



Capital Health

Health Sciences Library

Annual Report 2004-2005

Penny Logan, Manager Library Services

For the period April 2004 - March 2005

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Executive Summary

1.1 Highlights

The catalogue became publicly available in June 2005. This involved purchasing WebPublisher Pro software and migrating the catalogue to a Content Server platform. This was a joint effort between the Library and Capital Health's IT staff. One of the hurdles was to find a way to make the catalogue accessible both from the Intranet and from the Internet without broaching Capital Health server integrity. The project team included the web team, database administrators, project managers, security advisors, programmers and network experts. The result is an easy-to-use catalogue from which users can access all the Capital Health resources. Users who are not near a Capital Health Library, may order and receive materials from their location - wherever they are located in the district- by using the "*Capital Health users may click here to order this item*" link.

A people counter was installed at the Halifax Infirmary site. Early data show that despite the increase in electronic materials accessible from any Capital Health computer, more people are coming to the library. The small study rooms and the computer workstations continue to be in constant use as are the tables and chairs for individual study. Popular thought was that, as libraries offered more electronic material, fewer people would come to the library. But the opposite is true. The phenomenon of increasing 'gate count' is happening at libraries throughout North America.

"With the emergence and integration of information technology, many predicted that the library would become obsolete. Once students had the option of using their computers anywhere on campus – in their residence halls, at the local cyber café, or under a shady tree in the quad – why would they need to go to the library? ...Contrary to the predictions of diminishing use and eventual obsolescence of libraries, usage has expanded dramatically – sometimes doubling or even tripling."¹

"The answer is straightforward: The library is the only centralized location where new and emerging information technologies can be combined with traditional knowledge resources in a user-focused, service-rich environment that supports today's social and educational patterns of learning, teaching, and research. Whereas the Internet has tended to isolate people, the library, as a physical place, has done just the opposite. Within the institution, as a reinvigorated, dynamic learning resource, the library can once again become the centerpiece for establishing the intellectual community and scholarly enterprise"².

1. Council on Library and Information Resources Washington, D. C. 2005. Library as Place: Rethinking roles, Rethinking Space. P. 2 <http://www.clir.org/PUBS/reports/pub129/pub129.pdf> Accessed June 15, 2006.

2. Op cit p. 3.

Much effort was expended this year negotiating site licenses for Capital Health subscriptions. Many of the subscriptions had not been converted to reflect Capital Health's 10-site structure. This meant an increase in journal subscription prices to ensure the Library has legal access to online content. Approval was received to over-spend the journal budget by \$145,000 so that we can continue our access while ensuring we are acting appropriately. (see Appendix A : Budget Pressures – Health Sciences Library Capital Health.)

The library developed a partnership as a result of affiliations with the Nova Scotia Cancer Patient Education Committee. The *Oncology Interactive Education Series* is a patient education CD-Rom set that describes 25 different types of Cancer, gives appropriate websites, includes patient narratives and is regularly updated by experts. The Dickson Library circulates these CD-ROMs to patients referred from the Nova Scotia Cancer Centre. This partnership works well because the library has systems in place to circulate materials, the library gets access to more patient education material, patients are able to take the CD-ROMs home to examine at their leisure and these expensive CD-ROMs are circulated in a secure and efficient manner.

The Primary Care initiative provided funds to hire a student, Jamie Jarrett, to conduct a patient survey. As a result of this survey, Dr. Andrew Padmos Vice President Research and Academic Affairs and Vickie Sullivan, Director Cancer Care Program put forward a proposal to the Executive Committee for a new program. A copy of the survey is attached as Appendix B and a copy of the proposal is attached as Appendix C

1.2 Significant Challenges in the coming year

The location of the Nova Scotia Hospital Library is a continuing concern. The deadline for demolition of Simpson Hall has been extended, so we continue to operate out of that site, but there is no timeline for when the library may be required to leave.

Although the suggestion remains that the Dartmouth General Hospital and the Nova Scotia Hospital Libraries combine, there is no space allotted for the Library in either of the hospital site plans. The required space for a combined library is 5,000 square feet in a high-traffic area.

Staffing at all sites is below minimum standards. There are increasing demands for training classes in how to use the Library's materials and increased demand for Librarian-mediated online searches. A budget request has been put forward for an Instruction Librarian to address the issue.

Increases in enrollments in the Health Professions especially at the Dalhousie Medical School have put increasing pressure on Library services and accounts for increased service volumes.

A continuing challenge is off-site access for our users. People are generally happy with the content that the library can provide, but many people work from their home or from sites that are not part of the Capital Health domain. The Information Technology department is moving in that direction and we have been assured that access to Library resources is part of the project plan.



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2004-2005 was a year of Web!Web!Web! The Library's catalogue was made available online and a new website was designed for one-stop access to the Library's material. Although invisible to users, moving the content to a Capital Health server is a significant improvement allowing the IT department to have better control of the administration of the site. Training library staff so that they can instruct users in how to use the catalogue and the new site was a significant project over the year.

Accreditation was another major focus for much of the year and the Library was able to contribute to several sections on the Accreditation survey.

Partnerships allowed us to get some resources at a reduced rates and the library was asked to take part in several Capital Health-wide initiatives.

Despite being under-resourced, staff continue to work diligently and much has been accomplished toward the goal of making evidence-based material accessible to all of Capital Health staff and to the broader community.

Collections

Book collection

A selection of core books in electronic form was subscribed to this year. The Library is able to monitor the use of the electronic books and will keep track of use over the coming year. Online access is more expensive than purchasing paper copies because the items are now available instantly to all 10,000 Capital Health employees. The benefit is that electronic access allows people from any location to access library materials at any time.

Journal collection

In March 2005, the library received \$7,179.21 as part of the settlement of the Statement of Claim filed with the Canadian Trustee in Bankruptcy as a result of the bankruptcy in 2002 of the Divine Corporation, a journal subscription agent.

We continue to examine the journal collection to see where we can get online access. As our needs analysis showed our users need electronic access.

Audiovisual collection

The library continues to purchase DVD's which are very popular with our users. We are making inquiries about the requirements to provide Streaming video. That technology would allow users to access videos online – from anywhere at anytime.

Databases

The Library is part of a consortium of libraries across Nova Scotia called the Atlantic Health Knowledge Partnership (AHKP). AHKP was successful in negotiating with the Cochrane Library that all health care professionals in Nova Scotia can have access to this important Evidence based material. Capital Health library provides the central point of contact where health care professionals can find the username/password to access the Cochrane Library.

Systems

The Halifax Infirmary Library began checking in journals using the Inmagic system. We hope to make further use of the software to automate the Table of Contents distribution system. The Nova Scotia Hospital Library subscribed to the Electronic Funds Transfer System (EFTS) which automates payments for Interlibrary Loans. The Nova Scotia Hospital Library and McMaster University are the first Canadian Library subscribers to this international service.

Equipment

A People Counter was installed at the Halifax Infirmary Library. This site is the busiest of the Capital Health libraries and the People Counter will give us accurate 'gate count' figures.

Additional shelving was purchased for the Dickson Library which meets safety requirements. The shelving was installed to meet accessibility requirements so that there is enough aisle space so that a wheelchair can navigate through the stacks.

An electronic key access system was installed at the Dickson Library. This has had two very positive labour-saving results: Users no longer have to go to the first floor to sign out a key – and remember to take it back to Security when they are finished, and this means library staff no longer need to create and keep up-to-date a list of people eligible for after-hours access. Several departments within Capital Health use electronic key access and this fits in with the Library's goal to provide services that mesh with Capital Health-wide systems.

Services

Training

There is increasing demand for basic library training. 183 people were trained this year in formal training sessions – more than double that trained in the previous year. Sessions were held in Halifax, Dartmouth, Sheet Harbour and Musquodoboit Harbour.

Displays

As a result of its role in the Education Committee of the Psychosocial Rehabilitation (PSR) project, the Library was asked to display at the Psychosocial Rehabilitation Conference in Truro on November 5, 2004. Capital Health library system has an extensive collection of PSR material and we had many inquiries from attendees at the conference about how they can obtain their own copies of materials.

Interlibrary Loans

Total Interlibrary Loans remain at more than 10,000 per year. This is a core service for the library. The library belongs to the *Freeshare* system of more than 4,000 libraries who lend material to each other at no charge using the Docline Interlibrary Loan system from the National Library of Medicine. *QuickDoc* software will be purchased for the Nova Scotia Hospital Library to use as our 'test site' this year. It is hoped that this software will give us better interlibrary loan control and reporting capability.

Library as place

Because we now have accurate people counters, we are able to get a figure of number of visits to the libraries. In 2004-2005 there were more than 200,000 visits to the Capital Health libraries. The libraries continue to be highly valued for reading areas, study space, meeting rooms and computer access facilities.

Capital Health Library Services 2004-2005	
Circulation	27,856
Reference Questions	11,514
Interlibrary Loans	11,381
Online Searches	266
Table of Contents Users	283
Traffic	201,326

Facilities

Nova Scotia Hospital Site

In the original facility planning for the Nova Scotia Hospital (NSH) site, there was an expectation that Simpson Hall, which houses the NSH Health Science Library would be torn down in the fall of 2004.

The structure remains, although many services have been moved out of Simpson Hall. The building is in a constant state of repair, and the library experiences frequent leaks. However, no decision has been made about the future of the library nor has any space been allocated when the library is asked to move. We continue to lobby for an appropriate location to re-locate the library.

Personnel

The Library Clerk position at the Infirmary Library had been filled as a Temporary position because one of the staff was on Long Term Disability. When that person retired, the Library Clerk position was advertised as a permanent position. Diane Lawson was the successful applicant, and she began in that position in September, 2004. Because Diane had worked at the Dickson Library in the same capacity, the transition was very easy. Carrie Burke was hired as the part-time Library Clerk at the Dickson in March, 2005.

Rachel Green and Joan Briand were both recognized for their long service to Capital Health. On October 20, 2004, Joan received her 10-year pin and Rachel was awarded her 25 year pin.

Current Health Sciences Library Staff, July 2005:

David Barteaux, Library Assistant – Dickson
 Joan Briand, Library Clerk – Nova Scotia Hospital
 Carrie Burke, Library Clerk - Dickson
 Diane Lawson, Library Clerk – Infirmary
 Rachel Green, Library Assistant – Infirmary
 Myrna Lawson, Library Assistant – Nova Scotia Hospital
 Verona Leslie, Library Assistant – Infirmary
 Penny Logan, Manager Library Services
 Moira Stewart, Library Assistant - Dickson

Internal/External Committees and Activities

The Library continues to contribute to the Education Task Force of the Psychosocial Rehabilitation Program, the Capital Health Patient Education Committee, the Nova Scotia Cancer Patient Education Committee, the Information Management Accreditation Team, the Atlantic Health Knowledge Partnership, the Oncology Interactive Education Series (OIES) committee and to the Education Space Committee.

Health Sciences Library Budget Fiscal 2005

	Dartmouth	Dickson & Infirmary	Nova Scotia Hospital	Libraries outside metro	Total
Salaries & Benefits	0	\$289,517	\$80,986	0	\$370,503
Books	\$12,000	\$50,720	\$11,270	\$1341	\$75,331
Journals	\$36,000	\$253,906	\$61,867	0	\$351,773
Supplies	\$2,840	\$54,328	\$14,388	0	\$71,556
Total	\$50,840	\$648,471	\$168,511	\$1,341	\$869,163

*Figures from Provisional Budget Report for December Fiscal 2005

Looking Ahead to 2006

In the coming year we will continue to develop the collection of electronic resources and to evaluate the services that can be provided in light of staffing constraints. We will continue to advocate for space allocation planning for the NSH and the DGH Libraries and continue to work with the IT department trying to find a way for users to access the library's materials remotely.

The library will continue to co-operate with partners as we have with the OIES, the Primary Care Initiative and with the Atlantic Health Knowledge Partnership. These collaborations have resulted in the library providing additional services at reduced cost with the validation that the library is a core element within Capital Health.

Penny Logan
 Manager Library Services, Capital Health, 2005

Appendix A : Budget Pressures – Health Sciences Library Capital Health



Capital Health

Budget Pressures – Health Sciences Library Capital Health **2005/2006**

Preamble:

The library survey conducted in 2004 shows that our users want increased access to online journals. This is a reality in terms of Capital Health's geography and allows for equitable access to resources across the district. .

Although much of the material is available online, online access to major journals is limited. The New England Journal of Medicine, for instance, has material online only from 1995 onwards. Any person needing an article from 1994 or before must find a place that has a paper copy. In addition, some publishers give a sizeable discount for online access so long as a paper subscription is maintained. It is economically wise for libraries to keep the paper copies that they have already paid for in order to fill requests for older issues and to take advantage of discounts.

It is also the case that some publishers do not yet have electronic access in any form to their material. Again, paper copies are the only way to access this material.

Consequently, it is most effective to maintain library sites to house the paper subscriptions where they are required most frequently and to work toward online access wherever possible.

Health Sciences Library Budget requirements: 2005/2006

1. Multi-site licenses: increase of \$142,420

Before Capital Health came together as a district, individual hospitals had individual subscriptions. For example, the Dickson Library had a subscription to the New England Journal of Medicine (NEJM) that cost about \$1,000. Now that Library serves the Capital Health district, publishers require that we license their products as a multi-site operation. This means an increase in cost, but it is not a directly proportional increase. That is, under our old license we provided access for 1,000 users. Now that the license must cover 10,000 users, we are able to negotiate a site license that will cost more, but not 10 times more than we were paying as a single site.

Below is a chart showing the increased costs to move from one individual site to a multi-site licenses to serve all 10,000 people of Capital Health.

Subscription cost comparisons: Single site/multi-site			
Title	Single site	Multi site	Increase
New England Journal of Medicine	\$1,266	\$9,248	\$7,982
BMJ	Free	\$8,055	\$8,055
BMJ journals:		\$37,258.65	\$20,493
Br. J. Ophthalmology	\$865		
Gut	\$1460		
Thorax	\$2926		
J.Clinical Pathology	\$1146		
Evidence Based Medicine	\$500		
Evidence Based Nursing	\$337		
Evidence Based Mental Health	\$531		
Ovid	\$7,765	\$36,004	\$28,239
Blackwell	\$17,796	\$28,000	10,204
AACR Journals	\$2,666	\$7020	\$3,354
Cancer Research			
Clinical Cancer Research			
Cancer Epidemiology, Biomarkers and Prevention			
Molecular Cancer Research			
Molecular Cancer Therapeutics			
Oxford University Press	8,217	11,946	\$3,747
Elsevier	\$63,182	113,256	\$50,074
Wiley	\$12,977	\$23,249	\$10,272
Total Increase			\$142,420.00
All prices in Canadian \$ using 35% factor for U.S. prices			

To accommodate this cost, the journal budget line requires an increase of \$142,420.

Risk Statement

Publishers are aware that Capital Health is now a 10-site district. Prices for multi-site subscriptions are more costly than for one site. If we do not license as multi-site we will be in violation of legal agreements. If we do not provide online access, there will be a negative economic impact on Capital Health. For example, our users downloaded 10,000 articles from the NEJM in 2003. If the Capital Health libraries had to purchase copies of those articles from other libraries, the labour costs alone - at approximately \$8 per article - would cost Capital Health \$80,000. This compares to the site license fee of \$9,000.

There are several obvious benefits: Obtaining multi-site licenses puts Capital Health in legal compliance, is an overall cost saving for Capital Health, and allows equitable access to all users regardless of their location. It also means that articles are paid for at a negotiated price so that Capital Health has a known fee and the organization is not charged on an uncontrolled per-use basis.

2. Cost Drivers for library materials: cost driver 20% journals, 10% books

The evidence shows that journal prices have been increasing every year since 1967. This should be considered a cost driver for journals.

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=442172>

Budget 2003/2004 Journals: \$351,773
2005/2006 cost driver (20%) 70,354
Total 2005/2006 Journals \$422,127

Costs for Medical and Nursing books increase by 10% each year:

<http://www.blackwell.com/level4/CoverageandCostIndex.asp>

Budget 2003/2004: Books: 73,990
2005/2006 cost driver: 7,399
Total 2005/2006 Books \$81,390

Risk Statement:

The annual increase in medical book and journal prices has been well documented since 1967. The Capital Health library collections are already at a minimum level. The risk is that the library collection will decrease each year until there is no longer an adequate collection and the library will not be able to support clinical or research endeavors. People will purchase articles on a use-by-use basis which costs much more. For example, from the journal Science, an individual can purchase an article for \$10 U.S. or about \$13 in Canadian funds. If we estimate 5000 downloads per year the cost is \$65,000.

For another example, at time of writing, the New England Journal of Medicine (NEJM) does not allow pay per view for articles. Individuals would have to subscribe to NEJM at \$150 each. We have 400 Medical Residents at any one time at Capital Health. If half of them - 200 - subscribe individually, the cost to Capital Health is \$30,000. Consolidating and maintaining journal subscriptions through the Library is cost-effective and assures that this aspect of Knowledge Management is being managed professionally.

Staffing:

*based on Medical Library Association Standards for Hospital Libraries:

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=128964>

Standards for Hospital Libraries: for a hospital system with 10,000 staff:
 $10,000 / 700 = 14.285$ Staff rounded to 14.25

At least 33% at Librarian level = 5
 Other staff must be trained professional staff.

Job title	Standards	Current compliment	Required	Estimated salary for additional staff
Librarians	5	1	4	\$200,000*
Library technicians	9.25	7	1.75	\$52,500**
TOTAL	14.25	8.5	5.75	\$252,500

* estimate @ \$50,000

** estimate @ \$30,000

Staffing that meets minimum standards will allow for a Librarian at each library as well as each librarian taking on the special duties of:

Research Support/Online search Librarian

Training Librarian

Systems Librarian

Reference/Public Services Librarian

Risk Statement

The current staffing does not allow for services that are expected for tertiary care hospitals: regular training, online search service, research support, reference management support, and librarian support to clinical education services. Nor does the current staffing allow for any meaningful services to the sites outside of Metro.

The current staffing also means we are contracting with independent consultants for software support for sustaining the library catalogue and for technical support for online subscriptions. The risk is that there is no support for urgent patient-care evidence requests; and we have no capacity to fix the online catalogue in house. We must rely on outside consultants with concomitant delays that are not tied to urgent patient care requirements. It may be said that our patients are receiving less than minimum service expected at the major referral hospital in the Maritimes.

It should be especially noted that the DGH does not have staff in the library. DGH health service providers undertake research projects and frequently have students working onsite, but there is no library staff at the DGH to answer reference questions or to support research/evidence activities.

Without in-house expertise to deal with technical problems and to support the catalogue and online services, we are paying for outside consultants. This is expensive and means we cannot meet timelines to support patient care requirements.

Databases

Subscription to Embase (as part of a consortium with Dalhousie) \$9,000

Subscription to RefWorks (as part of a consortium with Dalhousie and IWK) \$6,000

These are two basic software purchases. They will require ongoing subscriptions which requires that they be added to the budget in line items

Risk Statement

The risk for researchers is that they will search PubMed but will miss the equally important and larger database of materials indexed by Embase. This database has more drug information and more health management information than PubMed and should be a required search for any large research project.

RefWorks has been selected by Dalhousie as their reference-management software. The library gets requests to support various reference-management software titles like Reference Manager and ProCite to name a few. The library cannot support all reference management software titles. Now that Dalhousie has selected RefWorks, we can act in concert with our major partner; the library staff can be trained to support this one product and Capital Health users will have the support they have been requesting.

Computer Leases

The library survey showed that lack of computers in the library is one of the most required improvements.

For 2005/2006 we request additional computers

6 additional computers at the HI

4 additional computers at the DI

4 additional computers at the NSH

1 additional computer at the DGH

As these are leased items, the costs will be ongoing and will mean an increase in the line item for computer leases for each of these cost centers. Computer leases @ \$30 per month

LIBR (HI and DI): (total 10 @ \$30) = \$300

LIBN (4 @ \$30) \$120

LIBD (1 @ \$30) \$30

Total for computer leases: $450 \times 12 = \$5,400$

Risk Statement

The library currently has 500 journals online and about 100 books online. The risk is if we do not get more computers, people will not be able to access the materials. We currently get from 100 to 300 people per day coming into the libraries. There are often waiting lines to access the computers. In the needs assessment survey 'more computers' was one of the most-requested services. If staff cannot access the computers they cannot access the online resources they need to make appropriate, safe, evidence-based decisions.

Total requirements:

Item	Cost
Site licenses	\$142,420
Journals 20% cost driver	\$70,354
Books 10% cost driver	\$7,399
Staffing	\$252,500
Databases	\$15,000
Computers	\$5,400
Total	\$493,073.00

Appendix B Capital Health Patient Education Resource Service Proposal

Special Projects

Patient Education Resources Service

This is a project that has support from many sectors in Capital Health. The costs and outline of the project are attached. Should the project go ahead the direction and management of the service will come from the Health Sciences Library. This project will have a far-reaching impact on the users of Capital Health and will go a long way to supporting the Primary Care Initiative. It is mentioned here just to give emphasis that this project will have great impact, and the Library strongly supports this effort. The outline and budget for this special project follows.

New/Expanded Program Submission – 2004

Capital Health Patient Education Resource Service Proposal

Submitted by:

Dr. Andrew Padmos, Head
Victoria Sullivan, Director

Capital Health Cancer Care Program

Prepared by:

Patient Education Resource Centre Committee

Date: August 30 2004

Patient Education Resource Service

Background

A survey in the summer of 2004 (See Appendix A – Report: Patient Education Resource Centre Survey) and research outlined in a document from 2001, provide the evidence that clinicians and patients need an organized patient education service in Capital Health. Such a system would access the materials and services currently available:

- more than 1,000 Capital Health patient education pamphlets
- Health Link website,
- [C@P](#) site computer workstations,
- Health Sciences Libraries in Capital Health,
- Community Forum patient education videos
- self-help collection at the Nova Scotia Hospital

and integrate these with the health information services of Nova Scotia Public Libraries and other community resources.

Models

This service is meant to provide information for adult health information consumers in the same way as the IWK patient education resource centre supports pediatric consumer health needs. The Ottawa Hospital Consumer Health Information Service is a model of how an adult patient education service can work in a multi-site system.

Proposal

This service will take the form of a Clearinghouse that patients can call, visit or contact electronically. The Clearinghouse will catalogue and make available the current patient education material that is available in Capital Health with a small additional collection of patient-focused materials. Staff will act as the contact to obtain and mail-out materials and to direct users to their local public library or to appropriate, verified websites. Nova Scotia Public Libraries are full partners in this venture and staff will be able to direct users to the public library material especially where it is available in their local community.

In addition, the Patient Education Service staff can fill several roles:

- maintain the Health Link web site
- educate patients in how to use the available resources
- liaise with Nova Scotia Public Libraries
- liaise with primary care health professionals
- liaise with community consumer health groups
- educate Capital Health employees and physicians about the materials available
- ensure that the public-access [C@p](#) computer kiosks link to available materials

Estimated Costs

One-time space improvements to be determined.

Space required: 1,500 square feet.

Staffing:

Librarian Coordinator:	\$50,000
Library Technician:	\$35,000
Benefits @ 30%	<u>\$25,500</u>
Total staffing:	\$110,500

Operating start-up:

Fax/Scanner machine:	\$750
Printer:	\$500
Telephone/Fax installation: (3x \$125)	= \$375
Desks 2 @ \$500	= \$1,000
Chairs 2 @ \$250	= \$500
Shelving @ \$3,000	
3-user Workstation	\$1800
Chairs for users 3 @ \$250	= \$750
Worktables 2 @ \$800	= \$1,600
In-wall book return slot:	\$800
Depressible book return	\$900
Total operating start-up:	\$11,975

Operating on going:

Collection:	\$15,000
Marketing:	\$8,000
Travel:	\$10,000
Computer leases (\$35x2x12):	\$850
Telephone/Fax lines monthly rate (\$35x 3 x 12):	\$1260
Photocopier monthly lease	\$600
Total operating ongoing:	\$35,710

Total operating: \$47,685

Total start-up cost first year: \$158,185

Total ongoing annual cost: \$146,210

Respectfully submitted by:

Victoria Sullivan, Director Cancer Care, on behalf of the
Patient Education Resource Centre Committee

Anne Cogdon, Director Community Health, Capital Health
Michael Colborne, Coordinator of User Services, Nova Scotia Provincial Library
Sara Gillis, Manager of Adult and Youth Services, Halifax Regional Library
Eleanor King, Patient Education Coordinator, Capital Health
Penny Logan, Manager Library Services, Capital Health
Vickie Sullivan, Director Cancer Care, Capital Health
Marilyn Swaffer, Director Medical Education, Capital Health

Appendix C Patient Education Survey

Report: Patient Education Resource Centre Survey Capital Health, August, 2004

Introduction:

Many health authorities in Canada have created a coordinated consumer health service to support the patient education needs of their users¹. In the report "*The Provision of a QEII Consumer Health Information Service*" (2001) the Patient Orientation and Information Task Force outlined the need for a coordinated consumer health information service for the QEII Health Science Centre.

*'The need to address the issue of patient education has arisen because of the shift toward increasingly complex care, shorter hospital stays, and increase in ambulatory care, and an aging population. Shortened inpatient stays have reduced the time available for inpatient teaching. In addition, the increased interest in health promotion and the complications of long-term chronic illness have swelled the demand for consumer health information. Consumers are expected to assume greater responsibility for their health. An educated and responsible consumer is better able to communicate with the members of his/her health team. The limited time the consumer has with the team can then be used more effectively.'*²

There have been many developments since the report was written in 2001. One major change is that the QEII is now part of Capital Health. A committee of interested persons from Capital Health, the Halifax Public Libraries and the Nova Scotia Provincial Library met to discuss how a consumer health information service can be developed throughout Capital Health. The committee members are:

Anne Cogdon, Director Community Health, Capital Health
 Michael Colborne, Coordinator of User Services, Nova Scotia Provincial Library
 Sara Gillis, Manager of Adult and Youth Services, Halifax Regional Library
 Eleanor King, Patient Education Coordinator, Capital Health
 Penny Logan, Manager Library Services, Capital Health
 Vickie Sullivan, Director Cancer Care, Capital Health
 Marilyn Swaffer, Director Medical Education, Capital Health

¹ Murray, Susan. *Selected Bibliography of Readings*. Consumer Health Information Service. Toronto Public Library. Toronto, March 2002.

<http://www.tpl.toronto.on.ca/uni_chi_biblio.jsp> accessed April 13, 2004.

² Patient Orientation & Information Task Force (POITF). Sub-Group Library. *The Provision of a QEII Consumer Health Information Service*. [Halifax]. September 25, 2001. p. 2.

Objectives

With the original 2001 document as a base, the committee suggested that a needs survey be carried out among consumers and among health-care providers to identify what kind of health information service people need in Capital Health.

The survey was designed to inform the committee about what type of health information patients are looking for, where they are currently getting the information, whether the information has been reviewed for accuracy and where they prefer to get their health information. The Ottawa Hospital was used as a model because that organization is similar to Capital Health in size and structure. In addition, the Ottawa Hospital carried out a patient education survey in 2001 and they have recently opened a Patient Education Resource service. The committee was granted permission to use the survey designed by the Ottawa Hospital Health Sciences Library as a model.

The Process

A proposal was developed and submitted to Dr. Brendan Carr, Director, Primary Care. The proposal was accepted. The Committee asked for and received a letter of "no objection" from the Capital Health Research Ethics Board. Jamie Jarrett, a Masters of Library and Information Studies (MLIS) student was hired on a 10-week term beginning June 15, 2004. Her job was to edit the Ottawa Hospital consumer health survey and the healthcare provider survey to the needs of Capital Health; to administer the survey to consumers who are using Capital Health facilities and to healthcare providers; to compile the results and create a report based on the survey results. This report will provide evidence about patients' and providers' views of a patient health information service.

The patient surveys were administered face to face with the surveyor checking off the answers. The clinician surveys were distributed and filled out by the clinicians themselves. Although most of the clinician surveys were distributed in paper format, some were sent as an electronic web survey via e-mail (Zommerang Web survey). The survey was done on a voluntary basis and all responses were confidential with no personal information documented.

The patient surveys were conducted and the clinician surveys were distributed at:

- Mental Health Services, Nova Scotia Hospital
- Twin Oaks Memorial Hospital
- Eastern Shore Memorial Hospital
- Victoria General Blood Clinic
- Victoria General Medical Day Unit/Hematology Unit
- Dartmouth General Hospital
- Hants Community Hospital, Ambulatory Care Unit
- Halifax Infirmary Library
- Nova Scotia Hospital Library

The patient survey consisted of ten questions and 100 patients were surveyed. Each question could be answered with more than one answer. There was also the option for each respondent to add his or her own answer on some of the questions (# 1-4, 6&7). A copy of the patient survey is attached as Appendix A.

Patient survey results

Users look most often for information about treatments or diseases. Information on how to live a healthy lifestyle, and prevention of health problems was another significant group. Only 13% of respondents stated they wanted information about alternative medicine.

More than half of the respondents stated that they get health information from the Internet with the Drug store as the second-most used source for information. 40% of respondents stated they prefer pamphlets, 31% prefer books and 15% prefer magazines. This is evidence that a large proportion of users prefer hard-copy material.

Those who said they prefer Internet stated that they chose a web site only because of its place on the list. Quality, content or authority of the resource were not given as reasons for selecting an Internet source.

Despite the majority stating that they use the Internet as a source, 67% of respondents stated they prefer to get their health information at a resource centre within a facility. Only 10% stated they prefer to get their information from their Home Internet.

The majority of respondents said it was easy or somewhat easy to find health information. Only 8% stated that it was difficult to find information.

Most people consult with a health professional – most often their doctor. The Pharmacist is the second-most consulted health professional.

Although 41% of people wanted to find the material for themselves, 29% of respondents preferred to have access to a collection that has already been reviewed for accuracy, 26% of respondents want help from a Librarian, 13% want a Librarian to find the information for them and 7% want to learn from a Librarian how they can find and evaluate health information.

Most people are willing to travel 15 minutes to ½ hour to get health information and they prefer to access that information during the weekday hours.

Clinician survey results

The clinician survey consisted of eight questions. A copy of the survey is attached as Appendix B. Thirty-nine (39) clinicians answered the survey. The breakdown by occupation was: 51% Nurses, 26% Physicians (Specialists), 13% Residents, 15% technicians, student nurses, educators, & social workers, and 5% Allied Health Professionals. Some of the questions could be answered with more than one answer. There was also the option for each respondent to add his or her own answer or comment on some of the questions (# 1,3-5,7,8 &10). Question #10 is a general comment field. For question #6 an example of a consumer health information referral form was attached.

Clinicians most often refer their patients to Associations, other health professionals or the Internet. Interestingly, although patients rate Drug stores as the second-highest rated source, clinicians state that referring to Drug stores is in sixth place on the list after hospital libraries and public libraries.

No clinician stated that they always have adequate patient education resources available to them. 36% of the clinicians felt they had adequate resources available to them most of the time and 51% said they felt they had adequate resources some of the time. 100% the clinicians agreed that it would be beneficial to create a patient education service designed specifically for patients and their families.

The type of information that clinicians would like to have available includes most of the categories of: Therapies (90%), Health lifestyles (87%), Diseases (82%) Treatments (79%), Prevention of health problems (77%) How to make decisions about health care (67%), Alternative medicine (56%) and Location of health providers (clinic/doctor) (54%). Only 8% stated they would like to have Drug information available.

100% of the clinician respondents stated that they would refer their patients to this type of service, and 11% said they would refer more than 10 patients per week.

Limitations of the survey

The survey was developed, administered and the results evaluated in the 10-week time period for which there was funding. The survey was administered in outpatient clinics. It would be beneficial to survey primary care physicians on this topic to see if they concur with the 100% of clinician respondents who stated they would refer patients to this type of service.

The survey was not a randomized or controlled one, in that the rather survey respondents were those working on those particular days in the clinics. Rather, the survey is meant to show a trend and a general attitude to a patient education service.

Strengths of the survey

The survey was administered in 9 sites in all geographic areas served by Capital Health. The clinics included both specialty clinics like Blood Collection and general outpatient clinics like that in Sheet Harbour. Compliance was extremely high since the surveys were administered and collected at the same time. The data was entered and collated using the Zoomerang web survey software so that the results were machine-calculated, eliminating personal bias and error. Both the patient and clinician survey results in table format are shown in Appendix C.

Conclusions

There is a broad general agreement that there is a need for a central patient education resource in Capital Health. Clinicians all agreed that they would refer patients to such a service.

Patients want both bona fide Internet sites and paper-based resources. They want staff to help them select health information.

Patients want a service that is available Monday through Friday in the daytime hours.

The results of this survey are submitted to the Committee members for their recommendation.

Signed

Jamie Jarrett, BA, MLIS

Dartmouth, Nova Scotia

August 9, 2004



Capital Health

Patient Education – Patient Survey 2004

The Patient Education Committee at Capital Health is working on a project to develop health information services for patients and their families.

Our goal is to design a service that will meet the needs of both patients and health professionals. This service will be a joint effort of Capital Health and the public libraries to provide quality consumer health information.

To that end, we are asking that you please fill in the survey attached. It should take less than 5 minutes to complete. You will not be asked to identify yourself and all results of the survey will be kept confidential.

1. When you are looking for information about health, what sort of information are you looking for? Information on (check all that apply):

- Diseases
- Treatments and cures for health problems
- Therapies such as physiotherapy, nutrition, exercise to treat health problems
- Alternative medicine (acupuncture, natural remedies)
- Prevention of health problems
- Healthy lifestyles
- How to find a doctor or clinic locally
- How to make decisions about your own health care
- Anything else _____

2. When you are looking for health information, what source(s) or location(s) do you use now? (check all that apply)

- Public library
- Hospital library
- University library
- Internet
- Associations (Cancer Society, Heart and Stroke)
- Bookstores
- Television / radio
- Public Health Services, NS
- Drug store
- Self- help groups
- Magazines
- None of the Above
- Other (specify) _____

- 3. In what format do you prefer to get your health information?**
- Books
 - Internet
 - Videos
 - Pamphlets
 - Magazines
 - Other (specify) _____
- 4. If you selected “Internet” as a format, please answer the following question. Why did you choose the website(s) you did?**
- It was the first site that came up after my search
 - It was recommended by a friend
 - It was recommended by a health professional
 - It was recommended by a Librarian
 - It was recommended by an accredited health association (Cancer Society, Heart and Stroke)
 - Other reason _____
- 5. When you were looking for health information, how easy was it to find?**
- Very easy
 - Easy
 - Somewhat easy
 - Difficult
 - Very difficult
- 6. When you are looking for information about health, do you consult with a health professional?**
- Yes
 - No
- If yes, what professionals?
- Doctor
 - Nurse
 - Pharmacist
 - Other (specify) _____
- 7. Where would you prefer to get your health information?**
- At a resource centre in a facility where you get your health care (hospital/clinic/doctor’s office)
 - Public Library
 - C@P Site
 - Home Internet
 - Other _____

8. When you are looking for health information, what kind of help would you prefer?

- Find it yourself with no assistance
- Find it yourself from a collection that has been reviewed for accuracy
- Find it with some help from a Librarian
- Have a Librarian find it for you
- Get training from a Librarian so you can find and evaluate health information yourself

9. How long are you willing to travel to get health information?

- 15 minutes
- ½ hour
- 1 hour
- More than an hour
- Not willing to travel

10. If you were to visit a resource centre, when would you visit it?

- Weekdays during the day (8:30 to 4:30)
- Weekdays during the evening
- Weekends

Appendix B Clinician Survey



Capital Health

Patient Education – Clinician Survey 2004

The Patient Education Committee at Capital Health is working on a project to develop health information services for patients and their families.

Our goal is to design a service that will meet the needs of both patients and health professionals. This service will be a joint effort of Capital Health and the public libraries to provide quality consumer health information.

To that end, we are asking that you please fill in the survey attached. It should take less than 5 minutes to complete. All results of the survey will be kept confidential.

If you have questions about the survey, please contact Penny Logan, Manager Library Services at (902) 473-4383. Please return survey to the Halifax Infirmary room # 2212.

1. At present, when your patients ask for supplementary health information, where do you refer them? (check all that apply)

- Public library
- Hospital library
- University library
- Internet
- Associations (Cancer Society, Heart and Stroke)
- Bookstores
- Television / radio
- Public Health Services NS
- Drug store
- Self- help groups
- Other health professionals
- Do not refer them
- Other (specify) _____

2. At present, when your patients ask for supplementary health information, do you feel that you have adequate resources available to you?

- Always
- Most of the time
- Some of the time
- Not very often
- Never

3. **Do you think it would be beneficial to create a patient education service designed specifically for patients and their families?**

- Yes
 No (if no, why not?) _____

4. **If this service was created, what type of information would you most like to have available to your patients. Information on (check all that apply):**

- Diseases
 Treatments/cures for health problems
 Therapies such as physiotherapy, nutrition, exercise, to treat health problems
 Alternative medicine (acupuncture, natural remedies)
 Prevention of health problems
 Health lifestyles
 Location of health providers (clinic/doctor)
 How to make decisions about health care
 Anything else _____

5. **Would you refer your patients to this type of service?**

- Yes
 No (if no, why not?) _____

If **yes**, how many clients / patients would you refer per week?

† More than 10 per week

- 5-10 per week
 Fewer than 5 per week

6. **Would you be willing to hand out consumer 'health information referral' forms to your patients? (Sample health information referral form below).**

- Yes
 No (if no, why not?) _____

Capital Health Consumer Health Information Referral Form

Form # _____ Name (optional) _____

Postal Code _____ Phone _____

Referring Source _____

Reason for Request _____

Type of Material Requested: _____ Pamphlets / Brochures
 _____ Magazines / Periodicals
 _____ Books
 _____ Internet Search
 _____ AV material
 _____ Other

Material Provided by _____ (initials)

Were all materials provided as required ___ Yes ___ No If No specify _____

7. What is your occupation?










- Nurse
- Pharmacist
- Physician if yes, please check: Family Physician Specialist
- Resident
- Allied health professional (specify) _____
- Other (specify) _____








8. Comments/suggestions




Thank you!







Appendix C – part I patient survey results as Zoomerang tables



Patient Survey results – Zoomerang Tables

When you are looking for information about health, what sort of information are you looking for? Information on (check all that apply):		Number of Responses	Response Ratio
Diseases		44	44%
Treatments and cures for health problems		61	61%
Therapies such as physiotherapy, nutrition, exercise to treat health problems		21	21%
Alternative medicine (acupuncture, natural remedies)		13	13%
Prevention of health problems		36	36%
Healthy lifestyles		38	38%
How to find a doctor or clinic locally		17	17%
How to make decisions about your own health care		20	20%
 Anything else		1	1%

When you are looking for health information, what source(s) or location(s) do you use now? (check all that apply)		Number of Responses	Response Ratio
Public Library		17	17%
Hospital Library		13	13%
University Library		4	4%
Internet		61	61%
Associations (Cancer Society, Heart and Stroke)		14	14%
Bookstores		10	10%
Television / radio		18	18%
Public Health Services, NS		6	6%

Drug store		32	32%
Self-help groups		2	2%
Magazines		13	13%
None of the Above		0	0%
VIEW Other, Please Specify		24	24%

3. In what format do you prefer to get your health information?		Number of Responses	Response Ratio
Books		30	31%
Internet		53	54%
Video		6	6%
Pamphlets		39	40%
Magazines		15	15%
VIEW Other, Please Specify		9	9%






4. If you selected "Internet" as a format, please answer the following question. Why did you choose the website(s) you did?		Number of Responses	Response Ratio
If was the first site that came up after my search		36	63%
It was recommended by a friend		8	14%
It was recommended by a health professional		9	16%
It was recommended by a Librarian		5	9%
It was recommended by an accredited health association (Cancer Society, Heart and Stroke)		13	23%
VIEW Other reason		4	7%






5. When you were looking for health information, how easy was it to find?		Number of Responses	Response Ratio
Very easy		18	18%
Easy		42	42%
Somewhat easy		31	31%
Difficult		7	7%
Very difficult		1	1%



6. When you are looking for information about health, do you consult with a health professional? If yes, what professionals?		Number of Responses	Response Ratio
Yes		87	88%
No		12	12%
Doctor		77	78%
Nurse		23	23%
Pharmacist		42	42%
VIEW Other, Please Specify		3	3%

7. Where would you prefer to get your health information?		Number of Responses	Response Ratio
At a resource centre in a facility where you get your health care (hospital/clinic/doctor's office)		66	67%
Public Library		9	9%
C@P Site		2	2%
Home Internet		37	37%

VIEW Other, Please Specify 	10	10%
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8. When you are looking for health information, what kind of help would you prefer?		Number of Responses	Response Ratio
Find it yourself with no assistance		40	41%
Find it yourself from a collection that has been reviewed for accuracy		28	29%
Find it with some help from a Librarian		25	26%
Have a Librarian find it for you		13	13%
Get training from a Librarian so you can find and evaluate health information yourself		7	7%

9. How long are you willing to travel to get health information?		Number of Responses	Response Ratio
15 minutes		22	23%
1/2 hour		31	32%
1 hour		17	18%
More than an hour		13	14%
Not willing to travel		13	14%

10. If you were to visit a resource centre, when would you visit it?		Number of Responses	Response Ratio
Weekdays during the day (8:30 to 4:30)		76	78%
Weekdays during the evening		21	22%

Weekends		15	15%
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Appendix C – part II clinican survey results as Zoomerang tables

Clinican Survey results – Zoomerang Tables

At present, when your patients ask for supplementary health information, where	Number of Response	Ratio
1. do you refer them? (check all that apply)		

Public Library		17	44%
Hospital Library		20	51%
University Library		3	8%
Internet		22	56%
Associations (Cancer Society, Heart and Stroke)		25	64%
Bookstores		8	21%
Television / radio		2	5%
Public Health Services, NS		8	21%
Drug store		13	33%
Self-help groups		10	26%
Other health professionals		24	62%
Do not refer them		0	0%
VIEW Other (specify)		6	15%


At present, when your patients ask for supplementary health information, do you feel that you have adequate resources available to you?		Number of Responses	Response Ratio
Always		0	0%




Most of the time		14	36%
Some of the time		20	51%
Not very often		4	10%
Never		1	3%


3. Do you think it would be beneficial to create a patient education service designed specifically for patients and their families?		Number of Responses	Response Ratio
Yes		38	100%
No		0	0%
Total		38	100%





4. If this service was created, what type of information would you most like to have available to your patients. Information on (check all that apply):		Number of Responses	Response Ratio
Diseases		32	82%
Treatments / cures for health problems		31	79%
Therapies, such as physiotherapy, nutrition, exercise, to treat health problems		35	90%
Alternative medicine (acupuncture, natural remedies)		22	56%
Prevention of health problems		30	77%
Healthy lifestyles		34	87%
Location of health providers (clinic / doctors)		21	54%
How to make decisions about health care		26	67%
Anything else		3	8%

5. Would you refer your patients to this type of service?	Number of Responses	Response Ratio
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Yes		39	100%
No		0	0%
Total		39	100%

If yes, in question #5, how many clients / patients would you refer 6. per week?		Number of Responses	Response Ratio
More than 10 per week		4	11%
5-10 per week		15	39%
Fewer than 5 per week		19	50%

Would you be willing to hand out consumer "health information referral" forms to 7. your patients?		Number of Responses	Response Ratio
Yes		39	100%
No		0	0%
Total		39	100%
VIEW 0 Responses			

8. What is your occupation?		Number of Responses	Response Ratio
Nurse		20	51%
Pharmacist		0	0%
Physician		10	26%
Resident		5	13%
Allied health Professional (specify) _____		2	5%

VIEW	Other, Please Specify 	6	15%
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9. If your occupation is "doctor", please specify what type.		Number of Responses	Response Ratio
Family Physician		0	0%
Specialist		10	100%

10. Comments / suggestions	
#	Response
1	We definitely need more information for patients. Many patients do go to the Internet for information but don't always get the proper information because they're not always sure what to look for.
2	Fantastic idea...need a centralized and comprehensive library for patients/families to access. This should include print materials as well as CD Rom teaching tools, internet assistance, audio books..etc.
3	Very good idea and help patients and their family with well informed consent and assist in disease prevention
4	At Last- the thought of having a Patient Education Service- AMEN!!!
5	Great idea!
6	More comprehensive information is needed for the different treatment teams within Capital Health.
7	Difficult for clients to know which nutrition books have reliable information as there is such an abundance of "diet" books and fad diets on the market.
8	Good idea!
9	Thanks!
10	Capital health should not take this on. Everything on your list of services (except specific locations of clinics) applies to all Canadians. Why not make it a health Canada initiative. The problem in doing these things locally is that the same work gets done over and over again across the country wasting time and money. It is a good idea that should be valuable to patients. but its likely already been done somewhere else.