

Site Visit Report

NN/LM Pacific Northwest Region (PNR)

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Summary

The goals of the 2006-2011 NN/LM contract are:

- To develop collaborations among Network members and other organizations to improve access to and sharing of biomedical information resources throughout the nation.
- To promote awareness of, access to, and use of biomedical information resources for health professionals and the public, with a particular emphasis on contributing to the [Healthy People 2010](#) goal of eliminating health disparities.
- To develop, promote, and improve electronic access to health information by network members, health professionals, and organizations providing health information to the public.

The Pacific Northwest Region (PNR) has unique characteristics that affect how it must work to accomplish these goals and that distinguish it from other Regional Medical Libraries (RMLs). The PNR has only three medical and/or osteopathic medical schools in its region which means that their Resource Libraries will likely not be as robust with regard to services or collections available to support health professionals and consumers. This places more responsibility on the PNR staff and facility to meet the needs of users. The region also covers a very large geographic area, and this has directly impacted the way PNR delivers its services and does outreach. Despite these challenges, the site visit confirmed that the PNR is making definite progress on meeting the NN/LM goals.

The Environmental Scan that was prepared for the site visit was very impressive. This could be a very useful tool going forward in terms of having all of that information pulled together in one place.

The staff skills and interest are varied and seem to meet the needs of the PNR network members. There is some concern that they have an interim director, but Neil has vast experience with Network programs so this seems to be more of an asset than a liability in the short term. He can provide leadership out of the starting blocks, and it is hoped that a new director will be hired in the spring. The use of part time staff seems an interesting choice, but it seems to work.

The reviewers regard the IDC charged by the University of Washington to be inappropriate. It is 58%). By comparison, the IDC of UCLA, a very comparable university, is 31%, with an average of the IDCs of all the RMLs being 33.9%. The University of Washington rate is not appropriate for an operation such as the RML, which is not a basic laboratory operation requiring complicated and extensive infrastructure.

The reviewers recommend that this rate be renegotiated as soon as possible, certainly with the next contract, to a rate more in line with the other RML universities, such as 31%. If this cannot be done consideration should be given for the RML going to another university

1. Strengths of the RML:

a. Review of initial proposal:

The proposal was very explicit in explaining the PNR objectives for meeting the NN/LM goals. It provided the necessary framework for their current activities and initiatives. On first reading it seemed very ambitious, and without clearly stated priorities, There was concern about how much could be accomplished. However, after the site visit, it was obvious that a great deal had been accomplished and that progress is continually made. Here are some areas from the proposal that were pertinent to attaining the goals.

The section on Network Programs contained a combination of plans for maintaining and strengthening traditional activities such as providing information for health professionals through DOCLINE and Loansome Doc along with more unusual ideas such as increasing access to fee-based e-resources through coordinating group purchasing. Supporting health libraries and librarians and involving them in PNR activities were appropriately prominent in the proposal. The roles of resource libraries and Regional Advisory Committees were also significant to PNR activities.

New to the proposal for this funding cycle was the plan to negotiate with the larger resource libraries to carry out PNR responsibilities for training and exhibiting. This resulted in MOUs with four libraries and money for their activities. This plan was an attempt to move some of the work out to other libraries, and given budgetary constraints seems a worthwhile strategy. Other areas addressed in this proposal that were apparently not previously as fully developed in the PNR were the widespread adoption of EFTS and Go Local. There was some commitment to promote these two initiatives to libraries in the region.

Other important areas in the proposal were the emphases on communication and the strategies for recruiting more community-based organizations (CBOs). The PNR already works with an impressive number of CBOs when compared to other regions, so it was reassuring to see a continued commitment to them.

A new initiative was the plan to assist NLM with the implementation of a National Emergency Preparedness Plan. This is obviously a national priority and is also on the forefront of other organizations' agendas. The PNR plans to use a sound strategy of learning about the local situations through a needs assessment. Their regional plan will be developed in response to local preparedness.

The outreach programs section contained plans to emphasize NLM priorities for working with community-based organizations and the medically

underserved, along with maintaining the strong relationships with public libraries and public health workforce. The proposal noted that the region is home to several national centers working to reduce health disparities, and wisely planned to collaborate with them. Along a similar path, were the plans to build on existing relationships and prior projects, e.g. follow-up funding for various initiatives, money for evaluation and planning. This indicated a wise investment of time and effort. Some innovative communication ideas using technology and marketing were also included in the plans.

Throughout the proposal there was encouraging attention to research, needs assessments, and evaluation. There was also significant recognition of past accomplishments, successful endeavors, and as mentioned, plans to continue and expand those processes. As indicated earlier, although the proposal might appear ambitious for such a large geographic area, the site visit confirmed that the PNR is making definite progress in completing plans and making progress toward the NN/LM goals.

b. Web site links:

The web site serves as a major communication link between PNR and network members. Most sections of the web site are consistent with other NN/LM region sites. Some differences that observed are noted here.

The emphasis on making news and information readily available with highlights from their newsletter The DragonFly are obvious from the front page. They also use two other communication mechanisms that are posted on their front page: PNRNews (for official news announcements) and HLIB-NW (discussion list). These two do not appear as active as The DragonFly (see further comments under Challenges). Under “Quick Links” on the front page, the section on “Especially for” is somewhat unique among the RMLs, and it is very helpful in promoting services to their important constituents: [American Indians & Alaska Natives](#), [Community-based Organizations](#), [Health Professionals](#), [Hospital Libraries](#), [Public Health Workforce](#), and [Public Libraries](#).

The funding page has a list of projects funded for the 2006-2011 cycle and is very helpful in giving a picture of where the resources are being spent. There is a good mix of projects with representative spending in all of the states. The largest share is in Washington State, but as noted that is the largest population concentration.

The web site provides a good communication mechanism. To validate this observation, the 2007 network member survey rated the web site very highly as an effective means of communication. Most of the challenges with the website observed regarded timeliness.

Observations from Site Visit:

c. Knowledge of region and members.

Due to longevity of the program at the same institution and a stable staff, the PNR has been successful in meeting the needs of its members. Through more formal assessment as well as the personal touch, in person or by telephone, the RML has maintained effective and productive contact with its members. Each staff member was obviously very committed to his or her constituencies. This was much appreciated by the members who cited the staff as consultants, mentors and soundboards. It is evident that the network members are very appreciative of the efforts of the RML staff to assist them. It is especially valuable to those network members who are fairly isolated geographically to have the support they get from the RML staff. The new staff members have made major contributions to their program through the introduction of distance education offerings, work with scholarly communication, technology advances and assessment.

d. Administrators' session.

The mission and vision of PNR's parent organizations were expressed and are consistent with the NN/LM contract goals. This creates a positive working atmosphere, results in opportunities for collaborative ventures, and further expands the reach of PNR.

e. Program report.

The report from the PNR staff illustrated their commitment to meeting the region's goals and objectives. The examples given reinforced the progress and also presented some of the challenges of meeting the health information needs of users in the region. Professional development for network members is effectively delivered under the RML Rendezvous umbrella. The addition of a new staff member who focuses on distance learning allows the PNR to more capably offer CE level courses at a distance. Assistance with technology which is always important to network members is being delivered via "Technology Tuesdays" on the DragonFly and by personal contacts. Interesting advertising and marketing initiatives are being used at several venues in the region. There is a wide range of projects outside of libraries currently in the region including ones with public health personnel, the elderly, physician assistants, and a dental group. Two ways the PNR assists with improving access to and sharing of biomedical resources are a scholarly communication initiative and the HEAL-WA project. The scholarly communication toolkit and a curriculum are designed to be used regionally

(and possibly beyond through linking to their web site) while HEAL-WA is targeted for Washington only. Resources obtained are not funded through the PNR, but the PNR will be able to promote their availability to unaffiliated health professionals in the state of Washington.

The program reports underscored the many different activities coordinated by staff members. Staff indicated that sometimes they seize opportunities that arise. With so many varied programs there is, as expressed by the interim PNR director, a challenge in evaluation of the effectiveness.

f. Feedback from network members.

It was very positive. The network members gave examples of the services and benefits they derive from their affiliation with the PNR. The RML is doing an excellent job of providing the kinds of training opportunities the network members feel they need. The feedback indicated that training was one of the top benefits. The experiences were varied and geographically dispersed which underscored that the PNR is striving to reach all areas of the region and are serving diverse clientele. Specific examples illustrating these efforts included:

- Assistance with a health information portal for the Spokane, Washington region.
- Funding for exhibits and Go Local projects in Oregon and Montana.
- Professional development opportunities through the RML Rendezvous web based continuing education series available over the entire region.
- Promoted MedlinePlus and quality health information on the Healthy Schools... Successful Students web site www.healthyschoolswa.org through a project with the UW Center for Public Health Nutrition and others for Washington State.
- Supported the Oregon 211's role statewide by providing training and updating of web information for OregonSafeNet <http://oregonsafenet.org>
- Provide training opportunities for groups (both library and non-library), including ones on consumer health and Train-the-trainer sessions. Complete listing available through link on Web site at <http://nnlm.gov/pnr/training/>
- Personal professional assistance, e.g. funding for travel to training, and mentoring of individual librarians.
- Emphasize and promote public libraries which validates worth of public libraries.
- Recognize special roles and problems of rural librarians and embracing them as part of the region
- Maintain a strong professional presence through involvement in state library associations and the region's MLA chapter.

- Provide support for authoritative, quality health information access to transgender community.
- Continue involvement with the public health workforce by training and exhibiting at their conferences.
- Promote and develop different communications ideas, especially through outreach awards for marketing.

The network members also felt that they have opportunities to provide feedback, such as this site visit, surveys, required reports, and reviewing grants. They appreciated the PNR's open door policy that allows them to communicate easily. They felt that the PNR promoted the sustainability of projects, encouraged collaboration, provided stability for projects after they are completed, and suggested areas that need information assistance. PNR project funding has often served as "building blocks" for other activities and can also lead individuals and organizations being involved in non-library activities at their parent institutions, such as grant writing.

g. Outreach Awards.

Several of those present, as well as those responding to the survey, mentioned the effective ways they used the PNR awards. Members said the process was easy and helped to move or sustain their outreach or projects. They received funds for website development; PSA's promoting libraries; assessment; planning; exhibits and more. This expanded the reach of the RML. From the data provided, the funding was distributed to libraries as well as community organizations and reached health professionals, specific populations, public libraries, public health professionals and more. Funding was provided to members in each of the states covered by the PNR. One report indicated that only about one-quarter of respondents to the member survey have applied for funding. This is probably not unusual because so many of the smaller libraries might think it is too difficult or time-consuming to apply for funding. This is a challenge for the RML.

h. Role of the community organizations in the PNR program.

Given there are only two academic health sciences libraries and many small hospital libraries the PNR has developed some interesting collaborations with community organizations, public and state libraries and public health agencies. They have effectively used these organizations to collaborate in ways that help them achieve the mission of getting information into the hands of the public and health professionals. Several effective collaborations were highlighted such as the Montana State Library's bookmark promoting health information and the public health agency providing opportunities for webinars such as the one on emergency resources.

i. Educational offerings.

PNR offers a range of online and in person courses that reach a vast audience of members and others. Network members mentioned several they thought were important: technology fairs at chapter meetings; courses to train faculty and students at a Tribal college; training for Montana public librarians; online RML Rendezvous courses and webinars; and Technology Tuesdays messages, to name a few.

j. Public health workforce.

This seems to be a focus of their outreach. They have been successful in providing funding and gaining opportunities to work with and train the workforce in several of their state. On of the reviewers attended the *Hot topics in emergency preparedness* in July while visiting and can attest to the positive reaction of those on the webinar.

k. Evaluation and Assessment.

Through their surveys and strategic planning efforts, they have gained important insight into their member needs. Their programs seem to reflect the needs of their members. In addition, the PNR has effectively used its RAC and other advisory committees as well as participated on community and public health committees. Outreach programs in both the urban and rural areas of the region have been informed by this participation.

l. The Outreach Evaluation Resource Center.

OERC products and services are extremely valuable to all regions.

2. Challenges faced by the RML and recommendations offered to the RML for dealing with the challenges to improve/enhance the program?

a. The Proposal.

Challenges include having enough staff and time to accomplish all of the plans in the proposal. As noted previously, it is a large geographic area, and although there is good progress on accomplishing the NN/LM goals and the PNR stated objectives, there are areas at risk if funding continues to be reduced. Using the resource libraries, especially the four designated, may provide flexibility if it is necessary to revise expenditures. Hopefully, the impact of this strategy will be evaluated and be successful.

b. Web sites.

As with any web site, there are always pages that need updating. Here are just two examples. A major one is the Tribal Connections page, because it is the main link from the “Especially For You” section under American Indians & Alaska Natives. It was announced at the site visit, that the site is being archived and retired. In this case, the link should be changed as soon as possible. Coincidentally this site is linked from the NN/LM main page as well. It appears not to be updated since 2006.

There is also a prominent link under the “Especially For You” section under Community-based Organizations (Bringing Health Information to the Community <http://library.med.utah.edu/blogs/BHIC/>) that has moved well over 9 months ago.

Although network members commented on the usefulness of the discussion list HLIB-NW and the PNRNews Announcement List, the reviewers were a bit confused as to the need for these two when the DragonFly seemed to be much more active and vibrant. If a staff is stretched thin, it might be possible to consolidate communication efforts. One either has to be certain that everyone understands the nuances of all the different lists, or else cross-post the information to be certain everyone sees the information.

c. Network member’s suggestions.

The network members had some good suggestions. The RML should:

- Do more for emergency responses.
- Put more focus on consumer health.
- Provide more promotional materials, including public service announcements.
- Continue and expand promotion of libraries and health information thereby realizing the value of it.
- Make the grant process easy.
- Emphasize the value of hospital libraries to administrators.

With so many demands and projects in the region, a clear plan for prioritizing might be considered. Maintaining relationships with CBOs are always a challenge, and choices might need to be made between moving onto new projects and/or sustaining existing ones. It is difficult to determine which might be more valuable. Evaluation and assessment remain challenging, but if choices as to priorities are necessary it is essential to determine those projects of most value.

With projects such as Go Local the PNR needs to promote flexibility and encourage potential projects to consider non-conventional means to accomplish their objectives. Regarding the challenge of Go Local and incompatible 2-1-1 records, the reviewers wondered if RML funds should be spent improving the state's AIRS system, and link to that from MedlinePlus. If there are problems now related to hand-entering data, it would seem that there would be problems maintaining an accurate database.

d. Geographic challenges.

The PNR is quite vast in terms of territory. Finding ways to get to all the areas is a challenge. It seems on paper that much happens in the Seattle area and others might feel neglected. The use of webinars and distance learning seem to address this challenge to some degree but one wonders about the challenges and opportunities for Alaska members for example. One suggestion would be to continue to attend and support the MLA Chapter meeting. The meeting offers a place to meet the most members at one time, in one place. Also, continue to provide multiple methods to ensure they are reaching all audiences and assist libraries who do not have technology and connections to partake in distance learning opportunities.

e. Hospital librarians.

There was concern for the viability of hospital librarians due to statewide/regional projects for electronic resources. There is concern about funding programs that may have an adverse effect on the remaining hospital libraries in the region. The MEDICOR program in Spokane is an example. Before funding the PNR should look at the implications of such a program. The fact that librarians at the member hospitals were eliminated could have been foreseen. The reviewers were pleased to hear during the wrap-up that PNR or UW will try to address this when HEAL-WA is rolled out. The downsizing or closure of hospital libraries is a concern for all the NN/LM as well as MLA. The reviewers are not sure there is an answer to this issue, but continuing to build capacity and retool skills of the hospital librarians through training, funding for technology improvement and assisting with promotion of library services may help.

f. Future limited funding.

Limited funding in the future may require more prioritization of groups with which to work. Currently the PNR has managed to work with numerous consumer/community groups as well as library members and public health agencies to achieve their mission. How to sustain these partners with

reduced budgets may be an issue. With funding cuts will community groups still be effective partners?

3. Recommendations for NLM:

a. The proposal.

RMLs might focus work more if they were required to prioritize plans. They should be encouraged and rewarded for sustaining projects. It is difficult to maintain longstanding relationships with community-based organizations and the multitude of health professionals. NLM might consider developing strategies to assist in those processes.

b. Web site.

NLM should continue to allow variations from the template for NN/LM RMLs, but the basic structure is very good. RMLs should be encouraged to maintain web sites carefully, and there should be technology assistance as much as possible.

c. Network members and staff suggestions.

The Network Members provided some suggestions that are noteworthy. Some examples were that NLM should:

- Design products to be easily integrated into electronic medical records.
- Work together with Indian Health Service on personal health records.
- Work with 2-1-1 providers on mapping the AIRS taxonomy to Go Local service terms.
- Create online learning communities.
- Develop a national program on health literacy.
- Investigate medical terminology problems and keep people informed of terminology changes.
- Assist with professional development of librarians, including public as well as health sciences librarians.
- Promote a mental health literacy program.

- Develop more visual communication, such as ToxTown.
- Improve the MedlinePlus search and retrieval interface.
- Develop better materials showing the relationship between MedlinePlus and Go Local.
- Help with vocabulary mapping for Go Local
- Funding to maintain/sustain /promote projects to make it more attractive to potential participants
- Help to prioritize important NLM initiatives from those less important to the contract
- Ways to disseminate best practices, successes
- Better interface for MedlinePlus
- Assistance with a PR campaign to advocate for hospital libraries (Plug and play materials, etc)
- More coverage for resources on mental health, insurance, health literacy, and administrative issues such as patient safety, medical products
- Support for library research
- Support for local IT staff for the integration of health information resources into the medical record technology
- Leveraging funding from or NLM influence with other federal agencies such as the Indian Health Service, CDC, etc. for outreach opportunities
- Improve OARF and mapping capabilities

d. Promoting hospital libraries to administrators.

There were several comments about NLM promoting hospital libraries to hospital administrators. Since NLM still wants to use hospital libraries as the Primary Access Libraries it needs to be aware that pretty soon there won't be any. The closure of another hospital library in our city was recently announced. As the national library NLM can make more connections with national groups such as Joint Commission, IHI, NQF, ACHE; these groups are respected by hospital administrators so if NLM can influence these

national groups to be aware of the role PAL's can play it might be very beneficial to hospital libraries. MLA has made efforts in this direction but as the professional association it is limited in having this kind of influence. There might be more exhibits at meetings for administrators not only at the various specialty and health associations.

e. Network.

The entire network structure needs to be reviewed in terms of the Interlibrary Loan burden that many hospital librarians now have. Hospital librarians are being urged to get involved in activities outside their library while at the same time being expected to check Docline every day and participate in reciprocal borrowing. Hospital libraries should be the libraries of last resort. Many hospital libraries have lost clerical staff or never had it to begin with, so it is hard for them to do some of the new things. It may be that FreeShare was a mistake in that it hides the true cost of Interlibrary Loan and should not have been supported by NLM and the NN/LM.

f. CDC.

Regarding identification of "effective partnerships" that was addressed in the challenges follow-up document, it seems as though the suggestion of partnering with CDC makes a lot of sense. CDC funds the MyPH.org site that Dr. Oberle spoke about, and public health is a primary target of NLM.

g. Travel.

If possible NLM should provide more funding for travel. It is especially challenging in such a huge geographic region. For example, the distances in Alaska make it very difficult for that RL director to visit some of the outposts they are trying to serve

4. Other observations, comments or recommendations

a. NLM products.

NLM should do more national campaigns for its products especially MedlinePlus and Go Local. Products like WebMD have more name recognition, despite all the efforts of the RMLs and health sciences librarians across the country.

b. Mid-contract review.

Was this also an effective vehicle for NLM to gain insight for future directions of the NN/LM contract? It is unclear from the discussion or survey results how this will or won't inform future contracts. A suggestion is that NLM would have used this more as a discussion of future directions than a look at the past 2.5 years.

c. Network members.

It wasn't clear if the site visit team could ask follow up questions to the network member comments, so I didn't. It would be helpful for the site visit team to have time with network members without the RML staff present. It wasn't until close to the end of the session that some concerns were expressed, especially with regard to advocacy issues. It would be natural for people to be somewhat restrained in their comments in front of the RML staff, out of respect and appreciation for them. In terms of improvement opportunities, however, it might have been useful to have a more private session.