the requesting library can choose a supplying library, pushing the more lightly called-on libraries to the top of the selection.

In any given resource search the library is free to select whichever library best suits their requirement, but the library is encouraged to select from the "top" ranked library. Over time this helps avoid over-burdening libraries.

The current picture

The move to electronic consortia subscriptions has changed the scene a great deal in the health library sector. In 2003 there were no electronic subscriptions represented on the system. By 2011 there were:

- 37526 titles held in print form
- 290301 electronic titles held by libraries (of which 43% were consortia holdings)

By 2021 there were:

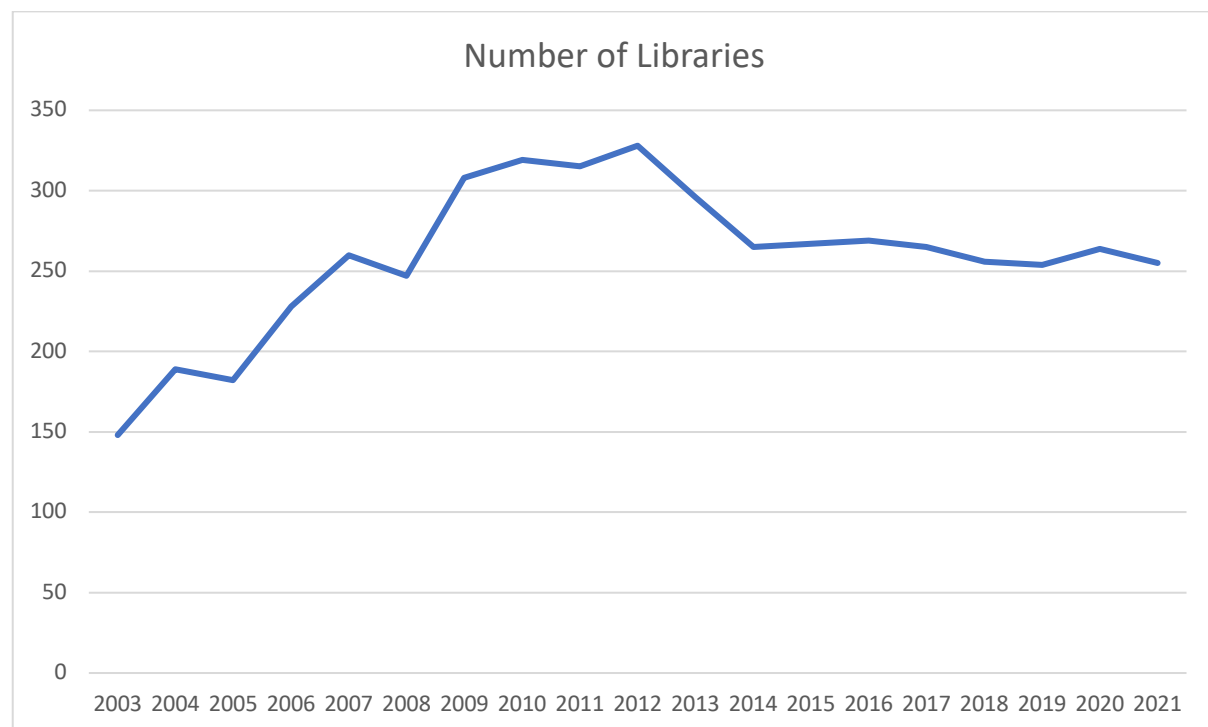
- 18261 titles held in print form
- 494633 electronic titles held by libraries (of which 64% are consortia holdings)

The trend to electronic, and to consortia-style holdings is clear. This has had the merit of increasing the breadth of journals held (growing from 55563 journal titles to 87926 journal titles in 10 years). The downside is a reduction in the diversity of the national health union list. The trend to consortia subscriptions also risks decline in visibility of smaller Australian health publications.

The number of libraries in GratisNet peaked in 2012. The following two years saw a significant drop in the membership, represented by a period of library closures, particularly in the government sector, and library funding cutbacks.

The transition to the National Disability Insurance Scheme in Australia saw attrition in some of the specialist health sector libraries. Funding moved from cyclical funding provided to institutions to funding directed at individuals. This removed a source of stable funding for the disability sector associations which saw the closure of at least 10 libraries in this category.

The membership has stabilised at 250 libraries in 2021.



The change in the collection profile and the trend to uniformity in many collection profiles has seen growing pressure on some libraries that maintain diverse collection footprints. Additional changes were made to highlight libraries that had already received (based on a threshold measure) a number of requests within the current time window.

Conclusion

The rapid growth of the GratisNet network in Australia suggested that the principles underlying its development were as valuable as the initial union list. GratisNet represents the best aspects of libraries' collaboration in the context of high-quality delivery in an often poorly funded environment (White, 2006). The network extends the collection reach of each member library through a thriving national network where collective power is harnessed in a collaborative manner. Many libraries who lacked the staff time and resources to use major national systems found in GratisNet a mutually beneficial and collegial system with practical economic benefits warranting the time and effort of their staff.

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A personal reflection: the first four months of the CHQ Library

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The opinions expressed in this article are the author's own, and do not reflect the view of Children's Health Queensland Hospital & Health Service, Cairns and Hinterland Hospital & Health Service, or the Queensland Government.

In September 2021 I started a new job with the Children's Health Queensland Hospital and Health Service (CHQ) in Queensland. CHQ was established in 2012 and had never had a library. As I was to find out, my new manager had been pushing for a library/librarian for some time, and eventually obtained approval for a 0.4 position with the title "Librarian and Research Metrics Manager".

Prior to starting this position, I had been in public and health libraries for a lifetime, and had most recently worked in the Cairns and Hinterland Hospital and Health Service (CHHHS) Library & Knowledge Centre for eight years. For the first four months of the CHQ position, I worked remotely from home in Cairns, while concurrently maintaining a part-time position with CHHHS. After my family and I relocated to South East Queensland, I officially left CHHHS and devoted my professional time to CHQ.

Those first four months were tricky. I found it quite challenging to work from home with a team that I had not met in person. I am thankful I still had my Cairns team to put up with my incessant interruptions, obsession with Christmas decorations, and penchant for a chat over a cup of tea – all of which are hard to maintain in a virtual position! My new team at CHQ were also in the Research Directorate, which was another first for me. While I had worked with researchers and research departments at CHHHS, I was not part of the actual research team, and my daily interactions were with a purely library team. Luckily, my new manager at CHQ was extremely supportive; the administration officer for the directorate was highly competent and welcoming; and the rest of the team were engaged and responsive in the meetings I attended fortnightly via Teams, and in any email interactions.

I also found it difficult to decide where to start, at a practical level. So I started with everything. Collection management, LMS, Libguides, journals, document delivery, staff publications, metrics etc etc etc. I was a flurry of activity for a couple of weeks, and then I wasn't. Because I was waiting. Waiting for responses, approval, more information, and so on. I also quickly realised that CHQ was very different to CHHHS.

Because CHQ is a new organisation and hadn't evolved over a long period of time like CHHHS, it operates quite differently. At CHQ everything is documented in advance, and lots of tasks that I was accustomed to doing in-house had to be outsourced to other departments. While it took some getting used to for me, I also recognised every interaction as an opportunity to build my CHQ network, and to build my profile.

Gradually I made progress. When I sit back and think about it now, I am quite proud of what I have achieved, even if I felt stagnant at various stages in the process. Here are the big things I completed/established in the first four months:

- **Library Services Framework**
Documentation is key at CHQ, so I have written a Library Services Framework that outlines key activities, the rationale behind them, and the methods of implementation. I have also created an infographic version of this document. These documents are not finalised and approved yet, but the process is underway.
- **Library Collection Management Procedure**
Another document, this actually helped me think through what I wanted to achieve via a collection, and what would suit CHQ best. I consulted a range of published collection management procedures and pulled together what I think will work at CHQ.
- **Establishing GratisNet membership and services**
This one was relatively straightforward, but absolutely essential. I have both provided and received articles via the network, and I am always in awe of the excellence that is GratisNet, and what it represents.
- **Staff Publications/affiliations searches**
This was high on the list of priorities for my manager, so I got to work on this straight away. Creating a comprehensive search strategy in a range of databases was the first step. I've had several requests for data based on staff publications in the first few months, so I was very glad to have established the searches in advance, as it streamlined these requests significantly.
- **Weekly staff publications tweet**
Once the staff affiliations searches were established, I started running a weekly report, and selecting one article/researcher a week to send to Communications Team (Comms) for Twitter content. There is a process around getting approval from the researcher, and ensuring that the lead researcher is a CHQ staff member, but I enjoy doing this each week because it enables me to make connections with researchers, as well as see what amazing research is coming out of CHQ.

- Publication of Intranet pages

At CHHHS we maintained both our own Intranet pages, as well as a website on the LibGuides platform. At CHQ, all online information is managed by the Communications team. I made contact with some key Comms staff members and starting compiling information for the Library Intranet pages. It is pretty bare bones, but was published early in the new year and will do the job of making basic information and request forms available to all staff. I intend to develop these pages and have extra content added regularly; the next information to go up will be around research metrics – what they are, where to get them, and how to use them.

- Paediatrics resources on CKN

The Clinical Knowledge Network (CKN) is a state-wide portal to online resources, provided and managed by the QLD Department of Health. Before joining CHHHS I worked with CKN, back when it was delivered by the Department's Central Library team. These days the whole platform is outsourced to Ebsco, with Department oversight of contracts and content. With the go ahead from the internal CKN Manager, I worked with Ebsco staff to establish a page on CKN where paediatrics (paeds) resources are available. I curated a list of paeds resources in a range of formats, and Ebsco made them available on the one page. The next natural phase of this will be curating lists for specialty areas. I am excited by the opportunities CKN provides and look forward to working with them into the future.

That list might not seem all that impressive, but I am quietly chuffed with what I have done in my 15.2 hours per week. There are obviously a million things I still need to do. An LMS is at the top of that list, as is establishing a staff publications repository. My next big step will be to very carefully roll out services like literature searches, and ensure I am not inundated with requests. It's a balancing act between creating demand so that we can justify additional funding for an extension of hours, without disappointing clients with poor service due to time constraints. My position is fully funded by the Research Directorate, but I need to provide library services to all CHQ staff (approx. FTE 3016), as well as provide metrics assistance to researchers and directorate staff. I will be walking a fine line, but I am confident that with clear communication I can manage expectations and provide excellent services within negotiated timeframes.

The other big thing in my immediate further will be establishing the physical space. Reportedly there was a space allocated to a library when the Children's Hospital was built. Because it was never used as such, it has gradually been taken over by particular groups of staff, who use it as something of a computer lab/common room.

I intend to make this a welcoming space for all CHQ staff. As I won't be able to staff it at all times, and a physical collection is not a definite, if everyone uses it at least as a computer lab/common room, I will be happy. And if they use it for study, collaboration, resource access, training, and knowledge building, I will be even happier.

Finally, I'm also really looking forward to National Simultaneous Storytime this year! I can't wait to meet Captain Starlight and talk about how I can help with NSS in 2022 and beyond. What better place to combine my love of health libraries and storytelling than a Children's Hospital?!?!

I'm writing this from my new home in SEQ. Thanks to the latest QLD outbreak of COVID-19, I continue to work from home for the time being. In other news, just prior to Christmas when I was mid-relocation, I also heard from my new boss that she wasn't going to be my new boss anymore. She was finishing up by Christmas and moving onto a new position elsewhere. I must admit that this really threw me. Because her support of me personally and professionally, and of libraries generally, was so absolute, I felt like I was losing my top ally. But as I settled into work this morning I realised that she had done her job by getting the position established, and supporting me during the first months of the role. Now it is my job to find new allies, establish more relationships, and weave the new library and metrics service into the fabric of CHQ.

Braille House – 125 years of the unseen library

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125 years ago (in 1897) a group of women got together in Brisbane when they realised there were no books available for children who were blind or had low vision. That is when Braille House began as the Queensland Braille Writing Association by a group of women including the then Governor's wife Lady Lamington (yes - the lady the Lamington is named after - but that's another story) to produce books for the vision impaired.

The organisation has now grown into Braille House, and we continue the important work of transcribing books and other information into braille and other accessible formats for people who are blind or have low vision. We also tutor in braille and moon and we provide all types of braille, moon, large print, maps and more.

Braille House's mission has not changed in 125 years: "To provide braille tuition and reading material to empower people who are blind or who have low vision to live with dignity and independence".

Why is braille important today?

Vision, the most dominant of our senses, plays a critical role in every facet and stage of our lives. We take vision for granted, but without vision, we struggle to learn to walk, to read, to participate in school, and to work. Vision impairment has serious consequences for the individual across their lifetime.

Braille empowers people who are blind or have low vision to be literate. Braille use has a significant impact on literacy. Reading, writing, spelling, punctuation, and grammar in general, are the fundamentals of education, and without these basic foundations individuals are disadvantaged. Braille is the tool used by people with a vision impairment to learn these important educational elements.

These tiny dots support people to live independently, attain their desired level of education, increase their chances for employment and enable them to interact with communities just like everyone else. Braille is essential for literacy among the blind. A recent study found that braille literacy is uniquely associated with well-being and self-esteem among legally blind adults. Participants who learned braille early in childhood reported the highest well-being levels.

Here are some facts about Braille House and vision impairment:

- The Braille House library contains over 16,000 volumes of braille, across more than 7,000 titles.
- The Braille House library houses Australia's only Moon library.
- Approx. 23,712 volunteer hours performed in 2019/20 financial year.
- In Australia, only about 3% of print material is available in an accessible format.
- For every 100 books a sighted child has access to, there are just 5 for a vision impaired child.
- A blind person only has a one in ten chance of receiving an education or getting a job because of a lack of accessible information.
- Research tells us there is a strong link between depression and chronic illnesses such as vision loss.
- People who are blind and have access to braille have a higher chance of finishing university and achieving their goals if they have access to braille resources.

It is estimated that there were over 575,000 people who were blind or had vision loss living in Australia in 2017, and this is projected to grow to over 800,000 by 2030. We await the updated figures, but this rapid increase is due to the ageing population and the fact that the risk of eye disease increases three-fold for each decade over the age of 40. The situation is worse for Aboriginal and Torres Strait Islander people, who experience six times the rate of blindness and three times the rate of vision impairment in comparison to the rest of the population.

The annual economic cost attributable to blindness and vision impairment is estimated to be \$16 billion, with the social and personal cost to individuals and their families further adding to the impact on Australian communities. In comparison to the general population, people who are blind or vision impaired have more than four times the rate of unemployment, suffer twice as many falls, have three times the risk of depression, are admitted to residential care three years earlier and often lose confidence to independently manage everyday life. Anecdotally, service providers have examples that people who receive specialist braille services are able to maintain employment, remain at home and live independently and in doing so can be more self-sufficient and cost less in government supports which benefits the whole community (Source: Vision2020 Australia Report).

So what's next?

Braille House continues to be at the forefront of developing tactile tools that enhance the lives of children and adults who are blind or have low vision. This includes reaching out to governments and organisations to educate them on how

they can make their information more accessible to people who are vision impaired.

Braille House also has a focus on research and development of products that has led to some interesting innovations. These include the Tactile QR Code Indicators (stickers that go over a QR Code that indicate where to scan), and the Braille Emergency Evacuation Information Packs that were developed to provide information for people who are faced with an emergency situation such as fire, flood, or cyclone. Braille House has even 3D printed prototype braille buttons for a sheet company to identify the corners of a fitted sheet that have been developed to include people with disabilities.

Health information is also very important to everyone, and Braille House is working to develop a range of resources in braille and tactile formats that will help patients, and visitors to health facilities, to navigate and understand what is happening to them, and around them. This will lead to better health outcomes as they will feel more comfortable, be able to absorb information better and have a more thorough understanding of their condition and treatment. These may include maps, tactile anatomical representations, treatment and rehabilitation information, and even braille on packaging to identify contents and communicate directions for use.

To learn more about Braille house you can visit www.braillehouse.org.au





All aboard! Stepping on board with a Community of Practice (COP) for health library technicians

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*"Be like a train; go in the rain, go in the sun,
go in the storm, go in the dark tunnels!
Be like a train; concentrate on your road
and go with no hesitation!" -Mehmet Murat Ildan.*

My journey into communities of practice (CoP) began with like-minded library technician (LT) colleagues in the health care sector in late 2020, as my hometown of Melbourne emerged from an isolating four-month lockdown due to COVID-19. Initiating the CoP created connectedness at a much-needed time. It provided direct opportunities to learn from peers, a group with which to exchange ideas to help respond to common challenges, and the opportunity to communicate with colleagues working in the same professional role in different libraries. It was both broadening and enlightening for the LTs who participated, with flow on benefits for our teams and the wider library community.

Starting the Health Libraries LT CoP

The Health Libraries LT CoP was formed to bring together LTs for networking, support and knowledge sharing with a particular focus on building on existing knowledge and skills to perform the role of a LT in evolving library services. To assess whether there was sufficient interest in forming a community of LTs working in health libraries, I contacted individual libraries to describe my idea and the benefits of developing a CoP geared towards the needs of health LTs. Positive responses indicated that this was a train worth boarding!

I partnered with Kathy Roe from the South Metropolitan Health Service in Western Australia to form the group. With the support of ALIA HLA (Australian Library and Information Association - Health Libraries Australia), we emailed the health library sector to ask our fellow LTs to join us. We also met to develop the scope and purpose that would drive the group. This saw us arrive at the first station – an initial invitation and agenda for our inaugural meeting, referencing our scope and purpose. The results were very encouraging, with twelve LTs registering for the first online meeting.

Participants attended from across Australia including Western Australia, Northern Territory, Queensland, New South Wales and Victoria. We also welcomed a colleague

from Istanbul in Turkey, which provided a wonderful opportunity to engage with colleagues at local and international levels. We had a good mixture of metropolitan, suburban, rural, and remote health libraries represented. And, yes, we really did get along very nicely, thank you – no COAG issues here – not at all! There was a great sense of camaraderie.

We were pleased by the depth and breadth of experience held by attendees as well as their willingness to buy a ticket to a new concept, not yet fully formed. A key concern at this first station was to be effective without over-formalising the group. The aim was to encourage participants to bring ideas and/or challenges to each discussion. We will evolve as we continue down the track, but this informal approach appears to be the model that works. It favours flexibility and inclusiveness.

An informal style does not mean a lack of direction. Discussion topics listed for each meeting provide structure for CoP discussions. These topics flag current issues affecting LTs' work environments, learning needs or knowledge gaps. From this tabling of topics, we learn how others might deal with the same issue, how common it might be and whether it is unique to the health library environment. For example: common issues occurring in Library Management Systems, is a solution achievable or does it involve more in-depth approach and/or external help?

What is a 'community of practice' group?

A CoP is a network with a shared area of interest that facilitates learning, knowledge sharing, mutual support and a forum for discussing solutions to issues commonly experienced. Along with enhancing both individual and professional development, a CoP can contribute more widely to the development of expertise and knowledge within a sector.

In our case, contribution of ideas and solutions within the CoP assists with day-to-day issues faced by LTs while helping to explore the health LT's role within health sciences environments. This is especially important for rare, niche roles such as that of the hospital library LT, where it is common for libraries to only employ one LT amongst a mix of librarians and paraprofessionals. Hence the interest in and need for our CoP, which is predominantly made up of passengers from hospital libraries.

Importance of having CoP groups

The CoP has many positive benefits for those participating. It is a great opportunity to meet new professionals. It creates a friendly environment that encourages participation. It is an alternative way to make a professional network, with many new online options for coming together as a group. It also encourages collaboration in the troubleshooting of issues, which will lead to more innovation and solutions benefitting all libraries. This is particularly important when dealing with the constant change in our sector.

Collegial support and networking are obvious benefits. The health LTs CoP has been a tremendous experience that has provided insight into different libraries, regional areas, emerging issues, challenges, and solutions. Additionally, the CoP offers members the opportunity to expand their profile and build connection with the general library profession on a broader level, allowing participants space to grow in their own right as a library professional.

It is a process of continuously evolving - CoPs improve education while expanding the knowledge base of the profession, which invites more diversity, a growing list of library skills, and expanding communication within the library sector.

Discussion topics

Agendas for CoP meetings include one main discussion topic to focus preparation and group discussions. We encourage suggestions from all members to ensure topic diversity and relevance. Topics therefore reflect what is most pertinent to the group and they tend to focus on a current challenge or issue impacting our work. New ideas, knowledge and helpful solutions then become possible through the sharing of different viewpoints, practical approaches or applications that may have been tried and tested or are about to be undertaken.

Change is a common theme. When change occurs, we offer support to one another while workshopping the challenge. The upcoming changes to the Libraries Australia Document Delivery (LADD) service is an important example. This will affect all libraries and LTs directly as they tend to be responsible for document delivery requests. The topic chosen for our inaugural meeting was: 'COVID-19 & how we fared during this period – working on site and working from home'. It was a very relevant and current issue that had deeply affected everyone in the group.

The COVID-19 discussion topic revealed slight differences in the way individual libraries pivoted with the situation, influenced by their geographic location and stages of the pandemic they were experiencing at the time. It was interesting to realise that many similar processes were put in place across the country, and to listen to how each library dealt with the changes. We had a lot in common and insights to learn from one another, with agreement that we succeeded in keeping the train moving and as safely as possible for everyone on site. Future discussions are likely to reflect on how libraries are evolving 'back to COVID-normal' as time goes on.

Working from home was another significant challenge of importance to the CoP. Continuing their respective library services from home and online was a key concern for all health library LTs. We continued to support the demand for online training, meetings, consultations, document delivery, general enquiries, email and phone requests while also playing a role in library projects and a wide range other work. LTs

appeared to be doing many, if not all, of these things wherever they were based. We observed a strong sense of busy-ness and variety across the board. It indicates that our health library services were very much in demand during the pandemic, and this continues to be the case.

Life is the train, not the station

Commencing the health library LT CoP has been an incredibly exciting time. Meeting likeminded LTs willing to actively participate has been particularly rewarding. We will continue to map out our future as we tackle change and emerging issues. In particular, the success of the inaugural meeting provides a foundation for a positive networking group that will contribute to the development of LTs in the health sector and wider library community. Members of the CoP have a genuine interest in helping one another take on new knowledge, providing friendly encouragement and discussing new ideas and solutions. This will benefit all of us, on many different levels. If we can keep travelling forward one station at a time, our Library Technicians CoP will have a very bright future.

Having boarded the train and travelled with my fellow passengers through the first couple of stations, we are contemplating new sights and destinations on our journey. You can't stop a moving train!

*"Our life is a constant journey, from birth to death.
The landscape changes, the people change, our needs change,
but the train keeps moving. Life is the train, not the station."
-Paulo Coelho.*

Queensland Health Libraries Network: bringing it all together

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The Queensland Health Libraries Network (QLHN) is composed of 19 public hospital and specialist health libraries across Queensland, Australia, with 16 of these libraries part of a network that uses Alma/Primo. The libraries provide a range of services and information to a community of some 70,000 employees of the public health system in the state. Members of the general public may request documents and books from the QHLN collections via their local public library.

The libraries are funded independently by autonomous health authorities established by the state government and are not part of a university library system. They vary in staffing numbers from five full-time employees to one part-time librarian, with the majority being single or two-person libraries. The library locations are spread over a large geographic area, including metropolitan, remote and rural communities.

The Time Had Come

Prior to moving to Ex Libris Alma, members of the QHLN used four different library management systems. Fifteen of the hospital and health libraries were using a centralized model funded and provided by the state Department of Health. In 2014 support for the funding and administration of the LMS was withdrawn. This decision coincided with the LMS hosting partner, State Library of Queensland, beginning to decommission the system, as they had moved up to Alma.

The Department of Health gave its associated libraries 12 months to find and implement their own systems. In all, 16 libraries decided to create a common network and use the same library system. A working group was assigned the task of identifying the various needs and capabilities of the individual member libraries, and then selecting a suitable system.

In their search, the QHLN group considered several key priorities:

- The system had to be effective across a widely dispersed network of libraries of all sizes.
- The price had to be affordable for all, considering that state funding for the previous system was not reallocated in the new model.
- Vendor support was very important, in light of the lack of relevant technical expertise at most of the member hospitals and health services.

Balancing Diverse Needs

A formal market review concluded with a report to QHLN members that Ex Libris Alma would meet their present and future requirements. Among the key drivers of this recommendation were:

- A cloud-based solution was necessary for such a diverse network, providing ongoing and consistent system updates and support.
- A recognition of the need to manage electronic, digital and print resources in a single, coherent and flexible system.
- Alma and Primo are designed to work together as a single system, simplifying processes and support.
- The ability to add on other systems in the future.

QHLN moved forward with Alma and Primo by leveraging the existing agreement between State Library of Queensland and Ex Libris. The State Library would manage the use, support and annual costing of Alma and Primo on behalf of QHLN, giving the network access to support and expertise that its individual libraries would not otherwise have had.

With 16 libraries of various sizes and specialities, QHLN had to balance the needs of the individual members while ensuring the system was not too complicated. To this end, a governance group of Alma Certified Administrators was drawn from among the QHLN libraries to oversee the administration of the system.

Data from four different library management systems had to be integrated into Alma, which included matching bibliographic records and managing each library's classification systems. In addition, QHLN wanted the library system to provide users a single point of access to all the health information resources available from the government's clinical information portal. The Alma Community Zone collections and records effectively made this possible.

The unified Alma approach to all library resources opened up the opportunity to add digital objects and create collections not previously considered part of a health library's role. These include, for example, documentation and artifacts of historical events in the hospitals and health services, repositories of research articles written by clinicians, and more.

As Alma and Primo brought significant changes to the management of QHLN library resources, librarian training was a key element of a successful transition. As the member libraries are geographically dispersed, Ex Libris provided remote training and workshops that were also two-way discussions of how Alma could best meet each library's operational needs. According to Chris Parker, Manager of Library Services for The Prince Charles Hospital Library, "The workshops were vital to our better understanding of how the system worked."

A Shared Community of Knowledge

While each QHLN library may be considered small, as a network they share Alma system resources and gain the benefits of a large institution. Alma is also flexible enough to cater to the unique operating needs of each library.

As a cloud-based system, Alma frees library staff from routine system maintenance activities and eliminates expenses related to servers. The system is updated regularly, with no need for local or third-party IT support, additional funding, or disruptions affecting library services. Periodic upgrades also make it easier for library staff to incorporate changes incrementally, rather than trying to digest large chunks of information as when systems were less regularly updated. In addition, the cloud environment gives QHLN the confidence of stable availability in the event of local natural disasters, which they have faced in the past, by spreading the risk with built-in backup alternatives.

With Alma and Primo, QHLN easily met another of its major objectives in providing a “one-stop shop” for all health information resources - physical, digital and electronic library collections, as well as the clinical health portal. This has made it possible for member libraries to showcase and highlight their electronic resources, historical artifacts and research. For patrons, the integration of electronic request forms makes it easier to request resources and information that QHLN libraries may not currently own.

QHLN libraries are using Alma Analytics to make their services and processes even better. They leverage reports created by Ex Libris and others in the Alma community, which both saves time and indicates what kinds of reports are possible.

QHLN library staff are pleased with the transition to Alma and Primo, as the single, coherent shared system facilitates the sharing of knowledge, processes and resources. Moreover, each library team uses Alma and Primo in ways that best serve their institution’s specific needs, without in any way impacting their colleagues at other libraries in the network.

From rainy Melbourne, over dry Loxton, to sunny Rijeka: the mysterious ways of the ALIA mentorship program

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The ALIA Mentoring Scheme is a 12-month formal arrangement that offers opportunities for early and mid-career ALIA members to connect with experienced LIS professionals, who are matched to each individual. Running from July to June, formal sessions from the ALIA education team are punctuated by partnership meetings, where personal goals and career development can be discussed. The scheme supports reflective practice and encourages recording progress as part of CPD.

The experiences of one such partnership are shared.

The mentor: Tanja

In June 2021, I had already heard about the ALIA mentorship program, but I got curious about it after chatting with one of my work colleagues at the time who had sincerely enjoyed her monthly chats with her mentor located in WA. So, I decided to give it a go. It was an extra thing for my never-ending to-do list when I was already crazy busy with my demanding job as a manager at Monash Health, Victoria, but my desire to guide new librarians through what is sometimes a very messy jungle called librarianship - especially during the pandemic - was enough for me to apply for this mentor role.

Soon after that I got an email from my mentee - an accomplished pharmacist and librarianship student based in rural SA. I think we were only nervous for one minute when we met on Zoom for the first time. After meeting each other's fur babies, we started our conversation in quite a structural way. From the first meeting I was so impressed with Emma's amazing organisational skills, as she had her list of questions ready for us to discuss during our meeting. To help me to prepare, Emma kindly emailed her questions to me beforehand.

Last year and the year before were certainly not like any of us imagined they would be. In addition to all the discomfort of the pandemic, I resigned from my dream job. Things that we do! Despite my not being employed, I neither gave up my ALIA membership, nor my monthly responsibilities towards Emma. I did not want it to end - there was still (librarian) breath left in me!

Together with my family, I started to work on my/our other dream - to move to Croatia. It has been a dream for many years, and we felt ready like never before. So, we left Australia in early March. Croatia welcomed us with open arms, beautiful food, amazing history, and my greatest love - the Adriatic Sea - but also with oh-so-not-like-Aussie kind smooth bureaucracy. Surprisingly it took me only two days to get my Australian qualifications recognised (hooray for ALIA approved courses) however, I must pass an exam on the Croatian jurisdiction which I am preparing for at the moment.

Croatian libraries and librarians are just amazing. I have met several librarians already and the Croatian Library Association invited me to present on several projects I have worked on in the last couple of years.

As I am learning how to find my feet in a new country, Emma is facing similar challenges in a little town where she studies online and works hard in irregular shifts as a pharmacist. But we never missed a single meeting! We are following our ALIA monthly mentorship agenda but as we now know each other much better now we also talk about other things we learned since our last catch up. The beauty of this program is that we both are constantly learning from each other.

In the meantime, Emma received a letter of commendation for her studies in 2021 and she has begun reaching out to others in her state. She hopes to work with SA Health librarians later this year (which I advised her to contact for volunteering opportunities). Even writing this article was something we both agreed on as we both believe that mentorship is such a rewarding experience and opportunity to support fellow librarians at any stage of their careers.

As a mentor, it gave me so much pleasure to teach a future librarian to expand her horizons, recognise potential she can already utilise in the profession, and how to do things certain ways that might only be thought of after gaining some work experience. I am so grateful for having Emma as my mentee. She and other students like Emma deserve an ongoing support from their future work colleagues to build networks before stepping into the workforce. We did plan to catch up in either Adelaide or Melbourne. But since I moved to another country, I would be very happy to host Emma in Croatia and show her local libraries of course!

The mentee: Emma

My career in librarianship commenced in 2020 when I began my studies in the Graduate Diploma program at UniSA. As I am a pharmacist, I knew the value of belonging to a professional body and so, after I had dipped my toes in, I joined ALIA in January 2021. The Mentoring Scheme immediately appealed to me as a means to

connect with someone in the industry and ease my transition from pharmacist to librarian.

I could not believe how lucky I was to be paired with Tanja! Upon receiving her details, I felt like an imposter until about five minutes into our first meeting. Her enthusiasm in supporting students and new graduates was welcoming. Her support through the Mentoring Scheme helped me home in on the skills necessary for health librarianship.

It was clear that Tanja was someone who was good at pivoting and leading her team through the challenges of COVID-19. Although she was incredibly busy, she forged opportunities for me to attend training sessions delivered by her team and encouraged me to join as many groups as I could. Despite the disruption from extended lockdowns, particularly in Victoria, she always made time for our monthly catchups. I could see Tanja's leadership skills in action as she outlined the way in which she encouraged her team, as well as me, to remain positive and adaptable through difficult times.

Living, working, and studying outside of a major city can be an isolating experience. Despite university being optimised for and delivered well online, I have still felt at times that I am millions of miles away from being a librarian. Tanja has really made a difference in grounding me and keeping me feel connected to the profession. I think this underpins the program, as I feel sure that Tanja will be someone I speak to regularly throughout my career.

The theme of reinvention has been strong throughout our partnership. Tanja's move to Rijeka and into a Croatian library is a foreshadowing of my own move to Adelaide and (hopefully) into libraries in 2023. I just hope my two rescued greyhounds take to their new lives as well as Tanja's cat has to hers! I am excited to take the skills I have developed over the last 10 years in pharmacy and tailor them to the information management environment.

The Scheme and Tanja have gently pushed me out of my comfort zone with good result. As a self-described nerdy introvert, networking has not been a strength of mine. I have, however, reached out to a couple of institutions about volunteering. I hope to volunteer with the SA Health Library Service later this year.

Through prioritising and commitment to the agreement, we have made this experience work. My current job's roster has been severely impacted by COVID-19. This, coupled with my study load and Tanja's workload, meant that there was a huge requirement for flexibility in our partnership. I think we have done extremely well in navigating this and the multiple time zones when scheduling our meetings.

It would have been easy for Tanja and I to lose touch following her move to Croatia in March 2022. However, I am absolutely thrilled that we are still catching up and know that one day the stars will align, and we will meet in person. Until then, I hope I can jump headfirst into librarianship and repay the favor by helping those who come after me.

Post Script

Rijeka (in Italian Fiume) is a cultural, educational and scientific centre in Croatia and home to a unique mix of grand architecture, beautiful beaches, excellent Mediterranean food, a rich music scene and one of the most vibrant carnivals in Europe. Rijeka is the first Croatian city to hold the European Capital of Culture title, after competing against Dubrovnik and Zagreb. Rijeka is proud with its established collaboration between local businesses, multicultural community groups and reputable educational institutions in supporting societal and economic transformations of the city. Both The University Library and The City Library play a central role in supporting those initiatives by promoting digital literacy, entrepreneurship, start-up culture and the preservation of local heritage.

The world's leading collection of the Glagolitic alphabet is displayed at the University Library Rijeka with 127 exhibits that tell the story of the importance of this alphabet in European cultural history. The alphabet was born in the 9th century and then grew into the Croatian national alphabet. Locals from Rijeka are very excited about the new state of the art building for The Rijeka City Library which is going to be the largest library in the Balkan region.



Greetings from Rijeka, Croatia: European Capital of Culture 2020

News from the European Association for Health Information and Libraries (EAHIL)

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At the time of writing, I have just registered and booked flights and hotel for the first in-person EAHIL event in two years, and I think the whole EAHIL community is keeping their fingers crossed we're going to be able to go ahead as planned this time. The conference will take place in Rotterdam, the Netherlands 1-3 June, and has the inspiring overall theme *BROADEN THE HORIZONS - diversity, partnership, and innovation with a human touch*. Since there might be remaining difficulties in travelling and perhaps less funding than usual due to the pandemic, those unable to attend in person there will have the opportunity to participate digitally the week after the conference. For more information about the conference and how to attend, please check the conference website: <https://eahil2022.nl/>.

Apart from the important networking with colleagues that takes place when you meet in person, the disruptions caused by the pandemic also seems to have had a negative influence on the possibility to attract submissions for the annual events, as well as original papers for publication in the Journal of EAHIL. In my understanding, this is probably due to extra pressure on libraries to support health care in handling the pandemic, but also because it's been much more challenging to develop your operations and services when you work from home and only meet your co-workers and patrons digitally, leaving less content to present at conferences or as a journal article.

Updated Code of Conduct for EAHIL

In connection with preparations for the Rotterdam conference, the question of a Code of conduct for the event was raised by the Local Organising Committee. EAHIL has a Code of Ethics for members, available on our website, approved by the General Assembly in Köln in 2002. During winter 2021/2022, a subgroup of the EAHIL Executive Board has updated the Code of Ethics, modernizing the text, adding statements on diversity and sustainability, etc. Hopefully, the General Assembly will approve the revised Code of Ethics in Rotterdam in June.

Election year

Every second year is an election year for EAHIL. This means that in spring 2022, there will be an election for the Board, this time with four open positions: President (2023-

2024), one full member (2023-2026) and two co-opted members (2023-2024). The results will be presented at the General Assembly in June in Rotterdam.

Later in 2022, there will also be an election for the EAHIL Council. The Council is an advisory group for the Board and acts as a link between the members in their country and the Association. Council members have an important role in publicizing EAHIL and recruiting new members. Councillors are elected for four years by the voting EAHIL members resident in their country. Each member state of the Council of Europe is eligible to elect councillors if at least five voting members are based in the country. Depending on the number of members, a country is allowed 1-3 councillors.

Membership issues

EAHIL is run entirely voluntarily, there is no secretariat to assist with administrative tasks to run the Association, but all tasks are distributed among Board members. An essential task is that of systems administrator, who runs discussion lists, file share, membership database etc. The EAHIL membership database was created several years ago and needs to be replaced by a more modern web-based solution for easier administration. In preparation for migrating to new software for our membership database in 2022, the EAHIL systems administrators have been working to clean and update the current membership database. It turned out that we had many outdated e-mail addresses on record, which means that we're unable to reach those members. When the possibility to update your account was closed on 1 December, after numerous attempts to localize and contact members who hadn't updated their account, the result was a more than 50 % decrease in active members, from 2094 members in 2021 to 983 in 2022.

This decrease will directly influence the Council elections later in 2022 since the number of Council members for each country is based on the total number of members in that country. It has also raised the topic of membership in general among Board members. Since the Association is run by volunteers, we are dependent on having active members interested in getting involved as Council or Board members, and not the least in arranging the yearly events. Attracting new members will be a hot topic for discussion at the Council meeting in Rotterdam.

Health Library Staff Member Spotlight

Glynis Jones

Team Leader Librarian, South Metropolitan Health Service

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When did you first start working in a health library?

I started as a health librarian at Curtin University in 1996 and after a long career in academic libraries (moving in and out of health roles) I finally had the opportunity to move to a truly dedicated health library early in 2022.

How did you join health librarianship?

My current position popped up in my LinkedIn profile at a time when I was neither looking for new opportunities nor considering any career change. I was happily and gainfully employed in a senior leadership role at the University of Western Australia as an Associate University Librarian, responsible for research and academic support, teaching and learning support, and frontline services to students. But the idea of working in a hospital library, and in a leadership role, was an opportunity too good not to explore further as this was always where I had imagined I would be when I graduated with my library qualification. I applied for the position and the rest is history, as they say.

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

My first position in a Library was as the inter-library loans clerk at the medical library at the University of Melbourne. With the encouragement of clients, I transitioned across the road to Royal Melbourne Hospital where I trained as a registered nurse. Whilst I very much enjoyed my time as a nurse, I felt a definite pull towards libraries and in the early 1990s I undertook studies at Curtin University to become a librarian.

In 1996 I took my first role as a professional librarian at Curtin University Library in a small branch library providing support to the allied health schools of physiotherapy, occupational therapy and podiatry. Over a 25-year career that has spanned 6 universities across 3 states of Australia, I have worked in both client services and technical services roles, predominantly in senior management positions. Along the way I completed a Graduate Diploma in Higher and Tertiary Education which has been useful in developing and delivering research and information literacy training to clients.

How do you describe your current position?

My current position is such an interesting and exciting role, leading a team of incredibly knowledgeable and skilled staff to deliver client services across the South

and East Metropolitan Health Services in Perth, WA. Our client base is a diverse staff cohort of more than 15,000 people ranging from university students through to clinicians, researchers and senior executives.

I see my team as being the interface between the clients and the collections, and we provide extensive literature searching services, training and support for clients in the use of information resources to inform evidence based practice, scholarly communication and research support, and a general reference service. Our services range from being very hands on to self-service at the point of need via online resources, and we are increasingly providing support online via Teams as well as physically in person.

What do you find most interesting about your current position?

Everything! Being new to my role, every aspect that I discover and start to explore is interesting, but if I must pick one, it would be the interactions with clients. Talking with them about their roles, their research, and why and how they will use information to inform their practice, is something that I will never tire of and it reinforces the importance of what we do as health librarians.

What has been your biggest professional challenge?

Managing a team of about 50 staff plus 35 casuals, to continually deliver services to students and staff across 6 library sites at a university, during the COVID pandemic would have to be up there on the list, for sure. Add to that, the need to implement organisational change to significantly reduce the salary budget, during the very same pandemic, and I will admit to feeling a little tired at the end of 2021. Having said that, it was a great learning experience and I am confident that I contributed to some positive outcomes for both the Library and the students and staff of the university.

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

Good question. I guess if my current role hadn't been available to me, I would still be happily working in a university library, but that's not a very interesting answer. There was a small time when I first moved to regional Tasmania when I was unable to find work as a librarian so I enrolled in a professional dressmaking course at the Tasmanian Polytechnic and thought it might be fun to make costumes for movies or theatre. But then I got a job at the University of Tasmania and the closest I now get to making costumes is making the clothes I wear to work.

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

As a new player in this field, I'm not sure that I am in the best position to answer this. What I have seen so far are challenges in maintaining a skilled workforce and managing succession planning; the ever-increasing costs for subscriptions above and beyond CPI along with the open access movement for both publications and data; and the exponential growth in published information requiring new ways to synthesise content and an increasing demand for support for systematic reviews and

meta-analyses. Whilst I guess these are issues, it's such a negative word, I prefer to think of them as opportunities.

What is your greatest achievement?

I have no idea, perhaps it's still ahead of me! In 2021 I was awarded Senior Fellowship of the Higher Education Academy for my sustained record of effectiveness in support for teaching and learning. I felt very proud to achieve this award, alongside academic colleagues, in recognition of the value that librarians can add to higher education.

Do you have a favourite website or blog?

No, I am a big fan of Google and Google Scholar and tend to search for information at the point of need. Too many alerts and I might fall into a pit of information overload despair.

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

Hmmm, is this akin to me writing advice to my younger self? This question had me stumped for a while but how about the following:

- Be open to all possibilities and opportunities and try not to be too rigid in your idea of a career path. Good career opportunities come to those who are open to new challenges.
- Don't be afraid of management and leadership roles, they are much more rewarding and not as hard as you might imagine.
- Finally, don't fall for the imposter syndrome. Librarians have a lot to offer and we should never forget this.



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



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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

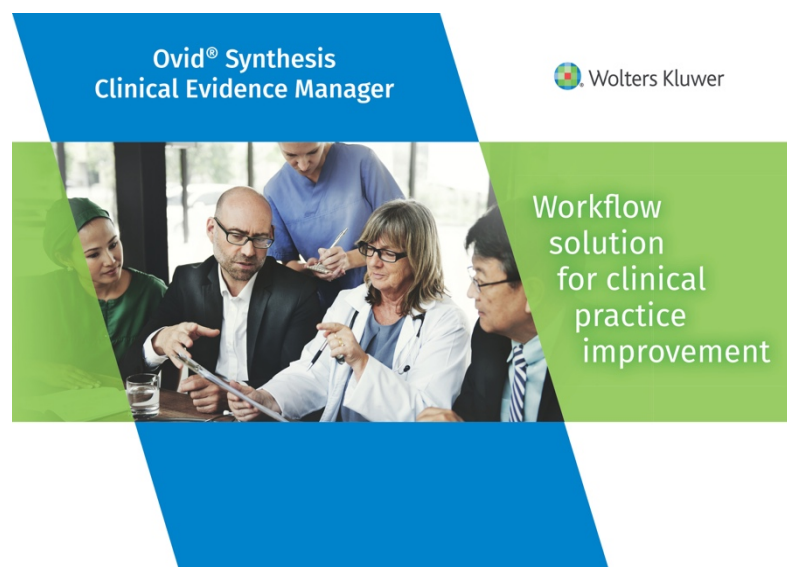
it difficult to efficiently surface and implement new evidence into clinical practice,” said [Vikram Savkar](#), Senior Vice President & General Manager, Medicine Segment, Health Learning, Research & Practice business at Wolters Kluwer.

“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.



The advertisement features a blue banner at the top with the text "Ovid® Synthesis Clinical Evidence Manager". Below this is a photograph of a diverse group of healthcare professionals in white coats and scrubs, gathered around a table and looking at a tablet. To the right of the photo is a green box with the text "Workflow solution for clinical practice improvement". The Wolters Kluwer logo is positioned to the right of the blue banner.

