NNLM/NER Hospital Library Advisory Group
June 6, 2013

SWOT Analysis

INTERNAL RML/HLAG STRENGTHS

HLAG
- HLAG as planning group and core of a regional service consortium
- HLAG represents both large and small hospitals with different strengths and focuses
- wealth of experience of librarians on HLAG
- Collaborating across hospital libraries provides benefits to all in the long run

KM Paradigm
- KM is an established concept that capitalizes on existing librarian skills
- KM is distinctive from IT in that KM customizes services to specific clients

Other
- Existing COI's are a resource for hospital libraries looking to market services to new clientele

INTERNAL RML/HLAG WEAKNESSESS

HLAG
- Lack of a clear mission and vision. What is our role beyond advising?
- Need to deliver message that change is coming in a more effective way
- Diversity of Hospital Libraries makes it hard to generalize
- HLAG members so busy, they may not be able to implement regional strategies via the RML
- HLAG members not visible as resources to RML hospital libraries

KM Paradigm Implementation
- Somewhat confusing to potential implementers
- Lack diverse set of feasible service models to assist diverse libraries needing to repurpose themselves (contact info for service model successes)

COIs
Still evolving

OPPORTUNITIES EXTERNAL TO RML/HLAG

Hospitals
- Hospitals without libraries need traditional library services
- Hospitals need patient education and community outreach
- Hospital staff don't have the time/expertise to appraise the value of all relevant articles

Hospital Libraries
- Hospital libraries lack a diverse set of service models that they can adopt
- Hospitals lack external resources to mentor them in repurposing themselves
- Hospital libraries need enhanced regional representation beyond their hospital affiliations
- Hospital librarians in region need an improved collaborative effort to develop training materials to draw on
- Hospital libraries with staff on leave need temporary services
- Some hospital libraries see an expanding clientele that includes nursing, allied health and hospital administration
- library role in increasing patient safety/minimizing risk should aid marketing
- There are better search results when library is involved
- Searches for nurses are increasing over clinician searches
- Community clinicians may no longer have central resource for library services

Traditional Library Paradigm
- Physical presence of a library (quiet space)
- Librarians as teachers/trainers
- Libraries as clearinghouse of all available resources

THREATS EXTERNAL TO RML/HLAG

Publishing Industry
- Subscription costs often higher than the rate of inflation, while library budgets either remain flat or face significant cuts
- Publishers often market directly to end-users as well as specific departments (e.g. IT, nursing, etc); completely bypassing the library
- There is a drop in docline activity and non-library alternatives are popping up

Hospital Administration & Staff
- As part of the growing trend in affiliations and mergers among hospital systems, library services are often brought to the table without administration fully understanding licensing restrictions and/or the cost of renegotiating those licenses
- New physicians and medical students no longer see the need for hospital libraries
- Lack of good reporting structure for library
- Lack of understanding/misconception of what library does/its mission
- Closing/shrinking of libraries without warning
- Hospital may think they can get services free (outsourced) if eliminate library
- Hospital may think they can get all info needed from Uptodate and wikipedia
- Community physicians no longer in the hospital since hospitalists have taken over so clinician searched decreasing.

Hospital Libraries
- Hospital libraries are too busy/understaffed to offer new value-added services (repurpose library services)
- Hospital libraries are bogged down in administrative functions such as purchasing and/or licensing leaving little time to develop new services
- Libraries don't know what services their clients value or understand the obstacles that hinder their clients' ability to do their work
- Libraries often don't have the expertise to do affective future needs assessments with clients (eg, focus group outreach)
- The "library" may be a single librarian
- Not clear how to motivate library Staff to take advantage of tools/expertise available from RML/HLAG
- Docline has eliminated need to actually talk across libraries and find out what they are doing that could take advantage of RML/HLA tools/expertise
- changes to how healthcare is financed may increase threat to libraries
- library role in increasing safety/minimizing risk not well understood